

University of North Dakota
School of Medicine and Health Sciences

Master of Public Health Program

Self Study

October 2015



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Abbreviations

| | |
|---------|----------------------------------------------------------------------|
| AHIP | American’s Health Insurance Plans |
| ASPPH | Association of Schools and Programs of Public Health |
| BCBSND | Blue Cross Blue Shield of North Dakota |
| CDC | Center for Disease Control and Prevention |
| CEPH | Council on Education for Public Health |
| CHGGF | Coalition for a Healthy Greater Grand Forks |
| CILT | Center for Instructional and Learning Technologies |
| CMS | Centers for Medicare and Medicaid Services |
| CoBPA | College of Business and Public Administration |
| CPT | Committee on Promotion and Tenure |
| CRH | Center for Rural Health |
| DAC | Diversity Advisory Council |
| DFCM | Department of Family and Community Medicine |
| DPH | Department of Population Health |
| DPSPA | Department of Political Science and Public Administration |
| EEO/AAO | Equal Employment Opportunity/Affirmative Action |
| FIDC | Faculty Instructional Development Committee |
| GFPHD | Grand Forks Public Health Department |
| HLC | Higher Learning Commission |
| HRSA | Health Resources and Services Administration |
| INMED | Indians into Medicine |
| ITS | Information Technology Services |
| ITSS | Information Technology Systems and Services |
| IR | Information Resources |
| MLS | Medical Laboratory Science |
| MOU | Memorandum of Understanding |
| MPA | Master of Public Administration |
| MPH | Master of Public Health |
| NASPAA | National Association of Schools of Public Affairs and Administration |
| NDDoH | North Dakota Department of Health |
| NDHIH | North Dakota Health Information Hub |
| NDHIN | North Dakota Health Information Network |
| NDMPH | North Dakota Master of Public Health |
| NDPHA | North Dakota Public Health Association |
| NDSU | North Dakota State University |
| NDUS | North Dakota University System |
| NEPHC | NorthEast Public Health Collaborative |
| NIEJI | National Indigenous Elder Justice Initiative |
| NIOSH | National Institute for Occupational Safety and Health |
| OEL | Office of Extended Learning |

| | |
|--------|----------------------------------------------------|
| OID | Office of Instructional Development |
| OIP | Office of International Programs |
| OT | Occupational Therapy |
| PHA | Student Public Health Association |
| PT | Physical Therapy |
| R | Statistical Software Package |
| RMPHTC | Rocky Mountain Public Health Training Center |
| SAS | Statistical Analysis Software |
| SBHE | North Dakota State Board of Higher Education |
| SGS | School of Graduate Studies |
| SMHS | School of Medicine and Health Sciences |
| SPSS | Statistical Package for the Social Services |
| SSAC | Senate Scholarly Activities Committee |
| TOEFL | Test of English as a Foreign Language |
| UND | University of North Dakota |
| USCC | University Senate Curriculum Committee |
| WICHE | Western Interstate Commission for Higher Education |
| WRGP | WICHE's Western Regional Graduate Program |

History of the MPH Program at UND

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 - the University of North Dakota (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. This is a brief history of the effort to develop public health training in North Dakota, which led to establishment of the North Dakota Master of Public Health (NDMPH), and within it the MPH Program at UND.

NDMPH: 2008 through 2012

The public health initiative began as a plan to develop separate MPH programs at UND and NDSU. In North Dakota, new academic initiatives require approval from campus administration, the North Dakota University System (NDUS), and the State Board of Higher Education (SBHE). There is a two-step approval process: submission of a brief proposal (Stage 1) and, if Stage 1 is approved, a detailed proposal (Stage 2). In 2008, both UND and NDSU submitted their own Stage 1 proposal to develop a MPH Program. However, soon afterward, they began discussions that led to development of a joint Stage 2 MPH program proposal. By Spring 2011, NDUS and the SBHE had approved the joint proposal for a collaborative UND and NDSU MPH Program, named North Dakota Master of Public Health or NDMPH. In addition, the Legislature approved the additional state appropriated funds requested in the Spring 2011 session.

With SBHE and legislative approval obtained by late Spring 2011, UND and NDSU rapidly began implementing NDMPH. The original plan for NDMPH was to share the MPH core courses between the two universities, while each school would offer unique specializations. Tuition would be shared for the core courses and no tuition waivers were allowed in the first year of study. Policies on marketing, recruitment, admission, financing, and curriculum were to be the same. An Executive Committee was the official governing body for the institutional consortium – NDMPH. The Executive Committee consisted, at NDSU, of the Dean of the College of Pharmacy, Nursing and Allied Sciences and the Dean of the Graduate School. The UND members were the Dean of the SMHS and the Dean of the Graduate School. The Steering Committee composed of the MPH program directors and a member of each MPH faculty was to manage NDMPH. This plan endured through 2012, a period that included enrollment of the first MPH students at UND and NDSU in Fall 2012.

NDMPH: 2013 through Present

In January 2013, the Executive Committee began discussions about restructuring the relationship between UND and NDSU to address problems of inefficiency in the joint administration of the MPH programs. The members signed a Memorandum of Understanding (MOU) in June 2013, which formalized decisions regarding restructuring. The MOU called for the programs to be coordinated, but for each to operate independently and seek its own accreditation from the Council on Education for Public Health (CEPH). In accordance with the MOU, the Executive Committee combined with the Steering Committee and was named the MPH Coordinating Council. The original members of the Executive Committee continue to sit on the Coordinating Council, and additional members include the Senior Associate Dean for Education and the MPH Director at UND and the Chair of the Department of

Pharmacy Practice and the MPH Director at NDSU. The Council's function is to ensure non-duplication of specializations, cooperation between the programs as appropriate, and adherence to the same tuition and admission policies. Currently, each program can admit up to 30 students/year and must charge the same tuition. At this time, the tuition rate is \$658/credit hour for North Dakota residents; \$836/credit hour for Minnesota residents; and \$987/credit hour for non-residents.

The current description of NDMPH is as follows. The two state research universities – UND and NDSU – offer the NDMPH. Students apply to and complete their degree at one campus only - either UND or NDSU. Each school offers the entire core curriculum. Students choose NDSU or UND based on the MPH specializations offered at that campus, which are unique to that school. Although each MPH Program is distinct and offers unique specializations, the two programs work together on common matters such as developing Practicum sites and offering public health events during Public Health Week. By working together, the MPH Programs at NDSU and UND provide comprehensive public health training and service to North Dakota and the Northern Plains. Please refer to the *Timeline of Significant NDMPH Events, 2008 through 2013*, located in the Electronic Resource File (RF) C1.4, for a more detailed chronology of the early development of public health training in North Dakota.

MPH Program at UND: 2011 through Present

At UND, an internal group, the MPH Committee, began planning for implementation of the MPH Program after the Legislature approved NDMPH in late Spring 2011. The joint Stage 2 proposal had laid the foundation for the Program: serve North Dakota and emphasize practical skills, interdisciplinary training, integration with primary care, and population health improvement. The UND stakeholders, working within these broad goals, began bringing the Program to life. Under the leadership of Dr. Gwen Halaas, 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.

Academic Year 2012-13. At UND, the 2012-13 year began with enrollment of the first MPH students in Fall 2012. Initially, there were 11 students in the first class, but four withdrew before the end of the first year. Those who remained were fairly recent baccalaureate graduates with a variety of backgrounds including kinesiology, biology and pre-med, and sociology.

A major activity of the 2012-13 year was finalizing the MPH Program's specializations. The originating MPH document (joint Stage 2 proposal) identified five UND specializations: Rural Environmental Health, Health Management and Policy, Rural Health and Health Care, Cultural Aspects of Health, and A Healthy Society. Dr. Goldsteen, working with Dr. Halaas and a wide range of internal and community public health stakeholders, deliberated and then finalized the UND specializations. These would be Population Health Analytics (which was first named Population Health Research and Evaluation); Health Management and Policy; and Rural Environmental Health (later changed to Environmental Health to be applicable to rural and urbanized areas). For budgetary reasons, implementation of Environmental Health was and continues to be delayed until sufficient funds are available to hire the necessary faculty for a third specialization.

The decision to select Population Health 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 NDSU¹; and (5) develop UND specializations that are clearly distinct from each other. The specializations in Population Health Analytics and Health Policy and Management met the broad goals of the joint Stage 2 proposal to serve North Dakota and emphasize practical skills, interdisciplinary training, integration with primary care, and population health improvement.

In order to achieve its mission to support population health improvement, the MPH Program's education, research, and service efforts were chosen to **emphasize the production and application of scientific evidence concerning the effectiveness, equity, and efficiency of public health and health care activities**. The specializations would emphasize critical thinking, as well as training in literature review and synthesis, research design, data management, use of analysis software, and statistical methods and analysis. The distinctive niche of the program would be an emphasis on using 'big data' from existing administrative and research databases to produce evidence of effectiveness, equity, and efficiency. Multiple conversations with stakeholders throughout the State had revealed the need for people who could turn underused data, routinely collected and stored, into information on which to base policy. These would include databases held by public health agencies and related health organizations, including the Department of Health, the Medicaid program, and Workforce Safety and Insurance (WSI). The Health Management and Policy specialization would stress **application** of evidence to program management and policy development, while the Population Health Analytics specialization would stress **production** of evidence. All aspects of the MPH Program would be geared toward achieving these goals including faculty recruitment, infrastructure development, and research and service project selection. As a result, the Program began reaching out to health and health-related organizations in 2012-13 for the purpose of developing cooperative arrangements to 'turn their data into useful information.' Further, the Program began the process of developing an NDUS-recognized Center for Comparative Effectiveness Analytics, which would provide a focal point for faculty and student research activities in this area.

Another major activity of the 2012-13 year was recruiting core faculty for the MPH Program. The MPH Committee hired the first faculty member, Dr. Karen Goldsteen, who began in July 2012. Two subsequent searches were initiated for the faculty members who could teach in one of the two specializations: Population Health Analytics and Health Management and Policy. The faculty member hired for Population Health Analytics that year was Dr. Cristina Oancea. The second faculty member, Dr. Kristin Schuller, was hired for the Health Management and Policy specialization, under the terms of a MOU between the MPH Program and the College of Business and Public Administration (CoBPA). The Master of Public Administration (MPA) Program in the CoBPA's Department of Political Science and Public Administration had offered a graduate certificate in Health Administration since 2010. Given this existing effort, the MPH and the MPA programs agreed to build on that health initiative by offering the MPH specialization in Health Management and Policy jointly. In October 2012, the Deans of the SMHS and CoBPA signed the MOU, which outlined the terms of the agreement. A major element was the decision that the MPH Program would fund two faculty positions, which would serve the MPH and MPA programs. These faculty members would have responsibilities for teaching and service in both programs, and their research would be appropriate for both. They would have full-time, 9-month appointments, consistent with the MPA Program's policy. Another term of the MOU was assignment of an existing MPA faculty member (Dr. Andy Hultquist) to .50 to the MPH Program. See Table A for complete list of MPH faculty.

¹ NDSU specializations were Pharmaceutical Disease State Management, Emergency Management, Health Promotion Practice, Infectious Disease Management, Food Safety, Gerontology, and Medical Management and Administration.

In addition to the new hires, the SMHS Center for Rural Health recruited an evaluation specialist, Dr. Ralph Renger, and the MPH Program paid half of Dr. Renger's salary and assigned him to the specialization in Population Health Analytics. As a result, the MPH Program would have six core faculty members starting in Academic Year 2013-14, including the Director. Drs. K. Goldsteen, Oancea, and Renger were assigned to Population Health Analytics, while Drs. R. Goldsteen, Schuller, and Hultquist comprised the Health Management and Policy faculty. Also, the MPH Program had recruited 15 UND faculty members and the Director of the Grand Forks Public Health Department (GFPHD) for the MPH Affiliated Faculty.

The 2012-13 Academic Year ended with the restructuring of NDMPH to make the UND and NDSU MPH programs operationally independent; UND approval of the two specializations and their curricula; and development of Practicum sites and policies. The MPH Program also recruited a permanent Academic Coordinator and Administrative Assistant. Finally, the MPH Program moved to a newly renovated space in the SMHS.

Academic Year 2013-14. The year began with the enrollment of six new students in Fall 2013 and one in Spring 2014. Further, during this period, the Program recruited two new faculty members to start in Academic Year 2014-15, one each in Population Health Analytics (Dr. Arielle Selya) and Health Management and Policy (Dr. Laura Hand), the second shared faculty member between the MPH and MPA programs. The MPH Program developed a site for distance delivery of classes at Casper College in Casper, Wyoming, building on an established relationship between Casper College and the UND Occupational Therapy program; in Bismarck, North Dakota at a SMHS building; and in Minot, North Dakota at a SMHS building.

Also during the 2013-14 Academic Year, the MPH Program improved its ability to offer financial aid to MPH students, which was an important issue because of the program's high tuition. First, in February 2014, NDUS amended its original tuition waiver policy now making it possible for first year MPH students to receive tuition waivers. Second, the MPH Program was accepted as a member of the Western Interstate Commission for Higher Education (WICHE), Western Regional Graduate Program (WRGP), which allows all residents of states belonging to WICHE to pay North Dakota resident tuition. Third, the SMHS provided the MPH Program with tuition waivers in the amount of \$67,000 each year.

In addition, the CEPH Board of Councilors approved the MPH Program as an applicant for accreditation in October 2013. With self-study underway, the MPH Program continued to examine and revise all aspects of the program including specialization curricula, courses, Practicum and Scholarly Project guidelines, student advising and mentoring processes, and academic policies.

The MPH Program continued to emphasize building relationships with the North Dakota public health and health care communities in order to enhance learning, research, and service opportunities for our students and faculty and to serve the State. A major project in this regard was undertaken: the analysis of service gaps for the NorthEast Public Health Collaborative, a group of eight local public health units in the north east region of North Dakota. In addition, the Program happily supported the request by the North Dakota Statewide Cancer Registry to make Dr. Oancea its epidemiologist and principal analyst, which would permit service and research with the cancer registry data.

The 2013-14 Academic Year ended with the graduation of the first MPH students. In May 2014, five students from the 2012-13 class graduated. Two of the graduates were in Health Management and

Policy and three in Population Health Analytics. Their destinations after graduation were: University of Minnesota School of Dentistry, College of Osteopathic Medicine of the Pacific-Northwest, UND Center for Rural Health, and the Community Violence Intervention Center of Grand Forks.

Academic Year 2014-15. The year began with the enrollment of 15 new students in Fall 2014 and three in Spring 2015. During the 2014-15 year, there were two changes to the MPH core faculty. Dr. Renger left the MPH Program at the beginning of the year, and Dr. Schuller resigned at the end of the year. Dr. Schuller's position, which was joint with the MPA Program, has been revised by an addendum to the MOU between the SMHS and the CoBPA. Instead of being 0.5 FTE in the MPA Program, the new faculty member will be 1.0 FTE in the MPH Program, although the MPH Program will continue to provide some of the courses that have served the MPA Program. The Addendum also specifies that Dr. Hultquist will be only 0.30 FTE in the MPH Program, instead of 0.5 FTE. Therefore, after the search to replace Dr. Schuller is complete, the MPH core faculty will be comprised of: Drs. K. Goldsteen, Oancea, and Selya in Population Health Analytics and Drs. R. Goldsteen, L. Hand, and Dr. Schuller's replacement in Health Management and Policy.

During the year, many components of the MPH Program's strategic plan to connect teaching, research, and service around the production of information based on existing administrative and research databases and the application of evidence produced to management and policy came to fruition. The Center for Comparative Effectiveness Analytics was approved by the SBHE. Blue Cross Blue Shield of North Dakota (BCBSND) awarded the Center a grant to study the effectiveness of the MediQHome Program, using claims data. The North Dakota Department of Health (NDDoH) and the WSI initiated talks with the MPH Program regarding evaluation of worker health and safety programs in the State, using WSI administrative databases. Finally, the MPH Program participates in the development of health care data for the State through the Director, who is a member of the Executive Committee of the North Dakota Health Information Hub (NDHIH) and Co-Chair of the Health Information/Data Analytics Committee of the Hub. He is also a member of the Collaboration on Needs Assessment Data, Chaired by Senator Judy Lee. These committees are developing the strategic plan for health data for the State including the North Dakota Health Information Network (NDHIN), and participation will ensure access to health data by the MPH Program's faculty and students and collaboration on studies related to health policy.

Also, the MPH Program faculty and staff focused intensively on preparation of the CEPH Self Study. In addition, MPH faculty members continued to develop important public health initiatives with the NDDOH including the North Dakota Statewide Cancer Registry and the Total Worker Health initiative.

The 2014-15 year ended with the graduation of four students from the 2013-14 class. Three completed the Population Health Analytics specialization and one the Health Management and Policy specialization. Their destinations after graduation included the UND School of Medicine and Health Sciences program leading to the MD degree and the California Rural Indian Health Board.

Academic Year 2015-16. The MPH Program enrolled nine new students in the Fall 2015. Another five students are expected to enroll in Spring 2016. In May 2016, seven students are expected to graduate from the 2014-15 class and one student from the 2013-14 class. The Program is currently searching for a replacement for Dr. Schuller and a part-time staff person to assist with MPH Program evaluation activities.

| Faculty Member | Specialization | 2012-13 | | 2013-14 | | 2014-15 | |
|-------------------|----------------|----------|------------|----------|------------|----------|------------|
| | | HC | FTE | HC | FTE | HC | FTE |
| Raymond Goldsteen | HMP | 1 | 0.5 | 1 | 0.5 | 1 | 0.5 |
| Karen Goldsteen | PHA | 1 | 1.0 | 1 | 1.0 | 1 | 1.0 |
| Cristina Oancea | PHA | - | - | 1 | 1.0 | 1 | 1.0 |
| Ralph Renger | PHA | - | - | 1 | 0.5 | - | - |
| Kristin Schuller | HMP | - | - | 1 | 0.5 | 1 | 0.5 |
| Andy Hultquist | HMP | - | - | 1 | 0.5 | 1 | 0.5 |
| Arielle Selya | PHA | - | - | - | - | 1 | 1.0 |
| Laura Hand | HMP | - | - | - | - | 1 | 0.5 |
| Totals | | 2 | 1.5 | 6 | 4.0 | 7 | 5.0 |

Key to Table:
 HC = Head Count; FTE = Full-Time Equivalent
 HMP = Health Management & Policy
 PHA = Population Health Analytics

1.0 The Public Health Program

1.1 Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

Vision

To contribute to population health improvement in North Dakota, the Northern Plains, and beyond.

1.1.a. A clear and concise mission statement for the program as a whole.

The mission of the University of North Dakota (UND) Master of Public Health (MPH) Program is to support population health improvement in North Dakota, the Northern Plains and beyond through education, research, and service that create strategies and opportunities needed to promote health and well-being, prevent disease and injury, and advance health equity.

1.1.b. A statement of values that guides the program.

The MPH Program values:

Advancing Knowledge

We are committed to advancing knowledge in population health improvement through innovative faculty and student research.

Social Justice

We strive to instill social responsibility in ourselves and in the communities we serve.

Public Service

We foster a commitment to further the public good through reciprocal engagement with all community members and stakeholders.

Cooperation and Collaboration

We strive to develop a cooperative learning and work environment that promotes collaboration, active participation, and interdisciplinary interaction.

Professionalism

We nurture the development of personal and professional ethics and integrity while pursuing performance excellence and responsible use of resources.

Diversity

We support and build educational, research, and service environments that are inclusive and rich in diversity.

These values are consistent with those of UND to educate tomorrow's leaders, instill scientific inquisitiveness, embrace diversity, and serve our communities and the world around us.

1.1.c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

The MPH Program will attain its mission to improve population health through the following goals related to education, research, service, and investment in program infrastructure and workforce.

Goal 1: Education

Provide students with the skills, knowledge, and awareness necessary to support and ensure conditions that promote population health improvement in North Dakota, the Northern Plains, and beyond.

Goal 2: Research

Conduct and disseminate research that supports health improvement in populations and communities.

Goal 3: Service

Provide public health-related service to academic, professional and community organizations.

Goal 4: Infrastructure Investment

Advocate for, develop, and maintain the resources necessary to support the mission and values of the Program.

Goal 5: Workforce Investment

Recruit, support, and retain a diverse faculty, staff, and student body to sustain the Program’s mission and values.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

The Program goals, measurable objectives with indicators and targets are in Table 1.1.d.1. below.

| Table 1.1.d.1. Program Goals, Measureable Objectives, Indicators and Targets | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <i>Goal 1: Education</i> | | |
| <i>Provide students with the skills, knowledge, and awareness necessary to support and ensure conditions that promote population health improvement in North Dakota, the Northern Plains, and beyond.</i> | | |
| Measureable Objective | Indicator | Target* |
| 1.1. Deliver a competency-based public health curriculum | Students self-assessment of their competency attainment | 80% of students score 3 or higher (out of 5) on each core competency at graduation |
| | Frequency of curriculum review | Core and specialization curricula reviewed annually |
| | Faculty assessment of students’ attainment of core competencies | Evaluation of core course assignments indicate that 80% of competencies have been met or exceeded |
| 1.2. Provide students with the support and resources necessary to ensure timely completion of requirements for graduation | Students satisfaction with faculty advising | 75% of students satisfied or very satisfied with advising |

Table 1.1.d.1. Program Goals, Measureable Objectives, Indicators and Targets

| Measureable Objective | Indicator | Target* |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1.2. (Continued) | Graduation rate within 3 years for full-time students | At least 75% graduate within 3 years |
| | Frequency of student-advisor meetings pertaining to Practicum placement | 90% of students meet with Faculty Practicum Advisor at least once |
| | Frequency of student-advisor meetings pertaining to academic advising | 80% of students meet with Faculty Advisor at least once per semester |
| 1.3. Ensure that graduates demonstrate mastery of basic knowledge and skills in the 5 core areas of public health | GPA of students in the 6 core courses | 100% of students attain 3.0 GPA average or greater in core courses |
| | Student assessments of their preparedness for the Practicum | 80% of students report being very prepared or quite a bit prepared for Practicum |
| 1.4. Provide students with the skills necessary to succeed in a diverse public health workforce | Employer satisfaction with skills and knowledge of graduates | 80% of employers in catchment area satisfied or very satisfied |
| | Preceptor assessments of students' ability to work collaboratively with diverse communities and stakeholders | 80% of Preceptors assess students as very good or outstanding |
| | Job placement in a health care or public health-related organization within 1 year of graduation | 80% of graduates seeking employment work in public health or health care |
| 1.5. Provide students with opportunities to engage in interdisciplinary studies | Student enrollment in courses offered by different programs and departments ¹ | 40% enroll during second or subsequent years of study |
| | Number of electives in curriculum offered in different fields of study ¹ | As least 4 |
| Goal 2: Research | | |
| <i>Conduct and disseminate research that supports health improvement in populations and communities.</i> | | |
| 2.1. Conduct interdisciplinary population health research | Core and affiliated public health faculty with graduate degree in a field other than public health | 50% |
| | Core public health faculty involved in interdisciplinary population health research | 30% |
| 2.2. Conduct and apply collaborative population health research with community partners | Core public health faculty collaborating on industry or government population health projects | 30% |
| | Core public health faculty collaborating on community-based health projects | 30% |
| 2.3. Involve MPH students in population health research and scholarly activities | Students making professional presentations | 25% |
| | Core public health faculty submitting publications collaboratively with students | 45% |
| | Core public health faculty submitting grants collaboratively with students | 15% |
| | Students trained in ethical conduct of research | 100% complete CITI training course |
| 2.4. Obtain external funding for population health research | Grants awarded to Center for Comparative Effectiveness | 1 |
| | Grants submitted by the Center for Comparative Effectiveness | 2 |
| | Core public health faculty submitting proposal for external funding | 45% |

Table 1.1.d.1. Program Goals, Measureable Objectives, Indicators and Targets

| Measureable Objective | Indicator | Target* |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 2.4. (Continued) | Core public health faculty utilizing University and external resources to improve grant-writing skills | 30% |
| 2.5. Disseminate population health research findings to academic, professional, and community audiences | Core public health faculty published in peer-reviewed journals (by 2016) | 75% |
| | Core public health faculty presenting at local, regional, state, national, or international professional meetings | 75% |
| | Core public health faculty with media releases regarding their research and/or publications | 30% |
| Goal 3: Service <i>Provide public health-related service to academic, professional and community organizations.</i> | | |
| 3.1. Provide service to the public health profession | Core public health faculty serving as a reviewer for a journal and/or funder | 45% |
| | Core public health faculty and staff serving on a board of or holding membership in a professional organization | 90% |
| | Students holding membership in a professional organization | 80% |
| | Continuing education courses offered by MPH Program | 1 |
| | MPH Program co-sponsoring the annual Dakota Conference on Rural and Public Health | By June 2017 |
| 3.2. Provide service to communities | Core public health faculty and staff attending public health-related community meetings or events | 50% |
| | Core public health faculty and staff serving on a board of or holding membership in a public health-related community organization | 75% |
| | MPH Program sponsoring public health events annually | Public Health Week events and 1 other |
| | Students serving at least 10 hours per academic year within the community | 90% participate in MPH 504 service requirement |
| 3.3. Provide service to the University | Core public health faculty providing service to the Program, School, and University | 100% |
| | Students providing service to the Program, School and University | 30% |
| 3.4. Promote and sustain service to the Program, profession, University, and community through the Student Public Health Association (PHA) | MPH students with membership in student PHA | 60% |
| | Number of activities or events PHA sponsors or co-sponsors | 1 activity per month |

Table 1.1.d.1. Program Goals, Measureable Objectives, Indicators and Targets

| Goal 4: Infrastructure Investment | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <i>Advocate for, develop, and maintain the resources necessary to support the mission and values of the Program.</i> | | |
| Measureable Objective | Indicator | Target* |
| 4.1. Provide resources that adequately support an environment conducive to learning | Student satisfaction with availability of dedicated common study space available for MPH students | 80% of students satisfied or very satisfied |
| | Student satisfaction with availability of dedicated quiet study space available for MPH students | 80% of students satisfied or very satisfied |
| | Student satisfaction with scientific journals available to MPH students | 80% of students satisfied or very satisfied |
| | Student satisfaction with access to building and resources for MPH students | 80% of students satisfied or very satisfied |
| | Availability of library liaison | 1 |
| 4.2. Provide the faculty and staff with resources that support their members' roles | Percentage of core public health faculty and staff with personal office space | 100% |
| | Core public health faculty satisfaction with access to scientific literature | 100% of faculty satisfied or very satisfied |
| 4.3. Ensure that high-quality software and other technical resources are available to the faculty, staff, and students | Course-required software freely available to students on SMHS computers and online | 100% of required software freely available |
| | Percent of MPH Program budget designated for technology | Steady or increasing ² |
| 4.4. Maintain representation and an active presence in resource allocation decision-making for the MPH Program | Core public health faculty participating in budget meeting with MPH Director | 1 |
| | MPH Director participating in 2 budget meetings annually with administrative officials | 2 |
| Goal 5: Workforce Investment | | |
| <i>Recruit, support, and retain a diverse faculty, staff, and student body to sustain the Program's mission and values.</i> | | |
| 5.1. Recruit and retain a diverse faculty, staff and student body | Collaboration with UND Associate Vice President (AVP) for Diversity and Inclusion maintained | 1 meeting/year with AVP for Diversity and Inclusion |
| | Recruitment policy developed to achieve diverse faculty, staff and student body | By spring 2016, recruitment policy developed |
| | Activities implemented to advance an inclusive learning environment for students | 2 activities per academic year by 2016-17 |
| | Activities implemented to advance an inclusive work environment for faculty and staff | 2 activities per academic year by 2016-17 |
| 5.2. Ensure that the faculty and staff have resources and opportunities for continuous professional development | Core public health junior faculty participating in Alice Clark Mentoring Program within two years of hiring | 100% |
| | Availability of professional development funds | Steady or increasing ³ |
| | Core public health faculty provided with tenure and promotion guidance | 100% |
| | Core public health faculty and staff attending professional development workshops and training sessions | 75% |

Table 1.1.d.1. Program Goals, Measureable Objectives, Indicators and Targets

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| | Number of open forums with dean to ensure open dialogue | 1 per academic year |
| 5.3. Ensure that students have academic and professional opportunities to develop and enhance their public health knowledge and skills | Number of students with MPH Program assistantships | Steady or increasing ² |
| | Percent of students with a Practicum conducted with a public health-related professional or community organization | 100% |
| Key to Table: * An annual measure unless specified otherwise ¹ The MPH Program aims for students to have interdisciplinary experiences by taking some non-public health elective courses offered throughout the University. Some non-public health courses are official electives in the MPH Program (e.g., GEOG 474: Geographic Information Systems). Non-public health courses not specified as electives need the approval of the student's Faculty Advisor in order to count toward the MPH degree. ² Academic Year 2012-13 serves as the baseline. ³ Academic Year 2013-14 serves as the baseline for professional development funds/MPH Core Faculty member. | | |

1.1.e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The origin of the MPH Program's mission statement begins with the Stage 2 New Academic Program Request: MPH Degree and Graduate Certificate in Public Health, which was submitted for approval to the SBHE in fall 2010 by UND and NDSU. In that document, the authors identified a general goal of the MPH Program to serve the State's needs for public health professionals who focus on health promotion and disease prevention, disease state management, and related activities. The original authors of the Stage 2 proposal included the deans and faculty members in the UND SMHS and the NDSU College of Pharmacy, Nursing, and Allied Sciences. In addition, the deans of both Graduate Schools were involved.

The mission statement was formalized at UND in the first year of program implementation, after the founding director of the MPH Program joined the SMHS (AY 2012). The director of the MPH Program, working with a small group of existing faculty and deans within the SMHS Academic Affairs Office, developed a mission statement that reflected the intent of the Stage 2 request. The mission was stated as: "To support continuous population health improvement in North Dakota and the Northern Plains through education, research, and service that create conditions needed to prevent disease and disability, promote health and well-being, and manage patient health problems effectively and efficiently." During the year, goals and objectives were also developed in the same way.

The mission statement, goals, and objectives were informed by discussions with Terry Dwelle, State Health Officer and prime advocate for developing the MPH Program; unit directors in the NDDoH; Don Shields, Director of the GFPHD; Wayne Swisher, Interim Dean of the UND School of Graduate Studies (SGS); directors of UND Health and Wellness; directors of the local community group, Coalition for a Healthy Greater Grand Forks (CHGGF); administrators and physicians at the Altru Health System; and other stakeholders in the UND, Grand Forks, and larger North Dakota public health communities. Since discussions began when the MPH Director joined UND in April 2012 and development of the MPH Core Faculty was in process, meetings were mostly between the Director and the stakeholders in the first two years. They were not specific to selecting targets, but general, about the direction of the MPH Program and the needs of the stakeholders and the State. There was no voting. They were a source of qualitative information about the general expectations of stakeholders. Consistent with the Stage 2 proposal,

health management and policy skills were emphasized, along with the need for people who could manage and analyze existing databases in the State agencies and organizations and provide policy-relevant information. As the second year drew to a close, meetings were expanded to include MPH Core Faculty members. The University and SMHS leadership participated continuously through meetings of the NDMPH Coordinating Council, bi-monthly meetings between the MPH Director and Gwen Halaas, Senior Associate Dean for Education, periodic meetings between the MPH Director and Wayne Swisher, SGS, and meetings with UND department chairs including Geography, Sociology, and Political Science and Public Administration.

In fall 2014, the MPH Program had hired the MPH Core Faculty and identified key MPH Affiliated Faculty members. Together with the MPH Program Manager, the MPH Administrative Assistant, and another staff assistant, they formed the basis of the Faculty Accreditation Committee (ad hoc). See Table 1.5.a.1 for members. The original mission, goals, and objectives were reviewed by the Faculty Accreditation Committee, which met regularly in fall 2014 to assess, discuss, debate, and then finalize them. The value statements were developed at this time, as well, and the targets were identified. The agendas and minutes from these meetings are in RF C1.5. The original mission statement was revised slightly by removing the focus on managing patient populations and adding a focus on advancing health equity in all populations. This change was the result of discussions about Program values, which began with a desire to relate Program values to the larger University and SMHS value statements (See RF C1.1). The Faculty Accreditation Committee determined that managing patient populations would not be a specific focus of the Program. The Committee also expanded the Program's goals to include workforce and infrastructure investment within the Program, in addition to the original teaching, research, and service goals.

Stakeholders who informed this process, informally, included Gwen Halaas and Ken Ruit, SMHS deans in the Office of Academic Affairs; Sandra Mitchell, UND Associate Vice President for Diversity and Inclusion; colleagues in the MPA Program including Paul Sum, chair of the DPSPA, and Dana Harsell, director of the MPA Program; Wayne Swisher, Interim Dean of the SGS; directors of the local public health units in the NorthEast (ND) Public Health Collaborative (NEPHC) including Julie Ferry, NEPHC head, and Debbie Swanson, current director, and Don Shields, former director, of the GFPHD; Terry Dwelle, the State Health Officer; and other stakeholders in the UND, Grand Forks, and larger North Dakota public health and health care communities. Their input was obtained during meetings with the MPH Director and faculty members in AY 2013-14 and AY 2014-15. The MPH Director informed stakeholders about the growth and development of the Program, and invited comment, through two update newsletters in December 2012 and January 2015. These newsletters were sent to a wide audience throughout the State. See RF C1.1. During this period, the Director also made presentations to community groups, wrote "Health Matters" columns for the *Grand Forks Herald*, and wrote and was interviewed for stories in *North Dakota Medicine* about the MPH Program and the strategic plans for analytics. *North Dakota Medicine* reaches the health care community throughout the State. See RF C1.1 for Health Matters columns, presentation, and North Dakota Medicine interviews and stories.

1.1.f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The mission, values, goals and objectives for the MPH Program are available to students, alumni, faculty, staff, other UND and community stakeholders, and the public on the Program's website: <http://www.med.und.edu/master-of-public-health/>. The mission, values, and goals are also listed in the

current MPH Program Bulletin, and the full table of mission, values, goals, objectives, and targets are contained in an attachment to the Bulletin. The full table was included in Orientation binders and recruiting materials beginning in summer 2015.

A formal Evaluation Plan has been developed to monitor the relevance of the mission, values, goals, and objectives of the Program. The MPH Faculty Council will review the mission, values, goals, objectives, indicators, and targets annually for relevance and possible revision. Starting in the fall of each academic year, the Council will review each Program goal via a Program Evaluation Report provided by the MPH Evaluation Committee. The schedule of review for Program Evaluation Reports is listed in Table 1.2.b.1. In spring, the MPH Program's stakeholders will be asked to review all Program Evaluation Reports (n=5) and the Council's proposed revisions based on its review. Stakeholder input will be solicited at the spring meetings of the Community Advisory Board, the MPH Affiliated Faculty, and Student Advisory Board. All stakeholder responses will be compiled by the MPH Evaluation Committee and provided to the Faculty Council for review at its May meeting. At this meeting, the MPH Faculty Council will decide whether small changes are needed or whether a larger overhaul is required, based on its own review and that of the stakeholders. Any policy changes approved by the MPH Faculty Council in May will be implemented in the next academic year. This process will be repeated annually. The formal evaluation process was begun in AY 2015-16. The MPH Faculty Council is scheduled to review the first Program Evaluation Report in the October 2015 meeting (See RF C1.2 Program Evaluation Report: Education).

1.1.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The entire MPH Core Faculty, representatives of the MPH Affiliated Faculty, and the MPH staff participated fully in the process of developing the current mission, values, goals, and objectives via the Faculty Accreditation Committee (ad hoc).
- The targets were developed by a subset of the ad hoc Self-Study Sub-Committee and approved by the Faculty Accreditation Committee (ad hoc).
- The goals and objectives clearly link the Program's activities – education, research, service, and program investments – to its mission and provide a guide for assessing performance.
- The objectives are SMART (specific, measureable, achievable, realistic, and time-based).
- The Program values are consistent with the values statements of the University and the SMHS.
- The mission, values, goals, and objectives had informal input from a wide range of stakeholders including members of public health agencies at the State and local levels, health-related community organizations, health care systems, and University health and wellness initiatives.

Weaknesses

- There has been no formal review of the mission, values, goals, and objectives by the Community Advisory Board or other community stakeholders.
- There has been no formal review of the mission, values, goals, and objectives by MPH students or alumni.
- The current goals, objectives, and targets are new and, as such, may need to be revised as more tracking data are collected and regular monitoring occurs.

Plans

- Expand the formal review of the mission, values, goals, and objectives to the Community Advisory Board, the Student Advisory Board, the MPH Affiliated Faculty, and other stakeholders during AY 2015-16 through full implementation of the Evaluation Plan.

1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The MPH Program has developed a systematic and comprehensive process to assess the Program’s effectiveness in achieving its mission, goals and objectives. As a young program, the evaluation process was recently developed and data on targets cover a short historical period. Table 1.2.a.1. lists the primary data collection systems used in the Program’s evaluation process, with a description of each, the data collection method, and frequency of data collection. Data collection consists of on-line surveys and collection of paper forms specifically designed for evaluation of the Program. The on-line surveys are the Student Competency Assessment, Student Program Assessment, and Alumni Survey. The paper forms are the Faculty Competency Assessment, Preceptor’s (Practicum) Evaluation, and Student’s (Practicum) Evaluation. The information from the paper forms is computerized for analysis. The Annual Faculty and Staff Performance Reviews are another source of target data for the Program, and specific requirements for these reviews have been developed to assess Program targets (See RF C4.2). Finally, qualitative data are collected and recorded for the Student Exit Interviews. In addition to these primary data collection systems, the Program uses existing Program and University administrative databases for some information, and these are identified in Table 1.2.c.1.

The MPH Evaluation Committee is charged with overall responsibility for providing the information needed for program evaluation. The Evaluation Committee consists of the MPH Director, an MPH Core Faculty member, MPH Program Manager, MPH Graduate Assistant, and MPH student. The Evaluation Committee is responsible for planning the primary data collection systems and revising them, as needed. The Evaluation Committee is also responsible for collecting and analyzing these data, and the Graduate Assistant is dedicated, specifically, to data collection, computerizing data, maintaining databases, and data analysis. HIPAA and confidentiality practices and policies are upheld throughout this process. The Evaluation Committee assembles data from the Program and University databases and analyzes them, as well.

From the analyses, the Evaluation Committee is responsible for preparing reports that allow the MPH Faculty Council to evaluate Program performance, and respond to problems and issues related to achieving Program mission, goals, and objectives. Every year, a Program Evaluation Report will be developed for each Program goal: Education, Research, Service, Infrastructure Investment, and Workforce Investment. These reports will provide a summary of the data collected from the relevant data systems for each goal, as well as trends for each target within the goal including the most recent. Additional reports may be required to explicate problems and issues that are not fully understandable in the planned reports, and the Evaluation Committee will develop these on an ad hoc basis. The MPH Program Manager has oversight responsibility over the process and ensures that data are collected and computerized as scheduled, databases are maintained, and analyses and reports are completed for regularly scheduled use by the MPH Faculty Council.

| Table 1.2.a.1. Primary Data Collection Systems, Their Description, with Data Collection Methods and Frequency | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Data System | Description of Data Systems | Frequency & Data Collection Method |
| Faculty and Staff Performance Review | Faculty members provide portfolio for annual performance review, which includes indicators of teaching, research, service and administration, if relevant. Staff performance is reviewed annually, as well. | Annual, in the spring (Form) |
| Faculty Competency Assessment | Instructors of all core courses, the Scholarly Project, and the Practicum review course assignments/products and assess whether the assignments/products indicate that the students, as a group, have developed the competencies for that course. | Annual for each core course (Form) |
| Student Competency Assessment | Students self-report their ability to perform the core and specialization competencies at three times during the course of the Program: at Orientation, mid-course, and as they graduate. | Three times during course of Program (Online Survey) |
| Student Program Assessment | Students rate Program faculty, curriculum, advising, and resources, as well as self-report voluntary professional activities twice during the course of the Program: mid-course and as they graduate. | Twice during course of Program (Online Survey) |
| Preceptor's (Practicum) Evaluation | Preceptors evaluate student performance including professionalism during the Practicum | Once during course of Program (Practicum Form) |
| Student's (Practicum) Evaluation | Students rate their Practicum experience and their Preceptor | Once during course of Program (Practicum Form) |
| Student Exit Interview | Graduating students provide feedback in an open forum with the MPH Director, MPH Program Manager, and MPH faculty members about satisfaction with the Program faculty, curriculum, Practicum, advising, and career services | Once, at the time of graduation (Focus Group) |
| Community Advisory Board | Community Advisory Board members provide feedback to the MPH Program on mission, values, goals, objectives and targets, and review Program performance in achieving targets for competencies and other areas | Twice annually (Meeting Minutes & Reports) |
| Alumni Survey | Alumni rate Program faculty, curriculum, advising, and preparation for employment, as well as self-report their employment status and competency attainment | Once, one year after graduation (Online Survey) |
| Employer Interview | To be implemented in spring 2016 | |

1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

The Evaluation Plan specifies that the MPH Faculty Council has the major responsibility for reviewing the Program Evaluation Reports developed by the MPH Evaluation Committee and determining if adjustments to goals, objectives, indicators, and targets or Program curriculum, courses, and

competencies are required. The Council may also request ad hoc reports if necessary to understand a problem or issue better. The Council may also ask that new data be collected or that a current data system be revised, if the current data provide insufficient information for decision-making. The MPH Faculty Council meets monthly from August through May, and the Council will review the Program Evaluation Reports systematically during the year, according to the schedule provided in Table 1.2.b.1. The Council will distribute the Program Evaluation Reports, with Council recommendations, to stakeholders each spring (after the March Council meeting) and solicit stakeholder input for the Council’s summary review and policy-making meeting in May. Any changes to mission, goals, objectives, indicators, targets, and competencies, which the Council approves in May, will be implemented during the following academic year. This process will be repeated annually.

Prior to AY 2015-16, program evaluation was conducted by the MPH Core Faculty and staff in regular monthly meetings and in ad hoc meetings arising from issues of recruitment, curriculum development, student achievement, and so forth. As an example of evaluation and continuous quality improvement in the past, the MPH Core Faculty identified a need to improve writing skills among MPH students. Three MPH Core Faculty members participated in a weeklong *Writing Across the Curriculum* workshop in June 2015 and created a detailed plan to incorporate appropriate writing assignments throughout the MPH Program, focusing especially on writing skills required for the MPH Scholarly Project (See RF C2.5, writing across the curriculum documents).

The formal evaluation process outlined above was begun in AY 2015-16. The MPH Faculty Council is scheduled to review the first Program Evaluation Report in the October 2015 meeting (See RF C1.2 Program Evaluation Report: Education).

| Table 1.2.b.1. Schedule of Program Evaluation Reviews by MPH Faculty Council | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| MPH Goals | MPH Faculty Council Meeting |
| Goal 1: Education Provide students with the skills, knowledge, and awareness necessary to support and ensure conditions that promote population health improvement in North Dakota, the Northern Plains, and beyond. | October |
| Goal 2: Research Conduct and disseminate research that supports health improvement in populations and communities. | November |
| Goal 3: Service Provide public health-related service to academic, professional and community organizations. | January |
| Goal 4: Infrastructure Investment Advocate for, develop, and maintain the resources necessary to support the mission and values of the Program. | February |
| Goal 5: Workforce Investment Recruit, support, and retain a diverse faculty, staff, and student body to sustain the Program’s mission and values. | March |
| Goals 1-5: Summary Review | May |

1.2.c. Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria, the program should parenthetically identify the criteria where the data also appear.

The data for each target is contained in Table 1.2.c.1. below.

Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives*

| <i>Goal 1: Education</i> | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|----------------------------------------------------------|
| <i>Provide students with the skills, knowledge, and awareness necessary to support and ensure conditions that promote population health improvement in North Dakota, the Northern Plains, and beyond.</i> | | | | | |
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 1.1. Deliver a competency-based public health curriculum | Students self-assessment of their competency attainment <i>Source: Student Competency Assessment</i> | 80% of students score 3 or higher (out of 5) on each core competency at graduation (see Key to Table) | NA ¹ | BIO 100% HMP 100% EPI 100% EVN 100% SBS 100% | BIO 100% HMP 100% EPI 100% EVN 100% SBS 100% |
| | Frequency of curriculum review <i>Source: Program Records/Minutes</i> | Core and specialization curricula reviewed annually | Yes | Yes | Yes |
| | Faculty assessment of students' attainment of core competencies <i>Source: Faculty Competency Assessment</i> | Evaluation of core course assignments indicate that 80% of competencies have been met or exceeded | NA ² | NA ² | NA ² |
| 1.2. Provide students with the support and resources necessary to ensure timely completion of requirements for graduation | Students satisfaction with faculty advising <i>Source: Student Program Assessment</i> | 75% of students satisfied or very satisfied with advising | NA ² | NA ² | 100% |
| | Graduation rate within 3 years for full-time students <i>Source: University Records/Registrar</i> | At least 75% graduate within 3 years | NA ¹ | 100% | 100% |
| | Frequency of student-advisor meetings pertaining to Practicum placement <i>Source: Program Records/Advising</i> | 90% of students meet with Faculty Practicum Advisor at least once | 100% | 100% | 100% |
| | Frequency of student-advisor meetings pertaining to academic advising <i>Source: Program Records/Advising</i> | 80% of students meet with Faculty Advisor at least once per semester | 86% | 79% | 95% |
| 1.3. Ensure that graduates demonstrate mastery of basic knowledge and skills in the 5 core areas of public health | GPA of students in the 6 core courses <i>Source: University Records/Registrar</i> | 100% of students attain 3.0 GPA average or greater in core courses | 100% | 100% | 100% |
| | Student assessments of their preparedness for the Practicum <i>Source: Student's (Practicum) Evaluation</i> | 80% of students report being very prepared or quite a bit prepared for Practicum | NA ² | NA ² | NA ² |
| 1.4. Provide students with the skills necessary to succeed in a diverse public health workforce | Employer satisfaction with skills and knowledge of graduates <i>Source: Employer Survey</i> | 80% of employers in catchment area satisfied or very satisfied | NA ² | NA ² | NA ² |
| | Preceptor assessments of students' ability to work collaboratively with diverse communities and stakeholders <i>Source: Preceptor's (Practicum) Evaluation</i> | 80% of Preceptors assess students as very good or outstanding | 100% | 100% | 66.7% |

| Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives* | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------|-----------------|----------------|
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 1.4. (Continued) | Job placement in a health care or public health-related organization within 1 year of graduation <i>Source: Alumni Survey</i> | 80% of graduates seeking employment work in public health or health care | NA ⁷ | NA ⁷ | 100% |
| 1.5. Provide students with opportunities to engage in interdisciplinary studies | Student enrollment in courses offered by different programs and departments <i>Source: University Records/Registrar</i> | 40% enroll during second or subsequent years of study | NA ³ | 100% | 100% |
| | Number of electives in curriculum offered in different fields of study <i>Source: University Records/CourseLeaf</i> | As least 4 | NA ³ | 4 | 6 |
| Goal 2: Research <i>Conduct and disseminate research that supports health improvement in populations and communities.</i> | | | | | |
| 2.1. Conduct interdisciplinary population health research | Core and affiliated public health faculty with graduate degree in a field other than public health <i>Source: Program Records/Hiring</i> | 50% | 75% | 75% | 78% |
| | Core public health faculty involved in interdisciplinary population health research <i>Source: Faculty Performance Review</i> | 30% | 100% | 100% | 100% |
| 2.2. Conduct and apply collaborative population health research with community partners | Core public health faculty collaborating on industry or government population health projects <i>Source: Faculty Performance Review</i> | 30% | 100% | 80% | 80% |
| | Core public health faculty collaborating on community-based health projects <i>Source: Faculty Performance Review</i> | 30% | 100% | 33% | 14% |
| 2.3. Involve MPH students in population health research and scholarly activities | Students making professional presentations <i>Source: Student Program Assessment</i> | 25% | NA ² | NA ² | 25% |
| | Core public health faculty submitting publications with students <i>Source: Faculty Performance Review</i> | 45% | 100% | 60% | 29% |
| | Core public health faculty submitting grants collaboratively with students <i>Source: Faculty Performance Review</i> | 15% | 0% | 0% | 0% |
| | Students trained in ethical conduct of research <i>Source: University Records/Research</i> | 100% complete CITI training course | 100% | 100% | 100% |

| Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives* | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|----------------|
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 2.4. Obtain external funding for population health research | Grants awarded to Center for Comparative Effectiveness <i>Source: University Records/Research</i> | 1 | NA ⁴ | NA ⁴ | 1 |
| | Grants submitted by the Center for Comparative Effectiveness <i>Source: University Records/Research</i> | 2 | NA ⁴ | NA ⁴ | 2 |
| | Core public health faculty submitting proposal for external funding <i>Source: Faculty Performance Review</i> | 45% | 50% | 40% | 33% |
| | Core public health faculty utilizing University and external resources to improve grant-writing skills <i>Source: Faculty Performance Review</i> | 30% | 100% | 33% | 30% |
| 2.5. Disseminate population health research findings to academic, professional, and community audiences | Core public health faculty published in peer-reviewed journals (by 2016) <i>Source: Faculty Performance Review</i> | 75% | 100% | 100% | 86% |
| | Core public health faculty presenting at local, regional, state, national, or international professional meetings <i>Source: Faculty Performance Review</i> | 75% | 50% | 100% | 86% |
| | Core public health faculty with media releases regarding their research and/or publications <i>Source: Faculty Performance Review</i> | 30% | 50% | 60% | 43% |
| Goal 3: Service <i>Provide public health-related service to academic, professional and community organizations.</i> | | | | | |
| 3.1. Provide service to the public health profession | Core public health faculty serving as a reviewer for a journal and/or funder <i>Source: Faculty Performance Review</i> | 45% | 0% | 60% | 71% |
| | Core public health faculty and staff serving on a board of or holding membership in a professional organization <i>Source: Faculty Performance Review</i> | 90% | 100% | 100% | 89% |
| | Students holding membership in a professional organization <i>Source: Student Program Assessment</i> | 80% | NA ² | NA ² | 50% |

| Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives* | | | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|-----------------|----------------------|
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 3.1. Provide service to the public health profession (contd.) | Continuing education courses offered by MPH Program <i>Source: Program Records</i> | 1 | 0 | 0 | 0 |
| | MPH Program co-sponsoring the annual Dakota Conference on Rural and Public Health <i>Source: Program Records</i> | By June 2017 | NA ⁵ | NA ⁵ | NA ⁵ |
| 3.2. Provide service to communities | Core public health faculty and staff attending public health-related community meetings or events <i>Source: Faculty & Staff Performance Reviews</i> | 50% | 100% | 60% | 78% |
| | Core public health faculty and staff serving on a board of or holding membership in a public health-related community organization <i>Source: Faculty & Staff Performance Review</i> | 75% | 100% | 40% | 33% |
| | MPH Program sponsoring public health events annually <i>Source: Program Records</i> | Public Health Week events and 1 other | 4 | 3 | 4 |
| | Students serving at least 10 hours per academic year within the community <i>Source: Program Records</i> | 90% participate in MPH 504 service requirement | NA ⁵ | NA ⁵ | NA ⁵ |
| 3.3. Provide service to the University | Core public health faculty providing service to the Program, School, and University <i>Source: Faculty Performance Review</i> | 100% | 100% | 100% | 100% |
| | Students providing service to the Program, School and University <i>Source: Student Program Assessment</i> | 30% | NA ² | NA ² | 63% |
| 3.4. Promote and sustain service to the Program, profession, University, and community through the PHA | MPH students with membership in student PHA <i>Source: Program Records/PHA</i> | 60% | 86% | 64% | 53% |
| | Number of activities or events PHA sponsors or co-sponsors <i>Source: Program Records/PHA</i> | 1 activity per month | NA ⁵ | NA ⁵ | 1 activity per month |

Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives*

| <i>Goal 4: Infrastructure Investment</i> | | | | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|-----------------|---------|
| <i>Advocate for, develop, and maintain the resources necessary to support the mission and values of the Program.</i> | | | | | |
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 4.1. Provide resources that adequately support an environment conducive to learning | Student satisfaction with availability of dedicated common study space available for MPH students <i>Source: Student Program Assessment</i> | 80% of students satisfied or very satisfied | NA ² | NA ² | 81% |
| | Student satisfaction with availability of dedicated quiet study space available for MPH students <i>Source: Student Program Assessment</i> | 80% of students satisfied or very satisfied | NA ² | NA ² | 50% |
| | Student satisfaction with scientific journals available to MPH students <i>Source: Student Program Assessment</i> | 80% of students satisfied or very satisfied | NA ² | NA ² | 94% |
| | Student satisfaction with access to building and resources for MPH students <i>Source: Student Program Assessment</i> | 80% of students satisfied or very satisfied | NA ² | NA ² | 81% |
| | Availability of library liaison <i>Source: Library Records</i> | 1 | 1 | 1 | 1 |
| 4.2. Provide the faculty and staff with resources that support their roles | Percentage of core public health faculty and staff with personal office space <i>Source: Program Records</i> | 100% | 100% | 100% | 100% |
| | Core public health faculty satisfaction with access to scientific literature <i>Source: Program Records/Minutes</i> | 100% of faculty satisfied or very satisfied | 100% | 100% | 100% |
| 4.3. Ensure that high-quality software and other technical resources are available to the faculty, staff, and students | Course-required software freely available to students on SMHS computers and online <i>Source: Program Records</i> | 100% of required software freely available | 100% | 100% | 100% |
| | Percent of MPH Program budget designated for technology <i>Source: Program Records/Budget</i> | Steady or increasing | 5% | 5% | 5% |
| 4.4. Maintain representation and an active presence in resource allocation decision-making for the MPH Program | Core public health faculty participating in budget meeting with MPH Director <i>Source: Program Records/Minutes</i> | 1 | 0 | 0 | 1 |
| | MPH Director participating in 2 budget meetings annually with administrative officials <i>Source: Program Records</i> | 2 | 2 | 2 | 2 |

| Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives* | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------|-----------------|-----------------|
| <i>Goal 5: Workforce Investment</i> | | | | | |
| <i>Recruit, support, and retain a diverse faculty, staff, and student body to sustain the Program's mission and values.</i> | | | | | |
| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
| 5.1. Recruit and retain a diverse faculty, staff and student body | Collaboration with UND Associate Vice President (AVP) for Diversity and Inclusion maintained <i>Source: Program Records/Minutes</i> | 1 meeting/year with AVP for Diversity and Inclusion | 0 | 0 | 1 |
| | Recruitment policy developed to achieve diverse faculty, staff and student body <i>Source: Program Records</i> | By spring 2016, recruitment policy developed | NA ⁵ | NA ⁵ | NA ⁵ |
| | Activities implemented to advance an inclusive learning environment for students <i>Source: Program Records/Minutes</i> | 2 activities per academic year by 2016-17 | NA ⁵ | NA ⁵ | NA ⁵ |
| | Activities implemented to advance an inclusive work environment for faculty and staff <i>Source: Program Records/Minutes</i> | 2 activities per academic year by 2016-17 | NA ⁵ | NA ⁵ | NA ⁵ |
| 5.2. Ensure that the faculty and staff have resources and opportunities for continuous professional development | Core public health junior faculty participating in Alice Clark Mentoring Program within two years of hiring <i>Source: Program Records</i> | 100% | NA ⁶ | 50% | 100% |
| | Availability of professional development funds <i>Source: Program Records/Budget</i> | Steady or increasing | \$0 | \$6000 | \$8000 |
| | Core public health faculty provided with tenure and promotion guidance <i>Source: Faculty Performance Review</i> | 100% | 100% | 100% | 100% |
| | Core public health faculty and staff attending professional development workshops and training sessions <i>Source: Faculty & Staff Performance Reviews</i> | 75% | 100% | 50% | 71% |
| | Number of open forums with dean to ensure open dialogue <i>Source: Program Records</i> | 1 per academic year | NA ⁵ | NA ⁵ | 2 |
| 5.3. Ensure that students have academic and professional | Number of students with MPH Program assistantships | Steady or increasing | 3 | 3 | 5 |

| | | | | | |
|-----------------------------------------------------------------------------|---------------------------------------|--|--|--|--|
| opportunities to develop and enhance their public health knowledge & skills | <i>Source: Program Records/Budget</i> | | | | |
|-----------------------------------------------------------------------------|---------------------------------------|--|--|--|--|

Table 1.2.c.1. Data Regarding Performance on Indicators Related to Goals and Objectives*

| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|----------------|----------------|
| 5.3. (Continued) | Percent of students with a Practicum conducted with a public health-related professional or community organization <i>Source: Program Records/Practicum</i> | 100% | 100% | 100% | 100% |

Key to Table:

* Portions of this table are duplicated in Table 1.6.d.1, Table 1.7.i.1, Table 2.7.b.1, Table 3.1.d.1, Table 3.2.d.1, Table 4.1.d.1, and Table 4.3.f.1.

** An annual measure unless specified otherwise.

BIO = Biostatistics Competency; HMP = Health Management & Policy Competency; EPI = Epidemiology Competency; ENV = Environmental Health Competency; SBS = Social & Behavioral Sciences Competency

1 There were no MPH graduates at this time.

2 These data were not being collected at this time.

3 There were no students in the second year at this time, which is the year when students enroll in elective courses.

4 The Center for Comparative Effectiveness was not approved at this time.

5 This was not an explicit objective at this time.

6 There were no junior faculty members at this time.

7 There were no MPH graduates who had been out for at least 1 year at this time.

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The ad hoc Self-Study Sub-Committee developed the Evaluation Plan for the MPH Program, with substantial input from the MPH Faculty Council and others. In spring 2014, Dana Harsell, UND MPA Program Director, presented at the MPH Faculty Council on the evaluation process used in the MPA Program, which was very helpful conceptually. Dr. Harsell and Andy Hultquist, also of the MPA Program, presented at another meeting on their program's process of evaluating student attainment of competencies through a review of course artifacts. The artifact process will be piloted in the MPH Program in spring 2016, to determine if it is more informative than the current Faculty Competency Assessment method. At that point, the MPH Program will have completed six sets of Faculty Competency Assessments (one for each Core course in AY 2015-16). At the end of the 2016 spring semester, the MPH Evaluation Committee will conduct several course artifact reviews for Core courses, and compare the results to those obtained from the Faculty Competency Assessment. The Council will adopt one or the other method depending upon the results of the comparison.

Another discussion about program evaluation was held with Sandra Mitchell, UND Associate Vice President for Diversity and Inclusion. Other University stakeholders provided informal advice including Joan Hawthorne, Assistant Provost and member of the University Assessment Committee, which "provides faculty guidance and oversight in developing and implementing the University Assessment Plan, analyzing and interpreting assessment results, developing appropriate reports, disseminating assessment results to the Office of Vice President of Academic Affairs and Provost, and the Faculty Senate and the University community." The Assessment Committee mission is aligned with all University programs that are required to have a formal, regular evaluation process to inform continuous quality improvement efforts. "Assessment is a process by which information from multiple sources is gathered and critically examined to better understand what our students are learning in relation to stated learning goals. Effective assessment results in "informed decision-making" - documenting assessment activities with clarity and in a way that demonstrates continuity and consistency, and using the results of assessment to improve student learning." See the Assessment Committee website at: <https://www1.und.edu/academics/ttada/assessment/index.cfm>. Discussions were also held with Ken Ruit, Associate Dean for Education, and member of the University Assessment Committee.

Informal discussions with other MPH stakeholders in the UND, Grand Forks, and larger North Dakota public health communities informed the Evaluation Plan. These included meetings with Terry Dwelle, State Health Officer and prime advocate for developing the MPH Program; unit directors in the NDDoH; Don Shields, Director of the GFPHD; Wayne Swisher, dean of the UND SGS; Jane Croeker, director of UND Health and Wellness; directors of the local community group, CHGGF; administrators and physicians at the Altru Health System; and directors of the local public health units in the NorthEast (ND) Public Health Collaborative.

1.2.e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The Evaluation Plan clearly links mission, goals, objectives, and targets to continuous performance improvement.
- The Evaluation Plan specifies how data systems will be used to monitor and track Program targets and utilized to inform policy-decisions.
- The Evaluation Plan is implemented by a clearly defined group of persons – the Evaluation Committee – with defined roles and duties.
- The Evaluation Plan is aligned with the University’s interest in performance improvement, which is implemented through activities of the University Assessment Committee.
- The Evaluation Plan had informal input from a wide range of stakeholders including members of public health agencies at the State and local levels, health-related community organizations, health care systems, and University health and wellness initiatives.

Weaknesses

- There has been no formal review of the Evaluation Plan by the Community Advisory Board or other community stakeholders.
- There has been no formal review of the Evaluation Plan by the MPH Affiliated Faculty.
- There has been no formal review of the Evaluation Plan by MPH students or alumni.
- The current evaluation process is new and, as such, may need to be revised as more tracking data are collected and regular monitoring occurs.
- The MPH Program is very new, and therefore, the full MPH Core Faculty is newly formed. The Program did not have its full complement of faculty members until AY 2014-15 and some of the targets for faculty are not met for this reason.

Plans

- Expand the formal review of the Evaluation Plan to the Community Advisory Board, the MPH Affiliated Faculty, and the Student Advisory Board in fall 2015.
- Implement all aspects of the Evaluation Plan by the end of AY 2015-16.
- During AY 2016-17, implement recommendations for Program improvement that have been approved by the MPH Faculty Council at the May meeting, based on the Council’s summary review of the Program Evaluation Reports , as well as the review and recommendations of the, Community Advisory Board, MPH Affiliated Faculty, Student Advisory Board, and other stakeholders..
- Compare measurement of competency attainment using course artifact review and Faculty Competency Assessment in spring 2016.
- Hire a part-time evaluation specialist in AY 2015-16 to join the MPH Evaluation Committee and oversee the program evaluation process, which would remove this responsibility from the MPH Program Manager.
- Implement the *Writing Across the Curriculum* plan developed by the MPH Core Faculty members to improve writing among MPH students throughout their student experience.

1.3 Institutional Environment. The program shall be an integral part of an accredited institution of higher education.

1.3.a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

UND is located in Grand Forks, a small city on the banks of the Red River of the North, which separates North Dakota and Minnesota. The University operates under NDUS, which is a unified system of higher education governed by the SBHE. Organized in 1990, the system includes two research universities (UND and NDSU), four regional universities and five community colleges. Led by the Chancellor, the NDUS staff supports the SBHE's mission to enhance the quality of life for all those served by the NDUS as well as the economic and social vitality of North Dakota.

UND is the state's oldest and largest University and one of two doctoral-granting universities in NDUS. As the state's flagship research university, UND has a reputation for research and scholarship in health sciences, energy and the environment, aerospace, and entrepreneurship. UND has six degree-granting colleges: Arts and Sciences, College of Business and Public Administration, Education and Human Development, Nursing and Professional Disciplines, Engineering and Mines, and Aerospace Sciences. Additionally, UND has the SGS and the only School of Medicine and School of Law

Additionally, UND is one of the top 100 doctoral research universities in the United States. UND has more educational offerings than any other higher education in the state, with 3,000 courses, nearly 40 online degree programs, and 84 graduate education programs. UND welcomes a diverse student body, with more than 15,000 students representing all 50 states and over 60 countries. It is also one of only 47 public universities in the nation with both accredited graduate schools of law and medicine.

UND has been accredited since 1913 by the Higher Learning Commission (HLC), a commission of the North Central Association of Colleges and Schools. In 2013, the HLC's Institutional Actions Council continued the accreditation of UND with the next Reaffirmation of Accreditation in 2023-2024. For more information on UND's accreditation, please visit: <https://und.edu/discover/accreditation.cfm>. To see UND's most recent self-study and final report, please visit <https://und.edu/provost/higher-learning-commission/>. To see the HLC's Action Letter, please visit <https://und.edu/provost/higher-learning-commission/files/docs/hlc-letter-und.pdf> or view RF C1.3. Accrediting agencies that have approved components of UND at the college or school level can be viewed at <https://und.edu/discover/accreditation.cfm> or in RF C1.3. Programs are also accredited at the department level.

Brief History of UND

UND has a long and remarkable history, which officially began in 1883 when the region was still a part of the Dakota Territory. The origins of the University demonstrate the long-standing commitment of the emigrant and immigrants who settled in North Dakota to education, research, and service, a commitment that has persisted through today and has served the state well. A brief history of the University is provided by the President's Office:

"The University of North Dakota at Grand Forks was founded in 1883 by the Dakota Territorial Assembly, six years before North Dakota became a state. The cornerstone for the first building was laid that autumn. Four faculty members met the 11 students who entered the University on opening day, September 8, 1884. The first class was graduated in 1889. Unlike most state institutions of higher

education west of the Mississippi, UND did not begin as an agricultural school or only as a teachers 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. ...

The University today would be recognizable to its founders. UND was the only institution of higher education in the state to be originally established as a university, with all of the implications of that title. ... UND has served as a capstone for the entire system of public education in the state, and from its earliest year has embraced all levels of higher education—undergraduate, professional and graduate—and maintained an active program of research and service. The University has created a tradition in instruction, research, and service, which has served as a model for other institutions. Consistent with the intent of the founding legislators, the University serves as a standard-bearer and leader for higher education in the state” (*The University: Scope, History, Mission, Accreditation*, Obtained June 1, 2015, from <http://und-public.courseleaf.com/archives/2017-2018.pdf>.)

School of Medicine and Health Sciences

The academic home of the MPH Program is the Department of Family and Community Medicine (DFCM) within the SMHS. The School of Medicine was founded in 1905 as a two-year school of basic sciences. Its expansion to an MD degree-granting program was approved in 1973, and its first class graduated in 1976. The first two years of medical education are provided in Grand Forks, while the third and fourth years are provided in Bismarck, Fargo, Grand Forks and Minot, and other communities around the state. The SMHS Purpose Statement is as follows: "The primary purpose of the University of North Dakota School of Medicine and Health Sciences is to educate physicians and other health professionals and to enhance the quality of life in North Dakota. Other purposes include the discovery of knowledge that benefits the people of this state and enhances the quality of their lives."

To advance this purpose, the SMHS has three components: Basic Sciences, Clinical Sciences, and Health Sciences. The SMHS contains one of the nation's most respected community-based medical schools and is a leader in primary care and rural medicine. The SMHS is the only medical school in North Dakota. It includes the departments of Family and Community Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Radiology, Surgery, Psychiatry (Clinical Neuroscience), and Pathology. The Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges accredits the School of Medicine. The Accreditation Council for Graduate Medical Education accredits the seven residency programs. Other accreditations include those from the Accreditation Association for Ambulatory Health Care and the Accreditation Council for Continuing Medical Education.

In the mid-1990s, the UND School of Medicine changed its name to the SMHS to reflect its diverse program offerings, which include Athletic Training, Medical Laboratory Science (MLS), Occupational Therapy (OT), Physician Assistant Studies, and Physical Therapy (PT). The MLS Program is accredited by the National Accrediting Agency for Clinical Laboratory Science. The OT Program is accredited by the Accreditation Council for Occupational Therapy Education. The PA Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant. The PT Program is accredited by the American Physical Therapy Association. The SMHS also has six Research Centers, including the Center for Comparative Effectiveness Analytics housed in the MPH Program, four Clinical Centers and nine Service Centers.

School of Graduate Studies

The MPH Program is a graduate program of the School of SGS at UND. Founded in 1889, the SGS is responsible for all graduate programs at UND, including all masters and doctoral programs, certificates and specialist programs. Fields of study include the humanities, social sciences, physical and natural sciences, fine arts, business, education and human development, aerospace sciences, engineering, medical sciences, and nursing. UND enrolls approximately 15,000 students of which approximately 2,800 are graduate students. UND is committed to increasing its graduate program offerings and its research base in accordance with its strategic plan. See RF C1.3 for a historic enrollment chart.

College of Business and Public Administration

The MPH Program partners with the College of Business and Public Administration's (CoBPA) Department of Political Science and Public Administration (DPSPA) to offer a specialization in Health Management and Policy. The Association to Advance Collegiate Schools of Business International accredits the College of Business. The National Association of Public Affairs and Administration (NASPAA) accredits the MPA Program, which is in the DPSPA.

1.3.b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

The University's organizational chart is shown in Figure 1.3.b.1 (also found at <https://und.edu/discover/files/docs/und-org.pdf>).

Figure 1.3.b.2. shows the MPH Program reporting lines and relationships within the SMHS. Figure 1.3.b.3. shows MPH Program relationships with other units of the University.

Figure 1.3.b.1. University of North Dakota Organization Chart

University of North Dakota Organization Chart: October 2013 (b)



President

President of the University: Robert G. Kelley
 Vice President for Academic Affairs & Provost: Thomas D. Lorenz
 Vice President for Finance & Operations: Alice Brakke
 Vice President for Health Affairs and Dean of the School of Medicine & Health Sciences: Joshua Wynn
 Vice President for Student Affairs: Lori Reesor
 Vice President for University & Public Affairs: Susan Baloun-Walton
 Executive Assistant to the President: Patricia Boland

Reporting Directly to President Kelley

Advocates: Brian Johnson
 Energy & Environmental Research Center: Gerald Groenewold
 Debates: Dusky Bates-Farned

North Dakota University System Chancellor's Office

General Counsel, NDUS-Grand Forks: Julie Evans
 NDUS Director of Internal Auditing, UND: Jim Ruetka

Academic Affairs

Vice President for Academic Affairs and Provost: Thomas D. Lorenz
 Vice President for Research & Economic Development: Phyllis L. Johnson
 Associate Vice President for Academic Affairs: Steven Light
 Vice Provost and Chief Strategy Officer: Joshua Roddy

John D. Dingard School of Aerospace Sciences: Bruce Smith
 College of Arts & Sciences: Debbie Storr
 College of Business & Public Administration: Dennis Ebert
 College of Education & Human Development: Robert Hill
 College of Engineering & Mines: Neilson L. Reiers
 School of Graduate Studies: Wayne Swisher (Interim)
 School of Law: Kathryn Rand
 College of Nursing & Professional Disciplines: Steven Light (Interim)

Assessment and Regional Accreditation: Joan Jaworske
 Center for Instructional & Learning Technologies (CIL): Lon Swinney
 Chester Fritz Library: Wilbur Stolt
 Conflict Resolution Center: Kathleen Paronica
 Essential Studies: Thomas Stern
 Honors Program: Sally Pyle
 Institutional Research: Carmon Williams
 Instructional Development: Anne Kalsch
 International Programs: Raymond Lagasse
 Office of Extended Learning: Lynette Kramelka
 Registrar: Suzanne Anderson
 Summer Sessions: Diane Hadden

Finance & Operations

Vice President for Finance & Operations: Alice Brakke
 Associate Vice Presidents for Finance & Operations: Peggy Lucke, Margaret Myers

Vice President Alice Brakke

Budget: Cindy Fetsch
 Campus Capital Projects & Planning: Rick Tonder
 Director of Public Safety: Eric Plummer
 Associate Director for Emergency Management: to be named
 Environmental Training Institute: Linda Rube
 Associate Director for Safety: to be named
 University Police: Eric Plummer
 Facilities Management: Larry Zilow
 Maintenance & Building Services: vacant
 Inland and In-House Construction: Mark Johnson
 Human Resources & Payroll Services: Pat Hanson
 Rates and Costing: Dawn Pladon

Associate Vice President Peggy Lucke

Controller: Sharon Leland
 Assistant Controller/Student Account Services: Lisa Fisher
 Student Account Operations: Chelsea Larson
 Student Account Relations: Matt Lukach
 Accounting Services: Allison Paytan
 Asset Management: Hazel Lehman
 Purchasing: Scott Schmeier
 Parking Services: Ruby Bancroft
 Transportation: Mary McEneaney

Associate Vice President Margaret Myers

Bookstore: Marie Mack
 Chester Fritz Auditorium: Buffy Allen
 Duplicating Services: Sherry Metzger
 Mailing Services: Darin Lee
 Ray Richards Gift Center: Dustin Helthold
 U Card and Access Systems: Rena Blake

Health Affairs & Medicine

Vice President for Health Affairs and Dean of the School of Medicine & Health Sciences: Joshua Wynn
 Senior Associate Dean for Academic & Faculty Affairs: Gwen Halasz

Vice President and Dean Joshua Wynn

Academic and Faculty Affairs: Gwen Halasz
 Administration & Finance: Randy Ekin
 Alumni & Community Relations: Jessica Soback
 Center for Rural Health: L. Gary Hart
 Research: vacant
 Student Affairs & Admissions: Jocelyn Dorschner

Senior Associate Dean Gwen Halasz

Chief Information Officer: Nassor Iamwami
 Clinical Education: Charles Christiansen
 Continuing Medical Education: Gwen Halasz
 Faculty Development: Patrick Carr
 Graduate Medical Education & Development: Institutional Officer: David Theige
 Hurley French Library of the Health Sciences: Lisa Peterson
 Indiana Info Medicine Program: Lajane DeLoraine
 Office of Medical Education: Thomas WIP
 Preclinical Education: Thomas Hill
 Simulation Center: Jon Allen
 Undergraduate & Graduate Education: Kenneth Ruff
 Veterans Affairs: William Newman
 Northeast Campus (Grand Forks): Susan Zelowski
 Northwest Campus (Minot): Martin Reilberg
 Southeast Campus (Fargo): Julia Blahm
 Assistant Dean for Students (Southeast Campus - Fargo): Steffen Christensen
 Southwest Campus (Bismarck): Nicholas Neumann

Research & Economic Development

Vice President for Research & Economic Development: Phyllis L. Johnson
 Associate Vice President for Research & Economic Development—Research Development & Compliance: Barry Mitzner
 Associate Vice President for Intellectual Property Commercialization & Economic Development: Michael Moore
 Associate Vice President for Research Capacity Building/North Dakota Experimental Program to Stimulate Competitive Research (ND EPSCoR) Co-Project Director: Hank Hoffmann
 Assistant Vice President for Research & Economic Development—Grants & Contracts Administration: David Schmidt

Center for Biomedical Research: Kap Leo

Computational Research Center: Mark Hoffmann
 Grand Forks Human Nutrition Research Center—State Operations: Linda Hursi Ferguson

Lincoln Relationship

Grand Forks Human Nutrition Research Center (Agricultural Research Service, U.S. Department of Agriculture): Gerald Combs, director

Student Affairs

Vice President for Student Affairs: Lori Reesor
 Associate Vice President and Dean of Students: Cara Halger
 Associate Vice President for Health & Wellness: Laurie Betting
 Assistant Vice President for Student Academic Services: Lisa Burger
 Assistant Vice President for Admissions & Financial Aid: Sol Jensen
 Director of Residence Services: (vacant)

Assistant Vice President Lisa Burger

Career Services: Irene Ostgaard
 Disability Services for Students: Deborah Gannon
 Student Success Center: Lisa Burger
 TRIO Programs: Elaine Metcalfe

Associate Vice President Cara Halger

Assistant Dean: Castle Gerhardt
 American Indian Student Services: Lugh Jeanette
 Judicial Affairs: vacant
 Memorial Union: Tary Jimmarco
 Multicultural Student Services: Matka Carter
 Student Involvement and Leadership: (vacant)
 Women's Center: Kay Mondick

Associate Vice President Laurie Betting

Counseling Center: Myren Vasquez
 Health & Wellness Promotion and Education: Jina Crocker
 Student Health Services: Michelle Esthger
 Student Wellness Center: Jennifer Puh Walker

Assistant Vice President Sol Jensen

Admissions: Sol Jensen
 Financial Aid: Janette Nilgren

Residence Services Director (vacant)

Dining Services/Vending: D'Anna Rossason
 Housing: (vacant)
 Student Affairs Technology Services: Michelle Wakocz
 University Children's Center: AS-Anna Yearwood

University & Public Affairs

Vice President for University & Public Affairs: Susan Baloun-Walton
 Executive Associate Vice President for University Relations: Peter Johnson

Budget Manager: Pam Walters
 e-Marketing & Communications: Tim DeLoof
 Public Relations Group: Peter Johnson
 Television & Radio: Barry Brodie

Effective October 4, 2013

Figure 1.3.b.2. MPH Program Reporting Lines and Relationships within the School of Medicine and Health Sciences

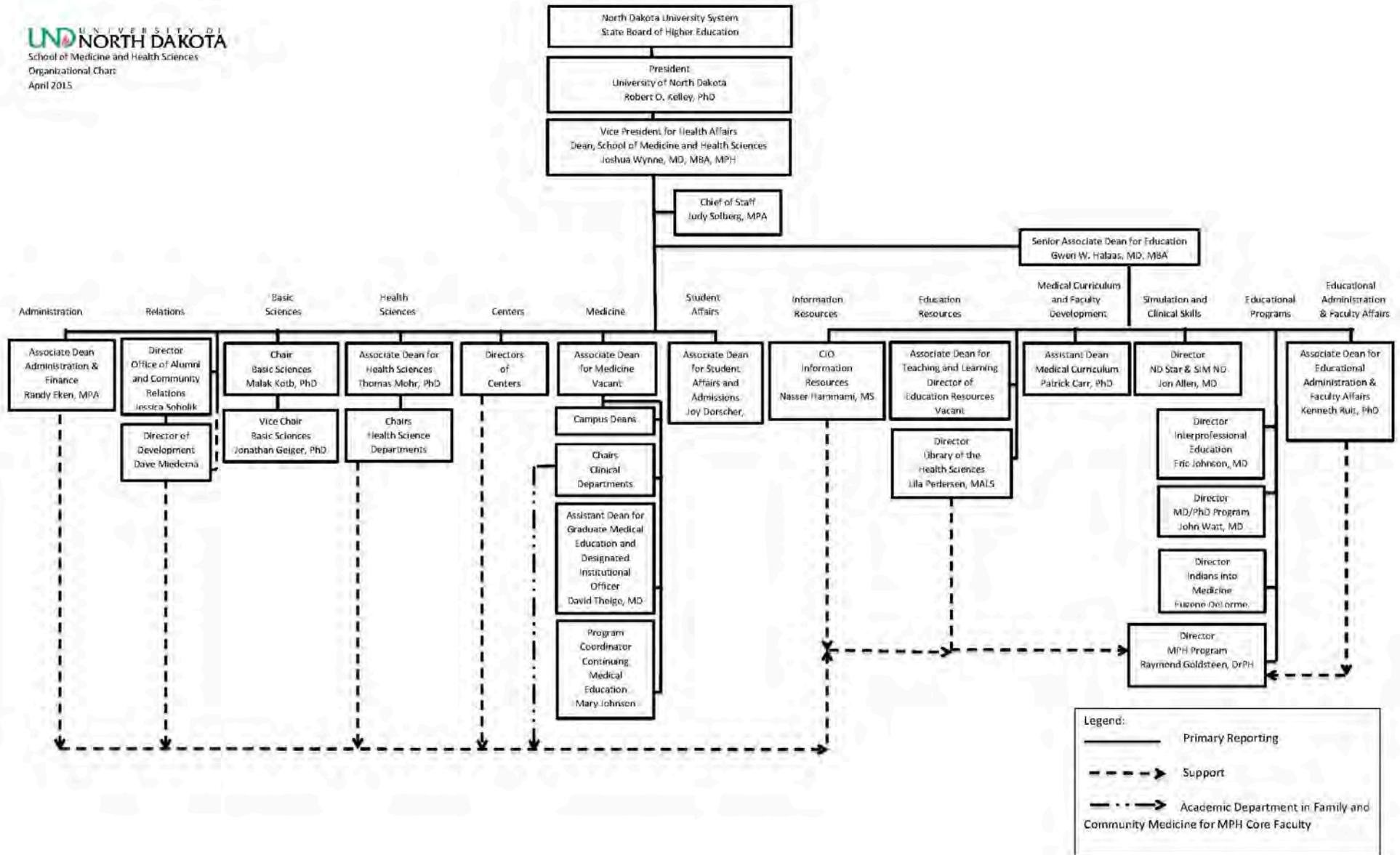
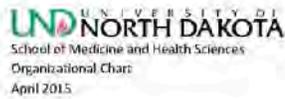
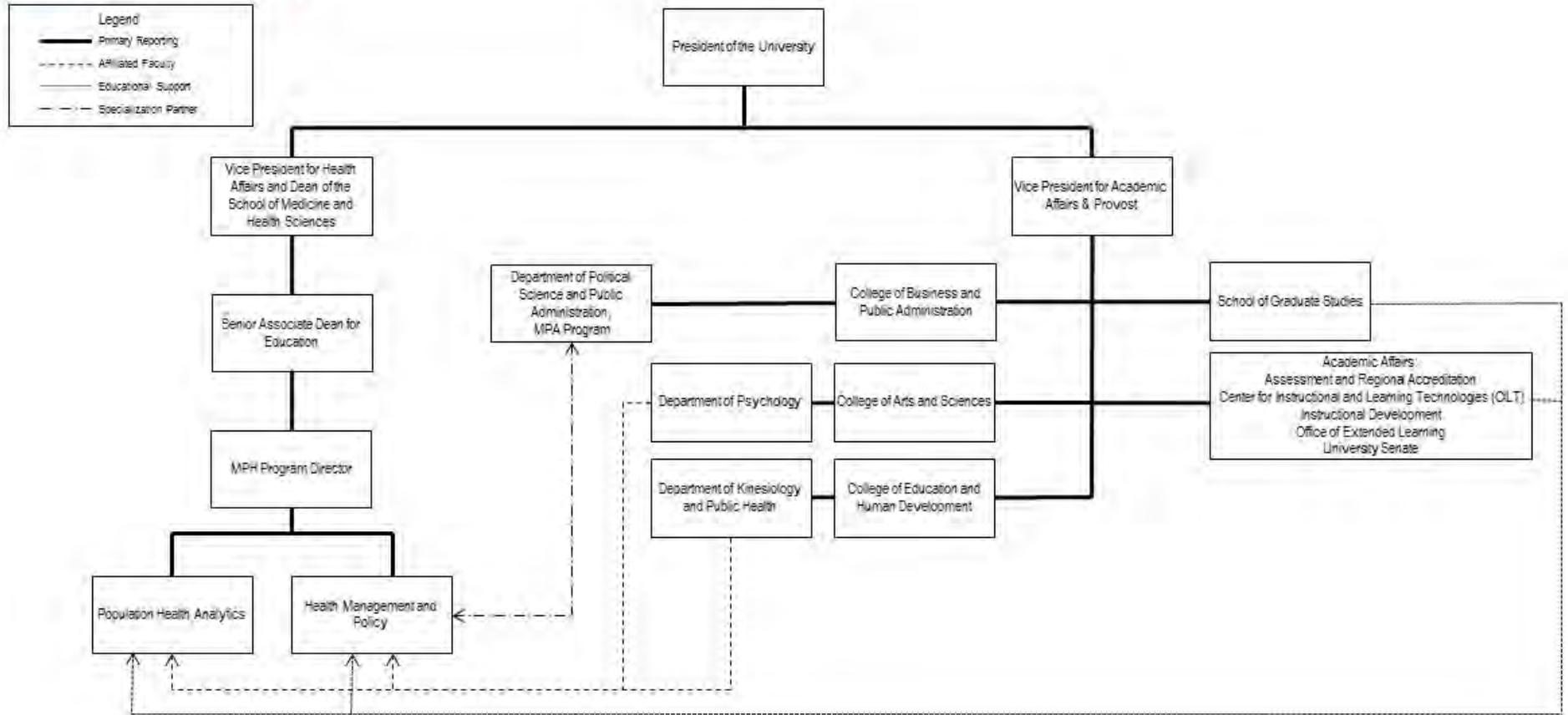


Figure 1.3.b.3. MPH Program Relationships within the University of North Dakota

University of North Dakota School of Medicine and Health Sciences



Last Updated: 4/14/2015

1.3.c. Description of the program’s involvement and role in the following: budgeting resource allocation, including budgeting negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising; personnel recruitment, selection and advancement, including staff and faculty; academic standards and policies, including establishment and oversight of curricula.

Budgeting and Resource Allocation

The University, including the SMHS, prepares an annual budget consistent with guidance from SBHE. The SMHS budget is developed and approved separately from the larger University budget. The Chancellor approves the annual budget on behalf of the SBHE. To the greatest extent practical, all funds are budgeted (good faith effort) based on information available at the time the budget is prepared. Budgets are adjusted throughout the year, as needed. Deficits are not an acceptable practice.

The North Dakota SBHE requires the University to submit annual payroll and operating budgets, as well as biennial budgets. These budgets are developed consistent with SBHE guidelines. The budgets represent a comprehensive financial plan for the institution, and as such, they include not only state funds, but also local funds, auxiliary funds, and grant and contract funds for both the University and the SMHS.

The preparation of individual budget documents varies slightly, but generally follows these steps for all departments and programs:

- **Planning.** Early in the budget cycle, discussions regarding the budget process and priorities occur with the Vice President for Academic Affairs, Academic Cabinet, Executive Council, and President’s Cabinet. In support of the budget decisions that must be made, the Budget Office updates budget schedules, revenue projections, and various fee/recharge rates, and also determines tentative funds available.
- **Review.** The Budget Manager and Budget Analyst review budgets to ensure accuracy and compliance with SBHE guidelines. A comparison of budget to available funding is also performed.
- **Department/Program Preparation.** Upon completion of the review process, the final budget documents are assembled by the Budget Office and are distributed to the appropriate board, agency, or individual.
- **Monitoring.** Comparison of actual revenue and expenditures to budget occurs at various levels within the University.

Funds for the MPH Program come from several sources, but unlike most NDUS programs, the MPH Program was designed to obtain substantial, if not all, of its funding from tuition. Therefore, the Program retains tuition from MPH students, but not fees. This budget assumption also explains the significantly higher tuition charged for the MPH Program than for any other graduate program at UND except medicine: \$658/credit for North Dakota residents, \$836/credit for Minnesota residents, and \$987/credit for non-residents. These tuition rates do not include mandatory NDUS fees, and there is no cap on MPH tuition at a certain credit level (e.g., 12 credits). Residents of the Western Interstate Commission for Higher Education (WICHE) member states, a consortium of 15 states in the western part of the United States, are eligible for North Dakota resident tuition. See a comparison of tuition rates for UND graduate programs at: <http://und.edu/admissions/student-account-services/tuition-rates.cfm>

The MPH Program budget is also supported by state appropriated funds; local SMHS and University funds; contracts and grants; and endowment. Indirect cost recovery is returned by formula. At this time, the MPH Program has not recovered any indirect costs. Fund-raising for endowment and gifts is the

function of the SMHS Development Office, which has supported the MPH Program. Recently, the Development Office obtained a \$200,000 endowment for the Program from a bequest by a UND alumna. The MPH Director negotiates with the Senior Associate Dean of Education for additional appropriated and local funds.

Personnel Recruitment, Selection and Advancement

The Director of the MPH Program identifies the need for faculty recruitment and requests a position. The recruitment process follows the policies set by the University and the SMHS, which are consistent with the policies of NDUS. The full policy is published in the UND Faculty Handbook (<http://und.edu/university-senate/faculty-handbook/>). Per University and SMHS policy, the Director of the MPH Program initiates and completes a Request to Recruit, which includes the proposed rank, title, track, salary level, position description, and advertising copy. The Request to Recruit is forwarded to the Senior Associate Dean for Education, who consents to the Request to Recruit, after consultation with the Office of Administration and Finance and possible revision after negotiation with the MPH Director. Once there is consent, the Request to Recruit is forwarded to the Equal Employment Opportunity/Affirmative Action Office (EEO/AAO) with the recruitment plan, screening and selection criteria, and Search Committee identified. EEO/AAO reviews, requests revisions if necessary, and approves the search. The EEO/AAO is responsible for oversight of the University's equal opportunity and affirmative action program and for receiving complaints of discrimination or harassment under federal regulations (See <http://und.edu/affirmative-action/>).

When approved, EEO/AAO files one copy and returns the signed form to the Senior Associate Dean's Office, which forwards the Request to Recruit to the Vice President for Health Affairs/Dean for signature. The signed Request to Recruit is distributed to the Senior Associate Dean, the MPH Director, and EEO/AAO. At that point, the MPH Program proceeds to advertise, receive applications, direct applications to the applicant control card site (<http://und.edu/affirmative-action/apcontrolcard.cfm>), screen applicant materials, and interview candidates according the recruitment plan.

When the Search Committee selects a preferred candidate or ranked group of candidates, the recommendation is made to the MPH Director, and if approved, the Director initiates a Request to Appoint and forwards it along with all supporting documentation to the Committee on Promotion and Tenure (CPT) in the department in which the academic appointment will be made. The Committee's recommendation is forwarded to the department chair and then to the Senior Associate Dean's Office for approval and, finally, to the EEO/AAO for confirmation and affirmative action compliance.

The EEO/AAO-approved packet is forwarded for review and approval to the Vice President for Health Affairs/Dean. If the appointment involves a foreign national, the Request to Appoint must be reviewed and approved by the Office of International Programs (OIP). Upon receipt of all approvals, MPH Program initiates the appropriate hiring/appointment forms and forwards them to Administration and Finance for review and approval.

The MPH Director is also responsible for identifying program needs for staff, and the recruiting process for staff is very similar to that for faculty. The full policy on recruitment of benefited staff is published here: <https://med.und.edu/administration-finance/staff-recruitment.html>.

The criteria for faculty promotion and tenure are specific to academic departments, but the evaluation and promotion process is similar throughout the University. For all but two MPH Core Faculty members, promotion and tenure are determined according to the SMHS the guidelines and those set by the

department in which the faculty member has an appointment. Currently, all but one MPH Core Faculty member has their academic appointments in the DFCM and are evaluated according to the DFCM guidelines. These faculty members report to the MPH Director. One of the joint faculty members serving the Health Management and Policy specialization has an appointment in the DPSPA in the CoBPA, and this faculty member reports to the chair of the DPSPA.

The process for annual performance evaluation begins with the faculty member's portfolio, which documents teaching, service, and research activities consistent with the SMHS and DFCM guidelines for promotion and tenure. The MPH Director meets with each faculty member to discuss the portfolio, the assignment of effort to teaching, research, service, and other, as well as the faculty member's goals for the following year. The Director writes a letter with recommendation regarding continuation or promotion and tenure, which accompanies the portfolio to the department's CPT. The CPT evaluates the materials, sends them with the committee's recommendation to the department chair. Then the entire portfolio is forwarded to the office of the Senior Associate Dean for Education, where the recommendation is approved, or not. For three and five year reviews, the SMHS CPT reviews the portfolio in addition to the DFCM CPT. The Vice President for Health Affairs/Dean approves all appointments and promotions. For a full description of the DFCM guidelines for promotion and tenure, please reference: <https://med.und.edu/education-faculty-affairs/files/docs/cpt/family-community-medicine-cpt-guidelines.pdf>.

A similar process is followed for the joint faculty member, with an academic appointment in the CoBPA. For that appointment, the MPH Director writes a letter of support to the chair of the DPSPA in the CoBPA (See RF C4.2 for the CoBPA DPSPA Department Governance.)

The cooperative relationships between the MPH and MPA Programs to share resources and faculty has proved to be more complicated than anticipated concerning promotion and tenure. Two faculty members were hired to provide the MPH Health Management and Policy specialization, and their salaries are funded by the MPH budget. They have joint appointments and dual responsibilities in the MPH and MPA Programs. By agreement through a Memorandum of Understanding (MOU), one of the faculty members has a tenure-track academic appointment in the SMHS DFCM and the other in the DPSPA in the CoBPA (See RF C1.4 for MOU). Both are on a 9-month contract and teach four courses/academic year. They advise and mentor both MPH and MPA students. For the faculty member in the CoBPA, the teaching expectations are slightly lower than other faculty in the DPSPA and the research expectations are slightly higher. For the faculty member in the SMHS, the teaching expectations are much higher and the research expectations much lower than others in the MPH Core Faculty with appointments in the DFCM. In addition, the salary is lower because it was set to be similar to salaries in the CoBPA.

Academic Standards and Policies

The MPH Program follows the academic standards and policies developed by the SMHS and the University. The SGS Bulletin outlines University policies for graduate programs. The curriculum review and approval process is well-specified at UND and includes curriculum committee reviews at the program and school/college levels, the SGS, the USCC, and the Provost Office. MPH students are subject to all pertinent policies and procedures of UND, the SGS, and the SMHS. For a complete listing of these policies, please reference the MPH Student Policy Handbook (RF C1.5) and the SMHS website at <http://www.med.und.edu/policies/index.cfm>, which contains the full policy on each of the following:

- Criminal History Background Check
- Interactions with Vendors/Sales Representatives and Industry Support

- Promulgation of SMHS Academic and Research Policies
- Records Retention
- Bloodborne Pathogen Exposure Management
- Conflict of Interest (faculty and students)
- Drug Screening
- Inhibiting Conditions
- Student Grievance Policy
- Technical Standards for Matriculation, Progression, and Graduation

1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

The MPH Program is not a collaborative program.

1.3.e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating university in regard to the program's operation.

The MPH Program is not a collaborative program.

1.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH Program is located within UND, a fully accredited school with a tradition of academic integrity and administrative soundness.
- The University has well-developed and appropriately implemented policies and procedures for budgeting and finance; faculty and staff recruitment, selection, and advancement; and academic oversight and administration.
- The MPH Program is situated in UND's SMHS, whose policies regarding budgeting and finance; faculty and staff recruitment, selection, and advancement; and academic oversight and administration are consistent with those of the University.
- The MPH Program's policies and procedures are based on and consistent with those of the SMHS and UND.
- Within the SMHS and the University, there are sufficient resources to guide and assist the MPH Program in matters of budgeting and finance; faculty and staff recruitment, selection, and advancement; and academic oversight and administration.
- The MPH Program renegotiated the MOU with the CoBPA's MPA Program in summer 2016, in order to resolve problems related to promotion and tenure (See RF C1.4). The relationship between the MPH Program and the CoBPA's MPA Program is continually being reviewed by the MPH Director and the Chair of the DPSPA to ensure that it is mutually beneficial.

Weaknesses

- The MPH Program has developed a cooperative relationship with the MPA Program in the CoBPA to share resources and faculty. Two faculty members were given joint appointments and

dual responsibilities in the MPH and MPA Programs. This arrangement is new for UND and has proved to be more complicated than anticipated concerning promotion and tenure.

- The MPH Program is not located in an academic department, and therefore, reporting is not straightforward. The Director reports to the Senior Associate Dean, but has an academic appointment in the DFCM.

Plans

- The MPH Program plans to move into the newly created Department of Population Health (DPH), with the MPH Director reporting to Gary Schwartz, chair of the DPH. All MPH Core Faculty members with academic appointments in the SMHS will be encouraged to change departments, as well.

1.4 Organization and Administration. The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

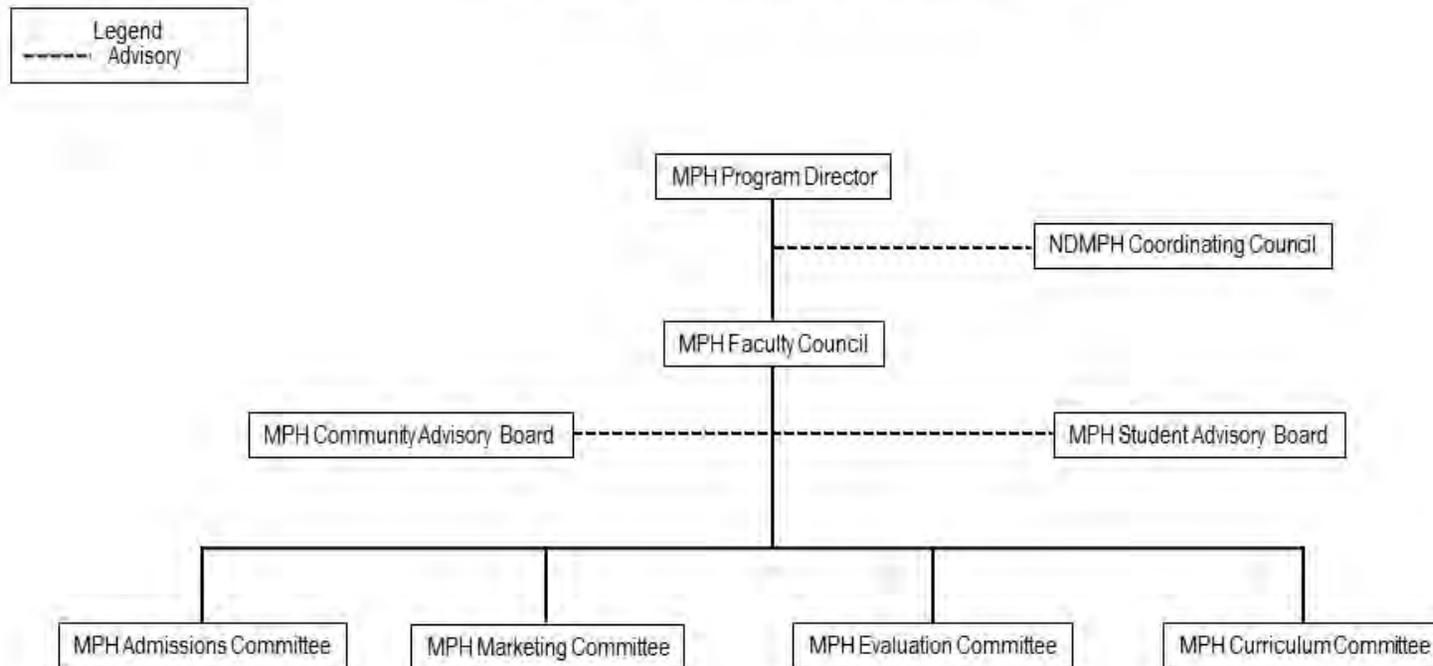
1.4.a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

The MPH Program’s committee and council structure are depicted in Figure 1.4.a.1.

Master of Public Health Program



Figure 1.4.a.1. MPH Committee and Council Structure

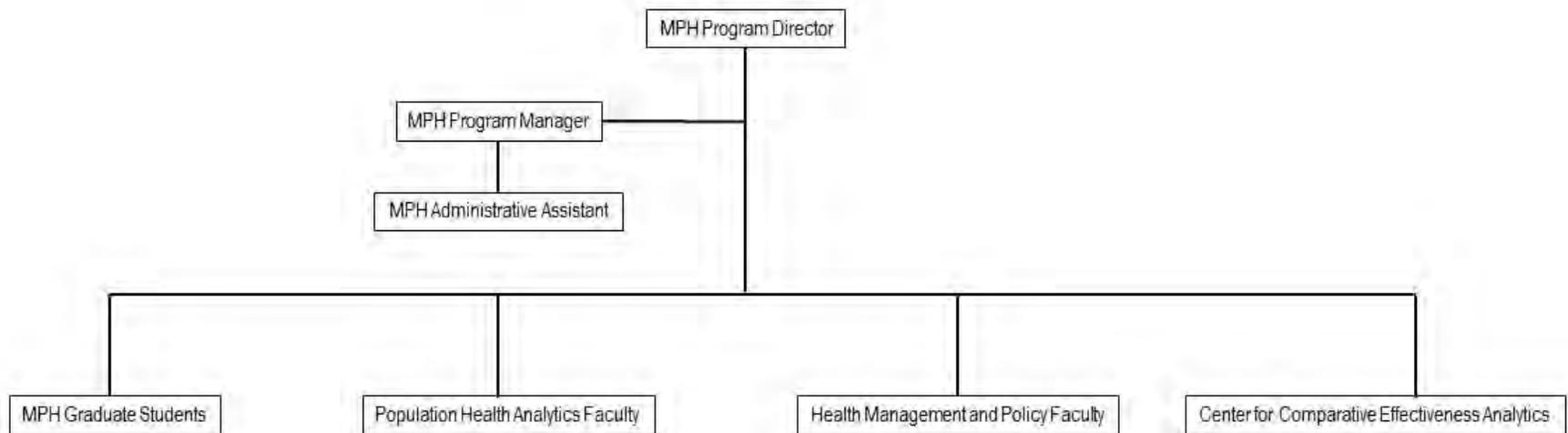


The MPH Program’s administrative structure is displayed in Figure 1.4.a.2.

Master of Public Health Program



Figure 1.4.a.2. MPH Administrative Structure



Presently, the MPH Program is a free-standing academic program in the SMHS. The MPH Director has an academic appointment at the level of Professor in the DFCM. As the MPH Director, he reports to Gwen Halaas, Senior Associate Dean for Education. Dr. Halaas reports directly to Joshua Wynne, Vice President for Health Affairs and Dean of the SMHS. Dr. Wynne reports to the President of the University, who reports to the Chancellor of the NDUS.

The MPH Director is responsible for the overall leadership of the MPH Program including selecting and maintaining faculty, supervising and evaluating the faculty and staff, planning the MPH budget with input from the Office of the Senior Associate Dean for Education and the Office of Administration and Finance, administering the MPH budget, and ensuring the quality of the MPH Program – curriculum, admissions, students advising, and other essential functions. The Director heads strategic planning for the program.

The MPH Core Faculty is comprised of persons who devote at least 0.5 FTE to the MPH Program. All members of the MPH Core Faculty, except one, have their academic appointments in the DFCM in the SMHS. Two joint faculty members serving the Health Management and Policy specialization have their academic appointments in the DPSPA in the CoBPA. Through MPH Program committees, the MPH Core Faculty is responsible for developing the curriculum and program policies regarding selecting, advising, and evaluating students. The faculty advises the Director on faculty and staff selection.

Members of the MPH Affiliated Faculty have academic appointments in many departments throughout the University and SMHS. Departments in the SMHS include DFCM, Internal Medicine, Pathology, and they are also located in IR and the Center for Rural Health (CRH). Departments in the larger University include Geography, Psychology, Kinesiology and Public Health, and Earth System Science and Policy. MPH Affiliated Faculty members are eligible to serve on the Admissions and Curriculum Committees, ad hoc committees such as a Search Committee, as well as serve as an advisor on Scholarly Projects.

The MPH Program Manager is responsible for implementing policies related to students including curriculum, admissions, advising, enrollment, the Practicum, the Scholarly Project, and program events such as Orientation and Graduation. The Administrative Assistant is responsible for maintaining the budget records, maintaining the calendar for the Director, maintaining and ordering supplies and equipment, maintaining program records, and making travel arrangements as necessary for the Director and faculty.

The MPH Director is the direct supervisor for MPH Core Faculty members Cristina Oancea, Arielle Selya, and Kristin Schuller' replacement. Laura Hand and Andy Hultquist, who are joint faculty members, have their academic appointment in the CoBPA and Karen Goldsteen reports directly to the Senior Associate Dean. The MPH Program Manager and MPH Graduate Assistants report to the Director. The Administrative Assistant reports to the Program Manager. The Director is also the director of the Center for Comparative Effectiveness Analytics, which is currently staffed by MPH Core and Affiliated Faculty members and MPH Graduate Assistants.

1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

The MPH Program has developed a rich and extensive network of relationships for coordination, cooperation, and collaboration that facilitates the Program's missions and goals. These relationships enhance and expand educational opportunities and create research and service opportunities for faculty and students.

UND Relationships

The MPH Program and the MPA Program in the DPSPA in the CoBPA jointly offer the MPH specialization in Health Management and Policy by agreement through a MOU (see RF C1.4). Three faculty members for this specialization have joint appointments in the MPA and MPH Programs. The academic appointments for two of the three are in the DPSPA within the CoBPA. The third joint faculty member has an academic appointment in the DFCM in the SMHS. Two of these faculty members were hired as tenure track, assistant professors specifically to provide the MPH Health Management and Policy specialization, and their salaries are funded by the MPH budget. Presently, all three faculty members have teaching, service, and research expectations in both programs. All three have 9-month contracts. The relationship between the MPH Director, the Chair of the DPSPA, and the Director of the MPA

Program is highly collaborative in terms of selecting these faculty members, evaluating them, and determining their teaching and committee assignments.

The Indians Into Medicine program (INMED) is a partner with the MPH Program. INMED is a comprehensive program designed to assist American Indian students who aspire to be health professionals and serve tribal communities. INMED provides support and advising services, financial aid advisement, tutoring, and a Learning Resource Center. The program was established in 1973 and has graduated 441 health professionals. “The program addresses three major problem areas: (1) too few health professionals in American Indian communities, (2) too few American Indian health professionals, and (3) the substandard level of health and health care in American Indian communities” (See INMED website at: <http://www.med.und.edu/indians-into-medicine/>). The MPH Program has developed an agreement with INMED to reserve up to 4 spaces each year for students recruited from INMED programs (RF C1.4).

Another important relationship for the MPH Program is with the Department of Kinesiology and Public Health Education (DKPHE) in the College of Education and Human Development (CEHD), which offers the BS degree in Public Health Education (See website at: <http://education.und.edu/kinesiology-and-public-health-education/public-health.cfm>). The PHA is a joint activity of the undergraduate public health and MPH program that is supervised by the MPH Program Manager and Tanis Walch, Coordinator of Public Health Education. Dr. Walch and Todd Sabato, Public Health Education faculty member, are MPH Affiliated Faculty members, and will co-teach the MPH core course in social and behavioral sciences beginning in fall 2015.

Another SMHS MPH Program partner is the Department of Pathology, which operates the North Dakota Statewide Cancer Registry. In 2012, the Centers for Disease Control and Prevention (CDC) awarded the SMHS \$1.65 million for five years for this work. One of the MPH Core Faculty members, Cristina Oancea, is the epidemiologist and senior analyst for the Cancer Registry. This relationship provides opportunities for research and service for faculty and students. More information about the North Dakota Statewide Cancer Registry is found on the website: <https://ndcancer.org/mapmain1.html>

The MPH Program and the Department of Earth System Science and Policy in the John D. Odegard School of Aerospace Sciences are in discussions concerning joint development of an environmental health specialization and/or graduate certificate at UND in the future. The chair of the department is a member of the MPH Affiliated Faculty. “The Earth System Science and Policy program provides an integrated and creative learning environment that fosters intellectual growth, critical thinking and practical engagement in research and management of the Earth system and resources” (See website at <http://essp.und.edu>).

The MPH Program also has a relationship with the CRH, which is located in the SMHS. Established in 1980, the CRH is one of the nation’s most experienced rural health organizations. It has developed a full complement of programs to assist researchers, educators, policymakers, health care providers, and most importantly, rural residents to address changing rural environments by identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns. The MPH Program has ties to all facets of the Center including indigenous programs – the Seven Generations Center of Excellence in Native Behavioral Health, the National Indigenous Elder Justice Initiative (NIEJI), and the Native Research Health Team. The Center has provided Practicums for MPH students, guest lecturers for MPH courses, and opportunities

for research and service collaboration for MPH Core Faculty members. In addition, four members of the MPH Affiliated Faculty are in the Center for Rural Health.

The MPH Program has developed a relationship with UND Health and Wellness, which provides comprehensive services to the University community to promote the 7 dimensions of wellness. In addition, UND Health and Wellness is developing the activities and programs for the Partnership for a Healthier America's Healthy Campus Initiative, which is three-year commitment to make American campuses healthier by adopting guidelines around food, nutrition, physical activity and programming. This is a private/public partnership chaired by First Lady Michelle Obama, and UND is one of 19 colleges and universities in the United States to participate. (See the websites at: <http://und.edu/health-wellness/> and <http://und.edu/health-wellness/hub/index.cfm>). MPH students have worked as graduate assistants in various Health and Wellness programs including the Work Well program, the Wellness Center, and the Financial Wellness program. Jane Croeker, Director of Health and Wellness Promotion, and Kim Ruliffson, Coordinator of Work Well, are members of the MPH Affiliated Faculty. Opportunities for research on population health improvement through the Health and Wellness programs are being developed.

North Dakota and Regional Public Health

The public health community in North Dakota has been highly supportive and important to the MPH Program. Beginning with the NDDoH, opportunities for student and faculty collaboration have been abundant. The MPH Director and most of the MPH Core Faculty members have been introduced to all division and department heads, and discussed opportunities for collaboration, as well as the NDDoH's needs for trained professionals. The NDDoH has provided multiple Practicum opportunities for students on important projects including the Grand Forks tuberculosis outbreak, the health status of HIV/AIDS clinic patients, and health care utilization in the oil producing counties. The NDDoH has made immunization records available to faculty for research projects, and the State Epidemiologist is preparing de-identified NDDoH datasets for the Program's use in teaching. Terry Dwelle, the State Health Officer, has involved the MPH Program's Center for Comparative Effectiveness Analytics in the NDDoH initiative to improve health among North Dakota workers, which includes the North Dakota Workforce Safety and Insurance office. This initiative is consistent with the MPH Program's aim to provide big data analytics for the purpose of improving population health.

The local GFPHD is another close partner of the MPH Program, providing Practicums, student employment related to Public Health Accreditation Board (PHAB) efforts, guest lecturers for MPH courses, and an MPH Community Advisory Board member. The NEPHC is comprised of eight local public health units (LPHUs) in the northeast corner of North Dakota, including the GFPHD. The MPH Program conducted a gap analysis for the NEPHC, which provided graduate assistantships for two MPH students this year (See RF C1.4 for the Gap Analysis Report). The relationship is very supportive, and Julie Ferry, head of the NEPHC, is a member of the MPH Community Advisory Board and former head of the State Association of County and City Health Officials (SACCHO). This academic year, a MPH student has an assistantship to work with the Director of the GFPHD on a task force related to abuse of prescription drugs in the region. Finally, the MPH Program collaborates with the North Dakota Public Health Association (NDPHA), especially through the student PHA, which provides stories about MPH Program students and events for the NDPHA Newsletter. The NDPHA arranges Public Health Day in the Legislature for students, and supports the Public Health Week events. See RF C1.4 for student report on Public Health Day in the Legislature 2015.

The MPH Director is a member of the board of the Upper Midwest Public Health Training Center at the University of Minnesota's School of Public Health. Also, the MPH Program supported the development of the Rocky Mountain Public Health Training Center (RMPHTC), and three MPH students received scholarships from the training center in 2014.

Coalition for a Healthy Greater Grand Forks

Grand Forks, as a community, has a significant focus on health and wellness, which is facilitated by the CHGGF. The Coalition is a community organization that promotes health and wellness in the Greater Grand Forks area, with a vision of creating a model community for health and wellness. A comprehensive array of community organizations belongs to this voluntary organization and donates time and resources to promote health and wellness activities throughout the region. These include: GFPHD, Altru Health System, NDSU Extension Service, YMCA Family Center, Grand Forks Senior Center, Grand Forks Park District, The United Way, Lutheran Social Services, and UND. Four MPH Core Faculty members and the MPH Program Manager are members of the Coalition, and one is the Coalition's Secretary. The Coalition provides Practicum projects and student and faculty opportunities for community service. The MPH Program has assigned a Graduate Assistant as the Program's liaison to the Coalition.

Blue Cross Blue Shield of North Dakota

The MPH Program's Center for Comparative Effectiveness has developed a Professional Services Agreement (RF C1.4) with BCBSND to provide comparative effectiveness research and improve population health among BCBSND's subscribers. Funding is allocated for three years. The first project is an evaluation of the MediQHome Program, which is a comprehensive patient management system with incentives to providers for following quality care standards. This relationship begins the process of building a comprehensive analytics program within the Center for Comparative Effectiveness Analytics and provides research opportunities for faculty.

Casper College

The MPH curriculum will begin broadcasting MPH classes from the SMHS to Casper College in Casper, Wyoming in the fall of 2015. The curriculum and specializations available to students at Casper College will be identical to the curriculum and specializations offered to students on campus at UND. The CoBPA will continue to offer the MPA courses that are part of the Health Management and Policy specialization. The MPH Program will admit students from the Casper, Wyoming region who meet the MPH admissions requirements and wish to remain in Casper to earn the MPH degree. The MPH Program already broadcasts all courses synchronously, but the collaboration with Casper College will facilitate a cohort effect as students will attend classes together while connecting live to the classroom of students on the UND campus. The MPH Program will plan regular faculty visits to Casper to develop relationships. Students attending at the Casper College site will be UND students, like any other distance student. See RF C2.12 for the Casper College agreements. The MPH site at Casper College builds on the facilities, resources, and relationships developed by the SMHS OT Program, which also offers their degree program at Casper.

Big Data Connections

The MPH Program has formed relationships with various committees and initiatives that have a role in developing health information data in North Dakota. These includes the Collaboration on Needs Assessment Data Committee, chaired by State Senator Judy Lee; the NDHIH, also chaired by Senator Lee; the North Dakota Compass data initiative, and the MPH Director is a board member on each of these groups. The MPH Program is also engaged through these relationships with the North Dakota Health

Information Network (NDHIN), which is charged with developed the state health information network. These relationships are instrumental for facilitating the MPH Program's emphasis on teaching and conducting analyses of large health databases through the Population Health Analytics specialization and the Center for Comparative Effectiveness Analytics.

The Norwegian Connection

Building on existing relationships between the SMHS and the Faculty of Health Sciences of the University of Tromsø in Tromsø, Norway and the Faculty of Medicine of the Norwegian University of Science and Technology in Trondheim, Norway, the MPH Program has an MOU with both universities for exchange of students and collaboration on research. The MOUs were signed in 2014, and the exchanges of students and faculty will enhance education and research opportunities for members of the MPH Program. See RF C1.4 for copies of the MOUs.

In addition, the MPH Program has developed a relationship with the System Dynamics program at the University of Bergen, which offers masters and doctoral level training in this area. Currently, two students from the University of Bergen are at UND to student with Arielle Selya, a MPH Core Faculty member, and Scott Johnson, a MPH Affiliated Faculty member. This relationship facilitates and enhances the MPH Program's emphasis on applying system dynamics to population health problems. See the website at: <http://www.uib.no/en/rg/dynamics>.

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The MPH Program has an internal organizational and administrative structure that facilitates its mission and goals.
- The MPH Program has a rich network of relationships within the University, in the community, in the state, and internationally, which enhance and expand educational opportunities for students and research and service opportunities for students and faculty.

Weaknesses

- The criteria for tenure and promotion for the new Department of Population Health are not available yet.

Plans

- Continue strengthening existing relationships to improve the student experience and open research and service opportunities for faculty and students with our partners within the University.
- The MPH Program will be administratively housed within the DPH in early 2016, with the Director reporting to the chair of the DPH and all MPH Core Faculty members with academic appointments in the DFCM encouraged to change their appointment to the DPH. The chair of the DPH will report to Mark Basson, the Associate Dean for Medicine.
- Continue developing external partnerships, particularly with the NDDoH and the CDC/National Institute for Occupational Safety and Health (NIOSH) in the area of Total Worker Health. A

training grant to CDC is planned, which would propose the application of system dynamics to Total Worker Health. In addition,

- Continue developing projects with the NDDoH, which apply the analytical skills of the MPH Program's faculty and students.

1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

1.5.a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

The MPH Program is governed by a committee structure that supports the Program’s mission, values, and goals and is consistent with the SMHS Bylaws and Policies (See <https://med.und.edu/education-faculty-affairs/files/docs/bylaws/bylawsjluy202018final.pdf>).

Table 1.5.a.1. details the committees that direct and support the Program’s activities. Committee meeting minutes, when applicable, can be found in RF C1.5.

| Table 1.5.a.1. List of Program, School and Community Committees | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program Level Committees | |
| <i>MPH Faculty Council (formerly the MPH Core Faculty and Staff Committee)</i> | |
| 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 (<i>ex officio</i>), MPH Administrative Assistant (<i>ex officio</i>) |
| Members | Raymond Goldsteen (chair), Karen Goldsteen, Arielle Selya, Cristina Oancea, Kristin Schuller replacement, Laura Hand, Andy Hultquist, Clint Hosford and Tanis Walch (MPH Affiliated Faculty), Ashley Evenson (Program Manager), Kim Burriss (Administrative Assistant) |
| <i>MPH Evaluation Committee</i> | |
| 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 MPH Director appoints the MPH Core Faculty Member (chair). |
| Members | Raymond Goldsteen, Karen Goldsteen (chair), Ashley Evenson (Program Manager), Sunita Thapa (MPH Graduate Assistant), Rachel Sykes (MPH student) |
| <i>MPH Curriculum Committee</i> | |

| | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 Manager (<i>ex officio</i>) 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 (chair), Laura Hand, Karen Goldsteen, Tanis Walch (Affiliated Faculty), Paula Carter (Affiliated Faculty), Sunita Thapa (MPH student, Analytics), Ryan Fischer (MPH student, Management and Policy), Ashley Evenson (Program Manager) |
| <i>MPH Admissions Committee</i> | |
| 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 (<i>ex officio</i>) MPH Director appoints the Committee’s faculty members. The chair is elected by the Committee membership. |
| Members | Laura Hand (chair), Arielle Selya, Cristina Oancea, Kristin Schuller replacement, Ashley Evenson (Program Manager) |
| <i>MPH Marketing Committee</i> | |
| Charge | To develop and implement a comprehensive marketing strategy that attracts applicants with the potential to complete the MPH Program successfully and contribute significantly to the field of public health. Recommendations are made to the MPH Faculty Council |
| Composition | MPH Director (chair), SGS Director of Marketing, SMHS Director of Alumni and Community Relations, Media Specialist, MPH student, MPH Program Manager MPH students elect student member of the Committee. |
| Members | Raymond Goldsteen (chair), Mark Danes, Jessica Sobolik, Victoria Swift, Ashley Evenson (Program Manager), Laura Ahmed (MPH student) |
| <i>NDMPH Coordinating Council</i> | |
| 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 | From UND: Vice President for Health Affairs/Dean of the SMHS (co-chair), Senior Associate Dean of SMHS, Dean of the SGS, MPH Director From NDSU: Dean of the College of Pharmacy, Nursing and Allied Sciences (co-chair), Chair of the Department of Pharmacy Practice, Dean of the College of Graduate & Interdisciplinary Studies, MPH Director |

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| Members | From UND: Joshua Wynne (co-chair), Gwen Halaas, Wayne Swisher, Raymond Goldsteen From NDSU: Charles Peterson (co-chair), Donald Miller, David Wittrock, Donald Warne |
| <i>Faculty Accreditation Committee (Ad hoc)</i> | |
| 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 Administrative Assistant (<i>ex officio</i>), MPH Program Manager (<i>ex officio</i> and facilitator) |
| Members | Raymond Goldsteen, Karen Goldsteen, Arielle Selya, Cristina Oancea, Kristin Schuller replacement, Laura Hand, Andy Hultquist, Clint Hosford (MPH Affiliated Faculty), Kim Burris (Administrative Assistant), Ashley Evenson (Program Manager and facilitator) |
| <i>Self-Study Sub-Committee (Ad hoc)</i> | |
| 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, three MPH students |
| Members | Raymond Goldsteen, Ashley Evenson (Program Manager), Karen Goldsteen, Arielle Selya, Kristin Schuller, Cristina Oancea, Michael Dulitz, Sunita Thapa, and Jessica Orth (MPH students) |
| <i>MPH Community Advisory Board</i> | |
| 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, and UND health activities (two-year terms), MPH student representative (one-year term), MPH Alumnus (one-year term), MPH Director (<i>ex officio</i>), SMHS Senior Associate Dean for Education (<i>ex officio</i>). All begin their terms in AY 2015-16. MPH Director invites members to serve on the Board. MPH students elect student representative to the Board. MPH Director appoints the Board’s chair from a list of volunteers. |
| Members | Terry Dwelle (North Dakota State Health Officer, NDDoH) Judy Lee (Senator, North Dakota Legislature) Kylie Oversen (Representative, North Dakota Legislature) Dave Molmen (Chief Executive Officer, Altru Health System) Sharon Fletcher (Chief Administrative Officer, Blue Cross Blue Shield of North Dakota) Jane Croeker (Director, UND Health and Wellness) Debbie Swanson (Director, Grand Forks Health Department) Julie Ferry (Administrator, Nelson-Griggs District Health Unit) Allen Anderson (Lead Dietician, Grand Forks Public Health Department) |

| | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | James Roemmich (Research Leader, Grand Forks Human Nutrition Research Center) Mara Jiran (Chief Executive Officer, Valley Community Health Center) Debbie Thompson (Chief Executive Officer, Grand Forks YMCA) Molly Soeby (Commissioner, Grand Forks Park Board) Lucy Corrin (MPH Alumnus) Michael Strinden (MPH Student) Raymond Goldsteen (MPH Director, <i>ex officio</i>) Gwen Halaas (SMHS Senior Associate Dean for Education, <i>ex officio</i>) |
| School Level Committees | |
| <i>Committee on Promotion and Tenure</i> | |
| 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 Basic Science Scholar faculty, three members of the Clinician Scholar faculty, and three members of the Educator Scholar faculty |
| Members | Drs. Brij Singh, Byron Grove, Othman Ghribi, Renee Mabey, Cindy Flom-Meland, Sonia Zimmerman, Kim Krohn, Randy Szlabick, Scott Garrett |
| <i>Health Science Curriculum Committee</i> | |
| 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, one member of the Basic Science faculty, one member of the Clinical Science faculty, and two Health Sciences students |
| Members | Brooke Solberg, Robin Tracy, David Relling, Breann Lamborn, Meridee Danks, Jyotika Sharma, James Beal, Anthony Charbonneau, Haley Larsen |

1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure relating to the following: general program policy development; planning and evaluation; budget and resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies, including curriculum development; research and service expectations and policies.

General Program Policy Development

The MPH faculty adheres to policies and procedures established at the University, SMHS, and Program levels. The MPH Faculty Council (formerly the MPH Core Faculty and Staff Committee) is charged with primary academic policy development for the MPH Program. Academic policies predominantly relate to curriculum, admissions requirements, advising procedures, academic performance, and ethics standards. General policy development at the program level is the responsibility of the MPH Director, with input and advisement from the MPH Faculty Council. Policy recommendations may be developed by the Council, the standing and ad hoc committees, the MPH Director, the Community Advisory Board, the Student Advisory Board, and SMHS-level committees. Many policies that affect the MPH Program

are developed at the SMHS and University levels by administration and standing and ad hoc committees. All policies and procedures developed at the program level are consistent with those of the SMHS and the University. (See <http://www.med.und.edu/policies/index.cfm> and <http://und.edu/academics/registrar/files/docs/catalogs/catalog-2013-2015.pdf>.)

Planning and Evaluation

Strategic planning is overseen by the MPH Director, with participation and advisement from the MPH Faculty Council. Planning is supported by the standing and ad hoc committees. The MPH Faculty Council delegates certain aspects such as accreditation to ad hoc committees, as needed. The MPH Faculty Council serves as the oversight body for the MPH Program, which reviews Program performance and develops and approves remediation, as necessary.

Budget and Resource Allocation

Budget and resource allocation is determined by the MPH Director in consultation with the SMHS Associate Director for Administration and Finance. The Program budget is approved by the Associate Dean for Administration and Finance and is sent to the Senior Associate Dean for Academic and Faculty Affairs and the Vice President for Health Affairs for final approval.

Student Recruitment, Admission and Award of Degrees

Student recruitment is overseen by the MPH Director and MPH Program Manager and supported by the MPH Marketing Committee and the SGS. The SGS is the Program's major partner in recruiting, admitting, and awarding degrees. The MPH Admissions Committee develops admissions criteria for the Program, which are then reviewed and approved by the MPH Faculty Council. After that, admissions criteria are reviewed through the University's curriculum committee process, which requires approval by the SMHS Curriculum Committee, the SMHS Dean for Education, the SGS Curriculum Committee and Dean, the University Curriculum Committee, and the University Senate. The SGS administers the application process (Hobson's ApplyYourself), reviews applications for adherence to the Program's admission criteria, and releases the files of qualifying applicants to the Program once they are complete. The MPH Admissions Committee upholds admissions standards by making recommendations for admission to the MPH Director, based on review of completed applications. 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.

Faculty Recruitment and Retention, Promotion, and Tenure

Faculty recruitment is the responsibility of the MPH Director, with participation and advisement from the MPH Faculty Council. When a faculty search is requested by the Director and authorized by the SMHS administration, the 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 MPH Director and the MPH Faculty Council by connecting new faculty to all of the research and teaching resources offered at the University and the SMHS, by facilitating a supportive professional environment for all faculty, and by connecting faculty to potential external research and service partners. Faculty promotion and tenure are the responsibility of the MPH Director, who monitors, counsels, and evaluates 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 RF C4.2). The process for performance evaluation begins at the program level and proceeds through the departmental CPT, the SMHS CPT (for some reviews), and the SMHS Dean for Education. At present, all but one MPH Core Faculty members have their academic

appointments in the DFCM. One MPH Core Faculty member has her tenure home in the CoBPA, DPSPA and is subject to the criteria and follows the processes in that College. The MPH Director participates in the performance review of this faculty member.

Academic Standards and Policies, Curriculum Development

Development of academic standards and policies for the Program are the responsibility of the MPH Faculty Council. However, these must not conflict with academic standards and policies of the SMHS, the SGS, and the University. Initial curriculum development is the responsibility of the MPH Curriculum Committee, which makes recommendations to the MPH Faculty Council. 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 Dean for Education, the SGS Curriculum Committee and 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.

Research and Service Expectations and Policies

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 MPH Director, with participation and advisement from the MPH Faculty Council.

1.5.c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

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/bylawsjluy202018final.pdf>). The SMHS bylaws are not specific to the MPH Program. The PHA is governed by the PHA Constitution (See RF C1.5). A definition of the PHA and program-specific policies are in the MPH Program Bulletin (See RF C2.1).

1.5.d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

| Faculty Member | Committee | Role | 2012-13 | 2013-14 | 2014-15 |
|-----------------------|---------------------------------------------------------------------------------|-------------|----------------|----------------|----------------|
| K. Goldsteen | Alice Clark Mentoring Program | Mentor | | | X |
| R. Goldsteen | Department of Family & Community Medicine | Member | X | X | X |
| L. Hand | MPA Steering Committee | Member | | | X |
| A. Hultquist | College of Business and Public Administration Curriculum Committee | Member | X | X | X |
| | College of Business and Public Administration Dean's Faculty Advisory Committee | Member | | | X |
| | MPA Steering Committee | Member | | X | X |
| K. Schuller | MPA Steering Committee | Member | | X | X |
| | Physician Assistant Scholarship Review Committee | Member | | X | |
| A. Selya | UND Tobacco Free Task Force | Member | | | X |
| | UND Lactation Policy and Mothering Room Group | Member | | | X |

1.5.e. Description of student roles in governance, including any formal student organizations.

Student roles in governance include the PHA and membership on various committees. For the PHA, MPH students hold leadership roles that include President, Vice-President and Treasurer. These roles are exclusive to graduate students. Undergraduate students may hold leadership roles as co-Vice-President and Secretary. See RF C1.5 for detailed descriptions of the PHA and each of these roles. All students are encouraged to join the PHA, and members elect the PHA leaders and have voting rights.

Beginning in the 2015-16 Academic Year, students have had the opportunity to serve on the MPH Curriculum, Marketing, and Evaluation Committees and the Community Advisory Board, all of which are recently formed. Students are elected by their peers to the MPH Curriculum, Marketing, and Evaluation Committees, and student members have voting rights on these committees. The Director appoints students to the Community Advisory Board and the ad hoc committees such as the Self-Study Sub-Committee. All students are members of the newly formed Student Advisory Board, which will meet monthly with the MPH Director beginning in 2015-16 to discuss students' issues and give voice to students' concerns. All of these committees - Curriculum, Marketing, Evaluation, and Community Advisory Board - met in September or October 2015, with their student representatives in attendance. The agendas for these meetings are in RF C1.5.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The MPH Program has a clearly defined committee structure that facilitates governance, program evaluation, and continuous quality improvement.
- The MPH Program has a well-qualified Core Faculty whose members are committed to the Program's educational, service, and research goals.
- As of fall 2015, students are voting members of the MPH Curriculum, Evaluation, and Marketing Committees and the Community Advisory Board. Many students participated in accreditation activities.
- The MPH Program has developed a Community Advisory Board with a wide range of stakeholders who have an interest in building public health in North Dakota. The first meeting was held in September 2016.
- Administrative and faculty rights and obligations are clearly defined by the SMHS.

Weaknesses

- There has been incomplete documentation of MPH Curriculum Committee meetings – agendas and minutes.
- During this early phase of the MPH Program, the MPH Curriculum Committee meetings were scheduled as needed, rather than on a regular schedule.
- Students have had ad hoc participation in governance during the early phase of the MPH Program.

Plans

- Document minutes from each MPH Curriculum Committee meeting.
- Create regular MPH Curriculum Committee meeting schedules. See RF C1.5 for draft schedules.
- Develop a Student Advisory Board to be implemented in AY 2015-16, which will provide increased, regular student participation in development of program policies and procedures.
- Hold the second Community Advisory Board meeting spring 2016.
- Hold a fall and spring meeting of the MPH Affiliated Faculty, beginning in fall 2015.

1.6 Fiscal Resources. The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

The Vice-President for Health Affairs and SMHS Dean has substantial budgetary authority and serves as the principal fiduciary for the SMHS' budget as a delegated responsibility from the president of the university. The SMHS Dean delegates specific budgetary management responsibilities to UND SMHS Office of Administration and Finance that oversees the preparation of UND SMHS's annual and biennial budget (needed because appropriations from the North Dakota Legislature occur biannually, in keeping with the biannual meeting of the Legislature). The annual and biennial budget process is coordinated with the UND Budget Office. The UND SMHS has an entirely separate appropriation budget from UND. The UND SMHS also presents and receives endorsement of its budget through the legislative mandated UND SMHS Advisory Council.

The UND SMHS has a consolidated budget that includes state appropriations, tuition, all medical school departments, clinical practice plan revenues, local funds, auxiliary funds, and grant and contract funds. As a community-based school, the UND SMHS does not operate a hospital or health system, although income from its two clinic operations (one in Bismarck and one in Minot, both in the DFCM) is included in its consolidated budget.

No UND SMHS committees are involved in the budgeting process. Departmental and unit budgets are negotiated directly between units and central UND SMHS administration (the dean of the Office of Administration and Finance).

Early in the budget cycle, discussion regarding the budget process and priorities occur with the UND Academic Cabinet, Executive Council, and President's Cabinet. The Dean of the UND SMHS is an active participant in these discussions. In support of the budget decisions that must be made, the UND SMHS Office of Administration and Finance updates budget schedules, revenue projections, and various fee/recharge rates, and determines tentative funds available.

The North Dakota 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.

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 local contract agreements

- 4) Grants
- 5) Alumni donations

The primary funding source since the inception of the program in 2012 has come from tuition and fees and state appropriations. The program expects to recognize the other three sources of funding as the program continues to grow and mature in the coming years.

The North Dakota Legislature appropriated substantial funds for the MPH Program for the first three academic years (2011-2014). An allocated \$1,853,208 was appropriated by the Legislature and equally divided between UND and NDSU. Thus, UND's annual MPH budget has the foundation of about \$308,000 in state appropriated funds. These were not one-time start-up funds, and it is expected that the Legislature will continue to appropriate funds for the MPH programs at UND and NDSU. In addition to appropriating state funds, the Legislature approved a tuition-retention policy for the MPH Program. All tuition generated by the MPH Program is returned to the program.

UND has allocated considerable resources to the MPH Program. The MPH Program has a budget that is adequate to fund expenditures required to develop a quality public health program. The program hosted a consultation visit in January 2013 from the CEPH, which resulted in revisions to the original curriculum, restructuring of the UND/NDSU relationship, and other changes. The SMHS Library holdings in public health have been increased to meet the needs of the program. The Director has a travel budget that permits him to attend meetings pertaining to accreditation. During its first year, the MPH Program has been able to recruit four new faculty members, a Program Coordinator, and an Administrative Assistant. All of these positions are state lines, and all but one of these faculty positions is tenured or tenure-track. Since the first year, the MPH Program has hired two additional faculty members on state lines and tenure-track.

1.6.b. A clearly formulated budget statement, showing sources of all available funds and expenditure by major categories, since the last accreditation or site visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditure by major category and explain the basis of the estimate. The information must be presented in a table format as appropriate to the program.

| Table 1.6.b.1. Sources of Funds and Expenditures by Major Category, 2012 - 2015 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|------------------|
| | 2012-2013² | 2013-2014 | 2014-2015 |
| Source of Funds | | | |
| Tuition & Fees | 90,900 | 178,798 | 161,508 |
| State Appropriation ¹ | 478,880 | 691,041 | 792,006 |
| University Funds | NA | NA | 3,092 |
| Grants/Contracts | NA | NA | 33,763 |
| Indirect Cost Recovery | NA | NA | NA |
| Endowment | NA | NA | NA |
| Gifts | NA | NA | NA |
| Total | 569,780 | 869,839 | 990,369 |
| Expenditures | | | |
| Faculty Salaries & Benefits | 397,156 | 658,135 | 800,645 |
| Staff Salaries & Benefits | 100,463 | 146,706 | 110,914 |
| Operations | 47,158 | 40,240 | 41,046 |
| Travel | 25,004 | 24,759 | 20,399 |
| Student Support | NA | NA | 17,365 |
| University Tax | NA | NA | NA |
| Total | 569,780 | 869,839 | 990,369 |
| Key to Table: | | | |
| ¹ The state appropriation for the MPH Program includes the original amount allocated by the Legislature in 2011 and new funds for the program expenditures. | | | |
| ² This is the first year for which fiscal data for the MPH Program are available. | | | |

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointments elsewhere.

The MPH Program is not a collaborative program.

1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program’s performance against those measures for each of the last three years.

Measureable objectives by which the MPH Program assesses the adequacy of its fiscal resources data regarding those measures for the last three years are presented in Table 1.6.d.1.

| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|-----------------|----------------|
| Grants awarded to Center for Comparative Effectiveness | 1 | NA ¹ | NA ¹ | 1 |
| Grants submitted by the Center for Comparative Effectiveness | 2 | NA ¹ | NA ¹ | 2 |
| Core public health faculty submitting proposal for external funding | 45% | 50% | 40% | 33% |
| Percent of MPH Program budget designated for technology | Steady or increasing | 5% | 5% | 5% |
| Core public health faculty participating in budget meeting with MPH Director | 1 | 0 | 0 | 1 |
| MPH Director participating in 2 budget meetings annually with administrative officials | 2 | 2 | 2 | 2 |
| Availability of professional development funds | Steady or increasing | \$0 | \$6000 | \$8000 |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. ¹ The Center for Comparative Effectiveness was not approved at this time. | | | | |

1.6.e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH Program is valued by the SMHS and UND Administration and has been provided substantial funding to support start-up costs and investment in faculty and staff.

Weaknesses

- The MPH Program faculty has not been competing for external research grants.

Plans

- The MPH Core Faculty will strive to obtain external grant funding from local, state, and national sources to support the fiscal well-being of the MPH Program.

- The Center for Comparative Effectiveness Analytics will be developed fully to facilitate grant procurement and research publications by the MPH Core Faculty.

1.7 Faculty and Other Resources. The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

| 7.a.1. Headcount of Primary Faculty | | | |
|--------------------------------------------|------------------|------------------|------------------|
| Discipline | 2013-2014 | 2014-2015 | 2015-2016 |
| Health Management & Policy | 3 ¹ | 4 ¹ | 4 ^{1,2} |
| Population Health Analytics | 3 | 3 | 3 |
| Totals | 6 | 7 | 7 |

Key to Table:
¹ This number includes the MPH Director, who is counted 0.5 FTE as faculty.
² This number includes Kristin Schuller's replacement, who is expected to start on January 1, 2016.

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit.

| Table 1.7.b.1. MPH Program: Faculty, Students and SFR by Specialization | | | | | | | | | | |
|--------------------------------------------------------------------------------|---------------------------|----------------------------|-------------------------|--------------------------|-------------------------|--------------------------|--------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| | HC Primary Faculty | FTE Primary Faculty | HC Other Faculty | FTE Other Faculty | HC Total Faculty | FTE Total Faculty | HC Total Students | FTE Total Students³ | SFR by Primary Faculty FTE | SFR by Total Faculty FTE |
| Health Management & Policy | | | | | | | | | | |
| 2013-14 | 3 ¹ | 1.5 | 8 | 0.33 | 11 | 1.83 | 8 | 5.50 | 3.67 | 3.00 |
| 2014-15 | 4 ¹ | 2.0 | 14 | 1.07 | 18 | 3.07 | 17 | 12 | 6.00 | 3.91 |
| 2015-16 | 4 ^{1,2} | 2.0 | 14 | 1.07 | 18 | 3.07 | TBD ⁴ | TBD ⁴ | TBD ⁴ | TBD ⁴ |
| Population Health Analytics | | | | | | | | | | |
| 2013-14 | 3 | 2.5 | 6 | 1.04 | 9 | 3.54 | 6 | 6 | 2.40 | 1.69 |
| 2014-15 | 3 | 3 | 8 | 0.80 | 11 | 3.80 | 9 | 7.50 | 2.50 | 1.97 |
| 2015-16 | 3 | 3 | 8 | 0.80 | 11 | 3.80 | TBD ⁴ | TBD ⁴ | TBD ⁴ | TBD ⁴ |
| Undecided⁴ | | | | | | | | | | |
| 2013-14 | | | | | | | - | - | - | - |
| 2014-15 | | | | | | | - | - | - | - |
| 2015-16 | | | | | | | 9 | 7.50 | TBD ⁴ | TBD ⁴ |

Key to Table:
 HC = Head Count; FTE = Full-Time Equivalent; SFR = Student/Faculty Ratio
¹ This number includes the MPH Director, who is counted 0.5 FTE as faculty.
² This number includes Kristin Schuller's replacement, who is expected to start on January 1, 2016.
³ Part-time students are counted 0.5 FTE. Students are classified as part-time if they have enrolled part-time, according to School of Graduate Studies policy, for at least two semesters.
⁴ To be determined when students are asked to declare their specialization in the second semester of the first year. In their first semester, all students are classified as 'Undecided.'

1.7.c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

| | 2012 | | 2013 | | 2014 | | 2015 | |
|----------------------------------|------|-----|------|-----|------|-----|------|-----|
| | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| Program Coordinator ¹ | 1 | 1.0 | 1 | 1.0 | 1 | 1.0 | 0 | 0.0 |
| Program Manager ¹ | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 1.0 |
| Administrative Assistant | 1 | 0.5 | 1 | 1.0 | 1 | 1.0 | 1 | 1.0 |
| Research Associate ² | 0 | 0.0 | 1 | 1.0 | 1 | 1.0 | 0 | 0.0 |

Key to Table:
¹ Program Coordinator position transitioned to Program Manager in January 2015.
² Position eliminated in 2014.

1.7.d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

School of Medicine and Health Sciences

The MPH Program has a suite located in the SMHS building on the campus of UND. A complete renovation in the SMHS of 3,500 square feet was completed in 2013 for purposes of the MPH Program. The renovated space includes a conference room, student computer work area, two student work areas, an informal student gathering space, a kitchen/office supply room, copier/scanner/printer, seven faculty offices, one Director’s office, an office for the Program Manager, and an Administrative Assistant area. Locked file storage is located in the Program Manager’s office and Administrative Assistant area. There are four computers within the student computer work area. MPH faculty, staff, and students and other SMHS personnel can reserve the conference room. The two work areas dedicated to student use are not available to others. One of these work areas has a computer. The conference room and one student work area have a large flat-screen TV with full computing and web-cam capabilities. Students may also connect wirelessly from the MPH Suite. Students have access to the MPH Suite 24 hours a day, seven days a week.

Available Classrooms

The MPH Program has access to classrooms in the SMHS as well as across campus. All classrooms at the SMHS and across campus are reserved prior to the start of each semester to hold weekly classroom instruction and are fully equipped to hold class meetings, including projectors, projector screens, Wi-Fi and webcam/recording capability. A primary classroom used within the SMHS is an interactive classroom, including small group tables, TV screens and computers at each workstation. Students are able to utilize classrooms, conference rooms, and student computer and work areas outside of the MPH Suite within the SMHS. Conference rooms may be scheduled on a need basis through an online scheduling calendar. See RF C1.7 for a list of classrooms most utilized by the MPH Program and their accompanying technological support.

1.7.e. A concise description of laboratory space and description of the kind, quantity and special features or special equipment.

The MPH Program does not currently utilize laboratory space for its academic programming.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Computer facilities and resources are available to MPH faculty, staff, and students throughout the MPH Suite, the SMHS, and UND's main campus.

SMHS Information Technology Services (ITS) provides technological support and infrastructure to SMHS faculty, staff and students, including the MPH Program. SMHS ITS works closely with the UND main campus Information Technology Systems and Services unit (ITSS) to provide its support. The SMHS network is part of the university network and is managed by ITSS. SMHS ITS 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 ITS 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 ITSS and the CILT to provide instructional design support and training for faculty, staff and students. The ITS unit maintains and operates a video conferencing bridge and a lecture capture server that are used to deliver contents for distance education.

Faculty and staff members are equipped with Intel-based PCs running Microsoft Windows 7 and higher or Apple workstations running OS X and higher. Each workstation has a minimum of a 60 GB disk, 4 GB of memory, a 17" monitor and a 100Mbps Fast Ethernet network connection. Print services for the department are handled by several LaserJet laser printers. Duplex printing is available. SMHS ITS operates a high-speed, high-capacity backup system.

Network access is controlled by several measures, including username and password authentication. Microsoft O365 provides HIPAA and FERPA compliant anti-virus and anti-spam software for all email traffic. SMHS ITS implements and monitors Microsoft Forefront at the server and desktop level in order to protect its systems. SMHS computer network protection is HIPAA and FERPA compliant. SMHS ITS is available during regular business hours by email, phone, or in-person requests.

Computer access and dedicated space is provided for all students in the MPH Program Suite in the SMHS. The MPH Suite has five Windows PCs available for use only by MPH students. All five computers are equipped with Windows Software, including Microsoft Windows 7, Microsoft Office 2013 (Word, Excel, and PowerPoint), R/RStudio, Statistical Package for the Social Sciences (SPSS) and Statistical Analysis Software (SAS). Additional services include free and discounted licensed academic software and multimedia equipment checkout.

The SMHS has a general computing lab available in the Harley E. French Library and is available to all students with extended business hours. The lower level houses five Windows PCs, 1st floor houses 20 Windows PCs and nine scanners, and the 2nd Floor houses five Windows PCs.

The main campus of UND has two general-purpose computing labs available for the use of all students. The two general purpose computing labs include Memorial Union Computer Lab located in the lower level of the Memorial Union 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 2011—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.

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.

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.

To access UND and SMHS computing facilities and resources, MPH Program faculty, staff and students are provided with a UND access account, with unique username and password, and email account(s).

Additionally, UND's Learning and Development Program offers monthly computer-based learning sessions to faculty and staff. A few examples of training sessions include Creating Surveys in Qualtrics, iPads for Content, Communication and Note-Taking, and Microsoft Office Excel 2013 (Beginning, Intermediate, and Advanced).

1.7.g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

The Harley E. French Library of the Health Sciences at the UND SMHS is the main library providing services, such as instruction and interlibrary loan, to the MPH faculty, staff and students.

The mission of the Harley E. French Library of the Health Sciences is to partner in creating and providing knowledge and education to satisfy information needs. The vision of the Harley E. French Library of the Health Sciences is to be information trailblazers connecting people and knowledge wherever and whenever needed to enhance the quality of health care in North Dakota.

The Library strategic plan is available in RF C1.7. The Library website is available at <https://med.und.edu/library/>.

The Library is open seven days a week and employs 10 professional librarians (seven on the main campus in Grand Forks, and three at the regional clinical campuses in Bismarck, Fargo and Minot); four full-time staff members; one part-time staff member; and several student assistant employees. There are 30 computer workstations within the SMHS library, as well as 20 laptop computers that can be checked out. All computers are loaded with the most current versions of the statistical software programs R, SPSS, and SAS.

The library provides access to print and electronic resources, interlibrary loan services, literature searching and assistance, instructional programs, and a liaison program. The Library's print and digital information resources and services in support of the public health field include:

- Electronic access to 6,750 journals including 175 public health-related journals (public health, community health, epidemiology, environmental health, medical economics, health policy, health insurance, infectious diseases). (See RF C1.7 for a complete listing of journals.)

- The library has electronic access to 21 of the top 25 public health journals, as rated by the 2013 Journal Citation Report (See RF C1.7 for listing.)
- 1,750 public health related books in print and electronic format.
- A rich set of electronic databases, including Access Medicine, Clinical Key, CINAHL, Cochrane Library, Dynamed, PsycArticles, PsycInfo, Psychiatry Online, Social Services Abstracts, Academic Search Premier, and Science Reference Center.
- Electronic interlibrary loan processing.
- Digital interface for access to library resources via smart phones and other mobile devices, available at <https://libguides.und.edu/mobile-medical/>.

The Library of the Health Sciences 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. The Library also coordinates services through four Clinical Campus sites with librarians available to offer help in Fargo, Bismarck, Minot, and Grand Forks. Additionally, interlibrary loan and document delivery are offered free of charge to all students and faculty.

The three research and education librarians are liaisons to the various educational programs of the medical school. Wendy Lehar is the liaison to the MPH Program. In this role, Ms. Lehar tailors library instruction and designs tutorials for specific classes, orients new faculty and staff, provides research assistance, and meets periodically with individuals or groups to relay updates on library resources and services. During the past year, instruction was given as part of two courses: MPH 504: Leading and Managing Public Health Systems, and MPH 550: Population Health Research Methods. Ms. Lehar is working with the MPH faculty to further develop library instructional services for the MPH Program.

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/>.

1.7.h. A concise statement of any other resource not mentioned above, if applicable.

MPH Program students have access to the SMHS ITS Graphic Design Services and UND Writing Center (see <http://und.edu/academics/writing-center/>). Students also have access to the UND Counseling Center, Health and Wellness Services, Multicultural Student Services, OIP and Career Services.

1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years.

| Table 1.7.i.1. Outcome Measures for Evaluating Adequacy of Other Resources, 2012 – 2015* | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|-----------------|----------------|
| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
| Student satisfaction with availability of dedicated common study space available for MPH students | 80% of students satisfied or very satisfied | NA ¹ | NA ¹ | 81% |
| Student satisfaction with availability of dedicated quiet study space available for MPH students | 80% of students satisfied or very satisfied | NA ¹ | NA ¹ | 50% |
| Student satisfaction with scientific journals available to MPH students | 80% of students satisfied or very satisfied | NA ¹ | NA ¹ | 94% |
| Student satisfaction with access to building and resources for MPH students | 80% of students satisfied or very satisfied | NA ¹ | NA ¹ | 81% |
| Availability of library liaison | 1 | 1 | 1 | 1 |
| Percentage of core public health faculty and staff with personal office space | 100% | 100% | 100% | 100% |
| Core public health faculty satisfaction with access to scientific literature | 100% of faculty satisfied or very satisfied | 100% | 100% | 100% |
| Course-required software freely available to students on SMHS computers and online | 100% of required software freely available | 100% | 100% | 100% |
| Percent of MPH Program budget designated for technology | Steady or increasing | 5% | 5% | 5% |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. ¹ These data were not being collected at this time. | | | | |

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- Strong support from the SMHS, including a spacious MPH Suite and extensive library and technology resources and support.
- Adequate staffing levels and low student-to-faculty ratios.
- Well-developed student spaces within the MPH Suite, which are accessible 24 hours a day, seven days a week.
- Private offices for all MPH Core Faculty members and the Program Manager.
- Excellent student access to all software programs used in MPH courses on computers in the MPH Suite and the SMHS library, as well as on personal computers through Citrix. These include R, SAS, SPSS, Vensom, GIS, RefWorks, and Microsoft Office.
- Excellent faculty, staff, and student access to an extensive library of scientific literature.

Weaknesses

- Students have not yet been surveyed about their satisfaction with MPH Program resources.

Plans

- Advocate for adequate resources for MPH students, faculty, and staff in the new SMHS building, when the MPH Program moves in summer 2016.

1.8 Diversity. The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

1.8.a.i. Description of the program's under-represented populations, including a rationale for the designation.

The under-represented and/or under-served populations of focus for the MPH Program are those that have been identified as of particular importance to the University of North Dakota including the School of Medicine and Health Sciences (SMHS). These are American Indian and rural populations, especially those from North Dakota, Minnesota, and states in the Western Interstate Commission for Higher Education consortium (WICHE). See Diversity Statement for the SMHS at <http://www.med.und.edu/about-us/diversity-statement.cfm>. See Mission Statement on Diversity and Pluralism for UND at <http://und.edu/provost/diversity/mission-statement.cfm>.

In addition, the MPH Program seeks a diverse student body in terms of the many factors that impact health and well-being. These factors include age, gender and sexual orientation, race and ethnicity, socioeconomic status, marital and family status, disability, and national origin. The MPH Program recognizes that in order to create a learning environment that prepares students to contribute to health improvement among all populations, whether in North Dakota, the region, or other parts of the world, they must develop tolerance, understanding, and empathy, and these attributes are best developed through first-hand experiences with people who differ from ourselves. A student body that reflects the world's enormous diversity is essential to creating graduates who are culturally competent, that is, graduates who recognize our commonalities and appreciate our differences.

Therefore, the MPH Program's diversity populations are American Indians and students with rural backgrounds in North Dakota, Minnesota, and WICHE states. Further, the Program's goal is to develop a diverse student body in age, gender and sexual orientation, race and ethnicity, socioeconomic status, marital and family status, disability, and national origin to ensure that all students have experiences that expand their understanding of those who differ from themselves. These will not be 'hard' targets. Each cohort may differ in the presence and distribution of these attributes, but all will be varied in most of them.

1.8.a.ii. A list of goals for achieving the diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan, and other initiatives on diversity, as applicable.

The goals of the MPH Program regarding diversity are:

- Recruit American Indian and rural students to the Program
- To recruit a diverse student body in terms of age, gender and sexual orientation, race and ethnicity, socioeconomic status, marital and family status, diversity, and national origin
- Create opportunities through the curriculum to explore differences between students in attitudes, beliefs, and behaviors related to diversity attributes including age, gender, race and ethnicity, socioeconomic status, marital and family status, disability, and national origin
- Create a climate of understanding and acceptance of diversity through course content for all MPH students that tells the stories of target underrepresented groups and others including the

presence of health disparities and their origins, the strengths of culture and heritage, the successes achieved, and the barriers to success

- Create opportunities through MPH Program events to celebrate differences between students of all backgrounds beginning in Orientation and including Graduation.
- Provide American Indian faculty and staff mentors for American Indian students to ensure academic and professional success.
- Ensure that faculty and staff have the skills and knowledge to deal with issues of diversity among MPH students.

The MPH Program's diversity goals are fully consistent with the University's views, as expressed in the Diversity and Pluralism statement:

"The University of North Dakota takes pride in its mission to meet the individual and group needs of a diverse and pluralistic society through education, research, and service. The peoples served by and associated with the University vary widely; all must be valued for the richness their different cultures, heritages, perspectives, and ideas bring to the community. The University is in part, a conduit through which individual perspectives and global interrelationships are enhanced by a learning and teaching environment that is aware of and sensitive to the diversity of its constituents. Diversity in the University is constituted by the full participation of persons of different racial and ethnic heritage, age, gender, socio-economic background, religions, and sexual orientation; of persons with disabilities; and of people from other countries." See <http://und.edu/provost/diversity/mission-statement.cfm>.

1.8.a.iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The University has a history of attentiveness to diversity issues. Recent actions were undertaken by current UND President Kelley, who created the UND Diversity Advisory Council (DAC) in December 2010. The President's action followed a recommendation by the former Diversity Advisory Subcommittee of the Council on Campus Climate to elevate the campus commitment to diversity and inclusion through an advisory body reporting directly to the President. The initial charge to the DAC was to broaden, deepen, and invigorate UND's commitment to a diverse, multicultural, and inclusive campus community in keeping with the University's mission and Exceptional UND priorities.

In 2014, UND addressed the need to have an Associate Vice President for Diversity and Inclusion as a successor to the DAC. The new role is responsible for implementing a strategic vision and operational plan for advancing diversity and strengthening an inclusive work and learning environment for the entire institution. The Associate Vice President for Diversity and Inclusion works to ensure diversity is integrated within each of the strategic priorities of Exceptional UND and will foster collaborations between academic and student affairs and strengthen campus-community relationships. As a member of the Provost office, the Associate Vice President for Diversity and Inclusion will lead campus-wide efforts to develop, strategize, plan, collaborate, and assess with UND community members on various diversity related programs and initiatives. In July 2014, UND's first Associate Vice President for Diversity and Inclusion, Sandra Mitchell, began her new role. Sandra Mitchell has played an integral role in helping the MPH program develop and implement measurable objectives pertaining to diversity that are consistent with the overarching mission and vision of the program.

The MPH Program supports the University's efforts to promote diversity, as the Program's values reflect:

- Social Justice
We strive to instill social responsibility in ourselves and in the communities we serve.
- Cooperation and Collaboration
We strive to develop a cooperative learning and work environment that promotes collaboration, active participation, and interdisciplinary interaction.
- Professionalism
We nurture the development of personal and professional ethics and integrity while pursuing performance excellence and responsible use of resources.
- Diversity
We support and build educational, research, and service environments that are inclusive and rich in diversity.

1.8.a.iv. Policies that support a climate for working and learning in a diverse setting.

UND, SMHS, and SGS policies that support a climate for working and learning in a diverse setting include the following.

UND

- Equal Opportunity/Affirmative Action Policy Statement: <http://www1.und.edu/affirmative-action/files/docs/und-eeo-policy-statement.pdf>
- Sexual Harassment: <http://und.edu/affirmative-action/files/docs/guidelines-discrim-sex.pdf>
- Harassment and Discrimination: <https://www1.und.edu/affirmative-action/files/docs/discrimination-harassment-policy-procedures-june-2018.pdf>
- Nepotism: <http://www.ndus.nodak.edu/makers/procedures/hr/?SID=32&PID=234&re=d>
- Lactation Policy: <http://und.edu/finance-operations/files/docs/3-7-lactation-support-for-nursing-mothers.pdf>
- Workplace Violence: <https://www1.und.edu/public-safety/files/docs/workplace-violence-policy.pdf>
- Americans with Disabilities Act Policy: <https://www1.und.edu/affirmative-action/disabilityguidelines.cfm>
- Dismissal/Grievance Procedure for Student Employees: <https://www1.und.edu/code-of-student-life/appendix-a.cfm>
- Faculty Grievance Policy: <http://www.ndus.nodak.edu/makers/procedures/sbhe/default.asp?PID=68&SID=7>

SMHS

- Academic Grievance Policy: <https://med.und.edu/policies/files/docs/3.9-student-grievance.pdf>
- Conflict of Interest Between Faculty and Students with Regard to Assessment: <https://med.und.edu/policies/files/docs/2.3-3.2-conflict-of-interest-assessment.pdf>
- Policy on Student Mistreatment: <http://www.med.und.edu/policies/index.cfm>
- Technical Standards for Matriculation, Progression, and Graduation: <https://med.und.edu/policies/files/docs/3.11-technical-standards.pdf>

SGS

- Mission and General Information: <http://und-public.courseleaf.com/graduateacademicinformation/thegraduateschool/#>

- Academic Grievance Policy: <https://und.edu/graduate-school/about/>

1.8.a.v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The MPH has competencies related to building cultural competency among students. These competencies are presented in Table 1.8.a.1. The Program’s Evaluation Plan will ensure that competencies are reviewed, revised, and maintained.

| Competency | Learning Opportunities |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C11. Present findings and conclusions of population health research in both oral and written formats for diverse public health audiences | MPH 504: Public Health Systems MPH 531: Biostatistics 1 MPH 541: Social & Behavioral Sciences MPH 520: Environmental Health MPH 551: Epidemiology MPH 510 Health Care Systems |
| C1. Understand the role of biostatistics and epidemiology in the scientific, ethical, economic, and political aspects of population health improvement | MPH 531: Biostatistics 1 MPH 551: Epidemiology |
| C8. Identify the social and behavioral determinants of health in individuals and populations | MPH 504: Public Health Systems MPH 541: Social & Behavioral Sciences MPH 520: Environmental Health MPH 551: Epidemiology MPH 510 Health Care Systems |

1.8.a.vi. and 1.8.a.vii. Policies and plans to recruit, develop, promote and retain a diverse faculty and staff.

Procedures for the recruitment, hiring, and employment of faculty and staff are presented in Criterion 1.3.c. As described in Criterion 1.3.c., the procedures for recruitment of faculty and staff into the MPH Program must follow the hiring policies and practices of the SMHS and UND. Additionally, the MPH Director’s role is to identify personnel needs and submit personnel requests to the Senior Associate Dean for Education in the SMHS. Once needs are identified and approved, the procedures described in Criterion 1.3.c. are carried out.

The MPH Program adheres to all policies and procedures of UND and the SMHS. As previously mentioned, they include:

UND

- Equal Opportunity/Affirmative Action Policy Statement: <http://www1.und.edu/affirmative-action/files/docs/und-eeo-policy-statement.pdf>
- Sexual Harassment: <http://und.edu/affirmative-action/files/docs/guidelines-discrim-sex.pdf>
- Harassment and Discrimination: <https://www1.und.edu/affirmative-action/files/docs/discrimination-harassment-policy-procedures-june-2018.pdf>
- Diversity Statement: <http://und.edu/provost/diversity/mission-statement.cfm>
- Lactation Policy: <http://und.edu/finance-operations/files/docs/3-7-lactation-support-for-nursing-mothers.pdf>

- Workplace Violence: <https://www1.und.edu/public-safety/ files/docs/workplace-violence-policy.pdf>
- Americans with Disabilities Act Policy: <https://www1.und.edu/affirmative-action/disabilityguidelines.cfm>
- Dismissal/Grievance Procedure for Student Employees: <https://www1.und.edu/code-of-student-life/appendix-a.cfm>
- Reasonable Accommodation: <http://und.edu/student-life/housing/accommodation.cfm>
- Salary Administration Policy/Staff Grievance Policy: <http://und.edu/finance-operations/human-resources-payroll/ files/docs/salary-administration-policy.pdf>

SMHS

- Academic Grievance Policy: <https://med.und.edu/policies/ files/docs/3.9-student-grievance.pdf>
- Conflict of Interest Between Faculty and Students with Regard to Assessment: <https://med.und.edu/policies/ files/docs/2.3-3.2-conflict-of-interest-assessment.pdf>
- Policy on Student Mistreatment: <http://www.med.und.edu/policies/index.cfm>
- Technical Standards for Matriculation, Progression, and Graduation: <https://med.und.edu/policies/ files/docs/3.11-technical-standards.pdf>

SGS

- Mission and General Information: <http://und-public.courseleaf.com/graduateacademicinformation/thegraduateschool/#>
- Academic Grievance Policy: <https://und.edu/graduate-school/about/>

1.8.a.viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

The MPH Program actively seeks to recruit, admit and retain a diverse student body.

In the recruitment of students, the MPH Program will:

- Partner with INMED to recruit American Indian students. A MOU has been signed between the MPH Program and INMED for this purpose (see RF C1.4).
- Recruit students throughout the year and at scheduled MPH functions where the primary audience includes those of diverse and/or underrepresented populations.
- Distribute Program information to a wide audience, emphasizing student groups internal and external to UND (see RF C1.8 for press release).
- Encourage and support application to the Program from qualified students that represent diverse populations.

In the retention of students, the MPH Program will:

- Clearly communicate all University, SMHS and Program policies and procedures.
- Continue the partnership with OIP and INMED.
- Advertise to students diversity-related announcements, events, and learning opportunities.
- Increase student awareness of organizations, programs and supports on campus that are diversity-focused.
- Create opportunities through the curriculum to explore differences between students in attitudes, beliefs, and behaviors related to diversity attributes including age, gender, race and ethnicity, socioeconomic status, marital and family status, disability, and national origin

- Create a climate of understanding and acceptance of diversity through course content for all MPH students that tells the stories of target underrepresented groups and others including the presence of health disparities and their origins, the strengths of culture and heritage, the successes achieved, and the barriers to success
- Create opportunities through MPH Program events to celebrate differences between students of all backgrounds beginning in Orientation and including Graduation.
- Provide American Indian faculty and staff mentors for American Indian students to ensure academic and professional success.
- Ensure that faculty and staff have the skills and knowledge to deal with issues of diversity among MPH students.

1.8.a.ix. Regular evaluation of the effectiveness of the above-listed measures.

The goals of the MPH Program with regard to diversity are captured in the Objectives under Program Goal 5.1. See Table 1.8.a.ix below, which is duplicated from Table 1.1.d.1. These will be evaluated annually under the Evaluation Plan.

| Table 1.8.a.ix. Diversity Goal, Objectives, and Targets | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <i>Goal 5: Workforce Investment</i> | | |
| <i>Recruit, support, and retain a diverse faculty, staff, and student body to sustain the Program’s mission and values.</i> | | |
| 5.1. Recruit and retain a diverse faculty, staff and student body | Collaboration with UND Associate Vice President (AVP) for Diversity and Inclusion maintained | 1 meeting/year with AVP for Diversity and Inclusion |
| | Recruitment policy developed to achieve diverse faculty, staff and student body | By spring 2016, recruitment policy developed |
| | Activities implemented to advance an inclusive learning environment for students | 2 activities per academic year by 2016-17 |
| | Activities implemented to advance an inclusive work environment for faculty and staff | 2 activities per academic year by 2016-17 |

1.8.b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admissions and retention.

Plans and policies have been implemented through the curriculum, particularly. Table 1.8.a.1. lists examples of Practicum topics that have been directly related to diversity. Other experiences include the Scholarly Project, where issues related to diversity and disparities have been explored in analytical papers. In addition, course content has exposed students to issues of diversity and disparities in MPH 504: Leading and Managing Public Health Systems; MPH 541 Social and Behavioral Sciences ; MPH 551 Epidemiology; MPH 520 Environmental Health; and MPH 510 Health Care Systems.

| Specialization | Semester | Organization | Project Description |
|-----------------------------|-----------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Population Health Analytics | Summer 2014 | National Resource Center on Native American Aging | Identifying and increasing awareness of evolving Native elder health and social issues |
| Population Health Analytics | Summer 2015 | Altru Health System | Developing educational materials on cultural differences regarding pregnancy and childbirth among New Americans from Somalia; Developing training sessions for mothers and providers. |
| Population Health Analytics | Summer 2015 | NDDoH, Division of Disease Control | Assessing STD in HIV positive men and their immunization status |
| Health Management & Policy | Summer 2014 | Seattle Indian Health Board, Urban Indian Health Institute | Developing a Community Health Profile of urban American Indian in Seattle. |
| Health Management & Policy | Summer 2015 | SOTENI, Kenya | Increasing access and utilization of voluntary family planning services in Kenya. |
| Health Management & Policy | Summer 2015 | Mayo Clinic, Center for Population Health Science | Analyzing health care services utilization in low-SES communities. |
| Health Management & Policy | Summer 2015 | Texas Muslim Women's Foundation | Applying the Trauma Informed Care treatment framework to management of domestically abused women, particularly Muslim women. |

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The diversity plan was developed based on existing UND and SMHS missions, values, and policies. Diversity objectives were developed by the Faculty Accreditation Committee under the guidance of UND and SMHS diversity objectives and the Associate Vice President for Diversity and Inclusion. Moving forward, future plans include engaging MPH Program stakeholders, internal and external, and the Associate Vice President for Diversity and Inclusion for review, revision and implementation of the diversity plan.

1.8.d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

The diversity plan will be monitored and evaluated on an annual basis as Program objectives relate to annual meetings with the Associate Vice President for Diversity and Inclusion and annual diversity-related events. The MPH Faculty Council will meet with the Associate Vice President for Diversity and Inclusion and other stakeholders at least once per year to review the diversity plan and diversity-related goals, objectives, indicators and targets.

1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See Table 1.8.a. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in Criteria 1.8.e.

| Objective | Indicator & Data Source | Target** | 2012-13 | 2013-14 | 2014-15 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------|-----------------|-----------------|
| 5.1. Recruit and retain a diverse faculty, staff and student body | Collaboration with UND Associate Vice President (AVP) for Diversity and Inclusion maintained <i>Source: Program Records/Minutes</i> | 1 meeting/year with AVP for Diversity and Inclusion | 0 | 0 | 1 |
| | Recruitment policy developed to achieve diverse faculty, staff and student body <i>Source: Program Records</i> | By spring 2016, recruitment policy developed | NA ⁵ | NA ⁵ | NA ⁵ |
| | Activities implemented to advance an inclusive learning environment for students <i>Source: Program Records/Minutes</i> | 2 activities per academic year by 2016-17 | NA ⁵ | NA ⁵ | NA ⁵ |
| | Activities implemented to advance an inclusive work environment for faculty and staff <i>Source: Program Records/Minutes</i> | 2 activities per academic year by 2016-17 | NA ⁵ | NA ⁵ | NA ⁵ |

| Indicator | Target | 2012-13 | 2013-14 | 2014-15 |
|------------------------------------|--------|---------|---------|---------|
| American Indian Students | 10.0% | 14.3% | 35.7% | 14.8% |
| Rural (Students) ¹ | 10.0% | 57.1% | 35.7% | 22.2% |
| American Indian Staff | 1 | 1 | 1 | 1 |
| American Indian Affiliated Faculty | 1 | 1 | 1 | 1 |

Key to Table:
¹ Rural student defined as one who graduated from a high school in an area with population 49,999 or less.

1.8.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met with commentary.

Strengths

- The MPH Program's commitment to diversity and inclusion is consistent with the strong commitment of the SMHS and the University.
- The MPH Program has developed diversity targets and a diversity plan. Diversity targets are met for American Indian faculty and American Indian and rural students in every year. International students targets were met in AY 2014-15.
- The MPH Program is utilizing the Associate Vice President for Diversity and Inclusion's expertise in advancing diversity and strengthening an inclusive work and learning environment for all in the Program.
- The MPH Program's relationship with INMED facilitates the Program's diversity goal related to American Indian students.

Weaknesses

- The Northern Plains, and North Dakota specifically, has a more homogeneous population relative to other, more diverse regions of the country. This represents an additional challenge to recruiting and retaining diverse faculty, staff, and student bodies; however, the MPH Program is aware of this barrier and is intentionally making efforts to overcome it.
- The rural student diversity target does not have a clear definition or measure. Rural students are currently identified informally after they join the Program.
- The diversity plan is not fully implemented.
- Measures for diversity goals need to be developed and consistently measured.

Plans

- Engage MPH Program stakeholders, both internal and external to UND, for review, revision, and implementation of the diversity plan.
- Fully implement the Program's diversity plans, beginning in fall 2016.
- Develop a clear definition and measure for rural students.
- Develop a mentoring plan for American Indian students, which includes an American Indian faculty mentor.
- Integrate the perspectives of rural, American Indian, and other students more consistently through the Program's activities and curriculum.
- Actively recruit students, faculty and staff from diverse backgrounds.

2.0 Instructional Programs

2.1 Degree Offerings. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

2.1.a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate.

| Masters Degrees | | |
|-------------------------------------------------------------------------------------------------------------|----------|--------------|
| Specialization | Academic | Professional |
| Population Health Analytics | NA | MPH |
| Health Management & Policy | NA | MPH |
| Note: Both specializations are offered synchronously on-campus, satellite campus, and distance learning. | | |

2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

The official bulletin for the MPH Program is available online on the MPH Program webpage at: <https://med.und.edu/master-of-public-health/files/docs/mph-bulletin-2018-19.pdf>. The official bulletin is also available in RF C2.1.

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

The criterion is met.

Strengths

- Information about the MPH degree, the two specializations, course descriptions and plans of study are available for all students, prospective students, and all other stakeholders through a comprehensive Bulletin that is updated annually.
- All degree and curriculum information is available and easily accessible on the Program's website.

Weaknesses

- No weaknesses have been identified.

Plans

- Collaborate with the SMHS to develop a MD/MPH joint degree.
- Continue to explore and expand elective offerings from other departments across the University.
- Continue to examine degree requirements and courses to ensure that curriculum reflects the Program's mission and goals.

2.2 Program Length. An MPH degree program or equivalent professional master’s degree must be at least 42 semester-credit units in length.

2.2.a. Definition of a credit with regard to classroom/contact hours.

Academic units are expressed in terms of semester credit hours at UND. For face-to-face courses, one semester credit hour represents one 50-minute class period (lecture or structured student/faculty interaction) or 2-3 hours of laboratory sessions for each week of the semester. The complete University credit hour policy is available at <http://und.edu/academics/registrar/credit-hour.cfm>.

The MPH Program offers courses according to a standard semester and follows the UND Academic Calendar (See <http://und.edu/academics/registrar/calendar-academic.cfm>). A standard semester is 17 weeks in length. This includes 15 weeks of course contact, one week for final examinations, and one week of break. Course contact hours equal 15 hours/credit. A one-credit course meets one hour/week, equaling 15 contact hours. A two-credit course meets two hours/week, equaling 30 contact hours. A three-credit course meets three hours/week, equaling 45 contact hours. The MPH Program offers one, two, and three-credit courses.

2.2.b. Information about the minimum degree requirements for all professional public health master’s degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The MPH Program requires completion of 42 credits. The current course requirements for all students are divided into four categories: Core, Specialization, Culminating Experience, and Practice Experience (Practicum). Students are required to complete 18 core credits, 18 specialization credits, 3 Practice experience credits, and 3 Culminating experience credits.

The MPH Curriculum is summarized below:

| | |
|----------------------------------------------------------|-------------------|
| MPH Core | 18 credits |
| MPH 504: Leading and Managing Public Health Systems | 3 |
| MPH 510: Health Care Systems | 3 |
| MPH 520: Environmental Health | 3 |
| MPH 531: Biostatistics 1 | 3 |
| MPH 541: Social and Behavioral Sciences in Public Health | 3 |
| MPH 551: Epidemiology | 3 |
| MPH Specialization – Population Health Analytics | 18 credits |
| <i>Required Courses:</i> | 12 credits |
| MPH 532: Biostatistics 2 | 3 |
| MPH 533: Advanced Biostatistics | 3 |
| MPH 550: Population Health Research Methods | 3 |
| MPH 556: System Dynamics 1 | 3 |
| <i>Electives</i> | 6 credits |
| Elective 1 | 3 |
| Elective 2 | 3 |

| | |
|------------------------------------------------------------|----------------------|
| MPH Specialization – Health Management & Policy | 18 credits |
| <i>Required Courses</i> | 12 credits |
| MPH 550: Population Health Research Methods | 3 |
| MPH 572: Health Care Budgeting and Finance | 3 |
| POLS 551: Health Administration and Organization | 3 |
| POLS 552: Health Policy | 3 |
| <i>Electives</i> | 6 credits |
| Elective 1 | 3 |
| Elective 2 | 3 |
| MPH Practice Experience | 3 credits |
| MPH 594: Practicum | 3 |
| MPH Culminating Experience | 3 credits |
| MPH 995: Scholarly Project | 2 |
| MPH 590: MPH Seminar | 1 |

Plans of study, including a full list of approved electives, are included in RF C2.1.

Because of the diversity of students, the MPH Program is designed for full- and part-time study, as well as distance education through live broadcast of all classes. At present, most students attend courses on the UND campus in Grand Forks. The Program also offers a 15 month and 20 month Plan of Study. For all options (15 month, 20 month, and 2 years), detailed Plans of Study are provided. These are available on the MPH website and in the *MPH Bulletin* (See <http://www.med.und.edu/master-of-public-health/coursework.cfm> and RF C2.1). The Program matriculates students in fall, spring or summer.

2.2.c. Information about the number of professional public health master’s degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The MPH Program has never offered the MPH degree for fewer than 42 credits. All MPH Program graduates have completed a minimum of 42 credits.

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The Program offers a 42-credit MPH degree that requires completion of a core, specialization, practice experience, and culminating experience. The MPH degree has never been awarded for less than 42 credit hours.
- The Program provides variable length Plans of Study, including 15 months, 20 months, and two years.
- The Program is designed for full- and part-time study, and students can matriculate in the fall, spring, or summer.
- The Program offers six-credits of electives to meet individual student needs.

Weaknesses

- No weaknesses have been identified.

Plans

- Explore adding a focus in Total Worker Health within each specialization, using the six credits of electives.

2.3 Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The MPH Program curriculum consists of an 18-credit core that includes epidemiology, biostatistics, health services administration, social and behavioral sciences, and environmental health. Table 2.3.a.1. outlines courses in the five core knowledge areas that all students must complete. These five courses are critically aligned to the mission and goals of the MPH Program.

On a case-by-case basis, the Curriculum Committee will review a student’s request to waive a core course. An example exception includes waiving MPH 531: Biostatistics 1 for a student holding a graduate degree in statistics. The student must complete all other degree requirements, including completing 42 credits. Draft criteria and form are included in RF C2.3.

| Core Knowledge Area | Course Number & Title | Credits |
|--------------------------------|----------------------------------------------------------|----------------|
| Biostatistics | MPH 531: Biostatistics 1 | 3 |
| Epidemiology | MPH 551: Epidemiology | 3 |
| Environmental Health Sciences | MPH 520: Environmental Health | 3 |
| Health Services Administration | MPH 510: Health Care Systems | 3 |
| Social and Behavioral Sciences | MPH 541: Social and Behavioral Sciences in Public Health | 3 |

In addition to these courses, all MPH students must complete the following introductory public health course:

MPH 504: Leading and Managing Public Health Systems (3 credits): This course introduces students to public health systems and their unique role in promoting health and preventing disease in populations, especially vulnerable populations. Organization, financing, and system performance are discussed. Differences between rural and urban public health systems, as well as international differences, are studied. The course covers professionalism, ethics, leadership, and management related to public health.

All core course syllabi can be found in RF C2.3.

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH Program requires all MPH students to complete coursework in the five core areas of public health.

- The Program requires all MPH students to complete one additional course, Leading and Managing Public Health Systems, which emphasizes professionalism and public health values.

Weaknesses

- No weaknesses have been identified.

Plans

- Continue to monitor the success of the curriculum in developing knowledge and skills in the core areas of public health through competency assessment measures.

2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' area of specialization.

2.4.a. Description of the program's policies and procedures regarding practice placements, including the selection of sites, methods for approving preceptors, opportunities for orientation and support for preceptors, approaches for faculty supervision of students, means of evaluating student performance, means of evaluating practice placement sites and preceptor qualifications, criteria for waiving, altering or reducing the experience, if applicable.

The Practicum is a planned, supervised, and evaluated practical experience. It is an essential component of the MPH Program, which accounts for 3 academic credits and requires a minimum of 240-hour experience. The Practicum provides an opportunity to apply public health learning from the classroom in a practical setting and to strengthen public health competencies. In short, the Practicum is a hands-on experience in the field of public health that provides opportunities to apply and test public health concepts and theories in a practical setting and improve learning related to the MPH Program's competencies.

The Practicum is conducted in partnership with an agency or organization (hereafter "the Practicum Organization") that provides a public health service, in the broad sense of public health. The Practicum Organization may be a public health department, such as a hospital, other health care provider, or a community organization. A Practicum Team assists the student to define, plan, and implement the Practicum. The team consists of a Preceptor, who works in the Practicum Organization, the Practicum Faculty Advisor, and the MPH Program Manager, who oversees the Practicum process and ensures that all requirements of the Practicum are met. All team members must approve the Practicum before work begins. Both the student and the Practicum Organization should benefit from the Practicum. Karen Goldsteen is the Practicum Faculty Advisor.

Students are introduced to the Practicum at Orientation, as well as at a Practicum Presentation early in the spring of the first year. There are several key ideas conveyed in these presentations. First, the Practicum is a practical public health experience that benefits the Preceptor's organization, as well as furthers the student's learning and professional goals. Second, the Practicum should ideally take place toward the end of the student's MPH core studies. Summer after the first year is a good time to complete the Practicum, but it can be done at other times during the year as well. It can also be extended up to the 3 terms by registering for 1 credit/term. Third, the Practicum can take many forms including:

- Research project, or part of a research project
- Community health intervention, or part of one
- Public policy analysis, or part of one
- Other project that relates to the planning, implementing, managing, or evaluating of a public health service, program, or initiative.

Objectives

The objectives for the student during the Practicum are to:

- Apply knowledge, techniques, and tools acquired in the classroom;
- Gain practical experience in a public health and/or community health setting;
- Develop and/or enhance public health competencies;

- Learn how one particular organization functions; and
- Explore a potential career choice.

Before given permission to enroll, students also need to have completed:

- All MPH core courses (or be in the last semester of core courses) and be in good academic standing
- Institutional Review Board (IRB) training in Human Subjects Protection via the online Collaborative Institutional Training Initiative (CITI)
- Health Insurance Portability and Accountability (HIPAA) Training
- Any requirements of the Practicum Organization such as immunizations
- A criminal background check, if one has not been completed in the past year

Site Selection

Practicum affiliation agreements have been developed with local, national, and international public health sites. For a complete list of existing Practicum sites, please see RF C2.4. Students can also request a Practicum site without an existing affiliation agreement, but this must be done a minimum of 6 months in advance of the Practicum start date to ensure that a working agreement can be established. It is in the best interest of the MPH students to have a large, diverse set of Practicum sites available. Therefore, the program strives to be inclusive rather than exclusive when considering new sites. Throughout the process of approval, relevance to public health can be verified through the organization's website or authoritative documents. Only the MPH Director can approve the relevance of a site. See RF C2.4 for document on Practicum site and preceptor quality assurance process.

Practicum in the Place of Employment. Students can use their place of employment as the Practicum Organization if the following conditions are met:

- Practicum project is unique and separate from the student's employment responsibilities
- Practicum Preceptor is not the student's usual supervisor

Methods for Approving Preceptor and Preceptor's Qualifications

The Preceptor must be skilled personnel with a strong connection to the Practicum Organization, willing to serve as a student mentor in a public health-related discipline. The Practicum Faculty Advisor reviews the credentials of the potential preceptor to determine that he or she is an appropriate supervisor for a practical public health experience. The Preceptor may possess a variety of educational and professional qualifications that will provide the student with a learning environment to achieve both core and specialization competencies, and sufficient leadership experience to supervise student in the practice setting. Although no specific degree is required, the Program can approve potential Preceptors with an MPH or related Master's degree, MD, PharmD, DrPH or PhD. Preceptors without an advanced degree must submit a short discussion of their eligibility along with their resume. General eligibility guidelines include a supervisory role and Bachelor's degree with minimum ten years of experience. See RF C2.4 for document on Practicum site and Preceptor quality assurance process. Preceptors need only be approved once to participate in the MPH Program's Practicum.

Preceptors are responsible for the following:

- Guide development of the Practicum Proposal and approve its final form with signature.
- Supervise the student during the conduct of the Practicum and communicate to the student any deficiencies in performance and provide the student with an opportunity to correct any

- deficient areas prior to the completion of the experience.
- Communicate progress and coordinate grading with the Practicum Faculty Advisor and/or the MPH Program Manager.
 - Review and sign the student's Practicum Logbook, which records hours worked and tasks performed.
 - Complete an evaluation of the student's work on the Practicum and provide to the MPH Program Manager.
 - Treat as confidential student educational records, which are subject to the Federal Family Educational Rights & Privacy Act (FERPA).

Orientation and Support for Preceptors

The Practicum Faculty Advisor is responsible for providing support and guidance to Preceptors in order to have effective communication between all three parties i.e. student, Practicum Organization, and MPH Program. The Practicum Faculty Advisor orients all Preceptors to the Practicum process and goals and the responsibilities of each member of the Practicum Team, and interacts with the Preceptor, MPH Program Manager, and students, as appropriate and needed, to solve problems related to Practicum implementation.

Faculty Supervision of Students

After the Practicum Presentation, the student must meet with the Practicum Faculty Advisor to begin the process of identifying the Practicum Organization and Preceptor and developing the Practicum Proposal. The Practicum Faculty Advisor guides the development of the Practicum Proposal and approves its final form with a signature. The Practicum Faculty Advisor may periodically check with students throughout their Practicums.

Evaluation of Student Performance

When the student has completed the Practicum and the Preceptor is satisfied that the goals and objectives of the Practicum have been met, a Preceptor's Evaluation form is completed and provided to the MPH Program Manager. The preceptor evaluation form evaluates the student's: written and oral communication skills, ability, motivation, interpersonal skills, level of preparedness and performance. The student completes the Student's Evaluation form and provides this, the Practicum Logbook, and the final project (Practicum Product) to the MPH Program Manager. The Program Manager reviews all materials for completion.

When all forms and the Practicum Product are provided to and reviewed by the MPH Program Manager, the Practicum can be evaluated. The Practicum is graded by the Practicum Faculty Advisor based upon the Preceptor's and Student's Evaluations and the Faculty Advisor's assessment of the Practicum Product. See RF C2.4 for completed evaluation forms.

Evaluation of Practicum Organization

A Practicum Organization must have a public health-related mission and meet the following criteria:

- a. Provides the student with a mentored, practical learning experience related to public health.
- b. Provides a qualified person (employee or affiliate) to mentor the student (the Preceptor).
- c. Certifies that the Practicum Organization has in place policies that protect the student and employees from sexual harassment and discrimination while they are onsite during the Practicum. The Practicum Organization agrees to provide the University with copies of its non-discrimination and sexual harassment policies, if requested.

- d. Provides the student with a name badge, as necessary.
- e. Provides an orientation to the student at the beginning of the experience, which includes an overview of the organization's mission and goals and physical facilities, personnel, and other operational systems needed for the student to function appropriately within the organization.
- a. Ensures that the student is in compliance with requirements of the Practicum Organization, which may include vaccinations or health insurance and may be in addition to the requirements of the MPH Program.

Upon the Practicum's completion, students evaluate the Practicum Organization and Preceptor via the Student's Evaluation. This form and all others must be completed and submitted by the student and Preceptor to the MPH Program Manager, in order to receive a grade for MPH 594 Practicum.

Evaluation of Preceptor Qualifications

Thus far, persons have been evaluated on their qualifications to be a Preceptor based on their degree, organization, and position in the organization. For example, a section head or director at a public health agency has been assumed to be qualified to be a Preceptor.

Criteria for Waiving, Altering, or Reducing the Practicum

MPH students with at least one year of professional experience, who are currently employed in the public health workforce may apply to waive the requirement for MPH 594: Practicum, if they can demonstrate that, through their employment and work experience, they have met the overall objectives of the Practicum. It is important to note that, if a Practicum Waiver is granted, the student must replace the 3 credits with an elective course. If a student is granted a Practicum waiver, MPH 594: Practicum is not included on his/her program of study. See RF C2.4 for complete waiver description and details.

2.4.b. Identification of agencies and preceptors used for practice experience for students, by specialty area, for the last two academic years.

| Table 2.4.b.1. Identification of Agencies and Preceptors for Field Experience for Academic Years 2013-14 and 2014-15 | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Semester(s) | Agency | Preceptor |
| <i>Population Health Analytics</i> | | |
| Summer 2014, Fall 2014 | NDDoH | Michelle Feist, Program Manager, Epidemiology and Surveillance Program |
| Summer 2014 | National Resource Center on Native American Aging | Paula Carter, PhD, Research Assistant Professor, UND CRH |
| Summer 2014, Fall 2014 | NDDoH, Epidemiology and Surveillance Program | Jill Baber, Influenza and Syndromic Surveillance Coordinator |
| Summer 2015 | Centura Health | Eric Shadle, MD, Group Manager, Community and CREATION Health |
| Summer 2015 | Altru Health System | Jenny Senti, RN, Doctoral Candidate, Clinical Nurse Specialist |
| Summer 2015 | NDDoH, Division of Disease Control | Tracy Miller, PhD, MPH, State Epidemiologist |
| Summer 2015 | NDDoH, Division of Disease Control | Tracy Miller, PhD, MPH, State Epidemiologist |
| <i>Health Management and Policy</i> | | |
| Fall 2013, Spring 2014 | Coalition for a Healthy Greater Grand Forks | Cindy Janssen, PhD, OTR/L, President |
| Summer 2014 | Seattle Indian Health Board, Urban Indian Health Institute | Aren Sparck, MUP, Project Coordinator |
| Summer 2014, Fall 2014 | Minnesota Department of Health | Wendy Kvale, RN, MPH, MS, Public Health Nurse |
| Summer 2015 | SOTENI | Randie Marsh, Executive Director |
| Summer 2015 | Custer-Burleigh-Emmons-Kidder Regional Public Health | Erin Ourada, MPH, Director |
| Summer 2015 | Mayo Clinic, Center for Population Health Science | Lila Rutten, PhD, Director |
| Spring 2015, Summer 2015 | NorthEast (ND) Public Health Collaborative | Debbie Swanson, RN, Director, Grand Forks Public Health Department |
| Summer 2015 | Texas Muslim Women's Foundation | Dheeshana Jayasundara, PhD, MSSW, MA, LCSW, Assistant Professor, UND Social Work Program |
| Summer 2015 | NDSU Extension Services | Peggy Netzer, Family Nutrition Program Extension Agent |

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last two years.

No waivers have been requested or approved.

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

The MPH Program has not enrolled any preventive medicine, occupational medicine, aerospace medicine, general preventive medicine or public health residents.

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH Program has developed a large number of high-quality Practicum Organizations from which students can select.
- From beginning to end, the process of completing the Practicum is made clear to students through the Practicum Manual, Practicum Forms, Practicum Presentations, and required meetings with the Practicum Faculty Advisor.
- The Program has appropriate and clearly defined policies and guidelines for the MPH Practicum.
- The Program requires a Practicum Proposal, which links the Practicum experience to the Program's competencies and requires identification of measurable goals and objectives.
- Evaluation of a student's Practicum is comprehensive and involves the student, the Preceptor, and the Practicum Faculty Advisor.

Weaknesses

- The criteria for approving Practicum Preceptors has been informal, based on personal experience and/or knowledge of the MPH Director and MPH faculty members.

Plans

- Develop clear criteria and document the process for approving Practicum Preceptors.
- Continue to expand the database of placement opportunities.
- Continue to nurture the relationships with current public health organizations at local, regional, national, and international levels that have served as Practicum Organizations.

2.5 Culminating Experience. All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

All MPH students complete the Culminating Experience for the MPH Program, which consists of concurrent enrollment in:

1. MPH 995: Scholarly Project (2 credits)
2. MPH 590: MPH Seminar (1 credit)

The goal of the Culminating Experience is to synthesize, integrate, and apply the skills and required competencies acquired through coursework and other public health learning experiences. The culminating experience is completed during the student's last semester of study.

The MPH Curriculum Committee revised the Culminating Experience in spring 2015, with input from all other MPH Core Faculty members. The revision responded to problems experienced by students in the first two cohorts. Students needed more structure and guidance in order to complete the Scholarly Project successfully. As a result, the Scholarly Project will formally begin in the first semester of the second year in MPH 550: Population Health Research Methods, starting in fall 2015. In MPH 550, students will develop their Scholarly Project proposal, following a prescribed timetable. Additionally, the student's Faculty Advisor is charged with guiding the Scholarly Project development beginning at this time, and each MPH Core Faculty member is responsible for their own advisees. This policy distributes the responsibility for Scholarly Project advising equally among the faculty.

The MPH Core Faculty also determined that students needed employment-related skills including proposal writing, professional written communication, and career counseling and planning, and these have refocused the content and activities of the MPH Seminar.

Scholarly Project

The Scholarly Project provides an opportunity for students to work independently on a public health project of their interest under the direction of the MPH Program and other University faculty members. The Scholarly Project can be an expansion of a course project or the Practicum. In most cases, the Scholarly Project will use an existing data set to ensure timely completion of this degree requirement.

Completion of the Scholarly Project requires both written and oral components, described below.

Written Component

The written component includes a paper that is formatted for submission to a peer-reviewed journal. Students select a peer-reviewed journal that has a focus consistent with their Scholarly Project topic. Students follow the Instructions to Authors, which provides the formatting information, page length, number of tables and figures allowed, and other information on preparation of the manuscript. Students follow these instructions exactly so that they can submit the paper for publication, although actual submission is optional. The student's Faculty Advisor reviews and approves the choice of journal. Faculty

Advisors also discuss authorship with students so proper acknowledgement of the contribution is given. The paper is evaluated based on the following criteria:

- The Introduction contains a literature review that sets context and summarizes what is currently known about the topic.
- The Introduction motivates the study by clearly identifying gaps or weaknesses in the current literature.
- The research question is clearly described and is appropriate for the scope of the paper.
- The Methods fully describes the study sample, study design, variables, and analyses.
- The analyses are appropriate for the research question, data set, and variables.
- The Results section presents the findings clearly and thoroughly.
- Figures and/or tables are appropriately used to present findings.
- The Discussion section appropriately summarizes and interprets the findings.
- The Discussion section appropriately relates the findings to previous literature.
- The Discussion section identifies the strengths and weaknesses of the study.
- The Discussion section includes appropriate implications for research and/or policy.
- Each section of the paper is well-organized in a logical and consistent manner.
- The paper is free of grammatical and spelling errors.
- The paper is properly formatted according to the Instructions to Authors of the selected journal.

A formal grading rubric assigning point values to the above criteria is under development. A draft is included in RF C2.5.

Oral Component

The oral component includes a 20-minute oral presentation of the Scholarly Project. The presentation is given to the MPH community and other stakeholders, including faculty, staff, students, 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.

A formal grading rubric assigning point values to the above criteria is under development. A draft is included in RF C2.5.

Information about each Scholarly Project option is below. Another option may be chosen after discussion with and approval from student's Faculty Advisor.

- Literature Review: a synthesis of literature that identifies important areas for future research and potential research questions that are unanswered in the existing literature on a topic related to the student's specialization.
- Program Evaluation: a report on an evaluation of an existing public health program, policy, or initiative, which may include process, outcomes, and impact assessments and/or cost analyses.
- Policy Analysis: an analysis of a current or proposed health policy. The project could include perspectives on economics and financing, need and demand, politics/ethics/law, or quality/effectiveness.
- Research Project: a design, analysis, and interpretation of secondary data to address a specialization-related problem or issue. Primary data collection is discouraged because of the length of time required. Appropriate IRB approval needs to be obtained for any project that uses data gathered from human subjects, and, at UND, all secondary data analysis projects require IRB approval.

Steps to Complete the Scholarly Project

- The Scholarly Project begins with development of a Topic Proposal, which is approved by the Faculty Advisor and submitted to the SGS. The proposal must be approved no later than the semester prior to the one in which the student expects to graduate, and must be filed in the SGS to become part of the record before a student is advanced to candidacy for a master's degree. The SGS Topic Proposal of Scholarly Project form is available at <https://und.edu/graduate-school/files/docs/-webforms/current-students-forms/topic-proposal.pdf>.
- The Topic Proposal is developed during enrollment in MPH 550: Population Health Research Methods, with substantial input from the official MPH Faculty Advisor. The student's Faculty Advisor is the primary advisor for the Scholarly Project.
- The Faculty Advisor also guides the selection of the additional Committee Member required for the Scholarly Project. The additional Committee Member will belong to the UND faculty. This person will add expertise, either content or methodological, that will enhance the quality of the Scholarly Project.
- Once the Topic Proposal is completed and approved by the Faculty Advisor and the Committee Member, the student registers for their Faculty Advisor's section of MPH 995 Scholarly Project. During that course, the Faculty Advisor and the student meet regularly to complete the project.

See RF C2.1 for MPH 995 course syllabus.

MPH Seminar

Concurrent with the Scholarly Project is the MPH Seminar (1 credit). The MPH Seminar is one component of the Culminating Experience. The seminar addresses current issues in public health through development of practical communication skills including writing an abstract and specific aims for a grant proposal, creating a webpage, writing a white paper on a public health ethics topic, and a writing a professional memo. Career development exercises have been introduced for spring 2016 and will be used to help students synthesize and communicate the knowledge and skills they bring to the workforce and how they can contribute to the public health field. The career development skills will be taught by UND Career Services, whose staff is experienced in helping students in all programs, both distance and on-campus. They will include resume and cover letter writing, developing online profiles, interviewing skills with videotaping and peer feedback. Presentations and discussions focus on dissemination, synthesis, and application of knowledge acquired through coursework and other public health learning experiences. See RF C2.1 for MPH 590 course syllabus and RF C2.5 for example of

products from 2015.

The MPH Scholarly Project Manual, including proposal guidelines, MPH Seminar information, and examples for potential topics are provided to all students during the Scholarly Project Orientation, and are available upon request from the MPH Program Manager. See RF C2.5 for the Scholarly Project Manual. See Table 2.5.a.1. for a summary of Culminating Experiences completed to date. Example final products can be found in RF C2.5.

| Academic Year | Scholarly Project Topic |
|----------------------|-------------------------------------------------------------------------------------------------------------|
| 2013-2014 | Combating the Transportation Barriers to Health in Rural North Dakota |
| | Association between the Type of Cesarean Birth and Postpartum Depression |
| | Association between Diabetes Mellitus and Insulin Use Status and Preventive Colorectal Cancer Screenings |
| | Parental Obesity as a Risk Factor for Childhood Immunization Status |
| | The Implications of “Fracking” in North Dakota |
| 2014-2015 | The Association between Alcoholic Beverage Preference and Drinks Needed to get Drunk Among College Students |
| | Alcohol and Marijuana Use Among American Indian Youth Attending School On or Near Reservations |
| | Effects of Racial and Ethnic Discrimination on Depression among Children of Immigrants to the United States |
| | Fostering Health and Resilience among American Indians |

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- All MPH students must complete a Scholarly Project and MPH Seminar as their Culminating Experience.
- The curriculum is structured to integrate the beginning stages of the Scholarly Project into MPH 550: Population Health Research Methods, typically taken at the beginning of the second year of study.
- An introduction to the Scholarly Project is presented during New Student Orientation. A more detailed orientation is provided to students at the beginning of MPH 550, during the first semester of the second year.
- There are clear and regular deadlines throughout the second year in MPH 550 and MPH 995 to ensure that progress toward completion of the Scholarly Project is made continuously and not ‘left to the last minute.’
- The MPH Seminar complements the Scholarly Project with employment-related skills and career counseling.

Weaknesses

- There is a lack of formal rubric for evaluation of written and oral components of Scholarly Project.

Plans

- Completely implement the revisions to the Culminating Experience beginning in fall 2015.
- Finalize formal rubric for evaluation of written and oral components of Scholarly Project.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelor’s, master’s and doctoral).

2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (e.g., one set each for BSPH, MPH and DrPH).

Core competencies are established in the five core areas of biostatistics, environmental health sciences, epidemiology, health policy and management, and social and behavioral sciences. The MPH Program also established competencies in three cross-cutting areas of communication, professionalism/ethics, and systems thinking. A complete list of core competencies is identified in the instructional matrix listed in Table 2.6.a.1. below.

| Table 2.6.a.1. Core Competencies for MPH Degree |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Biostatistics and Epidemiology</p> <ol style="list-style-type: none"> 1. Understand the role of biostatistics and epidemiology in the scientific, ethical, economic, and political aspects of population health improvement 2. Understand and apply scientifically sound methods of research design, analysis, and interpretation to the study of population health problems 3. Understand how evidence-based knowledge is produced and applied for population health improvement |
| <p>Environmental Health</p> <ol style="list-style-type: none"> 4. Identify methods of assessing, preventing, and controlling environmental exposures that pose risks to populations health and safety |
| <p>Health Management and Policy</p> <ol style="list-style-type: none"> 5. Identify the main components and issues related to the organization, financing, and delivery of services in the health care and public health systems 6. Describe the outcomes of the health care and public health systems and methods of assessing them 7. Identify the characteristics and importance of systems and systems thinking to population health improvement |
| <p>Social and Behavioral Sciences</p> <ol style="list-style-type: none"> 8. Identify the social and behavioral determinants of health in individuals and populations 9. Identify theories, concepts, and models used in effective health promotion and disease prevention interventions in populations |
| <p>Communication, Leadership, and Professionalism</p> <ol style="list-style-type: none"> 10. Analyze, synthesize, and think critically to inform decision-making about population health problems 11. Present findings and conclusions from population health research in both oral and written formats for diverse public health audiences 12. Understand and apply ethical and professional principles and behavior |

2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

The MPH Program has two specializations: Health Management and Policy and Population Health Analytics. Students must meet competencies within their respective specialization, in addition to the previously listed public health core competencies. The set of competencies for each specialization identified in the instructional matrix are listed in Table 2.6.b.1. below.

| Table 2.6.b.1. List of competencies for each MPH degree specialization |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Management and Policy |
| <ol style="list-style-type: none"> 1. Demonstrate a thorough understanding of how health organizations are organized, financed, managed, and evaluated 2. Analyze and interpret empirical evidence to inform the policy process related to population health 3. Measure and assess the impact of access, cost, and quality of care on population health 4. Understand the role of policies and regulations and their implications for health systems 5. Understand and apply techniques of budgeting and financial management to health organizations |
| Population Health Analytics |
| <ol style="list-style-type: none"> 1. Select appropriate study designs, measures, and analytics for population health studies, particularly with large data 2. Perform appropriate data management with statistical software programs using information from codebooks and relevant scientific literature 3. Synthesize and integrate information from scientific literature in order to introduce, motivate, and discuss a study 4. Apply multivariate analytic methods for exploratory data analysis, hypothesis testing, and estimation, and interpret results appropriately 5. Recognize when a public health problem might benefit from system dynamics and apply the method suitably |

2.6.c. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b. are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area.

Tables 2.6.c.1 and 2.6.c.2. clarify the distribution of responsibility for development of the core and specialization competencies in the MPH curriculum. Each required course and other learning experience, including the Practicum, Scholarly Project, and MPH Seminar, is designated as having Primary or Reinforcing responsibility for certain core and specialization competencies. Each course syllabus includes the competencies for which the course is responsible, as well as the related Learning Objectives. The course syllabi are included in RF C2.1 and C2.3.

| Table 2.6.c.1. Courses and other learning experiences by which the core competencies are met | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------------------------------------|---------------------------------------------|---------------------------------|--------------------------------------------|------------------------------------------|
| Competencies | MPH 504 Public Health Systems | MPH 531 Biostatistics 1 | MPH 541 Social & Behavioral Sciences | MPH 520 Environmental Health | MPH 551 Epidemiology | MPH 510 Health Care Systems | Other Learning Experience |
| Core Competencies | | | | | | | |
| C1. Understand the role of biostatistics and epidemiology in the scientific, ethical, economic, and political aspects of population health improvement | R | P | | R | P | R | |
| C2. Understand and apply scientifically sound methods of research design, analysis, and interpretation to the study of population health problems | R | P | | R | P | R | MPH 995 R |
| C3. Understand how evidence-based knowledge is produced and applied for population health improvement | R | P | R | R | P | | MPH 995 R |
| C4. Identify methods of assessing, preventing, and controlling environmental exposures that pose risks to population health and safety | | | | P | R | | |
| C5. Identify the main components and issues related to the organization, financing, and delivery of services in the health care and public health systems | P | | | | | P | |

Table 2.6.c.1. Courses and other learning experiences by which the core competencies are met (Continued)

| Competencies | MPH 504 Public Health Systems | MPH 531 Biostatistics 1 | MPH 541 Social & Behavioral Sciences | MPH 520 Environmental Health | MPH 551 Epidemiology | MPH 510 Health Care Systems | Other Learning Experience |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|-----------------------------------------------|------------------------------------|-------------------------|-----------------------------------|--------------------------------------------------|
| C6. Describe the outcomes of the health care and public health systems and methods of assessing them | P | | | | | P | |
| C7. Identify the characteristics and importance of systems and systems thinking to population health improvement | P | | R | R | R | R | |
| C8. Identify the social and behavioral determinants of health in individuals and populations | R | | P | R | R | R | |
| C9. Identify theories, concepts, and models used in effective health promotion and disease prevention interventions in populations | R | | P | | | | |
| C10. Analyze, synthesize, and think critically to inform decision-making about population health problems | R | R | R | R | P | R | MPH 550 R MPH 594 R MPH 995 R MPH 590 R |
| C11. Present findings and conclusions of population health research in both oral and written formats for diverse public health audiences | R | R | R | R | R | P | MPH 550 R MPH 594 R MPH 995 R MPH 590 R |
| C12. Understand and apply ethical and professional principles and behavior | P | R | R | R | R | R | MPH 550 R MPH 594 R MPH 995 R MPH 590 R |

P=Primary, R=Reinforcing

Table 2.6.c.2. Courses and other learning experiences by which the specialization competencies are met

| Health Management & Policy | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------|-------------------------------------------------|-----------|-----------|-------|
| Competencies | MPH 550 Population Health Research Methods | POLS 551 Health Administration and Organization | POLS 552 Health Policy | MPH 572 Health Care Budgeting and Finance | Other | Other | Other |
| HMP1. Demonstrate a thorough understanding of how health organizations are organized, financed, managed, and evaluated | | P | | R | MPH 594 R | MPH 995 R | |
| HMP2. Analyze and interpret empirical evidence to inform the policy process related to population health | P | | R | | MPH 594 R | MPH 995 R | |
| HMP3. Measure and assess the impact of access, cost, and quality of care on population health | | R | P | | MPH 594 R | MPH 995 R | |
| HMP4. Understand the role of policies and regulations and their implications for health systems | | R | P | | MPH 594 R | MPH 995 R | |
| HMP5. Understand and apply techniques of budgeting and financial management to health organizations | | R | | P | MPH 594 R | MPH 995 R | |

P=Primary, R=Reinforcing

Table 2.6.c.2. Courses and other learning experiences by which the specialization competencies are met (Continued)

| Population Health Analytics | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|--------------------------------------------------------|---------------------------------|-----------|-----------|-------|
| Competencies | MPH 532 Biostatistics 2 | MPH 533 Advanced Biostatistics | MPH 550 Population Health Research Methods | MPH 556 System Dynamics 1 | Other | Other | Other |
| PHA1. Select appropriate study designs, measures, and analytics for population health studies, particularly with large data | R | R | P | R | MPH 594 R | MPH 995 R | |
| PHA2. Perform appropriate data management with statistical software programs using information from codebooks and relevant scientific literature | R | R | P | | MPH 594 R | MPH 995 R | |
| PHA3. Synthesize and integrate information from scientific literature in order to introduce, motivate, and discuss a study | R | R | P | R | MPH 594 R | MPH 995 R | |
| PHA4. Apply multivariate analytic methods for exploratory data analysis, hypothesis testing, and estimation, and interpret results appropriately | P | P | R | R | MPH 594 R | MPH 995 R | |
| PHA5. Recognize when a public health problem might benefit from system dynamics and apply the method suitably | | | | P | MPH 594 R | MPH 995 R | |

P=Primary, R=Reinforcing

2.6.d. Analysis of the completed matrix included in Criteria 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The matrix in Criteria 2.6.c. reflects the MPH curriculum of today. The core curriculum is the primary source of learning for the core competencies. In addition, the Practicum, the Culminating Experience, and Population Health Research Methods (MPH 550) reinforce the core competencies. The primary source of learning for C1, C2, and C3 are core courses - MPH 531: Biostatistics 1 and MPH 551: Epidemiology. These are skills-based courses with a strong emphasis on critical thinking, understanding the scientific process of inquiry and knowledge development, and learning how the skills and knowledge conveyed in the courses are applied to improve population health. Epidemiology is also the primary source of learning for C10 because of its emphasis on transmitting the results of epidemiological studies and how they are and can be applied to population health problems.

Leading and Managing Public Health Systems (MPH 504) is the primary source for competencies C5, C6, C7, and C12. It is the introduction to the organization, financing and delivery of public health systems; as well as the assessment of public health system performance. All major public health initiatives are introduced including Healthy People. The course offers the first introduction to using data to examine public health problems. The importance of systems thinking is introduced. The course contains the first introduction to professional and ethical principles and behaviors related to public health. Speakers with expertise in aspects of public health practice are integrated into the course.

Social and Behavioral Sciences in Public Health (MPH 541) has primary responsibility for C8 and C9. This course engages students in learning about the social and behavioral determinants of health, as well as the theories, concepts, and models used to promote health and prevent disease in populations. Environmental Health (MPH 520) is the primary source of learning for C4. Health Care System (MPH 510) is primary for C5 and C6, as it focuses on the health care system's organization, financing, and delivery of services, as well as methods of assessing this system. MPH 510 also begins the Program's emphasis on communications, both written and oral.

In each specialization, there are four required courses and two electives. The four required courses have primary responsibility for conveying the competencies in that specialization. The elective courses reinforce competencies by broadening the range of skills in each area. In both specializations, Population Health Research Methods (MPH 550) is the primary responsibility for the research-related competencies - HMP2 in Health Policy and Management and PHA1, PHA2, and PHA3 in Population Health Analytics.

In the Health Policy and Management specialization, Health Policy (POLS 552) is responsible for HMP4. Health Care Budgeting and Finance (MPH 572) is responsible for HMP5. Health Administration and Organization (POLS 551) has primary responsibility for conveying HMP1 and HMP3. In Population Health Analytics, Biostatistics 2 and Advanced Biostatistics are the primary conveyors of competency PHA4. System Dynamics 1 (MPH 556) is primary for competency PHA5.

Changes to the MPH Curriculum

The MPH curriculum has undergone changes since the first class entered the Program in fall 2012. The changes that have been introduced to the MPH curriculum can be summarized as: (1) fine-tuning the MPH core curriculum and the Culminating Experience; and (2) finalizing the Program's specializations and specifying their curricula. Changes were informed by a review of Program metrics, student input (RF C4.4), faculty input through the committee structure, and the self-study process, which highlighted

issues that needed to be addressed. See RF C2.6 for all curriculum changes. Further details are also provided below.

Core Curriculum and Culminating Experience

The MPH Program began as a collaborative between UND and NDSU. Together, the two MPH faculties at UND and NDSU developed the core curriculum and Culminating Experience. The UND faculty offered half of the core courses, and the faculty at NDSU offered the other half. During the period of this collaboration, which ended in June 2013, the core curriculum was reduced, by mutual agreement, from 20 to 18 credits by eliminating a 1-credit course in ethics and incorporating ethics into the content of each core course and eliminating a 1-credit course in leadership and incorporating that content into the introductory public health course (MPH 504). Further, the Culminating Experience was reduced from 4 to 3 credits by correcting the course credit for the Scholarly Project (MPH 995) from 3 to 2-credits, to comply with the SGS requirements. The resulting 3 credits from reductions in the core and Culminating Experience were added to the specializations, increasing them from 15 to 18 credits.

Other changes concern the content of specific courses. The Scholarly Project (MPH 995) process has been completely reviewed and revised for implementation in AY 2015-16. Population Health Research Methods (MPH 550), offered in the fall semester, will be completely integrated with the Scholarly Project. All MPH students will enroll in MPH 550 as of AY 2015-16 (See description of change in Specializations below). During MPH 550, students will develop their Scholarly Project Proposal. The course has defined and tightly scheduled assignments that will promote timely completion of the proposal by the end of the fall semester, in time for submission to the SGS by the December deadline. MPH 550 will expand the course focus on literature review and its motivation of a research question for the Scholarly Project. The MPH 550 course instructor and the student's Faculty Advisor will guide the development of the Scholarly Project Proposal. In the spring semester, students will register for MPH 995: Scholarly Project under their Faculty Advisor's section. The course syllabus outlines the assignments and deadlines for each step in the process of completing the Scholarly Project, leading to a presentation to the MPH community at the end of the semester. (See RF C2.5 for Scholarly Project Manual and RF C2.1 for MPH 550 and MPH 995 syllabi.)

The MPH Seminar (MPH 590), which is the other component of the Culminating Experience, has been modified to include career counseling and professional planning, as well as a complementary focus on professional communication. Finally, a 0 credit lab in Basic Algebra will accompany MPH 531 Biostatistics 1. Students will complete independently an online course, which will be required for MPH 531. Assistance from a graduate student will be available for students with questions.

Specializations

The specializations are (and historically were) the products of the individual Universities—UND and NDSU. UND went through an evolution that began with five specializations. During the Academic Year 2012-13, these were honed to 2 specializations – Population Health Analytics and Health Management and Policy – and the curriculum for each was finalized. Both specializations were first offered in AY 2013-14. The Population Health Analytics specialization (formerly Population Health Research and Evaluation) was developed to respond to public health and health care trends including evidence-based public health and medicine and the need for analysis of 'big data' in the health and public health systems to assess the population health outcomes of policies and other interventions. Required courses were developed – Biostatistics 2 (MPH 531), Advanced Biostatistics (MPH 533), Population Health Research Methods (MPH 550), and Fundamentals of Evaluation (MPH 560). One change has since been made to the Population Health Analytics curriculum. In AY 2013-14, System Dynamics 1 (MPH 556) replaced the

course in evaluation (MPH 560) to make evaluation methods available to all MPH students by placing this content in the core. Now, evaluation is a component of a core course (MPH 541: Social and Behavioral Sciences in Public Health) to ensure that all MPH students are exposed to this important area. A separate course in evaluation is being developed as an elective in both specializations and will be offered in spring 2016. Through the addition of System Dynamics, the MPH Program introduces a tool for graduates of the Population Health Analytics specialization that responds to public health's orientation toward systems thinking. The program believes this is important conceptual training for analytics students.

Another change that is planned concerns the content of courses in the Population Health Analytics specialization. Starting in AY 2015-16, each course that uses software – Biostatistics 1, Biostatistics 2, and Population Health Research Methods – will have a 0 credit software lab associated with it. Biostatistics 1 uses SPSS, Biostatistics 2 uses SAS, and Population Research Methods uses R. In addition, a software 'boot camp' will be piloted during the first week of fall 2015 classes to immerse students in the two software that are used in this specialization – R and SAS. Students will be able to choose one of them or both. Faculty will support both choices. It is hoped that the 'boot camp' will equip students with the fundamental skills for each software so that students are prepared for in-class exercises using them and class time less class time is devoted to software instruction.

The specialization in Health Management and Policy has been developed cooperatively with the MPA Program in the CoBPA at UND. When the MPH Program was established, the MPA Program had a health focus and offered a graduate certificate in Health Administration. To take advantage of MPA expertise and conserve University resources, the MPH and MPA Programs agreed to work together. During the first year that the specialization was offered (AY 2013-14), the curriculum consisted entirely of relevant courses in the MPA Program – Research Methods (POLS 500), Health Administration and Organization (POLS 551), Political and Public Policy Analysis (POLS 501), and Public Budgeting and Financial Analysis (POLS 538). However, the public budgeting and finance course (POLS 538) was re-oriented toward health care budgeting and taught by Darin Ohe, Manager, Capital Budget & Materials Management at Altru Health System. Subsequently, a new course was developed to formalize this decision – MPH 572: Health Care Budgeting and Finance – which has continued as the required course. In AY 2014-15, there were no other changes made to the curriculum of this specialization.

However, during AY 2014-15, a number of issues were identified through the self-study process and have been addressed, and these will change the curriculum starting in AY 2015-16. First, it was determined that the MPA's Research Methods (POLS 500) had too much overlapping content for MPH students, who had already taken Biostatistics 1 and Epidemiology. As a result, the MPH Program, through the UND curriculum committee process, replaced POLS 500 with Population Health Research Methods (MPH 550), a course that assumes prior background in biostatistics and research design from epidemiology and advances from there. Second, the MPA's Political and Public Policy Analysis course (POLS 501) was made elective in the curriculum in order to require a course devoted to health policy and the policy-making process (POLS 552: Health Policy), which was needed to fulfill the intent of the specialization to introduce basic concepts in management and policy.

Additional issues have been identified through self-study, and these are related to course content duplication in these courses: POLS 551 Health Administration and Organization, MPH 510 Health Care Systems, and POLS 552 Health Policy. Each of these courses is covering the same material to some extent, and as a result, students are not getting the depth they need in health policy or health administration. We will coordinate these courses, with MPH 510 providing the overview of health

policies and the health care system as a whole; POLS 551 focusing only on internal organizational and management issues; and POLS 552 focusing on developing, implementing, and evaluating health-related policies, but for students who already know what the major health policies are through their enrollment in Health Care Systems (MPH 510).

For both specializations, electives lists have changed as new faculty, with relevant expertise, join the MPH Program or another unit at UND. For example, a new faculty member in Psychology, Larry Williams, developed MPH 538: Introduction to Structural Equation Analysis. Another new faculty member, Yvonne Jonk, in the CRH developed a course in her area of expertise – MPH 574: Foundations of Health Economics. Additional new electives include MPH 544: Leadership of Health Care Organizations and MPH 554: Continuous Quality Improvement for Health Care Organizations. The MPH Program is working with Terry Dwelle, the State Health Officer, to develop electives in Total Worker Health, which would serve both specializations and enhance student marketability. These are examples of how the MPH Program continues to seek new opportunities for student learning in their specializations.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

Development and Use of Competencies

The first three cohorts in the MPH Program entered in fall 2012, fall 2013, and fall 2014. For these students, the MPH Program utilized a set of competencies based on the Association of Schools of Public Health MPH Core Competency Model (2006) and the Council of Linkages Core Competencies for Public Health Professionals (2012). The competencies were developed in summer 2012 by the first MPH faculty, which consisted of UND and NDSU faculty members and the two MPH directors, as the two schools had a collaborative program at that time. There were twelve competency areas and multiple competencies under each, for a total of 122 competencies. There was no separation of core and specialization competencies since the specializations were not fully developed at that time.

Each of the first three entering classes were introduced to the competencies at Orientation, when students were asked to complete a Competency Assessment survey. This Competency Assessment survey asked students to rate their ability on each competency. The total number of survey items is 122 (See RF C2.6 for the Competency Assessment Survey). Students completed the Competency Assessment survey again when they finished the core courses, and then as they were about to graduate. The last administration of this original Competency Assessment Survey will be at graduation for students who entered the program in fall 2014. The Competency Assessment surveys for the first three MPH classes have been analyzed after each administration, and the faculty and staff examine absolute scores as well as trends for each cohort. (See RF C2.7 for analysis of first competency assessment surveys). The results have been used to refocus coursework and assignments when this need is indicated.

A new set of competencies has been developed during the self-study process to replace the first set. There were several reasons for revising program competencies: (1) consultant advice; (2) cumbersome nature of the original 122 competencies; (3) perceived need of faculty to align competencies better with program mission and goals; and (4) development of the specializations, which required their own competencies. The MPH Program hosted a consultant from CEPH in January 2013, when UND and NDSU were still offering a collaborative MPH program. Mollie Mulvanity met with UND and NDSU directors, faculties, and administrators. One point of discussion centered on the competencies, and her advice was to reduce the number of competencies for the program. We received the same advice during the

accreditation Consultation Visit from Kristin Varol in April 2014. By that time, the UND and NDSU MPH programs had separated, and the MPH Program at UND had selected its two specializations and specified the curriculum and hired sufficient faculty members for each. The faculty perceived a need to streamline and align competencies more closely with the revised curriculum, which included the two specializations.

The revision of the MPH Program competencies began formally in fall of 2014. Core faculty for the MPH Program met weekly to revise and establish core competencies to reduce the number of competencies and reflect better the mission and goals of the program and its two specializations. Nine core faculty members, including the program director, formed the Faculty Accreditation Committee. The Faculty Accreditation Committee is tasked with developing the core competencies in the public health areas of biostatistics, environmental health sciences, epidemiology, health management and policy, and social and behavioral sciences. In addition to developing competencies in the core areas of public health, faculty developed a list of cross-cutting competencies in the areas of communication, professionalism/ethics, and systems thinking. Competencies from the Association of Schools of Public Health were used as a base point to begin drafting original competencies. The faculty was also provided with two examples of public health competencies, one from a school of public health and the second from another MPH program.

Core faculty members also developed specialization competencies. Two committees were formed, one for each specialization, consisting of core faculty members respective to their public health area of expertise. The Population Health Analytics Specialization Competency Committee included Karen Goldsteen, Clint Hosford, Cristina Oancea, and Arielle Selya. The faculty members on the Health Management and Policy Specialization Competency Committee included Raymond Goldsteen, Kristin Schuller, Laura Hand, and Andy Hultquist.

Specialization committees met separately and together, starting in the summer of 2014. Each committee submitted a final draft of their respective specialization competencies to the Faculty Accreditation Committee. A final vote to approve the specialization competencies was made by all eight members of the Faculty Accreditation Committee.

A new assessment measure has been developed for the new competencies (See RF C2.6). This measure replaced the first Competency Assessment survey, beginning with the new class entering in fall 2015. The new Competency Assessment survey will continue to be used to:

- Assess student's attainment of knowledge at three separate periods during a student's enrollment in the program, and
- Guide curriculum development and decision-making concerning what constitutes valuable learning experiences

Made Available to Students

The MPH Program competencies are made available to prospective and current students in several ways.

- MPH website, available at <http://www.med.und.edu/master-of-public-health/competencies.cfm>
- MPH Program Bulletin (RF C2.1)
- Course-specific competencies are listed in course syllabi (RF C2.1 and C2.3)

Students are also required to review the competencies at several times during their graduate career. First, students must complete a Competency Assessment survey three times during their time in the

Program. The process of self-assessment related to their ability to perform each competency is a learning experience in itself about what the MPH Program values and the skills and knowledge the Program wishes to develop in each student. Second, students must review the competencies when they write their Practicum Proposal, which again forces interaction with the competencies and assessment of the competencies they will enhance through their Practicum experience.

2.6.f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

As a new MPH program in the process of self-study, we are continually examining the trends in public health education and the public health workforce needs – both private and public – to assess whether our educational experience is preparing students to contribute as professionals to the field of public health and its advancement. The Director, specifically, continually monitors multiple organizational websites, newsletters, and briefs. The organizations and agencies include:

- American Public Health Association (APHA)
- Health Resources and Services Administration (HRSA)
- Nation’s Health
- CEPH
- Association for Prevention Teaching and Research (APTR)
- Association of Schools and Program in Public Health (ASPPH)
- Public Health Institute (PHI)
- CDC
- Academy Health
- Centers for Medicare and Medicaid Services (CMS)
- Office of the National Coordinator for Health Information (ONC)
- American’s Health Insurance Plans (AHIP)
- Prevention Institute
- National Association of County and City Health Officials (NACCHO)
- Commonwealth Fund
- Milbank Memorial Fund
- Kaiser Family Foundation
- Agency for Healthcare Research and Quality (AHRQ)
- Patient-Centered Outcomes Research Institute (PCORI)

Some specific publications include:

- American Journal of Public Health
- The Nation’s Health
- Public Health News
- CMS Updates
- Epidemiology Monitor
- AHIP Wellness SmartBrief
- ONC HealthIT
- SmartBrief for Nutritionists
- Healthcare Update News Service
- AJPH Medical Care Section News
- Diabetes Pro SmartBrief

- Wellness and Prevention Health Reform Digest
- National Health Executive Healthcare News
- County Health Rankings and Roadmaps
- Accountable Care SmartBrief
- Commonwealth Fund Newsroom
- ASPPH, Friday Letter

The findings from monitoring these organizations and their websites and publications are shared via email to students, faculty, and staff and meetings with the core faculty and staff, particularly during monthly meetings. This information informed the development of the new competencies in 2014-15 during self-study and was used to inform changes to the curriculum including the addition of the required course in System Dynamics to Population Health Analytics and the inclusion of Health Economics and Structural Equation Analysis as electives.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- Competencies covered in each course appear on the course syllabi.
- Specific learning objectives have been created to address each competency.
- Core competencies were created to align with Core Public Health Functions and the mission and goals of the MPH Program.
- Student self-assessment of competency development is integral to the MPH Program through participating in the Competency Assessment Survey and writing the Practicum Proposal.
- Standardized form to assess student competencies at three points in time during the degree.

Weaknesses

- Responding to the Competency Assessment surveys is not systematic across the Program, but left to the discretion of individual faculty members.

Plans

- Improve communication of all current competencies, core and specialization, by disseminating information through more channels.
- Adjust measurement tools as needed to ensure proper tracking and achievement of competencies.
- Create a systematic approach to reviewing and implementing Competency Assessment survey data.
- Continue to consider the methods of competency assessment.
- Implement faculty competency assessment tool.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experience.

The data systems used to monitor and evaluate student progress toward achievement of the competencies are summarized in Table 2.7.a.1. The information in this table duplicates some of the information in Table 1.2.a.1. These data systems, as well as University and Program records, are used to assess whether targets related to achievement of competencies are met. Following is a brief description of the data systems used to assess competency attainment. These include surveys with structured questions - Student Competency Assessment, Alumni Survey, Preceptor's and Student's (Practicum) Evaluations, and Employer Survey - as well as qualitative assessments of course artifacts (Faculty Competency Assessment of core courses, the Practicum product, and the Scholarly Project) and stakeholder meeting minutes and recommendations (Student Exit Interviews and Community Advisory Board meetings).

Student Competency Assessment

Students complete a self-assessment of their attainment of the core competencies three times during the course of the program. The assessments occur at orientation, mid-program after most or all of the core courses are complete, and then at the time of graduation. The first three student cohorts were assessed on the original set of Program competencies. During AY 2014-15, the Faculty Accreditation Committee developed a new set of Program competencies, which will be used in the Student Competency Assessment going forward. It was implemented with the new class entering in AY 2015-16.

Alumni Survey

The Alumni Survey asks graduates to rate Program faculty, curriculum, advising, and preparation for employment, as well as self-report their employment status. In addition, graduates are asked to assess their attainment of the core competencies, using the new version of the Program competencies.

Preceptor's and Student's (Practicum) Evaluations

The Practicum requires Preceptors to evaluate student performance overall and against their stated goals for the Practicum. The Preceptor Evaluation also includes assessment of student professionalism and preparedness for the Practicum. In addition, students complete an evaluation of the Practicum experience and their Preceptor and an assessment of their preparedness for the Practicum, professionally and academically.

Faculty Competency Assessment

The Faculty Competency Assessment is a qualitative assessment of core course assignments, the Scholarly Project, and the Practicum product. Each instructor will conduct the Faculty Competency Assessment for his/her own course. Instructors of all core courses review course assignments and assess whether the assignments indicate that the students, as a group, have developed the competencies for that course. Each section instructor for the Scholarly Project assesses whether students in that section have attained the competencies for the course. The Faculty Practicum Advisor assesses the Practicum products. The Practicum Proposal requires students to identify the competencies that will be addressed by the Practicum, and the Practicum Faculty Advisor evaluates the success of students, as a group, in

achieving their identified competencies. The Faculty Competency Assessment has been developed, and it will be implemented starting in fall 2015.

Student Exit Interview

All students about to graduate from the MPH Program are asked to provide feedback in an open forum with the MPH Director, MPH Program Manager, and MPH faculty members about their satisfaction with the Program faculty, curriculum, Practicum, advising, and career services and their suggestions for improving the Program. Included in this discussion will be a discussion about their attainment of competencies. A report on the Student Exit Interviews compiles and organizes this information for use in the MPH Faculty Council's evaluation process, including the evaluation of student competency attainment.

Community Advisory Board Meetings

At their two annual meetings, the Community Advisory Board will review the outcomes of the Program's competency assessment. The Community Advisory Board's analysis, comments, and recommendations regarding attainment of student competencies will be compiled and organized in a report for the MPH Faculty Council. The report will be used to inform the Council's own analysis and its decisions about policy concerning the attainment of competencies by MPH students. The Community Advisory Board feedback process has been developed, and it will be implemented starting in fall 2015.

Employer Interview (developing)

The data systems reported in Table 2.7.a.1. are developed, maintained, and used by the MPH Evaluation Committee to prepare reports on achievement of the competencies. These reports are reviewed and used to develop recommendations for Program improvement by the MPH Faculty Council.

| Data System | Description of Data System | Frequency & Data Collection Method |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Faculty Competency Assessment | Instructors of all core courses, the Scholarly Project, and the Practicum review course assignments/products and assess whether the assignments/products indicate that the students, as a group, have developed the competencies for that course. | Annual for each core course (Form) |
| Student Competency Assessment | Students self-report their ability to perform the core and specialization competencies at three times during the course of the Program: at orientation, mid-course, and as they graduate. | Three times during course of Program (Online Survey) |
| Preceptor's (Practicum) Evaluation | Preceptors evaluate student performance including professionalism during the Practicum | Once during course of Program (Practicum Form) |
| Student's (Practicum) Evaluation | Students rate their Practicum experience and their Preceptor | Once during course of Program (Practicum Form) |
| Student Exit Interview | Graduating students provide feedback in an open forum with the MPH Director, MPH Program Manager, and MPH faculty members about satisfaction with the Program faculty, curriculum, Practicum, advising, and career services | Once, at the time of graduation (Focus Group) |
| Community Advisory Board | Community Advisory Board members provide feedback to the MPH Program on mission, values, goals, objectives, and targets, and review Program performance in achieving targets for competencies and other areas | Twice annually (Meeting Minutes & Reports) |
| Alumni Survey | Alumni rate Program faculty, curriculum, advising, and preparation for employment, as well as self-report their employment status and competency attainment | Once, one year after graduation (Online Survey) |
| Employer Interview | Developing | |

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's, and doctoral degrees) for each of the last three years.

The outcomes that measure student achievement are displayed in Tables 2.7.b.1. (Student Achievement Outcomes), 2.7.b.2. (Program Completion Rates,) and 2.7.b.3. (Job Placement of MPH Graduates).

Two outcome targets have no assessment data yet: Faculty assessment of students' attainment of core competencies (from the Faculty Competency Assessment, which will be implemented in fall 2015) and employer satisfaction with skills and knowledge of graduates (from the Employer Interview, which is a data system in development). For the outcomes that have been measured at this point in time and compared to Program targets, Table 2.7.b.1. indicates that the MPH Program met or exceeded its targets to review the curriculum annually, maintain a graduation rate within three years of at least 75%, and place at least 80% of graduates in public health-related positions. The target 3.0 or better Grade Point Average for MPH students in the core courses is also met. The target for Preceptor evaluations of

students' ability to work with diverse communities and stakeholders was unmet by members of the 2014-15 cohort, whose percent receiving a rating of very good or outstanding was 67%. In contrast, Preceptors scored 100% of students in the first two cohorts very good or outstanding on this indicator.

As far as self-reported competency attainment by students, the MPH Program's target was not met for every competency in every cohort (Objective 1.1, Target 1: 80% of students score 4 or higher (out of 5) on each core competency at graduation). The target was met for the first cohort (entered program in AY 2012) except for Environmental Health: 80% or more of students scored themselves as 4 or higher on each core competency except Environmental Health. However, competency attainment was not as high among the second cohort. The target was met only for Epidemiology and Social and Behavioral Sciences. The target was unmet for Biostatistics (75%), Health Management and Policy (50%), and Environmental Health (25%). This information was recently obtained, and it will be included in the Program evaluation activities of the MPH Faculty Council in fall 2015.

Another analysis of self-reported competency attainment from the Student Competency Assessment, which will be included in the review and recommendations of the MPH Faculty Council, is the *Student Competency Assessment, Summary Report For Cohorts 1, 2, And 3* (RF C2.7). The trends in self-reported scores of competency attainment, overall and for each competency, were calculated for each cohort. The analysis indicates that from orientation through the completion of the core courses (Cohort 3) or graduation (Cohorts 1 and 2), students had a statistically significant increase in competency attainment for every core competency, with the gain ranging from 2 to 2.6 times higher than the initial score. The largest gains were generally for the Biostatistics and Epidemiology competencies.

| Table 2.7.b.1. Student Achievement Outcomes* | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|----------------------------------------------------------|
| <i>Goal 1: Education</i> | | | | | |
| <i>Provide students with the skills, knowledge, and awareness necessary to support and ensure conditions that promote population health improvement in North Dakota, the Northern Plains, and beyond.</i> | | | | | |
| Objective | Indicator | Target** | 2012-13 | 2013-14 | 2014-15 |
| 1.1. Deliver a competency-based public health curriculum | Students self-assessment of their competency attainment | 80% of students score 3 or higher (out of 5) on each core competency at graduation (see Key to Table) | NA ¹ | BIO 100% HMP 100% EPI 100% ENV 100% SBS 100% | BIO 100% HMP 100% EPI 100% ENV 100% SBS 100% |
| | Faculty assessment of students' attainment of core competencies | Evaluation of core course assignments indicate that 80% of competencies have been met or exceeded | NA ² | NA ² | NA ² |
| 1.2. Provide students with the support and resources necessary to ensure timely completion of requirements for graduation | Graduation rate within 3 years for full-time students | At least 75% graduate within 3 years | NA ¹ | 100% | 100% |
| 1.3. Ensure that graduates demonstrate mastery of basic knowledge and skills in the 5 core areas of public health | GPA of students in the 6 core courses | 100% of students attain 3.0 GPA average or greater in core courses | 100% | 100% | 100% |
| | Student assessments of their preparedness for the Practicum | 80% of students report being very prepared or quite a bit prepared for Practicum | NA ² | NA ² | NA ² |
| 1.4. Provide students with the skills necessary to succeed in a diverse public health workforce | Employer satisfaction with skills and knowledge of graduates | 80% of employers in catchment area satisfied or very satisfied | NA ² | NA ² | NA ² |
| | Preceptor assessments of students' ability to work collaboratively with diverse communities and stakeholders | 80% of Preceptors assess students as very good or outstanding | 100% | 100% | 66.7% |
| | Job placement in a health care or public health-related organization within 1 year of graduation | 80% of graduates seeking employment work in public health or health care | NA ³ | NA ³ | 100% |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. BIO = Biostatistics Competency; HMP = Health Management & Policy Competency; EPI = Epidemiology Competency; ENV = Environmental Health Competency; SBS =Social & Behavioral Sciences Competency 1 There were no MPH graduates at this time. 2 These data were not being collected at this time. 3 There were no MPH graduates who had been out for at least 1 year at this time. | | | | | |

Students must complete the MPH Program within seven years. The SGS sets the maximum time to graduation. Table 2.7.b.2. presents data on MPH degree completion. The number of students entering in the 2015-16 cohort is projected based on students admitted and applicants with complete and near-complete applications. The 2012-13 cohort includes two students who are completing their degree on a part-time basis. It is projected that these two students will graduate in AY 2015-16.

| | | Student Cohort | | | |
|---------|--------------------------------------------|------------------|------------------|------------------|------------------|
| | | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
| 2012-13 | # Students entering | 11 | | | |
| | # Students withdrew, dropped, etc. | 4 | | | |
| | # Students graduated | 0 | | | |
| | Cumulative graduation rate | 0.0% | | | |
| 2013-14 | # Students entering/continuing during year | 7 | 7 | | |
| | # Students withdrew, dropped, etc. | 0 | 0 | | |
| | # Students graduated | 5 | 0 | | |
| | Cumulative graduation rate | 45.5% | 0.0% | | |
| 2014-15 | # Students entering/continuing during year | 2 | 7 | 19 | |
| | # Students withdrew, dropped, etc. | 0 | 0 | 1 | |
| | # Students graduated | 0 | 4 | 0 | |
| | Cumulative graduation rate | 45.5% | 57.1% | TBD ¹ | |
| 2015-16 | # Students entering/continuing during year | 2 | 3 | 18 | 10 ² |
| | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 1 |
| | # Students graduated | TBD ¹ | TBD ¹ | TBD ¹ | TBD ¹ |
| | Cumulative graduation rate | TBD ¹ | TBD ¹ | TBD ¹ | TBD ¹ |

Key to Table:

¹ To be determined at the end of the 2015-16 Academic Year (Summer 2016). Graduation rates are calculated once/year in the summer for the preceding year.

² This number does not include students who will begin in spring 2016 (projected to be 6).

Table 2.7.b.3. presents employment data for the MPH Program’s first five graduates. All five graduates entered the program in AY 2012-13, and all are either employed or continuing their education. Employed graduates hold positions in public health or health-related fields. Graduates seeking additional education are obtaining degrees in dentistry and medicine.

| | 2014 Graduates |
|----------------------------------------------------------------------------------------|----------------|
| Employed | 3 |
| Continuing education/training (not employed) | 2 |
| Actively seeking employment | 0 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 |
| Unknown | 0 |
| Total | 5 |

2.7.c. An explanation of the methods used to collect job placement data and of graduates’ response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The MPH Program designed the Alumni Survey to be administered about one year after MPH graduation. The survey elicits information about employment status of Program alumni, satisfaction and assessment of the MPH educational experience, and perceived attainment of Program competencies (RF C2.7). This survey was administered online using Qualtrics survey software. This survey was distributed to graduates’ personal email addresses and was followed up by a reminder after two weeks for those who had not completed the survey. The response rate for the Alumni Survey is 80% (See Table 2.7.c.1.). The MPH Program also tracks graduates’ employment and educational endeavors through social media, such as LinkedIn. Through the Alumni Survey and other tracking methods, the MPH Program gathered placement data on all graduates, and therefore, the Program ascertained that 100% of MPH 2014 alumni are employed or pursuing additional education.

| | 2014 Graduates ¹ | 2015 Graduates |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|
| Number of Survey Respondents | 4 | N/A |
| Number of Graduates | 5 | N/A |
| Response Rate | 80% | N/A |
| Employment and pursuit of additional education | 100% | N/A |
| Key to Table: ¹ The first MPH cohort graduated in May 2014. N/A = These data are not available because the Alumni Survey is administered approximately 1 year after graduation. | | |

2.7.d. In the fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program’s graduates on these national examinations for each of the last three years.

To date, no MPH Program graduates have attempted or earned a certification of professional competence.

| | 2012-13 | 2013-14 | 2014-15 |
|---------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| Certified in Public Health (CPH) from the National Board of Public Health Examiners (NBPHE) | N/A | N/A | N/A |
| Other | N/A | N/A | TBD |

2.7.e. Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and document discussions.

The MPH Program has assessed graduates’ attainment of the competencies through the Alumni Survey, which includes a self-assessment of core competency achievement (RF C2.7). Additionally, the Program plans to develop a qualitative source of information about competency attainment by MPH graduates that includes key informant interviews with Practicum Preceptors, employers, and other persons with knowledge about MPH alumni performance.

The MPH Alumni Survey is administered approximately one year after graduation and seeks to gain information about the graduate’s current employment, satisfaction with the program and how well it prepared them for entering the workplace, and a self-assessment of core competency attainment. The survey uses the Program’s new competencies in order to make all future results comparable. The survey was first administered May 2015 to the cohort that graduated May 2014. The response rate in this cohort (n=5) was 80.0%. However, only three respondents completed the entire survey. All respondents reported having public health related employment or pursuing further education.

Table 2.7.e.1. provides information regarding self-reported alumni core competency attainment. Using the new core competencies, the majority of alumni scored 3 or higher on self-reported attainment of each of the 12 competencies. Lowest scores among the alumni were for Competencies 5, 6, 8, 9, 10, and 11. However, it should be noted that there were only 3 alumni responding to the survey. Nevertheless, these findings from the Alumni Survey regarding competency attainment will be reviewed and used by the MPH Faculty Council beginning in fall 2015 to improve the Program’s success in developing competencies among MPH students.

With the development of the Employer Interview in spring 2016, the Program will gain more data to ensure that the process to improve competency attainment is well informed.

| Competency | % Alumni Scoring 3 or Higher² |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. Understand the role of biostatistics and epidemiology in the scientific, ethical, economic, and political aspects of population health improvement | 67% |
| 2. Understand and apply scientifically sound methods of research design, analysis, and interpretation to the study of population health problems | 100% |
| 3. Understand how evidence-based knowledge is produced and applied for population health improvement | 100% |
| 4. Identify methods of assessing, preventing, and controlling environmental exposures that pose risks to populations health and safety | 100% |
| 5. Identify the main components and issues related to the organization, financing, and delivery of services in the health care and public health systems | 67% |
| 6. Describe the outcomes of the health care and public health systems and methods of assessing them | 67% |
| 7. Identify the characteristics and importance of systems and systems thinking to population health improvement | 100% |
| 8. Identify the social and behavioral determinants of health in individuals and populations | 67% |
| 9. Identify theories, concepts, and models used in effective health promotion and disease prevention interventions in populations | 67% |
| 10. Analyze, synthesize, and think critically to inform decision-making about population health problems | 67% |
| 11. Present findings and conclusions from population health research in both oral and written formats for diverse public health audiences | 67% |
| 12. Understand and apply ethical and professional principles and behavior | 100% |
| Notes: | |
| ¹ One respondent of four (n=4) did not complete the competency assessment | |
| ² Data based on 5 point Likert scale (1 = Not at all competent, 5 = Competent) | |

Another analysis of the Alumni Survey, *Alumni Survey Report, Summary Report For May 2014 Graduates* (RF C2.7), will also be used by the MPH Faculty Council when considering problems and remediation of competency attainment. The Summary Report provides additional information about the MPH experience that can inform decisions about competency attainment. These include satisfaction with the quality of faculty advising, accessibility of faculty, quality of faculty, quality of instruction, usefulness of Practicum, and specialization options. The findings of this summary report suggest that MPH graduates from the Health Management and Policy specialization were quite satisfied with their educational experience overall and that graduates from the Population Health Analytics specialization were dissatisfied with quality of faculty, quality of faculty advising, and quality of instruction. Much of this information was known informally to the MPH Program and has been addressed through changes in course requirements, course instruction, and the advising process. However, information from the formal evaluation process has been helpful in confirming Program changes made and motivating further changes to improve the MPH student experience in order to increase student attainment of competencies.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- MPH Program targets are achieved for graduation rates and job placement in a public health or health-related position.
- MPH Program targets are achieved for core competency attainment among students at graduation.
- MPH students self-report significant gains in core competency attainment between orientation and graduation.
- Majority of MPH alumni self-report average or above average achievement on core competencies.
- Process of competency assessment is comprehensive and includes multiple sources of information, including structured surveys and qualitative information from course artifacts, committees, and stakeholders.
- MPH Program maintains up-to-date contact information about MPH alumni using multiple methods including social media and surveys.

Weaknesses

- Process for collecting data from employers is not developed.
- Assessments using course artifacts, committee meetings, and stakeholder interviews is developed, but will not be implemented until fall 2015.
- Attainment of specialization competencies has not been assessed.
- MPH Program used one set of competencies for the first three years, and now has a new set, which will affect trend analyses and comparison of cohorts.

Plans

- Develop and implement the Employer Interview in spring 2016, which would include key informant interviews with employers of MPH graduates, Practicum Preceptors, and other stakeholders.
- Implement Faculty Competency Assessment in fall 2015.
- Pilot a course artifact assessment by a panel of faculty, and compare results with the current Faculty Competency Assessment.
- Include specialization competencies in all assessments, and add a target related to specialization competencies.
- Review and add, if beneficial, additional competency-related targets using data from the Student Program Assessment, Alumni Survey, and Preceptor's and Student's (Practicum) Evaluation.
- Explore the costs and benefits of requiring MPH students to take the CPH exam.
- Review and improve competency-related information from the surveys - Student Program Assessment, Alumni Survey, and Preceptor's and Student's (Practicum) Evaluation.

2.8 Bachelor's Degrees in Public Health.

The MPH Program does not offer a baccalaureate degree in public health.

2.9 Academic Degrees. If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

The MPH Program does not offer curricula for graduate academic degrees.

2.10 Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

The MPH Program does not offer doctoral degree programs.

2.11 Joint Degrees. If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

The MPH Program does not offer joint degree programs.

2.12 Distance Education or Executive Degree Programs. If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

2.12.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both.

The MPH Program offers a MPH degree with specializations in Population Health Analytics or Health Management and Policy in three formats: on-campus, satellite campus, and distance learning. On-campus, satellite campus, and distance students engage in the same course of study. Satellite campus and distance students attend courses in real-time via online video and audio conferencing. The satellite campus offering is provided through an agreement with Casper College in Casper, Wyoming. Additional satellite campuses at the UND SMHS Bismarck, ND, and Minot, ND, campuses are set to begin enrolling students in the fall of 2016. The satellite campus offering combines the ability to attend class close to home with the opportunity to collaborate with fellow classmates at the satellite site. The distance education option is tailored to working professionals and those unable to move to Grand Forks, ND. See RF C2.12 for executed North Dakota SBHE Policy on Distance Learning Credit Activities and Degrees Offered. See RF C2.12 for signed agreements with Casper College.

2.12.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Rationale

The MPH Program was established in 2010 as a part of a greater North Dakota Workforce Initiative. This initiative sought to enhance the health care workforce and provide for better population health across North Dakota. Due to the long distances and wide open spaces in North Dakota, it is difficult for individuals in rural areas to further their education through conventional on-campus means. Thus, the MPH Program established distance and satellite campus offerings to assist in equipping the workforce of North Dakota and the Northern Plains with the knowledge and personnel to improve population health.

Models and Methods

Distance and satellite campus education is available for all MPH specializations and certificate programs (See Table 2.1.a.1. in Criteria 2.1.a.). Distance and satellite campus students are provided instruction through simultaneous webcast with the on-campus offering. In order to accommodate working professionals, most MPH courses, including all core courses, are offered once a week in the late afternoon or early evening. Distance learning students are able to interact with students and faculty during class via video and voice transmission. Distance education students are required to attend courses live and participate in interactive lectures. All classes are recorded in case of absence or internet outage. Students must coordinate with their instructor to access the recorded lectures. Additional requirements for distance students are detailed in RF C2.12.

The distance and satellite campus infrastructure is operated by the UND SMHS ITS for MPH core courses and Population Health Analytics courses. Courses are delivered through a videoconferencing system, which allows for simultaneous transmission of the instructor's computer screen content, video, and audio to distance and satellite students on their computers, and also allows students to interact with the instructor. All MPH courses taught at the SMHS are recorded and are available via an automated lecture capturing solution, Mediasite.

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

The infrastructure for Health Management and Policy related courses is provided by the UND CILT in cooperation with the UND CoBPA. Courses are delivered via Adobe Connect and are simultaneously recorded. Students are able to watch the lecture and slides via video and audio and communicate with the instructor via text, audio, and video.

Administrative and Student Support Services

Distance and satellite students are incorporated as much as possible into the traditional learning structure. The MPH Program Manager provides administrative oversight for the distance and satellite campus programs. Distance and satellite students are assigned a faculty advisor, whom they are strongly recommended to meet with every semester to discuss their learning objectives and program of study. Students are able to meet with their instructors via VoIP technology such as Adobe Connect or through more traditional means such as phone call, email or Skype. Distance and satellite students are able to access other academic resources such as the UND SMHS ITS, UND SMHS Library, UND Writing Center and UND Student Success Center via online interface. The MPH Administrative 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.

Academic Rigor and Equivalence Monitoring

Due to the simultaneous course offerings, academic rigor and measurement of educational outcomes are similar. Distance and satellite students have the same academic requirements for courses as on-campus students. Exams are administered through a proctor. Other coursework such as papers are submitted electronically. Class presentations are given via the interactive course interface. Lastly,

distance and satellite students are incorporated into group assignments. On-campus students commonly collaborate with distance students for group work utilizing technology such as Skype or Google Voice.

Distance and satellite students collaborate with the MPH Practicum 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 and satellite student Practicums are guided by the same criteria as on-campus students (See Criteria 2.4).

2.12.c. Description of the processes that the program uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

The MPH Program uses 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 IVN or Adobe Connect using a unique identifier for class attendance. Distance and satellite campus students are required to have a webcam that 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. Course recordings can be referenced to ensure the identity of the student is the same throughout courses. All classes are required to obtain a release from every student before recording is allowed. MPH students including distance students are also notified of their privacy rights under the Family Education Rights and Privacy Act on 1974 on a yearly basis by the University.

Exams require a proctor that is unaffiliated to the student and has established an agreement for exam proctoring with the MPH Program (See RF C2.12 for MPH Program Proctor Agreement Template).

The MPH Program is in the process of developing a campus visit requirement for distance students to further ensure student identity and allow distance students to meet and develop relationships with MPH faculty members, staff and students.

2.12.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH Program distance education format is well established and supported with adequate resources for distance students. Satellite campus programs have been established to provide some of the benefits of on-campus study, such as interaction with colleagues on campuses, where an on-site MPH program is not available.
- Distance and satellite campus course 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. Finally, the curriculum and academic rigor is equal for distance and satellite campus students. This allows distance students to be very integrated into the traditional curriculum.
- UND has a long and successful history with distance education and ample resources to support programs and courses related to transmission and course design.

Weaknesses

- The difference between distance learning systems in the SMHS and the UND CoBPA.
- The distance learning technology is new for most faculty members. They have worked hard to readjust their teaching styles to optimize learning for distance education.

Plans

- The UND SMHS ITS will evaluate the potential of bringing all courses to a common format, such as Adobe Connect.
- The program will continue to work on developing a campus visit requirement for distance students.
- Faculty will continue to develop course activities and materials to optimize learning for all MPH students (on-campus and distance).

3.0 Creation, Application and Advancement of Knowledge

3.1 Research. The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1.a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

UND achieved full status as a Carnegie Foundation engaged Campus in 2010, and the University's values and approach to scholarly activities are entirely consistent with those of public health. The MPH Program is very fortunate to be located in an academic institution with the values and culture of UND, which encourage and promote our own regarding research, as well as teaching and service. The MPH Program, like UND, values and promotes scholarly activities that lead to improved quality of life. Furthermore, the Program believes that fruitful scholarly activities are usually collaborative and that personal interactions are key to thriving research programs. These perspectives are reflected in the five strategic priorities of the University:

Enrich the Student Experience

An education founded on the liberal arts prepares students for a lifetime of success. ... Exceptional UND enriches the student experience by providing an environment that is challenging yet rewarding, and full of resources and opportunities to prepare the next generation of leaders.

Encourage Gathering

Personal interactions are the life of the university. We thrive by gathering and sharing, challenging and exploring, supporting and understanding. ... Exceptional UND is strengthened as we build enthusiasm and a sense of belonging.

Facilitate Collaboration

Every collaboration helps us grow. That's why Exceptional UND enhances support for interdisciplinary teaching, cutting-edge global research, teamwork, and creative activity (among all sectors of the university community) ... and supports close partnerships with state leaders to serve the public.

Expand UND's Presence

Our reach extends beyond campus. Exceptional UND promotes a vibrant relationship with the (community, state, region, nation, and world).

Enhance Quality of Life

Exceptional UND invests in its most important asset – our people. We promote life balance, provide opportunities for career and personal development, celebrate diversity, art and culture, and maintain an environment of openness and appreciation. Through initiatives such as Healthy UND 2020, University Within the University, and Diversity Advisory Council, UND continues to be recognized for being safe, family friendly, and committed to health and wellness. (See Exceptional UND, Strategic Priorities (https://www1.und.edu/strategic-planning/files/docs/und-strategic-plan-report-advance-180209_v1.pdf) and Exceptional UND: Realizing the Vision (<http://und.edu/provost/higher-learning-commission/>)

The MPH Program builds upon the foundation furnished by the larger University, and within this context, the MPH Program encourages collaborative scholarship that promotes health and well-being in all populations. Every member of the MPH Core Faculty has an active and population health related-research agenda, which the Program and the University facilitates through various policies and practices including teaching load, graduate assistant support, financial supports, and other.

MPH Program Policies and Practices

In order to provide time for research, the Program hires MPH Core Faculty with academic appointments in the SMHS on a 12-month contract and limits teaching to no more than three courses per year and Scholarly Project mentoring for their advisees. Currently, the joint faculty members are on 9-month contracts and have a heavier teaching load (4 courses per year) and lower research requirements than faculty in the SMHS, commensurate with expectations in the CoBPA. For both groups, external funding is encouraged and facilitated, but the core faculty is not funded by external grants and contracts, but by state appropriated funds. This allows each faculty member to define and pursue a coherent research agenda that is based on interests and skills and seek funding opportunities that are relevant. Faculty members may request a course reduction for a large, funded project with a budget containing salary offset.

Center for Comparative Effectiveness Analytics

Further, the MPH Program has created the Center for Comparative Effectiveness Analytics to develop relationships that will promote and facilitate collaborative faculty research around population health improvement. The Center was reviewed and approved through the NDUS approval process (See RF C3.1). The mission of the Center is to improve population health in North Dakota and the Northern Plains through research on the quality, value, accessibility, and effectiveness of health care and public health systems. The Center responds to the enormous changes occurring in our expectations for the health care and public health systems. Policymakers increasingly want evidence that these two complimentary systems are providing effective, efficient, and accessible interventions that improve health and prevent disease and disability in individuals and populations. At the same time, our ability to study health problems and the most effective and efficient ways of preventing, diagnosing, treating, and monitoring them is growing. Advances in information technology and the routine collection of electronic data as a byproduct of service delivery have created massive datasets that are accessible for these purposes. The Center responds to the need of payers and providers of health care and public health services to demonstrate their efficacy in promoting health and preventing disease and disability by providing expertise in analytics, particularly using existing clinical and administrative data. The Center is collaborative and will draw upon the full range of expertise at the University of North Dakota including the School of Medicine and Health Sciences and departments in the larger University. The Center will develop public/private collaborations, as well as seek more typical academic funding from government agencies and foundations. The Center will:

- Analyze clinical, administrative, and other relevant databases for patterns related to utilization, cost, accessibility, and quality of health and public health services.
- Conduct analytic studies of health care utilization, cost, accessibility, and quality.
- Recommend health policy and interventional options based on research and evaluation studies.
- Evaluate health policy changes and interventions undertaken as a result of research and evaluation studies.

The Center has obtained two grants thus far. In May 2015, BCBSND has funded the Center for three years to evaluate the effectiveness of health care processes, beginning with their MediQHome program (See RF C1.4). In May 2014, the NEPHC, a consortium of eight nearby local public health units, funded

the Center to conduct a gap analysis of their services including electronic health records, environmental health services, and readiness for agency accreditation (See RF C1.4). Another initiative in progress is with the North Dakota Workforce Safety and Insurance program (WSI), which administers workers' compensation. The BCBSND and WSI initiatives are part of the 'big health data' emphasis of the Center, which the MPH Program is building with state data committees including the North Dakota Health Exchange Hub, the Collaboration on Needs Assessment Data, North Dakota Compass, and the North Dakota Health Information Network.

Another source of data that is leading to a research focus for faculty members in the MPH Program is the North Dakota Statewide Cancer Registry, which is located in the SMHS. Working collaboratively with clinical faculty in the SMHS, MPH faculty members have begun numerous research projects using the cancer registry data.

In addition to creating research opportunities, the MPH Program has provided graduate assistants to assist with faculty research projects. Each year, 1 half-time and 2 quarter-time assistantships have been awarded to MPH students for faculty research projects. The Program also provides professional development funds for each MPH Core Faculty member, which can be used for travel to conferences to present research results, training conferences, and the purchase of books, journals, and software.

University Policies, Procedures, and Resources

Two offices exist to facilitate the process of obtaining extramural funding and administering awards that are received: Research Development and Compliance and Grants and Contracts Administration.

Research Development and Compliance contains the Institutional Review Board (IRB), which is fully accredited by Association for the Accreditation of Human Research Protection Programs (AAHRPP). "The Institutional Review Board (IRB) is responsible for ensuring that the rights and welfare of human subjects in social behavioral and biomedical research are protected. The University of North Dakota requires that all research projects involving humans as subjects, or which use human material, be reviewed and approved by the IRB prior to initiation of any research using human participants, including recruitment and screening activities."

The staff of Grants and Contracts Administration assists faculty and staff with proposal budget preparation, proposal review, award negotiation and financial administration of extramural support according to sponsor regulations and guidelines. As early as possible in the grant/proposal cycle, a specific grant officer from the Grants & Contracts Administration office staff is assigned to be involved in all aspects of the funding cycle for a particular award, including proposal preparation, award negotiation, monitoring, and reporting. The assignment of a grants officer is made based on the identity of the potential sponsor, i.e., federal, commercial, foundation, and the type of agreement cost reimbursable or fixed price, and other. The office offers training in grants and contract management, as well.

UND Division of Research and Economics Development also administers opportunities for internal funding including the following faculty/staff opportunities:

- Matching
- Equipment (EPSCoR research or equipment awards ≤\$2,500)
- Travel requests for:
 - Research/creative activity
 - Commercialization and development of intellectual property (IP)

- Other
 - Publication (SSAC)
 - Research/Creative Activities (SSAC)
 - Faculty Research Seed Money (FRSM)
 - Arts, Humanities, and Social Sciences
 - Other research needs (EPSCoR research or equipment awards ≤\$2,500)

The MPH Program is new and most faculty members are junior. Therefore, the Program seeks to mentor the junior faculty by providing support and creating opportunities that will lead to coherent and fruitful research programs. The Program utilizes the full extent of UND and SMHS resources and builds upon UND practices, policies, and values. Specific research projects are listed in Table 3.1.c.1 below. There are no specific criteria for faculty research productivity in the criteria for promotion and tenure.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Current research activities undertaken in collaboration with local, state, national, and international health agencies include:

- Evaluation of the BCBSND MediQHome program (See RF C1.4).
- Project for the NEPHC, a consortium of eight nearby local public health units, to conduct a gap analysis of their services including electronic health records, environmental health services, and readiness for agency accreditation (See RF C1.4).
- Project on trends and survival among North Dakota residents with cancer for the North Dakota Statewide Cancer Registry
- System Dynamics and Dynamic Systems Modeling of Adolescent Smoking Behavior with the University of Bergen (Norway) System Dynamics Program
- Rural health access and quality projects with the SMHS Center for Rural Health

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years.

| Table 3.1.c.1. Research Activity of Primary Faculty, 2012 - 2015 | | | | | | | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|---------------------------------|---------|-----------|----------|----------|---------|--------------------|------------------|
| Faculty Member/ Specialization | Project | PI | Funding Source | Funding Period/ Study Period | | Total | 2012-13 | 2013-14 | 2014-15 | Students Involved? | Community Based? |
| | | | | | | | | | | | |
| R. Goldsteen/ HMP | A Study of Chronic Obstructive Pulmonary Disease (COPD) Treatment and Outcomes at the Northport VAMC | H. Foda | Novartis | 1/2010 | 12/2013 | \$125,000 | \$50,000 | - | - | No | No |
| | A Study of Interest in Expanding or Developing Residency Programs among Eligible Institutions in New York State | N. Edelman | Unfunded | 2010 | 2013 | - | - | - | - | Yes | Yes |
| | A Study of the Effects of Rurality and Region on Age-Adjusted Mortality in U.S. Counties | R. Goldsteen/ K. Goldsteen | Unfunded | 2015 | Present | - | - | - | - | Yes | No |
| K. Goldsteen/ PHA | Patient Outcomes Following Ambulatory Surgery: Development of Instruments | P. Glass | Stony Brook University | 1/2005 | 12/2013 | \$5,000 | \$625 | - | - | Yes | No |
| | A Study of Interest in Expanding or Developing Residency Programs among Eligible Institutions in New York State | N. Edelman | Unfunded | 2010 | 2013 | - | - | - | - | Yes | Yes |
| | A Study of the Effects of Rurality and Region on Age-Adjusted Mortality in U.S. Counties | R. Goldsteen/ K. Goldsteen | Unfunded | 2015 | Present | - | - | - | - | Yes | No |
| | A Study of Chronic Obstructive Pulmonary Disease (COPD) Treatment and Outcomes at the Northport VAMC | H. Foda | Novartis | 1/2010 | 12/2013 | \$125,000 | \$50,000 | - | - | No | No |
| | Evaluation of Alaska's Flex Rural Veterans Health Access Program | K. Goldsteen | HRSA | 9/2013 | 9/2014 | \$42,000 | - | \$42,000 | - | No | Yes |
| L. Hand/ HMP | Strategies of Street-Level Bureaucrats in the Absence of Discretion: Moving Beyond the Carrot and Stick | L. Hand | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | A Good Mother Feeds Her Family Healthy Food: Strategies of Identity | L. Hand | Unfunded | 2015 | 2015 | - | - | - | - | No | No |

| | | | | | | | | | | | |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------|------|------|---|---|---|---|-----|----|
| | Negotiation in Arizona's WIC Program | | | | | | | | | | |
| | You're Doing Great...but You Could Be Doing Better: How Discursive Practices of Affirmation Construct the "Good Mother" in Arizona's Special Supplemental Program for Women, Infants, and Children (WIC) | T. Catlaw | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | Social Media Use by Police Organizations: How Do They Respond to the Current Conversation About Race and Policing? | L. Hand | Unfunded | 2015 | 2015 | - | - | - | - | Yes | No |
| A. Hultquist/ HMP | An Evaluation of Geographically Targeted Economic Development Programs in Ohio | A. Hultquist | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | The Relationship Between Climate Change Policy and Socioeconomic Changes in the U.S. Great Plains | A. Hultquist | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | Planning for Climate Change Adaptation in Natural Resources Management: Challenges to Policy-making in the U.S. Great Plains | R. Romsdahl | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | An Examination of Local Climate Change Policies in the Great Plains | R. Wood | Unfunded | 2014 | 2014 | - | - | - | - | No | No |
| | Assessing the Impacts of Rapid Growth on Local Government Service Provision and Delivery Arrangement Choices | R. Wood | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | Changing the Narrative: Assessing Local Governance of Climate Change in the United Kingdom | A. Hultquist | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| | Policy Entrepreneurs and Climate Change: Assessing Impacts on Adaptation and Mitigation in the Great Plains | R. Wood | Unfunded | 2015 | 2015 | - | - | - | - | No | No |
| C. Oancea/ PHA | Assessment of potential bias from non-participation in a dynamic clinical cohort of long-term childhood cancer survivors: results from the St. Jude Lifetime Cohort Study | R.P. Ojha ¹ | NIH/American Lebanese Syrian Associated Charities ² | 2012 | 2013 | - | - | - | - | No | No |

| | | | | | | | | | | | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------|------|---------|---|---|---|---|-----|----|
| | Emotional distress among adult survivors of childhood cancer | C. Oancea | NIH/American Lebanese Syrian Associated Charities ² | 2013 | 2014 | - | - | - | - | No | No |
| | The Association Between ASA Status and Other Risk Stratification Models on Postoperative Intensive Care Unit Outcomes | M.I. Lupei | Unfunded | 2014 | 2014 | - | - | - | - | No | No |
| | Cigarette Smoking and Pulmonary Function in Adult Survivors of Childhood Cancer Exposed to Pulmonary-Toxic Therapy: Results from the St. Jude Lifetime Cohort Study. | C. Oancea | NIH/American Lebanese Syrian Associated Charities ² | 2014 | 2014 | - | - | - | - | No | No |
| | Simulation-Based Education for Transfusion Medicine | S. Morgan | Unfunded | 2014 | 2014 | - | - | - | - | No | No |
| | Time to First Cigarette, a proxy of Nicotine Dependence, Increases the Risk of Pulmonary Impairment, Independently of Current and Lifetime Smoking Behavior | A. Selya | Unfunded | 2015 | Present | - | - | - | - | Yes | No |
| | Depressive Symptoms as a Potential Barrier to Health Care Utilization in Adult Cancer Survivors | V. Cheruvu | Unfunded | 2015 | Present | - | - | - | - | No | No |
| | Psychological Distress Among Adult Cancer Survivors: Do Treatment Summaries and Follow-Up Care Instructions Matter During the First 5 Years After Cancer Diagnosis? | C. Oancea | Unfunded | 2015 | Present | - | - | - | - | No | No |
| | Cancer Trends in North Dakota Before and After the Oil Boom | C. Oancea | North Dakota Statewide Cancer Registry ² | 2015 | Present | - | - | - | - | No | No |
| | Standardized Versus Unstandardized Interviews for Anesthesiology Residency Selection | M.I. Lupei | Unfunded | 2015 | Present | - | - | - | - | No | No |
| | The Association Between the Incidence of Chronic Lymphocytic Leukemia Among Adults in the U.S. and Rural-Urban Residence | C. Oancea | Unfunded | 2015 | Present | - | - | - | - | No | No |

| | | | | | | | | | | | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|---------|---------|------------|------------|------------|------------|-----|-----|
| K. Schuller/ HMP | The ACA Controversy: Women's Rights Versus Religious Freedom | K. Schuller | Unfunded | 2014 | 2014 | - | - | - | - | Yes | No |
| | Implementing a Medical Screening and Referral Program for Rural Emergency Departments | T. Radcliff, Texas A&M | NSF ² | 12/2013 | 12/2014 | - | - | - | - | Yes | No |
| | Enhanced Transitions of Care: Centralizing Discharge Phone Calls Improves Ability to Reach Patients and Reduces Hospital Readmissions | L. Gamm, Texas A&M | NSF ² | 5/2014 | 5/2015 | - | - | - | - | No | No |
| | Impact of the 2008 Surviving Sepsis Campaign on Pediatric Sepsis Mortality Rates | K. Schuller | Unfunded | 2/2014 | 5/2015 | - | - | - | - | No | No |
| | North Dakota Oral Health Report | S. Schroeder | Pew Charitable Trust ² | 5/2014 | 8/2014 | - | - | - | - | No | Yes |
| | A Program to Help Culturally-Sensitize Health Profession Students to the Needs of Patients and the Realities of Practice in Rural Areas | K. Schuller | HRSA ² | 8/2013 | 12/2014 | - | - | - | - | Yes | Yes |
| A. Selya/ PHA | System Dynamics and Dynamic Systems Modeling of Adolescent Smoking Behavior | A. Selya ¹ | NIH | 1/2014 | 6/2014 | \$ 28,795 | - | \$ 28,795 | - | No | No |
| | Social and Emotional Contexts of Adolescent Smoking Patterns | L. Dierker, Wesleyan University ¹ | NIH | 8/2010 | 7/2015 | \$ 516,000 | \$ 104,067 | \$ 104,067 | \$ 104,067 | No | No |
| | Penn State Center for Prevention and Treatment Methodology | L. Dierker, Wesleyan University ¹ | NIH | 9/2010 | 7/2015 | \$ 347,241 | \$ 69,448 | \$ 69,448 | \$ 63,660 | No | No |
| | Integrative Data Analysis for Nicotine Dependence Symptoms in Novice Smokers | J. Rose, Wesleyan University ¹ | NIH | 7/2011 | 7/2013 | \$ 456,225 | \$ 243,330 | \$ 20,276 | - | No | No |
| | Emotions among Muslim-Americans | P. Rodriguez-Mosquera, Wesleyan University ¹ | Unfunded | 3/2011 | Present | - | - | - | - | Yes | No |
| | Student Mobility and School Achievement: The Potential Impact on Adequate Yearly Progress (AYP) of Schools Within No Child Left Behind (NCLB) | A. Selya | Unfunded | 1/2012 | Present | - | - | - | - | Yes | No |
| | The Relationships of Smoking and Nicotine Dependence with | A. Selya | Unfunded | 8/2014 | Present | - | - | - | - | Yes | No |

| | | | | | | | | | | | |
|--|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------|---------|---------|----------|---|---|----------|-----|----|
| | Measures of Health Within the National Health and Nutrition Survey (NHANES) | | | | | | | | | | |
| | Early-Emerging Nicotine Dependence and Lasting and Time-Varying Effects on Adolescent Smoking Behavior | A. Selya | Unfunded | 10/2014 | Present | - | - | - | - | No | No |
| | Analyzing the Spread of Influenza Through Five U.S. Airports: A System Dynamics Approach | A. Selya; S. Johnson | Unfunded | 12/2014 | Present | - | - | - | - | Yes | No |
| | Worksite Wellness at UND | A. Selya; K. Ruliffson | Unfunded | 1/2015 | Present | - | - | - | - | Yes | No |
| | Model-based Teaching, Research, and Policy Analysis in North Dakota | D. Wheat, University of Bergen; S. Johnson | SIU (Norwegian Centre for International Cooperation in Education) | 1/2015 | Present | \$25,000 | - | - | \$18,000 | Yes | No |
| | Differences in Risk Factors for Smoking between White vs. Native American Adolescent Smokers | A. Selya | Unfunded | 4/2015 | Present | - | - | - | - | Yes | No |
| | The Effectiveness of Worksite Wellness Programs Offered Through North Dakota Public Employees Retirement System (PERS) | A. Selya | Unfunded | 9/2015 | Present | - | - | - | - | Yes | No |

Key to Table:
HMP = Specialization in Health Management & Policy
PHA = Specialization in Population Health Analytics
Unfunded = Research that is being conducted without external funding.
¹ Research conducted immediately preceding appointment at UND.
² Funding amount is not available to the faculty member.

| Faculty Member/ Specialization | Project | PI | Funding Source | Funding Period/ Study Period | | Total | 2012-13 | 2013-14 | 2014-15 | Students Involved? | Community Based? |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|---------------------------------|------|-------------|-----------|-----------|-----------|--------------------|------------------|
| | | | | | | | | | | | |
| P. Carter/ HMP | National Resource Center on Native American Aging (NRCNAA) | P. Carter | Administration for Community Living (ACL) | 2012 | 2015 | \$1,293,667 | \$448,142 | \$422,969 | \$422,556 | Yes | Yes |
| | National Indigenous Elder Justice Initiative (NIEJI) | J. Gray | Administration for Community Living (ACL) | 2011 | 2014 | \$799,998 | \$266,666 | \$266,666 | \$266,666 | Yes | Yes |
| | Building Tribal Research Infrastructure: Turtle Mountain Band of Chippewa Indians (TMBCI) and Tribal Nations Research Group | C. Davis | Collaborative Research Center on American Indian Health, Sanford Health | 2013 | 2017 | \$320,000 | - | \$80,000 | \$80,000 | Yes | Yes |
| | Tribal Liaison Sub Award Between UND, TMBCI, & CRCAIH (Sanford) | P. Carter | Collaborative Resource Center for American Indian Health, Sanford Health | 2013 | 2014 | \$12,000 | - | \$12,000 | - | Yes | Yes |
| B. Gibbens/ HMP | Rural Health Reform Policy Research Center | G. Hart | Federal Office of Rural Health Policy, HRSA | 2012 | 2016 | \$2,640,000 | \$660,000 | \$660,000 | \$660,000 | No | Yes |
| | Oral Health Stakeholder Process | G. Hart | Pew Charitable Trust | 2014 | 2015 | \$150,000 | - | - | \$150,000 | No | Yes |
| | North Dakota State Epidemiological Evaluation | B. Gibbens | SEOW, subcontract, NDDHS | 2014 | | \$89,167 | - | - | \$89,167 | No | Yes |
| | Community Transformation | B. Gibbens | CDC, Subcontract from NDDoH | 2012 | 2013 | \$305,698 | \$181,819 | \$123,879 | - | No | Yes |
| Y. Jonk/ PHA | Cost of Running an Ambulance Service | Y. Jonk | Federal Office of Rural Health Policy, HRSA ² | 2015 | 2016 | - | - | - | - | No | Yes |
| | Cost Effectiveness of Adding Mid-level Dental Providers to a Dental Practice | Y. Jonk | Federal Office of Rural Health Policy, HRSA ² | 2015 | 2016 | - | - | - | - | No | Yes |
| | Midwest Rural eEmergency Access and Research Network | G. Hart | Avera Health ² | 2014 | 2017 | - | - | - | - | No | Yes |

| | | | | | | | | | | | |
|----------------------|-----------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------|------|---------|----------|----------|----------|----------|-----|--------------|
| | Utilization of Hospital Care for Rural Medicare Beneficiaries | G. Hart | Federal Office of Rural Health Policy, HRSA ² | 2014 | 2015 | - | - | - | - | No | No |
| | Oral Health Needs in North Dakota | S. Schroeder | PEW Charitable Trust ² | 2014 | 2015 | - | - | - | - | No | Yes |
| | Use and Performance Variations in U.S. Rural Emergency Departments | Y. Jonk | Federal Office of Rural Health Policy, HRSA ² | 2013 | 2014 | - | - | - | - | No | No |
| | Are Part D Plans Meeting the Needs of Rural Medicare Beneficiaries? | Y. Jonk | Federal Office of Rural Health Policy, HRSA ² | 2013 | 2014 | - | - | - | - | No | No |
| | High Cost Rural Medicare Patients | D. Wholey | Federal Office of Rural Health Policy, HRSA ² | 2012 | 2013 | - | - | - | - | No | No |
| | Observation Care Services in Rural Hospitals: Reimbursement and Quality Implications | Y. Jonk | Federal Office of Rural Health Policy, HRSA ² | 2012 | 2013 | - | - | - | - | No | No |
| B. Rundquist/ PHA | Monitoring Phenology in the North Central Region of the U.S. | B. Rundquist | U.S. Department of the Interior, North Central Climate Science Center | 2013 | Present | \$12450 | \$4000 | \$3600 | \$4850 | Yes | Yes, in part |
| | North Dakota View | B. Rundquist | U.S. Geological Survey | 2013 | Present | \$73,073 | \$23,500 | \$24,673 | \$24,900 | Yes | Yes, in part |
| | Developing Unmanned Aircraft Systems (UAS) for Wildlife Ecology Studies at UND | B. Rundquist | UND Office of the Vice President for Research Seed Award | 2013 | 2014 | \$40,000 | - | \$40,000 | - | No | No |
| | Remote Assessment of Senescent Grassland Landscapes | B. Rundquist | U.S. Department of Agriculture, Agricultural Research Service | 2013 | 2015 | \$51,500 | - | \$51,500 | - | Yes | No |
| | The Impacts of Climate Change, Landscape Change, and Weather on Bird Population Trends | B. Rundquist | North Dakota EPSCoR | 2012 | 2013 | \$40,000 | - | \$40,000 | - | Yes | No |
| | Detecting Trends in Invasive Emergent Vegetation within the U.S. Fish and Wildlife Service's Devils | B. Rundquist | U.S. Fish and Wildlife Service | 2012 | 2014 | \$20,000 | - | \$20,000 | - | Yes | No |

| | | | | | | | | | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|------|---------|-------------|-------------|-------------|-------------|----|-----|
| | Lake Wetland Management District of North Dakota Using Remote Sensing | | | | | | | | | | |
| T. Sabato/ HMP | Information and Communication Technology Utilization among American Indians as a Method of HIV and Other Sexually Transmitted Infection Prevention Education ¹ | T. Sabato | University of North Dakota Senate Scholar Activities Committee | 2014 | Present | - | - | - | - | No | Yes |
| | Association of Routine Gynecologic Care and HIV Testing Among Sexually Active Asian and Pacific Islander Females ¹ | T. Sabato | University of North Dakota School of Graduate Studies | 2013 | Present | - | - | - | - | No | Yes |
| T. Walch/ HMP | Effect of Adult Participation on Children's Sedentary and Physical Activity During Structured Physical Activity | T. Walch | UND | 2014 | 2014 | \$3500 | - | - | \$3500 | No | Yes |
| | Effect of Adult Participation on Children's Sedentary and Physical Activity During Outdoor Recess | T. Walch | UND | 2013 | 2013 | \$7000 | - | \$7000 | - | No | Yes |
| | Parent and Child Likeness for Active Versus Inactive Video Games | T. Walch | UND | 2013 | 2015 | \$5000 | - | \$2500 | \$2500 | No | Yes |
| | Super Foods Taste and Try Challenge ¹ | T. Walch | Oakland University Undergraduate Provost Student Research | 2012 | - | \$2,000 | \$2,000 | - | - | No | Yes |
| | Oncology Exercise and Health Promotion Program ¹ | T. Walch | Oakland University Undergraduate Provost Student Research | 2012 | - | \$2,000 | \$2,000 | - | - | No | Yes |
| K. Zhang/ PHA | North Dakota INBRE | D. Sens | NIH-NIGMS | 2009 | 2019 | \$9,360,000 | \$3,000,000 | \$3,000,000 | \$3,360,000 | No | No |
| | Environmental Toxins and Stem Cell Epigenetic Remodeling | J. Ohm | NIH | 2012 | 2017 | \$1,250,000 | - | - | - | No | No |
| | Satellite Aerosol Optical Density and the Epidemiological Determination of Cancer | K. Zhang | NIH | 2013 | - | \$138,000 | - | \$138,000 | - | No | No |

| | | | | | | | | | | | |
|--|-----------------------------------------------------------------------------------------|----------|-----|------|---|-------------|-------------|---|---|----|----|
| | Analyzing the Effects of Various Types of Genetic Variants on Tissue Transcriptome | K. Zhang | NIH | 2012 | - | \$1,250,000 | \$1,250,000 | - | - | No | No |
| | An Epidemiology Analysis of the Effect of Aerosols on Lung Cancer | K. Zhang | NIH | 2012 | - | \$138,000 | \$138,000 | - | - | No | No |
| | Preventing Breast Cancer Using Synergistic Prostaglandin Inhibitors | K. Zhang | NIH | 2012 | - | \$1,250,000 | \$1,250,000 | - | - | No | No |
| | Integrative Computational Network Analysis for Gene Regulation During Heart Development | K. Zhang | NSF | 2012 | - | \$633,119 | \$633,119 | - | - | No | No |

Key to Table:
HMP = Specialization in Health Management & Policy
PHA = Specialization in Population Health Analytics
Unfunded = Research that is being conducted without external funding.
¹ Research conducted immediately preceding appointment at UND.
² Funding amount is not available to the faculty member.

3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years.

| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|-----------------|----------------|
| Core public health faculty involved in interdisciplinary population health research | 30% | 100% | 100% | 100% |
| Core public health faculty collaborating on industry or government population health projects | 30% | 100% | 80% | 80% |
| Core public health faculty collaborating on community-based health projects | 30% | 100% | 33% | 14% |
| Students making professional presentations | 25% | NA ¹ | NA ¹ | 25% |
| Core public health faculty submitting publications with students | 45% | 100% | 60% | 29% |
| Core public health faculty submitting grants collaboratively with students ³ | 15% | 0% | 0% | 0% |
| Students trained in ethical conduct of research | 100% complete CITI training course | 100% | 100% | 100% |
| Grants awarded to Center for Comparative Effectiveness | 1 | NA ² | NA ² | 1 |
| Grants submitted by the Center for Comparative Effectiveness | 2 | NA ² | NA ² | 2 |
| Core public health faculty submitting proposal for external funding | 45% | 50% | 40% | 33% |
| Core public health faculty utilizing University and external resources to improve grant-writing skills | 30% | 100% | 33% | 30% |
| Core public health faculty published in peer-reviewed journals (by 2016) | 75% | 100% | 100% | 86% |
| Core public health faculty presenting at local, regional, state, national, or international professional meetings | 75% | 50% | 100% | 86% |
| Core public health faculty with media releases regarding their research and/or publications | 30% | 50% | 60% | 43% |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. ¹ These data were not being collected at this time. ² The Center for Comparative Effectiveness was not approved at this time. ³ The MPH Core Faculty has identified this goal as unrealistic, and it will be modified during revisions in AY 2015-16. | | | | |

3.1.e. Description of student involvement in research

The MPH Program strongly encourages students to become involved in research. The MPH Core Faculty has engaged in many research projects with students and encourages this activity through discussions at Orientation and in classes. Research projects may arise from course assignments, faculty interest, or student interest. The Scholarly Project requirement engages all students in the research experience, and these projects are required to be suitable for submission to a refereed journal. The MPH Program also funds MPH students to serve as graduate research assistants. Incoming students are selected on the basis of need and academic potential, using grade point average, academic and professional achievements, and standardized test scores.

3.1.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The MPH Program research emphasis is consistent with the University's value of collaborative research that leads to population health and well-being.
- The University has a strong support structure to facilitate research, which includes research compliance training and oversight, grants and contract management, and internal research funding mechanisms.
- The MPH Core Faculty has a significant record of public health-related research with community, state, national, and international partners.
- The MPH Program strives to involve students in research through graduate assistantships, course assignments, and the Scholarly Project.

Weaknesses

- The MPH Program has limited graduate research assistantships for students. Most students volunteer for unpaid research experiences with the MPH Core Faculty.

Plans

- Expand research assistant opportunities for students through grants and contracts to the faculty.
- Expand collaborative research opportunities with local, state, national and international health agencies and community-based organizations.
- Increase number of submissions for external funding.

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

3.2.a. Description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The State’s legislators created the MPH Program to serve North Dakota by training the health workforce and providing assistance to State public health agencies and community-based health organizations. Therefore, developing opportunities for faculty and staff to provide service to the State and community has been a Program priority. The Program has strong relationships with the following:

NEPHC, which is formal alliance between the eight local public health units (LPHUs) in the Grand Forks area. A Gap Analysis was conducted for the NEPHC (RF C1.4), which included focus groups with the leadership of the LPHUs and a review of existing data regarding health in the region. Two MPH students were assistants on the project.

GFPHD, which has provided Practicum opportunities for three students and part-time employment for two students. These projects focused on the agency’s accreditation activities, as well as the tuberculosis outbreak in Grand Forks.

NDDoH, which is engaged with the MPH Program in numerous activities in which the Program provides student and faculty support for NDDoH projects including the recent salmonella outbreak, the Total Worker Health initiative, and data collection and analysis projects for quality improvement of the agency. The latter is part of the Epicenter initiative that would designate the MPH programs in North Dakota for analytics that serve the NDDoH offices. A Fellowship for MPH graduates at the NDDoH is being developed to benefit both graduates and the agency.

Service is provided to other organizations and initiatives including the Coalition for a Healthy Greater Grand Forks, to which MPH staff, students, and faculty belong. The MPH Program contributes to the development of the two major ‘big data’ initiatives in the State - NDHIN and the NDHIH. The MPH Program supports the North Dakota Statewide Cancer Registry with a faculty member who serves as chief epidemiologist.

As for policies, the MPH Program pays for faculty and staff travel to meet and develop service projects with members of the major health and social services agencies in Bismarck and with legislators, as well as health care providers and insurers in Bismarck, Fargo, and the western part of the State. A graduate assistantship has been designated to serve the LPHUs in the NEPHC, and the student is working on a drug abuse task force with the Director of the GFPHD this year. In addition, 10 hours of service to community health organizations and public health agencies is required in MPH 504: Leading and Managing Public Health Systems. Students can choose their own service activity, with approval of the course instructor, or participate in an activity that is offered by the instructor. A log of hours is required (see RF C3.2 for hour log and salmonella outbreak service opportunity). So far this year, four students have volunteered to work on an investigation of the recent salmonella outbreak with the State Epidemiologist. Finally, service is required for tenure and promotion of the MPH Core Faculty.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

According to the DFCM Promotion and Tenure guidelines “professional and community service and contributions to society must be in the area of one’s professional discipline or administrative responsibilities but not necessarily confined to University related activities.” The guidelines offer several examples of professional and community service including professional services, membership in professional societies and/or offices held, membership in study sections or ad hoc grant reviews, membership on editorial boards, review of professional journal manuscripts or book chapters, service on accreditation committees, and consultant work not listed elsewhere (industry, education, or government). There are several service areas pertaining to student services, including: academic advising, special counseling, involvement and advising student organizations, and recruitment and screening of applicants. For faculty service examples of service include: advising and counseling, assisting in career development, and faculty development. Similarly, examples of administrative service include: departmental committees, School of Medicine & Health Sciences committees, campus- or university-wide committees, state, national, and international committees, administrative offices, hospital committees, and course/block/clerkship/residency/ graduate program coordinator/director. Finally community service includes presentations to service clubs, schools, church groups, etc.; patient and/or community education; giving professional assistance to committees, agencies, or institutions.

3.2.c. A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

| Faculty/ Specialization | Service Organization | Role | Description | Year |
|------------------------------------|------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------|-------------|
| R. Goldsteen/ HMP | North Dakota Health Exchange Hub | Co-Chair of Committee | Committee developing health information/data analytics for North Dakota, chaired by Senator Judy Lee | 2014-15 |
| | Collaboration on Needs Assessment Data | Member | North Dakota big data committee, chaired by Senator Judy Lee | 2013-15 |
| | North Dakota Compass | Advisory Committee Member | A depository for census, economics, and health data in North Dakota | 2013-15 |
| | Midwest Center for Lifelong Learning | Advisory Board Member | University of Minnesota Public Health Training Center | 2012-15 |
| | North Dakota Behavioral Risk Factor Surveillance System | Member | Data users committee for this annual survey of health behaviors in North Dakota | 2012-15 |
| | <i>Grand Forks Herald</i> | Author | 6 "Health Matters" columns on public health issues | 2012-14 |
| | <i>North Dakota Medicine</i> | Author | Article on declines in life expectancy | 2013-14 |
| | American Public Health Association | Member | Professional association | 2012-15 |
| K. Goldsteen/ PHA | North Dakota Health Exchange Hub | Member | Committee developing health information/data analytics for North Dakota, chaired by Senator Judy Lee | 2013-15 |
| | New England Association of Schools and Colleges | Site Visitor | Reaccreditation of Tufts University | 2013-14 |

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|-------------------------------------------|---------|
| | American Public Health Association | Member | Professional association | 2012-15 |
| L. Hand/ HMP | American Public Health Association | Member | Professional association | 2015 |
| | Coalition for a Healthy Greater Grand Forks | Member | Community health improvement organization | 2014-15 |
| A. Hultquist/ HMP | <i>Journal of Urban Affairs</i> | Reviewer | Professional peer-reviewed journal | 2012-14 |
| | <i>Economic Development Quarterly</i> | Reviewer | Professional peer-reviewed journal | 2012-13 |
| C. Oancea/ PHA | <i>Applied Clinical Informatics</i> | Reviewer | Professional peer-reviewed journal | 2012-15 |
| | North American Association of Central Cancer Registries, Inc. (NAACCR) | Member | Professional association | 2014-15 |
| | North Dakota Cancer Coalition (NDCC) | Member | Professional association | 2014-15 |
| | Cancer Registrars Association of the Dakotas (CRAD) | Member | Professional association | 2014-15 |
| | American Public Health Association | Member | Professional association | 2015 |
| K. Schuller/ HMP | <i>Medical Care</i> | Reviewer | Professional peer-reviewed journal | 2013-14 |
| | <i>Health Policy</i> | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | National Rural Health Association | Member | Professional association | 2014-15 |
| | Coalition for a Healthy Greater Grand Forks | Secretary | Community health improvement organization | 2014-15 |
| | Circle of Friends Humane Society | Board Member | Community organization | 2014-15 |
| A. Selya/ PHA | Journal of Adolescent Health | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | Nicotine & Tobacco Research | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | Addictive Behaviors | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | Journal of Studies on Alcohol and Drugs | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | Drug & Alcohol Dependence | Reviewer | Professional peer-reviewed journal | 2014-15 |
| | Society for Prevention Research | Member | Professional association | 2014-15 |
| | Grand Forks Tobacco Free Coalition | Member | Community health improvement organization | 2014-15 |
| | American Public Health Association | Member | Professional association | 2015 |
| Key to Table: HMP = Specialization in Health Management & Policy PHA = Specialization in Population Health Analytics | | | | |

| Faculty/ Specialization | Funded Service Organization | PI | Funding Source | Funding Period | | Total | 2012-13 | 2013-14 | 2014-15 | Student Participation? | Community Based? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------|------------------------|----------------|--------|--------------------------|-----------|-----------|-----------|---------------------------|---------------------|
| | | | | | | | | | | | |
| R. Goldsteen/ HMP | NorthEast Public Health Collaborative (NEPHC) | R. Goldsteen | NEPHC through NDDoH | 7/2014 | 6/2015 | \$33,764 | - | - | \$ 33,764 | Yes | Yes |
| | Blue Cross Blue Shield of North Dakota (BCBSND) | R. Goldsteen | BCBSND | 5/2015 | 4/2018 | \$300,000 | - | - | \$16,667 | Yes | No |
| | New York City-Long Island- Lower Tri-County Public Health Training Center | M. Murrman | HRSA | 9/2011 | 8/2015 | \$760,000 | \$253,000 | \$253,000 | - | Yes | Yes |
| C. Oancea/ PHA | North Dakota Statewide Cancer Registry | M.A. Sens | CDC through NDDoH | 7/2012 | 6/2017 | \$1,650,000 ¹ | - | - | - | No | No |
| K. Goldsteen/ PHA | NorthEast Public Health Collaborative (NEPHC) | R. Goldsteen | NEPHC through NDDoH | 7/2014 | 6/2015 | \$33,764 | - | - | \$ 33,764 | Yes | Yes |
| | Blue Cross Blue Shield of North Dakota (BCBSND) | R. Goldsteen | BCBSND | 5/2015 | 4/2018 | \$300,000 | - | - | \$16,667 | Yes | No |
| <p>Key to Table: HMP = Specialization in Health Management & Policy PHA = Specialization in Population Health Analytics ¹ Distribution of funding is not available to the faculty member.</p> | | | | | | | | | | | |

3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years. See Table 3.2.d.1.

| Table 3.2.d.1. Outcome Measures for Evaluating Success of Service, 2012 – 2015* | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|-----------------|----------------------|
| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
| Core public health faculty serving as a reviewer for a journal and/or funder | 45% | 0% | 60% | 71% |
| Core public health faculty and staff serving on a board of or holding membership in a professional organization | 90% | 100% | 100% | 89% |
| MPH Program co-sponsoring the annual Dakota Conference on Rural and Public Health | By June 2017 | NA ¹ | NA ¹ | NA ¹ |
| Core public health faculty and staff attending public health-related community meetings or events | 50% | 100% | 60% | 78% |
| Core public health faculty and staff serving on a board of or holding membership in a public health-related community organization | 75% | 100% | 40% | 33% |
| MPH Program sponsoring public health events annually ² | Public Health Week events and 1 other | 4 | 3 | 4 |
| Students serving at least 10 hours per academic year within the community | 90% participate in MPH 504 service requirement | NA ¹ | NA ¹ | NA ¹ |
| Core public health faculty providing service to the Program, School, and University | 100% | 100% | 100% | 100% |
| Students providing service to the Program, School and University | 30% | NA ³ | NA ³ | 63% |
| Number of activities or events PHA sponsors or co-sponsors | 1 activity per month | NA ¹ | NA ¹ | 1 activity per month |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. ¹ This was not an explicit objective at this time. ² All but one of these events in each year was part of Public Health Week. ³ These data were not being collected at this time. | | | | |

Examples of public health-related community meetings or events (Objectives 4 and 5 above) include those of the Coalition for a Healthy Greater Grand Forks, Healthy Choices Greater Grand Forks, Healthy UND, and Tobacco-Free UND. The MPH Community Advisory Board is not included. The service requirement in Objective 6 above has been added to MPH 504: Leading and Managing Public Health Organizations, a core course. Students are provided with opportunities for service or they may select their own activity, with permission of the instructor. So far this semester, four students have volunteered to work with the Tracy Miller, the State Epidemiologist, on an investigation of a salmonella outbreak.

3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criteria 2.4.

The MPH Program seeks to enhance learning through involvement in service activities above and beyond required practice. This is primarily facilitated through the PHA. The PHA allows 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
- Semi-Annual Adopt-a-Highway cleanup
- MPH student meet and greet gathering
- NDPHA Legislative Day
- Public Health Week Activities
- Bake Sale Benefit

Students are encouraged to maintain active participation in the PHA. Additionally, other service opportunities are frequently shared by the MPH Program Manager. See RF C3.2 for a listing of service opportunities available to students; this is also made available to students on the MPH Program website. Students are surveyed regarding their service participation during the required annual MPH student survey administered every spring.

3.2.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The MPH program has developed professional relationships with the community as a result of student Practicums and collaborative research projects.
- The MPH program provides students with many voluntary opportunities through courses and professional organizations to become involved in service to the community.
- Core faculty members have strong academic service records, serving as journal reviewers and members of national organizations.

Weaknesses

- As a new program, the MPH Program is in the start-up phase of developing relationships with community organizations and public health agencies.
- A small percentage of students actively participate in community service organizations or activities.

Plans

- Continue building the Program's community network to advance professional relationships between the MPH Program and the community.
- Implement the plan to require 10 hours of community service in the required core course - MPH 504: Leading and Managing Public Health Systems

- Promote additional student involvement in community functions, service, and organizations by providing lists of opportunities each year.

3.3 Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The MPH Program directed initial efforts and resources towards the development of curriculum, recruitment, and matriculated students. First efforts to assess the continuing education needs occurred in the fall of 2014 and included primary data collection through an electronic survey.

In order to obtain a comprehensive picture of the public health workforce needs of North Dakota and the Northern Plains, the MPH Program conducted an assessment in the fall of 2014. A 19-question Qualtrics survey was created based on a survey instrument developed by Central New York MPH Program. A copy of the survey instrument can be found in RF C3.3. The survey was distributed to local public health unit administrators, hospital administrators, Dakota Conference on Rural and Public Health conference attendees, state health officials, and community partners in North Dakota and Northwest Minnesota. Additionally, a separate survey was sent to public health unit administrators, hospital administrators, and state health officials in Wyoming to understand workforce needs as an extension of our satellite campus at Casper College in Casper, Wyoming. Data from the Wyoming survey were analyzed separately. Respondents were incentivized with two prizes, a \$25 or \$50 Visa Gift Card, for participating in the survey. The North Dakota and Northwest Minnesota survey was sent to 201 individuals. Seven emails were returned as undeliverable. A total of 194 surveys were successfully delivered. Seventy-eight surveys were completed for a completion rate of 40%. Complete survey results can be found in RF C3.3.

Overall, respondents desired a high level of knowledge and skill in new MPH graduates. Highest levels of knowledge were desired in disease prevention, chronic diseases, health disparities, and health policy. A high level of skill was desired in professionalism, program planning and evaluation, data collection, management and analysis, and software use. Moderate skills in the statistical software used by the respondent's organization was most desired while Excel and SPSS were the most commonly used programs. Some respondents also reported they or someone they knew would benefit from a graduate certificate program in environmental health.

Fifty-nine percent of survey respondents reported having sufficient opportunity for continuing education. Respondents reported desiring continuing education topics that include health promotion, disease prevention, chronic diseases, and health policy. Continuing education topics most desired include working with government and legislating bodies, health service management, program planning and evaluation, cultural sensitivity, and social marketing strategies. The most desired formats for receiving continuing education were online webinars and in-person workshops. The desired frequency and time were monthly or quarterly in the mid-morning or noon hour for 60 minutes.

The response for the Wyoming workforce survey was modest with 13 completed surveys. Survey results did not differ greatly from the results of the North Dakota and Northwest Minnesota survey. Skills desired in new MPH graduates were the same for Wyoming respondents. Most frequently desired continuing education topics include health promotion, rural health, health disparities, collection and management of data, social marketing, working with legislative bodies, health service management, budget management, and human resource management. A majority of respondents reported having

sufficient opportunity for continuing education. Desired continuing education delivery was similar with the addition of online lectures and a mid-afternoon delivery as a best method of delivery. Five respondents indicated a benefit of an environmental health graduate certificate program.

In the future, the workforce assessment survey instrument will be administered every four years to provide insight regarding the workforce as a whole. Additionally, the MPH Director and MPH Program Manager will conduct periodic key informant interviews, which will inform the provision of opportunities for continuing education. These key informant interviews will be combined with employer assessments to give a comprehensive view of the program and help meet the needs of employers through new employees and meeting future educational needs.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table.

While the MPH Program has not offered any formal continuing education programs, it has embarked on a non-traditional continuing education program peer-to-peer training opportunity as part of a student Practicum. The Practicum, informed by a gap analysis conducted by the MPH Program’s Center for Comparative Effectiveness Analytics, facilitates peer-to-peer learning for local public units as they implement electronic health records. The program utilizes the UND SMHS active learning classroom to provide an environment in which public health professionals from eight Northeast North Dakota public health units are able to cooperate in their implementation of electronic health records. A series of five monthly sessions were organized and are detailed in Table 3.3.b.1.

| Date | Format | Primary Presenters | Topic | Number Served |
|------------------|------------------------------|----------------------------------------------------------------------|-------------------------------------------------|----------------------|
| Feb 2015 | Cooperative Learning Session | Allen Anderson, Teri Gustafson, Char Rardon, Debbie Swanson | Nightingale Notes Setup | 22 |
| Mar 2015 | Cooperative Learning Session | Char Rardon, Lanetta Johnson, Debbie Hanson-Misialek, Debbie Swanson | Billing with Nightingale Notes | 27 |
| Apr 2015 | Cooperative Learning Session | Debbie Swanson | Nightingale Notes Pathways | 21 |
| May 2015 | Cooperative Learning Session | Kailee Dvorak, Debbie Swanson | Scheduling and reporting with Nightingale Notes | 28 |
| June 2015 | Cooperative Learning Session | Debbie Swanson, NDHIN Staff | NDHIN | 21 |

3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Graduate Certificates

The MPH Program has developed two graduate certificate programs to provide an avenue for educational advancement among working professionals and others interested in public health. The Graduate Certificate in General Public Health is a 15 credit graduate certificate that consists of the five core MPH courses. The Graduate Certificate in Population Health Analytics is a 15 credit graduate certificate that consists of five courses tailored to gaining skills in analytical work. Courses included in the two graduate certificate programs can be found in RF C3.3. These two graduate certificates, as well as the availability of courses for non-degree seeking students, gives multiple opportunities for educational advancement for current members of the public health workforce as well as those seeking to gain additional knowledge in public health.

The MPH Program has taken steps to ensure these course offerings are accessible for active professionals. The MPH Program has an extensive framework for distance education in order to serve the entire public health workforce in North Dakota. Additionally, most classes are offered in the evenings and all credits earned in a certificate program can be used, if the student desires, to pursue the full MPH degree. Finally, the Graduate Certificate in General Public Health allows for certain qualified individuals to sit for the Certified in Public Health (CPH) examination.

Table 3.3.c.1 below details enrollment in the graduate certificate programs. The certificate programs are relatively new to the program, with the first students applying during the 2014-2015 Academic Year. Further recruitment is expected as the certificate program develops.

Graduate Certificate Admission Requirements

The certificate programs carry the same admission requirements as the full master's program.

Admission standards include:

1. Completion of the online application and payment of the application fee.
2. A baccalaureate degree or equivalent from an accredited college or university.
3. An undergraduate and graduate (if applicable) cumulative grade point average (GPA) of at least 3.00.
4. A standardized test, five years of relevant public health experience, or another advanced degree.
5. Fluency in written and spoken English.
6. Supporting Documentation
 1. A written statement that describes the applicant's professional goals and motivation for seeking a degree in public health.
 2. Resume listing work experience, including voluntary, and relevant accomplishments, awards, and honors.
 3. Official post-secondary academic transcripts from all institutions attended.
 4. Three (3) letters of recommendation.

Applicants must submit an online application with a non-refundable application fee through the Graduate School Application Portal, available at <http://graduateschool.und.edu/my-gradspace.cfm>. The MPH Admissions Committee reviews all of the applicants' materials and makes a decision. Upon matriculation, certificate students are assigned an academic advisor to develop a plan of study and

ensure adequate academic progress. All graduate certificate students have access to the same resources as the MPH students and must follow the same program policies and procedures.

| Table 3.3.c.1. Summary of Enrollment in Certificate Programs | | | |
|---------------------------------------------------------------------|------------------|------------------|------------------|
| Certificate in General Public Health | 2013-2014 | 2014-2015 | 2015-2016 |
| Applied | NA | 1 | TBD |
| Accepted | NA | 1 | TBD |
| Enrolled | NA | 0 | TBD |
| Graduated | NA | 0 | Ongoing |
| Certificate in Population Health Analytics | 2013-2014 | 2014-2015 | 2015-2016 |
| Applied | NA | 0 | TBD |
| Accepted | NA | 0 | TBD |
| Enrolled | NA | 0 | TBD |
| Graduated | NA | 0 | Ongoing |

Key to Table:
 NA = Not available because certificate not offered at this time.
 TBD = To be determined when spring admissions cycle is complete.

Non-degree Seeking Students

Individuals seeking to advance their professional development through graduate study without seeking a degree may apply to take up to nine credits on a non-degree seeking basis. See Table 3.3.c.2 for a summary of enrollment of non-degree seeking students.

Applicants who wish to take graduate classes but who do not want to earn the MPH degree or a graduate certificate are classified as Non-Degree students. All applicants for non-degree status must possess a four-year bachelor's degree earned at an accredited U.S. institution (or equivalent degree from another country). Subject to the approval of the MPH Director and the Dean of the SGS, a maximum of nine graduate credits taken as a graduate Non-Degree student may be counted toward a graduate degree, subject to all other requirements.

| Table 3.3.c.2. Summary of Non-Degree Seeking Enrollment in MPH Courses | | | |
|-------------------------------------------------------------------------------|------------------|------------------|------------------|
| | 2013-2014 | 2014-2015 | 2015-2016 |
| MPH 504: Leading and Managing Public Health Systems | 1 | 0 | TBD |
| MPH 510: Health Care Systems | 0 | 1 | TBD |
| MPH 520: Environmental Health | 0 | 1 | TBD |
| MPH 531: Biostatistics 1 | 1 | 0 | TBD |
| MPH 532: Biostatistics 2 | 0 | 0 | TBD |
| MPH 533: Advanced Biostatistics | 0 | 0 | TBD |
| MPH 541: Social and Behavioral Sciences in Public Health | 0 | 0 | TBD |
| MPH 551: Epidemiology | 0 | 1 | TBD |
| MPH 556: System Dynamics 1 | 0 | 0 | TBD |
| MPH 560: Fundamentals of Evaluation | 0 | 0 | TBD |
| MPH 561: Advanced Evaluation | 0 | 0 | TBD |
| MPH 572: Health Care Budgeting and Finance | 0 | 0 | TBD |

Key to Table:
 TBD = To be determined when spring admissions cycle is complete.

3.3.d. Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The MPH Program seeks to provide opportunities for working professionals to pursue continuing education goals through the framework of graduate level education. The certificate and non-degree course offerings will be continuously evaluated through existing assessment tools such as course evaluations and student feedback surveys. Based on the results of the workforce development survey and other data collection formats, such as key informant interviews, the MPH Program will continue to evaluate, examine, and develop policies that support non-traditional and continuing education opportunities.

The opportunities for public health education outside of the pursuit of a MPH degree are a response to the needs identified through the workforce development survey. The MPH Program seeks to improve these opportunities in response to the workforce development survey results. Future strategic planning will include the development of a framework for improving continuing education opportunities including access to distance opportunities to fulfill our mission of serving the entire Northern Plains.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

The MPH Program is affiliated with two public health training centers - Upper Midwest Public Health Training Center at the University of Minnesota School of Public Health and the RMPHTC in Colorado. The MPH Director has discussed working with the training centers to develop continuing education courses for North Dakota.

During a meeting in summer 2015 between the MPH Director and Tim Byers, Director of the RMPHTC, they agreed to collaborate on the development and offering of continuing education opportunities that are not credit-bearing and meet the needs and time-constraints of working professionals. In spring 2016, the Program will advertise the current offerings to the North Dakota public health community. The Program will also work with the RMPHTC to develop some bidirectional video peer learning groups for North Dakota, beginning in spring 2016. See RF C3.2 RMPHTC Project Narrative for examples of continuing education strategies that can be applied in North Dakota.

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths

- The MPH Program established two approved, 15-credit graduate certificate programs — Graduate Certificate in Public Health and Graduate Certificate in Population Health Analytics.
- The MPH Program administered a workforce assessment survey that provided information to enhance the curriculum for current and future students, as well as provided direction for the development of continuing education programs.
- The MPH Director has met with local public health professionals throughout the state in SACCHO, NEPHC, and the NDDOH to inform them about the opportunities for continuing education within the MPH Program and encourage participation.

- The MPH Program is affiliated with two public health training centers - Upper Midwest Public Health Training Center at the University of Minnesota School of Public Health and the RMPHTC in Colorado.

Weaknesses

- Lack of non-credit bearing, short-term continuing education opportunities for working professionals.

Plans

- Develop non-credit bearing, short-term continuing education offerings for local and distance public health professionals, based on information from the workforce survey. A draft framework is included in RF C3.3.
- Enhance marketing of the graduate certificate programs, especially tailored marketing for working professionals to improve enrollment.
- Explore opportunities to partner with community organizations, such as the GFPHD, to offer continuing education opportunities.
- Explore opportunities to provide continuing education and workforce development in Wyoming in conjunction with MPH Program satellite at Casper College.

4.0 Faculty, Staff and Students

4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program’s mission, goals and objectives.

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

Primary faculty members are presented in Table 4.1.a.1. Curricula vita (CVs) for all faculty members listed in Table 4.1.a.1. are available in RF C4.1. The FTE presented in Table 4.1.a.1. are current for Academic Year 2015-2016.

| Table 4.1.a.1. Current Primary Faculty Supporting Degree Offerings of Program by Specialization | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------|------------------------------|------------------|----------------------------|----------------------------|---------------------------|----------------------|-------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Name | Title/Academic Rank | Tenure Status | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Institution Where Degrees Earned | Discipline in Which Degrees Earned | Teaching Area | Research Interest |
| Population Health Analytics – Total number of Faculty = 3 (3.0 FTE) | | | | | | | | | | | |
| K. Goldsteen, | Research Associate Professor | Not Tenure-Track | 0.40 | 0.10 | 0.50 | 1.00 | PhD, MPH | University of Illinois at Urbana-Champaign (PhD); Columbia University School of Public Health (MPH) | Community Health (PhD); Sociomedical Sciences (MPH) | Public Health Systems, Research Methods, Social Determinants of Health, Family and Health | Social determinants of child health; Public health outcomes research |
| C. Oancea | Assistant Professor | Tenure-Track | 0.40 | 0.50 | 0.10 | 1.00 | PhD, MS, MS | University of Minnesota (PhD); Oklahoma State University (MS); Oklahoma State University (MS) | Environmental Health Sciences with Epidemiology focus (PhD); Theoretical Mathematics (MS); Statistics (MS) | Biostatistics, Epidemiology, Environmental Health | Cancer epidemiology and survivorship in children and adults; Extending recurrence time models to periodic screening for chronic diseases |

| Table 4.1.a.1. Current Primary Faculty Supporting Degree Offerings of Program by Specialization (Continued) | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------|---------------|----------------------------|----------------------------|---------------------------|-------------------------|-------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | Title/Academic Rank | Tenure Status | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Institution Where Degrees Earned | Discipline in Which Degrees Earned | Teaching Area | Research Interest |
| A. Selya | Assistant Professor | Tenure-Track | 0.40 | 0.50 | 0.10 | 1.00 | PhD | Rutgers University | Neuroscience | Research Methods, System Dynamics, Biostatistics | Smoking behavior and nicotine dependence among adolescents; Early-emerging substance dependence; Research methods for large data sets; System dynamics |
| Health Management and Policy – Total Number of Faculty = 4 (2.0 FTE) | | | | | | | | | | | |
| R. Goldstein ¹ | Professor | Tenured | 0.20 | 0.10 | 0.20 | 0.50 (Admin. = 0.50) | DrPH, MA | Columbia University School of Public Health (DrPH); Brown University (MA) | Sociomedical Sciences (DrPH); Sociology (MA) | Public Health Systems | Comparative effectiveness of health policy; Fairness in allocation of health resources |
| L. Hand | Assistant Professor | Tenure-Track | 0.30 | 0.10 | 0.10 | 0.50 | PhD, MPP | Arizona State University (PhD, MPP) | Public Administration and Policy (PhD, MPP) | Health Policy, Research Methods, Program Evaluation | Co-production of public services; Citizen engagement; Health disparities; Public housing policy |
| A. Hultquist | Associate Professor | Tenure-Track | 0.20 | 0.20 | 0.10 | 0.50 | PhD, MPP | The Ohio State University (PhD); University of Minnesota (MPP) | Public Policy and Management (PhD); Public Policy (MPP) | Public Policy Analysis | Urban and regional economic development; Applied microeconomics and econometrics; Spatial analysis; Economic incentives and environmental policy |

Table 4.1.a.1. Current Primary Faculty Supporting Degree Offerings of Program by Specialization (Continued)

| Name | Title/Academic Rank | Tenure Status | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Institution Where Degrees Earned | Discipline in Which Degrees Earned | Teaching Area | Research Interest |
|--------------------------|---------------------|---------------|----------------------------|----------------------------|---------------------------|----------------------|-------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| K. Schuller ² | Assistant Professor | Tenure-Track | 0.30 | 0.10 | 0.10 | 0.50 | PhD, MHA | University of South Carolina (PhD, MHA) | Health Services Policy and Management (PhD, MHA) | Health Administration and Organization, Health Care Systems, Quality Improvement | Administrative methods to Improve health care quality and patient safety |

Key to Table:

¹ Dr. Goldsteen is MPH Director. He is considered 0.50 FTE administration and 0.50 FTE faculty.

² Dr. Schuller resigned in May 2015 and her replacement is being sought through the regular faculty search process. A candidate has been identified (Yvonne Jonk) and an informal offer has been made and accepted. Dr. Jonk is expected to start on January 1, 2016.

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program.

Faculty members listed in Table 4.1.b.1. contribute to the MPH Program through guest lectures, research, or service. These faculty members also serve on program committees and are eligible to serve as secondary advisors Scholarly Projects or independent research projects. CVs for faculty members listed in Table 4.1.b.1. are available in RF C4.1. The program was unable to obtain a CV from one faculty member listed below.

Table 4.1.b.1. Other Faculty Supporting Degree Offerings of Program by Specialization

| Name | Title/Academic Rank | Current Employer | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Discipline in Which Degrees Earned | Contributions to Program (2015-2016) |
|----------------------------------------------------------------------------------------|---------------------|------------------|----------------------------|----------------------------|---------------------------|----------------------|-------------------------|--------------------------------------------------------|--------------------------------------|
| Population Health Analytics – Total number of Affiliated Faculty = 8 (0.80 FTE) | | | | | | | | | |
| James Beal | Associate Professor | UND | 0 | 0 | 0.01 | 0.01 | PhD, MPA | Higher Education Administration; Public Administration | Affiliated Faculty Service |

| Table 4.1.b.1. Other Faculty Supporting Degree Offerings of Program by Specialization (Continued) | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------|--------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Name | Title/Academic Rank | Current Employer | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Discipline in Which Degrees Earned | Contributions to Program (2015-2016) |
| Clint Hosford | Assistant Professor/ Senior Statistician | UND | 0.20 | 0 | 0.03 | 0.23 | PhD | Research Methods | Affiliated Faculty Service; Course Instructor – MPH531: Biostatistics 1; MPH Faculty Council |
| Scott Johnson | Instructor | UND | 0.05 | 0.10 | 0.01 | 0.16 | MSD | System Dynamics | Affiliated Faculty Service; Course Co-Instructor - MPH556: System Dynamics 1 |
| Yvonne Jonk | Assistant Professor | UND | 0.10 | 0.05 | 0.01 | 0.16 | PhD, MS | Applied Economics, Agricultural and Resource Economics | Affiliated Faculty Service; Course Instructor – MPH574: Foundations of Health Economics |
| Bradley Rundquist | Professor | UND | 0 | 0 | 0.01 | 0.01 | PhD, MA | Geography | Affiliated Faculty Service |
| Abe Sahmoun | Associate Professor | UND | 0 | 0 | 0.01 | 0.01 | PhD, MS | Econometrics; Clinical Epidemiology | Affiliated Faculty Service |
| Larry Williams | Professor | UND | 0.10 | 0 | 0.01 | 0.11 | PhD, MS | Organizational Behavior, Industrial; Organizational Psychology | Affiliated Faculty Service; Course Instructor – MPH570: Special Topics in Population Health (Structural Equation Analysis) |
| Kurt Zhang | Assistant Professor | UND | 0.10 | 0 | 0.01 | 0.11 | PhD, MS | Statistics; Computer Science | Affiliated Faculty Service; Course Instructor – MPH534: Bioinformatics and MPH 535: Health Care Data Mining |
| Health Management and Policy – Total Number of Affiliated Faculty = 14 (1.07 FTE) | | | | | | | | | |
| Paula Carter | Research Director, National Indigenous Elder Justice Initiative /Research Assistant Professor | UND | 0.02 | 0 | 0.03 | 0.05 | PhD, MA | Counseling Psychology; Counseling | Affiliated Faculty Service; Guest Lecturer; MPH Curriculum Committee |

| Table 4.1.b.1. Other Faculty Supporting Degree Offerings of Program by Specialization (Continued) | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------|--------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Name | Title/Academic Rank | Current Employer | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Discipline in Which Degrees Earned | Contributions to Program (2015-2016) |
| Charles Christianson | Associate Dean for Clinical Education/ Associate Professor | UND | 0 | 0 | 0.01 | 0.01 | MD, ScM | Family Practice Medicine; Health Care Organization and Financing | Affiliated Faculty Service |
| Jane Croeker | Director, UND Health and Wellness | UND | 0 | 0 | 0.08 | 0.08 | BSW | Social Work | Affiliated Faculty Service; Practicum Preceptor; MPH Community Advisory Board |
| Brad Gibbens | Deputy Director, Center for Rural Health/ Assistant Professor | UND | 0 | 0 | 0.03 | 0.03 | MPA | Public Administration | Affiliated Faculty Service; Guest Lecturer |
| Nasser Hammami | SMHS Chief Information Officer/ Assistant Professor | UND | 0 | 0.10 | 0.01 | 0.11 | MBA, MS | Business Administration; Industrial Technology; Medical Technology | Affiliated Faculty Service; Grant/Research Support on Big Health Data |
| Gary Hart | Director, Center for Rural Health/ Professor | UND | 0 | 0 | 0.01 | 0.01 | PhD, MS | Medical Geography; Geography | Affiliated Faculty Service |
| Soizik Laguette | Chair, Earth System Science & Policy/ Associate Professor | UND | 0 | 0 | 0.03 | 0.03 | PhD, MS | Environmental Science; Land Reclamation and Rural Development | Affiliated Faculty Service; Curriculum Support for Environmental Health |
| Darin Ohe | Manager, Capital Budget and Materials Management | Altru Health System | 0.10 | 0 | 0.01 | 0.11 | MBA | Finance | Affiliated Faculty Service; Course Instructor - MPH 572: Health Care Budgeting and Finance |
| Kim Ruliffson | Coordinator, UND Work Well Program | UND | 0.02 | 0 | 0.01 | 0.03 | MPA | Public Administration | Affiliated Faculty Service; Guest Lecturer |

| Table 4.1.b.1. Other Faculty Supporting Degree Offerings of Program by Specialization (Continued) | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------|--------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | Title/Academic Rank | Current Employer | Teaching Effort in Program | Research Effort in Program | Service Effort in Program | Total FTE in Program | Graduate Degrees Earned | Discipline in Which Degrees Earned | Contributions to Program (2015-2016) |
| Todd Sabato | Assistant Professor | UND | 0.05 | 0 | 0.01 | 0.06 | PhD, MA | Health Promotion, Education, and Behavior | Affiliated Faculty Service; Course Co-Instructor – MPH541: Social and Behavioral Sciences in Public Health |
| Don Shields | Former Director, Grand Forks Public Health Department | Retired | 0.07 | 0 | 0.01 | 0.08 | MBA, MHA, FACHE | Business Administration; Health Administration | Affiliated Faculty Service; Preceptor; Guest Lecturer |
| Paul Sum | Chair, Political Science and Public Administration/ Professor | UND | 0.10 | 0 | 0.03 | 0.13 | PhD, MA | Comparative Politics/Political Economy; Comparative Politics | Affiliated Faculty Service; Course Instructor – MPH 579: Political Advocacy and Social Entrepreneurship; Support for Health Management and Policy Specialization |
| Tanis Walch | Coordinator, Public Health Education; Assistant Professor | UND | 0.15 | 0 | 0.03 | 0.18 | PhD, MPH | Human Nutrition, Physical Activity | Affiliated Faculty Service; Course Co-Instructor – MPH541: Social and Behavioral Sciences in Public Health; Independent Study Instructor; MPH Faculty Council; MPH Curriculum Committee |
| Ian Watson | Division Analyst, Care Management | Altru Health System | .10 | 0.05 | 0.01 | 0.16 | MS | Urban and Regional Planning | Affiliated Faculty Service; Research Using System Dynamics; Course Instructor - POLS551: Health Administration and Organization |
| <p>Key to FTE Assignments:</p> <p>Affiliated Faculty Service (Attend 2 Meetings of the Affiliated Faculty/Year) 0.01 FTE</p> <p>Guest Lecturer 0.02 FTE</p> <p>MPH Committee Member 0.02 FTE</p> <p>Course Instructor 0.10 FTE /Course/Year</p> <p>Course Co-Instructor or Practicum Preceptor 0.05 FTE /Course/Year</p> <p>Grant/Research Support 0.05 - 0.20 FTE</p> | | | | | | | | | |

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The MPH Program has sought to develop Core and Affiliated Faculties whose members have the training and experience to provide the Program's curriculum. Current core members of the Population Health Analytics Faculty have academic backgrounds in Public Health, Community Health, Environmental Health/Epidemiology, Statistics, Theoretical Mathematics, and Neuroscience. Health Management and Policy Core Faculty members have academic backgrounds in Health Services Policy and Management, Public Administration and Policy, Sociology, and Public Health. As a part of her appointment, Dr. Cristina Oancea, Population Health Analytics core, serves as Senior Epidemiologist for the North Dakota Statewide Cancer Registry.

MPH Affiliated Faculty members complement the Core Faculty and support the teaching, research, and service missions of the Program. Affiliated Faculty members represent a wide variety of public health-related research and practice contexts. Some members of the Affiliated Faculty have specialized training that prepares them to teach or co-teach required and elective courses including MPH 572: Health Care Budgeting and Finance, MPH 556: System Dynamics, MPH 541: Social and Behavioral Sciences in Public Health; MPH 574: Foundations of Health Economics, MPH 538: Introduction to Structural Equation Analysis, MPH534: Bioinformatics, and MPH 535: Health Care Data Mining. Others faculty members also have practice experience including Don Shields, former Director of the Grand Forks Department of Health; Darin Ohe, Manager of Capital Budget and Materials Management at Altru Health System; Scott Johnson, CEO of a system dynamics consulting company; Brad Gibbens, Interim Director of the Center for Rural Health; Jane Croeker, Director of UND Health and Wellness Promotion, and Kim Ruliffson, Coordinator of UND Work Well. The infusion of knowledge from Affiliated Faculty members, either academic or practice, is highly valued by students and the Program.

The MPH Director invites persons with relevant academic or practice experience to join the Affiliated Faculty. Each receives a formal letter of invitation from the Program Director, and upon acceptance, receives a two-year appointment. Affiliated Faculty appointments carry a variable commitment and fluctuates based on the ability and willingness of the individual to commit time and effort to the MPH Program. (See Table 4.1.b.1. for further information on Affiliated Faculty contributions.)

4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Measurable objectives by which the MPH Program assesses the qualifications of its faculty complement are from criteria 1.1.d., listing program objectives for Faculty and Staff.

| Table 4.1.d.1. Outcome Measures by Which Program May Judge Qualifications of Its Faculty Complement, 2012 – 2015* | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|----------------|
| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
| Core and affiliated public health faculty with graduate degree in a field other than public health | 50% | 75% | 75% | 78% |
| Core public health faculty involved in interdisciplinary population health research | 30% | 100% | 100% | 100% |
| Core public health faculty collaborating on industry or government population health projects | 30% | 100% | 80% | 80% |
| Core public health faculty collaborating on community-based health projects | 30% | 100% | 33% | 14% |
| Grants awarded to Center for Comparative Effectiveness | 1 | NA ¹ | NA ¹ | 1 |
| Grants submitted by the Center for Comparative Effectiveness | 2 | NA ¹ | NA ¹ | 2 |
| Core public health faculty submitting proposal for external funding | 45% | 50% | 40% | 33% |
| Core public health faculty published in peer-reviewed journals (by 2016) | 75% | 100% | 100% | 86% |
| Core public health faculty presenting at local, regional, state, national, or international professional meetings | 75% | 50% | 100% | 86% |
| Core public health faculty with media releases regarding their research and/or publications | 30% | 50% | 60% | 43% |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. ¹ The Center for Comparative Effectiveness was not approved at this time. | | | | |

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- All members of the MPH Core Faculty are full-time UND faculty members.
- Members of the MPH Core Faculty are well-qualified to teach, conduct research, and provide service that is consistent with and advances the Program’s mission and goals.
- Members of the MPH Affiliated Faculty represent a wide variety of public health practice contexts and fields that complement and extend the Core Faculty.

- Both Core and Affiliated Faculty members who teach MPH courses are well qualified for their teaching assignments.

Weaknesses

- No weaknesses have been identified.

Plans

- Increase the integration of the MPH Affiliated Faculty in the Program as guest lecturers, discussion leaders, and student mentors.
- Advocate for additional MPH Core Faculty members in epidemiology, environmental health, and clinical outcomes research.

4.2. Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

All MPH faculty members have access to a Faculty Handbook that contains information about the policies, regulations and procedures of the University. A copy of the *Faculty Handbook* can be found at <http://und.edu/university-senate/faculty-handbook/index.cfm> (See RF C4.2). Information about the organization of the University or the services and facilities available to faculty members is found in the *UND Organization and Services Guide* at: <http://und.edu/university-senate/organization-services-guide/index.cfm>

In addition to the Faculty Handbook, the Academic Policy and Procedures Manual is available online at <http://und.edu/academics/registrar/academic-policy-procedures-manual.cfm>. This Academic Policy and Procedures Manual is a guide to the academic policies and procedures currently in effect at UND. It is intended to be a reference primarily for faculty, academic advisers, and other academic staff in understanding academic policies approved by the University Senate, the University, and the State Board of Higher Education.

The SMHS also develops and publishes policies and procedures for faculty, which are consistent with, but in addition to, the University policies and procedures. SMHS policies and procedures are found online at: <http://www.med.und.edu/policies/index.cfm>.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

UND offers a wide variety of faculty development and support opportunities, including programs, awards, and funding for UND faculty to develop teaching and research skills. These include:

- **Programs** that are dedicated to enhancing the quality of teaching and learning at UND are offered by the Office of Instructional Development (OID): “Through its various activities, programs, and resources, OID promotes campus-wide conversations about teaching, fosters innovation in curriculum and instruction, recognizes excellence, and encourages the continuing development of faculty as teachers.” The following is a list of programs offered by OID to develop and support faculty.
 - Alice T. Clark Scholars Mentoring Program: an orientation and mentoring program for new faculty at UND. The purposes of this program are to assist faculty in developing professional and personal networks, to increase faculty awareness of campus culture and resources, and to support the professional development of faculty as teachers and scholars. The program consists of monthly group sessions in addition to regular, informal meetings with participant’s chosen senior mentors. Although the Alice Clark Program is currently for new full-time, tenure-track faculty, UND is piloting similar programs for part-time, non-tenure track, and distance faculty.
 - Faculty Study Seminars: a venue for faculty with common interests to learn more about a teaching-related topic. These groups meet approximately once per month to discuss a teaching-related book, which is provided by OID. These are open to all faculty members, regardless of rank or full-time status.

- On Teaching Seminars: a series of seminars on teaching-related topics, held approximately twice per month during the semester. These seminars are open to all faculty members, regardless of rank or full-time status.
- Workshops: several workshops ranging from one hour to two weeks are offered every year at OID on teaching-related topics. These workshops are open to all faculty members. Examples of workshops offered in 2015 include *Writing a Teaching Statement*, *Online Course Design*, *Student Engagement in Online Learning*, and two *Writing across the Curriculum* workshops.
- Faculty Writing Groups: two workshops in different formats that focus on sharing and improving faculty writing samples. This is open to all faculty members.
- **Awards** are annually awarded to individual faculty members as well as departments. Faculty who are full-time with rank of Instructor or above, or part-time with at least 5 years of teaching experience at UND, are eligible for individual awards.
 - UND Foundation/ McDermott Award for Excellence in Teaching, Research, or Creative Activity and Service
 - Outstanding Faculty Development or Service Award
 - Departmental Excellence in Service Award
 - Outstanding Graduate or Professional Teaching Award
 - Departmental Excellence in Teaching
 - Outstanding Faculty Academic Advisor Award
- **Funding** is available from UND through teaching-related and research/creative activity grants.
 - Teaching-related grants for course/curriculum development, pedagogical development, and the scholarship of teaching and learning are awarded by the Faculty Instructional Development Committee (FIDC). These are open to all faculty members who teach.
 - FIDC Travel Grants
 - FIDC Materials/Software/Minor Equipment Grants for materials, software or minor equipment related to teaching
 - FIDC Developmental Leave Travel/Materials Grants for faculty who are spending their developmental leave working on projects directly related to new course or enhanced curriculum development
 - OID Flexible Grants for projects, programs, or events that focus on pedagogy and improving student learning
 - Summer Instructional Development Project Clusters that allow faculty to work collaboratively on the design or redesign of a group of courses
 - Summer Mini-Project Grants that support faculty developing or improving brief teaching/assessment projects
 - Research/Creative Activity Grants for research-related expenses are awarded by the Senate Scholarly Activities Committee (SSAC). With the exception of the New Faculty Scholar Award, these grants are available to all faculty members.
 - SSAC Research/Creative Activity Grant for new faculty to develop a new research program, or for established faculty to initiate new projects or complete existing research projects
 - SSAC Faculty Travel Grant for faculty to attend and/or present their research at professional meetings
 - SSAC Faculty New Scholar Award to facilitate new (< 3 years) assistant professors at UND in establishing their scholarly expertise and productivity
 - SSAC Faculty Publication Costs Grant for costs related to publishing scholarly articles or books

- SSAC Faculty Seed Money Grant for starting a new interdisciplinary research project, with the intention of increasing faculty member's abilities to obtain external grant funding

MPH Core Faculty members have participated in the Alice Clark Mentoring Program, many of the teaching-related programs including Building a Writing-Rich Program, and applied for internal research pilot grants.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

Faculty performance is formally evaluated through the annual departmental reviews and the promotion and tenure process.

Faculty performance is evaluated through regular performance reviews. As stated in UND's Faculty Handbook (<http://und.edu/university-senate/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 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 evaluations are performed for all instructors at the end of every course, regardless of their academic rank or tenure status.

In the SMHS, departmental 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 initial appointment, in combination with the position description and percent-of-effort form for each year. Areas of evaluation for the non-clinical faculty in the DFCM, where most MPH Core Faculty members have their academic appointment, include (1) teaching, (2) scholarly and/or creative activity, (3) contribution to one's discipline or profession, and (4) professional and community service. Each faculty member submits a portfolio that includes documentation of activities and effectiveness in each area. The department chair provides feedback discussing strengths and areas for improvement, progress on and future goals for professional development, and the relation to departmental or program goals. Additional details of the process and standards of evaluation in the DFCM are available in RF C4.2. Three meetings were held in fall 2014 with MPH faculty to discuss the promotion and tenure process and answer any questions (See RF C4.2 for minutes).

Evaluation 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 one area, "high accomplishment" in a second area, and "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 committee, (2) the departmental chair, (3) the CPT in the Office of Academic Affairs, (4) the school dean, (5) the President, and (6) the 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 <https://med.und.edu/education-faculty-affairs/files/docs/cpt/smhs-cpt-guidelines-app-8-14-17.pdf> (See RF C4.2).

Members of the faculty are also nominated to the Graduate Faculty in a separate process. Membership is in one of six categories (Adjunct Membership, Assistant Membership, Associate Membership, Full 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 members are nominated by their department chair or dean for initial election to, and subsequent advancement within, the Graduate Faculty. Membership in each of the six 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 six membership categories are described in <https://und.edu/graduate-school/files/docs/-webforms/faculty-and-staff-forms/grad-faculty-constitution.pdf>.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Student course evaluations are completed at the end of the semester for every class offered in the MPH Program using the UND Student Assessment of Teaching (USAT) form, which is available to both on-campus and distance students. The USATs consist of a quantitative evaluative section and a qualitative comments section. The results of the USATs are compiled at the CILT and are distributed to faculty members early in the following semester and are distributed to department chairs and deans. Only the quantitative results are reported to department chairs and deans. Faculty members are encouraged to use the USAT data to identify strengths and areas for improvement.

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, documented evidence of student learning/performance, documented data from peers, or documented data from the chair.

Starting in AY 2016-2017, all MPH Faculty will be evaluated by the Program Director based on the Elements of Effective Instruction. Course instruction for one course per academic year will be used to evaluate faculty members' ability to execute the Five Critical Behaviors of Instruction: (1) teach to an objective, (2) teach to the correct level of difficulty, (3) monitor the learning and adjust the teaching, (4) use the principles of learning, and (5) avoid the abuse of the principles of learning. Course evaluations will be the property of each individual faculty member and may be used at their discretion. (See RF C4.2 for Elements of Effective Instruction and Instructional Review.)

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- UND and the SMHS have clear policies and procedures for faculty recruitment, appointment, and promotion, which are readily available to all.
- Faculty competence and performance are regularly evaluated and used to improve performance throughout UND and the SMHS.

- The MPH Program policies and procedures follow those of UND and the SMHS.
- UND and the SMHS have opportunities for professional development and advancement of the faculty.
- All current MPH Program junior faculty members have taken advantage of multiple professional development programs and funding opportunities, including the Alice T. Clark Scholars Mentoring Program and research/creative activity grants.
- Students currently evaluate all courses through USATs and scores contribute to evaluations of faculty teaching performance.

Weaknesses

- Relevance of current promotion and tenure guidelines under the DFCM, which emphasize non-tenured, clinical faculty.

Plans

- Junior faculty members plan to attend the second year of the Alice T. Clark Scholars Mentoring Program, beginning in fall 2015.
- Promotion and tenure guidelines for the DFCM are being revised to increase their relevance to the MPH Faculty.
- Starting AY 2015-2016, all faculty members' teaching effectiveness will be evaluated by the MPH Director or MPH Program Manager based on the Elements of Effective Instruction. (See RF C4.2)

4.3 Student Recruitment and Admissions. The program shall have 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.

4.3.a. Description of the program’s recruitment policies and procedures.

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.

Through support from the SMHS, SMHS INMED and SGS, the program is able to recruit students from a wide variety of populations. SMHS, INMED and SGS representatives participate annually in recruitment fairs at local and regional universities and conferences. Recruitment efforts are coordinated between the MPH Program, SMHS, INMED and SGS. INMED, which was established in 1973, is a comprehensive program designed to assist American Indian students who aspire to be health professionals to meet the needs of Indian communities and to serve reservation populations.

Recruitment Procedures

The MPH Program recruits prospective students through several methods and networks, including the following:

- MPH Program website, available at www.med.und.edu/mph
- An annual open house at SMHS and Casper College in Casper, Wyoming
- Promotion through annual recruitment and graduate fairs, public health conferences, career fairs, and UND student organization fairs
- Individual communication through phone, email, social media and in person with prospective students
- Individual communication through phone, email, social media and in person with UND undergraduate programs and other regional universities
- Individual communication through phone, email, social media and in person with program stakeholders
- Local and regional media coverage of program and student achievements
- Faculty and staff presentations at local and regional agencies and conferences

The MPH Program website contains an overview of the program and contact information for more information. The website also contains in-depth information, including program bulletin, Student Policy Handbook, plans of study, and course descriptions. Current MPH students developed and produced a “What is Public Health?” video that is imbedded on the homepage and available at <https://vimeo.com/uofnorthdakota/review/123957776/fba6470957>. This video is also currently imbedded on the SMHS homepage.

The program actively recruits all year, but focuses most of its efforts during the summer and fall semester of each year. During the summer, MPH Program administration and affiliates promote the program at the Dakota Conference on Rural and Public Health. The Dakota Conference is held in a different North Dakota city each year, rotating through Grand Forks, ND, Mandan, ND, and Minot, ND.

During the fall, the SGS promotes all UND graduate programs at graduate recruitment fairs; locations vary each year throughout the region and west coast. Also during the fall, INMED helps recruit at the National Indian Education Association and American Indian Science and Engineering Society annual conferences. INMED also recruits at tribal colleges and high schools.

Beginning in AY 2014-15, the MPH Program hosted its first open houses for prospective students at UND (March 25, 2015) and Casper College (March 5, 2015). The program plans to host an annual open house in both locations. Both open houses were advertised to stakeholders and prospective students through email, phone, flyers, websites and campus TVs. Prospective students were able to meet with faculty and staff and learn more about admissions and curriculum requirements.

The MPH Program participates in WICHE's Western Regional Graduate Program (WRGP). The WRGP allows masters, graduate certificate, and PhD students who are residents of WICHE member states to enroll in selected programs at 56 participating institutions outside of their home states and pay resident tuition. MPH students from the following states are eligible for the North Dakota resident tuition rate through the WRGP: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington and Wyoming. WRGP students must fulfill all the usual requirements of the MPH program and meet all admission deadlines. See <https://www.wiche.edu/wrgp>. The program recruits heavily in these particular states.

Lastly, the program encourages all prospective students to communicate with MPH faculty and staff in person or through phone or email.

4.3.b. Statement of admissions policies and procedures.

Admissions Policies and Procedures

The UND SGS has set the following policies related to graduate admissions:

- To apply to a graduate program, applicants are required to submit an application online through the SGS portal. Please see <http://graduateschool.und.edu/my-gradspace.cfm>.
- Applications are complete when all materials required by the program, e.g., transcripts, recommendation letters, written statements, etc., have been received by the SGS.
- Applicants must have earned or will earn a four-year bachelor's degree at a regionally accredited college or university in the United States, or the equivalent of this degree in another country.
- All applicants are required to submit the following: 1) application form; 2) application fee; 3) three letters of recommendation; 4) one official copy of all academic transcripts; and 5) statement of professional goals.
- Additional information, such as writing samples, test scores, portfolios, etc., may be requested by departments or programs.
- Admission to the MPH Program is granted jointly by the SGS and MPH Program.
- Admission to Qualified status may be granted to applicants who have met all minimum admission requirements except for prerequisite coursework or an official test score required for admission, other than the test for English Language Proficiency.
- 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.

- All applicants must demonstrate academic-level proficiency with the English language before they will be considered for approved status admission. This requirement must be met by all applicants, regardless of citizenship, residency, or nation of birth. This requirement may be satisfied in any of the following ways: 1) A bachelor's degree or higher from a recognized institution in the United States, England, Scotland, Ireland, Wales, Jamaica, Australia, New Zealand, or English Speaking Canada; 2) An overall band score on the International English Language Testing System (IELTS) of at least 6.5; 3) A satisfactory score on the Test of English as a Foreign Language (TOEFL). For the internet-based TOEFL (TOEFL iBT) an overall score of 76 is required, with a minimum score on each subtest of 21/30 for Speaking, 19/30 for Listening, 19/30 for Reading, and 17/30 for Writing; 4) Successful completion of English Language Service (ELS) Language Center's Intensive Level 112.

These SGS policies and procedures are available in the UND Academic Catalog at <http://und.edu/academics/registrar/files/docs/catalogs/catalog-2013-2015.pdf> and in RF C4.3.

The MPH Program has set the following program-specific admission policies:

- 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.
- In addition to the SGS online application requirements, the program requires that applicants submit the following supporting documentation:
 - Scores from one of the following tests: Graduate Record Examination (GRE) General Test, Medical College Admission Test (MCAT), Graduate Management Admission Test (GMAT), Dental Admission Test (DAT), or Law School Admission Test (LSAT). There is no minimum score required for admission.
 - Resume/CV
- Standardized test scores are waived for: 1) applicants who have completed an advanced degree (Master's degree or higher) in a graduate program at an accredited U.S. or Canadian institution of higher learning; or 2) applicants who have a minimum of five years of relevant experience in public health that demonstrates ability to engage in graduate level coursework in the field of public health.
- The MPH Program Admissions Committee can request an in-person or Skype interview with an applicant to assist in the decision process.
- A background check is completed after admission and prior to matriculation.

Students can specify a specialization on the admission form, but if they do not, this information will be classified as 'Unknown.' 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 <http://www1.und.edu/affirmative-action/files/docs/und-eeo-policy-statement.pdf>.

Admissions Process

Prospective students begin the admissions process by submitting an online application and supporting documentation through the SGS via <http://graduateschool.und.edu/my-gradspace.cfm>. Once submitted, the SGS verifies accuracy and completion. Once verified, the SGS routes the application to the MPH

Program. Each application is reviewed independently by four members of the Admissions Committee. All four members review all program applications. 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 RF C4.3). Admissions Committee recommendations are submitted to the Program Director and Faculty Council. After the final decision is made, the Program Manager enters the decision in the SGS portal. The SGS completes the final review and makes the final decision. Decision letters are sent by the SGS. (See RF C4.3 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 RF C4.3 for letter template.) Applicants are admitted to the MPH Program, as a whole, and not to a specific specialization. All students are classified as ‘Undecided,’ in terms of specialization, in the first semester in the Program. They are asked to select a specialization by the end of the second term in the Program. Until that point, all students are enrolled in the same core courses.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The MPH Program website includes all details regarding admission and program requirements and is available at www.med.und.edu/mph. The website is a primary recruitment tool for the program. The program website contains many quick links that describe admissions, student resources, coursework, graduate certificates, program mission and goals, program bulletin, current student summaries with pictures and frequently asked questions. The coursework page provides detailed plans of study, all course descriptions, and practical experience sites. The homepage also includes a section that highlights current program events or student awards. A Contact Us section is provided with staff names, emails and phone numbers.

The MPH Program adheres to all UND and SGS grading policies. UND academic calendars, grading policies and the academic offerings of the MPH Program can be found in the UND Academic Catalog, available at <http://und.edu/academics/registrar/files/docs/catalogs/catalog-2013-2015.pdf>. The UND Academic Catalog serves as the official publication of the University and SGS in which degree offerings and requirements are described. Information about the MPH Program is described on pages 414-416. A link to the UND Academic Catalog is communicated to current students through the Student Policy Handbook (See RF C1.5).

Other recruitment materials, used during an open house, student visit, mailing or recruitment fair, include program factsheets, brochure and frequently asked questions. The program provides these in a recruitment folder; all materials can be found in RF C4.3.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration for each degree, for each of the last three years.

| | | 2013-14 | 2014-15 | 2015-16 |
|-----------------------------|----------|---------|---------|---------|
| Health Management & Policy | Applied | 8 | 11 | 13 |
| | Accepted | 8 | 10 | 10 |
| | Enrolled | 4 | 7 | 7 |
| Population Health Analytics | Applied | 4 | 17 | 5 |
| | Accepted | 4 | 16 | 3 |
| | Enrolled | 3 | 10 | 2 |
| Unknown ² | Applied | 2 | 4 | 1 |
| | Accepted | 1 | 4 | 1 |
| | Enrolled | 0 | 2 | 1 |

Key to Table:
¹ Applications are accepted for fall, spring, and summer matriculation. Fall, spring, and summer applications are considered one academic year.
² Applicants may or may not select a specialization on the application form, and if no specialization is selected, they are classified as 'Unknown' in this table. However, once applicants matriculate in the MPH Program, all are classified as 'Undecided' until their second semester in the Program regardless of their application designation.

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization.

| | 2013-14 | | 2014-15 | | 2015-16 | |
|-----------------------------|---------|------------------|---------|------------------|---------|------------------|
| | HC | FTE ¹ | HC | FTE ¹ | HC | FTE ¹ |
| Health Management & Policy | 8 | 5.50 | 17 | 12 | 17 | 12 |
| Population Health Analytics | 6 | 6.00 | 9 | 7.50 | 6 | 4.50 |
| Undecided ² | 0 | 0 | 0 | 0 | 9 | 7.50 |

Key to Table:
 HC = Head Count; FTE = Full-Time Equivalent
¹ Part-time students are counted 0.5 FTE. Students are classified as part-time if they have enrolled part-time, according to School of Graduate Studies policy, for at least two semesters.
² All students are classified as 'Undecided' until they are asked to declare their specialization in spring of the first year.

4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures of the last three years.

Measureable objectives by which the program may evaluate its success in enrolling a qualified student body are from the list of MPH Program objectives for Instruction from criterion 1.1.d. See Table 4.3.f.1. below for measures and data from each of the past three years.

| Table 4.3.f.1. Outcome Measures for Instruction, 2012 - 2015* | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|----------------------------------------------------------|
| Outcome Measure | Target** | 2012-13 | 2013-14 | 2014-15 |
| Students self-assessment of their competency attainment | 80% of students score 3 or higher (out of 5) on each core competency at graduation (see Key to Table) | NA ¹ | BIO 100% HMP 100% EPI 100% ENV 100% SBS 100% | BIO 100% HMP 100% EPI 100% ENV 100% SBS 100% |
| Faculty assessment of students' attainment of core competencies | Evaluation of core course assignments indicate that 80% of competencies have been met or exceeded | NA ² | NA ² | NA ² |
| Graduation rate within 3 years for full-time students | At least 75% graduate within 3 years | NA ¹ | 100% | 100% |
| GPA of students in the 6 core courses | 100% of students attain 3.0 GPA average or greater in core courses | 100% | 100% | 100% |
| Student assessments of their preparedness for the Practicum | 80% of students report being very prepared or quite a bit prepared for Practicum | NA ² | NA ² | NA ² |
| Employer satisfaction with skills and knowledge of graduates | 80% of employers in catchment area satisfied or very satisfied | NA ² | NA ² | NA ² |
| Preceptor assessments of students' ability to work collaboratively with diverse communities and stakeholders | 80% of Preceptors assess students as very good or outstanding | 100% | 100% | 66.7% |
| Job placement in a health care or public health-related organization within 1 year of graduation | 80% of graduates seeking employment work in public health or health care | NA ³ | NA ³ | 100% |
| Key to Table: * All information in this table is duplicated in Table 1.2.c.1. ** An annual measure unless specified otherwise. BIO = Biostatistics Competency; HMP = Health Management & Policy Competency; EPI = Epidemiology Competency; ENV = Environmental Health Competency; SBS = Social & Behavioral Sciences Competency 1 There were no MPH graduates at this time. 2 These data were not being collected at this time. 3 There were no MPH graduates who had been out for at least 1 year at this time. | | | | |

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

- The program maintains an easy-to-use and up-to-date website for prospective students to learn more about the program.
- The program has an increasing number applications and matriculated students.
- The program upholds well-defined and fair admissions requirements.
- The program has well-designed print recruitment materials.
- Faculty and staff assume an active role in recruitment locally and nationally at conferences, meetings and other functions.

Weaknesses

- Need to recruit a larger pool of applicants to be more selective in admissions.
- Need additional off-campus program recruitment efforts.
- Limited student attendance at national conferences for recruitment purposes.

Plans

- Create a more defined and strategic marketing and recruitment plan.
- Examine costs and benefits of recruiting at more professional conferences.
- Identify pipeline-programs for recruiting well-qualified students in the region.
- Identify and secure scholarship funding to aid in recruitment of well-qualified students.
- Strengthen recruitment efforts and relationships with UND undergraduate programs.
- Join ASPPH and use the centralized application process.
- Be an active member of ASPPH, utilizing resources for program improvement.

4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.4.a. Description of the program’s advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

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 with programs of study for both specializations and details regarding registration. Students review the programs of study and are encouraged to ask questions and discuss with the Program Director or Program Manager. The Program Director is automatically assigned as the student’s initial faculty advisor and students are provided with his contact information. Students receive a form letter with orientation date and details (RF C4.3).

Orientation

All newly accepted MPH students attend a MPH Program-specific orientation in August of each year. At orientation, students meet MPH core and adjunct faculty, 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 (RF C1.5), MPH Program Bulletin (RF C2.1) and Practicum Manual (RF C2.4).

Administrative Advising

The MPH Program Manager provides administrative advising to all MPH students. The Program Manager helps students navigate their programs of study, course registration, IT needs and any other general student affairs issues as well as acts as a liaison to the SGS, Student Account Services and OIP. 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 select a specialization (RF C4.4). After the student selects a specialization, the Program Manager sends a follow up email to each student with his/her faculty advisor assignment (RF C4.4). 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.

Practicum Advising

The MPH Program holds a required Practicum orientation at the beginning of each spring semester, which is typically during a student’s second semester of study. During the orientation, the Practicum Faculty Advisor delivers a presentation and discusses the Practicum Manual in length (RF C2.4), including preparedness and planning. The Practicum Faculty Advisor follows up with each student individually to mentor and provide guidance through the development of the Practicum Proposal. Students are given permission to register for MPH 594: Practicum once all paperwork is finalized (Practicum Agreement and Proposal). The Practicum Faculty Advisor checks in with students half way through their Practicums to get a status report and address any concerns or questions. The Practicum Faculty Advisor’s role is discussed in greater detail in criterion 2.4.a.

Scholarly Project Advising

The MPH Program holds a required Scholarly Project orientation during the middle of each spring semester, which is typically during a student's second semester of study. During the orientation, a presentation is delivered and the Scholarly Project Manual is discussed at length (RF C2.5). MPH 550: Population Health Research Methods, typically taken in a student's third semester, will guide students to develop their proposals for the Scholarly Project. The student works closely with their faculty advisor throughout this course to put together a project proposal. MPH 995: Scholarly Project, 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 Scholarly Project. The role of the faculty advisor and committee member is discussed in greater detail in criterion 2.5.a.

Academic Advising

The MPH Core Faculty members serve as MPH student faculty advisors. Faculty advisors assist students in meeting their academic and professional goals. Faculty advisors are appointed after a student selects his/her specialization. The faculty advisor is selected by the MPH Program Manager based on the student's specialization, interests, and goals, as well as the faculty member's current advisee load. Students may choose to change their faculty advisor and are asked to work with the Program Manager to make this change.

Faculty advisors meet with each of their advisees at least once per semester, or more often as needed. The role of faculty advisors is to discuss and provide guidance on students' Plans of Study, MPH Practicums and Scholarly Projects, and as applicable, research interests and future career plans. In the second year these meetings are often weekly, as students formulate, plan, and carry out work on their Scholarly Projects.

Faculty advisors are oriented to their roles through an individual training session with the MPH Program Manager. The Program Manager introduces and explains each Plan 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.

4.4.b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

Career counseling services are offered to all MPH students through UND's Career Services. One-on-one counseling is provided for resume/CV and cover letter writing, career searches and mock interviews. Career Services also hosts career fairs throughout the year to link students with potential employers.

However, in order to provide career development systematically to all MPH students, career development exercises have been added to MPH 590: MPH Seminar starting in spring 2016 and will be used to help students synthesize and communicate the knowledge and skills they bring to the workforce and how they can contribute to the public health field. The career development skills will be taught by UND Career Services, whose staff is experienced in helping students in all programs, both distance and on-campus. They will include resume and cover letter writing, job searching skills including developing online profiles, interviewing skills with videotaping and peer feedback.

In addition, the MPH Director and Program Manager regularly communicate internship, career and employment opportunities to all MPH students through email. The Program Manager regularly updates the MPH website with internship and job postings in the region (<https://med.und.edu/master-of-public-health/student-resources.html>). 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 strive to integrate career counseling into academic advising, particularly during the second/last year of study.

4.4.c. Information about student satisfaction with advising and career counseling services.

The MPH Program assesses student satisfaction with advising and career counseling services through a survey administered once every academic year. The survey is combined with the mid- and post-program competency assessment sent to current and graduating students. The first administration of this survey occurred in November 2014 to the second graduating class of students. The second iteration of the survey occurred May 2015, sent to current and graduating students. Moving forward, the advisor and career counseling satisfaction survey will occur every spring to all students concurrent with the program competency assessment. The survey instrument and full survey results are available in RF C4.4.

According to the results, all MPH students meet with their Faculty Advisor at least once each academic year, with 93% meeting once a semester or more. Overall, students are either satisfied or very satisfied with the following areas related to faculty advising: promptness, availability, willingness to listen, knowledge in major/area, helpfulness, professionalism, flexibility, approachability, advising on program of study and registration, and overall satisfaction. Sixty percent of students report receiving sufficient career counseling support from their Faculty Advisor and the MPH program. Areas for improvement include career advising and support and training advisors about campus resources.

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

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. Students are encouraged to ask questions and communicate any concerns/complaints during these sessions. Second, the MPH Director and MPH Program Manager host a final feedback session with program graduates. 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 is included in the MPH Student Policy Handbook and MPH Bulletin and is regularly communicated to students.

The process for filing an academic grievance or complaint is detailed in the MPH Student Policy Handbook (RF C1.5) and MPH Bulletin (RF C2.1). Per the SMHS Student Grievance Policy, students with a grievance should first bring it to the attention of the appropriate faculty member. 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 RF C4.4.

To date, one formal letter of concern about the MPH Program has been submitted directly to the MPH Director. Select MPH students met with the MPH Director and Program Manager on May 8, 2015, to discuss multiple concerns addressed in the letter. The Director's response to all MPH students, dated May 12, 2015, is available in RF C4.4. The MPH Program is working directly with students to address and/or resolve each concern. The MPH Director plans to meet with students in the fall 2015 to continue the dialogue and the process of continually improving the MPH Program. The MPH Director's fall 2015 letter is included in RF C4.4, with updates for students on changes that were made in response to the concerns expressed in spring 2015.

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

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.
- 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 holds an orientation to the Practicum and Scholarly Project twice during the academic year.
- The MPH website lists up-to-date jobs in the region and around the nation.
- The MPH Faculty uses a standardized student advisement form to track student advising encounters.

Weaknesses

- Communicating available campus resources to MPH students.
- Integrating career counseling and support throughout curriculum and advising.
- Determining how to best utilize UND Career Services, through referral and in the curriculum.

Plans

- Integrate career development topics and services into the MPH Seminar (MPH 590).
- Increase faculty awareness of campus resources and career services.
- Implement a fall and spring advising week for students to meet individually with faculty advisors.
- Determine the types of career workshops that students feel would be most useful and relevant.
- Implement career workshops for students based on their feedback.