

**Council on Education for Public Health  
Adopted on October 7, 2016**

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

May 9-10, 2016

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at North Dakota State University (NDSU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in May 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

NDSU has been accredited by the North Central Association of Colleges and Secondary Schools since 1915 and was reaccredited in March 2016 by the Higher Learning Commission for another 10 years. NDSU has more than 50 academic departments within seven colleges: Agriculture, Food Systems and Natural Resources; Arts, Humanities and Social Sciences; Business; Engineering; Health Professions; Human Development and Education; and Science and Mathematics. The Graduate School offers 86 master's degrees and 50 doctoral degrees. The state extension service is housed within the university, giving the university a presence in 50 counties. The university enrolls over 12,000 undergraduate and 2,100 graduate students.

The program is located in the Department of Public Health (DPH) within the College of Health Professions. The program offers four MPH concentrations through on-campus, distance-based and blended options. The DPH is a relatively new organizational unit. Prior to 2014, the program was established in the Department of Pharmacy Practice and involved a collaboration of faculty from three NDSU colleges: Agriculture, Food Systems and Natural Resources; Health Professions; and Human Development and Education. The program director and staff held an appointment in the College of Health Professions. While the establishment of the DPH centralized program operations, the program maintains its interdisciplinary nature; seven of the program's 12 primary faculty have primary appointments outside the DPH.

The North Dakota State Board of Higher Education (SBHE) approved the NDSU MPH program in November 2010. At the same time, the University of North Dakota (UND), which is located approximately 80 miles away from NDSU, also received approval to offer an MPH program. The two programs decided to establish structures to collaborate in instruction, research and service while seeking separate accreditation status. The two programs organized the Coordinating Council for oversight of the cooperative efforts. Membership includes NDSU deans from the College of Health Professions and the Graduate School, the immediate past chair of the Department of Pharmacy Practice and the MPH

program director; from UND, the dean and associate dean from the School of Medicine and Health Sciences, dean of the Graduate School and the MPH program director. The program enrolled its first MPH students in 2014, and this is the program's first review for CEPH accreditation.

## Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at NDSU. The Higher Learning Commission accredits the university. The chair reports to the dean of the College of Health Professions and has the same rights, privileges and status as chairs of other university programs. The faculty and students also have the same rights, privileges and status as other NDSU professional preparation programs.

The program has ample human, physical, financial and learning resources, though the program, like many others, is currently dealing with financial challenges in available research and state funding. The program plans, develops and evaluates its instructional, research and service activities assuring sensitivity to perceptions and needs of students and continually working on educational excellence and applicability to public health practice. The program's environment encourages the embodiment of its articulated values.

## 1.0 THE PUBLIC HEALTH PROGRAM.

### 1.1 Mission.

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

This criterion is met. The MPH program is housed in the Department of Public Health (DPH) in the College of Health Professions at North Dakota State University (NDSU). Approved by the North Dakota State Board of Higher Education in late 2010, the program defines the following mission statement:

The program's mission is to promote health and well being in diverse populations with an emphasis on American Indian and other underserved populations by providing educational, practical, and research opportunities for public health professionals.

The program's values include professionalism and ethics; an interdisciplinary team approach to public health, education and research; social justice with equity in health, resources and services to all people; and diversity. The four program goals in education, research, service and leadership have measurable objectives with specified targets and have identified individuals or committees that are responsible for achieving stated targets.

The dean of the College of Health Professions and a special committee, consisting of the chair and faculty of the Department of Pharmacy Practice, developed the MPH program. College leaders originally developed the program's mission with input from the North Dakota Department of Health state health officer. Upon hiring the MPH program director, the MPH faculty revised and approved that mission. Once approved, the mission, values, goals and objectives were posted on the college and program websites for student and external constituent review and feedback before final faculty approval of the mission statement.

In the future, the program aims to solicit input from the MPH Advisory Committee and formally engage MPH students through the Student Public Health Association to propose mission, values, goals and objectives revisions. The self-study noted that the MPH faculty are dispersed among multiple departments and colleges, which can be a challenge when monitoring and reviewing program goals and objectives.

Discussions with the NDSU president, provost and dean of the College of Health Professions confirmed a commitment to support the DPH, recognizing its unique role in health and workforce development in order to meet the current and future needs of a rural, north central state with emerging economically volatile agriculture and oil industries.

## 1.2 Evaluation and Planning.

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

This criterion is met. The program has well-defined processes for monitoring and evaluating its efforts against its mission, goals and objectives; for assessing the programs effectiveness in serving its constituencies; and for evaluation results in ongoing planning and decision making to achieve its mission. Annual evaluation activities and findings are the responsibility of the program director, academic coordinator and Accreditation Committee. Committee members request information from groups and individuals before preparing evaluation documents that are shared with faculty biannually at fall and spring retreats. Evaluation documents also are annually shared with the MPH Advisory Committee, and members are asked to provide feedback and suggestions.

Evaluating instructional objectives is the responsibility of the director and the academic coordinator. Data collected and evaluated includes programs of study, Graduate School records, competency mapping for all courses (competencies addressed, learning objectives and activities and competency demonstration), practicum proposals, academic data, course evaluations, college surveys and graduation rates. The director and academic coordinator also are responsible for the evaluation of the leadership objectives and gather data from self-reports of the faculty and Graduate School admissions records.

The Accreditation Committee was formed in October 2013 to gather information and write the self-study document with individuals assigned to lead specific components. The Advisory Committee was established in summer 2015, and members received sections for review. The program director and academic coordinator compiled, revised and edited the document before sending it to participating college deans, the director of NDSU accreditation and the president for final input. Participating community partners, students and other stakeholders confirmed receiving the self-study and providing feedback to the program. Key stakeholders also were invited to comment on the public health program during an open comment period.

The Accreditation Committee is responsible for the research and service objectives. Data are gathered from self-reports of faculty and their annual evaluations. The academic coordinator annually gathers graduate assistantship data and student service information. The self-study features each goal and corresponding objectives and targets for the prior three years. The self-study also acknowledges objectives not yet met, anticipating meeting those objectives in 2016-17.

Students provide self-assessment information throughout the year. Additionally, they provide feedback on the program through the Student Public Health Association (PHA). The PHA builds in “program improvement” as a standing agenda item and reports feedback directly to the academic coordinator, who also serves as the PHA advisor. Student input is provided directly to, and used by, the faculty who teach or lead a course. The MPH Curriculum Committee provides input to ensure that program competencies are covered across multiple courses and that program goals and objectives are measurable and concrete. Objectives are measured annually for target achievement.

During the site visit, faculty and students provided examples of how evaluation results have been used to improve course instruction and program development. One example was when the issue of conflicting schedules, which resulted in the inability of students to enroll in some courses, was brought to the attention of faculty and administration. Schedules were quickly reorganized and the conflicts resolved.

### **1.3 Institutional Environment.**

#### **The program shall be an integral part of an accredited institution of higher education.**

This criterion is met. NDSU is a land grant and research university and one of 11 publicly supported colleges and universities under the governance of the North Dakota State Board of Higher Education (SBHE). NDSU has been accredited by the North Central Association of Colleges and Secondary Schools since 1915 and was reaccredited in March 2016 by the Higher Learning Commission for 10 years. The president and provost lead the university. NDSU has more than 50 academic departments within seven colleges enrolling over 12,000 undergraduate and 2,100 graduate students.

Faculty within the MPH program are appointed in four departments across the university: pharmacy practice; nursing; health, nutrition and exercise science; and veterinary and microbiological sciences. All of these departments house accredited programs that respond to the following specialized accreditors:

- Accreditation Council for Pharmacy Education
- Commission on Collegiate Nursing Education
- Accreditation Council for Education in Nutrition and Dietetics
- Commission on Accreditation of Allied Health Education Programs
- Commission on Accreditation of Athletic Training Education
- Council for the Accreditation of Educator Preparation
- American Veterinary Medical Association Committee on Veterinary Technician Education and Activities

Additional accredited programs include engineering technology, hospitality administration, construction education, business, marriage and family therapy education, respiratory care, interior design, architecture, education, art and design, music, theatre, teacher education and counseling.



The recently approved Department of Public Health (DPH) is located within the College of Health Professions. The DPH chair reports to the college dean, who in turn reports to the university provost. The chair and vice chair of DPH also serve as the MPH program director and associate director, respectively. The dean of the Graduate School oversees MPH program admissions, admissions progress, student progress and course and curriculum issues. The MPH program partners with the College of Education and Human Development and the College of Agriculture, Food Systems and Natural Resources to deliver specialized curricula.

The program director has primary responsibility for budgeting and fiscal planning and management, working closely with the DPH manager of finance and research. The program is financially autonomous and has authority to allocate funds for instruction, research and service as well as daily operations. The program director and the manager of finance and research work with the college budget manager for annual budget development and resource allocation. The university biennially distributes SBHE funds, and all program differential tuition is given to the program (see Criterion 1.6 for budget details).

As an incentive for faculty and staff participation in sponsored activities, the university allocates 42% of the indirect cost recovery (ICR) payments back to the generating college or unit. MPH leadership noted that ICR is shared between a faculty member's home department or college and the MPH program. The NDSU Development Foundation collaborates with the college in development and fundraising.

The selection, retention and advancement of MPH faculty and staff resides within DPH or in the faculty member's home department, with the MPH program director and associate director providing input to faculty with appointments in partnering departments and colleges. Faculty recruitment begins with the identification of a programmatic need and submission of a request and recruitment plan to the dean and budget office before being sent to the provost for final approval. Following approval, a search committee is appointed and is responsible for the review of applications, interviews and gathering feedback from program faculty, staff and students. The committee submits a recommendation of hire to the DPH chair, who sends it to the dean, budget office and provost for final approval.

The program and department policies and procedures are congruent with the university's mission and its guidelines for promotion, tenure and evaluation. The decision to award tenure is based on criteria that reflect the potential long-term contribution of the faculty member to the purposes, priorities and resources of the institution, unit and program. The department reviews tenure recommendations after the program reviews each faculty member's annual report and before submission to the college and university levels for approval. Tenure is awarded based on the expectation that each faculty member will make high-quality contributions in the areas of teaching, research and service (generally a formula of 40%, 40% and 20%, respectively), and the three areas are considered in all promotion and tenure decisions.

The program adheres to the university's academic standards and policies, which are enforced by the program director and associate director, MPH faculty and the academic coordinator in conjunction with the Graduate School dean and staff. Oversight and establishing, reviewing and revising of curricula are the responsibility of the program director, associate director, academic coordinator and the MPH Curriculum Committee. All curricular issues are discussed and approved by the Curriculum Committee before moving to the university's Academic Affairs Committee and Graduate Council for final approval.

The self-study notes that the interdisciplinary nature of the program has resulted in MPH faculty having appointments in multiple departments within three different colleges, each with unique policies and procedures for distribution of resources and faculty recruitment, retention and assessment. When asked about the complications of working in multiple departments and colleges, the faculty and administration remarked that there had been some complications in the beginning, but overall they have been satisfied with the program's organization. Several faculty said that the change to an independent academic department had been desired for a long time, and the greatest issue with faculty appointments across the university was not being able to work in close proximity to each other. They also said that the MPH program continues to look for ways to improve coordination of activities and communication across other departments and colleges.

#### **1.4 Organization and Administration.**

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

This criterion is met. The MPH program has an organizational setting that facilitates interdisciplinary communication, cooperation and collaboration that is conducive to public health learning, research and service and achieving the program's mission. The program is located in the newly formed Department of Public Health (DPH) within the College of Health Professions.

The program director, with the support of an associate director, supervises the academic coordinator, manager of finance and research, administrative secretary and the three full-time faculty members who hold primary appointments in the DPH. The MPH program is interdisciplinary in nature and appoints additional primary faculty from affiliated colleges, whose primary appointments are with their respective colleges. This organizational structure poses both opportunities and challenges in interprofessional coordination of public health learning, research and service. Faculty and administrators assured the site visit team that this collaboration is presently effective, and the challenges were minor and generally logistical. Faculty pointed out that while there were challenges in disseminating information, the working relationship between the faculty members across colleges is cohesive with a strong commitment to the program. During the site visit, students confirmed that the faculty is committed to, and supportive of, the

program. The university's 2015-20 strategic plan highlights interprofessional and interdisciplinary collaboration in addition to educational excellence, cutting-edge scholarship, accountability and diversity.

A College of Health Professions Interprofessional Education Committee facilitates cross-program interaction, promotes interdisciplinary curriculum innovation, assesses the impact of interprofessional education and supports faculty development and training efforts in the delivery of interprofessional education. This collaboration brings together faculty from diverse professional backgrounds and fosters cross-disciplinary research, as well as sharing of faculty, courses and resources across departments and colleges. For example, the College of Business' MBA program concentration in health care industry shares courses with the MPH program. During the site visit, the dean expressed his commitment to the success of the MPH program and continued interprofessional collaborations throughout the college.

### **1.5 Governance.**

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

This criterion is met. The program's administration and faculty have clearly defined rights and responsibilities in program governance and academic policies, with student participation in procedures, policy setting and decision making. The director/chair oversees the administration of the department and program. Primary faculty members chair the standing committees, which support the MPH program.

The program's Admissions Committee, which meets each spring, reviews and evaluates applicants to the MPH program and contributes to the setting of Graduate School admission standards. General student recruitment, admission and graduation policies and procedures are set by the Graduate School, while the MPH Admissions Committee sets specific program requirements. Members of the committee include a primary faculty member from each specialization. During the site visit, the associate dean of the Graduate School expressed a strong commitment to serving the needs of the MPH program and its admissions process.

The Curriculum Committee, which meets twice a semester, is charged with curriculum development. Curriculum changes recommended by the committee are sent to the Graduate Council through the dean of the college and, subsequently, to the vice president for academic affairs for final approval. Committee members include a primary faculty member from each specialization plus one student.

The Accreditation Committee played a major role in gathering information and data for the self-study. Program staff informed the site visit team that the role of this committee is being transformed for the future to address assessment, data collection and reporting. Committee meetings are held twice per

semester, and membership includes a faculty member from each specialization, one student and one alumnus.

The MPH Advisory Committee, consisting mainly of external stakeholders and an alumni representative, serves to promote the program among constituents, link the program to community resources, provide feedback to the program relative to alumni outcomes and advise the program on curriculum and policies. Faculty nominate potential members, and five community members, including one alumnus, serve on the committee. During the site visit, members of the MPH Advisory Committee described active engagement in the development of the MPH program.

The Department Travel Committee is charged with reviewing student, faculty and staff travel fund applications. Membership includes two administrative staff and two faculty members.

Key college-level committees with MPH representation include the Dean's Administrative Council, Student Affairs Committee and Scholarship Committee. MPH faculty members also serve on various university committees, including the Graduate Council, the university Faculty Senate, Quality of Academic Operations Committee, STEM Building Planning Committee, ad hoc Committee to Review the Policy on Teaching Evaluation, Learning Spaces Advisory Committee, Institutional Review Board, Promotion and Tenure Advisory Committee, AHEC Advisory Board, Strategic Planning Committee and Information Technology Search Committee.

Annually, a memorandum of understanding is negotiated separately between the DPH and each participating department associated with the program. The MPH program leadership informed the site visit team that they were comfortable with this process and that the terms of the agreements have not posed any areas of concern. The program director informed the site visit team that the agreements are operationalized through a good working relationship between his staff, MPH faculty and faculty from the collaborating colleges.

North Dakota features two MPH programs, one at NDSU and another at the University of North Dakota (UND). To encourage collaboration and cooperation between the two programs, an MPH Coordinating Council was established consisting of NDSU deans from the College of Health Professions and the Graduate School, the immediate past chair of the Department of Pharmacy Practice and the MPH program director; and from UND, the dean and associate dean of academic and faculty affairs from the School of Medicine and Health Sciences, dean of the Graduate School and the MPH program director. The NDSU and UND programs cooperate on research and grants, share programmatic plans and competencies and work together to address the public health needs of the state of North Dakota. The council meets quarterly and is governed by a memorandum of understanding.

NDSU has a Faculty Senate Constitution, which governs the rights and obligations of faculty. As described in its bylaws, the Faculty Senate reviews, recommends, formulates, approves and implements policies at the university level. The university's policy manual defines faculty responsibilities for teaching, research and service. The College of Health Professions policy manual provides additional rights and obligations of administrators, faculty and students in alignment with university policies. The DPH policy and procedures manual governs departmental activities. The dean of the college informed the site visit team that policies established at the DPH level align with the policies of the college and university, as reflected in the policy documents reviewed. The MPH student handbook delineates the policies and procedures governing MPH student activities.

The DPH chair confirmed that the promotion, tenure and evaluation (PTE) guidelines align with college and university policies, and that the PTE committee provides evaluation and assessment of faculty for hire, tenure or promotion. DPH primary faculty vote on, and approve, program policies and procedures. Each department to which MPH faculty belong follows its own promotion and tenure procedures. Faculty are evaluated on the basis of standards in teaching, research and service, which are set by the department. Faculty interviewed by the site visit team did not have concerns with the aforementioned processes.

Students are represented on select committees, including the Dean's Liaison Committee, Curriculum Committee and College Student Affairs Committee. Students confirmed to the site visit team that they have a participatory role in governance through their representatives and through the Student Public Health Association. Committee representation opportunities are shared with students at orientation and through the student listserv.

#### **1.6 Fiscal Resources.**

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

This criterion is met with commentary. The DPH chair/program director has primary responsibility for fiscal planning and management. The chair, vice chair, manager of finance and research, academic coordinator and the college budget manager determine the program's budget. The main sources of funding for the program are state appropriations, tuition and grants and contracts. The State Board of Higher Education (SBHE) biennially determines and distributes state-appropriated funds to the university, which in turn annually disperses funds to the colleges. The colleges then distribute the funds to the departments. The amount of state appropriations increased in FY2015 and was steady through FY2016. Nearly all of North Dakota's base funding for higher education is now linked to student hours completed, established by the SBHE and approved by the North Dakota legislature.

Graduate School tuition is charged on a per-credit basis. The program reports that effective FY2015, tuition was no longer collected by the MPH program but was retained by central administration. Fifty-five percent of the total tuition charged is returned to the program and covers salaries and fringe benefits. The program is able to carry forward differential tuition dollars. Tuition dollars have remained fairly stable, with a slight drop in FY2015 due to the retention and reallocation of tuition by central administration.

Grant funds offset portions of faculty and staff salaries and provide stipends for graduate assistants. The self-study indicates a downward trend in grant funding since FY2015. However, the program director explained that the budget line on grants and contracts reports newly acquired total grant funding and not the amount of the grant award allocated by year. A review of the documented grant awards by faculty member demonstrated a significant budget contribution from grants and contracts.

Indirect cost recovery is reported for the previous year's grant expenditures. The allocations are 42% to the generating colleges or departments/programs and 58% to the Office of the President. Indirect costs from grants may be used to cover operating and administrative costs associated with the grants and travel for faculty, staff and students, as well as to offset salaries. The program benefits from a contract with Sanford Health, which provides .50 FTE faculty salary, as well as student research and training opportunities. In addition, the provost introduced a \$1,000 travel grant award that began FY2016.

The program has a named professorship supported by a gift that is currently awarded to the director/chair. The award is used to offset his salary and associated events and services. Gift funds also exist for student scholarships.

As reflected in Table 1, program expenditures did not exceed the total revenues over the reporting years, with the exception of FY2015 when tuition administration changed to the university.

The program's outcome measure for program expenditures of less than or equal to 85% of revenue was met (84% in 2013-14, 85% in 2014-15 but not yet available for 2015-16). The target for providing five full tuition waivers for graduate assistantships was met in 2015-16, though the budget expenditures in Table 1 indicate a steady decrease in graduate assistant stipends. However, the program director and associate director explained that total allocation of funds to graduate assistantships has not changed but rather shifted more to grants and contracts and now relies less on program funding. The director also pointed out to the team that the unmet targets of annually providing five student travel awards and \$5,000 in grant travel funds to support student travel reported incomplete data for 2015-16, but the program expects to meet both targets before the end of the year.

	<b>FY2012</b>	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016<sup>5</sup></b>
<b>Source of Funds</b>					
Tuition & Fees	---	\$157,000	\$382,729	\$302,123	\$399,143 <sup>6</sup>
State Appropriation & University Funds	\$303,804	\$303,805	\$426,500	\$623,546	\$632,853
Provost Travel Grant	---	---	---	---	\$1,000
Grants/Contracts	---	\$204,136	\$2,755,671	\$999,842	\$793,561
Grant Tuition Remission <sup>7</sup>	---	---	---	---	\$18,909
Indirect Cost Recovery	---	---	\$8,112	\$21,867	\$66,655
Sanford Health Contract <sup>4</sup>	---	---	\$68,581	\$127,112	\$137,368
Gifts (Mary J. Berg) <sup>2, 2a</sup>	\$2,491	\$39,189	\$34,927	\$31,140	\$19,036
Carry Over-Tuition/State Fund	---	\$67,663	\$88,898	\$171,907	\$124,722
<b>Total</b>	<b>\$306,295</b>	<b>\$771,793</b>	<b>\$3,765,418</b>	<b>\$2,277,537</b>	<b>\$2,193,247</b>
<b>Expenditures</b>					
Faculty Salaries	\$188,792	\$288,708	\$521,006	\$488,096	\$437,915
Staff Salaries	\$18,603	\$99,800	\$110,813	\$162,625	\$82,046
Graduate Assistant Salaries	---	\$26,500	\$14,200	\$12,056	\$9,321
Operations	\$14,565	\$18,111	\$49,417	\$43,014	\$37,009
Travel	\$14,181	\$15,356	\$28,496	\$39,506	\$9,834
Provost Travel Grant	---	---	---	---	\$1,000
Fringe Benefits <sup>3</sup>	\$57,272	\$123,425	\$250,276	\$207,862	\$170,233
Sanford Health Contract <sup>4</sup>	---	---	\$68,581	\$127,112	\$137,368
Gifts (Mary J. Berg) <sup>2, 2a</sup>	\$2,491	\$39,189	\$34,927	\$31,140	\$19,036
Grants/Contracts	---	\$143,030	\$343,295	\$1,286,944	\$916,956
<b>Total</b>	<b>\$295,904</b>	<b>\$754,119</b>	<b>\$1,421,011</b>	<b>\$2,398,355</b>	<b>\$1,820,718</b>

<sup>1</sup>Fiscal year runs from July 1 to June 30.

<sup>2</sup> Dr. Warne is the Mary J. Berg Distinguished Professor of Women's Health. For this award, he receives an annual gift, which offsets his salary and fringe benefits.<sup>2a</sup>

<sup>3</sup> Central Administration from FY2012 to FY2014 covered Fringe Benefits.

<sup>4</sup> Sanford Health is the contract providing an offset of 50% salary and fringe benefits rate of 30% for Dr. Paul Carson. The contract began December 16, 2013 and is retained through the Dean's Office of the College of Health Professions.

<sup>5</sup> FY16 is reflective up to February 29, 2016

<sup>6</sup> Tuition from Central Administration through Fall 2015.

<sup>7</sup> Grant Tuition Remission is a 70% return of tuition dollars expensed from eligible grants. This source of dollars was part of a program that has since been discontinued and is not applicable on grants past July 1, 2014.

The college dean confirmed that the director has autonomy to make financial decisions to ensure the program is sustainable and supported. He noted that the new DPH manager of finance and research is expected to enhance the planning and management of the program budget. The leadership of the college and the university also expressed a commitment to providing the necessary resources to assure continued growth and sustainability of the program.

The commentary relates to the appearance of a significant decrease in funding from grants and contracts based on the program's system of reporting. As shown in Table 1, the decrease in total grant awards per fiscal year could impact the overall sustainability of the program and its intended growth. During on-site discussions, the program administration explained that grant funds were reported in the year awarded

without regard to the actual year funds are received. Since this is an unusual reporting system, it may be helpful for the program to more clearly articulate its reporting system and allocation of funds so that the program's fiscal resources do not appear to be of concern when the issue simply relates to presentation.

### **1.7 Faculty and Other Resources.**

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

This criterion is met with commentary. The program identifies a primary faculty headcount of three for each specialty area for 2015-16. In 2013-14, the health promotion specialty faculty headcount was two, as were headcounts for the management of infectious diseases and the public health in clinical systems specialties in 2014-15. University and college leadership voiced their support of the MPH program and said that faculty will be added as the program grows.

Program faculty resources include headcounts of 11, 10 and 12 primary faculty, respectively, for the past three years and six, seven and six other faculty. Program faculty FTE was 6.5 in 2013-14 and 2014-15 and 7.5 in 2015-16. Other faculty FTE was 0.8, 1.05 and 0.7 for the past three years. Student headcount was 32, 43 and 56 for the past three years, and student FTE was 27.3, 35.6 and 42.9, respectively. Student-faculty ratios (SFR) have remained below 10:1 for the past three years in all MPH specialty areas. Primary faculty from other non-MPH departments are required to give at least 50% of their time to teaching, advising and mentoring MPH students.

The program has three full-time support staff, including a manager of finance and research, academic coordinator and administrative secretary. Previously there also was a full-time research associate who has since been hired as a faculty member, and the position has not been replaced. One of the full-time positions, the administrative secretary, was moved from part-time to full-time due to a successful grant application. Faculty and students commented to reviewers that they had adequate staff support for the current program.

Faculty maintain an office in their home department (including the MPH faculty who have space in the research building), which also is responsible for providing any laboratory space required (generally only the management of infectious diseases specialty uses lab space), and administrative and support staff have cubicle space in the research building. There is one conference room with interactive video. Graduate assistants are provided with shared DPH office space. The program also uses classrooms and meeting spaces in other buildings across campus, and students have access to shared graduate study spaces in the library and the Graduate Learning Center. The self-study noted that the new STEM building (opened January 2016) would add much needed classroom space, since the program is outgrowing the



current space. College leadership said that the importance of the program to the college and university is evidenced by the premium space they have been given on campus.

Computer and technology support for faculty and students is through the Information Technology Division (ITD), including over 580 PC and Mac computers in 38 computer labs located in 21 different buildings across campus, with over 53 pieces of software installed on the computers. Classrooms are equipped with pedagogical technology, control systems and high definition software. Other services include large-format printers, an Optical Mark Reader for scoring exams, digital and video cameras, laptops and podcast recording units. The ITD provides faculty and staff workshops and trainings, as well as classroom instruction to online students. The ITD works jointly with the statistics department to support statistical consulting services.

The university offers more than 35 online courses in one of the classrooms supporting that technology. All MPH courses are taught on-campus while simultaneously broadcasting to distance education students. The courses use *Blackboard* for online learning programs, which has the capability for students to check grades, retrieve course documents, submit assignments, take quizzes and exams, communicate with instructors and fellow students, participate in discussions and post to blogs, journals and Wikis. Mobile device users also can access the courses, information and materials through *Blackboard Mobile*.

The university recently completed a major step to wireless networking for the entire campus and replaced outdated equipment. The university also provides online data collection and analysis software and has secure storage space for organizing and sharing documents, photos, calendars and other files. The Group Decision Center provides a network of laptop computers with software designed to create and improve team collaboration with the capability of conducting complex online meetings, surveys and anonymous virtual meetings.

The Information Technology (IT) helpdesk is the point of contact for services and support for all faculty, staff and students. The college employs a full-time IT staff member and instructional designer to help develop course assessments, create surveys and design effective program evaluation tools.

The NDSU library contains over 375,000 individual physical titles, approximately 1,000 public health-specific books and many other general and related health books. The library has an eBook collection of public health related titles. The library has access to more than 5,500 online journals with at least 100 directly related to public health and many more related to the health science disciplines. Online databases include Science Direct, Academic Search Premier, Web of Science, Health and Safety Science Abstracts, Pub/Med/Medline, PsycARTICLES and PsycINFO.

The program has access to writing assistance through the Graduate Center for Writers; a university Counseling Center for personal, academic or career-related counseling; the university Wellness Center and health services; and a Multicultural Affairs/International Office for faculty, staff and students. Faculty explained to site visitors that a special writing program has been set up to help students with writing skills, including a pre-test to identify problem areas early in their program. This writing support is in response to the program's assessment and review process.

The measurable outcomes for the program include student faculty ratios of  $\leq 10:1$  (met for all three years at 8:1, 2.5:1 and 3:1, respectively), equal distribution of students among faculty for advising of two to five new advisees each year (only met in 2014-15) and the program director will have a minimum of 25% FTE for program coordination (met with 32% in 2013-14 and 38% in 2015-16, but unmet with only 17% in 2014-15).

The commentary relates to the headcount of MPH specialization primary faculty, which has not met the minimum in some specialty areas for two of the past three years. A low headcount would impact the program's capability to deliver the overall curriculum and achieve its mission. The self-study notes that there have been open faculty positions due to the rapid growth of the program, and college and university leadership assured reviewers that they are committed to sustaining the program with the necessary resources, including adequate numbers of faculty.

### **1.8 Diversity.**

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

This criterion is met. The program demonstrates a commitment to diversity and cultural competence in learning, research and service. The program has defined diversity as rural and non-white, with a particular focus on American Indians/Alaska Natives (AI). The rationale is that the Health Resources and Services Administration has designated most of North Dakota and its surrounding counties as health professions shortage areas, including AI and rural communities. Changing that access will require an expansion of the public health workforce prepared to work in rural communities and within AI populations.

Consistent with its mission and diversity goals, the MPH program enrolled 35% of students from rural communities in 2014-15 and 46% in 2015-16; 17% of students were AI in 2014-15 and 25% in 2015-16. The specialization focused on AI Public Health is unique in its efforts to improve the health conditions of the AI population. Faculty and students spoke enthusiastically to the site visit team about the importance of the AI specialization and the program's attention to the education, service and research needs of this underserved population. They applauded the program's administration for the commitment and engagement to diversity.

NDSU promotes diversity through its training programs and through expectations of faculty, staff and students. The university created an Equity and Diversity Center with the mission to foster “an inclusive environment where individuals of diverse cultures, backgrounds and orientations are respected.” The program works closely with this office to support diversity. Diversity is one of the priorities of the university’s 2015-20 strategic plan, which is revised every five years. NDSU requires annual employee training on sexual harassment and Title IX. According to its policy, NDSU is an equal opportunity employer and a National Science Foundation ADVANCE Institution, which does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, public assistance status, race, religion, sex, sexual orientation or status as a veteran.

In a review of course syllabi, site visitors observed that the program incorporates diversity and cultural competence in core courses, AI specialization courses and offers an elective on cultural competence in health professionals. In addition, the practicum experience offers the opportunity to build cultural competence, and the college has established an Inclusivity Committee to serve as a forum for soliciting input and making policy recommendations relative to diversity and cultural competency. The Curriculum Committee and faculty, during faculty retreats, review courses and the practicum for diversity and cultural competency training and awareness. Students interviewed confirmed active student representation on the Inclusivity and Curriculum Committees and noted that they receive cultural competency training in several courses and the practicum.

Diversity targets for non-white staff (25%) and non-white faculty (40%) were not met throughout the reporting period. However, the target of 50% female faculty has been met with six individuals for the past three years (with 11, 10 and 12 total faculty, respectively, by year). The program points to the racially homogeneous nature of its service region as a challenge in recruiting non-white staff and faculty. The program administration informed the site visit team of the commitment of the program and college to addressing these diversity goals as opportunities arise for future faculty hires.

The MPH program adheres to university policies on harassment, discrimination, diversity, equal employment and family leave. The program has defined diversity goals, which focus on recruitment of AI students and those from rural communities, faculty and staff racial composition and gender composition of faculty. The MPH student body is more diverse than the general state population and the university. The program’s ratio of white to non-white students in the 2015-16 academic year was 58% to 42%. Program administrators and faculty informed the site visit team that there was a genuine effort to encourage and institutionalize diversity at NDSU. The associate dean of the Graduate School cited efforts and achievements in recruitment of women into faculty positions and how it has allowed for focused recruitment in other target areas.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Degree Offerings.

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

This criterion is met. The program offers the MPH degree with four program specializations, as shown in Table 2. The program also offers one joint (dual) professional degree, the PharmD/MPH. The MPH program requires 18 core course credits, a three-credit practicum, a three-credit master's paper and at least 18 specialty area credits. The 18 specialty credits include three credits of electives from an approved list of courses for the AI and PHCS specialties. The HP specialty has 18 required credits and no elective options. The MID specialty requires six credits of electives. Specialty core courses are provided in Table 3.

	<b>Academic</b>	<b>Professional</b>
<b>Master's Degree</b>		
American Indian Public Health		MPH
Health Promotion		MPH
Management of Infectious Diseases		MPH
Public Health in Clinical Systems		MPH
<b>Joint Degree</b>		
Dual with Doctor of Pharmacy		MPH/PharmD

Note: All MPH concentrations are available in on-campus and distance-based formats.

All four MPH specializations are available on-campus and through a distance format. The joint degree allows students to pursue any of the MPH specializations, but to date all joint degree students have pursued the PHCS specialty. Students in the joint degree fulfill at least 42 credits of MPH required coursework (see Criterion 2.11 for details).

Program information is available online in the official university graduate catalog, the MPH Graduate Student Handbook and on the program website.

**Table 3. Instructional Matrix – Core Requirements by Specialization**

	Course and Title	Credits
American Indian Public Health	MPH 771 American Indian Health Policy	3
	MPH 772 American Indian Health Disparities	3
	MPH 773 Cultural Competence in Indian Health	3
	MPH 774 Research Issues in Tribal Communities	3
	MPH 775 Case Studies in Indian Health	3
Health Promotion	HNES 721 Health Promotion Programming	3
	HNES 725 Promoting Health through Policy, Systems and Environment	3
	HNES 727 Physical Activity Epidemiology	3
	HNES 745 Community Health Leadership	3
	HNES 715 Advanced Community Assessment	3
	HNES 724 Nutrition Education	3
Management of Infectious Diseases	MPH 735 Principles of Infectious Disease Management I	3
	MPH 736 Principles of Infectious Disease Management II	3
	MCR 750 Advanced Topics in Epidemiology	3
	MCR 756 Advanced Topics in Public Health Microbiology	3
Public Health in Clinical Systems	PH 765 Cultural Competence in Health Professions	3
	NURS 715 Advanced Community Assessment	3
	PH 700 Preventing and Managing Chronic Illness	3
	HNES 725 Promoting Health through Policy, Systems and Environment	3
	PH 755 Integrating Primary Care and Public Health	3

**2.2 Program Length.**

**An MPH degree program or equivalent professional public health master’s degree must be at least 42 semester-credit units in length.**

This criterion is met. The MPH program uses the university definition of a credit where one credit is equivalent to 50 minutes of contact hour per week for 15 weeks. Shortened summer sessions are expected to maintain an equivalent number of contact hours. The MPH requires a minimum of 42 credits for all specialty areas. In the dual degree program, MPH students must take the same courses as other MPH students with the exception of an elective, which may be a three-hour pharmacy course with public health content (see Criterion 2.11 for details).

No students in the MPH degree program have graduated with fewer than 42 semester credits in the past three years.

### 2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete coursework in the five core knowledge areas of public health and the practice experience with a grade of C or better. Table 4 lists the six core required courses by title and credits. A review of core course syllabi revealed that student competencies and listed course learning objectives are appropriate for developing skills important for understanding and engaging in the practice of public health. The program director and the MPH Curriculum Committee provide ongoing monitoring of courses to ensure appropriate content.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	MPH 731 Biostatistics	3
Epidemiology	MPH 751 Essentials of Epidemiology	3
Environmental Health Sciences	MPH 720 Environmental Health for Public Health Professionals	3
Health Services Administration	MPH 710 Health Care Delivery in the U.S. and MPH 704 Leading and Managing Public Health Systems	3 3
Social and Behavioral Sciences in Public Health	MPH 741 Social and Behavioral Sciences in Public Health	3

### 2.4 Practical Skills.

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

This criterion is met. All MPH students develop skills in basic public health concepts and apply these concepts through a relevant practice experience. All students are required to complete a 240-hour practicum, and waivers are not permitted. After successful completion of 18 credits, students are eligible to register for the practicum. The Student Practicum Manual is available on the program website and contains well-defined policies, procedures and criteria for the management and evaluation of the practice experience.

Staff, faculty or students may identify a new practicum site. The academic coordinator and practicum instructor then discuss the merits of the site with an organization contact person followed by completion of a Practicum Affiliation Agreement. Students are approved for placement following execution of the agreement.

A preceptor is approved after review of a submitted CV to the academic coordinator for those with an MPH or related master's degree, MD, PharmD or PhD. All other preceptors must be reviewed and

approved by the MPH Curriculum Committee. No formal orientation exists for preceptors, but the academic coordinator and the practicum instructor discuss practicum expectations with new preceptors or agency directors either in person or by phone. During on-site discussions with faculty, they said that occasions when faculty serve as preceptors are rare and only occur for international practicum sites to bridge potential language and cultural dynamics with practice organizations. Students enthusiastically described practicum experiences and competencies learned and practiced. Students also expressed that the process of arranging the practicum experience is seamless and well supported by the academic coordinator, practice instructor and other faculty.

The program hosts a practicum course, MPH 794. Students must submit a practicum proposal receiving guidance from the practicum course instructor, preceptor and academic advisor. Expectations of the instructor and preceptor are clearly defined in the proposal. The proposal establishes practicum objectives and relevance to program-defined competencies as demonstrated in a competency map for the practicum course.

Both the preceptor and student complete a midterm and final practicum evaluation. Regular feedback from students is discussed with the practicum instructor as the primary means of evaluating the value of the practicum environment and student performance. Sample student and preceptor evaluations provided for the site visit team demonstrated a robust assessment of the experience. A satisfactory/unsatisfactory grade is given for the practice experience, decided by the practicum instructor, and is based on both the didactic portion of the class and practicum deliverables that link the experience with core competencies.

The self-study identified a wide variety of student practice experiences for the past two years including information on the program year, student(s), practicum agency and preceptor and project title. The information provided also featured key public health content areas in which the practicum experience aligns with program areas of specialization such as the American Indian population, health promotion, infectious disease or public health in clinical systems.

Due to the program's new status as a program of public health in a rural region, the program faces limited formal public health training among preceptors. The program is responding by providing public health education programs, offering workforce development through certificate programs and actively seeking qualified public health practitioners to serve as preceptors. MPH program graduates will be recruited to serve as preceptors in the future.

## **2.5 Culminating Experience.**

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

This criterion is met. All students are required to complete a culminating experience that synthesizes, integrates and applies skills and competencies acquired through the MPH course of study. Students demonstrate their proficiency in addressing and solving public health problems through the completion of a master's paper with an oral presentation. The topics for the master's papers are pre-approved by an advisor and the program director or associate director. The type of paper accepted includes a literature review, program plan, program evaluation, policy analysis, research proposal or research report. Regardless of the format, it must integrate the required MPH core competencies.

The oral presentation, which is approximately 20 minutes in duration, occurs in a seminar format that is open to faculty and other students. A grading rubric is used for the master's paper and oral presentation. Additionally, students are asked to reflect on the master's paper and overall MPH program experience and summarize how core and specialty competencies were met with different aspects of the program as evidence of that acquisition. The master's paper was not used as a culminating experience until 2015, but now it is required to be completed in the final semester of a student's plan of study. Three samples were available of both the master's paper and presentation.

A review of samples of master's papers by the site visit team and interviews with students and faculty demonstrated the rigor in the requirements and assessment of the master's papers. The entirety of the experience allows the program to assure that each student demonstrates skills and knowledge from across the whole curriculum.

## **2.6 Required Competencies.**

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

This criterion is met. Program competencies are clearly stated and have guided the development of the degree program. Competencies were based on the Council on Linkages competency set and those of other accredited MPH programs, with the North Dakota State Health Officer providing input into priority competencies from the state's perspective. All MPH faculty are engaged in program planning, curriculum coordination and competency development. A review of course syllabi clearly demonstrated that the MPH competencies are covered by each course, including those courses offered by other departments that do not show an MPH prefix. Lists of core and specialty competencies were provided in the self-study, and identification of primary and reinforcing learning experiences (eg, specific course or activity) by which competencies are met also were provided. Examples of the overall program self-reported competency pre-test and post-test results were available to reviewers and demonstrated students' contemplation of their competency development throughout the program.



As part of the self-study process, the curriculum and competencies were revised in 2013, which included the development of the competency matrices, finalized during the 2014 fall faculty retreat. Faculty regularly review competencies at Curriculum Committee meetings. Specialization faculty developed specialty competencies based on discipline-specific standards such as the Competencies for Indigenous Public Health, Evaluation and Research template.

The MPH Advisory Committee provides input on the changing needs of public health practice. The faculty annually assesses competencies based on practice and research needs, considering feedback from the committee, student surveys and other key stakeholders. The DPH director and academic coordinator monitor potential changes in curricular recommendations by CEPH and other organizations.

Through the self-study process, the program discovered the need to ensure that competencies are available and clearly articulated to students early in the program. Competencies are now conveyed during student orientation and available on the program website and in all relevant course syllabi. Through a uniform process established by the Graduate School, student progress is routinely and periodically monitored and tracked to identify performance issues as soon as possible. Faculty on-site reported vigilantly monitoring student progress through their advisement activities. Students, alumni, preceptors and community partners provided examples of competencies gained and observed through coursework, practicum experiences and post-graduate work experiences.

## **2.7 Assessment Procedures.**

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

This criterion is met. The program monitors and evaluates student achievement of expected competencies in her or his degree program and specialty area through coursework and overall GPA, assessment of writing skills, a practicum experience, a culminating master's paper, pre- and post-program competency self-assessment, graduation and job placement rates and alumni interviews. Student progress is tracked with an Activity Report for Evaluation of Progress and a Plan of Study form that must be completed and approved by the academic advisor before graduation.

The Graduate School monitors all students for a minimum overall GPA of 3.0. Those below 3.0 are placed on academic probation, and a remediation plan is designed with the academic advisor. Midterm deficiency reports are emailed from the Graduate School to the program director, academic coordinator, student's advisor and student.

Beginning in fall 2015, during orientation, the program conducts a writing assessment for all incoming students, and then remedial recommendations are provided to students, as needed, early in their

program. Appropriate resources in the areas of reading comprehension, writing and citation skills are available to students, and program faculty can recommend students take advantage of the resources if they need post-matriculation assistance.

Successful completion of the practicum is another measure of competency attainment. The practicum requires a student to provide a formal written proposal with the preceptor stating how the experience will contribute to learning and proficiency in program competencies. Preceptors provide feedback on student performance of stated goals and objectives at the midterm and at the end of the experience as well as assessment of the quality of the final product. Feedback from both the preceptor and the student are used, along with the practicum instructor's analysis of student participation in the didactic portion of the class, to decide on the final grade. Students are required to achieve a satisfactory grade in order to graduate but may repeat the practicum course twice.

The culminating experience (master's paper) requires a reflection component linking the paper to the overall experiences and program competencies. The advisor uses the reflection component to confirm that competencies have been acquired and that students demonstrate understanding through evidence such as key citations of theory, research and public health models. The grade on the paper is a key measure of achievement in the program. Students confirmed the value of the reflection component and have discussed with the chair and faculty their desire to write the reflection over the length of the program as a part of a portfolio. They explained this would better demonstrate their growth to future employers.

Students complete pre- and post-program competency self-assessments using a Likert scale for 1, not at all attained, to 5, competent, for each competency. Data is collected and aggregated by specialty area and used as program outcome measures for student achievement. The academic coordinator runs the final report's aggregated data after graduation. The program also conducts a post-program competency assessment of each student upon graduation.

The outcome measure for student achievement of core competencies, with a target of greater than or equal to four out of five points, was met in the reported years. Additional targets of preceptors reporting very good or outstanding quality of the practicum delivery, with greater than or equal to three out of four points, was met in the past three years, and the target that students will graduate with an average GPA of 3.0 or greater was met with 3.76 in 2013-14 and 3.69 in 2014-15 with no data yet available in 2015-16. The outcome measure of 80% of students earning an A on their master's paper was not met with 70% in 2013-14 and 60% in 2014-15, with no data yet available in 2015-16;

With 14 students in the first cohort, 21 in the second and 23 in the third, all students have remained on track to graduate within seven years, which is the program's maximum allowable time for MPH students.

The first cohort has a rate of 64% for four years, which portends a graduation rate of 70% or more by 2016-17, the fifth year of the program.

Job placement rates were 100% in 2014 and 80% in 2015. No data is yet available for 2016. The academic coordinator collects the data through conversations and email exchanges with graduates. Plans for the future are to use the college graduating student survey to capture job placement data.

Students have the option to take the CPH and CHES exams, but to date none have attempted either exam.

The program conducted alumni interviews with graduates from the first cohort and anticipates doing this annually. Completed interviews are posted on the website and can be viewed by the public. The content is on the preparation, readiness and competencies being applied in the workplace, and the MPH Advisory Committee reviews the results before posting the interviews online. Graduates noted that the MPH curriculum and applied work experiences trained them in skills and understanding necessary for their current positions. Other graduates described interactive professors who promoted professional development by assisting in finding each student a relevant practicum experience and other applied public health opportunities that assisted in job performance.

The program is working with the Public Health Workforce Interests and Needs Survey for an assessment of workforce knowledge, skills and attitudes related to public health work. Community partners confirmed use of this data to ensure that program graduates are meeting the public health needs of North Dakota. The MPH Advisory Committee reviews the results and looks for opportunities for continued development and growth in order to support workforce needs. During the site visit, committee members confirmed that they review job descriptions and make suggestions from their own experiences with the students when looking at potential competency and programmatic changes.

In the self-study assessment, the program described the challenge of needing stronger lines of communication with partner departments across campus to ensure that students receive proper and consistent information regarding all aspects of the MPH program, including financial and academic expectations. As a new program, there was a gap in knowledge among some university departments regarding the MPH program's structure, processes and expectations. The self-study reports that in the second cohort, some students left the program due to misunderstandings of costs and expectations. Faculty and leadership explained to site visitors that many of the student issues were due to communication issues that have been resolved. All faculty are now strongly encouraged to participate in department and program faculty meetings for the latest information on the program that is to be shared with students.

## **2.8 Bachelor's Degrees in Public Health.**

**If the program offers baccalaureate public health degrees, they shall include the following elements:**

**Required Coursework in Public Health Core Knowledge:** students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

**Public health-related courses** may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

**The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.**

This criterion is not applicable.

## **2.9 Academic Degrees.**

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

This criterion is not applicable.

## **2.10 Doctoral Degrees.**

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

This criterion is not applicable.

## **2.11 Joint Degrees.**

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

This criterion is met. The program offers a dual degree in PharmD/MPH. For the MPH degree, students fulfill the 42 credits required of all MPH students in any of the four specialty areas, though all have chosen the PHCS specialty thus far. Students may pick one of two PharmD courses (either Special Populations or Infectious Diseases) in place of their MPH elective. Students waive one course typically required for

the PharmD (Public Health and Pharmacy), based on their MPH coursework, and may receive four credits toward their pharmacy electives for MPH coursework. Faculty and students confirmed that course schedules are well coordinated with the pharmacy program, though students carry a heavy course load in order to complete both degrees in a reasonable time. Advisors of these students have the additional responsibility of making sure each student takes the MPH courses in the correct order and semester while coordinating the pharmacy curriculum.

The MPH Curriculum Committee reviews all PharmD degree courses every three years for sufficient public health content by looking at course descriptions, course syllabi and learning objectives to make sure they align with MPH competencies. Fall 2016 is the next scheduled review. To date there has been only one graduate of the program.

### **2.12 Distance Education or Executive Degree Programs.**

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

This criterion is met. The program offers courses in a distance learning format option that is consistent with the mission and is within the program's areas of expertise. The program is guided by the same student learning outcomes and assessments as on-campus students; provides a rigorous and evaluated learning experience; and is subject to the same quality controls as other degree programs at the university. The online program allows for students across the state to participate and attracts mid-career professionals and those inside or outside North Dakota who cannot relocate. The program notes that this is particularly relevant for the American Indian Public Health specialty, which draws national attention for students living and working in other areas of the country and in rural North Dakota who cannot move because of work or family constraints.

A review of the syllabi confirmed that whether a course is on-campus or through a distance format, all course content is the same. Courses are delivered synchronously through the IVN system, which allows for live streaming. Faculty teach from campus, though the technology allows for off-site instruction when faculty must travel. Twenty-two students have completed coursework through this system. Online

students who met with site visitors expressed gratitude for the online program and confirmed their ability to participate in courses, including group work, as if they were on campus.

Through the IVN system, students are required to appear live via audio and video in every class. Though the program has access to a fully automated lecture capture for use in traditional, hybrid or online courses and faculty can record lectures and supplementary course content, it is left up to the instructor whether to use these features in case of student absences. Students using either format require instructor approval to miss a class session.

Since course expectations and experiences are the same, online students are expected to spend the same amount of time on coursework both inside and outside of class. Online students assured site visitors that they have the same access to academic support services as on-campus students, including library access, email and phone contact with librarians, career counseling, the writing center and comparable access to instructors and academic advising and faculty mentoring. Students are assigned an academic advisor in their interest area and meet that advisor during orientation. Advising requirements are the same whether the advisee is on campus or at a distance, including meeting a minimum of once per semester and for the advisor to respond promptly when students are in contact.

Applicants to the program are interviewed in person or via videoconference, and student participation in the online program is determined and documented at that time. All students are expected to attend orientation prior to the first week of classes, which allows the advisors and many instructors to meet online students in person. Distance students have a secure password for video connections and use of the online *Blackboard* system for course materials.

The self-study notes that it can be a challenge for some students and faculty to begin using distance education technology, and faculty said that it does require additional time and effort to get used to the technology. Faculty said that they found a big improvement in the distance portion of courses when a technologist began to stay in the room during class sessions. Also, the classroom dynamics may require creative methods to include distance students in group discussions, though students did not feel that this was of concern. The program plans to continue to offer training to faculty and students (during orientation and beyond) on the use of distance technologies.

### **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

#### **3.1 Research.**

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

This criterion is met. The program pursues an active research program that is consistent with its mission and through which faculty and students contribute to the knowledge base of public health disciplines and practice. The NDSU mission statement identifies the institution's role as a research university. Research also is a major component of the program's mission to promote health and well being in diverse populations with an emphasis on American Indian and other underserved populations. The research goal of the MPH program is to "engage in high-quality research that leads to advances in public health."

The university vice president for research and creative activity has the responsibility to facilitate, coordinate and advance research at NDSU and foster economic development. The university reports more than \$100 million in research expenditures annually. The research infrastructure of the university includes the Office of Sponsored Programs Administration, which provides assistance to the MPH program for submitting funding proposals; provides education on issues such as research integrity, compliance, biosafety and export controls; and has an institutional review board as well as the Office of Grant and Contract Accounting, which addresses audits, financial reporting, grant re-budgeting and extensions and effort reporting.

The university's policy on promotion, tenure and evaluation places a strong emphasis on faculty research and scholarship. DPH tenure and tenure-track faculty workload expectations include a research workload of 40% FTE. Other departments that host primary faculty have similar expectations.

The department houses two research centers: the American Indian Public Health Resource Center (AIPHRC), established by the Helmsley Charitable Trust to address American Indian public health disparities through a variety of activities including research, and the Center for Immunization Research and Education (CIRE), with the goal to address trends in vaccine coverage through education and research. The two centers provide opportunities for MPH program students to serve as graduate assistants. Presently, there are four students working as graduate assistants at AIPHRC and two students are at CIRE. In addition, one alumnus has been recently hired as a coordinator at CIRE. Students who have been serving as graduate assistants in the centers reported to the site visitors that their experiences were very beneficial to professional development and have been meaningful for the populations they now serve or hope to serve in the future.

Several faculty members hold research agreements with state, national and international agencies. Among these agencies are Sanford One Care, University of North Dakota Idea Network for Biomedical Research Excellence, North Dakota Department of Health, the US Department of Agriculture and the International Diabetes Federation. Research undertaken with these agencies address public health issues in maternal and child health, community transformation, breast cancer markers, behaviors related to vaccine administration and tobacco prevention and control policy. The MPH faculty brought in over \$4 million of funded research in the past three years. Faculty informed the site visit team that they have access to a wide variety of resources at the university to support their research and for professional development.

Students are notified of research opportunities through the MPH student listserv and through the academic coordinator. Most student research has been community-based and addresses a breadth of public health subjects including childhood obesity, road dust, depression in diabetics, perceptions of HPV immunization and colorectal cancer among American Indians in North Dakota. MPH students have participated in scholarly presentations at regional and national meetings, such as the Dakota Conference on Public Health and the American Public Health Association. Program faculty and students are involved in the development of research training modules and are coordinating summer undergraduate research training programs for tribal colleges.

The program has consistently exceeded its outcome target of 50% of primary faculty publishing at least one article in peer-reviewed publications (81.8%, 70% and 66.6% for the past three years). With the exception of the 2013-14 academic year, primary faculty have exceeded the program's outcome target for 50% submitting at least one grant proposal (36%, 60% and 83.3%, respectively). The outcome data presented in the self-study shows an increasing trend in primary faculty mentorship of students in research, and although the target of 50% was not met in previous years, it was exceeded in the 2015-16 academic year (27%, 40% and 58.3%, respectively).

According to the assistant program director, over the last three years, over 30 MPH students reportedly participated in research with faculty. Currently, approximately 22% of the students are engaged in research activities. Relative to graduate research assistantships, the program has come close to achieving its target of 20% (16%, 21% and 19.6% respectively). The program director informed the site visit team that the program now has sufficient resources to hire, train and provide tuition waivers for MPH student graduate assistants and should meet the stated targets from this year forward.

### **3.2 Service.**

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



This criterion is met with commentary. The program refers to NDSU's status as a land-grant university that requires a commitment to service. All faculty members are involved in public health service activities. The program adheres to university and college policies, procedures and practices for service expectations including promotion, tenure and evaluation; guidelines for faculty appointments that specify service; and employment contracts. The department workload agreement supports service by requiring 20% of faculty time committed to service. Faculty routinely provide a variety of professional service roles relevant to professional associations, serve on government agency advisory panels and subcommittees and as reviewers of public health journals. Lists of faculty members' activities in the self-study document exhibit extensive involvement.

The program provides student service learning opportunities through courses. These opportunities are organized service activities that meet needs identified by community partners. Faculty engaging students in service learning opportunities are eligible to receive the Faculty Service Learning Award. In the courses in the MID specialty, students spend time in Sanford hospital assisting in day-to-day problems such as data analysis or patient advocacy. The college also offers an award for exemplary service, which recognizes a faculty member who demonstrates a sustained record of service to the department, college, university, profession and public.

Opportunities to engage in service are also available to students through the Student Public Health Association (PHA). The self-study noted that the interdisciplinary nature of the program results in varying service expectations across different departments where MPH program faculty are housed, and limited service opportunities have been provided to students by some faculty. The identified challenge is consistent with unmet outcomes in which the primary faculty complement is expected to provide 50 service activities outside the university per year (39, 35 and 64 were provided for the past three years), and faculty are to provide five opportunities for students to be involved in service activities (four, four and three were provided for the past three years).

The commentary relates to the fact that the program has not met its self-identified target of faculty providing five opportunities for students to participate in service activities. However, in on-site discussions with both faculty and students, it was revealed that faculty and students are indeed engaged together in varied and diverse service activities that are not being reported. Faculty and students acknowledged that service activity data is missing from the self-study, and program leaders were not aware of the extent of service being provided. The program would benefit from establishing a systematic or automated approach for documenting service activities to better assess the program's ability to meet service goals.

The program plans to align service expectations across the multiple disciplines participating in the MPH program and plans to increase participation in service projects through active classroom discussion, advisement and promoting service activities at student PHA meetings.

### **3.3 Workforce Development.**

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

This criterion is met. The program engages in activities, other than its degree programs, that support the professional development of the public health workforce. Program faculty consult with local public health units, the North Dakota Department of Health and the Indian Health Service on a regular basis to discuss professional development and public health workforce continuing education needs, as well as seeking input from the MPH Advisory Committee during quarterly meetings. The annual North Dakota Conference on Rural and Public Health serves as a venue for faculty, staff and students to promote the program and sponsor a booth to interact with convention participants and disseminate information on public health education opportunities. Some faculty have worked with Sanford Health, the largest health employer in the state, regarding workforce needs of nurses and other providers of health care. Working with Sanford Health, a certificate in health systems leadership was recently developed to address specific workforce needs.

The University of North Dakota (UND) distributed a public health workforce survey in 2014, and then analyzed the data to assess continuing education needs and interests. The greatest needs reported were health promotion strategies and health policy training as well as interests in program planning, evaluation and working with government and legislative bodies. The program plans to partner with UND to conduct the survey every two to three years. The program director also works with the director of the Rocky Mountain Public Health Training Center, located at the University of Colorado, a member of the nation's network of public health training centers, to coordinate continuing education and evaluation efforts.

The program does not provide formal continuing education programs such as conferences or webinars. However, the program provides funded and unfunded faculty trainings and presentations involving students for the past three years. The faculty workforce training activities reported in the self-study have good participation. For example, one faculty member's work on health policy with the North Dakota Department of Health on adult immunization and mandatory flu immunization for healthcare providers had 125 participants.

Four certificate programs are offered through the MPH program including general public health (18 credits), American Indian public health (18 credits), health systems leadership (16 credits) and infection prevention (15 credits). Certificate programs admissions requirements and curriculum

information are found on the program's website. The latter two certificates were approved in 2015 and are not yet open for application. All certificate credits earned may be applied to the program's MPH degree, if a certificate participant is accepted into the program. Certificate enrollment data for 2013 through 2016 shows modest enrollment of four or fewer participants, though the certificate programs do relate to identified needs discovered in the survey discussed previously. On site discussion with faculty confirmed their role in oversight of participants enrolled in each certificate program. In collaboration with NDSU's Department of Pharmacy Practice, a "Public Health for Pharmacists" certificate was developed and is available (nine credits). The certificate program has the same cost per credit as the MPH degree; however, this can be challenging for participants since certificate and continuing education students are not eligible for federal financial aid.

Program administration, faculty and university administration conveyed a clear understanding of workforce development needed in relation to North Dakota's health and workforce characteristics during on-site discussions. They confirmed oversight of all trainings and certificate programs with appropriately credentialed faculty instructors. The program works with the Rocky Mountain Public Health Training Center at the University of Colorado on assessment and evaluations, and the director is working with the director of the center on other collaborative efforts for workforce development in the Rocky Mountain regions.

#### **4.0 FACULTY, STAFF AND STUDENTS.**

##### **4.1 Faculty Qualifications.**

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

This criterion is met. The MPH program has qualified and experienced faculty trained in a variety of disciplines including health and behavioral science, public health nursing, health communication, public health nutrition, research methodologies, exercise science, environmental health, gerontology, health education, health administration and management, mental health nursing, epidemiology and biostatistics, developmental biology, veterinary medicine, medicine and American Indian public health. The MPH program is served by a total of 30 faculty members. There are currently 12 primary faculty, each of whom holds a doctoral degree. Three of the primary faculty also hold an MPH degree. Three faculty are assigned to each of the four specialization areas of the program, with a minimum total of 1.5 FTE contribution in each specialization. Three of the primary faculty members are full professors, five are associate professors and four are assistant professors. Seven of the primary faculty are tenured, four are on a tenure track and one is on a non-tenure track. Among the primary faculty, two hold administrative positions as the director and associate director of the program.

Primary faculty teach most of the program's core courses. The program has adjunct faculty from within its college partnerships who supplement teaching in a variety of areas, including epidemiology, infectious diseases, statistics, environmental health, diversity and cultural competence, global health, child health, women's health, ethics, social determinants of health and health equity. All of the adjunct faculty hold a doctoral degree. In addition, the program faculty invite public health practitioners as guest speakers or discussion leaders in class sessions. One of the guest speakers, who serves on the MPH Advisory Committee, explained to the site visit team how she applies her practice experience as an epidemiologist to the lectures she provides to students. MPH faculty have a wide variety of research interests, as noted in the self-study.

The program met its target relative to the outcome measure of 100% of faculty will have a doctoral degree in 2015-16 (94%, 94% and 100%, respectively, for the past three years). The program also met its target that 50% of faculty will have tenure in 2015-16 (41%, 35% and 61%, respectively, by year). A review of the credentials, training and experience of the current faculty, as well as interviews with faculty and students, by the site visit team demonstrated the existing faculty have the qualifications to deliver an adequate MPH curriculum.

#### **4.2 Faculty Policies and Procedures.**

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

This criterion is met. The MPH program has well-defined policies and procedures for the recruitment, appointment and promotion of qualified faculty. The university and department policy and procedures manuals govern faculty appointments, as well as their rights and responsibilities.

The department and university support faculty development through a variety of services. In addition to the university's Information Technology helpdesk, the instructional service team of the university offers training and support to all faculty on the applications of instructional tools such as the Blackboard learning management system, Microsoft Office applications and the IVN system. The Office of the Provost, through its Office of Teaching and Learning, provides professional development opportunities including monthly luncheons on pedagogical topics, instruction on team building for grant writing, conference planning, curriculum development, focus group-based assessment and Qualtrics survey development and analysis.

The university does not award automatic sabbaticals but does allow faculty developmental leave for periods up to one year. This leave is approved if it is deemed beneficial to the faculty and college, and the workload of the faculty member has been covered appropriately.

The department supports travel costs for MPH faculty to attend conferences if they have an accepted paper, poster, professional presentation related to public health or are accepted as an exhibitor. The assistant program director confirmed that DPH faculty also receive \$1,500 for development each year and that primary faculty from the partner colleges receive \$700 per year from the MPH program to supplement their faculty development funds from their host colleges. Annually, new faculty hires are provided with a daylong workshop that includes theories of teaching, instructional design, classroom preparation, learning strategies, syllabus preparation and assessment of learning. Faculty informed the site visit team that they have sufficient resources to support their professional development.

Faculty development opportunities are made available to all faculty, both full- and part-time. Adjunct and part-time faculty who teach in the MPH program are given access to the university library and Blackboard resources that are accessed through an assigned university email account. A program adjunct faculty member informed the site visit team that he is invited, as any other program faculty member, to participate in development opportunities in the department and at the university.

Formal procedures are in place for evaluating faculty competence and performance. Faculty members are evaluated on the basis of their assigned workload. Although individual faculty may negotiate varying workloads, the standard workload proportions for tenured faculty is 40% teaching and advising; 40% research, creative and professional activities; and 20% service. Program administrators confirmed that this was usually the faculty workload formula. An annual performance review of all faculty (non-tenure track and tenure track) is conducted by the department chair or vice chair in February of each year when the faculty member is given both verbal and written feedback, recommendations for improvement and expectations and goals for the upcoming year. The performance review addresses faculty contribution to teaching, research and service. The subsequent report may include a recommendation for renewal or non-renewal of an appointment. Promotion and tenure are processed separately, although both processes rely to a great extent on the annual performance review. The tenure track is on a seven-year cycle, with notification regarding the award given at the completion of the sixth year.

Faculty interviewed by the site visit team, which included a representative on the university Faculty Senate, reported that they have participatory roles in promotion and tenure policy development and implementation. Faculty performance evaluations occur under the department in which the faculty member holds a primary appointment with input from the MPH program director.

The program primarily monitors instructional effectiveness through student reviews of instruction (SROI). The program director and appropriate faculty review SROI. These evaluations are used to determine whether quality improvement or remedial assistance in course instruction is needed. Students interviewed by the site visit team expressed satisfaction with the responsiveness of the program to their feedback and

input on program development. A faculty peer review process is in place and consists of a formative track, which involves peer review and peer mentoring, and a summative track, which involves peer evaluation that is used for promotion, tenure or merit considerations. Peer evaluators for the summative track are senior faculty members outside the faculty member's department.

#### **4.3 Student Recruitment and Admissions.**

**The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.**

This criterion is met. The program's student recruitment and admissions policies and procedures are designed to locate and select qualified individuals capable of developing competence for a career in public health. The program academic coordinator is the contact for recruitment. She provides information and resources to prospective students using a variety of communication methods, and the Graduate School and college lend recruiting support to identify potential students. University materials, MPH printed materials and the MPH website and Facebook page feature program outreach and government/community-based events for recruiting prospective students. The program director and faculty make presentations to undergraduate clubs and other student and faculty groups on campus to promote the program. All faculty are expected to participate in recruitment activities. A resolution, signed by the National Indian Health Board, endorses the program's American Indian Public Health specialization and is noted in promotional materials. MPH program specialization-specific recruitment activities also are provided.

All program applicants must demonstrate adequate preparation in a public health-related field and ability to undertake advanced study, research and practical training. Admissions processes are coordinated between the Graduate School and the MPH Admissions Committee. Minimum program admission requirements include the application form and fee, requisite prior bachelor's degree or equivalent from an accredited school, minimum GPA, required admissions tests and an English language proficiency exam. Other requirements include a written statement of purpose and goals, resume and three letters of recommendation. A background check is required prior to admission. Conditions for waivers are described as enrollment in good academic standing at the university, a completed degree in another graduate program or a minimum of five years of relevant experience in public health.

The self-study provided MPH program specialization numbers for applicants, acceptances and enrollment for the last three years. Data demonstrated an increase in the number of students in the program over the three-year reporting period 2013 to 2016. The targets for outcome measures for enrolling qualified students includes  $\geq 3.0$  for undergraduate GPA (met with 3.32, 3.40 and 3.44 for the past three years), average TOEFL/IELTS scores of  $\geq 9.0/6.5$  respectively (met for all three years) and  $\geq 85\%$  of

matriculating students will be admitted without conditional enrollment (met with 85.7% in 2013-14 and 95.7% in 2014-15 and not met with 84% in 2015-16). During site visit discussions, faculty and administrators demonstrated a clear commitment to, and knowledge of, recruitment strategies effective to recruit American Indian and other program applicants and students.

#### **4.4 Advising and Career Counseling.**

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

This criterion is met. The program has a clear and accessible student academic advising system and readily available career counseling. Upon enrollment, all students are assigned an academic advisor in their interest area and meet that advisor during orientation. Faculty attend a one-day retreat prior to orientation for updates to the overall program and to discuss strategies and tools for student advising and mentoring. At a minimum, academic advisors meet with their students once per semester, promptly respond when students are in contact, review the advisee's plan of study each year until graduation, assist in planning the practicum, approve the proper proposal form for the culminating experience, function as lead grader for the culminating experience and discuss career aspirations. Advising requirements are the same whether the advisee is on-campus or at a distance (through email, phone, IVN or video options for online students). An activity report form is available for students and their advisors to capture course credits, research projects, professional conferences and workshops and service over the student's graduate program. Students said that faculty had an open-door policy, and they felt that advising was readily available and satisfactory. Alumni confirmed that advising and mentoring continued long after they graduated.

Career counseling is offered through the university's Counseling Center. The center assists students in defining career goals and helping them to focus on their experiences and skills throughout the program that will translate into a desired job placement. The center's staff also assists students in exploring job opportunities and making the transition from school to employment. Students are eligible for professional and career development assistance, workshops and events. Additionally, advisors and other department faculty and staff provide career advice. The academic coordinator confirmed that she sends students job announcements and professional development and fellowship opportunities, which also are posted on the department website.

An annual student satisfaction survey includes questions on advising and career counseling services. Seventy-five percent of students rate the quality of advising in the college as good or very good. The department is developing an advising satisfaction assessment tool for 2016-17. The self-study states that the interdisciplinary faculty from numerous colleges and departments has affected the advising, which is not always consistent, but during the site visit, students did not express any concerns with advising. In a

2014-15 Counseling Center survey, 85% of students surveyed stated that the services they received were either somewhat helpful or very helpful in improving or maintaining academic performance, which was confirmed by students during the site visit.

The college has established procedures for students to submit and resolve complaints. Students with complaints are encouraged to contact the academic coordinator who can assist or refer students to other resources. If an issue is not resolved, the program has a formal complaint procedure.

Formal processes involve either grades or non-grade complaints. Grade complaints are reported through the Registrar's Office with a Grade Appeal Form addressed to the designated course instructor. If the issue remains unresolved, students may consult the department chair. If the issue continues to be unresolved, then the student may consult the college dean, proceeding from one level of authority to the next only after unsatisfactory decisions of the conflict at the previous level. Students may appeal to the Grade Appeals Board chair with a formal written appeal, and such appeals shall be responded to within 15 instructional days after the conclusion of the college proceedings.

Non-grade complaint processes include students or their advocate filing a formal written complaint to the dean of the college. The complaint is assigned to either a senior associate dean or other designated dean, and if not resolved at the dean level, a final appeal can be made to the provost. To date, no formal student complaints have been filed.



## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### North Dakota State University Public Health Program

May 9-10, 2016

#### Monday, May 9, 2016

- 9:45 am Meeting with Program and Department Administration  
Abby Gold  
Charles Peterson  
Brandy Randall  
Donald Warne
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs  
Ardith Brunt  
Paul Carson  
Abby Gold  
Donna Grandbois  
Andrea Huseth  
Donald Miller  
Megan Orr  
David Scott  
Bruce Steele  
Mark Strand  
Tansy Wells
- 12:00 pm Break
- 12:15 pm Lunch with Students  
Amber Anderson  
Ruth Buffalo  
Mallory Koshiol  
Heather Kroeker  
Lindsey Mabbutt  
Michael Mann  
Rafaela Medeiros  
Alan Patterson  
Jeremy Penn  
Petra Reyna One Hawk  
Tansy Wells  
Jaden Witt
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workplace Development and Faculty Issues  
Ardith Brunt  
Wonwoo Byun  
Paul Carson  
Nick Dyer  
Abby Gold  
Donna Grandbois  
Andrea Huseth  
Rick Jensen  
Mary Larson  
Mark Strand
- 2:30 pm Break
- 2:45 pm Resource File Review and Executive Session

3:45 pm Break

4:00 pm Meeting with Alumni, Community Representatives and Preceptors  
John Baird  
Nicki Cain, Jr.  
Terry Dwelle  
Dubert Guerrero  
Kylie Hall  
Jason McCoy  
Tracy Miller  
Jordyn Wallenborn

5:00 pm Adjourn

**Tuesday, May 10, 2016**

8:30 am Meeting with Institutional Academic Leadership/University Officials  
Dean Bresciani  
Beth Ingram

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview

1:15 pm Team Departs