

**Council on Education for Public Health
Adopted on December 2, 2022**

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
NORTH DAKOTA STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

April 21-22, 2022

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CRITERIA:

Accreditation Criteria for Schools of Public Health & Public
Health Programs, amended October 2016

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INTRODUCTION

North Dakota State University (NDSU) is a public, land-grant, research university founded in 1890. NDSU has eight colleges and six schools within the colleges. The colleges include the following: College of Agriculture, Food Systems, and Natural Resources (houses the School of Natural Resource Sciences); College of Arts, Humanities, and Social Sciences (houses the Challey School of Music and School of Design, Architecture, and Art); College of Business; College of Engineering; College of Health Professions (houses the School of Nursing and School of Pharmacy); College of Human Sciences and Education (houses the School of Education); College of Science and Mathematics; and the College of Graduate and Interdisciplinary Studies. The university offers 146 bachelor’s degrees, 87 master’s degrees, 50 doctoral degrees, and two professional preparation degrees (pharmacy and doctor of nursing practice). As of fall 2020, the university enrolls 12,498 students (10,312 undergraduate, 344 professional, and 1,842 graduate students) and employs 2,206 faculty and staff (692 faculty, 152 part-time staff, and 1,362 full-time staff). NDSU is accredited by the Higher Learning Commission as well as 23 specialized accrediting bodies that cover hospitality, pharmacy, construction, business, respiratory care, nursing, interior design, counseling, architecture, music, and theatre, to name a few.

NDSU was approved by the North Dakota State Board of Higher Education to offer MPH program in 2010. The program enrolled its first MPH cohort in fall 2012. The program is housed in the Department of Public Health in the College of Health Professions and is the only program in the department. The program offers two MPH degrees, in community health sciences and epidemiology, and three dual degrees (MPH/PharmD, BS/MPH, BA/MPH). All degrees are offered in both on-campus and distance-based formats. At the time of the site visit, there were 24 students enrolled in the community health sciences concentration and 32 enrolled in the epidemiology concentration. The program offered an MPH in American Indian Public Health that was discontinued in January 2020. At the time of the site visit, there were five remaining students in the concentration.

The program was initially accredited in 2016. The Council required interim reports due in 2020 and 2021 relating to foundational competencies and staff resources and accepted the program’s 2020 and 2021 interim reports as evidence of compliance in these areas.

| Instructional Matrix - Degrees and Concentrations | | | Campus based | Distance based |
|--|--|---------------------|---------------------|-----------------------|
| Master's Degrees | | Professional | | |
| Community Health Sciences | | MPH | X | X |
| Epidemiology | | MPH | X | X |
| Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees) | | Professional | | |
| 2nd Degree Area | Public Health Concentration | | | |
| Pharmacy | Any MPH concentration | MPH/PharmD | X | X |
| 4+1 Accelerated | BS in Dietetics; MPH Community Health Sciences | BS/MPH | X | X |
| 4+1 Accelerated | BS or BA; Any MPH concentration | BS/MPH or BA/MPH | X | X |

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Designates appropriate committees or individuals for decision making, and implementation | | The program has a well-defined structure and position in the university. The program sits within the Department of Public Health (DPH) in the College of Health Professions. | Click here to enter text. | |
| Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities | | The program is directed by the department chair, with assistance from the director of accreditation, who supervises a program assistant. The program has three standing committees: Curriculum Committee; MPH Admissions and Scholarship Committee; and the Promotion, Tenure, and Evaluation (PTE) Committee. The DPH chair is an ex-officio voting member of all committees, except the PTE Committee. The director of accreditation sits on two of the committees with other department faculty; two faculty members who teach in the program but have primary appointments in other departments also sit on program committees. | | |
| Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program | | The MPH Curriculum Committee provides curriculum guidelines and revision recommendations and conducts regular assessments of all required courses on a rotating basis. Student assessment processes will be added to this committee's responsibilities, starting in fall 2022. Committee recommendations are discussed and voted on by the entire DPH faculty and then sent to the university Graduate Council, which makes a recommendation to the Faculty Senate for final approval. The committee meets monthly and includes the director of accreditation, at least | | |

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| | | <p>one faculty member from each specialization, and one current student.</p> <p>The MPH Admissions and Scholarship Committee develops program admission criteria and policies, beyond those of the Graduate School, which are voted on by DPH faculty. The committee reviews and recommends applicants to the MPH program and for available scholarships. The committee meets as needed to evaluate applicants, and members include a primary faculty member from each specialization.</p> <p>The PTE Committee makes recommendations for promotion and/or tenure in accordance with DPH guidelines and standards. Members include three tenured DPH faculty who do not hold administrative roles in DPH. The committee meets as needed for promotion and tenure evaluation.</p> <p>The ad hoc Assessment and Accreditation Committee played a major role in gathering information and assembling the self-study. The committee helped develop and provide feedback on MPH program outcomes and assessment. The committee is led by the director of accreditation, with a faculty member from each specialization, two alumni, and a student.</p> <p>The ad hoc Recruitment Committee is composed of seven faculty and staff from DPH and a student who is invited to serve by the program. Several members work with external communities and have opportunities to bring information and recruit students during their work. This committee meets at least monthly.</p> | | |
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| | | <p>Decisions about degree requirements, curriculum changes, course delivery method, expectations for the practicum and integrative learning experience, and grading policies are made by discussion and vote of DPH faculty as a whole, based on recommendations from the Curriculum Committee. Requirements must meet NDSU College of Graduate Studies standards. Curriculum changes are then reviewed by the university-level Graduate Council and the university Curriculum Committee and voted on by the Faculty Senate.</p> <p>Faculty recruitment for new or open lines is first approved by the NDSU provost and then led by a DPH search committee with a faculty chair, at least two additional faculty members, and a student. The search committee determines the qualifications, job description, recruitment plan, and adapts an NDSU rubric to inform candidate review. Following candidate visits, the committee solicits feedback from DPH faculty, staff, and students. The DPH search committee provides a recommendation on which candidates are deemed acceptable, and the department chair makes the final decision for recommendation through higher levels of approval.</p> <p>Faculty promotion and tenure decisions start with review of a faculty member's portfolio and include a vote and formal recommendation by the department PTE Committee, based on university, college, and department level guidelines. The portfolio is reviewed by the department chair, the College PTE Committee, and the College Dean, each of which provides a recommendation. The portfolio and letters of recommendation are then submitted to the Provost's Office for review and</p> | | |
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| | | <p>recommendation. Final decisions are made by the State Board of Higher Education.</p> <p>Faculty are engaged in college and university activities through participation in committees and task forces. Participation appears robust, with faculty serving as members of the college's PTE Committee, Student Affairs Committee, Interprofessional Education Committee, Inclusivity Committee, Academic Affairs Committee, Scholarship Recognition/Awards Committee, Faculty Development Committee, and search committees. At the university level, faculty serve on the Executive Committee, President's Council for Campus Well-Being, Graduate Council, Faculty Senate and Senate committees on Equity, Diversity, and Inclusion, and on the COVID-19 Response Team.</p> <p>Faculty regularly interact with their DPH colleagues at monthly faculty meetings, committee meetings, and an annual retreat. Full-time faculty are also expected to attend twice yearly all-college faculty meetings. The DPH also holds graduation celebrations for students, their families, and faculty members to celebrate and encourage more informal interactions. During the pandemic, the department chair held weekly teaching meetings to share challenges and solutions. The chair also initiated monthly research meetings in fall 2021 at which faculty and staff briefly present ongoing work and discuss potential collaborations and grant funding opportunities.</p> | | |
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A2. MULTI-PARTNER SCHOOLS & PROGRAMS

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

A3. STUDENT ENGAGEMENT

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Students have formal methods to participate in policy making & decision making | | Students have formal methods to participate in program policy making through committee memberships. There is one second-year student representative on the Curriculum Committee and another student representative on the ad hoc Assessment and Accreditation Committee; student representatives are nominated by committee members. Student representatives are not voting members of the committees on which they serve. | Click here to enter text. | |
| Students engaged as members on decision-making bodies, where appropriate | | <p>A graduate student (MPH when possible), hired to help plan and develop recruitment materials and social media, also serves on the ad hoc Recruitment Committee. They were also invited to serve on ad hoc Strategic Planning Workgroups formed in 2020. Students have served on recent search committees for MPH faculty. At the college level, MPH students have served on the Dean’s Liaison Committee and periodically as College of Health Professions student ambassadors.</p> <p>The student organization, the Public Health Association is led by MPH student officers and advised by a faculty</p> | | |

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| | | <p>member. The Public Health Association is an informal vehicle through which public health students can voice concerns. Student leaders have brought forward ideas and questions about the program to program and department leaders. They also plan events, and this leads to interaction with program leadership, faculty, staff, and external stakeholders.</p> <p>Students also have informal methods to provide feedback to the program. During the site visit, students reported that they first reach out to their advisors, but also directly to the DPH chair when they have concerns or suggestions to improve the program. One student noted that the DPH chair reached out and encouraged him to help develop the DPH anti-racism policy. Other students gave examples of faculty members regularly requesting midsemester feedback and implementing changes to improve student learning.</p> | | |
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A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

B1. GUIDING STATEMENTS

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Defines a vision, mission statement, goals, statement of values | | The mission of the public health program is “to develop and empower public health leaders through interprofessional education, practice, and research.” Its vision is “healthy people, thriving communities, equitable world.” | Click here to enter text. | |
| Taken as a whole, guiding statements address instruction, scholarship, service | | The program has four goals that speak to instruction, research, service, and strategic growth. The goal regarding service includes fostering collaborative relationships, and the strategic goals address establishing revenue streams for departmental financial stability and departmental infrastructure, among other topics. | | |
| Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success | | | | |
| Guiding statements reflect aspirations & respond to needs of intended service area(s) | | The program has four stated values: professionalism and ethics; social justice; evidence-informed public health; and collaborative approaches to advance the field of public health through interprofessional, cross-sector, community, and tribal collaboration in education, research, and practice. Other values expressed within these four headings include fostering an environment of honesty, integrity, collegiality, advancing equitable systems, and developing programs and policies that are inclusive of cultural and community-based knowledge and practices. | | |
| Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes | | The program uses the instructional, research, and service goals to guide the knowledge and skills that students should attain through the classroom and other | | |

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| | | experiences. The goals and values highlight a commitment to strengthening faculty research productivity and research opportunities for students. They also emphasize a focus on development of collaborative relationships. | | |
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B2. GRADUATION RATES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Collects, analyzes & accurately presents graduation rate data for each public health degree offered | | The program reports MPH graduation rates that exceed or are on target to meet the threshold. Students have a maximum of seven years to complete the MPH degree. | Click here to enter text. | |
| Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees | | <p>The cohort of MPH students that entered in 2015 reports a 96% graduation rate. Current graduation rates are 83% for the 2016 cohort, 82% for the 2017 cohort, and 68% for the 2018 cohort. These rates represent starting cohorts between 17 and 24 students.</p> <p>The program attributes its graduation rate success to program administrators, faculty advisors, and staff who support students to complete their degrees in the ways that suit them, sometimes through a leave of absence or altering the program plan from full-time to part-time.</p> | | |

B3. POST-GRADUATION OUTCOMES

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|--|------------------|
| Met | | | | |
| Collects, analyzes & presents data on graduates’ employment or enrollment in further education post-graduation for each public health degree offered | | <p>The program reports post-graduation outcomes that exceed this criterion’s threshold. The NDSU Career and Advising Center conducts an annual career outcomes survey that is embedded in the program’s post-competency outcome survey. The survey is distributed to alumni one year after graduation. The program supplements these data with a survey at the time of graduation to see if students already have secured employment, in addition to asking for students’ personal emails and using LinkedIn. During the site visit, faculty also noted that due to the small cohorts and close relationships with students, faculty often maintain personal contact with students and know where they are after graduation.</p> <p>The program presents three years of post-graduation outcome data, with low rates of unknown outcomes (zero to one student for each cohort). The program reports the following positive outcome rates: 86%, 100%, and 94% for 2019, 2020, and 2021.</p> <p>The self-study notes that program faculty and administrators have connections with public health, healthcare, and non-profit organizations that ensure the program trains students to meet the hiring needs of these organizations.</p> | <p>Click here to enter text.</p> | |
| Chooses methods explicitly designed to minimize number of students with unknown outcomes | | | | |
| Achieves rates of at least 80% employment or enrollment in further education for each public health degree | | | | |

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions | | The program collects data regarding alumni perceptions of competency attainment through its alumni survey that is sent every other summer. The first alumni survey was sent in 2019 to all program graduates. The second alumni survey was sent in 2021 for all 2020 and 2021 graduates. | Click here to enter text. | |
| Documents & regularly examines its methodology & outcomes to ensure useful data | | The survey assesses alumni perceptions of their competence in each of the 22 foundational and concentration competencies on a Likert scale. The survey also asks for feedback on how the program helped graduates meet their goals and asks open-ended questions on how the program can improve and what the program is doing well. | | |
| Data address alumni perceptions of success in achieving competencies | | | | |
| Data address alumni perceptions of usefulness of defined competencies in post-graduation placements | | <p>The program presents the average responses for alumni who graduated between 2019 and 2021. There were 58 responses in 2019 and 16 in 2021, for response rates of 73% and 49%.</p> <p>The scale ranges from one to five, with one being not at all competent and five being competent. MPH graduates rated the highest level of competence in foundational competencies 19, 20, 21, and 22 that cover communicating audience-appropriate public health content, cultural competence, working on interprofessional teams, and systems thinking, with averages of 4.6, 4.6, 4.8, and 4.6, respectively. The competencies with the lowest competence levels were competencies 3, 10, and 17 that cover analyzing</p> | | |

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| | | <p>quantitative and qualitative data, budget and resource management, and applying negotiation and mediation skills with averages of 3.5, 3.1, and 3.7, respectively.</p> <p>Graduates report that they would like more training in budget and financial management, working with legislative bodies, grant writing, program planning and evaluation, professionalism, developing cross-sector partners, and quality improvement.</p> <p>The program also uses practicum data to help assess students' preparation. At the end of the practicum, the program asks students open-ended questions on how the practicum helped prepare them for the workforce. Alumni provided qualitative responses such as, "[the practicum] helped me understand research, data collection, analysis, and cultural competence," "[the practicum] provided an opportunity to use real world public health skills in the workforce and improve my ability to work [on a] multidisciplinary team," and through the practicum "[I] was able to do a real evaluation for a project and shadowed a seasoned evaluator to conduct both qualitative and quantitative analysis."</p> <p>Finally, the program collects alumni perceptions of attainment of concentration competencies, as well as observations, anecdotes, and stories of MPH graduates.</p> <p>Alumni who met with site visitors reported that they felt well prepared in infectious diseases, epidemiology, biostatistics, program planning, health inequities, health disparities, and navigating and leveraging community partnerships. These alumni reported that they would have liked more training in budgets; contracts; finding,</p> | | |
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| | | managing, and writing grants; and working with large electronic datasets. | | |
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B5. DEFINING EVALUATION PRACTICES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|---------------------|---|---|---|
| | Met with Commentary | | | |
| Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success | | The program has outlined an evaluation plan that includes methods for measuring educational quality, research, service, and establishing revenue streams for department financial sustainability and to support the department's mission. For each program goal, the program defines data sources and people or committees responsible for review. For example, one metric associated with the goal of developing public health professionals through instruction that equips them with knowledge and skills reflective of public health science is delivering courses and content that are responsive to current public health needs. The metric is assessed through input from the stakeholder survey, Advisory Board, and alumni survey. The surveys are reviewed by the Curriculum Committee and the director of accreditation. | Upon review of the commentary in B5 and B6, we realized that we were not thorough enough in our documentation of our evaluation and use of evaluation data. Therefore, we are adding to our evaluation assessment document in the following ways: | The Council appreciates the program's efforts to clarify and update its evaluation efforts. |
| Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review | | Faculty, alumni, and stakeholders who met with site visitors described involvement in defining the goals and measures. Although the program has clearly defined responsible parties and cycles for review, the plan is not fully complete or implemented. The program has collected some data in the evaluation plan, particularly data tables required for | <ul style="list-style-type: none"> • Measure 1e. ND Train opportunity was brought to Curriculum Committee in 2021 and decided not a good fit for course delivery. See attachment A. • GPIDEA program for course delivery was investigated by Curriculum Chair in 2020 and deemed not an option for how the MPH program was structured. Gathered/gathering feedback from graduating students on course delivery method satisfaction; 2021-2022 | |

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| | | <p>submission to CEPH, but definition and documentation of all indicators is still under development. For example, under the first strategic goal, one evaluation measure is, “develop fundraising plans/initiatives to increase DPH by X%,” the program is still defining this indicator, both in terms of the level of desired outcome and in terms of what plans or initiatives would be expected. As another example, under the instruction goal, one of the evaluation measures is to “explore plan A thesis and plan B paper options as curricular options.”</p> <p>The commentary relates to the in-progress evaluation plan presented to reviewers. There are 28 proposed evaluation measures, most of which have multiple and rather disparate sources of data. The decisions on best sources of data, best ways to track progress, and resulting decision-making are not yet fully defined. Some listed measures appear to be in the brainstorming phase, rather than the implementation stage where the program can use the data it is collecting to make programmatic changes. The “data sources” column for each indicator in the self-study contains some appropriate information but also often lists activities designed to reach the goals. Further refinement will allow the evaluation plan to better support the program’s goals.</p> <p>During the site visit, the department chair and director of accreditation described the process that the department and program have undertaken since initial accreditation in 2016. The program has defined the current instruction, research, service, and strategic growth goals and is actively engaged in developing measures, determining evidence to collect, and defining evaluation metrics for these goals. Discussion of the program’s current measures will occur at</p> | <p>data showed strong agreement with the course delivery methods currently offered. See attachment B.</p> <ul style="list-style-type: none"> • Measure 3c. has since been developed and data is being gathered. See attachments C and D. • Measures 4a. and 4b. have multiple data sources listed and much of those are a better fit for the longer-term strategic plan. However, we have been successful in preparing faculty for submitting and receiving research grants with having one funded R01 and one revise and resubmit R21, both in 2022. • Measure 5b. has been met with the hiring of a Coordinator/ Lecturer. See attachment E. <p>In addition, our evaluation table includes long-term goals from our strategic plan which, reflecting back on, are not a good fit for the accreditation table which was designed for concrete measures of teaching, research, and service. For purposes of specific program evaluation, we would remove the following from section B5 and leave in our strategic plan for long-term</p> | |
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| | | the August 2022 annual faculty retreat and will be incorporated into monthly curriculum meetings and quarterly DPH faculty meetings. Program leaders anticipate being able to implement this more structured process in the fall of 2022. | planning: Measures 1f., 2a., 2c., 3a., 3d., 4e., 5a., 5c., 6a., 6b., 6c., and 6d. | |
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B6. USE OF EVALUATION DATA

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|---------------------|---|---|---|
| | Met with Commentary | | | |
| Engages in regular, substantive review of all evaluation findings, including strategic discussions. | | The program demonstrates a culture that values student and faculty input and that is actively engaged in using feedback from these and other sources. | Considering our program response to B5, and the following addition to how we have used evaluation data, we respectfully request for the B6 compliance finding to be changed to Met with Commentary. | The Council reviewed the self-study, team's report, and program's response and appreciates the program's efforts to clarify how it uses evaluation data for program improvement. Based on the totality of the information, the Council determined that the program has minimally demonstrated compliance with this criterion; therefore, the Council acted to change the finding from partially met to met with commentary. |
| Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.) | | <p>The self-study provides two examples of programmatic changes based on ongoing evaluations from students, graduates, and the regional workforce. For example, feedback from stakeholders and alumni in 2018 and 2019 indicated gaps in budget and financial management skills, as well as working with legislative bodies. Based on this feedback, the program has updated the course names, objectives, and content of the public health management and policy course, formerly called "leading and managing public health systems." The program also moved foundational competency 10, budget management, from the public health management and policy course to the community health leadership course.</p> <p>Another example relates to informal discussions with students, external stakeholders, and alumni which identified that training in epidemiologic methods should</p> | <p>The program has assessed course delivery methods (measure 1e) both externally and internally with student feedback and have made no changes based on the feedback. We continue to offer the MPH program with hybrid on-campus and distance learning options.</p> <p>For measure 2d, faculty and students provided input during the strategic planning process in 2020 regarding the importance of students formally involved in public</p> | <p>The commentary relates to opportunities to continue to regularly and systematically review the program's evaluation findings and translate them into programmatic changes, when appropriate.</p> |

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| | | <p>be strengthened. Additionally, this area was identified as a career path of value by students and stakeholders. This led to revision of the program’s concentrations to combine the management of infectious diseases concentration and food safety concentration into a new epidemiology concentration, which encompasses applications from both areas.</p> <p>The program provided additional documentation with other examples of programmatic changes made based on evaluation feedback. For example, program faculty created plans of study after competency mapping in AY 2020-21. The plans of study were developed to ensure that students progress through the program in a strategic course order for competencies to have a foundation of knowledge before engaging in the practicum. Additionally, in 2021, the Curriculum Committee created the OneNote tool to better work with student goals and help them meet their career aspirations.</p> <p>During the site visit, leaders and faculty in the program described how they have used informal discussions with faculty, students, alumni, and stakeholders to identify needed changes. The program has been engaged in programmatic change to meet changes in the CEPH accreditation criteria and under the direction of a new department chair who arrived in 2019. A major change has been redefinition of the concentration areas and creation of a strategic plan for the DPH, the college, and the university. Through these discussions, the program successfully mapped and addressed the new MPH foundational competencies, which led to changes in two courses.</p> | <p>health research which led to this measure and the development of a data collection tool. The program has used this measure to include students on grant submissions and manuscripts.</p> <p>As was reported by the site visitors in Criterion G1, our program is focused on a priority population. Measure 3b should have only been included in our strategic plan as a long-term goal for increasing our projects and formal partners.</p> <p>While all three strategic growth goals are in development as part of our strategic plan, we have been able to use some of the metrics for evaluation and action, including measure 4c. which can be seen through our continued formal connection with ND DoH. See attachments F and G for recent examples.</p> <p>While measure 4d is in development of specific metrics, we have used SOPHAS and ASPPH aggregate data to inform our recruitment strategies.</p> <p>The program has been able to use evaluation measure 5b to shift full-</p> | |
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| | | <p>The concern identified by the team relates to the incomplete development and implementation of the current evaluation plan and has been captured in Criterion B5.</p> | <p>time faculty away from undergraduate courses by allocated resources to staff positions and with the aid of faculty research funding to off-set salaries.</p> <p>With the initial data collected (previously submitted with self-study) for media engagements, the program has been able to focus its recruitment efforts and is using this evaluation information to restructure its recruitment committee under the leadership of the new Academic Coordinator/ Lecturer.</p> | |
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C1. FISCAL RESOURCES

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|---------------------------|---|--|-------------------------|
| | Met | | | |
| Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings | | <p>The self-study presents budget narrative and information that indicate solid and stable financial resources. The NDSU budgetary system allocates resources to the department from the state appropriated funds, 55% of tuition, as well as a portion of the indirect costs from multiple faculty grants and contracts. For the five-year reporting period of 2016-2021, annual reported revenues from these sources, carry-forward tuition, and gifts have exceeded expenses each year. These funds, coming from diverse sources, are sufficient to sustain the departmental mission, goals, and degree offerings.</p> | <p>Click here to enter text.</p> | |
| Financial support appears sufficiently stable at time of site visit | | | | |

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| | | <p>The program's budget covers faculty salaries from the sources described above. Three faculty have dual appointments covered by other departments in the College of Health Professions. A specific contract or gift covers portions of the salaries for two other faculty. The department may seek to obtain additional tenure-track faculty through a request to the university via additional tuition allocation. Contracts and grants may cover non-tenured faculty roles.</p> <p>The program funds its operational costs, which include all costs other than salaries, graduate assistantships, and benefits, primarily through returned tuition and indirect grant funds. Grants cover approved operational costs for the specific research project. To support students, the department funds conferences, travel, and student activities through indirect funds, with additional funds from student fundraising. Donor gifts cover eight student scholarships and some travel (up to \$2,000, based on availability). For faculty professional development and travel, faculty use indirect funds or may request up to \$2,000 per year from a department travel fund.</p> <p>The university returns 42% of indirect costs to the college generating the funds, of which the college returns 85% to the department. The department then keeps 40% for operational expense and allocates the remaining 60% across the faculty investigators listed on the grant based on their FTE allocations for the project. The program receives a differential tuition, representing 55% of the total tuition costs for each student, after the base tuition covers the cost of NDSU graduate school credits.</p> | | |
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| | | During the site visit, the department chair shared that the budget process and allocations work well and meet the program's current needs. The chair also reported that the budget is sufficient, especially if enrollment growth with its associated tuition allocation continues at the current pace. University leaders expressed ongoing support, within the context of budgetary challenges, for providing resources to the program, given its critical role in serving the state's public health needs. | | |
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C2. FACULTY RESOURCES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|---------------------------|------------------|
| | Met | | | |
| School employs at least 21 PIF; or program employs at least 3 PIF | | <p>The program has adequate faculty resources to support its degree offerings. The program has nine PIF and two non-PIF for its MPH degrees in community health sciences and epidemiology.</p> <p>Faculty FTE is calculated by full- or part-time status within the university, then by department workload. To be reported as 1.0 FTE in the program's self-study table, the faculty member must be a full-time employee by university standards (nine-month faculty member) and a full-time employee in the DPH. Effort allocation for 1.0 FTE is generally 40% dedicated to teaching (including advising), 40% research, and 20% service. To be reported as 0.5 FTE, the faculty member must teach at least one class in the program, serve on public health committees, advise MPH</p> | Click here to enter text. | |
| 3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable | | | | |
| Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable | N/A | | | |
| Ratios for general advising & career counseling are appropriate for degree level & type | | | | |

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| Ratios for MPH ILE are appropriate for degree level & nature of assignment | | students, and conduct relevant research. Both 1.0 and 0.5 FTE faculty constitute PIFs. Full-time-Equivalency for non-PIFs is calculated based on program classes taught and other responsibilities, such as MPH student advising. | | |
| Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable | N/A | Eight full-time faculty members and one non-PIF conduct general advising, career counseling, and ILE advising. Full-time faculty members have on average, eight MPH students, with a minimum of three and a maximum of 11 for general advising, career counseling, and ILE advising. The one non-PIF who performs advising dedicates 40% of their time to the DPH and has on average two MPH students, with a maximum and minimum of two for general advising, career counseling, and the ILE. | | |
| Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable | N/A | | | |
| Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities) | | | | |
| Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities) | | The program collects quantitative and qualitative data on class size and faculty availability through its post-graduation survey and presents data from the spring 2021 cohort. On a scale of one to five, students are asked how strongly they agree (5) or disagree (1) that public health class sizes are conducive to their learning. For spring 2021, the mean response was 4.1, with 88% of respondents either agreeing or strongly agreeing that class sizes are conducive to their learning, while 12.5% neither agreed nor disagreed with the statement. The program also asks students about faculty availability on a similar scale. For the 2021 cohort, the mean response was 4.5, with 100% of respondents reporting that they either agree or strongly agree that they were satisfied with the availability of public health faculty. The program also asks about faculty availability on course evaluations. Students respond to "the instructor was available to assist students outside of class" on a 5-point Likert scale. For the fall 2020 semester, | | |

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| | | <p>the average score was 4.4, with 84% of respondents agreeing or strongly agreeing with the statement.</p> <p>Qualitative data are collected through several methods, including open-ended comments on the advising survey, alumni survey, and end-of-course evaluations. Positive student comments from spring 2021 include that “class size was perfect,” the class sizes “gave enough opportunities to get to know and interact with fellow classmates,” faculty are “extremely helpful, attentive, and influential,” and “I have enjoyed my experience so far. I feel supported.” Negative comments include, “I somehow fell through the cracks and only got to have an advisor on the second semester” and “I haven’t discussed much at all about career specific advising, just coursework, but everything so far has been positive and timely.”</p> <p>The program notes that the small class sizes and low student-faculty ratios for courses and advising are strengths of the program. The program also notes that the epidemiology concentration is still in the growth phase with few faculty with advanced epidemiologic knowledge and skills to best advise students in the concentration. At the time of the site visit, the program was conducting interviews for an epidemiology faculty position to start in fall 2022.</p> <p>Students who met with site visitors reported that they like the small class sizes, which allow them to get to know their peers. Regarding faculty availability, students reported that faculty are always available and respond quickly. Students also said that they feel that faculty really care about each student and their well-being.</p> | | |
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C3. STAFF AND OTHER PERSONNEL RESOURCES

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Staff & other personnel are currently adequate to fulfill the stated mission & goals | | The program draws on two full-time DPH staff: a program assistant and a research and finance manager. The program assistant is responsible for administrative and operational support for the department, which includes operations, communications, event and meeting coordination, and academic assistance with course permissions, bookstore contacts, and student evaluations. | Click here to enter text. | |
| Staff & other personnel resources appear sufficiently stable | | <p>The research and finance manager is charged with managing the department budget, finances, and grants and contracts, as well as providing departmental research administrative support with budget development, grant proposal submissions, and pre- and post-award grant management.</p> <p>The program also draws on one staff member from the College of Health Professions for marketing and communications needs at 0.15 FTE. Additionally, there are two graduate assistants to support faculty, one for teaching and one for service. Faculty also hire support staff and graduate assistants with funding from their specific research grants.</p> <p>During the site visit, reviewers learned that the program recently hired a full-time academic coordinator/lecturer starting in May 2022 to market and evaluate the program, support students, develop MPH projects, and teach introductory and undergraduate public health courses. Program faculty explained this new role will also provide</p> | | |

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| | | <p>more touchpoints with students and encourage recruitment of undergraduate students to the department.</p> <p>During the site visit, the program chair indicated that staffing challenges have recently been alleviated greatly with the end of a COVID-19 pandemic-related hiring freeze. The chair and director of accreditation had been performing administrative/secretarial duties in addition to their faculty roles until the university allowed for hiring the two new positions in the last year.</p> | | |
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C4. PHYSICAL RESOURCES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Physical resources adequate to fulfill mission & goals & support degree programs | | <p>The department has sufficient and stable physical resources to support its mission and instructional programs. In 2020, the program moved to a brand-new office space in Aldevron Tower on the main campus, which is located near the College of Health Professions. The entire sixth floor is dedicated to the public health department where all faculty and some staff have private offices. The program assistant works in an open space and other staff and graduate students have adequate shared office spaces. The 20 offices and additional open spaces allow room for potential program growth.</p> <p>Classroom space includes five classrooms in Aldevron Tower and classrooms in three other campus buildings. These classrooms have the needed technology for MPH classes and distance learning, with improvements</p> | Click here to enter text. | |
| Physical resources appear sufficiently stable | | | | |

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| | | <p>resulting from the pandemic. In Aldevron Tower, students may gather informally in several open study spaces, huddle rooms, and conference rooms. The building also has six computer stations, a kitchen, a lactation room, and a gender-neutral restroom.</p> <p>The program also shares a first-floor lounge in Aldevron Tower with other departments in the college. The lounge and location near other college departments facilitates interaction and collaboration among students and faculty associated with those in other NDSU health professions programs.</p> <p>During the site visit, the chair restated the value of being close to the College of Health Professions. She also described how the current available offices and ability to convert space to offices, as needed, gives the program the space to hire more staff and faculty as enrollment and/or research dollars grow.</p> | | |
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C5. INFORMATION AND TECHNOLOGY RESOURCES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Adequate library resources, including personnel, for students & faculty | | The university manages three libraries, an archive, and a business learning center. The NDSU libraries include over 250 online databases, online science and health journals, documents, audio-visual materials, and a large collection of general and health sciences books. The Main Library is located on the NDSU campus, easily accessible to MPH students and faculty. A health sciences-specific resource | Click here to enter text. | |
| Adequate IT resources, including tech assistance for students & faculty | | | | |

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| <p>Library & IT resources appear sufficiently stable</p> | | <p>page of the Main Library website offers links to these resources as well as online tutorials and research guides. The Main Library has a designated health sciences librarian, and an associate librarian supports the public health department by guest teaching MPH classes on library topics, offering workshops, and consulting with students and faculty online or in person. The associate is available half-days in the College of Health Professions building. These librarians also conduct literature searches to support faculty research. The library also offers study space in carrels and study rooms, a computer lab, a studio to practice presentations, and multiple other technology and software resources to support learning.</p> <p>Faculty and students have access to hardware, software, and technology to support both research and teaching needs. In addition to six computers provided by the program, students may access multiple computer labs equipped with software needs for public health courses, such as statistical programs (e.g., SAS, SPSS). Distance learning students may access free or discounted software or gain remote access to software in computer labs, as needed.</p> <p>The NDSU Information Technology Division has emphasized development of its technical assistance and resources to support this learning approach as well as to serve general needs. The IT Division supports faculty, staff, and students in person, by telephone, and through remote access. They offer support for various distance learning issues outside of its extensive regular business hours. The Learning and Applied Innovation Center, part of the IT Division, also offers trainings to students and faculty as well</p> | | |
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| | | <p>as collaborates to find creative technology solutions to support online learning.</p> <p>Interviewed students and faculty shared that they have access to SAS and various other statistical analysis software programs either in person or remotely. Students also described receiving IT support when they faced technology compatibility challenges (i.e., using a Microsoft application on a Mac computer).</p> <p>All faculty have a laptop computer with a docking unit and two monitors. Faculty may download NDSU licensed free or discounted software, such as Microsoft Office, Adobe, GIS, or statistical analysis software. Special software may be purchased with grant funds. Students and faculty both use the Blackboard course management software to post course materials and use voice and livestreaming services.</p> <p>Interviewed faculty explained that they have access to an abundance of software platforms and training sessions on how to integrate these technology resources into their online teaching methods. Finally, they described having IT support within minutes of a telephone call to address distance learning technology issues even during non-workday hours.</p> | | |
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D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail) | | All MPH students are grounded in foundational public health knowledge. The program maps the 12 knowledge areas to six courses which include PH 704: Public Health Management and Policy, PH 706: Epidemiology, PH 712: Research Methods, PH 720: Environmental Health, PH 731: Biostatistics, and PH 741: Social and Behavioral Sciences. The team was able to verify didactic coverage of the learning objectives, as shown in the D1 worksheet, through review of course syllabi. | Click here to enter text. | |

D1 Worksheet

| Foundational Knowledge | Yes/CNV |
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| 1. Explain public health history, philosophy & values | Yes |
| 2. Identify the core functions of public health & the 10 Essential Services | Yes |
| 3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health | Yes |
| 4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program | Yes |
| 5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc. | Yes |
| 6. Explain the critical importance of evidence in advancing public health knowledge | Yes |
| 7. Explain effects of environmental factors on a population's health | Yes |
| 8. Explain biological & genetic factors that affect a population's health | Yes |
| 9. Explain behavioral & psychological factors that affect a population's health | Yes |
| 10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities | Yes |
| 11. Explain how globalization affects global burdens of disease | Yes |
| 12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health) | Yes |

D2. MPH FOUNDATIONAL COMPETENCIES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail) | | <p>The program ensures coverage and assessment of the 22 foundational competencies in six required courses. These include five of the courses noted in Criterion D1 (PH 704, 706, 712, 731, 741), in addition to PH 745: Community Health Leadership. The D2 worksheet summarizes reviewers' findings.</p> <p>Site visit discussion and additional documentation clarified how the program provides didactic and assessment coverage of competencies 2, 7, 11, 12, 13, and 15.</p> <p>For example, competency 2 is mapped to PH 712: Public Health Research Methods. Reviewers could not validate the qualitative data collection didactic instruction or assessment portion of the competency based on the self-study information. During the site visit, the course instructor provided the slides and described the lecture during which students receive instruction on qualitative data collection and measures. The course instructor also provided the directions for the section of the PRAXIS assignment where students complete the qualitative analysis.</p> <p>Competency 7 is mapped to PH 741: Social and Behavioral sciences, and competency 11 is mapped to 704: Public Health Management and Policy. Based on the self-study, reviewers could not confirm that every student is individually assessed on these two competencies. For</p> | Click here to enter text. | |

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| | | <p>competency 7, during the site visit, the course instructor provided the individually assessed homework assignment that is due before the in-class group work on the project. For competency 11, additional documentation demonstrated that for the in-class polling and post-class evaluation, responses are collected and evaluated on an individual basis.</p> <p>Competency 13 is mapped to PH 745: Community Health Leadership. Throughout the course, students are introduced to community organizing, building, and engagement. Students complete an in-class activity where they identify strategies that they would use to address a health issue. Students must identify how they would identify stakeholders, partnerships, and develop a coalition to address the health issue. Reviewers were concerned that the assignment was not graded; however, during the site visit, the course instructor confirmed that students are individually graded on their ability to propose strategies to identify stakeholders and build coalitions to influence public health outcomes.</p> | | |
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D2 Worksheet

| MPH Foundational Competencies | Yes/CNV |
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| 1. Apply epidemiological methods to the breadth of settings & situations in public health practice | Yes |
| 2. Select quantitative & qualitative data collection methods appropriate for a given public health context | Yes |
| 3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate | Yes |
| 4. Interpret results of data analysis for public health research, policy or practice | Yes |
| 5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings | Yes |
| 6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels | Yes |
| 7. Assess population needs, assets & capacities that affect communities' health | Yes |
| 8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs | Yes |
| 9. Design a population-based policy, program, project or intervention | Yes |

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| 10. Explain basic principles & tools of budget & resource management | Yes |
| 11. Select methods to evaluate public health programs | Yes |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence | Yes |
| 13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes | Yes |
| 14. Advocate for political, social or economic policies & programs that will improve health in diverse populations | Yes |
| 15. Evaluate policies for their impact on public health & health equity | Yes |
| 16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making | Yes |
| 17. Apply negotiation & mediation skills to address organizational or community challenges | Yes |
| 18. Select communication strategies for different audiences & sectors | Yes |
| 19. Communicate audience-appropriate public health content, both in writing & through oral presentation | Yes |
| 20. Describe the importance of cultural competence in communicating public health content | Yes |
| 21. Perform effectively on interprofessional teams | Yes |
| 22. Apply systems thinking tools to a public health issue | Yes |

D3. DRPH FOUNDATIONAL COMPETENCIES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D4. MPH & DRPH CONCENTRATION COMPETENCIES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|---|------------------|
| | Met | | | |
| Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or | | The program defines at least five distinct competencies for its MPH in community health sciences and MPH in epidemiology. The team's assessment of each competency statement and students' opportunity to learn and | Click here to enter text. | |

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| enhancement beyond foundational competencies | | demonstrate each competency is presented in the D4 worksheet. | | |
| Assesses all students at least once on their ability to demonstrate each concentration competency | | The program ensures didactic coverage and assessment through four required courses for each MPH concentration. Site visit discussion clarified reviewers concerns about community health concentration competency 5 and epidemiology concentration competencies 2 and 3. | | |
| If applicable, covers & assesses defined competencies for a specific credential (e.g., CHES, MCHES) | N/A | <p>Community health concentration competency 5 is “inform public health practice through analysis of policy, systems, and environmental strategies.” The competency is mapped to PH 725: Promoting Health through Policies, Systems, and Environment and PH 711: Integrating Primary Care and Public Health. Students develop a policy blueprint that advocates for policy systems and environmental change strategies. Reviewers did not see where students are informing public health practice through the policy blueprint assignment. During the site visit, the course instructor provided examples of how students use their policy blueprint to inform public health practice. For example, the President’s Council for Campus Well-Being reviewed and used MPH students’ policy blueprints to inform how to create the all-health policy on the NDSU campus. Another student did their policy blueprint on urban agriculture that the Cascade Food Commission used to develop food systems for their urban environment campaign.</p> <p>Epidemiology concentration competency 3 is “evaluate and apply evidence from scientific research to generate public health recommendations.” The competency is mapped to PH 752: Epidemiologic Methods 2. Using SEIR</p> | | |

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| | | model and R programming, students code and interpret an infectious disease model and assess the impact of public health recommendations. From the syllabus, reviewers did not see where students are required to evaluate and apply evidence from the data. During the site visit, the course instructor clarified that students use publicly available data which they analyze using SEIR and R. The analysis then informs their research question that is then used to generate public health recommendations. | | |
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D4 Worksheet

| MPH in Community Health Sciences Concentration Competencies | Comp statement acceptable as written? Yes/No | Comp taught and assessed? Yes/CNV |
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| 1. Use primary and secondary data to identify and describe the health status of communities and prioritize needs. | Yes | Yes |
| 2. Choose culturally appropriate intervention strategies | Yes | Yes |
| 3. Design methods to evaluate the effectiveness of interventions. | Yes | Yes |
| 4. Practice advocacy through strategic communication. | Yes | Yes |
| 5. Inform public health practice through analysis of policy, systems, and environmental strategies. | Yes | Yes |

| MPH in Epidemiology Concentration Competencies | Comp statement acceptable as written? Yes/No | Comp taught and assessed? Yes/CNV |
|---|---|--|
| 1. Analyze and interpret epidemiologic data using regression-based methods. | Yes | Yes |
| 2. Design an observational study that includes key components of an epidemiologic research proposal. | Yes | Yes |
| 3. Evaluate and apply evidence from scientific research to generate public health recommendations. | Yes | Yes |
| 4. Transform public health surveillance data to appropriately summarize and interpret for target audience(s). | Yes | Yes |
| 5. Design a survey protocol for an epidemiologic field investigation. | Yes | Yes |

D5. MPH APPLIED PRACTICE EXPERIENCES

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|---------------------------|------------------|
| | Met | | | |
| All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings | | For the applied practice experience (APE), students complete a minimum 240-hour individual practicum (PH 794: Practicum in Public Health) after completion of at least 18 credits, usually during the summer after their first year. Students participate in a professional, public health practice setting that allows application of course competencies tailored to their career interests. As part of the didactic course requirements, students complete readings, voice thread discussions, and practicum progress updates on Blackboard. At the end of the practicum, students submit two or more work products delivered to the organization, a self-assessment of their achievement of competencies, a preceptor evaluation, and a poster presentation. | Click here to enter text. | |
| Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies | | | | |
| All students demonstrate at least five competencies, at least three of which are foundational | | During the site visit, the APE instructor and faculty advisors described several approaches for helping students identify appropriate sites for the APE. First, the APE instructor maintains a list of prior organizations with project opportunities. For students outside the local area, the APE instructor makes cold calls to find a nearby role when needed, connects students to alumni who may live near them, or helps students find a virtual project. In addition, several faculty members have found practicum experiences for their advisees through their personal networks. An adjunct faculty member, who is the state epidemiologist, has connected students to the North Dakota Department of Health for virtual or in person | | |

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| | | <p>projects. Students can also identify new organizations and develop their own APE based on their interests, with assistance from the APE instructor.</p> <p>Through a pre-planning and collaboration process, the program ensures that the APE is mutually beneficial to the student and the practice site. Six months before course registration, the student, their advisor, and the APE course instructor discuss options. The student then explores organizations that will allow demonstration of the competencies and advance their career goals. The student drafts a practicum agreement describing the host organization, the planned project and its contribution to the organization, responsibilities of the student and preceptor, a communication plan, and schedule.</p> <p>When drafting the practicum agreement, the form requires students to propose at least five competencies, at least three of which are foundational. Students select from the competencies they have demonstrated in their prior didactic courses. The form also requires students to describe two work products that demonstrate the competencies in a practice setting. The APE instructor, with support from the advisor, works with the student to make sure that the competencies are both in the proposal and mapped to the deliverables for assessment.</p> <p>The preceptor may review and comment on drafts of the agreement. The student, preceptor, and APE instructor then approve and sign the agreement. The course instructor encourages and may participate in ongoing progress updates between the student and preceptors throughout the project.</p> | | |
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| | | <p>Students have completed their applied practice experiences at local public health organizations such as a faith-based community garden, a child abuse prevention organization, a Native American village, the state health department, the university's center for Native American health, and the university's center for immunization research.</p> <p>Site visitors reviewed student samples; all included at least two products that are meaningful to the organization and demonstrated at least five competencies, of which three are foundational. Examples of products include needs assessments, reports, educational flyers and materials, grant submissions, legal resolutions, community health briefs, case investigations, process charts, and data analysis reports.</p> <p>Preceptors complete a mid-term and final student evaluation form with a pass or fail ranking and comments on student performance in demonstrating competencies and completing assigned projects. The program also encourages students to get feedback from the preceptor on their products throughout the experience.</p> <p>The APE instructor is primarily responsible for assessing the quality of the work products and whether they have adequately demonstrated the planned competencies. In this process, the course instructor reviews the work products and several supporting materials from the student and preceptor to assign a final grade. Upon completion of the field experience, the student completes the APE self-assessment form, which requires the student to explain attainment of each of the planned</p> | | |
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| | | <p>competencies. Students then submit their two work products and poster presentation.</p> <p>Students who met with site visitors reported receiving helpful support from the APE course instructor in focusing their goals and in finding meaningful practicum experiences, even when the COVID-19 pandemic made finding these experiences challenging. Both students and preceptors reported receiving job offers or successfully hiring students into full-time roles because of the practicum experience.</p> <p>Preceptors spoke to the quality public health knowledge base and professionalism students bring to their practicum experiences and the support they have provided to their staffing needs. Two preceptors enthusiastically described how their students' respective projects had led to real progress reducing vaping in the schools and increased COVID-19 vaccinations among the local Islamic community.</p> | | |
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D6. DRPH APPLIED PRACTICE EXPERIENCE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies | | The ILE is a completed through a one-credit course, PH 789: Integrative Learning Experience, during the last semester of a student's course of study. | Click here to enter text. | |
| Project occurs at or near end of program of study | | In consultation with their faculty advisor, each student selects at least three foundational and at least one concentration competency and identifies an appropriate mechanism (e.g., research paper, literature review, program or policy evaluation, policy brief, grant application) through which to demonstrate synthesis of these competencies. | | |
| Students produce a high-quality written product | | Each student completes a high-quality written product and an oral/visual presentation of their work, which are assessed by the student's advisor, using an ILE assessment tool, to ensure the student has addressed the identified competencies. The student's academic advisor is responsible for grading the ILE based on competency synthesis, adequacy of the written product's background, content, evidence, implications, and/or recommendations, in addition to their technical writing and communication skills. The course is graded as S/U. | | |
| Faculty reviews student project & validates demonstration & synthesis of specific competencies | | Overall, the sample of student work available to reviewers provide evidence that students carry out high-quality work in their projects. For example, one student created a written report and video presentation of a participatory community needs assessment to assist the Chilkat Indian Village of Klukwan to prepare for funding opportunities | | |

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| | | <p>through the American Rescue Plan Act (ARPA). Another student prepared a written assessment and presentation slides for assessing underlying social determinants of health and how they can impact the effectiveness of a Blue Zones Project implemented in North Dakota. Other students conducted written reports on the potential and recognized impacts of COVID-19 on food insecurity in the United States; innumeracy, misinformation, and improving public messaging, including during the COVID-19 pandemic; overall and ethnic/racial differences in secondary attack rates for COVID-19; and workplace stresses, policies, determinants of health, and holistic wellness among Native Americans.</p> <p>During the visit, faculty and students described the ILE process clearly and gave examples of how they created and assessed the ILE projects and chosen competencies. They expressed satisfaction with the process, which had recently been changed from three credits to one.</p> | | |
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D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D14. MPH PROGRAM LENGTH

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| MPH requires at least 42 semester credits or equivalent | | MPH students must successfully complete a minimum of 42 credits to earn the degree. One credit equals 50 minutes of contact per week over a 15-week semester. Most courses in the degree program are three credits. | Click here to enter text. | |

D15. DRPH PROGRAM LENGTH

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D16. BACHELOR'S DEGREE PROGRAM LENGTH

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D19. ALL REMAINING DEGREES

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--------------------|--------------------|--|-------------------------|------------------|
| | Not Applicable | | | |

D20. DISTANCE EDUCATION

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Instructional methods support regular & substantive interaction between & among students & the instructor | | The program offers the two MPH degrees in both on-campus and distance-based formats. Prior to the COVID-19 pandemic, the program used the Interactive Video Network (IVN) to deliver live, video distance education. When the university moved online during the COVID-19 pandemic, it invested in Zoom across the campus. Since then, faculty and students have preferred Zoom as the video platform for distance education. The distance program offers mostly synchronous learning with breakout rooms, white board tools, and some recorded lectures. | Click here to enter text. | |
| Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated | | | | |
| Curriculum is subject to the same quality control processes as other degree programs in the university | | | | |
| Curriculum includes planned & evaluated learning experiences that | | | | |

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| are responsive to the needs of online learners | | The distance-based degrees are offered to recruit students from across the state to meet the public health education needs of mid-career professionals. It also allows students from across the country to complete their MPH degree at NDSU without moving to North Dakota. The online degrees allow students to complete their MPH without moving away from their current work and community. The online program also allows the program to draw on faculty who are public health experts but live in different parts of the state. For example, the program recently hired the North Dakota state epidemiologist to teach the surveillance course, while continuing to in serve her role at the state capitol. | | |
| Provides necessary administrative, information technology & student/faculty support services | | | | |
| Ongoing effort to evaluate academic effectiveness & make program improvements | | | | |
| Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification | | Distance-based students and on-campus students attend the same classes. There are some students in the classroom and some online via Zoom. Some program faculty said that they give on-campus students the option to attend courses via Zoom. Program faculty reported that when students apply to the program, they choose to be in either the distance-based or on-campus modality, with online students receiving a tuition reduction; however, once students begin the program, there is flexibility in coming to campus or not. Most students who met with site visitors took a mix of on-campus and distance courses. One student noted that she is in the on-campus modality; however, she had to go home in the spring semester and had no issues transitioning to all online courses. One fully distance-based student spoke of how well integrated online students are into the on-campus classes. Students noted that faculty make them feel just as much a part of the class online as the students who are in the classroom. | | |

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| | | <p>Administrative and information technology services are provided through the library, where librarians are available through instant chat, email, and phone. Online students also have access to the Center for Writers electronically. The NDSU Information Technology Division has emphasized development of its technical assistance and resources to support online learning. The IT Division supports faculty, staff, and students in person, by telephone, and through remote access. They offer support for various distance learning issues outside of its extensive regular business hours. The Learning and Applied Innovation Center, part of the IT Division, also offers trainings to students and faculty as well as collaborates to find creative technology solutions to support online learning.</p> <p>The program engages in the same quality control mechanisms across its on-campus and distance-based MPH. Most online courses are delivered synchronously which allows students to engage in the course in real-time. In the past year the program has also begun offering asynchronous courses that allow students to listen to courses on their own time. The self-study notes that course objectives and outcomes expectations are the same for on-campus courses and distance-based courses. Online students are expected to spend the same amount of time in class and on outside work as on-campus students. Course evaluations allow online students to provide both quantitative and qualitative feedback on the online learning atmosphere and availability of faculty. During the site visit, faculty also referenced course instructor ratings and one-on-one discussions with online students to ensure that distance-based students are satisfied with the online environment.</p> | | |
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| | | <p>For synchronous courses, distance students must have a secured video connection so that faculty can see them in real-time. Online students also use Blackboard with a personal NDSU account that is password protected to ensure that only enrolled students can access course materials.</p> <p>During the site visit, program faculty described additional examples of methods to ensure that the correct student is taking online exams. For example, some faculty members use Yuja Proctor or Respondus to lock the browser, so only the exam is on the screen. Other faculty members described the use of synchronous timed tests on Blackboard, where faculty can see how long students spend on each question. Another faculty member told site visitors that she uses culminating exams with the Blackboard Safe Assign plagiarism checker that compares the student's essay to information on the web to identify plagiarism.</p> <p>During the site visit, faculty described how they are trained to teach in an online environment. The Office of Teaching and Learning as well as the IT Department offer specific trainings and support for faculty teaching online courses. Program faculty described the Office of Teaching and Learning as "always available and very supportive."</p> | | |
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E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience | | The MPH program has qualified and experienced faculty trained in a variety of disciplines that cover the core areas as well as the concentrations. The self-study document lists nine primary faculty and two non-primary faculty. All members of the faculty hold doctoral degrees. They have experience in academic research and public health practice that allow them to provide expertise and guidance to students. Five faculty are assigned to the epidemiology concentration, five to the community health sciences concentration, and one to both concentrations. | Click here to enter text. | |
| Faculty education & experience is appropriate for the degree level (e.g., bachelor's, master's) & nature of program (e.g., research, practice) | | <p>The primary faculty all have strong backgrounds in their fields across research, practice, and teaching. Non-primary faculty bring to the program additional expertise in statistics and epidemiology.</p> <p>During the site visit, faculty were enthusiastic about describing the alignment of their teaching with their research and service work and their disciplinary expertise. Students were very positive about the disciplinary expertise of faculty and about their willingness to help students to grow collectively and individually in these disciplines.</p> | | |

E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice | | The faculty integrate perspectives from the practice setting into student learning through their experience, relationships, and engagement of practitioners as teachers, guest lecturers, and advisors. Primary and adjunct faculty possess strong practice experience in clinical and prevention settings. For example, one primary faculty member was the director of clinical research, director of hospital epidemiology, and director of quality improvement at a local health system. Another primary faculty member worked as a lifestyle medicine provider in a federally qualified primary care clinic serving diverse patient populations and as a lifestyle medicine program coordinator for WIC. | Click here to enter text. | |
| Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels | | As noted in Criterion D5, one adjunct faculty member is the state epidemiologist who uses her health department relationships to bring in guest speakers from a variety of programs and divisions for a well-rounded view on public health surveillance. | | |
| Regularly involves practitioners in instruction through variety of methods & types of affiliation | | <p>These faculty bring this experience and relationships with the practice community to inform teaching examples, advising, and curricula development.</p> <p>The program involves public health practitioners in instruction, the curriculum, and student advisory roles. The program extensively engages guest lecturers from the practice community, including state and local public</p> | | |

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| | | <p>health practitioners, local legislators, qualitative research experts, Native American community researchers, as well as experts on cultural competence. Guest lecturers support MPH classes with relevant subject matter expertise on a range of public health topics, such as environmental health assessments, local and state health policy, research skills, and cultural competence. Some of these collaborations have led to student activities at the state legislature or connecting with diverse communities to discuss a health topic.</p> <p>During the site visit, program and university leaders emphasized that these relationships with the practice community evolve naturally from their culture and mission as a land grant university.</p> | | |
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E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Systems in place to document that all faculty are current in areas of instructional responsibility | | Faculty are expected to maintain current in their areas of instructional responsibility, as outlined in position descriptions and annual review criteria. Assessment and assurance of faculty currency is accomplished through annual evaluations by the department chair. | Click here to enter text. | |
| Systems in place to document that all faculty are current in pedagogical methods | | | | |
| Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction | | | | |

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| <p>Supports professional development & advancement in instructional effectiveness for all faculty</p> | | <p>contemporary work in their fields, giving presentations at disciplinary meetings and publishing research and reports.</p> <p>Review of faculty instruction is primarily conducted through review of student evaluations, annual supervisor evaluations, and peer teaching evaluations. Professional development to improve pedagogy is discussed with the department chair during the annual review and is summarized for promotion and tenure decisions. Instructional effectiveness is also evaluated for each course and shared with the instructor and department chair.</p> <p>The university and program provide faculty with opportunities to engage in professional development and keep up to date in their fields of study and teaching. These opportunities include professional development luncheons by the Provost's Office and the Office of Teaching and Learning, which offers programs that cover inclusive teaching practices, holistic teaching, hybrid course design, and supporting students with disabilities, to name a few. Faculty also seek individual mentoring from experienced peers.</p> <p>The self-study document lists three indicators related to faculty instructional effectiveness. Faculty currency is assessed through annual or other regular reviews of faculty productivity and relation of scholarship to instruction. The department chair reviews faculty with guidelines on faculty productivity (e.g., publications, presentations, grants). Faculty instructional quality is also assessed by student satisfaction with quality instruction. Results of student end-of-course survey feedback are shared directly with each instructor and the DPH chair,</p> | | |
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| | | <p>with averages provided for the course, department, college, and university. Finally, faculty instructional quality is assessed based on courses that integrate technology in innovative ways to enhance learning. The self-study describes three technologies that have been incorporated in courses including ResponseWare (clickers), Mentimeter to give real-time feedback, and VoiceThread to engage students with reflections on common topics but related to their diverse practical experiences.</p> <p>During the site visit, faculty described their access to extensive resources on campus to improve their teaching in general, as well as tailored opportunities that focus on specific areas that a faculty member might need. Faculty provided examples such as book clubs to discuss new methodologies and an array of short courses each August for new faculty and covering topics of interest to all faculty. The department also developed a special training series for faculty on evaluating, developing, and enhancing student writing skills, when this was recognized as a wider concern. Faculty also described an atmosphere of informal peer mentoring for new faculty or those trying new teaching methods.</p> | | |
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E4. FACULTY SCHOLARSHIP

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|----------------------------------|------------------|
| | Met | | | |
| Policies & practices in place to support faculty involvement in scholarly activities | | <p>All faculty are required to engage in scholarship for a minimum of 25% time for tenure track and 10% for non-tenure track. Scholarship can take a variety of forms. The department chair has set expectations for publications (at least two per year), presentations at professional meetings (average of two per year), and grants/contracts submissions (two per year).</p> <p>University-level support is housed in the Office of Grant and Contract Accounting, which manages all monies from pre-award to post-award. There is also a Research Development unit within the Office of Grant and Contract Accounting that assists faculty with proposal development writing and will review draft proposals. The office offers ongoing proposal writing and research workshops. Additionally, faculty have access to the Center for Social Research, Group Decision Center, statistical consulting, and libraries for additional support. The health sciences library has a public health collection and a DPH dedicated full-time staff person to help facilitate the grants and contracts process from submission to award.</p> <p>The self-study provides a range of examples of the scholarly work faculty participate in and how they incorporate it into their teaching. For example, one faculty member incorporates her research on well-being of older adults and evaluating programs designed to assist older adults into her PH 741: Social and Behavioral Sciences in</p> | <p>Click here to enter text.</p> | |
| Faculty are involved in research & scholarly activity, whether funded or unfunded | | | | |
| Type & extent of faculty research aligns with mission & types of degrees offered | | | | |
| Faculty integrate their own experiences with scholarly activities into instructional activities | | | | |
| Students have opportunities for involvement in faculty research & scholarly activities | | | | |

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| | | <p>Public Health course, with examples specific to her program evaluation work. She also includes her research on mental and physical health of K-12 and higher education instructors.</p> <p>Another faculty member incorporates maternal and child health, adverse childhood experiences, and trauma-informed approaches into PH 712: Public Health Research Methods and PH 774: Research and Evaluation in Tribal Communities. This faculty member uses examples from her work with tribal nations in the upper Midwest to engage students in the importance of authentic community engagement, as well as specific skills in analyzing data and disseminating information for different audiences. Another faculty member, who is a chronic disease epidemiologist, incorporates his research on diabetes epidemiology and opioid use disorder in his PH 700: Preventing and Managing Chronic Illness course. He also supports graduate students on his opioid prevention research grants, providing research and publications opportunities for students.</p> <p>Students are frequently involved in faculty research and have been part of the data collection, data analysis, publication, and presentation of results. For example, public health students collected data for a large, randomized trial of educational and feedback intervention to medical providers on their individual performance with using antibiotics per guideline protocols in the outpatient setting. Students also prepared the research poster and will be first, second, and third authors on the manuscript being prepared.</p> | | |
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| | | <p>Other students worked on an evaluation project with faculty for the North Dakota Department of Health maternal and child health programs to conduct survey development and dissemination, data collection and cleaning, analysis and presentation, and manuscript writing. Additionally, three graduate students were involved in the data collection, analysis, and reporting of the North Dakota Governor’s Office COVID-19 task force. Two abstracts were accepted and presented at APHA 2021, and a manuscript is currently under review.</p> <p>Inclusion of students in scholarly activities is a DPH expectation and reflected in developing evaluation measures. The program plans to use three measures of student involvement in research in its future evaluation process; the program aims to increase student research through three GRA positions, five co-authored manuscripts, and 50% of students engaged in research annually.</p> <p>The program has selected three indicators that capture faculty research and scholarship. The indicators include published articles in peer-reviewed journals, presentations at professional meetings, and grant submissions. The program has not met its defined targets on any of these measures. For example, each of the indicators has a target of two per faculty member. In AY 2018-19, six out of eight faculty met the targets for published articles and presentations, while only two met the target for grant submissions. In AY 2019-20 and 2020-21, approximately half of the faculty met the target for published articles and presentations, while slightly more than half met the target for number of grant submissions (seven out of nine and six out of ten). For</p> | | |
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| | | <p>more faculty to achieve this goal, additional types of support for faculty writing or a rebalancing of service and teaching time may be needed, or the goals may be adjusted to recognize the blend of different FTE and appointment types. During the site visit, program faculty noted that they are open to redefining their indicators through full-faculty meetings to set more appropriate measures for their faculty.</p> <p>Students who met with site visitors reported satisfaction with research opportunities with faculty. Not all students were interested in participating in research, but those that were reported ample opportunities and often financial support.</p> | | |
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E5. FACULTY EXTRAMURAL SERVICE

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Defines expectations for faculty extramural service | | <p>Program faculty offer an appropriate level of involvement with the community through sharing their professional knowledge and skills. The NDSU mission asserts the importance of “high quality” service to the profession, government, or community, which is reinforced through the College of Health Professions and the program’s faculty promotion and tenure process. In the faculty handbook, the program defines and provides examples of the extramural service. The expectations include service to the profession and community and weights the requirement based on the position. The program requires faculty to report service activities both for departmental evaluation and annual faculty review for promotion,</p> | <p>Click here to enter text.</p> | |
| Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means | | | | |

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| | | <p>tenure, and evaluation. The chair makes recommendations during the review.</p> <p>The College of Health Professions recognizes faculty service through its Dean’s Award for Exemplary Service. Three program primary faculty members (one former) have received this award in the past two years, with one of them receiving this honor the week of the site visit.</p> <p>Eight of nine current primary faculty performed an average of three community service activities to the profession or community in the 2020-2021 academic year. Examples include service on community health advisory boards and work groups, injury prevention coalitions, and research advisory panels; advising on local COVID-19 vaccination programs; editing journals; reviewing manuscripts; and speaking at school and community events on health topics. Several faculty members have integrated their service activities into student instruction by providing topic-specific examples; creating classroom activities, assignments, or projects to work on real-world issues; or providing practicum opportunities.</p> <p>Several program faculty members have created student service opportunities through their own service to the field. For example, one faculty member who provided COVID-19 guidance to the governor and state health department engaged his students to write research briefings on the topic. Another faculty member, who volunteers to support community gardens, farmers markets, and educational programs has engaged students to support these projects through practicum opportunities. Other faculty-student collaborations</p> | | |
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| | | <p>include a food drive, a racism webinar, an immunization event at a local mosque, and COVID-19 education events.</p> <p>The program tracks service data annually and measures the program’s progress against the following indicators: percentage of PIF participating in extramural service, number of faculty-student service collaborations, and number of community-based service projects. The count of faculty service activities has increased from 15 in both 2018-19 and 2019-20 to 28 in 2020-21. Six faculty conducted activities in 2018-19 while nine (90% of all primary faculty) conducted them during 2020-21. Regarding the number of faculty-student collaborations, as of 2020-21, there were six collaborations, engaging 13 students.</p> <p>During the site visit, the chair shared that the DPH had been recently recognized by the state public health association for its service to the state of North Dakota in response to the COVID-19 pandemic. The department provided extensive support to the state department of health and Governor’s Office through faculty research, procedure development, and student staffing as contract tracers to address information and staffing needs. The NDSU president further highlighted this service delivery work, sharing that the NDSU mission and culture as a land grant university allowed the program to nimbly support the state health department. In addition, he pointed out the role of the public health program in supporting rural health and prevention needs, particularly in the western part of the state.</p> | | |
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F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences | | The program uses its Community Public Health Advisory Board as a formal structure for constituent input. The board comprises external public health members who represent various sectors from state, local, tribal, and other health agencies. The Advisory Board meets at least twice per year to provide input on the strategic planning process, assist with external support, and discuss practicum opportunities for MPH students. | Click here to enter text. | |
| Ensures that constituents provide regular feedback on all of these: <ul style="list-style-type: none"> • student outcomes • curriculum • overall planning processes • self-study process | | The Advisory Board is involved in regularly assessing the program's mission, vision, goals, and evaluation measures; strategic plan; and currency of the program's curriculum. Site visitors reviewed meeting minutes of the July 2020 Advisory Board meeting that demonstrate involvement in reviewing and updating the program's mission, vision, values, goals, and evaluation measures. | | |
| Defines methods designed to provide useful information & regularly examines methods | | | | |
| Regularly reviews findings from constituent feedback | | At the October 2021 meeting, board members reviewed the most recent alumni survey and workforce assessment to discuss the needs of their respective workplaces. During this discussion, the board identified opportunities for additional training in the following areas: outbreak investigation process; health behavior change; integration of health equity; policy development; public health and healthcare collaborations; local public health and acute care collaborations; data-driven and proactive decision making; data management skills and software; and integration of diverse perspectives. During the site visit, | | |

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| | | <p>the program reported it had not yet implemented changes based on this feedback but were discussing the themes.</p> <p>Advisory Board members who met with site visitors provided additional examples of suggestions made to the program that have been implemented. For example, one board member, who is an employee of the North Dakota Health Department, spoke of the need for additional training in public health research methods and survey methodology. Following this suggestion, the program created PH 753: Public Health Surveillance to better train students in this area.</p> <p>During the site visit, program faculty shared an additional example of a programmatic change based on constituent feedback. Through personal experience teaching MPH coursework and conversations with student preceptors, an Advisory Board member identified the need for more training in technical writing. Based on this feedback, the program added an elective on technical writing.</p> <p>The program also relies on program alumni for feedback and information on career readiness and practical experiences. Alumni served on the ad hoc Accreditation and Assessment Committee and Strategic Planning Committee. In drafting the self-study, the program sought input from alumni to select outcome measures and how to best collect data for the self-study assessment process.</p> <p>During the site visit, alumni provided examples of suggestions they have made that have been implemented. For example, one alum who currently works at the Clay County Public Health Department told</p> | | |
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| | | <p>the program that students need more training in tobacco control and policy in the courses. Based on this feedback, the program asked him to serve as a regular guest lecturer on the topic as well as a practicum preceptor. The alum reported that students now come to his team with increased tobacco and substance abuse knowledge.</p> <p>Employers of program graduates are surveyed to identify graduates' ability to apply each of the 22 foundational competencies in the workplace. The survey also asks about the skills that graduates are most and least prepared in. The first survey was sent to employers of graduates from 2019-2021. Results showed that graduates are weakest in data analysis skills and strongest in communication skills. Employers who participated in the site visit stated that program graduates are some of their best and brightest employees. Employers reported that program graduates have a strong foundation in epidemiology, management of infectious diseases, and community health leadership. Employers noted that program graduates are eager to learn and are "top notch employees."</p> | | |
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F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Makes community & professional service opportunities available to all students | | Students in the MPH program are introduced to service through the Public Health Association (PHA) and program faculty and staff. The PHA is an official student | Click here to enter text. | |

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| <p>Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field</p> | | <p>government-recognized organization that “strives to meet the public health needs of the community through multidisciplinary collaboration with NDSU students, faculty, and staff with the goals of promoting health, preventing disease, and promoting the quality of life.” The association is led by public health students and advised by public health faculty and staff. PHA holds regular meetings and provides students with experiences in planning and participating in community events. During the site visit, reviewers learned that all students become members of PHA upon enrollment in the program but have the option to opt out.</p> <p>In addition to the PHA, faculty and staff provide opportunities for students to engage in service projects or community engagement. For example, students have worked on community gardens and with state legislators. Faculty also include service and community projects in their courses. For example, in PH 704: Public Health Management and Policy, there is a “real-world” project, where students conduct policy research and development for upcoming legislative sessions. Students also attend and present research at conferences, such as APHA. The department provides financial assistance for students to attend and present at conferences.</p> <p>The self-study lists numerous examples of community engagement and professional development activities that students have participated in over the past three years. For example, in 2019 students conducted outbreak investigations for the Health Scrubs Academy and at the Avenues of Scientific Discovery event. Also in 2019, PHA members hosted an educational event for Boy Scouts to earn their merit badge in public health. During the</p> | | |
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| | | pandemic, the PHA organized and held events via Zoom on trauma-informed care and the COVID-19 global response across countries. In 2020, MPH alumni presented on race and racism at a Juneteenth event, and students organized a food drive for the Emergency Food Pantry in Fargo. During the site visit, program faculty and university leaders also reported that program students were among the first COVID-19 contact tracers in the state. | | |
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F3. ASSESSMENT OF THE COMMUNITY’S PROFESSIONAL DEVELOPMENT NEEDS

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|-------------------------|------------------|
| | Met | | | |
| Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities | | <p>The program’s professional community of interest includes the regional area of North Dakota, South Dakota, Minnesota, and the tribal nations within this geography. The community of interest also includes the regional, state, local, and tribal health agencies and healthcare systems in the same area. The program chose these communities of interest because the region has one of the highest American Indian populations in the US and, as a land-grant university, their mission is grounded in serving the people of the state.</p> <p>The NDSU MPH program collaborates with the University of North Dakota MPH program to conduct regional assessments of the professional development needs for its community of interest. In 2018, the two programs conducted key informant interviews in the region. Faculty, staff, and students from both programs collected and summarized the information, which identified the top</p> | | |

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| | | <p>challenges to public health professions as substance/opioid abuse, building and maintaining the workforce, community partnerships, communication, and working with legislative and policy processes.</p> <p>In 2021, the program conducted a continuing education workforce survey. Survey results indicated that the needs of the community of interest were in budget and financial management; program planning and evaluation; grant writing and requests for proposals; leading change efforts; working with government and legislative bodies; using systems thinking approaches; data collection, management, and analysis; and health equity.</p> | | |
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F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|---|---------------------------|------------------|
| | Met | | | |
| Provides activities that address professional development needs & are based on assessment results described in Criterion F3 | | <p>The program has used multiple methods for developing and implementing professional development on the topics referenced in Criterion F3. The self-study notes that faculty research is often connected with professional development opportunities for the community of interest. The program also uses the Dakota Conference, an annual conference for industries across the state, as a platform.</p> <p>Program faculty often present at the Dakota Conference. Past topics have included using lifestyle approaches as clinical treatment, data visualization, opioid use disorder screening and programming, and immunization-related topics. Additionally, the program has a strong relationship with the North Dakota Department of Health, where</p> | Click here to enter text. | |

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| | | <p>faculty have developed educational materials and provided continuing education presentations.</p> <p>The program offers professional development training through graduate certificates in general public health, American Indian Public Health, and infection prevention. The program began offering the certificates in 2018 and have had between three to five enrollees each year.</p> <p>The program also has a public health seminar series that is generally internal but has been opened to external organizations. In 2020 the department chair moderated a panel on “How does Society Reclaim Human Flourishing When Faced with a Pandemic?” There were 137 external participants and 216 total participants. In 2020, the Division of Healthy and Safe Communities from the state Health Department requested a seminar on “The Role of Trauma-informed Principles in Advancing Healthy and Safe Communities.” The seminar had 81 participants.</p> <p>Over the last two years, one program faculty member has held numerous trainings on motivational interviewing. The self-study lists five trainings for various groups from supplemental nutrition assistance program educators to tobacco cessation specialists to American Indian tribes in Montana. The number of participants ranged from 15 to 30.</p> | | |
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G1. DIVERSITY & CULTURAL COMPETENCE

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|---|--------------------|--|----------------------------------|------------------|
| | Met | | | |
| Defines appropriate priority population(s) | | <p>The program has identified priority populations for both students and faculty. The priority population for students is the American Indian/Alaska Native (AI/AN) population and for faculty and staff the priority population is BIPOC, with a particular emphasis on the AI/AN population. The program chose these priority populations because NDSU is built upon the traditional lands of the Oceti Sakowin and Anishinaabe people. North Dakota has a high proportion of American Indian individuals in its state population, and health disparities in the American Indian populations of North Dakota and the entire Midwest area are dramatic.</p> <p>The program lists three goals for increasing the representation and supporting the persistence and ongoing success of diverse populations. For students, at least 20% of newly admitted students will identify as AI/AN. For faculty/staff, the goal is to increase racial/ethnic diversity in the hiring of new faculty and staff, with no specific target.</p> <p>Strategies to achieve the program's diversity goals for students include creating an American Indian public health subplan within both concentrations; continuation of four substantial American Indian student scholarships; opportunities for American Indian students to work with tribal populations for graduate assistantships or as practicum sites through our DPH American Indian Public Health Resource Center; advertising at NDSU indigenous</p> | <p>Click here to enter text.</p> | |
| Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals | | | | |
| Learning environment prepares students with broad competencies regarding diversity & cultural competence | | | | |
| Identifies strategies and actions that create and maintain a culturally competent environment | | | | |
| Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s) | | | | |
| Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s) | | | | |
| Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies | | | | |
| Perceptions of climate regarding diversity & cultural competence are positive | | | | |

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| | | <p>student events; and use of the New Beginnings for Tribal Students grant that focuses on enhancing the environment at NDSU to better recruit, retain, and graduate Native students; one faculty member is a co-PI of this grant.</p> <p>For faculty, strategies include connecting with American Indian scholars and professionals as adjunct faculty; training search committee participants in strategies for overcoming bias; advertising in all faculty job postings that American Indian public health is an emphasis in the program; and participating in workshops offered by Inclusive Graduate Education Network that cover the fundamentals of equity in graduate admissions and strategies for equity-based holistic admissions.</p> <p>The MPH program was developed with a focus on AI/AN culture, health equity, and research issues. In addition to recruitment goals, the program lists numerous curricular requirements, methods to expose students to diversity, and community engagement activities that create and maintain a culturally competent environment. The program offers a course addressing cultural competence, PH 765: Cultural Competence for Health Professions, which includes AI/AN content. AI/AN and LGBTQ2S+ researchers and public health professionals are included as guest lecturers and through the public health seminar series. The American Indian Public Health Resource Center is physically located in DPH, and its staff participate in departmental and public health events. Students can work with an extensive network of relationships with community-serving and tribal organizations for practicum, internship, community service, or scholarly activities.</p> | | |
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| | | <p>The self-study provides a graph of enrollment in the MPH by race/ethnicity. From AY 2017-18 to 2020-21 the program has enrolled 22%, 20%, 15%, and 17% American Indian students, while the proportion of Hispanic and Black students has increased, most recently to 6% and 17%, respectively. Among faculty, the number of AI/AN faculty has ranged from two to three since AY 2017-18.</p> <p>The DPH has not formally assessed student, staff, or faculty perceptions of the climate regarding diversity and culturally competence. Students, staff, and faculty have privately shared that there are some significant challenges to be addressed, through individual discussions. An ad hoc Anti-racism Committee was recently formed and developed a survey for faculty and staff regarding capacity building and training needs around diversity, equity, and inclusion. Although the response rate was low, respondents wrote suggestions that include developing a lecture series to highlight diverse voices; department-specific practices to increase diversity of students, staff, and faculty; training on changing institutionalized practices; more knowledge on racism as a public health crisis and what we can do about it; and outside assistance with learning and reflective facilitation.</p> <p>During the site visit, program faculty reported on incorporation of cultural diversity and support for diverse student voices in their courses. The department head noted that a university-wide climate survey had recently been conducted but the granularity of results did not reach to the department level.</p> <p>Students described the climate as welcoming to students with different backgrounds and specifically noted that they</p> | | |
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| | | <p>benefited from exchanging ideas with students from a range of countries, backgrounds, cultures, age groups, and rural residence status that they would otherwise have not had a chance to learn with and from. They also noted that the PHA was nominated for a campus-level award for diversity. They described administrator and individual faculty encouragement and support for a student who wrote a public letter in response to a racial incident on campus and to American Indian students in sharing and developing their voice in responding to racism.</p> <p>The NDSU president and provost spoke to specific initiatives to increase support for American Indian and New American populations at the campus level.</p> | | |
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H1. ACADEMIC ADVISING

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Students have ready access to advisors from the time of enrollment | | <p>The program assigns an advisor to each MPH student upon their offer of admission. During orientation, students spend time getting to know their advisors, faculty, and concentration classmates through group activities. Advisors are primarily program faculty. The director of accreditation serves as an unofficial advisor for all interested students. Once enrolled, students meet with their advisor each semester to support course selection, help students select an applied learning experience, complete needed paperwork, and answer student questions. Students may change advisors or</p> | <p>Click here to enter text.</p> | |
| Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study | | | | |
| Qualified individuals monitor student progress & identify and support those who may experience difficulty | | | | |

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| <p>Orientation, including written guidance, is provided to all entering students</p> | | <p>concentrations after orientation. At the university level, the NDSU Career and Advising Center provides additional services in collaboration with the graduate school.</p> <p>The program has developed written guidance to assist advisors and advisees and to provide consistent information. The student handbook documents program requirements, forms, and policies, and serves as the primary resource for faculty and students on advising.</p> <p>To train faculty advisors in their roles, the university and college provide educational workshops that discuss student relationship development and mentoring at the start of each academic year. The graduate school also offers dedicated support to public health students and faculty on their policies and degree requirements. Faculty who met with site visitors noted that they participate in and vote on curriculum changes, so there are no surprises when requirements change. They also noted that changes to the program requirements, such as a new foundational course, do not retroactively affect current students' graduation progress.</p> <p>To identify students with challenges, faculty advisors may use formal reports but tend to rely on informal techniques given their small faculty and class sizes. For students who are admitted on a conditional basis, advisors receive a midterm report on the student's progress to notify them of concerns. Faculty can build an alert system on the Blackboard platform or use Campus Connection to notify them of missing assignments or low grades. During the site visit, several faculty advisors explained that because of the small class sizes, faculty communicate concerns</p> | | |
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| | | <p>about individual student progress to their advisors directly.</p> <p>The self-study reports data from the academic and career advising survey that is sent each spring. The response rate increased from 12% in 2019, to 29% 2020, to 42% in 2021. Students are asked to rate on a four-point scale (one being strongly disagree and four being strongly agree) how much they agree with statements such as, “my advisor responds in a timely manner,” “my advisor encourages me to ask questions, and “overall, I am satisfied with the experience I had with my advisor.” From 2019 to 2021, students reported overall satisfaction with their advising experience. The average score was 3.71 in 2019, 3.41 in 2020, and 3.71 in 2021.</p> <p>During the site visit, students expressed deep appreciation for their advisors as well as other faculty who have unofficially advised them. Distance learning and in-person students shared similar positive views of advisor accessibility and responsiveness through email, phone calls, or Zoom meetings. They also shared stories of advisors caring about their personal well-being particularly during the COVID-19 pandemic. Many offered examples of how their advisors supported them to provide networking, experience, and practicum opportunities. One student offered a story about having the faculty make special efforts to address his interests and needs when the specialization on the American Indian populations was dropped as he started the program.</p> | | |
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H2. CAREER ADVISING

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
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| | Met | | | |
| Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice | | <p>MPH students have access to engaged and qualified career advisors at the program and university levels who can support networking and career placement services.</p> | <p>Click here to enter text.</p> | |
| Variety of resources & services are available to current students | | <p>At the program level, the faculty advisor role includes discussing students' future public health-specific career aspirations and opportunities. To support this role, faculty view students' individual career goals and activities toward those goals in the OneNote advising tool as they progress through the program. Faculty are actively engaged in community service and research, which helps them to stay knowledgeable about the workforce and provide both APE placement and career opportunities based on students' areas of interest. They also hold relationships with state and local public health practice organizations and nonprofit agencies that recruit directly from the MPH program. To provide additional networking support, faculty introduce students to and encourage engagement with the American Public Health Association, as well as local and specialized public health associations.</p> | | |
| Variety of resources & services are available to alumni | | <p>During the site visit, faculty expressed the importance of their roles in supporting student career development through various networking opportunities such as shadowing public health professionals, field trips, or guest lectures. In addition, the new academic coordinator role will further build the program's specific professional and career development offerings.</p> | | |

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| | | <p>Distance learning and in-person students equally expressed satisfaction with their faculty advisors for genuinely listening to their interests and connecting them to opportunities and supporting their application process. They offered that they would feel comfortable reaching out to their advisors to support their job search after graduation.</p> <p>At the university level, the NDSU Career and Advising Center offers all students support to search for jobs, resume writing, and interview skill development. Staff hold job fairs and present on career skills to student organizations and classes. In addition to their general training, career services coaches assigned to the College of Health Professions will meet with department faculty, shadow student meetings, attend professional conferences, and conduct industry visits to learn about health professions jobs specifically.</p> <p>In addition to faculty one-to-one advising, the program, college, and university offer other types of career advising services to students and alumni. For example, program faculty send emails to all enrolled students about career opportunities as they become aware of them. Job opportunities are also posted on an alumni-specific listserv. Prior to the COVID-19 pandemic, the College of Health Professions held career fairs in 2018 and 2019 that included current students and alumni.</p> <p>The university's Career and Advising Center also offers events and appointments to help students and alumni with writing resumes or CVs and creating a LinkedIn profile.</p> | | |
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| | | <p>During the site visit, alumni shared that they have reached out to their advisors for references or letters of recommendation. Alumni also reported that their former advisors have sent them emails with job opportunities that align with their interests. A few noted that they remain in touch with their advisors regularly as colleagues and trusted sources of information to support them in their current positions.</p> <p>The academic and career advising survey asks students to rate their level of agreement (on four-point scale) with the statement, “overall, I am satisfied with the experience I have had with career advising.” The program collected data in 2020 and 2021 that indicate overall satisfaction with career advising with an average of 3.29 (or 94% strongly agreeing or agreeing there were satisfied) in 2020 and 3.33 (or 92% satisfaction) in 2021.</p> | | |
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H3. STUDENT COMPLAINT PROCEDURES

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|---------------------|--|---------------------------|------------------|
| | Met with Commentary | | | |
| Defined set of policies & procedures govern formal student complaints & grievances | | The program has a clearly defined set of policies and procedures to govern formal student complaints and grievances. The process begins at the program level, but, if unresolved, may be elevated to the college or university level. NDSU has defined specific procedures to handle | Click here to enter text. | |
| Procedures are clearly articulated & communicated to students | | | | |

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| Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel | | complaints related to grading appeals. For non-grade complaints, the Dean's Office in the College of Health Professions has outlined a separate process in which the program participates. | | |
| Designated administrators are charged with reviewing & resolving formal complaints | | The formal policies and procedures have been communicated to students, but the informal process does not appear in handbooks or other formal communications. The online public health student handbook, which is updated annually, describes the formal process for grade- and non-grade related appeals. Students must sign off that they have received this information as part of the emailed orientation process. For grading appeals, the NDSU process is published in the NDSU policy manual, which is linked online in the student handbook. | | |
| All complaints are processed & documented | | <p>The public health student handbook explains the goal to provide students an "equitable and efficient" process for complaints but does not actively encourage students to voice their concerns to officials or other personnel. During the site visit, students could not articulate knowledge of the informal or formal complaint process; however, students shared that they felt comfortable reaching out to their advisors or chair as a starting point and provided examples of going to them with concerns. Faculty also reported that students have reached out to them with concerns and their role in encouraging them to address it first informally and directly. One student described a positive experience going to a faculty member with a concern about how a racial issue was addressed; the faculty member validated her concerns and offered her support to write a letter to university administration.</p> | | |

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| | | <p>The complaint process engages appropriate administrators to review and resolve formal complaints. Before invoking the formal grade appeal process, students must bring the issue to the involved person first. If there is no resolution, students complete a university-provided formal grade appeal form to their instructor, who must respond in five days. If not resolved, the student contacts the program chair and the college dean in that order. If not solved at the college level, the student may submit the complaint to the university Grade Appeals Board chair.</p> <p>For non-grade student complaints, students may submit a written complaint to the Dean's Office of the College of Health Professions, where the senior associate dean will assign the complaint to an appropriate committee. The Academic Affairs Committee will handle academic complaints and the Student Affairs Committee will handle non-academic complaints. The senior associate dean will reply to the complaint. Students may further appeal to the dean of the College of Health Professions, and finally to the university provost, if still unresolved.</p> <p>The Office of the Dean keeps records of the chronological process of all formal complaints and their outcomes. There have been no formal complaints or grievances in the last three years.</p> <p>The commentary pertains to the absence of published communication to students about the initial, informal complaint process before submitting a formal grievance. Additionally, students appeared to need additional communication of the formal process beyond receiving the handbook during orientation. While students and faculty both reported a culture where they feel comfortable approaching their advisors and getting</p> | | |
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| | | support in this process, written documentation would provide increased encouragement for students to use these processes. As student enrollment and faculty size continues to grow, the current culture of informal communication may not work as well. | | |
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H4. STUDENT RECRUITMENT & ADMISSIONS

| Criterion Elements | Compliance Finding | Team’s Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|--------------------|--|---------------------------|------------------|
| | Met | | | |
| Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers | | The program’s Recruitment Committee leads recruitment of MPH students through various in-person, online, and NDSU undergraduate-focused strategies. The Recruitment Committee sponsors booths at the state and national public health conferences and two centers on campus, and the American Indian Public Health Resource Center and Center for Immunization Research and Education bring recruitment materials to their technical assistance and professional meetings. Faculty also recruit students through guest lectures at undergraduate institutions. Additionally, program alumni and Advisory Board members recruit students through their informal networks. | Click here to enter text. | |
| Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers | | In 2020, the program started using the Schools of Public Health Application Service application system as an online strategy. The self-study notes that almost immediately they saw an increase in applications and a broadened geographic reach. The Association of Schools and Programs of Public Health has also included the NDSU program in their online recruitment fair. In addition, the NDSU public health website was recently updated to be | | |

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| | | <p>more user-friendly. The program also has a social media presence on Facebook, LinkedIn, Twitter, and Instagram. Additionally, the program works with NDSU undergraduate programs to create accelerated degree paths (4+1) from undergraduate degrees to the MPH that allows undergraduate students to take graduate courses for both undergraduate and graduate degree requirements. Undergraduate public health minor courses also support recruitment.</p> <p>Admission to the MPH program requires baccalaureate degree transcripts from an accredited undergraduate institution; a GPA of at least 3.00 (higher for public health-specific courses); a statement of purpose; three letters of recommendation; a resume; and proof of English language proficiency. After poor test-center availability during the COVID-19 pandemic, the admissions committee decided to waive the GRE scores requirement but encourages score submission.</p> <p>Two faculty from the Admissions and Scholarship Committee review applications for basic requirements; however, they consider the whole application where cutoffs may eliminate underserved students. The full committee makes the admission decision based on a rubric with scores measuring academic, public health, leadership, and research experience; they may request that applicants also interview with committee members.</p> <p>The program presents data on several outcome measures that relate to the ability to recruit and enroll qualified students. The program aims to have 70% or more of AI/AN students and 90% of NDSU undergraduates accept offers of admission and 20% of American Indian/Alaska Native</p> | | |
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| | | students and 10% of NDSU undergraduates matriculated into the program. Over the last three years, the program has exceeded its targets for AI/AN and NDSU undergraduate students accepting admission every year except once. For its NDSU undergraduate matriculation goal, the program exceeded its target every year, while the AI/AN matriculation goal has ranged from 9% in 2020-21 to 32% in 2019-20 and 11% in 2018-19. | | |
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H5. PUBLICATION OF EDUCATIONAL OFFERINGS

| Criterion Elements | Compliance Finding | Team's Evidence for Compliance Finding | School/Program Response | Council Comments |
|--|---------------------------|---|--------------------------------|-------------------------|
| | Met | | | |
| Catalogs & bulletins used to describe educational offerings are publicly available | | All course catalogs, bulletins, and the academic calendar used to describe educational offerings are publicly available on the NDSU website. The online graduate course catalogs clearly and accurately describe the admissions policies, grading policies, academic integrity standards, and degree completion requirements. The NDSU public health program website and student handbook also contains clear, accurate admissions policies and degree requirements for both concentrations. The advertising, promotional, and recruitment materials include accurate and up to date information. | Click here to enter text. | |
| Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements | | | | |
| Advertising, promotional & recruitment materials contain accurate information | | | | |

AGENDA

Wednesday, April 20, 2022

5:00 pm **Site Visit Team Executive Session 1**

Thursday, April 21, 2022

8:30 am **Program Evaluation**

| Participants | Topics on which participants are prepared to answer team questions |
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| Dr. Pamela Jo Johnson, Associate Professor and Department Chair Dr. Stefanie Meyer, Assistant Professor of Practice and Director of Accreditation | <i>Guiding statements – process of development and review. (Criterion B1)</i> <i>Evaluation process – how does program collect and use input/data? (Criteria B5 & B6)</i> |
| Dr. Pamela Jo Johnson, Associate Professor and Department Chair | <i>Resources (personnel, physical IT) – who determines sufficiency? Acts when additional resources are needed? (Criteria C2-C5)</i> <i>Budget – who develops and makes decisions? (Criterion C1)</i> |
| Total Participants – 2 | |

9:30 am **Break**

9:45 am **Curriculum 1**

| Participants | Topics on which participants are prepared to answer team questions |
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| Dr. Bong-Jin Choi, Assistant Professor Dr. Ramona Danielson, Assistant Professor Dr. Andrea Huseh-Zosel, Associate Professor Dr. Rick Jansen, Associate Professor Dr. Leslie Laam, Assistant Professor of Practice Dr. Mary Larson, Associate Professor Dr. Mark Strand, Professor | <i>Foundational knowledge (Criterion D1)</i> |
| Dr. Bong-Jin Choi, Assistant Professor Dr. Ramona Danielson, Assistant Professor Dr. Andrea Huseh-Zosel, Associate Professor Dr. Rick Jansen, Associate Professor Dr. Leslie Laam, Assistant Professor of Practice Dr. Mary Larson, Associate Professor Dr. Mark Strand, Professor | <i>Foundational competencies – didactic coverage and assessment (Criterion D2)</i> |

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| <p><i>Community Health Services Concentration</i> Dr. Leslie Laam, Assistant Professor of Practice Dr. Mary Larson, Associate Professor Dr. Mark Strand, Professor</p> <p><i>Epidemiology Concentration</i> Dr. Rick Jansen, Associate Professor Dr. Pamela Jo Johnson, Associate Professor and Department Chair Dr. Tracy Miller, Adjunct Assistant Professor</p> <p><i>Total Participants - 9</i></p> | <p><i>Concentration competencies – development, didactic coverage, and assessment (Criterion D4)</i></p> |
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11:00 am **Break**

11:15 am **Curriculum 2**

| Participants | Topics on which participants are prepared to answer team questions |
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| Dr. Stefanie Meyer, Assistant Professor of Practice and Director of Accreditation | <i>Applied practice experiences (Criteria D5-D6)</i> |
| Dr. Paul Carson, Professor of Practice Dr. Ramona Danielson, Assistant Professor Dr. Andrea Huseth-Zosel, Associate Professor Dr. Rick Jansen, Associate Professor Dr. Pamela Jo Johnson, Associate Professor and Department Chair Dr. Mary Larson, Associate Professor Dr. Stefanie Meyer, Assistant Professor of Practice and Director of Accreditation Dr. Mark Strand, Professor | <i>Integrative learning experiences (Criteria D7-D8)</i> |
| Dr. Paul Carson, Professor of Practice Dr. Bong-Jin Choi, Assistant Professor Dr. Ramona Danielson, Assistant Professor Dr. Andrea Huseth-Zosel, Associate Professor Dr. Rick Jansen, Associate Professor Dr. Pamela Jo Johnson, Associate Professor and Department Chair Dr. Leslie Laam, Assistant Professor of Practice Dr. Mary Larson, Associate Professor Dr. Stefanie Meyer, Assistant Professor of Practice and Director of Accreditation Dr. Tracy Miller, Adjunct Assistant Professor Dr. Mark Strand, Professor | <i>Distance Education (Criterion D20)</i> |
| <i>Total Participants - 11</i> | |

12:15 pm **Break & Lunch**

1:00 pm **Instructional Effectiveness**

| Participants | Topics on which participants are prepared to answer team questions |
|---|--|
| Dr. Paul Carson, Professor of Practice | <i>Currency in areas of instruction & pedagogical methods (Criterion E1)</i> |
| Dr. Bong-Jin Choi, Assistant Professor | <i>Scholarship and integration in instruction (Criteria E3-E4)</i> |
| Dr. Ramona Danielson, Assistant Professor | <i>Extramural service and integration in instruction (Criterion E5)</i> |
| Dr. Andrea Huseh-Zosel, Associate Professor | <i>Integration of practice perspectives (Criterion E2)</i> |
| Dr. Rick Jansen, Associate Professor | |
| Dr. Pamela Jo Johnson, Associate Professor and Department Chair | |
| Dr. Leslie Laam, Assistant Professor of Practice | |
| Dr. Mary Larson, Associate Professor | |
| Dr. Stefanie Meyer, Assistant Professor of Practice and Director of Accreditation | |
| Dr. Tracy Miller, Adjunct Assistant Professor | |
| Dr. Mark Strand, Professor | |
| <i>Total Participants – 11</i> | |

2:00 pm **Break & Executive Session**

3:00 pm **Students via Zoom**

| Participants | Topics on which participants are prepared to answer team questions |
|----------------------------------|--|
| <i>Community Health Sciences</i> | <i>Perceptions of current students</i> |
| Doreen Odera | <i>Perceptions of curricular effectiveness (Criterion B4)</i> |
| Madison Verghis | <i>Applied practice experiences (Criteria D5-D6)</i> |
| Mikalen Belgarde | <i>Integration of practice perspectives (Criteria D7-D8)</i> |
| Alyssa Hodges | <i>Student Involvement in Community and Professional Service (Criteria F2)</i> |
| <i>Epidemiology</i> | |
| Alexandra Hicks | |
| Tyler Schacher | |

4:00 pm **Break**

4:15 pm **Stakeholder Feedback / Input via Zoom**

| Participants | Topics on which participants are prepared to answer team questions |
|---|--|
| Mallory Koshiol, Director of System Safety & Quality, Allina Health System Heather Kroeker, Employee Safety Program Manager, Allina Health System Kelly Nagel, Director – Systems & Performance, North Dakota Department of Health Tracy Miller, Director – Office of the State Epidemiologist, North Dakota Department of Health Lance Presser, Scientist, RIVM National Institute for Public Health and the Environment | <i>Involvement in program evaluation & assessment (Criterion F1)</i> |
| Murphy Anderson, Certificate and MPH Alum Kylie Hall, CIRE Operations Director - Preceptor Jason McCoy, Clay County Public Health – Preceptor Allison Goldenstein – Alumni Jeremy Penn - Alumni | <i>Perceptions of school graduates</i> |
| | <i>Perceptions of curricular effectiveness (Criterion B4)</i> |
| | <i>Applied practice experiences (Criteria D5-D6)</i> |
| | <i>Integration of practice perspectives (Criteria D7-D8)</i> |
| | <i>Program delivery of professional development opportunities (Criterion F3 -F4)</i> |

5:15 pm **Site Visit Team Executive Session 3**

5:45 pm **Adjourn**

Friday, April 22, 2022

8:45 am **University Leaders via zoom**

| Participants | Topics on which participants are prepared to answer team questions |
|--|---|
| President Dean Bresciani, Provost Margaret Fitzgerald | <i>Program's position within larger institution (Criterion A1)</i> |
| | <i>Provision of program-level services</i> |
| | <i>Institutional priorities</i> |
| <i>Total participants: 2</i> | |

9:15 am **Break**

9:30 am **Site Visit Team Executive Session 4**

12:00 pm **Site Visit Team Working Lunch**

1:00 pm **Exit Briefing**