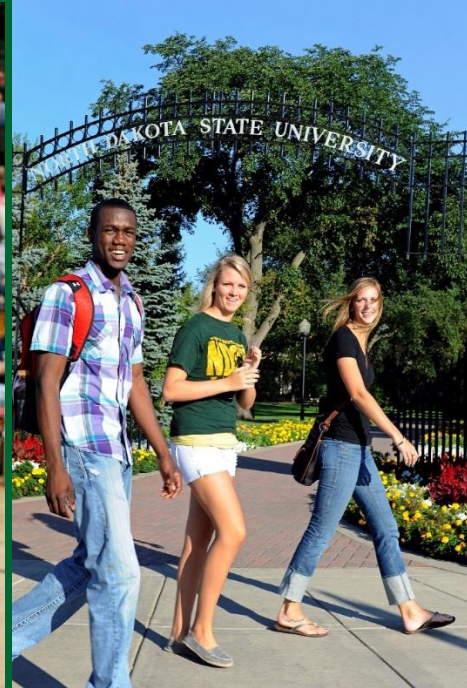


NDSU

PUBLIC HEALTH



Master of Public Health CEPH Accreditation Self-Study

Site Visit Dates: May 9-10, 2016

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Table of Contents

Electronic Resource File Index	iv
Abbreviations	v
Introduction	1
Characteristics of a Public Health Program	2
1.0 The Public Health Program	3
1.1 Mission	4
1.2 Evaluation	8
1.3 Institutional Environment	12
1.4 Organization and Administration	18
1.5 Governance	22
1.6 Fiscal Resources	37
1.7 Faculty and Other Resources	43
1.8 Diversity	52
2.0 Instructional Programs	59
2.1 Degree Offerings	60
2.2 Program Length	62
2.3 Public Health Core Knowledge	63
2.4 Practical Skills	64
2.5 Culminating Experience	71
2.6 Required Competencies	74
2.7 Assessment Procedures	83
2.8 Bachelor’s Degrees in Public Health	90
2.9 Academic Degrees	90
2.10 Doctoral Degrees	90
2.11 Joint Degrees	91
2.12 Distance Education or Executive Degree Programs	93
3.0 Creation, Application and Advancement of Knowledge	96
3.1 Research	97
3.2 Service	104
3.3 Workforce Development	108
4.0 Faculty, Staff, and Students	113
4.1 Faculty Qualifications	114
4.2 Faculty Policies and Procedures	122
4.3 Student Recruitment and Admissions	127
4.4 Advising and Career Counseling	134

Electronic Resource File Index

- 📁 Criterion 1.1 Mission
- ▶ 📁 Criterion 1.2 Evaluation
 - 📁 Competency Maps
- 📁 Criterion 1.3 Institutional Environment
- ▶ 📁 Criterion 1.4 Organization and Administration
 - 📁 Partner Department MOU's
- ▶ 📁 Criterion 1.5 Governance
 - 📁 Committee Meeting Minutes
- 📁 Criterion 1.6 Fiscal Resources
- ▶ 📁 Criterion 1.8 Diversity
 - 📁 Diversity Policies
- ▶ 📁 Criterion 2.1 Degree Offerings
 - ▶ 📁 Syllabi
 - 📁 Specialization Courses
- ▶ 📁 Criterion 2.3 Public Health Core Knowledge
 - 📁 Core Courses Syllabi
- ▶ 📁 Criterion 2.4 Practical Skills
 - 📁 Practicum Evaluations
 - 📁 Student practicum deliverable samples
 - 📁 Student practicum proposal samples
- ▶ 📁 Criterion 2.5 Culminating Experience
 - 📁 Student Paper Samples
 - 📁 Student Presentation Samples
- 📁 Criterion 2.6 Required Competencies
- ▶ 📁 Criterion 2.7 Assessment Procedures
 - 📁 Course Evaluations - SROI data
- 📁 Criterion 2.11 Joint Degrees
- ▶ 📁 Criterion 3.1 Research
 - 📁 Research Contracts and Agreements examples
- 📁 Criterion 3.2 Service
- 📁 Criterion 3.3. Workforce Development
- ▶ 📁 Criterion 4.1 Faculty Qualifications
 - 📁 Primary Faculty Curriculum Vitae
 - 📁 Secondary Faculty Curriculum Vitae
- 📁 Criterion 4.2 Faculty Policies and Procedures
- 📁 Criterion 4.3 Student Recruitment and Admissions
- ▶ 📁 Criterion 4.4 Advising and Career Counseling
 - 📁 Grievances and Complaints
 - 📁 Student Orientation Materials
 - 📁 Opportunity for 3rd Party Comment

Abbreviations

AIPH	American Indian Public Health specialization
DPH	Department of Public Health
FY	Fiscal Year
GCA	Grant and Contract Accounting
HP	Health Promotion specialization
HPL	Human Performance Laboratory
IVN	Interactive Video Network
IELTS	International English Language Testing System
MID	Management of Infectious Diseases specialization
MOU	Memorandum of Understanding
MPH	Master of Public Health
NIHB	National Indian Health Board
NDMPH	North Dakota Master of Public Health
NDSU	North Dakota State University
PRT	Peer Review of Teaching
PHA	Public Health Association
PHCS	Public Health in Clinical Systems specialization
PTE	Promotion and Tenure Evaluation
RF C	Resource File Criterion
SBHE	State Board of Higher Education
SPA	Sponsored Programs Administration
SROI	Student Rating of Instruction
TOEFL	Test of English as a Foreign Language
UND	University of North Dakota

Introduction

The Master of Public Health (MPH) program is housed in the Department of Public Health in the College of Health Professions at North Dakota State University (NDSU). The Program Director has primary administrative responsibility for the program and reports to the Dean of the College of Health Professions. The Program Director position is a hired position, not an elected role.

NDSU's Master of Public Health (MPH) program was approved by the North Dakota State Board of Higher Education (SBHE) on November 4, 2010. At this time, the MPH program at the University of North Dakota (UND) was approved as well. It was decided that the programs would work cooperatively but seek separate accreditation status. The cooperative nature of the two programs led to the formation of a Coordinating Council consisting of the Dean of the College of Health Professions, Dean of the Graduate School, Chair of Pharmacy Practice, and MPH Program Director from NDSU and the Dean of the School of Medicine, Dean of the Graduate School, Senior Associate Dean for Academic and Faculty Affairs, and the MPH Program Director from UND. The NDSU MPH program is offered through a blended delivery method by having on-campus and distance options available using the Interactive Video Network (IVN). The program also offers a formal graduate certificate program.

The NDSU MPH program is led by Donald Warne, MD, MPH and assisted by Abby Gold, PhD, MPH, RD. MPH program staff include Stefanie Meyer, Academic Coordinator/lecturer, Angela Skaff, Finance and Research Manager, and Bonnie Hurner, Administrative Secretary. Faculty within the MPH program come from four colleges across campus. Primary responsibility for program management is held by the Program Director, Dr. Warne, and by the Associate Director, Dr. Gold. Various committees provide oversight as well as specific program guidance for areas such as curriculum and student admissions. Committee members serve a two-year term, appointed by the Program Director, and are able to be re-appointed as long as all specializations are represented.

The University and College strategic plans are provided in RF C 1.1.

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 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 community and that combines educational excellence with applicability to the world of public health practice.

NDSU is accredited by the Higher Learning Commission of the North Central Association. NDSU recently was reviewed in the fall of 2015 and official notice of accreditation was approved March 30, 2016 for another 10 years.

Criterion 1

The Public Health Program



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.

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

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.

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

Professionalism & Ethics

Our program values and promotes professionalism and ethics. We foster an environment where students, faculty, and staff serve as role models in the profession and community by representing the highest standards of professional and ethical behavior. Honesty, integrity, and collegiality guide all interactions with students, faculty, staff, administration, peers, and the public.

Interdisciplinary Team Approach

Our program recognizes and values an interdisciplinary team approach to public health, education, and research where each discipline works collaboratively to attain greater knowledge, expertise, and outcomes than what they are capable of accomplishing individually.

Social Justice

Our program values the promotion of health equity through equitable allocation and distribution of resources, services, programs among all populations; access to healthy environments, systems, and policies that promote health and eliminate health disparities.

Diversity

Our program values diversity within our student body, faculty, and staff to assure broad perspectives in culture, world-view, and experiences.

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

Instruction: The MPH program will prepare public health graduates with a sound knowledge and skills base in public health.

Research: The MPH program will engage in high-quality research that leads to advances in public health.

Service: The MPH program will provide service through community engagement and collaboration to meet the public health needs of North Dakota and the Northern Plains.

Leadership: The MPH program will build capacity of the existing public health workforce and act as a catalyst for leadership development, continuing education, diversity, and innovation among the public health workforce.

1.1.d. Measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c.

Objectives for Instruction: *The MPH program will prepare public health graduates with a sound knowledge and skills base in public health.*

Objective 1.1: Students will learn MPH competencies and learning objectives through required courses (as demonstrated by the competency maps in RF C 1.2)

Objective 1.2: At least 50% of students will complete practicums involving underserved populations

Objective 1.3: 90% of students will report a “good” or “very good” response to the overall quality of education provided by faculty in the College of Health Professions.

Objective 1.4: 90% of students will report a “good” or “very good” response to the overall quality of education provided by faculty housed outside of the College of Health Professions.

Objective 1.5: At least 60% of graduates will complete their degree within 24 months.

Objective 1.6: Students will report on average ≥ 4 out of 5 on their “understanding of course content” as indicated through MPH course evaluations (Student Rating of Instruction-SROI).

Objectives for Research: *The MPH program will engage in high-quality research that leads to advances in public health.*

Objective 2.1: Each academic year, 50% of MPH primary faculty will publish at least one scholarly article in a peer-reviewed journal

Objective 2.2: Each academic year, 50% of MPH primary faculty will submit at least one research grant proposal as PI or co-PI

Objective 2.3: Each academic year, 50% of MPH primary faculty will mentor at least one graduate student through research projects

Objective 2.4: Each academic year, a minimum of 20% of MPH students will hold graduate research assistant positions.

Objectives for Service: *The MPH program will provide service through community engagement and collaboration to meet the public health needs of North Dakota and the Northern Plains.*

Objective 3.1: Each academic year, MPH primary faculty will provide a minimum of 50 service activities to community, public health, and other health-related organizations.

Objective 3.2: Each academic year, MPH primary faculty will provide students with a minimum of 5 opportunities to be involved in service activities.

Objectives for Leadership: *The MPH program will build capacity of the existing public health workforce and act as a catalyst for leadership development, continuing education, diversity, and innovation among the public health workforce.*

Objective 4.1: Each academic year, MPH faculty will deliver a minimum of 20 activities that support the professional development of the public health workforce.

Objective 4.2: Each academic year, recruitment efforts will secure at least 10% of our students to be mid-career professionals.

Objective 4.3: Each academic year, recruitment efforts will secure at least 25% of our students from diverse racial and ethnic backgrounds.

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

The program mission was originally developed by the college leadership with input from the North Dakota Department of Health State Health Officer, Dr. Terry Dwelle. The initial development of the program started with Dean Peterson and a special committee comprised of the Chair of Pharmacy Practice, Dr. Donald Miller, and public health pharmacy faculty: Christian Albano, Dan Friesner, Cynthia Naughton, and Dave Scott. Dean Peterson served as the institutional leader who formulated the initial faculty committee and made the connection between NDSU and the state health officer, Dr. Dwelle. The committee was charged with identifying and hiring the Director. Upon hire of the Director, the college special committee dissolved and the MPH program faculty worked to revise the mission. The Director was then charged with making the vision of the program operational and hiring/appointing appropriate public health faculty and staff. In addition the values, goals, and objectives were created through ad hoc faculty meetings with specialization faculty and then brought to the entire MPH faculty group for final revisions and approval. Once approved, these items were posted to the program website so students and external constituents had access to them. In the future, the external MPH Advisory Committee will provide input and guidance on the program's goals and objectives based on workforce needs. The student Public Health Association (PHA) will also serve as the formal student advisory group for feedback on program goals and objectives. MPH program leadership will gather Advisory Committee and student feedback and bring to MPH faculty.

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

The program mission, values, goals and objectives are made available on the program's website which can be found at: http://www.ndsu.edu/publichealth/mission_goals/ and http://www.ndsu.edu/publichealth/program_values/. Additionally, they are used in formal presentations to students at orientation, stakeholder groups, and during national presentations as applicable. These items will be reviewed at least once every three years. The program's leadership and affiliated faculty will review the mission, values, goals and objectives for continued relevance and necessary changes.

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

The criterion is met.

Strengths: The program mission was created by strong public health leaders in the state of North Dakota. Upon hire of the Program Director, revision of the mission and creation of values, goals, and objectives was fully vetted with the program faculty.

Challenges: With MPH faculty dispersed in multiple departments and colleges, monitoring goals and objectives can be difficult to streamline.

Plan: The program will solicit input from MPH Advisory Committee every three years or upon request and formally engage the MPH students through the student PHA to revise the mission, values, goals, and objectives as necessary.

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

1.2.a. Description of the evaluation process used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

The Program Director, Academic Coordinator and Accreditation Committee are responsible for annual evaluation. The affiliated faculty engage in the evaluation process on a bi-annual schedule at the fall and spring faculty retreat, and the students provide self-assessment information throughout the year as described below.

Instruction: Evaluation of instructional objectives is predominately the responsibility of the program leadership (Program Director and Academic Coordinator) and involves the review of student plans of study, Graduate School records, and competency mapping (1.1), practicum proposal review (1.2), SROI’s (1.6) , college surveys (1.3; 1.4), and program graduation data (1.5) (See RF C 1.2).

Research: Evaluation of the research objectives is predominately the responsibility of the Accreditation Committee, achieved by gathering data from self-reports of the faculty as well as faculty annual evaluations (2.1; 2.2; 2.3). Data regarding graduate assistantship status is collected by the Academic Coordinator on a yearly basis (2.4).

Service: Evaluation of the service objectives is predominately the responsibility of the Accreditation Committee, accomplished by gathering data from self-reports of the faculty (3.1; 3.2).

Leadership: Evaluation of the leadership objectives is predominately the responsibility of the program leadership (Program Director and Academic Coordinator) by gathering data from self-reports of the faculty (4.1), and Graduate School admission records (4.2; 4.3). (See RF C 1.2)

Students provide additional feedback on the program through the student PHA. The group is providing student members an opportunity to provide program feedback by having “ways to improve the program” built in as a standing agenda item at meetings The PHA President or designee then reports back to the Coordinator who is also the PHA Advisor.

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

The Program Director, Academic Coordinator and Accreditation Committee monitor the results of evaluation processes. Committee members requested information as needed from appropriate individuals and groups to prepare evaluation documents. Data are gathered, analyzed and shared with faculty to glean input and for editing at the fall and spring faculty retreats. This has been accomplished by sharing topics such as competencies and publication goals with the faculty and engaging in discussion. The Academic Coordinator is the point of contact for student academic

data within NDSU. The self-study document has been our first experience with gathering student data and outcome measures so the results are being shared through this format. Evaluation documents are also shared with the advisory committee annually, and board members are invited to provide feedback and suggest revisions. Student input from items within the “instruction” goal are used directly by faculty that teach or lead courses and by the MPH Curriculum Committee to ensure program competencies are covered across multiple courses. Program goals and objectives are all measurable and concrete. Data are gathered and objectives are measured annually. There are only a few objectives that have not yet been met (1.4, 3.2, and 4.1). These objectives are expected to be met during the next academic year (2016-2017).

1.2.c. Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years.

Table 1.2.1. Outcomes – Measurable Objectives				
Goal 1: Instruction	Target	2013-2014	2014-2015	2015-2016
1.1. Students will learn MPH competencies and learning objectives through required courses (as demonstrated by competency maps in RF C 1.2)	100%	No data	No data	100%
1.2. Students will complete practicums involving underserved populations. (See Table 2.4.b.)	50%	50% (7/14)	28% (5/18)	50% (1/2)
1.3. Students will report a “good” or “very good” response to the overall quality of education provided by faculty in the College of Health Professions.(See RF C 2.7)	90%	81.8%	93.8%	Pending ¹
1.4. Students will report a “good” or “very good” response to the overall quality of education provided by faculty outside of the College of Health Professions. (See RF C 2.7)	90%	72.7%	68.75%	Pending ¹
1.5. At least 60% of graduates will complete their degree within 24 months. (See Table 2.7.2)	60%	100% (8/8)	100% (10/10)	0% (0/1)
1.6. Students will report “good or very good” “understanding of course content” as indicated through MPH course evaluations – SROI’s. (See RF C 2.7).	≥4 out of 5	4.149	4.434	4.5
Goal 2: Research	Target	2013-2014	2014-2015	2015-2016
2.1. MPH primary faculty will publish at least one scholarly article in a peer-reviewed journal. (See Table 3.1.d.)	50%	81.8% (9/11)	70% (7/10)	66.6% (8 /12)

Table 1.2.1. Outcomes – Measurable Objectives				
Goal 2: Research	Target	2013-2014	2014-2015	2015-2016
2.2. MPH primary faculty will submit at least one research grant proposal as PI or co-PI. (See Tables 3.1.c. and 3.1.d.)	50%	36% (4/11)	60% (6/10)	83.3% (10/12)
2.3. MPH primary faculty will mentor students through research projects. (See Table 3.1.c. and 3.1.d.)	50%	27% (3/11)	40% (4/10)	58.3% (7/12)
2.4. MPH students will hold graduate research assistant positions. (See Table 3.1.d.)	20%	16% (5/32)	21% (9/43)	19.6% (11/56)
Goal 3: Service	Target	2013-2014	2014-2015	2015-2016
3.1. MPH primary faculty will provide service activities to community, public health, and other health-related organizations. (See Table 3.2.c. and 3.2.d.)	50 service activities	39	35	64
3.2. MPH primary faculty will provide students with opportunities to be involved in service activities. (See Table 3.2.d.)	5 service activities	4	4	3
Goal 4: Leadership	Target	2013-2014	2014-2015	2015-2016
4.1. MPH faculty will deliver activities that support the professional development of the public health workforce. (See Tables 3.3.b.1 and 3.3.b.2)	20 activities	26	36	12
4.2. Recruitment efforts will secure mid-career professionals as students. (See RF C 1.2)	10%	NA	8.7% (2/23)	12% (3/25)
4.3. Recruitment efforts will secure students from diverse ethnic and racial backgrounds. (See RF C 1.2)	25%	43% (9/21)	35% (8/23)	40% (10/25)

¹ Data will be available by end of May 2016

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

The Program Director was hired in October 2011 and the Academic Coordinator in April 2012. CEPH accreditation has been a high priority for the program since its inception. The Program Director and Academic Coordinator conducted CEPH accreditation process research through 2012 and the first faculty retreat was held in August 2012 to start the self-study process. The Accreditation Committee was formed in October 2013 with the charge to gather information and write the self-study document. The CEPH application was submitted in July 2014 and the Program Director and Academic Coordinator attended the CEPH Accreditation Orientation Workshop in July/August 2014. Numerous Accreditation Committee meetings were held, and committee members were each assigned components of the document to lead. Faculty members submitted research, service, and continuing education events in which they participated. Faculty members also developed the final competency list, goals, and objectives for the program through faculty retreats.

The Advisory Committee was established in summer 2015. Board members were electronically sent sections of the self-study to review and edit. The Program Director and Academic Coordinator then compiled, revised, and edited the document into its final format. A draft of the self-study was emailed to the MPH students in September 2015 for feedback. In October, the document was sent to the college deans, the director of NDSU Accreditation, and the NDSU President for any revisions before it was sent to CEPH. In addition to posting on the public health program website (<https://www.ndsu.edu/publichealth/accreditation/>), a notice of the open comment period was sent to key stakeholders in February 2016. Stakeholders include alumni, UND MPH Director and Dean of the School of Medicine and Health Sciences, National Indian Health Board (NIHB), local public health directors, and North Dakota Department of Health leadership.

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

Criterion is met.

Strengths: The program has effective processes in place to gather data and input from faculty, students, and stakeholders for evaluation purposes. Most targets for measurable objectives in evaluation and assessment of the program's mission, goals, and objectives have been met or exceeded. A significant strength of the program is the diversity among the student body and the populations that are engaged by students and faculty. Faculty and key stakeholders have been engaged and have actively participated in the self-study process.

Challenges: With the interdisciplinary program structure for faculty and resources, data collection and consistency in faculty reporting of service and research activities can be challenging.

Plan: Programmatic assessment can be improved by involving more stakeholders, particularly students and public health employers, in the process. With the creation of the Advisory Committee, improvement in this area is expected. The program plans to develop and expand continuing education programs for the existing public health workforce through continuing education credit opportunities, distance education for local public health units, and public health seminars based on priority needs identified by the existing public health workforce.

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

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

North Dakota State University (NDSU) is a student-focused, land-grant, research university and is one of 11 publicly supported colleges and universities under the governance of the SBHE (<http://www.ndus.edu/board/>). The university is led by President Dean Bresciani and Provost Beth Ingram. NDSU has more than 50 academic departments within 7 colleges. The Graduate School offers 86 master's degree programs and 50 doctoral degree programs. NDSU, as the land-grant university, houses the state's Extension Service, which contributes to the university's broad reach throughout the state. NDSU has a presence in all 50 counties through its Extension Service, tele-pharmacies, and Nursing at Sanford programs.

NDSU has been consistently accredited by the North Central Association of Colleges and Secondary Schools since 1915 (<http://www.ncahlc.org/>). In 2006, NDSU was re-accredited for a 10-year period, and is due for re-accreditation in 2016 (<http://www.ndsu.edu/accreditation/>). NDSU also has 26 individually accredited programs. Faculty housed specifically within the NDSU MPH program draw from four university departmental partners: Pharmacy Practice; Nursing; Health Nutrition, and Exercise Science; and the Department of Veterinary and Microbiological Sciences. The accrediting agencies for each include:

Pharmacy Practice – Accreditation Council for Pharmacy Education (<https://www.acpe-accredit.org/>)

Nursing - Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>)

Health, Nutrition, and Exercise Science – Includes the following accrediting bodies:

- Accreditation Council for Education in Nutrition and Dietetics (<http://www.eatrightacend.org/ACEND/>) (Dietitian Education Program and Didactic Program in Dietetics)
- Commission on Accreditation of Allied Health Education Programs (<http://www.caahep.org/>) (Exercise Science program)
- Commission on Accreditation of Athletic Training Education (<http://caate.net/>) (Master of Athletic Training program)
- Council for the Accreditation of Educator Preparation (<http://caepnet.org/>) (Physical Education and Health Education programs)

Department of Veterinary and Microbiological Sciences – Follows the guidelines for the American Society for Microbiology (<http://www.asm.org/>)

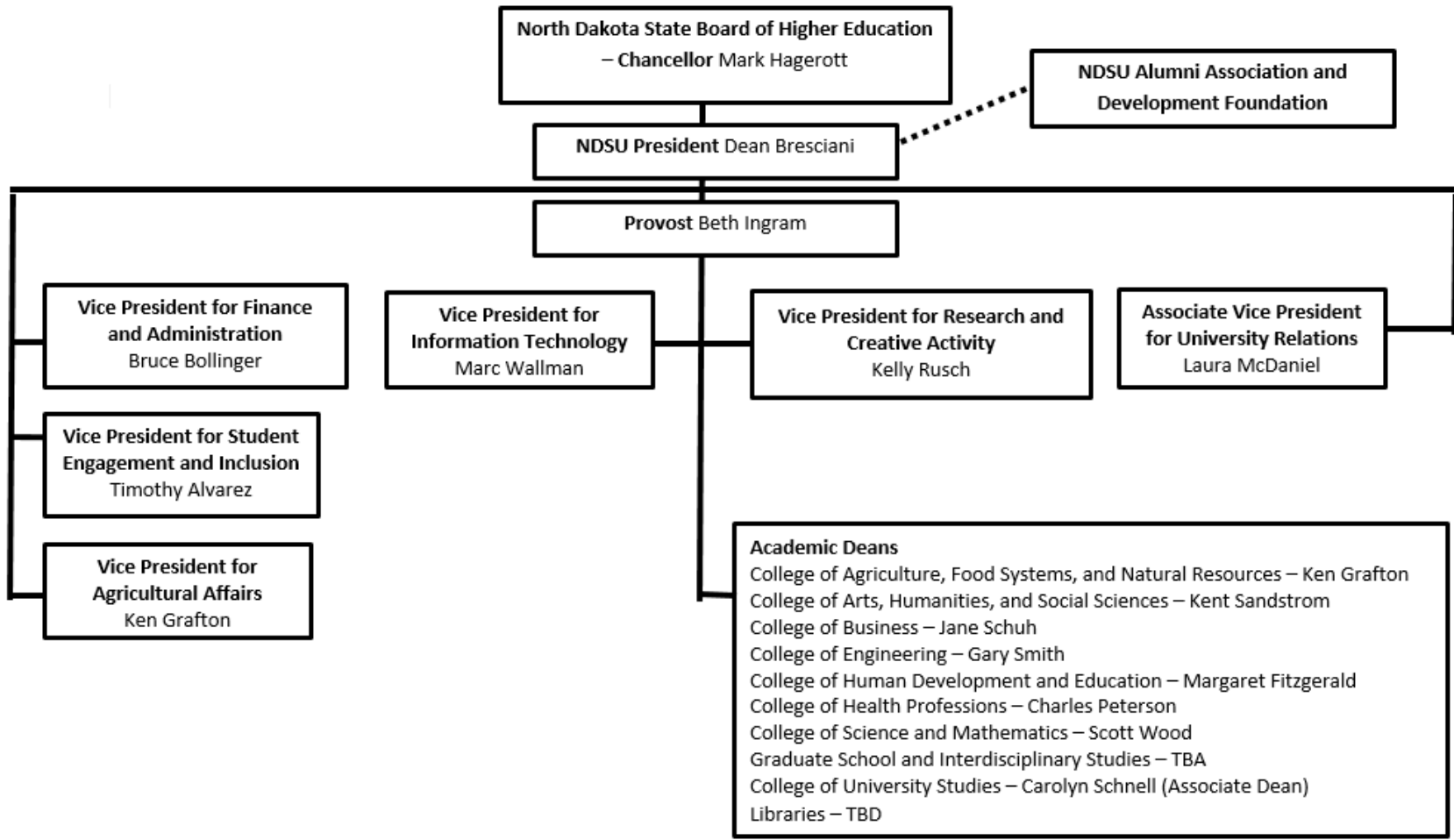
- American Veterinary Medical Association Committee on Veterinary Technician Education and Activities

In addition to our college and department partners, the following are additional accreditation agencies to which NDSU responds:

- Accreditation Board for Engineering Technology
- Accreditation Commission for Programs in Hospitality Administration
- American Council for Construction Education
- Association to Advance Collegiate Schools of Business
- Certified Financial Planner Board of Standards
- Commission on Accreditation for Marriage and Family Therapy Education
- Commission on Accreditation for Respiratory Care
- Council for Interior Design Accreditation
- Institute of Food Technologists
- Landscape Architectural Accreditation Board
- National Architectural Accrediting Board
- National Association for the Education of Young Children
- National Association of Schools of Art and Design
- National Association of Schools of Music
- National Association of Schools of Theatre
- National Council for Accreditation of Teacher Education
- National Council for Accreditation of Counseling and Related

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

The DPH is located within the College of Health Professions. The department chair's faculty appointment is within the College of Health Professions, and he reports directly to the Dean of the College of Health Professions. The department's vice chair's faculty appointment is within the College of Health Professions, and she reports directly to the Chair. The Chair and Vice Chair of the department are also the Program Director and Associate Director for the MPH program. The Dean of the Graduate School oversees graduate student admissions, admissions progress, plan of study process, and course and curriculum issues. The following chart indicates current North Dakota State University organizational structure (https://www.ndsu.edu/fileadmin/president/pdf/NDSU_orgchart_1015.pdf). The MPH program and College of Health Professions partner with the College of Education and Human Development, and the College of Agriculture, Food Systems, and Natural Resources to deliver specialization curriculum. This partnership can be seen in the organization chart in 1.4.a. The program has faculty across all three colleges that teach, provide service, and conduct research in public health.



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

Budgeting and Resource Allocation:

The Program Director has primary responsibility for fiscal planning and management and works closely with the department Finance and Research Manager to project, develop, and maintain the annual budget. The program operates in financial autonomy and has authority to allocate funds for day-to-day operations which include instruction, research, and service.

Annually, the Director and Finance and Research Manager work with the College of Health Professions' Budget Manager for budgeting and resource allocation for the next fiscal year. The funding allocation from the SBHE is distributed to the university biennially. The university then disperses amounts to the college and then the college distributes the budgeted amount to the department. Tuition is also another component to the program budget. All program differential tuition is distributed directly to the program. The differential amount is approximately 55% of the total tuition charged, with the base amount being collected by the university central administration.

The program receives a percentage of indirect costs from external grants and contracts to support activities. The allocations of the indirect cost recovery are dispersed annually in August from the college. The indirect cost recovery drawn off of the grants and contracts are allocated as follows: 42% will be allocated back to the generating colleges or units; 16% will be allocated back to the Office of the President (for Research); and 42% to the Office of the President. Allocation exceptions must be approved by the President. The policy regarding indirect cost recovery (facilities and administrative costs) can be found in RF C 1.3. The most up-to-date policy information can be found online at:

https://www.ndsu.edu/research/sponsored_programs_admin/institutional_information/

The NDSU Alumni Foundation in cooperation with the College of Health Professions is involved in all aspects of development and fundraising for outside gifts.

Personnel Recruitment, Selection, & Advancement:

The responsibility for MPH faculty selection, retention, and advancement resides within each individual academic department, with the Program Director and Associate Director providing input to partner departments. The responsibility for MPH program staff selection, retention, and advancement resides solely within the DPH. NDSU is an equal opportunity employer and seeks diversity among its employees. The faculty and staff search committees, created as appropriate, make every effort to ensure a diverse workforce. The program is responsible for identifying faculty and staff needs and for submitting a position description and recruitment plan (advertising) to the Dean, Budget Office, and then the Provost's office for final approval. Once approved, a search committee is formed. Faculty search committees must include a student member. The committee is responsible for reviewing applications, interviewing candidates, gathering program faculty, staff, and student feedback, and then submitting a recommendation to

hire to the Department Chair for approval. The Chair then sends the recommendation to hire to the Dean, Budget Office, and Provost for official approval to offer.

For faculty members located within the MPH program, selection, retention, and advancement follows promotion and tenure (PTE) guidelines developed by the department, college, and university. The Program Director and Associate Director both provide input after the department's PTE committee reviews each faculty's annual report. The department follows the NDSU policy Section 352 outlining Promotion, Tenure and Evaluation (<https://www.ndsu.edu/fileadmin/policy/352.pdf>).

Academic Standards and Policies:

The Program Director, Associate Director, MPH faculty, and Academic Coordinator work with the Graduate Dean and graduate school staff on the enforcement and application of university academic standards and policies.

Establishment and Oversight of Curricula:

The Program Director, Associate Director, and Academic Coordinator work with the MPH Curriculum Committee in the development of and/or changes to the MPH curriculum. All curricular issues are discussed and voted on by the MPH Curriculum Committee before moving to the university's Academic Affairs Committee and Graduate Council for approval.

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

NA

1.3.e. If a collaborative program, a copy of the formal written agreement.

NA

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

Criterion is met.

Strengths: NDSU is the land grant institution in the state of North Dakota and has policies and procedures established for the proper distribution of resources, recruiting and retention of faculty, and accessibility to administrative personnel. NDSU has a well-organized chain of command and ultimately answers to the state legislature as part of the North Dakota University System. NDSU has well established policies and procedures, and academic and non-academic units to carry out its mission. The MPH program is fully integrated into the governing, academic, educational, and service structure of the college. MPH faculty are directly involved with the hiring of new faculty and in the development of policies and curriculum. The MPH program is fully compliant with the university's standards and policies for graduate programs.

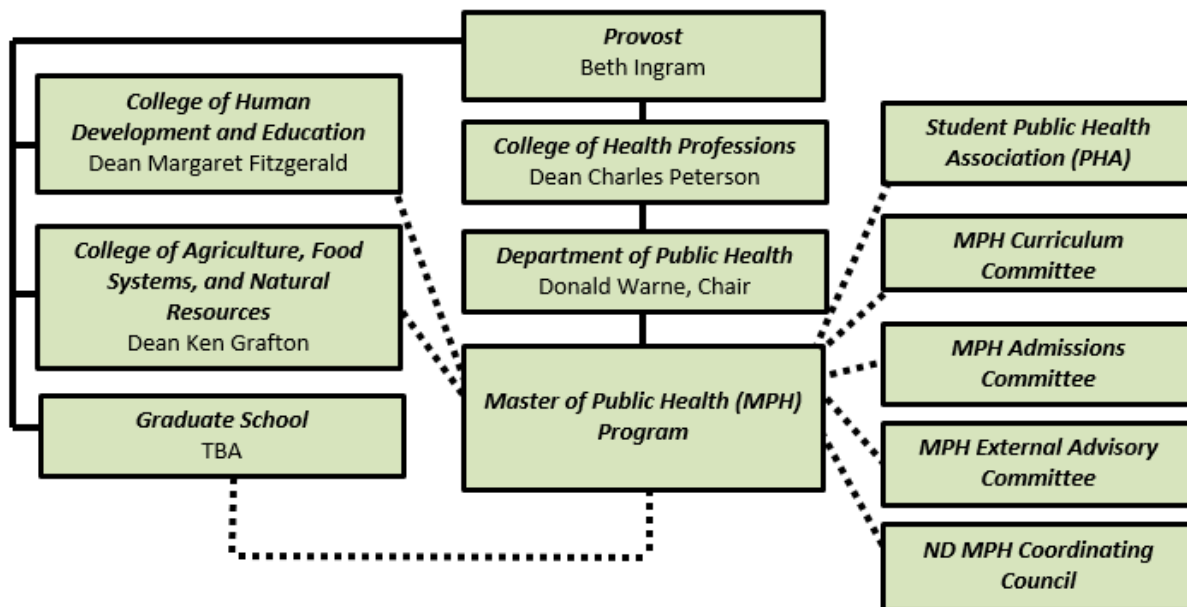
Challenges: Due to the interdisciplinary nature of the program, the courses and program faculty in the MPH program are located in multiple departments and three colleges within the university, with unique policies and procedures for the distribution of resources and faculty recruitment, retention, and assessment.

Plan: Continue to coordinate MPH activities across other departments and colleges within NDSU.

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

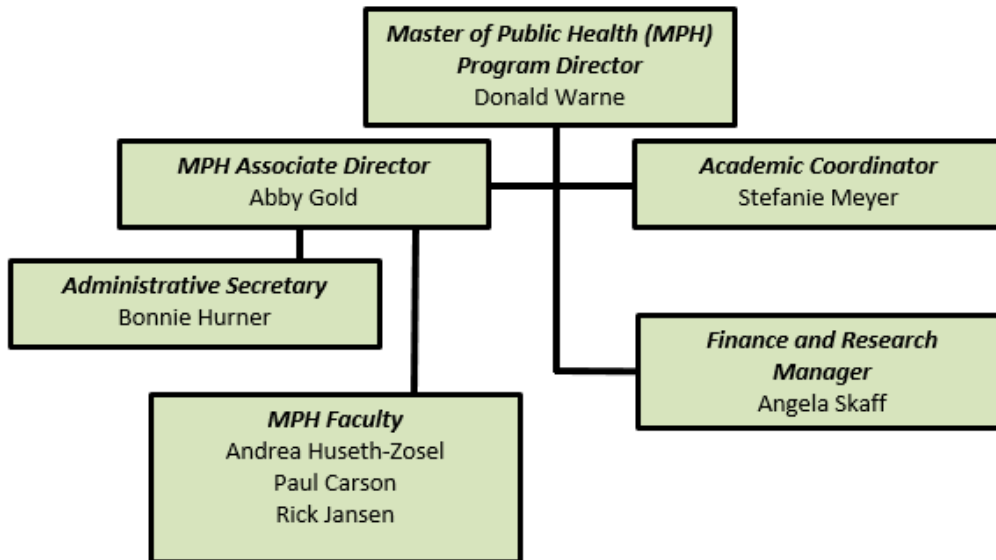
1.4.a. One or more organizational charts delineating the administrative organization of the program, indicating relationship among its internal components.

The organization chart below outlines the MPH program’s relationships with the partnering colleges, in addition to the governance structures from the MPH program’s Memoranda of Understanding between the colleges and departments with MPH affiliated faculty. Committee membership is listed in section 1.5.



The Program Director directly supervises three full-time staff and, with the assistance of the Associate Director, coordinates MPH-related activities from faculty with the following:

- The Provost’s office
- The Graduate School
- College of Human Development and Education
 - Health, Nutrition and Exercise Science
- College of Agriculture, Food Systems, and Natural Resources
 - Veterinary and Microbiological Sciences
- College of Health Professions
 - Nursing
 - Pharmacy Practice
 - Public Health



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

The interdisciplinary program was approved by the SBHE on November 4, 2010, with partners in the Graduate School and three academic colleges. Each of the colleges and departments from which the MPH program has affiliated faculty sign a Memorandum of Understanding (MOU) to support public health learning, research, and service. Indirect cost recovery and other resource sharing MOU’s between departments involved in the MPH program exist (See RF C 1.4).

The University

NDSU recently revised its strategic plan and now has a strategic vision for the years 2015-2020 and is guided by the following core values that help to accomplish interdisciplinary collaboration (See RF C 1.1 for Strategic Vision):

- Educational Excellence: We provide a rigorous and research-based learning environment that challenges students to excel both within and outside of the classroom;
- Cutting-edge Scholarship: We are an engaged university and acknowledge and pursue scholarship in all its forms, acknowledging the importance of both basic and applied research and the integral nature of teaching, research and outreach;
- Accountability: As a land-grant institution, we have a special relationship with, and are accountable to, the people of North Dakota. We strive to improve our region’s quality of life and to contribute to its economic prosperity;
- Diversity: We maintain a campus climate that supports and respects faculty, staff and students who have diverse cultures, backgrounds, and points of view;
- Collaboration: We operate with transparency and a commitment to shared governance and responsibility.

The College:

The College of Health Professions Strategic Plan includes interdisciplinary collaboration around interprofessional curricula. The college also has “Interdisciplinary Team Approach” and “Knowledge, Teaching, and Learning” as a core values which support collaboration through teaching, research, and service among our health professions.

(https://www.ndsu.edu/healthprofessions/college_information/mission_statement/)

MPH Program:

The values of the MPH program build upon the values of the college and university and strengthen the interdisciplinary collaboration that occurs among faculty through teaching, research, and service.

MPH faculty members have diverse educational and practice backgrounds that add to the public health curriculum, service, and research approach. Core and specialization faculty members work together to develop and deliver curricula, provide student practical and research experiences, and make decisions regarding the program mission, goals, and objectives. The MPH program is in a College with Pharmacy and Nursing and collaborates with faculty in those disciplines to deliver the curriculum as well as conducting research merging public health and clinical systems. The program also has strong partners with Health, Nutrition, and Exercise Science and Veterinary and Microbiological Sciences to deliver Health Promotion and Management of Infectious Diseases specialization curricula. The partnership allows for organic collaboration between public health and nutrition, physical activity, and microbiology disciplines. Public health is a discipline with many facets, and the program’s approach provides a broad-based and real-world platform for students to engage in the MPH program. Faculty members from across several departments serve as a conduit for collaboration among health professionals from many disciplines (exercise, nursing, medicine, nutrition). This benefits the students through coursework and diversity of peers and benefits the faculty through collaborative research opportunities. The MPH program also benefits the broader NDSU community through sharing of faculty, courses, and departmental resources.

The College of Health Professions also has an Interprofessional Education Committee. The purpose of this committee is to expand, enhance, and sustain interprofessional education opportunities within the curriculums of pharmacy, nursing, allied science, and public health disciplines. Members of the Interprofessional Education Committee shall consist of the Senior Associate Dean and representation from each discipline as deemed appropriate with at least one faculty member from each academic discipline. The responsibilities of the committee are to: 1) facilitate cross-program interaction; 2) promote curriculum innovations in interprofessional education across all disciplines; 3) assess the impact of interprofessional education; and 4) support faculty development and training efforts in the delivery of interprofessional education. Public health is represented by Dr. Abby Gold.

Health Care Industry Concentration of the MBA program

The College of Business has a Master of Business Administration (MBA) program with a Health Care Industry Concentration that uses some public health courses to fulfill their requirements (<https://www.ndsu.edu/business/programs/graduate/mba/>) See RF C 1.4 for Letter of Support.

Required: MPH 704 Leading and Managing Public Health Systems (3 credits)

Choose 6 credits from the following:

- MPH 710 Health Care Delivery in the U.S. (3 credits)
- MPH 720 Environmental Health for Public Health Professionals (3 credits)
- MPH 741 Social and Behavioral Sciences in Public Health (3 credits)
- MPH 765 Cultural Competence in Health Professions (3 credits)
- BUSN 793 or MPH 793 Independent Study (3 credits)

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

Criterion is met.

Strengths: The MPH program faculty are dispersed across the university. This approach creates a collaborative, multidisciplinary research and pedagogical environment for students and faculty to engage with each other. Furthermore, this approach broadens the quantity and quality of collaborative research and service learning opportunities with entities outside of the university (e.g., state and local public health entities, other universities, federal, state, local governmental agencies, and non-profit organizations).

Challenges: Housing faculty in different departments across the university also presents communication and collaborative challenges. Universities departments tend to operate independently, potentially creating silos.

Plan: Continue to utilize interdepartmental MOU's. Through partnerships with other departments, the MPH program is able to expand the disciplines that the MPH students interact with and have access to which leads to increased public health collaboration.

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

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

All applicable committee meeting minutes can be found in RF C 1.5.

MPH Coordinating Council

The Coordinating Council shall provide administrative oversight for areas of cooperation between the universities related to the NDSU and UND MPH programs. Membership shall consist of: For NDSU - Dean of the College of Health Professions, Dean of the Graduate School, immediate past Chair of the Department of Pharmacy Practice, and Program Director; For UND - Dean and Senior Associate Dean for Academic and Faculty Affairs of the School of Medicine and Health Sciences, Dean of the Graduate School, and Program Director. The Council meets quarterly through conference call, with each program taking turns to host. NDSU and UND MPH programs cooperate on research and grants, share programmatic plans and competencies, and work together on practical public health needs of the state of North Dakota. Membership includes the Administrative leadership at each applicable MPH program and university selected by each program and stays as members until staff turnover or program leadership change. See RF C 1.5 for Coordinating Council MOU.

Current members are:

- Donald Warne, MD, MPH – NDSU MPH Program Director
- Raymond Goldsteen, DrPH – UND MPH Program Director
- Charles Peterson, PharmD – NDSU College of Health Professions Dean
- Joshua Wynne, MD, MBA, MPH – UND School of Medicine and Health Sciences (SMHS) Dean
- Donald Miller, PharmD – NDSU immediate past Pharmacy Practice Department Chair
- Gwen Halaas – UND SMHS Senior Associate Dean for Education
- TBA – NDSU College of Graduate and Interdisciplinary Studies Dean
- Wayne Swisher, PhD – UND School of Graduate Studies Dean

MPH Admissions Committee

Regarding entrance into the MPH program, the Program Director and Academic Coordinator initially screen applications to ensure that applicants meet minimum requirements before sending them to the MPH Admissions Committee for review. The initial review by the committee results in a decision to determine whether or not the applicants should be interviewed. Applicants are then interviewed by faculty from their chosen specialization, and determinations are made regarding admission (see Section 4.3). This committee is also responsible for admissions standards and is composed of representatives from each specialization. There are no terms of appointment for committee members; there must be a primary faculty member representative from each specialization. The admissions committee meets seasonally in the spring to review applications (typically March-May).

Current committee membership includes:

- Donald Warne, MD, MPH - (AIPH) – **Committee Chair**
- Mary Larson, PhD, MPH, LRD, CHES - (HP)
- Rick Jansen, PhD – (MID)
- Mark Strand, PhD – (PHCS)

MPH Curriculum Committee

The MPH Curriculum Committee is charged with curriculum development. This committee consists of representatives from each specialization and one current student. There are no terms of appointment for committee members; there must be a primary faculty member representative from each specialization and a current student. The curriculum committee meets, on average, twice each semester (fall and spring). This committee will call a special meeting if requested by the full faculty based on topic-specific decisions needed.

Current committee membership includes:

- Ardith Brunt, PhD, LRD, RD - (HP) – **Committee Chair**
- Molly Secor-Turner, PhD – (PHCS)
- Paul Carson, MD – (MID)
- Donna Grandbois, RN, PhD – (AIPH)
- Student position: Tansy Wells – (MID)

MPH Accreditation Committee

The Accreditation Committee is charged with gathering the data and composing the self-study document. Membership is composed of subject-matter experts, various specialization faculty members, and a program alum. There are no terms of appointment for committee members at this time. This committee will be re-evaluated upon completion of the initial accreditation process and re-structured to an assessment and evaluation committee. Accreditation committee meetings were held approximately twice each semester over the past two years while working on the accreditation application and self-study.

Current committee membership includes:

- Stefanie Meyer, MS – **Committee Chair**
- Abby Gold, PhD, MPH, RD – (PHCS)
- Donald Miller, PharmD, FASHP – (PHCS)
- Wonwoo Byun, PhD – (HP)
- Andrea Huseth-Zosel, PhD – (AIPH)
- Angela Skaff
- Program Alumnus: Nicki Cain, Jr., MPH

Dean's Liaison Committee

The Dean's Student Liaison Committee shall consist of the Associate Dean of Student Affairs, who shall be chair, and one student representative from each of the following areas: first year, second year, third year, and fourth year of the pharmacy professional program; first year, second year, and third year of the nursing professional program; two allied sciences professional students; one master of public health student; as well as one representative from each of the following student organizations: Academy of Students in Pharmacy, American Society of Health System Pharmacists, College Ambassadors, Kappa Psi, Kappa Epsilon, Rho Chi, Phi Lambda

Sigma, Native American Pharmacy Program, National Community Pharmacists Association, Christian Pharmacists Fellowship International, American Association of Pharmaceutical Scientists, Sigma Theta Tau, the Student Nurses Association, and the Public Health Association. Student representatives from each group will be elected annually by their respective class or student organization. The purpose of the Dean's Student Liaison Committee is to provide students with an opportunity to interact directly with the Dean's Office, to exchange information, to advise the Dean on student organization budget requests, and to problem-solve on matters of interest and concern to students. Meetings for this committee take place on one Friday per month each month school is in session.

- MPH Student: Keith Bennett – (HP)
- Public Health Association Student: Jacob Swaney – (AIPH)

College Student Affairs Committee

The College Student Affairs Committee consists of the Associate Dean for Student Affairs and Faculty Development, who serves as chair, and a minimum of four members, including at least one from each academic department, the Director of Outreach and Community Engagement, and a student member. The responsibilities of this committee are to: 1) Provide oversight of the admissions processes in place within the college; 2) Recommend to the faculty policies and standards for academic advising; 3) Identify recruitment needs for academic programs; 4) Provide oversight of and distribution of information for student background checks; 5) Review student complaints; 6) Serve as a liaison for equity/diversity efforts within the college; 7) Track post-graduate employment; 8) Review and recommend action on professional misconduct issues dealing with termination and suspension; and 9) Provide an inclusive environment for all students (pre-professional, professional, and graduate). The Department of Public Health was formed July 1, 2015, and there is not MPH faculty representation on all College committees yet due to the number of readings of by-laws required to make the appropriate changes. This committee meets when there are petitions for students seeking readmission to the College which is generally once per semester.

- MPH Student: Petra Reyna One Hawk – (AIPH)

Department Travel Committee

The Department Travel Committee is charged with reviewing travel fund request applications for department funding for students, faculty, and staff to present or display public health research or service. Membership is composed of mostly administrative staff who were selected based on knowledge of the budget and operational needs of the department and program. There are no terms of appointment to this committee and meetings are scheduled as needed to review a travel request when a submitted.

Current committee membership includes:

- Angela Skaff
- Stefanie Meyer
- Andrea Huseth-Zosel, PhD (AIPH)
- Abby Gold, PhD, MPH, RD (PHCS)

Scholarship Committee

The Public Health Scholarship committee was created in the summer of 2015 after the Department was developed. The purpose of this committee is to review applications for college-funded public health scholarships. Members of the scholarship committee include the College Senior Director of Development, program leadership, and faculty members. Because this a new committee and has only meet once thus far, the membership and structure may change after the 2016 meeting. A meeting will occur in early summer to review scholarship applications and select recipients.

Current committee membership includes:

- Amy Ruley, Senior Director of Development
- Donald Warne, MD, MPH (AIPH)
- Abby Gold, PhD, MPH, RD (PHCS)
- Andrea Huseth-Zosel, PhD (AIPH)
- Stefanie Meyer

MPH Advisory Committee

The MPH Advisory Committee was created in the spring of 2015 and consists of external constituents across the state of North Dakota who focus on population health. The purpose of the Advisory Committee is to 1) provide information about the state of the North Dakota public health work force, 2) promote NDSU's public health program among various constituencies within the community and throughout the state and region, 3) provide input to NDSU's public health program about the programs' curriculum and policies, 4) update the program on practice issues and standards of practice, and 5) provide feedback to the program regarding the performance of our graduates/ alumni. Potential members are nominated by faculty and invited to participate. Currently five community members serve as committee members. Community members represent various public health core sectors (state and local public health entities), and have demonstrated interest and commitment to education and training. The committee meets four times/year; twice annually in-person, and twice annually through a teleconference.

Current committee membership includes:

- Dr. John Baird, Health Officer, Fargo Cass Public Health
- Dr. Terry Dwelle, State Health Officer, North Dakota Department of Health
- Brad Hawk, Indian Health Systems Administrator, North Dakota Indian Affairs Commission
- Kelly Nagel, Public Health Liaison, North Dakota Department of Health
- Program Alumnus: Erin Ourada, Environmental Health Practitioner, Custer Health

1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure.

General Program Policy Development

On July 1, 2015 the DPH was established within the College of Health Professions. Previously, the MPH program was housed in the Department of Pharmacy Practice and followed Pharmacy Practice policies as well as the college-wide policies. As a new department, the DPH has established its own policy and procedure manual, departmental PTE guidelines (see ***Faculty***

Recruitment, Retention, Promotion and Tenure below for more information), and others such as the MOUs between the DPH and the other departments that house the affiliated faculty.

The DPH policy and procedure manual was created collaboratively by departmental faculty and staff. Approval of the completed manual was voted on by the faculty. MPH program policies are voted on and approved by a majority of the primary faculty (date indicating the approval is contained in the footer of each policy). DPH-specific policies are voted on and approved by DPH faculty members (does not include faculty members housed in other departments).

The MOUs are established agreements negotiated separately between the DPH, the Department of Health, Nutrition and Exercise Sciences, the School of Pharmacy, the School of Nursing, and the Department of Veterinary and Microbiological Sciences. The MOUs are renewed yearly. Contract negotiation occurs between the chairs and heads of the departments with input from the designated MPH faculty.

In general, the administration of the DPH is overseen by the Chair and the Vice Chair and is facilitated by the administrative team (Academic Coordinator and Finance and Research Manager), and the faculty. Policy development occurs collaboratively through standing committees, the administrative team, faculty, and students. The Department Chair and Vice Chair hold final authority in order to assure that all policies support the university, college, and program missions and conform to university/college policy.

Planning and Evaluation

Planning is a broad, interactive, continual process involving the curriculum committee, accreditation committee, advisory committee and appropriate community engagement (e.g. Sanford Health, local public health units). The advisory committee and community stakeholders are engaged in assessing workforce development needs. Significant direction in strategic planning is also received from the Dean of the College of Health Professions, University Provost, and Dean of the Graduate School. The DPH Chair, Vice Chair, administrative staff, and primary faculty provide the majority of the program administrative functions. MPH faculty and staff meet monthly to provide input on the MPH program plans and direction. Ad-hoc sub-committees are formed as needed, such as to make recommendations to a process (e.g. practicum course structure, Master's paper rubric development, advisor evaluations).

Program evaluation is ongoing using data such as: SROI surveys, advisee surveys (will be required for promotion and tenure), student writing assessments, benchmark information provided by the graduate school (enrollment, admissions vs. applications, degrees conferred, tuition waivers/stipends, and student debt), and graduate surveys. Evaluation of various data points allow the DPH to plan for student recruitment and retention activities, curriculum, and teaching assignments.

Budget and Resource Allocation

The DPH Chair, Vice Chair and administrative staff within the department work together to determine the program's budget. Administrative staff include the Finance and Research Manager, Academic Coordinator and the college Budget Manager. The MPH program receives appropriated dollars from the North Dakota legislature as well as tuition funding. The MPH program also has a significant grants and contracts portfolio. The budget includes resource allocation across the department. The department's budgeting process is discussed in Criterion 1.6.

Student Recruitment, Admission and Award of Degrees

General student recruitment, admission, and graduation policies and procedures are set by the Graduate School (<https://bulletin.ndsu.edu/graduate/admission-information/>). The program Director/Chair leads the MPH Admissions Committee in setting any additional admission requirements above the Graduate School admission guidelines. Awarding of degrees is verified by the Graduate School consistent with university policies.

Faculty Recruitment, Retention, Promotion and Tenure

The MPH program is committed to a comprehensive approach to faculty recruitment and uses interdisciplinary search committees. Personal contact is extremely important for effective recruitment. Search committee members and program administration are committed to personally sharing the message of faculty openings and inviting qualified candidates to apply. Advertising is used to recruit applications from underrepresented populations through strategic journals, newspapers, and online postings.

Promotion and tenure procedures are followed by each department to which the MPH faculty belong. The Chair and Vice Chair provide input on faculty performance within the MPH program.

PTE guidelines are consistent with university and college policies, but are specific to the expected academic rigor of the public health disciplines. The PTE guidelines were created by a committee chaired by the Vice Chair of the DPH and consisted of the Chair and four other tenured professors in the College of Health Professions who are MPH program faculty.

The PH PTE Committee shall consist of three full-time, elected tenured faculty in the department. If more than three (3) faculty are eligible, all tenured faculty members in the department shall have membership on the Department PTE Committee. Faculty with administrative appointments in other academic units are not eligible for membership on the Department PTE Committee. Faculty members who are candidates for promotion and/or tenure shall not serve on the Department PTE Committee during the period of time in which their candidacy is under consideration. The Committee will elect a chair from among the tenured faculty in the PH department who will call the meetings, coordinate Departmental evaluation of candidate(s), and ensure the evaluation process and timeline are followed. Whenever possible, the same individual should not serve on both the department and College PTE committees.

If there are not 3 full-time, tenured faculty available to meet the College requirements, external tenured faculty will be solicited in the following manner. The Department Chair and Vice Chair will solicit 3 volunteers from within the tenured PH affiliated faculty and the College of Health Professions. The Department Chair and Vice Chair will advise the faculty and the Dean of the names of the people who volunteer to fill the vacancy(ies) and have them approved by the department.

The department's PTE operating procedures have been written in accordance with the North Dakota State University Promotion, Tenure and Evaluation University Senate Policy, Section 352 (<https://www.ndsu.edu/fileadmin/policy/352.pdf>). According to the

university Senate Policy, "Promotion and granting of tenure are not automatic." The basis for faculty review and recommendations for promotion and/or tenure are the promotion and tenure guidelines of public health provided to the faculty member at the time of their appointment. Individuals are considered for promotion or tenure on the basis of performance in faculty responsibilities. Faculty are evaluated for excellence in research, teaching, and service.

The department's PTE committee provides evaluation and assessment of professors of practice, tenure-track assistant professors, and tenured associate professors to help them succeed in accomplishing promotion and tenure. The committee also evaluates post-tenure documentation on an as needed basis as requested by the Dean, Chair, or Vice Chair. Each faculty member is subject to an annual performance review by the department's Chair or Vice Chair in the areas of teaching, research, and service. A mid-term review by the department PTE, Department Chair/Vice Chair, and college PTE committee, are shared with the college Dean. For assistant professors on tenure-track, university policies mandate the PTE review during the faculty member's sixth year for promotion to associate professor and granting of tenure. It is the responsibility of the committee to make recommendations regarding promotion and tenure based on review and assessment of documented achievements (see Table 1.5.b. for Promotion and Tenure Process). Furthermore, the Department and college PTE committees evaluate the credentials of new faculty who are to be hired and to provide their recommendation to the Department Chair, Vice Chair, and Dean regarding the rank into which the applicant should be hired.

Table 1.5.b. Department of Public Health Promotion and Tenure Process	
Deadline 2015-2016 Academic Year	Action
October 2, 2015	Department Chair and Departmental PTE Committee recommendations are made and candidate is informed in writing.
October 16, 2015	Department Chair and Departmental PTE Committee written recommendations, and candidate responses are added to portfolio and sent to the Dean's Office. Dean's Office makes materials available to college PTE Committee.
December 4, 2015	Dean's recommendations are made and candidates are informed in writing. Candidate has 14 calendar days to respond. College PTE Committee's recommendations are made and candidate is informed in writing. Candidate has 14 calendar days to respond.
December 18, 2015	Dean and college PTE Committee written recommendations, and candidate responses are added to portfolios and sent to the Office of the Provost.
December 28, 2015	Office of the Provost makes promotion and tenure files available for review by the Provost's PTE Advisory Committee (Policy 352.6.10)

Table 1.5.b. Department of Public Health Promotion and Tenure Process	
Deadline 2015-2016 Academic Year	Action
January 19-22, 2016	Provost’s PTE Advisory Committee meets with the Provost.
February 12, 2016	Provost’s recommendations are made and Office of the Provost informs candidates in writing of Provost’s recommendations. Candidate has 14 calendar days to respond.
February 26, 2016	Provost’s written recommendations, candidate responses, and promotion and tenure materials sent to the Office of the President.
April, 2016	President’s decisions on promotion and recommendations for tenure are made and candidates are informed in writing. President’s positive recommendations on tenure are forwarded to the SBHE in time for action at its spring meeting.
Summer 2016	Promotion and tenure decision becomes effective on July 1, 2016 for 12 month faculty and on August 16, 2016 for 9-month faculty.

Academic Standards and Policies, Including Curriculum Development

General academic standards and policies are developed by the Graduate School. Specific MPH academics standards are based on CEPH guidelines with input from the MPH faculty and are described in the student handbook. Curriculum changes are decided upon by the MPH Curriculum Committee and then sent to the Graduate Council through the college Dean and then to Academic Affairs for final approval.

Research and Service Expectations and Policies

Research and service expectations are set by each department with whom the program partners. Faculty housed within the Department of Public Health follow research and service expectations set by the department PTE document and are described in the policy manual (RF C 1.5). More specifically, research expectations include:

- Research and creative activities of high quality, as commonly accepted in the professional fields represented in the department with an average of at least 1 professional peer-reviewed/refereed journal article per year.
- A presentation record with an average of at least 1 professional peer reviewed/refereed presentation per year at either state/regional and/or national/international conferences.
- The tenure-track candidate must submit 3 external grant proposals as principal or co-principal investigator during the probationary period.
- Other forms of creative activity are considered which support the candidate's overall productivity in this area. Examples include but are not limited to a new method/procedure, community campus partnerships that leverage service for

scholarship and lead to white papers or review papers that are widely disseminated and used in the public health profession, books, book chapters, and other publications that require a peer-review process.

Service consists of three parts: to the profession; to the department, college and university; and to the community. Professional, university, and community service may include contributions to:

- Leadership positions in professional or university organizations and committees
- Significant participation in professional organizations or university committees
- Demonstrated quality in advising student organizations
- Active participation in distance and continuing education programs of the college
- Consulting in a professional capacity, including reviewing for journals and reviewing grant proposals.
- Election to Fellow status in professional societies
- Appointments to regional, national and/or international advisory boards/committees.
- Invited editorials or presentations, particularly at the national and international levels.
- Community-based organization board or advisory committee membership.
- Consulting about policy development, providing testimony to local, state, and federal governing bodies, providing comment to regulatory agencies, and impacting public health policy.

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

The key document for North Dakota State University for determining the rights and obligations of individuals is described in the NDSU's Faculty Senate's Constitution (RF C 1.5). The administration and faculty of NDSU share responsibility for governance and effective management of the academic affairs of the university. In addition, shared governance mandates involving stakeholders in all aspects of the university mission. As such, faculty, staff, and students exercise this responsibility in their respective domains. To this end, the faculty accepts the responsibility of crafting, reviewing, and approving policies concerning the Academic and Extension missions of NDSU. The latest version of this document can be accessed at the following website address: <http://www.ndsu.edu/facultysenate/constitution>.

The NDSU Policy Manual, Section 3 Non-Banded Staff Employment (Faculty and Other) delineates faculty responsibilities for teaching, research and other activities. Procedures and regulations, along with privileges and responsibilities, are presented for reference. The latest version of this document can be accessed at the following website address: https://www.ndsu.edu/policy/section_3_non_banded_staff_employment_faculty_and_other. The policies stated in this manual are reviewed and revised as needed by the Office of the Provost, Office of the President, North Dakota Board of Higher Education, and the Faculty Senate.

The College of Health Professions Policy Manual

(https://www.ndsu.edu/fileadmin/healthprofessions/documents/College_Policy_Manual_4.29.15.pdf), the Department of Public Health’s Policy and Procedure Manual and the MPH Student Handbook

(https://workspaces.ndsu.edu/fileadmin/publichealth/files/NDSU_MPH_Handbook_2015-16.pdf) provide additional rights and obligations of administrators, faculty and students. Public health students must live up to the high ideals of the profession. Any student who fails to meet or exceed the University standards may be placed on University probation or suspension (see RF C 1.5 for the Student Handbook and DPH Policy and Procedure Manual)

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

Program faculty are engaged in university, college, and MPH program committees on a regular basis. The program has strong support across campus that can be seen in the below table by the many different faculty members that serve on public health-related committees and activities. As a new program, faculty members have carried the extra work required to develop curriculum, competencies, admissions processes, and to hire new faculty.

Table 1.5.1. Faculty Who Hold Membership on University Committees (2013-2016)	
Faculty Name (Specialization)	University Committee Service
Abby Gold (PHCS)	Search Committee Chair, HNES Extension Department Admin Assistant, 2012 Member, MPH Health Promotion curriculum committee, 2012 – 2015 Program Planning Member, NDSU Extension Service Fall Conference, 2013 Panel Respondent, Ties That Bind: Methods of Social Research, 2013 Award Selection Committee, AGSCO and Johnsrud Excellence in Extension, 2013 Search Committee Member, MPH American Indian Public Health professor, 2013 Chair, NDSU Extension FCS Program Planning, 2013 – 2015 Member, MPH Scholarship Committee, 2015 – Present Member, MPH Travel Scholarship Committee, 2015 – Present Member, MPH Program Advisory Committee, 2015 – Present Member, MPH Accreditation Committee, 2015 – Present

Table 1.5.1. Faculty Who Hold Membership on University Committees (2013-2016)

Faculty Name (Specialization)	University Committee Service
Mark Strand (PHCS)	<p>Member, Planning, Priorities and Resources Committee; College of Health Professions, 2012 - present</p> <p>Member, Faculty Development Committee; College of Health Professions, 2013 - present.</p> <p>Member, Pharmacy Practice Department, Department Chair evaluation committee, 2013-14.</p> <p>Member of the Pharmacy Practice/MPH faculty search committee for the Management of Infectious Disease epidemiology faculty search, 2014</p> <p>Member, Department of Public Health admissions committee member, 2014 - present</p> <p>Member, Pharmacy Practice faculty search committee for the oncology faculty position, 2014</p> <p>Executive Committee Member, and Senator, University Faculty Senate, 2015 - present</p> <p>Member, School of Pharmacy PTE committee, 2015-present</p> <p>Member, College of Health Professions, College Dean (Dean Peterson) evaluation committee, 2015-16</p> <p>Member, College of Health Professions, College Senior Associate Dean (Naughton) evaluation committee, 2015</p> <p>Member, College of Health Professions Awards Committee, 2016- present</p>
Molly Secor-Turner (PHCS)	<p>Member, Provost Search Committee, 2012-2013</p> <p>Member, Nursing Faculty Search Committee, Spring 2014</p> <p>Member, MPH Associate Director Search Committee, Fall 2014</p> <p>Member, NDSU IRB, 2010-present</p> <p>Alternate member and member of special interest group on adolescent policies, NDSU School of Nursing, 2010-present</p> <p>Graduate Council Member, Assessment and Evaluation Committee (co-chair 2011-2013)</p>
<i>Don Miller (PHCS)</i>	<p>Member, MPH Admissions Committee, 2012-2014</p> <p>Member, MPH Curriculum Committee, 2012-2014</p> <p>Member, MPH Accreditation Self-Study Committee, 2014-present</p> <p>Member, NDSU Improving the Quality of Academic Operations Committee, 2014-15</p> <p>Member, STEM Building Planning Committee, 2013-14</p> <p>Member, NDSU Ad hoc Committee to Review Policy 332 on Teaching Evaluation, 2012-13</p> <p>Member, NDSU Learning Spaces Advisory Committee, 2015</p>

Table 1.5.1. Faculty Who Hold Membership on University Committees (2013-2016)

Faculty Name (Specialization)	University Committee Service
<i>David Scott (PHCS)</i>	Member, NDSU AHEC Advisory Board, 2011-present Member, University Provost Promotion and Tenure (PTE) Advisory Committee , 2014-present Chair, College of Pharmacy PTE Committee, 2009-present Member, College of Pharmacy ABO Task Force Revision Committee , 2014-present Member, College of Health Professions, Dean’s Performance Review Committee, 2015-16 Member, College of Pharmacy ExamSoft Committee, 2014-16 Member, MPH PTE Guidelines Committee, 2015- present
<i>Megan Orr (PHCS)</i>	Committee Member, Administrative review of Chair of Department of Statistics, College of Science and Mathematics, spring 2014 Organizer/ keynote speaker, annual Red River Valley Statistical Conference, 2013-present Chair, Departmental PTE committee for Gang Shen, 2015 Chair, Departmental PTE committee for Seung Won Hyun, 2015
Ardith Brunt (HP)	Chair, MPH Curriculum Committee, 2012-present Member, MPH HP Admissions Committee, 2013-present Member, MPH-Health Promotion Specialization, 2013-present Member, HNES Graduate Faculty Committee, 2013-present Director, HNES Didactic Program in Dietetics 2008-present Member, HNES Coordinators Committee, 2013-present Member, HNES Promotion, Tenure and Evaluation Committee, 2008-present Member, HNES Dietetics Workgroup, 2003-present Chair, HD&E Curriculum Committee, 2008-present Member, Great Plains Interactive Distance Education Alliance (GPIDEA) Dietetics MS program 2008-present Chair, GPIDEA Dietetics MS program 2013-2014 Chair, GPIDEA Assessment Committee, 2014-present Member, Search Committee for HD&E Interim Dean, 2015
Wonwoo Byun (HP)	Member, MPH Program Accreditation Committee, 2013-present Member, HNES Exercise Science Workgroup, 2013-present Member, MPH-Health Promotion Workgroup, 2013-present Member, HNES Graduate Faculty Committee, 2013-present Member, MPH Faculty Search Committee for Asst. Prof of Epidemiology, Spring 2015

Table 1.5.1. Faculty Who Hold Membership on University Committees (2013-2016)

Faculty Name (Specialization)	University Committee Service
Mary Larson (HP)	Member, MPH Admissions Committee, 2013-present Coordinator, MPH-Health Promotion Specialization, 2013-present Member, HNES Graduate Faculty Committee, 2013-present Member, HNES Coordinators Committee, 2013-present Member, Search Committee for Wellness Educator position, Spring 2014 Member, Search Committee for MPH Associate Director position, Spring 2014 Faculty Representative, Healthy Herd Initiative, 2013-2014 Member, HNES Dietetics Workgroup, 2015-present Member, Search Committee for Health and Wellness Extension Specialist, Spring 2015-present
Donna Grandbois (AIPH)	Member, School of Nursing Promotion & Tenure Committee, 2014-present Member, MPH Curriculum Committee, 2014-present College Representative: FORWARD, 2012-Present Member, Assessment Committee, School of Nursing, College of Health Professions, 2012-2013 Member, Graduate Advisory Council, School of Nursing, 2008-2013 Ex Officio Member: Indigenous Tribal Studies (ITS) Search Committee for the Director position, 2014 Member, Operational Director, AIPHRC, Dept. of Public Health, 2014 Member, Project Manager Search Committee: MFTP, 2014 Member, Grant Assistant Position Search Committee: DPH Program, 2014 Member, Research Assistant Search Committee: DPH Program, 2014 Member, Research Position Search Committee: DPH, 2014
Andrea Huseth-Zosel (AIPH)	Member, MPH Program Accreditation Committee, 2013-present Member, American Indian Public Health Resource Center (AIPHRC) Grant Specialist Search Committee, February-May 2014 Chair, AIPHRC Public Health Education Program Manager Search Committee, March-June 2014 Chair, AIPHRC Public Health Policy Program Manager Search Committee, March-June 2014 Chair, AIPHRC Public Health Research Program Manager Search Committee, March-June 2014 Chair, AIPHRC Public Health Services Program Manager Search Committee, March-June 2014 Member, Nursing Faculty Search Committee, Spring 2015 Member, Online Services Licensing Review Taskforce, 2015-present Member, MPH Scholarship Committee, 2015-present

Table 1.5.1. Faculty Who Hold Membership on University Committees (2013-2016)

Faculty Name (Specialization)	University Committee Service
Donald Warne (AIPH)	Chair, MPH Admissions Committee, 2012-present Member, Native American Professions Programs (NAPP), 2012-present Advisor/Mentor, Student Public Health Association, 2012-present Mentor, Pre-Med Club. 2012-present Mentor, Indigenous Tribal Studies Workgroup, 2013-present Member, Anti-Racism Team at NDSU, 2013-present Member, Search Committee for Director of Tribal and Indigenous Peoples Studies, 2014 Member, MPH Curriculum Committee, 2011-2014 Member, Inclusivity Committee, College of Health Professions, 2013-present Member, Graduate Leaders Council, 2013-present Co-Chair, Research and Discovery Task Force, 2015 Member, Research Council, 2015-present Member, Administrative Council, College of Health Professions, 2015-present Member, MPH Scholarship Committee, 2015-present
Paul Carson (MID)	Member, MPH Admissions Committee, 2014 Member, MPH Curriculum Committee, 2014-present Chair, MPH Faculty Search Committee for Asst. Prof of Epidemiology, Spring 2015 Member, Faculty Search Committee for Dept. of Pharmacy Practice –Asst. Prof of Pediatric Pharmacology, Spring 2015
Neil Dyer (MID)	Chairman, NDSU-IACUC, 2013-present Member, Library Dean search committee, 2014 Member, Animal Science PTE committee, 2013-2014 Member, MPH Admissions Committee, 2015-present
Rick Jansen (MID)	Member, MPH Admissions Committee, 2016-present Chair, Ad-Hoc Student Writing Assessment Committee, 2015-present Member, MPH Student Evaluation forms for Advisor Development Committee
<i>Jane Schuh</i> (MID)	Member, Veterinary and Microbiological Sciences Curriculum Committee, 2005-present Assistant Dean for Academic Programs, College of Agriculture, Food Systems, and Natural Resources, 2012-2015 Chair, MPH Epidemiology Faculty Search Committee, 2013 Chair, Department of Veterinary and Microbiological Sciences Faculty Search Committee, 2013 Member, Center for Biomedical Research Excellence Symposium Committee, 2013-2014 Co-Chair, NDSU Strategic Planning Committee, 2014-present Chair, NDSU Athletic Director Search Committee, 2014 Chair MBA Director Search Committee, 2014 Interim Dean, College of Business, 2014-present Director for Cell and Molecular Biology Graduate Program, 2014-present Associate Director for Ag Experiment Station, 2014-present

Faculty Name (Specialization)	University Committee Service
<i>Birgit Pruess (MID)</i>	Chair, Departmental Preliminary Exam Committee, 2013 Department PTE Committee, 2013 Member, Vice President for Information Technology Search committee, 2014 Faculty Senate President, 2014-2015

Notes: Primary Faculty are identified by **Bold text**, Secondary Faculty are identified by *Italic text* and specialization is listed in parentheses.

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

MPH students lead the PHA student organization on campus and hold student positions on program and college committees. There is a student position on the MPH Curriculum Committee, Dean’s Liaison Committee, and college Student Affairs Committee, (See section 1.5.a. for list of committees, membership, and charge). Students also serve on faculty search committees and provide input of teaching through SROI’s and have the opportunity to participate on many other NDSU recognized student organizations such as the graduate student council.

Committee opportunities are shared with MPH students at new student orientation and through the MPH student listserv. Occasionally, MPH faculty will recommend a student for committee service and then the Academic Coordinator will reach out to that specific student. Opportunities are available for on-campus and distance students through the use of IVN technology. The PHA is the main group in which distance students connect. IVN connection is always available and highly encouraged and PHA has active distance members.

Activities in which the PHA has had an opportunity to participate include, but are not limited to, leading National Public Health week activities and supporting the American Heart Association by fundraising for the annual Heart Walk. See RF C 1.5 for PHA meeting minutes.

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

Criterion is met.

Strengths: The university structure provides the necessary processes including students, faculty, and administrators in decision-making for the program. NDSU Central Administration is very supportive of the Public Health Department. As a department, the MPH program has its own PTE policies and procedures, and the Program Director has a higher standing in the university governance structure.

Challenges: Being a new program comes with the challenges of starting something from scratch; new faculty and staff hires, creation of curriculum, etc. The college has also gone through a name change and the program has recently moved to a new department structure. The program has also been through two office location changes on campus.

Plan: Continue to grow, develop, and evaluate effectiveness as a university department.

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

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities.

The three largest sources of funding for the program are appropriated funds from the North Dakota legislature, tuition collected by the program, and an extensive grants and contracts portfolio. Other sources of funding include indirect costs from the grant portfolio and gift funds. The program uses these resources to pay for primary faculty salaries, program administration, staff salaries, fringe benefits, operating expenses, and tuition waivers for graduate students. Primary faculty are encouraged to acquire grants to support their positions as well as to contribute to ongoing scholarly research and service.

- **State Appropriation:** The appropriation of dollars from the university budget is decided by the State Board of Higher Education. State appropriations are used to pay for MPH faculty and staff salaries and fringe benefits. Starting in FY16, North Dakota moved to a Performance-based Funding Model which ties state dollars to output-based measures such as credit hours earned, degree completion, and/or the graduation of low-income or minority students. Nearly all of North Dakota's base funding for higher education will now be linked to students finishing courses with passing grades. The expected outcome is to encourage the state's postsecondary schools to graduate more students in a timely manner and should strengthen North Dakota's workforce and reduce college costs. This change in funding formulation has resulted in a substantial appropriations increase to NDSU.
- **Tuition:** Differential tuition is retained by the MPH program and is approximately 55% of the total tuition charged. Tuition funds serve as the source for all programmatic operating and administration costs. These dollars also contribute toward salaries and fringe benefits of MPH faculty and staff as needed after appropriated dollars are applied.
- **Grants/Contracts:** MPH faculty and staff are continuously applying for and receiving competitive grant and contract funds to support scholarly research and service.
 - a. Grant funds off-set faculty and staff salaries and allows the program to fund travel and conference opportunities for student involvement in the field of public health.
 - b. Grants have also supported numerous graduate assistantships with applied public health research and service opportunities for students.
 - c. Dr. Carson, a full time NDSU faculty member, is contracted to work for Sanford Health Systems (SHS) as the Medical Director of Infection Prevention and to provide patient care. SHS is currently in the tri-state areas of North Dakota, South Dakota and Minnesota with 43 medical centers, 2 academic health centers and major teaching hospitals, 178 clinic locations, 45 senior living facilities. Those facilities provide the Sanford Health Plan to 175,000 members, employs 1,433 physicians, 5,900 registered nurses all delivering care in 80 specialty areas in addition to its 27,000 employees. This contract runs through the NDSU Grant and Contract Accounting department and off-sets 50% of Dr. Carson's salary. In return Dr. Carson's role at Sanford has created multiple opportunities for student practicums, paid internships, and research

opportunities in the Management of Infectious Diseases arena. The relationship with Sanford crosses over within the MID curriculum in the topic areas around infection prevention. Financial breakdown is detailed in Table 1.6.1.

- **Indirect Funds:** The MPH grant portfolio generates indirect cost recovery for the previous year's grant expenditures.
 - a. Indirect costs for each Sponsored Activity are calculated against the Modified Total Direct Costs; which consist of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified Total Direct Costs exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.
https://www.ndsu.edu/research/sponsored_programs_admin/institutional_information/
 - b. Indirect funds are used to help cover operating and administration costs associated with grants, travel opportunities for faculty, staff and students, as well as off-setting salaries.
 - c. Indirect cost recovery of the grants and contracts allocation breakdown can be referenced in section 1.3c.
- **Gifted funds:** Mary J. Berg Distinguished Professorship in Women's Health. The MPH Program Director is currently awarded this Professorship. This award is used annually to offset his annual salary with women's health-related instruction, research and service in public health, as well as associated events and services.

Funding for instruction is covered by appropriated and tuition dollars. The program's research activities are funded by grants and contracts obtained by faculty and staff. These activities help to support additional students and staff to carry out research projects. Services activities for the program are supported by a combination of funding streams, including tuition, indirect funds and grants/contracts. Service activities help the program recruit students, display MPH faculty members' expertise, and achieve grant outcomes. The indirect funds are also used to support faculty, staff, and student travel to public health conferences and service events.

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer.

The MPH program is supported through three primary mechanisms: (1) state appropriated dollars which are used to cover costs of salaries and benefits for faculty and staff; (2) differential tuition which covers facility and administration costs, salaries of faculty and staff, and the program operating budget; and (3) grants/contracts and indirect funds to provide support for faculty and staff, facility and administration costs, and student travel opportunities. These three sources are coordinated through Central Administration and the Budget Manager of the College of Health Professions, and are managed in day-to-day operations by the Finance and Research Manager of the program.

Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2012 to 2016¹					
	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016⁵
Source of Funds					
Tuition & Fees		157,000	382,729	302,123	399,143 ⁶
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 ⁷					18,909
Indirect Cost Recovery			8,112	21,867	66,655
Sanford Health Contract ⁴			68,581	127,112	137,368
Gifts (Mary J. Berg) ^{2, 2a}	2,491	39,189	34,927	31,140	19,036
Carry Over-Tuition/State Fund		67,663	88,898	171,907	124,722
Total	306,295	771,793	3,765,418	2,277,537	2,193,247
Expenditures					
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 ³	57,272	123,425	250,276	207,862	170,233
Sanford Health Contract ⁴			68,581	127,112	137,368
Gifts (Mary J. Berg) ^{2, 2a}	2,491	39,189	34,927	31,140	19,036
Grants/ Contracts		143,030	343,295	1,286,944	916,956
Total	295,904	754,119	1,421,011	2,398,355	1,820,718

¹Fiscal year runs from July 1 to June 30.

²Dr. Warne is the Mary J. Berg Distinguished Professor of Women's Health. For this award, he receives an annual gift which off-sets his salary and fringe benefits. The salary and fringe totals are as follows: FY12, \$2,491, FY13, \$36,335, FY 14, \$33,727, FY15, \$31,140, FY16, \$19,036. ^{2a} Speaker gift with salary awarded for events FY13, \$2,854, and FY14, \$1,200.

³ Fringe Benefits were covered by Central Administration from FY12 - FY14.

⁴ Sanford Health Contract is the contract as referenced in 1.6.a Grants and Contracts (c), which is 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 Deans office of the College of Health Professions.

⁵ FY16 is reflective up to February 29, 2016

⁶ Tuition from Central Administration through Fall 2015.

⁷ 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.

- **Tuition & Fees:** The tuition and fees line item is a projection for the year as the academic and fiscal year are not congruent. It is adjusted after the fall semester and reviewed periodically. At the end of the fiscal year, Central Administration adjusts for the actual tuition revenue and puts the difference into the following fiscal year.

- o For the completed fiscal years of MPH tuition the revenue adjustments are as follows: FY13 = \$7,906 into FY14; FY14 = \$709 into FY15; and FY15 = \$16,386 into FY16. This information is summarized in Table 1.6.1.
 - o The program charges differential tuition in addition to the Graduate School base tuition rate on a per credit basis. In FY15, base tuition was no longer collected by the MPH but retained by Central Administration. This is why there is a drop in FY15 tuition collected as shown in Table 1.6.1, but this does not reflect a drop in student enrollment (see Table 2.7.2).
 - o The program is able to carry forward differential tuition dollars that are in excess from the previous fiscal year. Differential tuition carry forward dollars are used to establish future plans of growth for the success of the program and students.
- **State Appropriation & University Funds:** In FY14, the Provost allocated \$100,000 annually for MPH faculty support. In FY15, the university allocated permanent funds for the Vice Chair position of \$113,000 annually. The university allocated additional funds to the appropriation budget in FY15 to help support faculty and staff salaries. Currently, the state appropriation and university funds are comprised of approximately 34% NDSU base tuition and 66% state appropriation. Central Administration has made every effort to ensure that the needed dollars are allocated to support sustainability of the program. This support has taken a multi-pronged approach including developing proposals for additional faculty hires, stabilizing staff funding, and covering facility costs for the Research and Technology Park office space. Upon approval, the funds are included with the state appropriation dollars and become part of the recurring funds each year in the appropriation allocation. At the end of each fiscal year, any dollars not used are retained by NDSU.
 - **Grants/Contracts:** Grant and contract revenue is reflective of the amount of grant dollars received by award date within the fiscal year, and not of the start/end date of the individual project. The revenues account for the total amounts that are to be used over the life of the grant or contract, which is usually beyond the FY in which it is received. Grant and contract expenses are costs incurred within the fiscal year and may account for revenue dollars from grant and contract revenue obtained in a previous fiscal year. Grants and contracts expenses include: faculty & staff salary off-sets with associated fringe benefits, grant-funded staff salaries and fringe benefits, graduate assistantships and fringe benefits, tuition waivers, equipment, travel, operational supplies, and facilities and administration costs as allocated in the grant/contract budget award. Unexpended indirect cost recovery dollars can be carried forward into the next fiscal year. These dollars are used to cover facility and administration costs for grants and contracts as well as to provide support for professional development for faculty, staff and students. Professional development funds are accessed through an application process that is reviewed by the Travel Committee and Department Chair/Vice Chair to determine eligibility and funding. (See RF C 1.6 for request forms)

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

NA

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

Table 1.6.d. Outcome Measures for Fiscal Resources from 2013-2016				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
MPH program expenditures will be less than or equal to source funds. ¹	>85% - ≤ 100%	84%	85%	60% ²
Provide significant grant funds to support student travel	\$5,000 awarded	\$4,222.41	\$3,799.47	\$0
Provide student travel awards to support student professional development	5	3	5	0
Provide Graduate Assistantships with full tuition waiver	5	0	4	5

¹Expenditures used in this calculation are taken from the Table 1.6.1; Faculty, Staff and Graduate Assistant Salaries, Operations, Travel and Fringe Benefits lines. The funds for revenue are taken from the Tuition & Fees, State Appropriations & University, Grant Tuition Remission, Indirect cost recovery, and Carry Over.

²Data through February 29, 2016. As the program continues to develop a sustainable financial plan NDSU MPH has had a significant carry forward in efforts to build future sustainable funds to become a self-sustaining and funded program to fund salaries and operations along with the grants and contracts brought in.

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

Criterion is met.

Strengths: The NDSU MPH program has three significant funding streams: state appropriations, tuition, and grants/contracts. Funding from each stream has grown annually and the program has a solid fiscal foundation. Each year the program has steadily increased its revenues and expenses while maintaining balanced spending to allow for further growth. The program has been given autonomy to make financial decisions to ensure a stable foundation and sustainable financial path. The program has established an extensive grants and contracts portfolio that has provided many opportunities to students in the form of travel awards and assistantships.

Challenges: The current financial investment in public health nationally and in the State of North Dakota is a challenge. More resources are necessary to fully meet public health needs, and grants and contracts for research and programming are quite competitive.

Plan: With the creation of the Finance and Research Manager position, the program plans to take a more strategic and detailed approach to creating, projecting, and managing budgets across all funding streams. The program plans to continue to build a fiscal structure that promotes program sustainability and growth. The program plans to form and strengthen relationships with additional NDSU colleges, other Universities, Tribal colleges, Foundations, and other community stakeholders to secure additional funding for instruction, research, and service.

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

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

Table 1.7.1 Headcount of Primary Faculty			
	2013-2014	2014-2015	2015-2016
Specialty: American Indian Public Health	3	3	3
Specialty: Health Promotion	2	3	3
Specialty: Management of Infectious Diseases	3	2	3
Specialty: Public Health in Clinical Systems	3	2	3

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

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
American Indian Public Health										
2013-2014	3	2.5	1	0.2	4	2.7	4	4	1.6	1.48
2014-2015	3	2.5	1	0.2	4	2.7	8	8	3.2	2.96
2015-2016	3	2.5	0	0	3	2.5	13	9.98	3.99	3.99
Health Promotion										
2013-2014	2	1.0	1	0.2	3	1.2	10	8.32	8.32	6.9
2014-2015	3	1.5	1	0.2	4	1.7	10	8.99	6	5.3
2015-2016	3	1.5	0	0	3	1.5	11	8.65	5.77	5.77
Management of Infectious Diseases										
2013-2014	3	1.5	2	0.1	5	1.6	12	10.66	7.1	6.7
2014-2015	2	1.5	2	0.1	4	1.6	13	10.64	7.1	6.65
2015-2016	3	2.5	2	0.1	5	2.6	17	14.32	5.7	5.5

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Public Health in Clinical Systems										
2013-2014	3	1.5	2	0.4	5	1.9	6	4.32	2.88	2.27
2014-2015	2	1.0	3	0.55	5	1.55	12	7.98	7.98	5.15
2015-2016	3	2	4	0.6	7	2.6	15	9.96	4.98	3.8

Key:

HC = Head Count

Primary = Full-time faculty who support the program through teaching, research, and service

FTE = Full-time-equivalent

Other = Secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio

Note: Method for calculating faculty FTE:

- 1 PH class = 10% time
- PH Service = 10%
- PH Research project/grant = 10%
- Faculty that conduct teaching, research, and service in public health with academic home outside the DPH = 0.5
- Faculty that have their appointment in the DPH and conduct teaching, research, and service in public health = 1.0

Method of calculating student FTE: 1 FTE = 1 student taking 9 or more semester credits/year;
3 credits = 0.33; 6 credits = 0.66

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

Table 1.7.3 Headcount (HC) of and FTE of Administration and Staff who Support the Program			
Staff	2013-2014 HC/FTE	2014-2015 HC/FTE	2015-2016 HC/FTE
Program Assistant (Finance and Research Mgr '15)	1/0.25	1/1	1/1
Academic Coordinator	1/1	1/1	1/1
Grant Assistant (Administrative Secretary '15)	0	1/0.5	1/1
Research Associate	1/1	1/1	0

The program started with two support staff in 2012. In 2013, a part-time assistant was hired to help with the budget. During the 2013-2014 year, the Program Director wrote a substantial grant to the Helmsley Charitable Trust which allowed for an additional staff position to be added, a grant assistant, and the program assistant to move to full-time. At the start of 2015, the Research Associate was hired as a faculty member within the program and that position was not replaced. Also, the grant assistant transferred to another department within NDSU which allowed the program to re-structure positions to create a Finance and Research Manager and Administrative Secretary. The Finance and Research Manager is Angela Skaff who was the Program Assistant and the secretary was a new hire.

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

The MPH Memorandum of Understanding between the departments and their faculty outlines the needs of the faculty and students within each department. The current space available to the MPH Program includes:

- Offices for shared faculty in each of their home departments;
- Offices for Program Director, Associate Director, faculty and staff on the second floor of the Research 2 building;
- One conference room equipped with Interactive Video Network (IVN) hardware and software on the second floor of the Research 2 building;
- One large office on the second floor of the Research 2 building for graduate assistants to use during work hours;
- Use of campus-wide classrooms and meeting resources, as determined by departments and colleges;
- Use of Memorial Union meeting rooms free of charge;
- The Main Library includes shared graduate study spaces and the Graduate Learning Center for group use.
- New STEM building will add much needed classroom space to the campus as student enrollment has outgrown the available space; opened January 2016.

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

For MPH faculty and their MPH student advisees or graduate assistants, the faculty's departmental home is responsible for providing laboratory space. Outside the Management of Infectious Diseases track, the MPH program has minimal laboratory space needs. One MID track MPH faculty member has microbiology lab space housed in the Veterinary and Microbiological Sciences Department, and the lab is roughly 1,000 square feet with an adjoining office of about 200 square feet. Labs have plentiful countertop space and above the counter storage cabinets. The labs are equipped with standard equipment such as vortexes, incubators, centrifuges, pipettes as well as specialized equipment such as thermocyclers depending on the type of research being done. One HP faculty member has access to the Human Performance Laboratory (HPL) in the Department of Health, Nutrition, and Exercise Sciences. The HPL is approximately 4,100 square feet and is equipped to meet multidisciplinary teaching and research requirements focusing on health, exercise, and human performance. Equipment supporting collaborative Teaching and Research Programs include: five treadmills, six Monark bicycle-ergometers, a Monark Peak ergometer, a Biodex dynamometer, three 12-Lead PC based EKG's, two Medical Graphics Metabolic carts, an Oxycon Mobile portable metabolic cart, and various physical activity monitors. The lab is also equipped with plate-loaded machines, Olympic free weights (over 2,500 lbs.), a power squat rack and an Olympic platform. Force platforms and Dartfish software are also available.

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

Information Technology Division (ITD)

A brief description of selected ITD services are listed below. For a more detailed description of technology services available to faculty and staff, refer to the latest ITD annual report at:

<http://www.ndsu.edu/fileadmin/vpit.ndsu.edu/AnnualReport/2013-14-ITDivisionAnnualReport.pdf>

Classroom, Computer, and Computer Lab Summary

903 supported computers on campus

38 public computer labs on campus, located in 21 buildings

511 Windows computers in the computer labs

72 Mac computers in the computer labs

53 pieces of software installed in the computer labs per instructor request

Classroom/Pedagogical Technology and Video Conferencing

All general purpose classrooms are outfitted with standard instructional technology. Through the annual technology refresh process, ITD continues to upgrade classroom control systems to the *Crestron touchscreen panel* and to convert the systems from analog to high definition.

NDSU offers approximately 36 *Interactive Video Network (IVN)* courses. The number of IVN classrooms to facilitate IVN courses continues to grow. All MPH courses are taught in a face-to-face format, while simultaneously using IVN to connect with distance education students.

NDSU uses *Blackboard* for an online learning tool. Through Blackboard, students can check their grades, retrieve course documents, turn in assignments, take quizzes and tests (with a lockdown browser option), communicate with their instructors and other students, participate in discussion, and post to blogs, journals and Wikis. Blackboard contains the Tegrity software, which allows for recording of lectures for students to view. Finally, mobile device users can access Blackboard Mobile.

Wireless Technology

In an effort to meet the growing demand for mobility and connectivity, Network Engineering recently completed a major overhaul of the university's wireless network. The team upgraded equipment from the network core to its edge. More than 450 new wireless access points were installed on the campus to replace outdated equipment. Each access point accommodates up to 100 devices. The new access points use cutting-edge technology to minimize radio frequency interference, which occurs when unwanted radio waves disrupt access to the network. The new equipment also provides expanded coverage, meaning users can be farther away from an access point and still connect.

Wired Technology

Network Engineering continues to make significant improvements to the wired network. The goal is to ensure each key academic and administrative building has 10 gigabytes per second uplink to the network core. Work is being done to evaluate and upgrade each client access jack and workstation to one gigabyte per second. The wired network is still the preferred method when transferring large files or working on computational intense systems due to its ability to deliver greater bandwidth.

Email and File Sharing

In July 2013, NDSU email for faculty and staff was upgraded to the latest version of Microsoft Office 365. Faculty and staff gained access to Microsoft Office Web Apps and OneDrive for Business. Office Web Apps are online companions to Word, Excel, OneNote and PowerPoint that can be used to open documents on mobile devices and on computers without Microsoft Office software. OneDrive for Business provides significant, secure storage space for storing, organizing, and sharing documents, photos and other files. Microsoft Office 365 also includes email, calendar, Lync for instant messaging and online meetings, and SharePoint Team Sites for collaboration and document sharing. These tools enable faculty, researchers and staff to collaborate on-the-go with colleagues at NDSU and elsewhere. In December, NDSU announced the addition of Google Drive through Google Apps at NDSU. Google Drive provides 30 gigabytes of space.

Research Tools

Qualtrics is an online, quality data collection and analysis software that is approved by the North Dakota University System and NDSU's General Counsel. The addition of Qualtrics software at the Group Decision Center enables NDSU faculty, staff and students to use the tool at no cost.

The Group Decision Center (GDC) is a network of 40 laptop computers equipped with software that offers a way to create or improve team collaboration. The software is also used to conduct more complex electronic meetings, online surveys and virtual meetings in an anonymous environment. The GDC staff can also help create web-based, Qualtrics surveys for research, employee feedback or program evaluation.

Statistical Consulting the Information Technology Division and the Statistics Department jointly support Statistical Consulting Services at NDSU. These services are available to all faculty, staff and students at North Dakota University System institutions, typically at no charge.

Help, Support and Training

The IT Help Desk is the first point of contact for all campus IT services and support. The Help Desk provides support for all NDSU faculty, staff and students through online support documentation, a Web-based ticketing system, email, telephone and chat. Other services include large-format printing for posters or presentation materials, Optical Mark Reader scoring for exams and checkout of equipment such as digital still and video cameras, laptops and podcast recording units.

Desktop Support offers next-level support to departments across campus, assisting staff and faculty with technical issues. Services are offered on campus and to remote locations in downtown Fargo and in Bismarck. The five-member team manages more than 1,700 computers. Instructional Services and the Technology Learning and Media Center provide support, technology training and media services for NDSU students, faculty and staff. The ITD is on its 8th year of the “Dive-In” workshop for faculty. Every year, Instructional Services offer almost 200 hours of training, through faculty and staff workshops and classroom instruction to students when invited by faculty.

The Technology Learning and Media Center, or TLMC, provides a variety of technology learning and media services for the campus community, including multimedia services, classroom project support, plotting services, coursework assistance, and technology workshops. Multimedia services include video and audio recording studios, special software and equipment, and consulting services. Many students used the TLMC lab and media studio to work on group and individual multimedia projects, and the TLMC provided drop-off services for media conversion projects.

The College of Health Professions employs a full-time IT staff member and a full-time instructional designer available to the MPH program. Technology resources needed for office spaces are managed through the College IT staff. The Instructional Designer is available to help faculty and staff with developing course assessments, creating surveys, and designing effective program evaluation tools.

Campus Connection

Campus Connection provides students, faculty, and staff with access to student data including admissions, academics, and financial information. Students also register for classes through this system.

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

The NDSU Library supports the learning and research needs of the students and faculty of NDSU. It also serves the community and access to other libraries on campus and across the state. The Health Sciences Librarian is the designated contact for MPH students and faculty to find the

appropriate reference materials and their location. The Health Sciences Librarian provides research consultation and database search assistance. NDSU has, is readily available through email or chat reference (<https://library.ndsu.edu/>), and takes collection development recommendations from faculty and students. Other library resources include interlibrary loan, course reserves, online tutorials, and subject-specific research guides.

The NDSU Library contains over 375,000 individual physical titles, approximately 1000 public health specific titles, and many other general and related health books. The Library has a growing eBook collection that includes many public health-related titles. Additionally, NDSU Libraries have access to more than 5500 online journals, at least 100 directly related to public health and many more to the health sciences disciplines. Online databases are accessible on- and off-campus and include Science Direct, Academic Search Premier, Web of Science, Health and Safety Science Abstracts, PubMed/MEDLINE, PsycARTICLES, and PsycINFO. A complete list of databases available to NDSU students and faculty can be found at:

<https://library.ndsu.edu/research/databases>

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

Graduate Center for Writers

The Graduate Center for Writers provides free writing assistance to students, faculty, and staff. Services include strategies for writing proficiently and independently; assistance in reading materials from various disciplines; and assessing student writing. The MPH program coordinates with the Graduate Center for Writers to assess new students' writing ability during orientation so those who need extra help can be advised to take the one-credit writing courses offered every semester by the Center (ENGL 751 and ENGL 752).

https://www.ndsu.edu/centers/graduate_writers/

Counseling

The NDSU Counseling Center provides a confidential setting in which students may explore concerns of a personal, academic, or career-related nature; makes referrals; and serves as consultants for faculty and staff. Students in counseling can explore a variety of concerns which may prevent them from functioning at their optimum levels. The center is sensitive to the needs of students of diverse backgrounds, cultures, ethnic groups, ages, and ability, and are LGBT affirming (<http://www.ndsu.edu/counseling/>)

Career

NDSU Career Center is located in Ceres Hall and provides the resources and professional assistance to help students and alumni understand what employers expect and what kind of activities may advance their employability. Teaching students and alumni the job search skills required to successfully compete in today's labor market and connecting those students to employers is the commitment of the Career Center (<http://www.ndsu.edu/career/>).

Wellness Center/Health Services

The purpose of the Wellness Center is to support the academic mission of NDSU by providing an environment where students may learn behaviors conducive to creating healthy lifestyles.

Wellness, which is about making healthy lifestyle choices regarding mind, body, and spirit, is the common thread of the Center's programs and services (<http://www.ndsu.edu/wellness/>). The mission of the Student Health Service is to support the academic success of a diverse student population in an atmosphere of health and wellness through education and services. Services provided integrated health promotion, education for prevention of disease, and clinical treatment for illness (<http://www.ndsu.edu/studenthealthservice/>).

Multicultural Affairs/International Office

International students are given an international advisor in addition to their academic advisor in the MPH program. Student may contact their advisor in the Office of International Programs for all the regulations regarding international student status (<http://www.ndsu.edu/international>).

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

Table 1.7.i. Outcome Measures for Resources to Support the Program				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
Student to faculty ratio	≤10:1	1.8:1	2.5:1	3.1:1
Students will be equally distributed among faculty within the program for advising	2-5 new advisees each year	0-6 new advisees/advisor	0-5 new advisees/advisor	0-6 new advisees/advisor
Program Director will have a minimum assigned amount of time for program coordination ¹	25%	32%	17%	38%

¹ Calculated using time spent teaching (30%) plus time off-set with grants and external funds for research

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

Criterion is met.

Strengths: NDSU’s current infrastructure provides for the equipment and resources needed by faculty and staff.

Challenges: Since the inception of the MPH program, there have been open faculty positions due to how quickly the program has grown. However, this issue is being resolved with new faculty hires. In addition, NDSU is a growing university and aspires to enroll 18,000 students by 2018 (“18 by 18”). The planned growth in both the university and the MPH program will require additional office space and faculty/staff resources.

Plan: Continue to utilize the Memoranda of Understanding with university departments that house MPH affiliated faculty to maintain standard practices between the colleges and departments, and to maintain adequate resources for faculty, staff, and students. Expectations for faculty advisees within the MPH program will be addressed throughout the 2015-2016 academic year during faculty meetings. A plan will be established to assure that each faculty is taking on at least 2 advisees per year (as appropriate).

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

1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program.

NDSU promotes diversity through training programs and accountability expectations for faculty, staff, and students across campus (<http://www.ndsu.edu/diversity/>). The university has an Equity and Diversity Center whose mission is “committed to facilitating an inclusive environment where individuals of diverse cultures, backgrounds and orientations are respected.” The MPH program follows the lead of the university diversity definition and inclusion practices. In addition, our program has developed a specialization focused on American Indian Public Health and is leading the nation in the effort to improve health conditions for this population through public health graduate education. NDSU’s strategic plan includes improving diversity and can be found at: https://www.ndsu.edu/provost/strategic_plan_and_budget/ (RF C 1.1)

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

Traditionally under-represented populations include rural and non-white students. Our program focus is on these two populations. The program emphasizes non-white students to improve sensitivity to disparities in health services access, particularly in American Indian (AI) populations. The MPH student body is significantly more diverse than the general state population and the university student body as referenced by the most recent data. According to the US Census, the American Indian population is 5.4% of the state population and the white population is 89.6%. NDSU student body data from 2014 showed that only .74% of students were AI and 80.55% were white.

In the 2013-2014 academic year, the percentage of white students entering the MPH program was 57% compared to non-white at 43%. In the 2014-2015 academic year, white students made up 65% of the MPH student body and non-whites at 35%. And in the 2015-2016 academic year, admitted students were 58% white and 42% non-white. These trends reflect the effort the program is making to recruit non-white students.

The rationale for including rural students in diversity efforts is that North Dakota and the region needs to expand the public health professional workforce in rural communities. Almost every county in the state is designated as a health professions shortage area by Health Resources and Services Administration. North Dakota is composed of mostly rural and frontier counties. Student admissions data in 2013-2014 included 43% of NDSU MPH students were from rural communities and 35% in 2014-2015. In the 2015-2016 academic year, 45.8% of students were from rural communities. The program has the advantage of its curriculum being offered by distance technology which allows students to stay in their home/rural communities to work and pursue their education.

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

The MPH program is committed to achieving diversity and cultural competence through our course offerings, student recruitment efforts, and faculty and staff demographics. Our goals are consistent with the university’s mission, vision, and values as well as strategic plan.

Program diversity goals are:

1. At least 20% of new students admitted each fall will identify as American Indian/Alaska Native
2. At least 40% of new students admitted each fall will identify as from a rural community; defined as a population of less than 50,000 people.
3. The staff serving the MPH program will be comprised of at least 25% non-white.
4. The faculty serving the MPH program will be comprised of at least 40% non-white.
5. Female faculty serving the MPH program will consist of at least 50% female.

NDSU Mission

With energy and momentum, North Dakota State University addresses the needs and aspirations of people in a changing world by building on our land-grant foundation.

NDSU Vision

We envision a vibrant university that will be globally identified as a contemporary metropolitan land-grant institution.

Core values of NDSU

- Land-Grant
- People
- Scholarship
- Teaching and Learning
- Ethics
- Culture
- Accountability

Specifically from the NDSU strategic plan (page 5), the commitment to promoting diversity includes: Improve Communication with External Stakeholders, and *Strategy 4* is to “Enhance connections with underserved communities.”

(http://www.ndsu.edu/fileadmin/provost/Forms/Strategic_Planning/Strategic_Vision_May_2015.pdf)

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

The MPH program follows the university's policies on harassment and discrimination. Specific policies can be found in RF C 1.8.

NDSU also requires annual Sexual Harassment and Title IX training which are offered through the Title IX Coordinator (https://www.ndsu.edu/equity/title_ix/). The training presentation can be found in RF C 1.8

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

North Dakota State University 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 U.S. veteran. Reports of violations should be made directly to the Title IX Coordinator, Bilen-Green (701-231-7708) or to one of the Deputy Title IX Coordinators, Janna Stoskopf (701-231-8240) and Colleen Heimstead (701-231-5696).

Policies relating to equal opportunity employment and Family and Medical Leave Act (FMLA) can be found in RF C 1.8. NDSU also has an anonymous bias reporting system (<https://www.ndsu.edu/biasreport/>) to report bias, bigotry, and hate.

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

The program incorporates diversity and cultural competence in the core courses (see RF C 2.3 for syllabi for MPH 704, 720, 741, and 751) as well as through the practicum experience. The main focus is on American Indian populations based on the needs of our state and region and the incredible disparities that exist. However, the program curriculum also includes MPH 765 that specifically addresses broader cultural competence in health professions and HNES 745 Community Health Leadership. All American Indian public health courses address cultural factors that influence public health. Competencies are discussed and revised at MPH faculty retreats and further course mapping occurs in meetings with the core faculty and specialization curriculum leads. (See RF C 2.1 for MPH 765, HNES 745, MPH 771, MPH 772, MPH 773, MPH 774, and MPH 775 syllabi)

The MPH curriculum is reviewed during Curriculum Committee meetings and at faculty retreats.

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

The program follows NDSU's Non-discrimination, Affirmative Action, and Equal Opportunity Policy, which can be found at:

<https://www.ndsu.edu/fileadmin/policy/100.pdf> and in RF C 1.8

NDSU is an equal opportunity employer and an NSF ADVANCE Institution. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status. Women and traditionally under-represented groups are encouraged to apply.

NDSU FORWARD (**F**ocus on **R**esources for **W**omen's **A**dvancement, **R**ecruitment/Retention, and **D**evelopment) began as a self-initiated group of NDSU faculty, staff, and administrators interested in submitting a NSF ADVANCE grant proposal. Very soon, however, the group realized that, while they were developing the ADVANCE proposal, they could also initiate and encourage some institutional changes that would benefit and advance women faculty.

FORWARD, now with participation from each of NDSU's academic colleges, is committed to these specific goals:

- Improve the climate across the campus and narrow the gap between men's and women's perceptions of the campus climate;
- Employ targeted recruiting strategies to recruit women faculty;
- Retain more women faculty through their probationary period and the promotion/tenure process;
- Support women associate professors as they move to full professor, and hire advanced rank women to build a critical mass; and
- Promote and hire women faculty into academic leadership positions.

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

NDSU is an equal opportunity employer and an NSF ADVANCE Institution. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status. Women and traditionally under-represented groups are encouraged to apply.

The university's affirmative action policy can be found in the Policy Manual section 103 at this link: <https://www.ndsu.edu/fileadmin/policy/103.pdf> and in RF C 1.8.

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

The program follows the graduate school policy language in order to recruit a diverse student body.

It is the policy of the North Dakota University System that no person in the United States shall be discriminated against because of race, religion, age, color, gender, disability, or national origin, and the equal opportunity and access to facilities shall be available to all. This policy is particularly applicable in the admission of students in all colleges, and in their academic pursuits. It also is applicable in the university-owned or university-approved housing, food services, extracurricular activities and all other student services. It is a guiding policy in the employment of students either by the University System or by outsiders through the University System and in the employment of faculty and staff. Concerns regarding the Title IX, Title VI, ADA, and Section 504 of the Rehabilitation Act of 1973 may be addressed to the Office of Civil Rights, U.S. Dept. of Education, 8930 Ward Parkway, Suite 2037, Kansas City, MO 64114-3302, email: OCR.KansasCity.ed.gov, or your on-campus Title IX/ADA Coordinator, Old Main 102, 701-231-6409 and Equal Opportunity Specialist, Old Main 201, 701-231-7708.

The program specifically recruits from tribal colleges and regional universities and coordinates with the campus multicultural programs and recruitment efforts. MPH students are also eligible for the NDSU Cultural Diversity Tuition discount (<https://www.ndsu.edu/admission/diverse/culturaldiversitytuitiondiscount/>). The program also developed the Hearst Scholars award for AI students—up to two (2) \$10,000 scholarships are awarded for the academic year to be distributed as equal \$5,000 installments in the Fall and Spring semesters. Starting in academic year 2016-2017, the program will be awarding scholarships from the Helmsley Charitable Trust Endowed Scholarship fund. This award is for students pursuing the MPH in the American Indian Public Health specialization or of American Indian descent and with financial need. (RF C 1.8)

ix. *Regular evaluation of the effectiveness of the above-listed measures.*

The program works with the Office of Equity, Diversity, and Global Outreach to follow all university policies for recruiting and selection of diverse students, faculty, and staff. Evaluation of this occurs with every hire through human resources and on an annual basis by the MPH Admissions committee during application review in the spring. The program evaluates its effectiveness on student recruitment based on comparing admissions data with benchmark goals. Program competencies, goals, and objectives are developed with faculty input at faculty retreats, and course syllabi are used to ensure competencies are communicated to students and that diversity learning outcomes and activities are engaged.

1.8.b. *Evidence that shows that the plan or policies are being implemented.*

As can be seen through the program mission, “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 is committed to diversity and cultural competence. One of the program's guiding values is diversity and courses are taught with a cultural competence lens across all four specializations.

The practicum also has a focus on diversity as referenced by the objective that "at least 50% of students will complete practicums involving underserved populations"

Two primary examples of recruiting diverse students are demonstrated by the Associate Director's partnership with NDSU Extension to reach out to rural and mid-career professionals and by the Program Director's tribal outreach. Diversity data is shown in Table 1.8.1.

DPH has developed a faculty and staff recruitment plan focused on recruiting qualified, diverse employees. This plan can be found in RF C 1.8.

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

The MPH Program follows the university diversity policies for faculty, staff, and students and procedurally follows the graduate school processes for admissions (See Graduate School Bulletin at: <https://bulletin.ndsu.edu/graduate/>). The Program Director also serves on the College Inclusivity Committee and provides broader diversity input for the college. The program's Accreditation Committee developed the first draft of the program's specific diversity goals and then sent out for affiliated faculty input.

The Inclusivity Committee shall consist of the Associate Dean for Student Affairs and Faculty Development, at least one member with faculty rank from each of the academic departments in the college, at least one staff member, one member of the community, and one student member from each academic program in the college. Students, faculty, and staff who represent the diverse backgrounds and cultures that exist within the college are especially encouraged to serve on the Committee and to participate in its activities. The Committee shall serve as a forum for soliciting input, and making policy recommendations based on that input, to promote continuous improvement in all areas relevant to diversity and cultural competency. As a part of this charge, the Committee will recognize the efforts of individuals within the college to promote diversity and cultural competence. The Committee is responsible for securing the resources to sponsor and implement programming to expose faculty, staff, and students within the college to new ideas and tools that they can use to ensure that the college and its academic programs promote an open and welcoming working and learning environment. Public Health is represented by faculty member Dr. Donald Warne and student Ruth Buffalo.

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

The program follows the university's strategic plan and policies on all aspects of diversity. Program goals were defined by the affiliated faculty and Accreditation Committee and will be evaluated on a yearly basis with major updates to occur during faculty retreats.

1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

Table 1.8.1. Diversity - Summary Data for Faculty, Students and Staff						
<i>Category/Definition</i>	<i>Method of Collection</i>	<i>Data Source</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
Students – American Indian/Alaska Native	Self-report	Graduate School application	20%	29% (6/21)	17% (4/23)	25% (6/24)
Students – Rural communities	Self-report	Graduate School application	40%	43% (9/21)	35% (8/23)	45.8% (11/24)
Staff – non-white	Self-report	Departmental Data/Human Resources	25%	0% (0/3)	0% (0/4)	0% (0/3)
Faculty – non-white	Self-report	Human Resources	40%	29% (5/17)	24% (4/17)	17% (3/18)
Faculty – female	Self-report	Human Resources	50%	65% (11/17)	59% (10/17)	50% (9/18)

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

Criterion is met.

Strengths: NDSU has strong policies and systems in place to promote diversity, prevent discrimination, and support faculty, staff, and students to work and learn in a diverse environment. The MPH program is committed to recruiting and retaining a diverse student body, staff, and faculty. The program has been very successful in recruiting students and faculty to promote diversity.

Challenges: Although the program is very committed, the region is a very homogenous area in terms of race. This is evident by the staff and faculty non-white goals that have, to-date, not yet been met.

Plan: Continue the strong commitment and plan to promote diversity in the MPH program.

Criterion 2

Instructional Programs



2.0 Instructional Programs

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

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

Table 2.1.1. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Master’s Degrees		
American Indian Public Health		MPH
Health Promotion		MPH
Management of Infectious Diseases		MPH
Public Health in Clinical Systems		MPH
Joint Degrees		
Dual Doctor of Pharmacy		MPH

All four MPH specializations are available in both on-campus and distance formats. Distance education is provided through Interactive Video Network (IVN). The dual PharmD/MPH degree program was developed in coordination with the Public Health in Clinical Systems (PHCS) curriculum. Although students in the dual degree program may pursue any of the four specializations, all students to date have pursued the PHCS option.

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

The official university Graduate Catalog is accessible at:
<https://bulletin.ndsu.edu/graduate/programs/public-health/>.

The program publishes an MPH Graduate Student Handbook at least once per year which is accessible on the website under “Student Resources”, which can be found at:
<http://www.ndsu.edu/publichealth/> and printed for students during orientation. (RF C 1.5)

In addition, current curricula requirements and course descriptions can be found for the MPH program and dual degree PharmD/MPH program at:
http://www.ndsu.edu/publichealth/curriculum/course_descriptions/ and

http://www.ndsu.edu/pharmacy/dual_degrees/phrmd_mph/

See RF C 2.1 for specialization syllabi and schedule of courses/instructors for the last three years.

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

Criterion is met.

Strengths: The MPH program offers specializations based on the university's academic strengths in health promotion, infectious diseases, clinical systems, and American Indian health. Program information is readily available on the NDSU website, and key information is provided in written form to students upon orientation.

Challenges: None.

Plan: Annually ensure that the bulletin accurately reflects the curriculum across all specializations.

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

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

The MPH program follows the university definition of a credit. Calculation matrix can be found here: <http://www.ndsu.edu/fileadmin/facultysenate/acadaffairs/credit-conversion.pdf>. It states that one academic hour of credit is equivalent to 50 minutes of contact per week over a 15 week semester. Shortened academic sessions, such as summer sessions, are expected to maintain an equivalent amount of contact time as classes in a regular semester.

2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix.

The MPH requires a minimum of 42 credits for all specializations as well as the dual degree option. All students complete a common core of 18 credits, 3 credits of practicum, 3 credits of Master's paper, and then 18 credits within their specialization.

Pharmacy students completing a dual degree with the MPH, must take all MPH courses, just as any other student, but their MPH elective may be a pharmacy course with public health content. Efficiencies are obtained on the pharmacy side of the dual degree curriculum. Students can skip 4 credits of pharmacy electives, 3 credits from Public Health in Pharmacy and 3 credits of Pharmacotherapy (10 credits total). In addition the MPH practicum may (if taken after the third pharmacy year) count as an Advanced Practice rotation worth 5 credits.

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

NA

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

Criterion is met.

Strengths: The MPH program has always required a minimum of 42 credits for degree completion.

Challenges: None.

Plan: Continue to monitor student progress within each specialization and in the dual degree option to ensure MPH degree requirements are being met.

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

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

All MPH students are required to complete coursework in the five core knowledge areas of public health. There are six courses for 18 credits that cover these core knowledge areas, as identified in Table 2.3.1. All students must complete coursework in the MPH degree with a grade of C or better. Core competencies are mapped and identified across the core courses and through the Master’s Paper and can be seen through the program competency matrix in section 2.6. See RF C 2.3 for syllabi.

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	MPH 731: Biostatistics	3
Epidemiology	MPH 751: Epidemiology	3
Environmental Health Sciences	MPH 720: Environmental Health	3
Health Services Administration	MPH 710: Health Care Delivery in the U.S.	3
	MPH 704: Leading and Managing Public Health Systems	3
Social and Behavioral Sciences	MPH 741: Social and Behavioral Sciences in Public Health	3

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

Criterion is met.

Strengths: The program requires successful completion of all core courses across the five core areas of public health. Students are also evaluated on their comprehension of the program competencies through their culminating experience.

Challenges: None.

Plan: The Program Director will continue to work with the MPH Curriculum Committee to monitor MPH-approved courses to ensure appropriate content.

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.

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

All MPH students are required to complete a practicum, MPH 794. Concepts and competencies learned from MPH coursework are integrated through a minimum of 240 hours practicum that provides an opportunity to apply knowledge in a practice setting. A wide range of settings and opportunities are available and are individually tailored to assure competence in general MPH and specialization-specific skills. The practicum is designed to meet student goals, specialization criteria, and the needs of the agencies or institutions involved. Most full-time students complete the practicum in the summer between the first and second academic years. However, students are eligible to register for the practicum after they have successfully completed 18 credits. Policies and procedures for the practicum can be found in the Student Practicum Manual at:

[https://www.ndsu.edu/fileadmin/publichealth/files/NDSU MPH Practicum Student Manual 2015-2016.pdf](https://www.ndsu.edu/fileadmin/publichealth/files/NDSU_MPH_Practicum_Student_Manual_2015-2016.pdf) (RF C 2.4)

- **Selection of sites:** Any staff, faculty, or student may identify a new practicum site for consideration. That person should also identify one or more contact persons at that site and forward the information to the Academic Coordinator. The Academic Coordinator then initiates a dialogue with the organization's contact person(s), resulting in providing a Practicum Affiliation Agreement (RF C 2.4)

It is in the best interest of the student to have a large, diverse set of Practicum sites available. The MPH program therefore strives to be inclusive rather than exclusive when considering new sites. Throughout the process of approval, relevance to public health can be verified through the organization's website or authoritative documents. Only the Program Director can approve the relevance of a site.

The Academic Coordinator and practicum instructor will ensure that an executed Practicum Affiliation Agreement is in place before students are approved for work at the new site. A list of current sites can be found at www.ndmiph.org or in RF C 2.4.

- **Methods for approving preceptors:** During negotiation for the Practicum Affiliation Agreement, the Practicum Organization should identify one or more potential Preceptors. A *curriculum vita* for each potential Preceptor should be included along with the signed agreement. For new Preceptors added after the initial site approval, a *curriculum vita* must be submitted to the Academic Coordinator before a student will be approved to complete the experience under his/her mentorship.

Again, it is in the best interest of students to allow for diverse Practicum experiences. Because of the structure of the Practicum, the Preceptor is not required to deliver academic content to the student (although many may be qualified to do so). The main

criterion is that the Preceptor be able to guide the student through a Practicum project that is relevant to public health, as per the Practicum Proposal prepared for each Practicum. Thus, no specific degree is required. The Academic Coordinator can approve potential Preceptors with an MPH or related Master's degree, MD, PharmD, or PhD. All others must submit a short project description along with their *curriculum vita*, which will be reviewed by the MPH Curriculum Committee for approval. MPH program faculty may serve as preceptors. However, the faculty member cannot serve as both the practicum preceptor and student advisor in order to assure that the student has exposure to diversity of mentors and experiences.

- **Opportunities for orientation and support for preceptors:** The program expects clear communication between the student, preceptor, and faculty instructor before and during the practicum. While there are no specific formal orientations for preceptors, the Academic Coordinator and/or the practicum instructor discusses the expectations with new preceptors or agency directors through in-person meetings or phone conversations and is available for questions or assistance.
- **Approaches for faculty supervision of students:** The practicum course, MPH 794, is instructor led. Prior to the practicum experience, the instructor (along with the preceptor) must approve the student's practicum proposal. Students also have academic advisors that help them formulate practicum ideas and connect with potential sites. The Practicum Instructor is responsible for:
 - Ensuring student expectations and projects are realistic;
 - Advising students through challenges with their practicum;
 - Leading students through course readings and critical thinking activities related to public health practice;
 - Conducting site visits or making phone/email contact with preceptors as necessary; and
 - Coordinating final poster/presentations of student deliverables.
- **Means of evaluating student performance:** The student, practicum instructor, and the preceptor determine the objectives through the practicum proposal. These objectives must support the program-defined competencies for the practicum (see RF C 1.2 for competency maps). The program requires that the student and preceptor both complete a mid-term and final evaluation of the experience. Preceptors provide feedback on student attributes (e.g. communication skills, motivation on project), student performance on goals and objectives, and quality of final deliverable. Responses are used in collaboration with the didactic portion of the class and the final satisfactory/unsatisfactory grade is decided by the Practicum Instructor. (Student and Preceptor Evaluations can be found in RF C 2.4)
- **Means of evaluating practice placement sites and preceptor qualifications:**
Quality of the Practicum Environment—The primary strategy for oversight and quality assessment of both Practicum Organizations and Preceptors is through regular feedback from students. The Practicum Instructor regularly discusses the experience with students. Probing questions are used to assess the health of the student-preceptor relationship and the working environment at the Practicum Organization/Site. Students are also notified at

the start of the Practicum that they should contact the Practicum Instructor as soon as any concerns are identified. In cases of minor concern, the Practicum Instructor will coach the student through the situation. If that is ineffective and in cases of major concern for the wellbeing of the student, the Practicum Instructor may intervene directly and discuss the situation with the Preceptor. In extreme cases, the student may be removed from the site and/or project and the site and/or Preceptor may be removed from the approved list. Students evaluate the practicum experience at mid-term and upon completion, including an assessment of the Preceptor’s ability to mentor and direct the practicum project.

Academic Quality—The academic quality of the Practicum project is assessed by the Practicum Instructor. The MPH program also conducts a mid-term and final evaluation of the Preceptor, Practicum Organization/Site, and student’s performance that is used to assist with the quality control of the student’s work as well as the Preceptor and site.

- **Criteria for waiving, altering or reducing the experience, if applicable:** NA

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

Practicum agencies and preceptors have been supportive of NDSU MPH students. Prior to 2012, there were no formal public health education programs in the State of North Dakota. As a result, many local preceptors do not have MPH degrees. However, collectively identified preceptors have significant and relevant public health experience.

Table 2.4.b. Identification of Agencies and Preceptors for Practicum – 2014-2016				
Start Year	MPH Student	Practicum Agency	Practicum Preceptor	Practicum Title
American Indian Public Health				
2014	Davis	Center for Rural Health	Jacqueline Gray, PhD – Associate Director of Indigenous Programs	Developing Resources in Response to Elder Abuse Issues in Indian Country
2014	Vasquez	Stanford School of Medicine	Jill Evans, MPH – Research Program Director	Symposium: Creating a path to addressing historical trauma in AI/AN communities
2015	One Hawk	Sioux County Extension	Sue Isbell – Youth Development Agent	Extension Service project: Powwow food choices
2015	Peltier	Quality Health Associates of North Dakota	Sally May – Senior Quality Improvement Specialist	Address avoidable hospital readmission of diabetic Medicare consumers

Table 2.4.b. Identification of Agencies and Preceptors for Practicum – 2014-2016				
Start Year	MPH Student	Practicum Agency	Practicum Preceptor	Practicum Title
American Indian Public Health				
2015	Webb	Teton County Health Department, MT	Melissa Moyer, MPH – Accreditation and Immunization Coordinator	Emergency Operation Plan (EOP) for train derailment and toxic spills
2015	Buffalo	North Dakota Department of Health (ND DoH)	Lindsey Narloch, MS – Research Analyst	Division of EMS and Trauma with specific focus on Mandaree EMS and Mandaree Community Clinic
Health Promotion				
2014	Will	NDSU	Mark Strand, PhD – Associate Professor	Epidemiology of Emerging Metabolic Syndrome in China
2014	Caroline	ND DoH	BriAnna Wanner – Nutrition and Breastfeeding Specialist	Using Current Public Health Knowledge to Develop Various Health Promotion Projects for ND DoH
2014	Hauer	Minnesota Department of Health (MDH)	Tim Jenkins, MPH – Food Access Coordinator	Office of Statewide Health Improvement Initiatives (OSHII) Food Charter
2014	Plutowski	NDSU	Jane Schuh, PhD – Associate Professor	Occupational Health and Safety in North Dakota Agriculture
2015	Bennett	Essentia Health	Rachael Boyer, PA, MBA – Vice President of Ambulatory & Ancillary Services	The Health and Wellness of the Employees at Essentia Health Hospital
2015	Ferguson	Dakota Medical Foundation	Rory Beil, MS – Cass Clay Alive Director	Legacy Elementary School Health and Wellness Plans and Programs
2015	Harris	Clay County Public Health	Gina Nolte – Director of Health Promotions	Analysis and Assessment of Health Promotion Programs as they Relate to Health Equity
2015	Osman	Isuroon	Fartun Weli, MPH – Executive Director	Cervical Cancer Screening in Somali Women

Table 2.4.b. Identification of Agencies and Preceptors for Practicum – 2014-2016

Start Year	MPH Student	Practicum Agency	Practicum Preceptor	Practicum Title
Health Promotion				
2015	Rykal	Fargo Cass Public Health	Robyn Litke Sall – Alcohol and Tobacco Prevention Coordinator	Alcohol Prevention Programs
Management of Infectious Diseases				
2014	Hawley	Sanford Health	Dubert Guerrero, MD – Infection Control	Proposal for an Improved Hand Hygiene Metric to Measure Hand Hygiene Compliance
2014	Dahal	Fargo Cass Public Health	Anne Hersch, RN – Public Health Nurse	LTBI Group Clinic for New American Population
2014	Artz	City of Milwaukee Health Department	Marisa Stanley, MPH - Epidemiologist	Using Industry Guidelines to Develop Foodborne Disease Outbreak Response Guidelines for the City of Milwaukee Health Department
2014	Cardinal	MDH	Melanie Peterson-Hickey, PhD – Research Scientist/Health Equity	Adverse Childhood Experiences Among American Indians
2014	Danford	Sanford Health	John Wagner, MHA – Vice President of Heart, Vascular, Imaging & Surgical Services	The Management of Infectious Disease in Sanford Health’s Catheterization Lab
2014	Sondreal	ND DoH	Tracy Miller, MPH - Epidemiologist	Steps Toward the Implementation of a Hospital Discharge System in North Dakota
2015	Aslam	Fred Hutchinson Cancer Research Center	Steven Pergam, MD, MPH – Infection Control	Assessing Patient Knowledge of Isolation Practices in Cancer Patients

Table 2.4.b. Identification of Agencies and Preceptors for Practicum – 2014-2016

Start Year	MPH Student	Practicum Agency	Practicum Preceptor	Practicum Title
Management of Infectious Diseases				
2015	Fix	Sanford Health	Dubert Guerrero, MD – Infection Control	Determining the Efficacy of UV-Light Decontamination of the Environment and Healthcare Worker in a Specially Designed Unit to Handel Ebola Patients and Other Highly Communicable Diseases
2015	Pinnick	ND DoH	Tracy Miller, MPH, PhD - Epidemiologist	Determining Awareness and Acceptance of HPV Vaccination Recommendation in North Dakota
2015	Schmidt	Ottertail County Public Health	Jessica Metzger – Public Health Nurse	Current Practices of Clinical Sexual Health, Specifically Chlamydia, in the Four County Region
2015	Yallew	Sanford Health	Avish Nagpal, MD – Infectious Disease Medicine	Clostridium difficile Case Control Study
2015	Boatey	MDH	Melissa McMahon, MPH - Epidemiologist	Death Ascertainment Project Looking at Assessing Deaths Attributed to Influenza
Public Health in Clinical Systems				
2014	Schmitz	Faraja Family Resource Center, Kenya	Molly Secor-Turner, PhD – Assistant Professor	Community Outreach in Kenya
2014	Willborn	Family HealthCare Center	Brody Maack, PharmD – Clinical Pharmacist/Lifestyle Medicine	The Impact of Cultural and Socioeconomic Differences on Tobacco Cessation Outcomes
2015	Fresonke	Sanford Health	Heidi Twedt, MD – Chief Medical Information Officer	American Indian Colorectal Screening Project
2015	Craddock	Lindseth Consulting	Amanda Lindseth – Independent Consultant/Jubilee Equine	Programming Targeting Trauma Victims with Animal Assisted-Therapy

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

NA

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

NA

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

Criterion is met.

Strengths: The MPH program provides planned, supervised, and evaluated practice experiences in which students apply the competencies, knowledge and skills learned in MPH coursework. The program has appropriate policies and procedures for the practicum. The Practicum Instructor assists students with practicum site/agency engagement strategies to promote a practical learning experience.

Challenges: Some agencies in our region have a limited number of preceptors with formal public health training (the MPH program is new in North Dakota).

Plan: Faculty and staff will continue to increase the number of practicum sites with qualified preceptors by providing continuing education programs, admitting current workforce members into MPH and certificate programs, and by enlisting qualified public health practitioners to serve as preceptors. MPH program graduates will be recruited to serve as preceptors as well.

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

2.5.a. Identification of the culminating experience required for each professional public health degree program.

All MPH students are required to complete a culminating experience with the goal to synthesize, integrate, and apply the skills and competencies acquired in the MPH program to a public health problem. Students must do this through their Master's Paper which includes an oral presentation component. The paper topic must be approved by the advisor and Program Director or Associate Director through an approval form that includes a brief explanation of the topic. (RF C 2.5) The specifics of this requirement are outlined below.

Information provided to the students includes "The intent of this paper and presentation is to demonstrate your proficiency at addressing and potentially solving the problem or at least developing a plan to do so. Refer to the MPH Grading Rubric for additional information and requirements." (See RF C 2.5 Grading Rubrics)

MPH papers will include a discussion of the identified health issue/problem, justification of the targeted population (epidemiological data; bio-statistical data), and identification of both positive and negative social, cultural, and/or behavioral factors that contribute to the specific public health pattern or outcome. Papers must also integrate the required MPH competencies including:

- Biostatistics
- Epidemiology
- Social and Behavioral Sciences
- Health Policy and Management
- Environmental Health
- Specialization competencies

Topics must be pre-approved by the advisor and the Program Director or Associate Director. Topic proposal in the form of a paragraph (<300 words) is due at the time of approval for registration. Students refer to Master's Paper advisor approval form. The paper can include the following sections as appropriate to the chosen paper style as outlined in the MPH Student Handbook (literature review; program plan; program evaluation; policy analysis; research proposal; research report; other formats or designs). The format should be developed with the quality similar to that of publishable work in the field. Master's Paper guidelines are described here:

- ***Title Page*** (Title, Your name, Date, Course Name and Number, Advisor Name)
- ***Introduction***
 - Purpose Statement: This section should include a brief description of the overall purpose of the paper and provide an overview of the health issue in the first paragraph. Identify which format or design your paper will follow.
 - Thesis Statement: Your paper should have a main point, a main idea, or central message. The selected topics covered in your paper should reflect this main idea; telling your reader what the paper is about and also help guide your writing and keep your paper focused on the problem at hand as well as the outcomes you wish to achieve. The sentence that captures your position on this main idea is what we call a

- thesis statement. For example: why does this public health issue or problem need to be resolved? How do you know it's a problem? Who does it affect? Why should we care?
- You should develop a thesis early in your paper; in the introduction, or in longer papers, in the main body of the paper in order to establish your position and give your reader a clear sense of direction. Indicate the point of your paper as clearly and as specific as possible.
 - **Health Issue** (Review and synthesize of pertinent literature)
 - Discuss the specific public health problem/issue.
 - Discuss the relationship between the biological pathway and the major biopsychosocial and behavioral factors influencing the disease process and/or health outcome.
 - **Targeted Population**
 - Discuss the specific population on which you are focusing
 - Provide a demographic description of the population.
 - Discuss any relevant social and cultural behaviors of the population.
 - **Integration of the Health Issue and Target Population**
 - Explain how cultural and social behaviors serve as risk and/or protective factors for the specific population contributing to the control and/or occurrence of the health condition.
 - Identify positive and negative factors related to social and cultural behaviors.
 - **Discussion of conclusions and recommendations**
 - Summarize the literature and your conclusions about the relationship between the population and the specific health pattern/problem/issue
 - Make recommendations regarding what could be done to prevent, reduce, or remediate the public health issue/problem, or situation in this population
 - Provide information on how lessons learned working with this population could be applied to other groups, populations or the nation; why is this relevant to the public's health
 - **References Cited** - use the American Psychological Association (APA) style, AMA style, or another citation format approved by your advisor.
 - **Other information:** The papers should be between 15 and 25 double spaced pages, not including references or title page. A 300 word Executive Summary is required, as well as the design or format your paper will follow. Margins should be one inch and font should be Times New Roman 12 point. The Master's paper is due in electronic form submitted through Safe Assign on Blackboard. A draft for student feedback must be submitted a minimum of two weeks prior to the oral presentation date and the final paper one week prior to your Presentation date. Otherwise presentations will be rescheduled.

PROOF READ your papers for typographical errors and grammar. Poor grammar reduces the readability of your paper and will have a negative impact on your grade.

Reflection: Students must reflect on their Master's Paper and overall MPH program experience in order to summarize how the stated program competencies were met. The Reflection must address core and specialization competencies and how the MPH experience addressed each competency area. In each reflection on a competency, the student must use a combination of

course readings, assignments, research conducted to write the Master's Paper, and practicum work to demonstrate how the competency was met. Demonstrating an understanding of the competency requires the use of evidence including citations that show any claims made (such as facts or perspectives) are based in theory, research, and public health models. A combination of various forms of evidence will demonstrate the acquisition of a competency. A competency cannot be demonstrated with only one form of evidence. See RF C 2.5 for student examples.

Oral Presentation: The presentation portion will be in a seminar format open to faculty, staff, and students within the MPH program. The presentation serves to show competence in verbal communication as well as serves as an oral exam of the overall program competencies. Immediately following the presentations, the student committee will have time to further question or discuss the students' paper and presentation before grading. Each student has 20 minutes to present.

MPH 793 is a culminating experience and serves as the final exam for the MPH program. Grading is A, B, C, D or F. Assignment structure changes to the paper, presentation, and reflection were made Spring 2016 and those assignment changes can be found in RF C 2.5.

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

Criterion is met with commentary.

Strengths: The program now requires the Master's Paper to be completed in the final semester of the student's plan of study to serve as the culminating experience. The grading rubric for the Master's Paper assures that program competencies are being met.

Challenges: Prior to the 2014-2015 academic year, students could complete the Master's Paper before the final semester, and it was not used as a culminating experience. Therefore, not all students in the first two years of the MPH program had a true culminating experience.

Plan: Continue using the Master's Paper as the culminating experience. The Curriculum Committee will evaluate the grading rubric annually.

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.

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

Each syllabus clearly states the MPH competencies that are covered in the course, whether or not the course has an MPH prefix. All MPH faculty are engaged in program planning, curriculum coordination, and competency development. (RF C 2.3)

Table 2.6.a. Core Competencies Required of all MPH Students
<i>Competencies by Core Public Health Areas</i>
Biostatistics
1.1 Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
1.2 Interpret results of statistical analyses found in public health studies.
Epidemiology
2.1 Describe a public health problem in terms of magnitude, person, time and place.
2.2 Calculate basic epidemiological measures.
Health Policy and Management
3.1 Identify the organization, financing, and delivery issues of the health service system in the U.S.
3.2 Describe the legal, ethical, historical, and philosophical bases for the health service delivery system in the U.S.
3.3 Discuss the policy process for improving the health status of populations.
3.4 Apply “systems thinking” for resolving organizational problems.
3.5 Analyze public health challenges within appropriate ethical and legal frameworks
Social and Behavioral Sciences
4.1 Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
4.2 Identify and analyze the social and behavioral factors that affect health of diverse populations.
4.3 Describe the role of social and community factors in both the onset and solution of public health problems.
Environmental Health
5.1 Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
5.2 Discuss various risk management and risk communication approaches in relation to issues of environmental and occupational justice and equity.

Table 2.6.a. Core Competencies Required of all MPH Students
<i>Competencies by Core Public Health Areas</i>
Communication
6.1 Develop effective communication skills in writing and speaking, in person, and through electronic means.
6.2 Solicit community-based input from individuals and organizations.
6.3 Participate in the development of demographic, statistical, programmatic and scientific presentations.
6.4 Demonstrate written and oral communication skills that express sensitivity to diverse socioeconomic, cultural, and demographic subgroups.

2.6.b. Identification of a set of competencies for each specialization identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

Specialization syllabi can be found in RF C 2.1.

Table 2.6.b. Specialization Competencies
American Indian Public Health
AIPH 1. Analyze key comparative health indicators for American Indians.
AIPH 2. Describe American Indian health in historical context and analyze the impact of colonial processes on health outcomes.
AIPH 3. Describe the unique challenges in implementing the Ten Essential Public Health Services in Tribal communities.
AIPH 4. Critically evaluate public health policy, research, and programs for their impact on American Indian populations.
Health Promotion
HP 1. Comprehend and apply the principles of behavioral change models, theories, and practices throughout the process of needs assessment, program development, implementation, and evaluation to improve the health of populations.
HP 2. Utilize interdisciplinary public health information, including epidemiology and biostatistics to analyze and explain health problems and issues facing communities.
HP 3. Develop and evaluate comprehensive, evidence-based strategies to improve individual health by promoting health through policy, system, and environmental change at organizational and community levels.
HP 4. Explain and utilize leadership skills to build collaboration with the purpose of improving the health of the community.
Management of Infectious Diseases
MID 1. Demonstrate knowledge of infectious disease pathogenesis, clinical diagnosis and treatment of major communicable diseases.
MID 2. Describe the epidemiology of the major infectious diseases both regionally and worldwide as well as the risk exposures and behaviors as these relate to transmission of pathogens.

Table 2.6.b. Specialization Competencies
Management of Infectious Diseases
MID 3. Apply appropriate statistical and epidemiological tools and strategies to analyze and interpret population-level data pertaining to infectious diseases.
MID 4. Evaluate and use scientific research and best practices to generate evidence-based public health recommendations for infectious-disease planning, interventions, research, and policies.
Public Health in Clinical Systems
PHCS 1. Integrate the organization, financing, and delivery of services in the public health system and the clinical system to improve population health.
PHCS 2. Utilize both qualitative and quantitative methods to gather the evidence necessary to appropriately prioritize individual, organizational, and community concerns and resources for public health programs.
PHCS 3. Assess the health needs and readiness of a community to design appropriate interventions at the primary, secondary and tertiary levels that are acceptable across diverse populations to meet the needs of communities.
PHCS 4. Design public health interventions in the context of, and in order to improve upon, current health policy and health system practices.

2.6.c. *A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met.*

The MPH program competencies and matrix can also be found online at: <https://www.ndsu.edu/publichealth/mphcorecomp/>. The program has a competency matrix and competency maps for the core and specialization courses. The maps can be found in RF C 1.2.

Table 2.6.c.1. Courses through which MPH Competencies are Met							
Core Competencies [see key below for course titles]	MPH 704	MPH 741	MPH 731	MPH 751	MPH 710	MPH 720	MPH 794
1.1 Biostatistics: Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.			P				
1.2 Biostatistics: Interpret results of statistical analyses found in public health studies.			P	R			R
2.1 Epidemiology: Describe a public health problem in terms of magnitude, person, time and place.				P			R
2.2 Epidemiology: Calculate basic epidemiological measures.				P			
3.1 Health Policy and Management: Identify the organization, financing, and delivery issues of the health service system in the US.					P		

Table 2.6.c.1. Courses through which MPH Competencies are Met							
Core Competencies [see key below for course titles]	MPH 704	MPH 741	MPH 731	MPH 751	MPH 710	MPH 720	MPH 794
3.2 Health Policy and Management: Describe the legal, ethical, historical, and philosophical bases for the health service delivery system in the U.S.	R				P		
3.3 Health Policy and Management: Discuss the policy process for improving the health status of populations.	P						
3.4 Health Policy and Management: Apply “systems thinking” for resolving organizational problems.	P				R		R
3.5 Health Policy and Management: Analyze public health challenges within appropriate ethical and legal frameworks	P						
4.1 Social and Behavioral Sciences: Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.		P					
4.2 Social and Behavioral Sciences: Identify and analyze the social and behavioral factors that affect health of diverse populations.		P					R
4.3 Social and Behavioral Sciences: Describe the role of social and community factors in both the onset and solution of public health problems.		P					
5.1 Environmental Health: Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.						P	
5.2 Environmental Health: Discuss various risk management and risk communication approaches in relation to issues of environmental and occupational justice and equity.						P	
6.1 Communication: Develop effective communication skills in writing and speaking, in person, and through electronic means.	R	R	R	R			R
6.2 Communication: Solicit community-based input from individuals and organizations.							P
6.3 Communication: Participate in the development of demographic, statistical, programmatic and scientific presentations.	R		R				R

Table 2.6.c.1. Courses through which MPH Competencies are Met							
Core Competencies [see key below for course titles]	MPH 704	MPH 741	MPH 731	MPH 751	MPH 710	MPH 720	MPH 794
6.4 Communication: Demonstrate written and oral communication skills that express sensitivity to diverse socioeconomic, cultural, and demographic subgroups.					R	R	R
P=Primary; R=Reinforcing							
Key for Course Titles							
MPH 704	Leading and Managing Public Health Systems	MPH 720		Environmental Health for Public Health Professionals			
MPH 731	Biostatistics	MPH 751		Essential in Epidemiology			
MPH 741	Social and Behavioral Sciences in Public Health	MPH 710		Health Care Delivery in the U.S.			
		MPH 794		Practicum			

Table 2.6.c.2. American Indian Public Health Competencies and Course Matrix						
Specialization Competencies [see key below for course titles]	MPH 771	MPH 772	MPH 773	MPH 774	MPH 775	MPH 794
AIPH 1. Analyze key comparative health indicators for American Indians.		P	R		R	
AIPH 2. Describe American Indian health in historical context and analyze the impact of colonial processes on health outcomes.	R		P	R	R	
AIPH 3. Describe the unique challenges in implementing the Ten Essential Public Health Services in Tribal communities.	R	R	P	P	R	R
AIPH 4. Critically evaluate public health policy, research, and programs for their impact on American Indian populations.	P			P	P	R
P=Primary; R=Reinforcing						
Key for Course Titles						
MPH 771	American Indian Health Policy	MPH 774		Research Issues in Tribal Communities		
MPH 772	American Indian Health Disparities	MPH 775		Case Studies in Indian Health		
MPH 773	Cultural Competence in Indian Health	MPH 794		Practicum		

Table 2.6.c.3. Health Promotion Competencies and Course Matrix

Specialization Competencies [see key below for course titles]	HNES 721	HNES 725	HNES 727	HNES 745	HNES 724	NURS 715	MPH 794
HP 1. Comprehend and apply the principles of behavioral change models, theories, and practices throughout the process of needs assessment, program development, implementation, and evaluation to improve the health of populations.	P				R	R	R
HP 2. Utilize interdisciplinary public health information, including epidemiology and biostatistics to analyze and explain health problems and issues facing communities.	P		P			P	R
HP 3. Develop and evaluate comprehensive, evidence-based strategies to improve individual health by promoting health through policy, system, and environmental change at organizational and community levels.	R	P	R				R
HP 4. Explain and utilize leadership skills to build collaboration with the purpose of improving the health of the community.		R		P	R		R
P=Primary; R=Reinforcing							
Key for Course Titles							
HNES 721	Health Promotion Programming		HNES 745	Community Health Leadership			
HNES 725	Promoting Health through Policy, Systems and Environment		HNES 724	Nutrition Education			
HNES 727	Physical Activity Epidemiology		MPH 794	Practicum			
NURS 715	Advanced Community Assessment						

Table 2.6.c.4. Management of Infectious Diseases Competencies and Course Matrix					
Specialization Competencies [see key below for course titles]	MPH 735	MPH 736	MICR 750	MICR 756	MPH 794
MID 1. Demonstrate knowledge of infectious disease pathogenesis, clinical diagnosis and treatment of major communicable diseases.	P	P		R	R
MID 2. Describe the epidemiology of the major infectious diseases both regionally and worldwide as well as the risk exposures and behaviors as these relate to transmission of pathogens.	P	P		R	R
MID 3. Apply appropriate statistical and epidemiological tools and strategies to analyze and interpret population-level data pertaining to infectious diseases.	R	R	P	R	R
MID 4. Evaluate and use scientific research and best practices to generate evidence-based public health recommendations for infectious-disease planning, interventions, research, and policies.	R	R	R	P	R
P=Primary; R=Reinforcing					
Key for Course Titles					
MPH 735 Principles of Infectious Disease Management I	MICR 750		Advanced Topics in Epidemiology		
MPH 736 Principles of Infectious Disease Management II	MICR 756		Advanced Topics in Public Health Microbiology		
	MPH 794		Practicum		

Table 2.6.c.5. Public Health in Clinical Systems Competencies and Course Matrix

Specialization Competencies [see key below for course titles]	MPH 765	MPH 700	MPH 755	NURS 715	HNES 725	MPH 794
PHCS 1. Integrate the organization, financing, and delivery of services in the public health system and the clinical system to improve population health.		R	P		R	R
PHCS 2. Utilize both qualitative and quantitative methods to gather the evidence necessary to appropriately prioritize individual, organizational, and community concerns and resources for public health programs.		P		P	R	R
PHCS 3. Assess the health needs and readiness of a community to design appropriate interventions at the primary, secondary and tertiary levels that are acceptable across diverse populations to meet the needs of communities.	P			P		R
PHCS 4. Design public health interventions in the context of, and in order to improve upon, current health policy and health system practices.	R	R	P		P	R
P=Primary; R=Reinforcing						
Key for Course Titles						
MPH 765 Cultural Competence in Health Professions	NURS 715		Advanced Community Assessment			
MPH 700 Preventing and Managing Chronic Illness	HNES 725		Promoting Health through Policy, Systems, and Environment			
MPH 755 Integrating Primary Care and Public Health	MPH 794		Practicum			

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

The curriculum and competencies went through revisions in 2013 as part of the self-study process. A competency matrix was developed that matches MPH courses with MPH competencies. MPH program competency matrices were finalized in the fall 2014 faculty retreat. In addition, each MPH course was mapped to ensure a match among learning objectives, competencies, and learning activities. Course syllabi are regularly reviewed by faculty and discussed at curriculum committee meetings.

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

Program competencies were created based upon the recommendations of the Council on Linkages and other accredited MPH programs. The North Dakota State Health Officer also provided input into priority competencies for the state. The Program Director and Academic Coordinator made the first suggested revisions, and the program faculty further revised the core competencies through 2013 with adoption of final competencies in fall 2014. Specialization competencies were developed by specialization faculty members based on discipline-specific standards. For example, the American Indian Public Health track used *Competencies for Indigenous Public Health, Evaluation, and Research* as a template for its competencies. Core and specialization competencies are made available on the program's website: <https://www.ndsu.edu/publichealth/mphcorecomp/>. Each course syllabus also lists the applicable competencies. Student are required to reference program competencies throughout coursework assignments, their practicum proposal, and comprehensively in their culminating experience/Master's Paper.

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

The MPH program plans to use the Advisory Committee to provide continuous input on changing needs of public health practice. The faculty assess the competencies on an annual basis based on public health practice and research needs on a practical level with input from the Advisory Committee, student surveys, and other key stakeholders. The Program Director and Academic Coordinator monitor potential changes in curriculum recommendations by CEPH and other public health education authorities.

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

Criterion is met.

Strengths: The MPH program has well defined and measurable competencies relevant to the core areas of public health and the areas of specialization. These competencies were developed and adopted through a thorough analysis of national standards as well as with input from the North Dakota State Health Officer. The specialization competencies also leverage existing assets and skillsets of key faculty members at NDSU. The program has processes in place for continual evaluation and updating of competencies as needed.

Challenges: Through the self-study process, the program identified the need to ensure that competencies were clearly articulated to students early in the academic program. This was resolved by including a discussion of program competencies in student orientation, and they are available on the program website as well as in all course syllabi.

Plan: Continue to ensure that students are aware of program competencies and are cognizant of their importance. The MPH program uses the Advisory Committee to provide continuous input on changing needs of public health practice and associated competencies—the first meeting was held in summer 2015.

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

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

The Graduate School ensures that all students are progressing with a minimum overall Grade Point Average (GPA) of 3.0; students with less than a 3.0 GPA are placed on academic probation. At mid-term, deficiency reports are emailed out to the Program Director, Coordinator, Advisor, and student as a formal notice that a student is struggling in class(es). Reports are also sent by the Graduate School at the end of each semester if a student has fallen below a 3.0 GPA.

The program requires a satisfactory completion of the Practicum. Also, only grades of A, B, and C are allowed in order to fulfill graduation requirements. Following the Graduate School's policies, acquisition of more than two grades of C, D, F, or U may be grounds for dismissal. Students are able to re-take a class twice.

At fall 2015 orientation, the Graduate Center for Writers conducting a writing assessment on the incoming class. This was the first year a writing assessment was administered. It was developed out of concern for student writing that had been appearing in the previous two academic years. Program faculty wanted something to give them an idea of writing ability on a more practical level and then some recommendations to provide students with appropriate resources early-on. The goal of the assessment was to allow students to show their reading comprehension, writing ability, and citation skills. The Center edited a case study and students had 35-40-minutes to read it and hand-write responses. (RF C 2.7)

Six areas were used for rating students:

1. *Genre: Is this a recommendation?*
Is it a recommendation in form? In language?
2. *Comprehension: Does the student understand the reading?*
Is the data reported correctly? (Even single instances of correct/incorrect use of data are indicative.) Does the student give other indications of understanding the reading?
3. *Support: Does the student provide evidence for the recommendation?*
Does the student use data to support his/her point(s)? Does s/he use examples? Does s/he use specifics?
4. *Academic Voice: Does the student use an appropriate disciplinary voice?*
Is the language professional (vs. colloquial)? Is the tone academic?
5. *Citations: Does the student give indication of knowing how to use references?*
Are references used at all? Are they consistent? Are the appropriate elements referenced?
6. *"Correctness": Does the student adhere to grammatical conventions?*
Are there few "errors"? Can you read the essay without tripping up or having to go back to re-read any part to understand it?

Rating system on a scale of 1-4:

Points	Assessment of work	How many sessions to address issues in the document?
1	Makes me very concerned about the student	<ul style="list-style-type: none"> • A whole semester (16 sessions)
2	Not terrible, but it needs work	<ul style="list-style-type: none"> • Half a semester (8 sessions)
3	Mostly OK, but has some issues	<ul style="list-style-type: none"> • A couple/few sessions (2-3 sessions)
4	Indicates student has a good grasp	<ul style="list-style-type: none"> • Student can learn as needed through class/outside GCFW

Assessment scores were shared with advisors and the center director recommended early use of the Writing Center for some of the students that scored lower. The plan is to revise the assessment for next year but to continue to administer a preliminary writing assessment. Faculty are also discussing the need for a post assessment to help us gather Communication competency data.

Students are encouraged to schedule regular meetings with their Academic Advisor; usually once per semester. The program has an activity report document that is to serve as an advising tool and place to encourage and gather professional development and research opportunities throughout the students MPH career. The Annual Report form for students (activity report) can be found in RF C 2.7.

The practicum process requires a formal proposal to be written by the student in concert with the site Preceptor which must address how the experience will contribute to MPH learning and proficiency in program competencies. Also, the culminating experience (Master's Paper) requires a reflection component that must clearly link the academic paper and overall program experiences to program competencies.

During orientation, students complete a competency pre self-assessment and then again upon graduation they complete a competency post self-assessment. Data from the competency post assessments is shown as an aggregate in Table 2.7.1.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

At orientation, a competency pre-assessment is conducted with all incoming students. The program asks each student to self-identify their level of competence on a Likert scale (from 1 – not at all to 5 – competently) with each of the program core competencies. The program conducts a post-competency assessment upon graduation with each student as well. (See RF C 2.6 for Competency Assessment)

The students complete the competency post-assessment during their final two weeks as an MPH student. The assessments are completed online using Qualtrics, a software program used by the North Dakota University System and is available to Department faculty and staff. The competency post-assessment scores are aggregated by core area and used as program outcomes measures for student achievement (Table 2.7.1). The Academic Coordinator runs a report through Qualtrics following graduation in May, August, and/or December—depending on when students graduate. The report provides aggregate data regarding mean Likert scale results of competency achievement. Students learn and work to master each competency through coursework and the practicum. The Master’s Paper also has a competency reflection component that serves to prove to the faculty/advisor that program competencies have been learned. The grade earned on the Master’s Paper is also a key outcome measure for student achievement in the MPH program (Table 2.7.1).

Table 2.7.1. Outcome Measures for Student Achievement				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
Graduates will self-report competence in the program’s core area of Biostatistics	score of ≥ 4 out of 5	4.48	4.46	Pending ¹
Graduates will self-report competence in the program’s core area of Epidemiology	score of ≥ 4 out of 5	4.6	4.63	Pending ¹
Graduates will self-report competence in the program’s core area of Social and Behavioral Sciences	score of ≥ 4 out of 5	4.6	4.98	Pending ¹
Graduates will self-report competence in the program’s core area of Environmental Health	score of ≥ 4 out of 5	4.1	4.29	Pending ¹
Graduates will self-report competence in the program’s core area of Health Services Administration	score of ≥ 4 out of 5	4.2	4.62	Pending ¹
Graduates will self-report competence in the program’s core area of Communication	score of ≥ 4 out of 5	4.4	4.89	Pending ¹
Preceptors will report “very good” or “outstanding” quality of the practicum deliverable	Score of ≥ 3 out of 4	3.4	3.4	Pending ¹
Students will earn an “A” on their culminating experience (Master’s Paper)	80%	70% (7/10)	60% (6/10)	Pending ¹
Students will graduate with at least a “B” average cumulative GPA	≥ 3.0	3.755	3.69	Pending ¹

¹ Data will be available by June 2016 upon completion of the 2015-2016 academic year.

The first cohort in academic year 2012-2013 included 14 students—10 full-time and four part-time. Of the ten full-time students, 8 have graduated. One student dropped due to cost and the other transferred into another academic program within NDSU. The four part-time students are on track to graduate in 2016. That will bring our graduation rate up to 86% for the first cohort. (See Table 2.7.2)

The second cohort in academic year 2013-2014 included 21 students. Ten students in the second cohort have graduated to date (45%). Six students in this cohort have left the program—two were asked to leave due to academic deficiencies, and the other four left the program based on a combination of financial and personal concerns. This cohort will not meet the accreditation graduation rate standard. To address this issue, we have improved communication regarding both academic expectations and financial requirements. Academic expectations are clearly addressed and a writing assessment is now incorporated into the MPH student orientation at the beginning of the first academic year. In addition, communication to incoming students regarding financial considerations has been improved through the MPH website, NDSU Customer Account Services, financial aid office, and personal communication with each student regarding Graduate Assistantship and scholarship opportunities.

The third cohort began in academic year 2014-2015 and included 23 students. To date, all students have remained in the program and are on track to graduate within appropriate timeframes.

	<i>Cohort of Students</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	<i>2015-16</i>
2012-13	# Students entered	14			
	# Students withdrew, dropped, etc.	2			
	# Students graduated	0			
	Cumulative graduation rate	0			
2013-14	# Students continuing at beginning of this school year	12	21		
	# Students withdrew, dropped, etc.	0	2		
	# Students graduated	8	0		
	Cumulative graduation rate	57%	0		
2014-15	# Students continuing at beginning of this school year	4	19	23	
	# Students withdrew, dropped, etc.	0	4	0	
	# Students graduated	0	10	0	
	Cumulative graduation rate	57%	45%	0	

	<i>Cohort of Students</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	<i>2015-16</i>
2015-16	# Students continuing at beginning of this school year	4	5	23	24
	# Students withdrew, dropped, etc.	0	0	0	0
	# Students graduated	1			
	Cumulative graduation rate	64%			

Of the 2014 graduates, six are currently employed, one is pursuing a PhD in epidemiology, and one is pursuing further education in Nursing. The job placement rate for 2014 graduates is 100%, meeting accreditation standards. (See Table 2.7.3)

Of the 2015 graduates, seven are currently employed, one is completing a PharmD degree, and two are actively seeking employment. Job placement rate for the 2015 graduates is 80% to-date.

	2014	2015	2016¹
Employed	6	8	NA
Continuing education/training (not employed)	2	1	NA
Actively seeking employment	0	2	NA
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	NA
Unknown	0	0	NA
Total	8	11	NA

¹ Data will be available in June 2016

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

Because the MPH program is new, matriculation and graduation numbers have been low, and the program has been able to track individual students upon graduation regarding job placement and/or further education. Job placement data for graduates in 2014 was gathered by the Academic Coordinator in conversations with the graduates at the time of graduation. The Academic Coordinator and Director gathered 2015 job placement data through conversations and email follow-up with the graduates also. In the future, the College of Health Professions graduating student survey will be used and most likely revised to meet the needs of the growing

MPH program to effectively capture job placement rates. See RF C 2.7 for College Student Exit Survey.

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

While the following certification exams are options for graduates, to-date no graduates have attempted either exam of professional competence.

Table 2.7.d. Certification of Professional Competence			
<i>Examinations</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
Certified in Public Health (CPH)	NA	NA	NA
Certified Health Education Specialist (CHES)	NA	NA	NA

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

The program conducts key informant interviews with a sample of the program’s first graduated alumni. These interviews are conducted annually to the graduating cohort and published on the program website which can be viewed publicly. Questions include but are not limited to, “How did the NDSU MPH program prepare you for the workforce?” and “How are you impacting the health of North Dakotans?” Interview responses of the first iteration of this assessment (2014) can be found at: https://www.ndsu.edu/publichealth/mpg_grad_profiles/

The most recent interviews explain the program’s alumni workforce preparation by highlighting readiness and competency in social and behavioral health, evidence-based research, healthcare systems, population health care delivery, conducting community health needs assessments, and professional and personal growth. These skills and competencies are being applied by the alumni in the fields of social services, health care institutions, state and local public health departments, and public health research. The Program is working with the Public Health Workforce Interests and Needs Survey (PH WINS), which provides an assessment of workforce knowledge, skills, and attitudes related to work in public health, to utilize data to ensure that NDSU graduates are meeting North Dakota public health needs. The results will be reviewed at the MPH Advisory Committee for the continued development and growth in supporting workforce needs.

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

Criterion is met with commentary.

Strengths: The graduation rate for the first cohort of students met the 80% threshold. The third cohort has not had any students withdraw and is on track to meet graduation rate standards. Academic and financial requirements are clearly communicated to incoming students. A comprehensive variety of methods exists to assess student mastery of competencies at various points throughout the program, including coursework, practical experiences, and pre- and post-testing of competencies. Student grades are monitored, and they must remain in good academic standing to graduate. Job placement rates of graduates demonstrates further proficiency in the competencies. Being able to secure and maintain employment in the public health field attests to graduates having the necessary knowledge and skills in the field. Finally, MPH faculty regularly review the results of these assessment measures to make appropriate revisions to help improve student achievement.

Challenges: Through the self-study process, it was determined that the program needed stronger lines of communication with key departments across campus to ensure that students receive proper and consistent communication 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 MPH structure, processes, and expectations. In the second cohort, some students left the program due to misunderstanding of costs and expectations. As a result, the second cohort will not meet graduation rate standards.

Plan: Continue to ensure clear communication with all incoming students regarding MPH program financial requirements and academic expectations. Continue the strong partnerships between the program and student support services, including customer accounts, financial aid, and the Graduate School.

2.8 Bachelor's Degrees in Public Health.

NA

2.9 Academic Degrees

NA

2.10 Doctoral Degrees

NA

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.

2.11.a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

NDSU offers one joint degree option – a joint Pharm.D./MPH for professional pharmacy students.

2.11.b. A list and description of how each joint degree program differs from the standard degree program.

Students in the Pharm.D./MPH program fulfill all 42 credits of coursework for a standard MPH degree. They are allowed to waive one required course in the Pharm.D. program (Public Health and Pharmacy) and 4 credits of pharmacy electives, because the content is fulfilled by the MPH coursework. Students may also use one course in the Pharm.D. program (either PHRM 620: Special Populations or PHRM 632: Infectious Diseases) as their elective in the Public Health in Clinical Systems MPH specialization. These courses are included as elective options because they have relevance to public health and they address public health outcomes (RF C 2.11). Therefore, appropriate efficiencies are achieved that allow pharmacy students to complete the MPH with only one extra year of full-time study. To ensure continuous quality improvement, the MPH Curriculum Committee will review all courses every 3 years to verify that coursework has sufficient public health content. This process will begin Fall 2016 and will include a systematic review of all course descriptions, course syllabi, and learning objectives to align with the MPH competencies for public health-related content and learning activities.

Since dual degree students must complete all usual MPH coursework, the experience is equivalent by definition. The first student in the dual program completed his MPH in spring 2015 and he has been highly successful in working with pharmacy and MPH faculty on public health research outside of his coursework. The student was also selected by the U.S. Food and Drug Administration for an internship in the Office of Minority Health.

The plan of study for a dual degree student which shows how all classes from both pharmacy and public health are integrated can be found in RF C 2.11.

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

Criterion is met.

Strengths: Since dual degree students must complete all MPH coursework, the experience is equivalent by definition. Course schedules are well-coordinated with the pharmacy program. Pharmacy students have contributed to MPH student diversity. Initial data and experience shows that dual degree students are highly motivated and perform well in MPH coursework. Students have a heavy workload, but only students who are ready for the challenge are selected for the dual degree.

Challenges: The advisors of dual degree students have an additional responsibility to assure that MPH courses are taken in the correct order and semester throughout the Pharmacy curriculum. The program also takes on additional administrative duties to

operate a dual degree program; namely in managing course offerings in coordination with the Pharmacy program.

Plan: The program will continue the dual degree option. The Program Director will continue to work closely with Pharmacy Practice to ensure all degree requirements are met. Based on the success of the current dual degree offering, the program is considering additional dual degree options (PhD/MPH) in the future.

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 program 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 or degree and receives the academic credit.

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

The MPH program is available both on-site and through distance education through the use of the Interactive Video Network (IVN). Whether the student is on-site or at a distance, all course content is the same. Courses are delivered in a synchronous manner, and the IVN system allows for live streaming of students into the classroom in real-time. Faculty are NDSU employees and teach from campus. Faculty are able to travel if necessary, and the IVN technology allows for instructors to teach from off-site as needed. The entire curriculum follows NDSU standard semester terms. To date, the program has had 22 students complete coursework using IVN. Each year has matriculated distance students and the option is growing as a feature that recruits students. In the 2015-2016 year alone the program admitted six distance students which is the largest number of distance student in a single cohort.

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

The MPH program uses IVN, a videoconferencing system which simultaneously transmits computer screen content, webcam video, and audio. Distance students are required to videoconference in “live”, and participate via video and audio in every class.

Additionally, the MPH program has access to Tegrity, a fully automated lecture capture solution used in traditional, hybrid and online courses to record lectures and supplementary course content. Tegrity records computer screen content, audio and webcam video simultaneously, and

then automatically generates a feature-rich recording available for viewing within minutes of recording.

It is up to the discretion of the instructor whether to use Tegrity lecture capture. It is also up to the instructor when to allow access to a Tegrity class recording. In the event that a course absence is necessary, students are responsible for contacting and informing their instructors in advance of missing the class.

The use of IVN allows the program to recruit students from across the state to meet the public health education needs of mid-career professionals. It also allows students from the region and nationally to complete the MPH, even if they are not able to move to North Dakota. For example, the American Indian Public Health specialization is unique and is drawing national attention, and students that are living and working in their home communities can participate in the program. Many of these students are working professionals, and the NDSU program allows them to complete the MPH without moving away from their current work and community.

The majority of students still choose to participate on-campus, but by offering all classes through IVN and the occasional class as an asynchronous option, we are able to more effectively meet the public health education needs of our state as well as American Indian populations across the nation. Course expectations and experiences are the same for students that participate on campus or from a distance. Students that are at a distance are expected to spend the same amount of time in class and on outside work as they would if they were on campus.

Distance learning classes carry the same course numbers and credits as their traditional counterparts and appear on the student's transcript just like any other course; there is no designator identifying class attendance through distance education. Credits earned through distance learning are transferable and are applicable to graduation requirements in the same manner as traditional classes.

Distance students have the same access to student academic support services as on-campus students. The library resources and librarians are available through instant chat, email, and phone. The center for writers also is available to students electronically. Since email is the official means of communication for NDSU, distance and on-campus students have comparable access to their instructors as well.

2.12.c. Description of the processes that the program uses to verify 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 or degree and receives the academic credit.

All students are interviewed in person or via videoconference. Whether the student will participate from a distance or on-site is determined and documented at the interview. Also, the program expects all students to attend orientation prior to the first week of classes. This allows the advisors and many of the instructors to meet each student in person. Distance students each have a password secured video connection so faculty can see them in real-time. All students also use the online Blackboard system for courses which is NDSU-account specific and password protected to ensure only enrolled students have access to course materials.

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

Criterion is met.

Strengths: NDSU has a long and successful track record using distance technology to deliver curricula. IVN technology is supported at the state level by the SBHE. Students receive the same courses whether on-site or at a distance. IVN allows for on-site and distance students to interact with each other in real time.

Challenges: For some students and faculty members, becoming proficient with distance education technology can be a challenge and may require additional time and effort. Classroom dynamics need to account for distance students and may require creative methods to include distance students in group discussions.

Plan: Continue to provide the MPH program through distance education. Continue to offer training to faculty regarding the use of distance technology and teaching methods. Continue to provide technology training for students at orientation.

Criterion 3

Creation, Application, and Advancement of Knowledge



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.

Consistent with our broader mission as a student-focused, land grant, research university, our program pursues an active, interdisciplinary research portfolio through which our faculty and students advance knowledge, policies and practices that improve population health in North Dakota, the Northern Plains region, and beyond. Consistent with our program mission to improve population health among American Indian and other underserved populations, our research portfolio includes specific projects focused on a wide array of health inequities (describe below).

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

The research activities of program faculty are conducted collaboratively with supporting colleges and departments. The interdisciplinary nature of the MPH program encourages the faculty associated with the program to contribute to multidisciplinary research programs across the three colleges. The MPH faculty members are dedicated to ensuring that research is conducted in the specific areas of public health including but not limited to, nutrition, physical activity, infectious diseases, chronic diseases, American Indian health disparities and health care systems, with increasing student involvement. NDSU policies related to faculty research can be found in RF C 3.1 and online at: https://www.ndsu.edu/policy/section_8_grant_and_contract_accounting/

Several examples of faculty and students conducting research in public health exist, including examining the food environment on a local American Indian reservation, ways to prevent childhood obesity, population food preferences, the effects of road dust due to the energy boom in North Dakota, effective messages to decrease teen pregnancy, and increasing seat belt use. Moreover, the American Indian Public Health Resource Center, located within the Department of Public Health, is assisting faculty and students in conducting culturally appropriate research within tribal communities.

The role of NDSU's Vice President for Research and Creative Activity is to facilitate, coordinate and advance research at NDSU and foster economic development. There is exceptional research infrastructure in place; new partnerships underway; and world class opportunities available for undergraduate, graduate, faculty and staff researchers and those engaged in creative pursuits at this student-focused, land-grant, research institution. With well over \$100 million in research expenditures annually, NDSU's research intensity frequently places it in lists of top 100 research universities. NDSU's commitment to serving the State and its citizens is founded in the university's land-grant mission.

NDSU also has a centralized office of Sponsored Programs Administration (SPA) (http://www.ndsu.edu/research/sponsored_programs_admin/) providing support for the administration of all research activities including external funding. SPA at NDSU is responsible for providing assistance for funding proposals, including, but not limited to, providing education

on specific issues related to intellectual property, compliance issues, and other policies and procedures related to research.

To maintain eligibility for Federal and other research funding, NDSU is required to comply with regulations and laws related to the conduct of research. Research Integrity and Compliance at NDSU assists faculty with important research details to conduct research safely and ethically. The following promote and maintain research integrity at NDSU.

- Institutional Animal Care and Use Committee
- Institutional Biosafety Committee
- Institutional Review Board
- Export Controls Office

The Office of Grant and Contract Accounting (GCA) (<https://www.ndsu.edu/grants/>), as a component of NDSU Business and Finance operations, is committed to providing high quality financial services to faculty and administrative staff dealing with SPA. Through sound financial leadership, GCA supports the research, instruction and outreach activities of North Dakota State University. GCA provides post award administrative support services for the university's sponsored programs and other restricted funds, including the development of the university's facilities and administrative cost proposals and coordination of effort certification processes. Specific Services offered by GCA include:

- Coordination of Federal Audits
- Financial Billings and Reports
- Financial Reporting
- Grant Account Auditing
- Grant Rebudgeting and/or Extensions
- Initiate New Grant Accounts
- Effort Reporting

College of Health Professions Policies and Practices Regarding Faculty Research. The College of Health Professions and our partner colleges' policies, procedures, and practices related to faculty research are guided by the university's policies. For example, the university's policy on promotion, tenure, and evaluation of faculty places a strong emphasis on research and scholarly work. Promotion and Tenure Portfolio Guidelines, including: List of Changes to Portfolio Guidelines; Policy and Procedures Checklist for Portfolio Evaluation; Portfolio Cover Sheet; and PTE Timeline are found on the university Provost's website at: https://www.ndsu.edu/provost/academic_resources/promotion_and_tenure/ and in RF C 3.1.

DPH faculty workload expectations regarding research and scholarly activity are described in faculty Position Descriptions (PDs) and employment contracts. Promotion and tenure evaluation uses the PDs as a basis for assessing faculty members' achievements in the areas of research, teaching and service. Although each contract is negotiated individually, a typical tenure-track faculty workload includes approximately 40% Research, 40% Teaching, and 20% Service.

Faculty members are encouraged to secure external funding. Salary offsets from external sources are used to support students in professional development opportunities and to hire MPH students as Graduate Assistants and Research Assistants.

Research Centers. The Department of Public Health houses two Research Centers. The ND SBHE is the policy-setting and advocacy body for the North Dakota University System and the governing body for North Dakota's 11 publicly supported colleges and universities. SBHE approves the creation of university-based research centers and institutes. According to SBHE Policy, Section 307.1, a “center or institute” means a unit that has as a primary function or activity academic instruction, research, or service beyond the immediate campus community. The terms do not include space designations, or units that simply have the word “center” in their title, or units that provide non-academic services, such as dining centers. Department of Public Health Research Centers include:

- **American Indian Public Health Resource Center (AIPHRC)**—This Center was established by a \$1.5M grant from the Helmsley Charitable Trust with matching funds of approximately \$750,000 from the North Dakota Higher Education Challenge Grant in 2014. The Center’s mission is to address American Indian public health disparities through technical assistance, policy development, self-determination feasibility analysis, education, research, and programming in partnership with tribes in North Dakota, across the Northern Plains, and the nation. The Center’s vision is engaging and partnering with tribes to improve the delivery of culturally appropriate public health services and functions in American Indian communities. The AIPHRC is enabled by a multifaceted program and team approach to assist each tribe in their research and service priorities. At the heart of the Center’s philosophy is respect for tribal authority, autonomy, and self-determination. The American Indian communities have access to assistance that includes public health services and programming, research, education, and policy. Annually, four MPH students are engaged in Center activities as Graduate Assistants.
- **Center for Immunization Research and Education (CIRE)**— The mission and purpose of the CIRE is to address concerning trends in vaccine coverage through education and research and to find ways to improve regional vaccine acceptance and immunization rates in both children and adults. The Center’s goal is to have no one in the region suffer from a vaccine-preventable disease. The CIRE is currently working on a project funded by the North Dakota Department of Health to study the effects of personal belief exemptions to school immunization requirements in North Dakota since becoming policy in 2000. This project will engage multiple stakeholder groups in this process and analyzing the effects, if any, that this policy has had on immunization rates and vaccine-preventable diseases in North Dakota in the last decade. The CIRE is seeking funding to study an innovative approach to healthcare provider communication with parents at the medical encounter to help garner trust and confidence in receiving recommended vaccines. Currently, the CIRE supports one full time project manager and two MPH students as Graduate Assistants.

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

2011-2014 – Donald Warne and Donna Grandbois had an agreement with the North Dakota Department of Health Community Transformation Grant to develop data sharing agreements with ND tribes and to develop a tribal community engagement curriculum for public health professionals.

2012-2014 – Donald Warne had an agreement with Sanford Health to provide subject matter expertise on trauma informed care and cultural competency trainings for Sanford One Care.

2013 – David Scott has an agreement with the National Association of Chain Drug Stores Foundation to conduct research on the impact of medication management strategies on patient health outcomes within a medical home or accountable care organization.

2013 – Mark Strand has an agreement with the Southeast Central Regional Network of North Dakota (funded by the State Department of Health) to do a gap analysis of financial efficiency and service delivery in a seven-county region of North Dakota.

2013-2015 – Donald Warne and Abby Gold have an agreement with the agency Prevent Child Abuse North Dakota to provide program evaluation, continuous quality improvement, and program data dissemination for state maternal and child health programs.

2014 – Donna Grandbois has an agreement with the Mayo Clinic Hampton Fellowship program to establish an American Indian cancer research portfolio.

2014 – Mark Strand has an agreement with MedSend to conduct a global survey of cross-cultural healthcare workers to determine quality of life, mental health, and training needs.

2014 – Mark Strand has an agreement with the International Diabetes Federation to conduct a randomized control trial on behavioral modification to prevent diabetes among pre-diabetic Chinese women.

2014 – Molly Secor-Turner has an agreement with Planned Parenthood of MN, ND, and SD to implement and evaluate an evidence-based comprehensive sexuality education program that is community-based and implemented using peer education.

2014 – Donald Warne has an agreement with the University of North Dakota IDeA Network for Biomedical Research Excellence (INBRE) to develop research infrastructure and to support undergraduate research programming at tribal colleges and universities. (See RF C 3.1 for INBRE Agreement)

2014 – Donald Warne has an agreement with the North Dakota Department of Human Services Money Follows the Person-Tribal Initiative to coordinate the development of Home and Community Based Services for long-term care in tribal communities. (See RF C 3.1 for ND Money Follow the Person Agreement)

2014 – Donald Warne has an agreement with the Helmsley Charitable Trust to establish the American Indian Public Health Resource Center and to coordinate public health research with regional tribes.

2015 – Paul Carson has an agreement with the North Dakota Department of Health to research personal belief exemptions in the state and write a white paper recommendation on these findings. (See RF C 3.1 for ND Department of Health Agreement)

2015 – Paul Carson has an agreement with the Dakota Medical Foundation and Otto Bremer Foundation to study interventions at the medical encounter to increase parental acceptance of childhood vaccination.

2015 – Paul Carson has an agreement with Sanford Health in Fargo, ND to study the effect of UV light as a means to decontaminate the healthcare worker caring for highly infectious patients prior to removing their personal protective equipment.

2015 - Neil Dyer has an agreement with the USDA for Public and Animal Health disease surveillance.

2015 – Neil Dyer has an agreement with the National Animal Health Laboratory Network for Public and Animal Health disease surveillance (e.g. West Nile Virus, Avian Influenza, etc).

2015 – Mark Strand has an agreement with the National Association of Boards of Pharmacy, District V, to conduct research into public health service delivery by pharmacists. (See RF C 3.1 for Pharmacists Delivery of Public Health Service Agreement)

2015 – Donald Miller is performing research on Nicotine Content and Packaging of Electronic Cigarette Refill Liquids and Vape Store Compliance with Legal and Ethical Standards in North Dakota under an agreement by Kelly Buettner-Schmidt (Nursing) with the North Dakota Center for Tobacco Prevention and Control Policy.

2015 – Rick Jansen has an agreement with Eastern Virginia Medical School, to conduct multivariate analysis on potential biomarkers associated with breast cancer response to treatment and survival.

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

Over the past three years, MPH program faculty have contributed to projects that brought in over 4 million dollars of funded research. Of these projects, 30 MPH students have been involved in public health research with MPH faculty. The majority of the research projects have been community based which supports the program's and faculty member's commitment to public health service as well.

Due to the large size of the Faculty Research Activity Table 3.1.c. it can be found in RF C 3.1.

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

Table 3.1.d Outcome Measures for Research Activities				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
MPH primary faculty will publish at least one scholarly article in a peer-reviewed journal	50%	81.8% (9/11)	70% (7/10)	66.6% (8/12)
MPH primary faculty will submit at least one research grant proposal as PI or co-PI	50%	36% (4/11)	60% (6/10)	83.3% (10/12)
MPH primary faculty will mentor students through research projects	50%	27% (3/11)	40% (4/10)	58.3% (7/12)
MPH students will hold graduate research assistant positions.	20%	16% (5/32)	21% (9/43)	19.6% (11/56)

3.1.e. Description of student involvement in research

MPH students have opportunities to participate in research projects with faculty from the Department of Public Health as well as with the partnering colleges and departments. Students are made aware of research opportunities through the faculty, through the MPH website, or through the MPH student listserv. The Academic Coordinator routinely reaches out to MPH students through the listserv to inform them of research opportunities both at NDSU and with our community partners / stakeholders. The level of student involvement in research projects ranges from part-time positions to full-time graduate research assistantships. Multiple students have presented their research at national and regional conferences, including the American Public Health Association conference and at the Dakota Conference on Rural and Public Health in North Dakota. Examples of student research include, but are not limited to:

- Road dust research specifically targeting abatement and impacts on human health;
- Menstruation and menstrual hygiene management in rural Kenya;
- Assessing if community coaching impacts child health, specifically childhood obesity;
- Assessing clean air compliance of local restaurants;
- Providing evaluation and data quality control for the Prevention of Child Abuse North Dakota sub-award grantees;
- Evaluating the management of depression among diabetic patients in primary care;
- Public Health Research program area of the AIPHRC is working with each tribe and tribal college in North Dakota to develop community-based research agendas;

- IDeA Network for Biomedical Research Excellence is working with tribal colleges and students to develop research training modules and to coordinate the summer undergraduate research program (SURP);
- Describing perceptions of HPV immunization among community members;
- Developing strategies to improve colorectal cancer screening rates among American Indians in North Dakota;
- Assessing the impact of U-V light apparatus on Ebola virus in hospital settings; and
- Evaluating the differences in tobacco use, exposure to tobacco products, and cessation success among members of a tobacco cessation program within a Federally Qualified Health Center.

Currently, approximately 22% of MPH students are engaged in research activities. Most of these students are on-campus. Some research projects can be conducted remotely, and distance students are eligible to participate in these opportunities. For example, the North Dakota Department of Health worked with NDSU MPH students to investigate a Salmonella outbreak as part of a case-control study that is conducted remotely. Additionally, Dr. Mark Strand is conducting diabetes research in China in which all students are eligible to participate.

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

Criterion is met.

Strengths: The interdisciplinary and collaborative nature of the program allows for a deep and varied portfolio in public health research and provides MPH students exposure to a wide variety of research foci, issues, and methodologies. MPH faculty participate in research collaboration meetings, and research updates are provided at the bi-annual faculty retreat. The MPH program has secured a substantial amount of external funds from diverse funding streams to promote student and faculty engagement in public health research. Two State Board of Higher Education-approved Research Centers are housed in the Department of Public Health (AIPHRC and CIRE).

Challenges: Research expectations may vary among the programs/departments from which the MPH faculty originate, making it challenging to sustain a common research agenda.

Plan: Continue the collaborative research processes and aligning research expectations across the multiple disciplines within the MPH program. As a new Department within the College of Health Professions, standards have been developed regarding research expectations.

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

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

As a land grant institution, established under the Morrill Act, NDSU is proud to serve North Dakota citizens and values the land grant foundation and commitment to service. The program encourages public health-related service as reflected in the policies, procedures, and practices outlined below. All faculty members are involved in public health service activities, however, there are no formal program contracts or agreements with external agencies for service.

Policies, Procedures, and Practices that Support Service

NDSU and the College of Health Professions have policies, procedures, and practices that support service and that accentuate the significance of service. The college-specific policies and practices referencing service are consistent with university expectations and are communicated to faculty through policy and procedure manuals, faculty senate meeting minutes, and faculty meetings (RF C 1.5 for DPH policies, procedures). Several of these policies include:

- Promotion and tenure expectations that emphasize service activities (See Criterion 3.2.b);
- College of Health Professions and participating colleges /departments’ guidelines for faculty appointments specifying service expectations in faculty job descriptions and employment contracts; and
- Department workload agreement supports service by requiring 20% time for faculty. Evidence of professional, university, and community service may include lists of contributions to:
 - Leadership positions in professional or university organizations and committees
 - Significant participation in professional organizations or university committees
 - Demonstrated quality in advising student organizations
 - Active participation in distance and continuing education programs of the college
 - Consulting in a professional capacity, including reviewing for journals and reviewing grant proposals
 - Election to Fellow status in professional societies
 - Appointments to regional, national and/or international advisory boards/committees
 - Invited editorial-ships or presentations, particularly at the national and international levels
 - Community-based organization board or advisory committee membership
 - Consulting about policy development, providing testimony to local, state, and federal governing bodies, providing comment to regulatory agencies, and impacting public health policy.

Recognition for Service-Learning

Service-learning at NDSU is a form of course-based, credit-bearing, experiential learning. Service-learning courses engage students in an organized service activity that meets the needs

identified by community partners and enhances student learning of specific course objectives. Through intentional reflection, students are able to gain further understanding of course content and an even greater sense of personal values and civic responsibility. NDSU recognizes faculty who have gone above and beyond in regards to providing service-learning opportunities to students at the university by offering the Faculty Service Learning Award. In the College of Health Professions, the Dean has an award for Exemplary Service which recognizes a faculty member who has a sustained record of service to the department, college, university, profession, and to the public through professional involvement and/or civic contributions. Recipients are chosen based upon nomination and committee review. The Program Director received this award in 2013.

Link to NDSU service learning:

https://www.ndsu.edu/mu/what_is_in_the_mu/programs/communityengagement/service_learning/

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

The academic home for each MPH faculty member has specific expectations regarding promotion and tenure, based on university requirements. Because NDSU is a land grant institution, emphasis is placed on service activities, with the degree of emphasis (percent of time allocated) depending on each faculty member's position description. Previously, the program followed the service requirements outlined by the School of Pharmacy promotion and tenure process. Now that the program is within the Department of Public Health, there are specific department service expectations for the promotion and tenure process. Other forms of creative activity will be considered which support the candidate's overall productivity in this area. Examples include but are not limited to a developing a new research or practice method/procedure, community campus partnerships that leverage service for scholarship and lead to white papers or review papers that are widely disseminated and used in the public health profession, books, book chapters, and other publications that require a peer-review process. PTE Guidelines for NDSU can be found in RF C 4.2 and for the Department as part of the policy manual in RF C 1.5.

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

Primary faculty members routinely fill a wide variety of professional service roles in relevant professional associations and as ad-hoc reviewers for public health journals. Many of the MPH program faculty members hold leadership roles on national public health initiatives. For examples, we have faculty serving on the Advisory Panel for the U.S. Food and Drug Administration, International Health Section Counselor, and the Health Disparities subcommittee for the Centers for Disease Control and Prevention.

Due to the large size of the Faculty Service Table 3.2.c. it can be found in RF C 3.2.

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

Table 3.2.d. Outcome Measures for Service Goals				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016¹</i>
MPH primary faculty will provide service activities to community, public health, and other health-related organizations.	50 service activities	39	35	64
MPH primary faculty will provide students with opportunities to be involved in service activities.	5 service activities	4	4	3

¹ Data are provided through February 29, 2016.

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

North Dakota State University is a student-focused, land-grant, research university. NDSU promotes faculty and student engagement in community service that enhances the public good, in which the program has been extremely successful. NDSU has a very active student Public Health Association (PHA) through which the majority of public health service activities are coordinated. Most of the activities focus on the four specializations with the program: Health Promotion, Public Health in Clinical Systems, Management of Infectious Diseases, and American Indian Public Health.

Opportunities to engage in service are available to all students. Specific activities have include:

- Setting the agenda for National Public Health Week activities at NDSU coordinated with the American Public Health Association (coordinated by PHA);
- Fund raising and participation in the American Heart Association’s annual Heart Walk;
- Gathering and shipping recycled medical equipment to Liberia;
- Fund raising and increasing awareness of public health needs following the earthquake in Nepal; and
- Increasing attention and awareness on oral health needs in tribal communities.

See RF C 3.2 for National Public Health Week examples.

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

Criterion is met with commentary.

Strengths: The program has a wide variety of service connections to communities within North Dakota. Faculty also provide regional, national, and global service to the profession. As the only MPH program in the nation with an American Indian Public Health specialization, our faculty are frequently sought after for numerous national, regional, and local service activities. Our faculty contribute significantly to the public health service needs to the State of North Dakota.

Challenges: Due to the interdisciplinary nature of the program, service expectations may vary across departments. Limited service opportunities have been provided to students by core faculty.

Plan: Continue the wide array of service activities among faculty members, and align service expectations across the multiple disciplines within the MPH program. Core faculty will expand service opportunities for students by encouraging participation in community service projects. This will be accomplished as part of classroom discussions, in their roles as advisors, and by promoting service activities at student PHA meetings. As a new department within the College of Health Professions, standards have been developed regarding service expectations.

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

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

Faculty in the MPH program consult with local public health units, the North Dakota Department of Health, and Indian Health Service on a regular basis regarding professional development needs. The MPH Program Advisory Committee also provides input regarding continuing education needs of the public health workforce, and guidance regarding future workforce development assessment tools/surveys.

The MPH faculty, staff, and students attend the annual North Dakota Conference on Rural and Public Health. Several faculty and students have presented at this conference, and the program promotes the MPH degree and creates relationships with the public health workforce through interaction with convention attendees via an information booth. Involvement at this conference has created awareness of local workforce needs and has attracted potential students. Such linkages are essential to keeping public health education in touch with applied public health practice. Engaging public health practitioners in workforce development activities improves professional capacity and responsiveness to evolving public health issues.

Several MPH program faculty members have also worked with Sanford Health, the largest health employer in the state, about the needs of their nurses and providers in public health training. Sanford was especially interested in developing continuing education programs to improve leadership skills to better prepare their employees in health systems leadership and management. A certificate in Health Systems Leadership was developed to address these workforce needs.

University of North Dakota (UND) conducted a public health workforce survey in the fall of 2014 that assessed the continuing education needs and interests of the current public health workforce. Results are provided in RF C 3.3. In general, the highest areas of need reported in this survey were for health promotion strategies and health policy training (question 10). This survey also asked about the need for professional development. Respondents were most interested in topics related to program planning and evaluation and working with government and legislative bodies (question 14). In the future, the program plans to partner with UND to conduct this survey every two to three years.

3.3.b. A list of continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

Currently the Program does not host or sponsor formal continuing education programs such as conferences or webinars. However, numerous faculty members provide continuing education trainings and presentations shown in the table below.

Table 3.3.b.1. Funded Training/Continuing Education Activity from 2013-2016

Project Name	Principal Investigator and Specialization	Funding Source	Funding Period/Project Period	Amount				Number of Participants	Community-based? (Yes/No)	Student Involvement? (Yes –Number /No)
				Total Award	2013-2014	2014-2015	2015-2016			
C. diff in long-term care facilities	Paul Carson (MID)	National Association of Directors of Nursing (NADONA)	03/2014	\$250	\$250			30	Yes	No
"West Nile virus"	Paul Carson (MID)	North Central Mosquito Control Association	04/2014	\$250	\$250			30	Yes	No
"Adult Immunization Update and Mandatory Influenza immunization for Healthcare Providers"	Paul Carson (MID)	North Dakota Department of Health	07/2014	\$500		\$500		30	Yes	No
Community engagement	Mark Strand (PHCS)	NDSU Pharmacy Practice Department	10/2013	\$200	\$200			75	No	No
Global Healthcare Workers Needs Assessment.	Mark Strand (PHCS)	MedSend	08/2014	\$1,500		\$1,500		125	No	No
Consultant with SE Central Regional Collaborative	Mark Strand (PHCS)		10/2013-06/2015	\$12,000	\$4,000	\$4,000	\$4,000	14	No	Yes(1)

Table 3.3.b.1. Funded Training/Continuing Education Activity from 2013-2016

Project Name	Principal Investigator and Specialization	Funding Source	Funding Period/Project Period	Amount				Number of Participants	Community-based? (Yes/No)	Student Involvement? (Yes –Number /No)
				Total Award	2013-2014	2014-2015	2015-2016			
Lifestyle medicine in practice-Invited Plenary Harvard Medical School	Mary Larson (HP)	Joslin Center for Diabetes	06/2014	\$1,200	\$1,200			120	No	No
Transforming Primary Care to Treat the Cause-Invited Plenary and Roundtable Integrative Medicine for the Underserved	Mary Larson (HP)	Integrative Medicine for the Underserved/Bush Fellowship	08/2013	\$2,000	\$2,000			250	No	No

Notes: Primary Faculty are identified by **Bold text**, Secondary Faculty are identified by *Italic text* and specialization is listed in parentheses.

Due to the large size of the Non-Funded Workforce Development Activity Table 3.3.b.2. it can be found in RF C 3.3.

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

The MPH program offers four certificate programs, including: General Public Health (18 credits of courses); American Indian Public Health (18 credits of courses); Health Systems Leadership (16 credits of courses); and Infection Prevention (15 credits of courses). Admission requirements and curriculum information can be found at: <https://www.ndsu.edu/publichealth/certificate/>. The Health Systems Leadership and Infection Prevention Certificates were approved in 2015 and have not yet opened for applications in the Graduate School system.

A current or former certificate student may apply to the MPH program, and if accepted, all earned certificate credits may be applied toward their MPH degree

Table 3.3.c. Certificate Enrollment Data for 2013-2016				
Certificate		2013-2014	2014-2015	2015-2016
General Public Health	Applied	NA	0	1
	Accepted	NA	0	1
	Enrolled	NA	0	0
American Indian Public Health	Applied	NA	4	1
	Accepted	NA	4	1
	Enrolled	NA	4	1

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

The program’s primary workforce development efforts to date have been through graduate certificates. MPH faculty members are encouraged to seek out and pursue other workforce development opportunities, and as seen in tables 3.3.b.1 and 3.3.b.2, the program faculty does provide continuing education services. The Program Director also works with the director of the Rocky Mountain Public Health Training Center (PHTC) 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 (<https://www.publichealthpractice.org/training-category/Rocky-Mountain-Public-Health-Training-Center>). The program will continue to explore partnership opportunities with the PHTC with regard to meeting the management and leadership development needs of the regional public health workforce.

The program seeks to take a more strategic approach to continuing education offerings in the future and will include developing program policies to support continuing education. The program plans to use workforce development survey results as a guide for topics and format.

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

The MPH program collaborated with the Department of Pharmacy Practice at NDSU to develop a “Public Health for Pharmacists” certificate via a series of continuing education modules for pharmacists. The continuing education modules are offered online through the NDSU Office of Distance and Continuing Education. The full certificate program consists of 20 hours of work divided into 9 different modules. Pharmacists may complete individual modules by themselves,

or obtain a continuing education certificate by completing all 9 modules. Details about this certificate can be found in RF C 3.3.

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

Criterion is met with commentary.

Strengths: The program has been successful at developing public health certificates in response to workforce needs. Program faculty members are also very active in providing continuing education at local and national conferences.

Challenges: The tuition cost for the certificate program is the same as the tuition for the MPH degree. The cost is high for working professionals that are interested in pursuing a certificate as continuing education and certificate students are not eligible for federal financial aid.

Plan: Workforce development is an area of opportunity for the program to work with partner institutions to continue to assess the needs of the state and region, and to develop opportunities for public health professionals. The program also plans to create policies and programs to expand formal continuing education opportunities to meet the needs of the public health workforce. Policies will be developed in the summer of 2016 with a goal of providing additional continuing education programs in the spring of 2017.

Criterion 4

Faculty, Staff, and Students



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.

Faculty CVs are provided in RF C 4.1.

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

Area	Name	Title/ Academic Rank	Tenure Status/ Classification	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
PHCS	Mark Strand	Professor	Tenured	0.50 ¹	PhD, MS	University of Colorado, Denver, University of Minnesota	Health and Behavioral Science, Cell and Developmental Biology	Epidemiology, Intro to Public Health, Public Health for Pharmacists, Chronic Illness	Chronic Disease Management, Global Health, Disease Patterns in Society, Mixed Methods Research Design, Mandarin Chinese
PHCS	Molly Secor-Turner	Associate Professor	Tenured	0.50 ¹	PhD, MS	University of Minnesota	Nursing, Public Health Nursing	Community Health Science	Social context shapes adolescent sexual health, access to youth-friendly health services and global health
PHCS	Abby Gold	Associate Professor	Tenured	1.00	PhD, MPH	North Dakota State University, University of Minnesota	Health Communication, Public Health Nutrition	Integrating Public Health and Clinical Systems	Sustainable food systems, nutrition

Table 4.1.a. Primary Faculty who Support Degree Offerings of MPH Program Academic Year 2015-2016

Area	Name	Title/ Academic Rank	Tenure Status/ Classification	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
HP	Mary Larson	Assistant Professor	Tenure track	0.50 ¹	PhD, MPH	University of North Dakota, University of Minnesota	Teaching & Learning: Higher Education/Research Methodologies, Public Health Nutrition	Health Promotion Programming	Health Promotion and Lifestyle Medicine
HP	Wonwoo Byun	Assistant Professor	Tenure track	0.50 ¹	PhD, MA, MS	University of South Carolina, Ball State University, Kyoungpook National University	Exercise Science, Health Education, Gerontology, Exercise Nutrition	Health, Nutrition, and Exercise Science	Physical Activity Epidemiology
HP	Ardith Brunt	Associate Professor	Tenured	0.50 ¹	PhD, MS	Iowa State University	Nutrition w/ Gerontology, Nutrition	Nutrition Health and Aging	Nutrition Health, Education, and Aging
MID	Paul Carson	Professor of Practice	Non-tenure track	1.00	MD	University of North Dakota School of Medicine and Health Sciences	Medicine	Management of Infectious Diseases	Hospital Epidemiology, Drug Resistant organisms, Antimicrobial Stewardship, West Nile virus Infection, vaccine acceptance

Table 4.1.a. Primary Faculty who Support Degree Offerings of MPH Program Academic Year 2015-2016

Area	Name	Title/ Academic Rank	Tenure Status/ Classification	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MID	Neil Dyer	Professor	Tenured	0.50 ¹	DVM, MS	Iowa State University	Veterinary Medicine and Veterinary Pathology	Advanced Topics in Public Health Microbiology	Infectious Disease, Public Health, Parasitology
MID	Rick Jansen	Assistant Professor	Tenure Track	1.00	PhD, MS	University of Minnesota	Environmental Health, Minors in Biostatistics and Epidemiology	Advanced Epidemiology, Environmental Health, Research Methods, Biostatistics	Risk Factors for Pancreatic Cancers, Metabolism of Arsenic, Epidemiologic Methods
AIPH	Andrea Huseth-Zosel	Assistant Professor	Tenure track	1.00	PhD, MS	North Dakota State University	Gerontology and Sociology	Social and Behavioral Sciences, Cultural Competence	Rural Health Disparities, Gender Issues, Aging, Injury Prevention
AIPH	Donald Warne	Director, MPH and Associate Professor	Tenured	1.00	MD, MPH	Stanford University School of Medicine, Harvard	Medicine and Health Policy and Management	American Indian Public Health, Health Administration and Management	American Indian Health, Family Medicine, Health Disparities, Public Health Policy
AIPH	Donna Grandbois	Associate Professor	Tenured	0.50 ¹	PhD, MS	North Dakota State University, University of North Dakota	Gerontology, Mental Health Nursing	American Indian Health Disparities, Cultural Competence in Indian Healthcare, Psychosocial Nursing	Resilience and empowerment at the individual and community level Gerontology and Native Americans/elders Vulnerable populations Health disparities related to trauma Aging and mental health issues Health Equity

¹ Although faculty members also teach and advise students within their home departments, much of their focus is on public health within their non-MPH courses, service, and research activities.

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.).

Area	Name	Title/ Academic Rank	Title/Current Employer	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area
PHCS	Megan Orr	Secondary Faculty	Assistant Professor/ NDSU	15%	PhD	Iowa State University	Statistics	Statistics, Biostatistics
PHCS	David Scott	Secondary Faculty	Professor/ NDSU	25%	PhD, MPH	University of Minnesota	Social and Administrative Pharmacy; Health Education and Interdisciplinary Studies	Health Care Delivery in the U.S. and Health Outcomes Research
PHCS	Donald Miller	Secondary Faculty	Professor/ NDSU	5%	PharmD	University of Michigan	Pharmacy	Chronic Disease Management, Clinical Trials, and Epidemiology of Drug Use
PHCS	Bruce Steele	Secondary Faculty	Academic Advisor/ Program Assistant/ NDSU	15%	PhD	North Dakota State University	Natural Resources Management/ Environmental Sociology	Environmental Health, Natural Resource Management
MID	Jane Schuh	Secondary Faculty	Associate Professor/ NDSU	5%	PhD	North Dakota State University	Immunology	Immunology, Ethics
MID	Birgit Pruess	Secondary Faculty	Professor/ NDSU	5%	PhD	Ruhr-Universität Bochum, Germany	Biology	Bacterial Physiology
PHCS	Kathy Anderson	Adjunct Faculty	Pediatrician/ Mid Dakota Clinic	<1%	MD	Brown University School of Medicine	Medicine	Complementary and alternative medicine, Child health issues

Table 4.1.b. Other Faculty Used to Support the MPH Program Academic Year 2015-2016

Area	Name	Title/ Academic Rank	Title/Current Employer	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area
MID	Dubert Guerrero	Adjunct Faculty	Infection Control Physician/ Sanford Health	<1%	MD	University of Philippines Manila	Medicine	Infectious Disease
PHCS	Terry Dwelle	Adjunct Faculty	State Health Officer/ North Dakota Department of Health	<1%	MD, MPHTM	St. Louis University School of Medicine	Medicine	Global health, Epidemiology
PHCS	Kimberly Hammer	Adjunct Faculty	Director of Research/ Fargo VA Health System	<1%	PhD	Iowa State University	Genetics, Natural Products	Genetics, Nutrition
AIPH	Robin Kinnard	Adjunct Faculty	Epidemiologist/ Tribal Epidemiology Center	<1%	DrPH, MHA	University of Oklahoma	Epidemiology/ Biostatistics	Epidemiology, Biostatistics
PHCS	Craig Lambrecht	Adjunct Faculty	Physician/ Sanford Health	<1%	MD, MPH, MBA	University of North Dakota	Medicine	Emergency Medicine
AIPH	Vanessa Lopez- Littleton	Adjunct Faculty	Lecturer/ University of Central Florida	<1%	PhD, RN	University of Central Florida	Public Affairs	Social Determinants of Health, Health Equity, Diversity and Cultural Competency
MID	Avish Nagpal	Adjunct Faculty	Physician/ Sanford Health	<1%	MD, MPH	Kasturba Medical School (India)	Medicine	Infectious Disease
AIPH	Corey Smith	Adjunct Faculty	Senior Epidemiologist/Grea t Plains Tribal Chairman's Health Board	<1%	PhD	University of Minnesota	Environmental Health	Epidemiology, Environmental Health, Biostatistics
PHCS	Heidi Twedt	Adjunct Faculty	Physician/ Sanford Health	<1%	MD	University of Minnesota	Medicine	Diabetes, Women's Health

Table 4.1.b. Other Faculty Used to Support the MPH Program Academic Year 2015-2016

Area	Name	Title/ Academic Rank	Title/Current Employer	FTE/% Time to program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area
AIPH	Malia Villegas	Adjunct Faculty	Director of Policy Research Center/ National Congress of American Indians	<1%	EdD	Harvard University	Culture, Communities, and Education	Cultural Competence, Health Disparities
MID	Nathan Fisher	Adjunct Faculty	Project Leader/ Southern Research	<1%	PhD, MBA	University of Michigan Medical School	Microbiology, Immunology	Basic Immunology, Infectious Disease Pathogenesis, Zoonoses and Rural Public Health

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

The MPH program faculty has expertise in multiple disciplines including epidemiology, microbiology, immunology, public health nursing, biostatistics, nutrition, exercise science, health policy, gerontology, medicine, pharmacy, and American Indian health. Many of the MPH program faculty are conducting research that focuses on public health practice. Thus, faculty members are well prepared to incorporate public health practice into their teaching.

All MPH faculty members actively participate in public health practice through their service activities at federal, state, and community level. For example, the Program Director has over a decade of public health practice experience working with tribal nations, Indian Health Service, NIH, and tribal consortia. Also, Dr. Mary Larson, faculty in Health Promotion, came to NDSU with over 20 years of public health experience in health promotion, and the Associate Director has over fifteen years of practice experience in public health nutrition. Dr. Paul Carson has over 25 years of experience in the field of prevention and management of infectious diseases.

In addition, the MPH faculty invites public health practitioners as guest speakers and/or discussion leaders to the classes in order to incorporate public health practice in teaching. The MPH program also utilizes public health practitioners as preceptors for practicum experiences, thus students have opportunities for applying public health principles into practice.

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

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
% MPH faculty with doctoral degree	100%	94% (16/17)	94% (16/17)	100% (18/18)
% MPH faculty with public health degrees (DrPH or MPH)	35%	23.5% (4/17)	23.5% (4/17)	22% (4/18)
% faculty tenured	50%	41% (7/17)	35% (6/17)	61% (11/18)

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

Criterion is met.

Strengths: All current MPH faculty are exceptionally well-qualified public health professionals for teaching, advising, service, and research. The multidisciplinary make-up of MPH faculty provides a unique set of opportunities for student learning and faculty collaboration. The faculty has a tremendous breadth and depth of experience in public health practice.

Challenges: Recruitment of faculty members with formal public health training (DrPH, MPH) is challenging due to the historical lack of graduate-level public health training opportunities in the Northern Plains region. The MPH degree has not been a sought-after credential in the North Dakota workforce in the recent past and this can be seen in the faculty credentials as well.

Plans: To continue strengthening the program, qualified faculty members with formal public health education (DrPH, MPH, etc.) will be recruited and hired. As MPH faculty positions become available, the program's priority is to ensure that formal public health training is part of the position description and minimum qualifications for hire.

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.

Faculty recruitment policies are discussed in section 1.5.b and 1.8.a.vi.

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

The NDSU Policy Manual that governs faculty appointments, rights, and responsibilities is available online at: <http://www.ndsu.edu/policy/>. This is the primary governance document of NDSU faculty. The MPH program and each department has specific policies and procedures that provide additional information to the faculty about organizational structure, faculty appointments, promotion and tenure, support programs, and expectations for service, research, and teaching. The MPH Program Policy and Procedure Manual and Promotion, Tenure and Evaluation documents are provided on the NDSU MPH Blackboard site and are readily available to faculty members.

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

Faculty development and support provisions are available at the university, college and department levels (described below). Full-time faculty members hired by the Department of Public Health receive office space, financial support for start-up costs, and support for teaching and research by hiring MPH student Graduate Assistants to fill research and teaching assistant roles. This promotes both faculty and student development. The Department of Public Health Policy Manual is provided in RF C1.5.

Adjunct and part-time faculty who teach MPH courses are provided with an email account and access to library resources and the Blackboard learning system portal.

University Level

Information Technology Services (<https://www.ndsu.edu/its/training/>)

The Instructional Services team offers a broad range of learning opportunities for all NDSU faculty, staff, and students. Training classes cover diverse topics such as the Blackboard learning management system, Microsoft Office applications, multimedia tools, and more. The classroom technology staff provide assistance on Tegrity lecture capture, IVN, and classroom software such as the TurningPoint classroom polling system. In addition to formal training, ITS staff are available through the general Help Desk or individually to assist with urgent problems. Faculty generally find the ITS staff to be helpful and responsive when needed.

Grant and Research Support

SPA provides support and approval for all proposal submissions for external funding. One of the ongoing programs to support faculty development is the monthly Gear Up for Grants seminars. The Office of the Provost provides several professional development opportunities, including research, teaching and service learning awards for faculty.

(<https://www.ndsu.edu/provost/academics/awards/>)

Office of Teaching and Learning

NDSU has an Office of Teaching and Learning that was established July 1, 2015, which is a reorganization of previous programs to promote interdisciplinary faculty teaching skills within the Provost's Office. The office's goal is to facilitate activities and programs for instructional and pedagogical support across the NDSU campus, including a teaching certificate program available to graduate teaching assistants. The education professionals at the office offer team building for grant writing, conference planning, curriculum development, focus group-based assessment and Qualtrics surveys. (<https://www.ndsu.edu/otl>)

Faculty Professional Development Luncheons

The Provost's Office sponsors monthly luncheons on pedagogical topics that are led by faculty or outside speakers, and the Provost's Office also sponsors a day-long program for all faculty on teaching topics, which is mostly led by veteran on-campus faculty who share ideas that have worked for them.

Sabbaticals and Professional Development Leave

NDSU does not award automatic sabbaticals but it does allow faculty developmental leave for periods of up to one year. <https://www.ndsu.edu/fileadmin/policy/132.pdf>. Professional Development leave is routinely approved, providing it is beneficial to the faculty and college, and the faculty member's workload is covered appropriately.

College and Department Level

College of Health Professions Instructional Designer

In 2014 the college hired a full-time instructional designer https://www.ndsu.edu/pharmacy/pharmpr_people/dan_cernusca/ who is available to all college faculty for consultation or direct assistance in developing learning strategies, assessment of learning, and use of classroom technology.

DPH Faculty Travel Fund

The Department makes every effort to support faculty travel to professional conferences and public health activities. To be eligible for travel funds, the faculty member must have an accepted conference paper, poster, professional presentation, or performance/exhibit related to public health and be employed or affiliated with the DPH. See RF C 1.6 for Department Travel Fund Request Form.

Research

The Department of Public Health includes a Finance and Research Manager who assists with proposal submissions and budget justifications for external research support. The Manager also assists Principal Investigators on tracking expenditures and timelines for funded projects. Senior faculty routinely provide mentorship and assistance to junior faculty in research design and grant writing.

Faculty-led teaching seminars

Each year in August the college provides new faculty members and teaching assistants a day-long teaching workshop on issues such as theories of teaching, instructional design and classroom preparation, active learning strategies, preparation of a syllabus, and assessment of learning including composition of good test questions.

In summary, MPH faculty at NDSU have many resources for professional development. These opportunities are available to all faculty, whether full or part-time, and regardless of seniority.

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

All evaluations of MPH faculty are based on their assigned workload. The college has a faculty workload document that establishes general expectations in the areas of teaching, scholarship, and service. In the Department of Public Health, the standard workload for tenure-track and tenured faculty is: 40% teaching and advising (9 credit hours), 40% research, creative & professional activities, and 20% service. The standard workload for administrative faculty is: 40% administration, 30% teaching and advising (6 credit hours), 25% research, creative & professional activities, and 5% service. The standard workload for instructional faculty who are professors of practice is: 60% teaching, 10% advising, 10% research, creative & professional activities, and 20% service. However, individual faculty members may have negotiated varying workload agreements, which are outlined in their position descriptions. The College of Health Professions workload agreement can be found in RF C 4.2, and the DPH PTE document can be found in RF C 1.5.

Each faculty member [tenured, probationary (tenure track,) and special appointment (non-tenure track)] are reviewed by February 1 of every year by his/her department chair/vice chair according to the college policy on Annual Performance Review of Faculty. When requested by any party to the tenure or promotion process, including the candidate, formal feedback shall be provided to the individual by the Department PTE Committee, Department Chair, Dean, College PTE Committee, and the Provost. The College PTE Committee will conduct a mid-tenure review according to the college policy on Mid-Tenure Track Review for each tenure track candidate to provide feedback on the candidate's progress toward achieving promotion and tenure within the college.

The Department Chair or Vice Chair are responsible for conducting annual performance reviews of faculty in their respective department and communicating their results to the individual faculty member. During the annual performance review, the Department Chair or Vice Chair provide each faculty member with both verbal and written feedback regarding the individual faculty member's performance and progress toward achieving promotion and tenure including strengths and recommendations for improvement related to the areas of teaching, scholarship (research and discovery), and service. The annual performance review also provides expectations and goals for the coming year review period. Should the annual performance reviews indicate that a faculty member is not making satisfactory progress toward tenure and/or promotion; the report may include a recommendation for non-renewal. Nonrenewal of probationary faculty prior to the sixth year shall be done in accordance with the college and university policies for nonrenewal of probationary faculty. In making a judgment on satisfactory progress, due consideration is given to the candidate's academic record, performance of assigned responsibilities as defined in his/her

position description, and future potential to meet the criteria for promotion and/or tenure. Sections G, H, I of the Portfolio Guidelines are used for the annual review (RF C 4.2).

For probationary faculty (tenure track), at the completion of the sixth year of service, the faculty member is notified in writing that he or she will either be awarded tenure or a one-year terminal contract for the seventh year of service. Promotion and tenure are two separate considerations. For example, a person may be eligible and acceptable for promotion and eligible but not acceptable for tenure. In such a case, tenure may be postponed and the faculty member will be recommended for a special appointment position according to the guidelines of the State Board of Higher Education and NDSU. The Department Chair and Dean will meet with the candidate to discuss the basis for such a decision. This decision must be made before the process is initiated to evaluate the candidate's credentials for promotion and tenure.

All faculty (non-tenure track professors-of-practice and tenure track faculty) are reviewed annually using the Promotion and Tenure Guidelines from the Department, College, and University and annual performance review process stated above. The DPH and College of Health Professions delineate requirements for professors-of-practice seeking promotion to associate or full professors-of-practice and tenure-track faculty seeking tenure or promotion. The annual performance review process for both types of professors (tenure-track and non-tenure track professors of practice) is the same and the criteria for promotion and tenure are outlined in the PTE Guidelines for the Department and College.

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

The MPH program monitors the effectiveness of instructors through SROIs (<https://www.ndsu.edu/fileadmin/policy/332.pdf>).

Students are encouraged to evaluate the quality of teaching and perceived knowledge of the instructors. Student evaluations are reviewed by faculty and the Director to address the strengths and weaknesses of courses. See RF C 2.7 for SROI data. In addition, some faculty utilize the peer-evaluation processes for their teaching evaluation. These processes include a review of syllabi and other written course materials, as well as formal NDSU peer review; review of student evaluations, tests, assignments and grade distribution; and evaluations of teaching assistants. SROIs are used as part of the promotion and tenure evaluation process, guaranteeing student input into faculty evaluation. New faculty members are encouraged to participate in the peer review of teaching program. If problems are found regarding the quality of instruction, remedial help is available through Office of Teaching and Learning.

Peer Review of Teaching Program (PRT)

1. Formative Track. Working with a Peer Mentor, faculty members have the opportunity to engage in collaborative feedback about teaching. The Formative Track is useful anytime, but especially during the first years of teaching and when trying innovative or novel approaches.

Each PRT participant on the Formative Track will work with an assigned reviewer in selected activities that might include review of syllabi, discussion of teaching methods, classroom

observation (minimum of two times), meeting with peer reviewer for pre- and post-observation discussions, and discussion of enhanced ways of assessing student learning.

2. Summative Track. Working with a Peer Evaluator, faculty members have the opportunity to receive a teaching performance evaluation that is helpful for decisions such as promotion, tenure, or merit considerations. The Summative Track may be more appropriate following the first few years of teaching or after novel teaching approaches have become established. The Peer Evaluator's written report at the end of this process will be sent to the faculty member with a copy to their Department Chair. The use of the Summative Track report for promotion, tenure, or merit considerations is expected. The Peer Evaluators for the Summative Track are senior faculty members outside of the faculty member's department.

Each PRT Participant on the Summative Track will provide syllabi and representative samples of assignments/instructional materials/exams and the context of their use, meet with assigned peer evaluator for pre- and post-observation discussions, and have classroom teaching observed a minimum of two times.

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

Criterion is met.

Strengths: NDSU has well-established policies and procedures that govern faculty recruitment, retention, and promotion and provides substantial resources for professional development. The MPH program and the department evaluates teaching effectiveness through course evaluations by students and by peer review of instruction.

Challenges: As an interdisciplinary program, multiple departments within the university are involved in evaluating MPH faculty, thus requiring significant coordination and time. As a new department, public health-specific policies and procedures for faculty do not have a long track record of implementation.

Plans: The MPH program will continue to provide support to faculty for professional development and advancement, including peer evaluation. The MPH program will continue to ensure engagement with and support from partnering deans and department chairs to ensure stability and support for promotion and tenure of program faculty through mutually agreed upon interdepartmental MOUs.

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

4.3.a. Description of the program’s recruitment policies and procedures. If these differ by degree (e.g., bachelor’s vs. graduate degrees), a description should be provided for each.

The MPH program recruits students through university recruitment materials, MPH printed materials, the MPH website (www.ndsu.edu/publichealth), Facebook page (<https://www.facebook.com/NDSUMPH>), outreach work with grants and community events, as well as referrals from alumni, faculty and staff. The program contact for recruitment is the Academic Coordinator who provides the needed information and resources to the prospective students via face-to-face meetings, emails or telephone calls.

Furthermore, students are recruited through outreach efforts at government and community based public health events. Local, regional, and national opportunities include:

- National Public Health Week – daily events in the Memorial Union on campus engage the general student population regarding public health issues and career opportunities;
- Annual Dakota Conference on Rural and Public Health – MPH Program booth engages with working public health professionals to discuss educational and workforce development opportunities at NDSU; and
- American Public Health Association (APHA) – booth in the exhibit and many faculty and staff presentations at the annual conference.

Recruitment plans for the MPH program include working closely with Graduate School and College of Health Professions recruiters to identify potential students. To increase awareness of the MPH program, faculty and staff from all specializations are encouraged to present at local, regional, and national public health conferences, including the American Public Health Association and Academy Health. The Program Director and other faculty members present to the NDSU Pre-med Club, Student Public Health Association, and other student and faculty groups on campus. The NDSU MPH program is the only educational program officially endorsed by the National Indian Health Board (NIHB) (See RF C 4.3 for resolution). Additionally, NDSU has several internal feeder programs to the MPH program, including pharmacy, nursing, microbiology, health, nutrition and exercise science (HNES), the pre-med club, health communications, and an undergraduate Introduction to Public Health course. Additional specialization-specific recruitment efforts include:

American Indian Public Health

- Presentations and recruitment booths at national American Indian-focused conferences, including NIHB, Native Research Network, Association of American Indian Physicians, and Indian Health Service.
- Engagement of regional tribal colleges, including informing faculty and staff of MPH opportunities at NDSU and presenting to students.

- Engagement of American Indian Studies programs at regional universities, including University of North Dakota, Bemidji State University, South Dakota State University, and others.

Public Health in Clinical Systems (PHCS)

- Internal recruitment for the PHCS specialization includes public health coursework offered to pharmacy and nursing students at NDSU.
- Engagement with key regional health systems (Sanford Health, etc.) to identify existing health professionals who may be interested in expanding their public health skillsets.
- Engagement with the North Dakota Department of Health and the 28 Local Public Health Units to identify individuals currently working in public health who do not yet have an MPH.
- Faculty are involved with engagement and recruitment of potential students through the American Pharmacy Association Public Health Special Interest Group.

Health Promotion

- Internal recruitment for the HP specialization includes engaging students in the Health, Nutrition, and Exercise Science programs as well as undergraduate introductory public health courses taught by MPH staff and lecturers.
- The Program Director provides guest lectures in numerous courses at NDSU to inform students of the opportunity for an MPH focus on HP.
- Engagement with regional universities with community health undergraduate programs, including Concordia College, Minnesota State University-Moorhead, and others.

Management of Infectious Diseases

- Internal recruitment includes undergraduate coursework in epidemiology and microbiology taught by MPH faculty.
- Engagement of regional universities with biology and microbiology programs, including St. Cloud State University and others.

4.3.b. Statement of admissions policies and procedures. If these differ by degree, a description should be provided for each.

All applicants to the MPH Program must demonstrate adequate preparation in a field related to public health and show potential to undertake advanced study, research and practical training as evidenced by previous academic accomplishment and experience. All admission decisions are based upon full review of all information in the application in order to ensure fairness and to balance the limitations of any single element of the application. Preference for admission is given to applicants with at least one year of practical experience in their field, including practical field experience gained within an academic program.

The admission requirements and processes are coordinated between the Graduate School and the MPH Admissions Committee. Applicants can view the requirements and submit their application through the Graduate School website (www.ndsu.edu/gradschool).

Minimum Program Admission Requirements:

1. Completion of the online application form and payment of the application fee.
2. A baccalaureate degree or equivalent from an accredited college or university (for U.S. degrees, accreditation by one of the six regional accrediting associations: MSA, NASC, NCA, NEASC-CIHE, SACS-CC or WACS-Sr.).
3. An undergraduate and graduate (if applicable) cumulative grade point average (GPA) of at least 3.00. Undergraduate coursework in fields related to public health should generally exceed a GPA of 3.00.
4. The Graduate Record Examination (GRE) General Test, Medical College Admission Test (MCAT), Graduate Management Admission Test (GMAT), Dental Admission Test (DAT), Law School Admission Test (LSAT), Pharmacy College Admission Test (PCAT), and United States Medical Licensing Examination (USMLE) are accepted.

While there is no minimum score required for admission on standardized tests, performance is used as an indicator of an applicant's verbal and quantitative skills. A standardized test is not required of applicants who are currently enrolled in good academic standing or have completed a degree in a graduate program at an accredited U.S. or Canadian institution of higher learning that required a standardized test score for admission. This test is also waived if applicants can show a minimum of five years of relevant experience in public health that would show ability to engage in graduate level coursework in the field of public health.

5. All graduate applicants must demonstrate academic-level proficiency with the English language before they will be considered for admission. This requirement must be met by all applicants, regardless of citizenship, residency, or nation of birth. No applicants are considered for admission until the English Language Proficiency Requirement has been met. This requirement may be satisfied in any of the following ways:

- A bachelor's degree or higher from a recognized institution in the United States, England, Scotland, Ireland, Wales, Jamaica, Australia, New Zealand, or English Speaking Canada;
- An overall minimum band score of 6.5 on the Academic Module IELTS;
- A satisfactory score on the TOEFL. The expected minimum score is 233 for the computer-based test, 90 for the Internet-based test, and 577 for the paper-based test.
- Successful completion of English Language Service Language Center's Intensive Level 112.

6. Applicants are required to submit the following supporting documentation:
Written Statement of Purpose and Goals – applicants must submit a one-page, written narrative describing their education, relevant work experience and current professional career goals. Applicants are expected to comment on plans they have to use their education and training in public health and any personal qualities, characteristics and abilities they believe will enable them to be successful in achieving their professional career goals.

Resume or Curriculum Vitae (CV)

Official post-secondary academic transcripts from all institutions attended

Admissions Tests – scores must be sent by the Educational Testing Service directly to NDSU.

Three letters of recommendation from individuals who the applicant feels are most qualified to evaluate their academic achievement; clinical, public health or other professional experiences; or leadership potential in public health.

The Admissions Committee will invite selected applicants for an interview on the basis of the Committee's review of all submitted application materials. Final decisions will be made after all interviews are completed. Satisfactory completion of a background check is required prior to admission. The MPH Admissions Committee can be found in section 1.5.a. and detailed admissions process can be found in RF C 1.5.

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

The program has used factsheets mostly for in-person recruitment and use at exhibit booths. Participating in exhibiting opportunities locally (Dakota Conference on Rural and Public Health) and nationally (National Indian Health Board and American Public Health Association) has been a successful means of recruitment. The Program Director presents at numerous regional and national conferences. Program factsheets can be found in RF C 4.3.

- Other program information is available on our website: (<http://www.ndsu.edu/publichealth/>) which is updated weekly or daily.
- Additional information is also available on our Facebook site: <https://www.facebook.com/NDSUMPH>.
- Graduate School Official Website: <http://www.ndsu.edu/gradschool/>
- Registration and Records has a link to important dates and deadlines following the academic calendar: <https://www.ndsu.edu/bisonconnection/dates/>

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

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2013 to 2016				
Specialization		2013-2014	2014-2015	2015-2016
American Indian Public Health	Applied	5	7	10
	Accepted	4	7	9
	Enrolled	4	5	7
Health Promotion	Applied	7	8	11
	Accepted	6	7	6
	Enrolled	6	4	5
Management of Infectious Diseases	Applied	8	11	11
	Accepted	6	9	8
	Enrolled	4	7	7
Public Health in Clinical System	Applied	13	11	6
	Accepted	11	9	5
	Enrolled	7	7	5

Applied = number of completed applications

Accepted = number to whom the program offered admission in the designated year

Enrolled = number of first-time enrollees in the designated year

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years.

Each specialization has increased enrollment numbers over the past three years. The AIPH and PHCS specializations we created in 2013 while the HP and MID specializations were part of the original options in 2012. Therefore, the greatest change in student enrollment can be seen in these two specializations.

Table 4.3.2 Student Enrollment Data from 2013 to 2016¹						
<i>Specialization</i>	<i>2013-2014</i>		<i>2014-2015</i>		<i>2015-2016</i>	
	<i>HC</i>	<i>FTE</i>	<i>HC</i>	<i>FTE</i>	<i>HC</i>	<i>FTE</i>
American Indian Public Health	4	4	8	8	13	9.98
Health Promotion	10	8.32	10	8.99	11	8.65
Management of Infectious Diseases	12	10.66	13	10.64	17	14.32
Public Health in Clinical System ²	6	4.32	12	7.98	15	9.96

¹Includes new and continuing students

²Within PHCS, there was one dual degree student admitted in 2013-2014, one admitted in 2014-2015, and two admitted in 2015-2016.

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

Table 4.3.f. Outcome Measures - Enrolling Qualified Students				
<i>Outcome Measure</i>	<i>Target</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>
Undergraduate GPA for matriculating students	≥3.0	3.32	3.4	3.44
Average TOEFL or IELTS scores for matriculating international students ¹	≥90 TOEFL; ≥6.5 IELTS	91; 6.5	96	98
The majority of matriculated students will be admitted in “full-standing” status (not on conditional enrollment)	≥85%	85.7% (18/21)	95.7% (22/23)	84% (21/25)

¹ No applicants submitted IELTS scores for academic years 2014-2015 and 2015-2016

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

Criterion is met.

Strengths: Interest in the MPH Program has grown significantly over the first four years of existence, and application numbers have exceeded expectations. The continued outreach, engagement, and recruitment of students by faculty and staff has resulted in a high quality student population.

Challenges: No significant challenges have been encountered.

Plan: Continue the multi-tiered approach to student recruitment by faculty and staff. Numerous faculty and staff have engaged students from regional colleges and universities through guest lectures and public health outreach events. All primary faculty are expected to participate in recruitment activities.

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

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

Upon enrollment, students are assigned advisors based on their specialization and are encouraged to meet with their advisors frequently to ensure professional and academic growth and success. Students are introduced to their advisors during Student Orientation (RF C 4.4). The following link contains the student handbook given to each MPH student to sign:

[https://workspaces.ndsu.edu/fileadmin/publichealth/files/NDSU MPH Handbook 2015-16.pdf](https://workspaces.ndsu.edu/fileadmin/publichealth/files/NDSU_MPH_Handbook_2015-16.pdf)

Faculty are selected as advisors based upon how well their area of focus and experience matches student interests. Every semester faculty members attend a day-long retreat for updates to the program and to discuss strategies and tools to improve student mentoring (See RF C 1.5 for faculty retreat minutes). The advisor is expected to mentor students in their academic and professional endeavors. At a minimum, expectations of advisors include:

- Meet with advisees once per semester;
- Promptly respond to student inquiries;
- Assure students enroll in the appropriate courses each semester;
- Assure a Plan of Study is on file with the Graduate School before the student’s last semester;
- Discuss and assist in planning the practicum experience;
- Assure proper proposal form for culminating experience in completed by the student;
- Serve as the lead grader for the culminating experience; and
- Discuss future career aspirations.

For distance students, advising requirements are the same as for on campus students and are coordinated through email and telephone communications. IVN or other tele video options are also available for communication.

An Activity Report for Evaluation of Progress is an annual report tool available for students and their advisors to use. The tool captures course and credit requirements as well as research projects, professional conferences and workshops, and public health services conducted over the course of the student’s academic career (RF C 2.7). Each specialization has a plan of study to help students enroll in classes in the order that best prepares them for the practicum and to attain program competencies. See RF C 4.4 for plans of study.

4.4.b. Description of the program’s career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program’s student population.

Career counseling is offered through the NDSU Counseling Center (https://www.ndsu.edu/counseling/career_counseling/). Career counseling with graduate students

often focuses on helping them to further define career goals that can be achieved with a graduate degree. There is also an emphasis placed on their experiences and skills obtained throughout their graduate program and how these skills translate into public health competencies. Career counseling also explores job opportunities and making the transition from graduate school to employment.

Through the Graduate School students are eligible for professional and career development assistance, workshops and events designed specifically for graduate students (www.ndsu.edu/gradschool/current_students/professional_and_career_development/#c228167).

Advisors and other DPH faculty and staff also provide career counseling and discuss job opportunities with students on an informal basis. The Academic Coordinator sends MPH students job announcements and other professional development / fellowship opportunities on the student email listserv as they become available. Opportunities are routinely posted on the DPH website and are frequently updated at:

https://www.ndsu.edu/publichealth/student_opportunities/

4.4.c. Information about student satisfaction with advising and career counseling services.

The college conducts an annual survey of students that includes satisfaction with advising and career counseling services. Results from 2014-15 academic year show twelve out of sixteen (75%) of MPH students rate the quality of academic advising received in the College of Health Professions as “Good” or “Very Good” (RF C 2.7). The DPH is developing an MPH-specific advising satisfaction assessment tool to be used initially in the 2016-17 academic year.

Career Counseling is a service formally offered by the NDSU Counseling Center. In the 2014-2015 Counseling Center student learning and development report, 85% of students surveyed stated that that regardless of whether they initially came in for personal, career, or academic concerns, the services received at the Center were either “somewhat helpful” or “very helpful” in improving or maintaining academic performance. See RF C 4.4 for full report.

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Students that have programmatic concerns are encouraged to contact the Academic Coordinator who can best determine who or what resource can assist in solving the students’ concerns. If the issue is not addressed with the appropriate student, staff, or faculty member, the program has a formal complaint procedure. To date, there have been no formal student complaints filed.

Student Complaint Procedure

The college has established a comprehensive policy with a simple set of procedures whereby all students enrolled in the college can submit and resolve a complaint about the educational process. While such procedures do not always produce an outcome that meets the student’s preferences, they do ensure that students have access to an equitable and efficient means to

remediate their complaints. The college takes student complaints very seriously. The goal is to ensure that students have access to transparent, due process in a manner that leads to an appropriate resolution of the complaint. A discussion of this policy takes place annually during student orientation for incoming public health students. Each student complaint is appropriately documented and investigated. A chronological record of each complaint, including the nature of the complaint, written records of the complaint procedure, and the final outcomes of the resolution process is maintained in the Office of the Dean. These documents shall be available for review by CEPH or its representatives upon written request or in the process of the on-site evaluation visit.

Student complaints generally fall within two major categories: complaints about unfair grading and all other, non-grade-related complaints. Student complaints about grades are generally handled at the level of the university, since grades are usually administered through the NDSU Office of Registration and Records. Other student complaints remain under the purview of the individual colleges within NDSU.

Student Complaints Regarding Grades

University Grade Appeal Policy

NDSU has an established policy regarding complaints about grading, otherwise known as “grade appeals.” The full grade appeal policy (section 337), which includes hearing procedures, is available at www.ndsu.edu/fileadmin/policy/337.pdf. While students actively considering a grade appeal are referred to the aforementioned website for the specific details of the policy, a summary of the policy is outlined below.

With the exception of incomplete grades, a course grade is considered final unless an appropriate appeal is filed by the student. Grade changes are also considered only for those students who have not yet earned a degree for which the course in question was applied. For a student who has reason to believe that they have been issued an incorrect or inappropriate grade, he/she must initiate a request for a change of a grade with the instructor within fifteen (15) instructional days of the first day of the semester immediately following the semester in which the grade was awarded. For Spring Semester courses, the request may be made within fifteen (15) instructional days of the start of Fall Semester, if the student is not enrolled for a Summer term in the same academic year.

A grade appeal is formally initiated when the student presents the Grade Appeal Form to the instructor. If there is an unsatisfactory decision, the student must consult the department head, and the dean or a designated college committee, proceeding from one level to the next only after an unsatisfactory decision of the conflict at that level. In the event that the instructor is also the department head or dean, he or she need only be consulted in the capacity of instructor. In the event of an unsatisfactory decision within the college, the student may submit a formal written appeal to the Grade Appeals Board Chair. Such an appeal shall be made within fifteen (15) instructional days after conclusion of the college proceedings as stated above. (Policy and Grade Appeal Form can both be found in RF C 4.4)

Non-Grade Student Complaints

Public health students who have a non-grade-related complaint can seek resolution of that complaint through the procedures described below. These procedures represent the sole avenue for student complaints regarding non-grade-related issues. Additionally, because the public health program spans multiple departments, the non-grade complaints are handled through the Dean's Office, rather than by the departments themselves.

- 1.** The student(s) or, in cases where student anonymity is required, their advocate (also known as the "plaintiff(s)") will file a formal written complaint (delivered through the postal service or NDSU email) to the Dean's Office in the NDSU College of Health Professions.
- 2.** The written complaint must include a description of the issue, policy, or procedure in question. It must also summarize the argument of the plaintiff (including the grounds for the appeal or complaint) and provide a reasonable amount of evidence supporting the claim.
- 3.** Upon receipt of the written complaint, the complaint will be assigned to either the Senior Associate Dean (as the chair of the College Academic Affairs Committee) if the complaint is primarily academic in nature, or the Associate Dean for Student Affairs and Faculty Development (as the chair of the College Student Affairs Committee) if the complaint is primarily non-academic. The plaintiff(s) will receive email notification (via NDSU email) within forty-eight hours of the receipt of the complaint concerning the identity of the Associate Dean handling the complaint.
- 4.** The Senior Associate Dean or Associate Dean for Student Affairs and Faculty Development or, if a non-academic issue, Student Affairs, shall convene a meeting of College Academic Affairs or, if a non-academic, Student Affairs Committee to review the complaint. Because the procedures for both Associate Deans and Committees are similar in procedure, they will henceforth be referred to generically as "Associate Dean" and "Committee", respectively. The Committee meeting shall occur within thirty days from the time that the Associate Dean receives the written complaint.
- 5.** Once the Committee has met, the Associate Dean shall prepare and submit a formal, written reply to the student(s) based on the recommendation of Committee. The reply shall include an evaluation of the complaint, a description of any violations, and a proposal for any necessary corrective action. The reply will be sent through official NDSU delivery methods (i.e., the postal service, campus mail and/or the NDSU email system) within fifteen business days from the time that the Committee makes a decision.
- 6.** Decisions of the Committee that demonstrate arbitrary and capricious treatment, or that are fundamentally inappropriate in the eyes of the plaintiff(s) may be appealed to the Dean of NDSU College of Health Professions. In such cases, the student(s) file an appeal using steps one through three outlined above, except the written complaint would be addressed directly to the Dean. The written complaint would also identify and provide evidence indicating that the Associate Dean and/or the Committee acted in an arbitrary, capricious or otherwise inappropriate manner.

7. If unsatisfactory resolution occurs after the appeal to the Dean, a final appeal may be made to the Provost. Once again, the student(s) must file an appeal using steps one through three outlined above, except the written complaint would be addressed directly to the Provost, rather than the Dean, and would provide evidence substantiating the claim of unfair treatment at prior procedural levels.

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

The criterion is met.

Strengths: Career counseling is readily available to students and occurs at multiple levels (university, graduate school, and department). The college annual survey provides the opportunity for students to evaluate advising. The DPH has a well-defined and comprehensive grievance process.

Challenges: With an interdisciplinary faculty across numerous colleges and departments, student advising has not always been consistent.

Plan: DPH faculty members are developing a tool to assess student satisfaction with advising. Results will be used to implement strategies to improve the advising process. DPH will also explore the feasibility of developing a DPH central advisor staff position.