



School of Public and Community Health Sciences

**Master of Public Health
Accreditation Self-Study
September 10, 2011**

Accreditation Self-Study Committee

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1.0 The Public Health Program

The Masters of Public Health program at The University of Montana is a distance education program. By this we mean that, in our program, the majority of instruction occurs when the student and instructor are in different places. Students and faculty from many different places come together in virtual classrooms via the use of technology.

A distance education format is an excellent and direct fit to our stated program mission. Distance education is allowing current working professionals across the 147,046 square miles of Montana and beyond to be able to participate. At the same time, it is allowing other interested individuals who may not be able to pursue full time education, or who may or may not be resident in the greater Missoula area, to participate.

Our MPH program was conceived, through multiple needs assessments and feasibility studies at the University and State levels, as a distance education program in order to expand and upgrade the qualifications of the public health workforce across the large, rural/frontier, medically underserved state of Montana. With our program, Montanans across the state, including mid-career working public health professionals, now have access to graduate-level public health training at in-state tuition rates.

1.1 Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

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

The mission of the UM MPH program is to provide distance-based learning activities, supported by scholarship and service activities, to prepare public health practitioners to improve the health of the people of Montana and other rural areas around the world.

This mission fits within the context of the Mission of the Montana University System, the Mission of the University of Montana, and The College of Health Professions & Biomedical Sciences, which can all be found in Appendix A.

1.1.b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

Goal 1-Instruction: The MPH program will prepare public health practitioners with a sound knowledge and skills base in the core disciplines of public health.

Goal 2-Research: The MPH program will conduct research relevant to faculty expertise that will foster an atmosphere of scholarship as our students learn public health science and practice and will contribute to the enhancement of health in human populations.

Goal 3-Service: The MPH program will provide service to help meet the public health needs of Montana, the intermountain west and rural areas beyond through consultation, collaboration, and continuing education.

1.1.c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

Most program outcome measures remain the same from year to year, but the targets are fluid. Targets change as new initiatives are launched to respond to program data or to adapt to changing circumstances in public health.

Objectives for Achieving Goal 1-Instruction: *The MPH program will prepare public health practitioners with a sound knowledge and skills base in the core disciplines of public health.*

Objective 1.1: We will provide, using distance-based learning, a curriculum that addresses the core public health disciplines of biostatistics, epidemiology, environmental health, the social and behavioral sciences, and public health administration.

Objective 1.2: We will provide linkages with at least three academic programs at The University of Montana by streamlining admissions processes and facilitating dual advising based on the needs of the students and program capacity.

Objective 1.3: We will enroll at least 12 qualified new student applicants each year. Fifty percent or more will be mid-career professionals or multicultural individuals.

Objective 1.4: All MPH students will engage in learning activities that allow them to apply public health theory and practice and to demonstrate public health citizenship by satisfactorily completing the practicum.

Objective 1.5: 1.5 All admitted students will demonstrate proficiency in the five core areas of public health by GPA of at least 3.0 and satisfactorily defending their portfolios and completing the professional paper requirement.

Objective 1.6: Admitted students will complete the MPH degree in a timely manner, achieving 80% or higher degree completion for degree-seeking students within six years of initial enrollment.

Objective 1.7: Employer satisfaction surveys will show a 60% or greater favorable (satisfactory or very satisfactory) response to the MPH graduates in preparedness, potential, leadership and all areas of the survey.

Objectives for Achieving Goal 2-Research: *The MPH program will conduct research relevant to faculty expertise that will foster an atmosphere of scholarship as our students learn public health science and practice and will contribute to the enhancement of health in human populations.* [The MPH program does not have a “permanent research agenda” as academic freedom in the research environment is often, if not always, paramount.]

Objective 2.1: The University of Montana MPH faculty will maintain productive research and scholarly activities in the public health sciences as defined by Unit Standards of the various academic units to which they belong.

Objective 2.2: MPH faculty will teach students to appreciate the value of public health research, scholarship and quantitative skills, and to use public health data effectively; faculty will also provide students with opportunities to conduct research.

Objective 2.3: MPH faculty will communicate the results of their research and scholarly activities both locally and nationally or internationally.

Objectives for Achieving Goal 3-Service: *The MPH program will provide service to help meet the public health needs of Montana, the intermountain West, and rural areas beyond through consultation, collaboration, and continuing education.*

Objective 3.1: Each year, all core faculty members will provide leadership, education, or technical service to organizations and individuals devoted to health and public health in our community.

Objective 3.2: Faculty will provide students with opportunities to be involved in service and students will document their community service activities on their curriculum vita.

1.1.d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The MPH mission, goals, and objectives were prepared by consensus through a series of retreats, meetings, and standing committees involving MPH faculty, students and staff from the University of Montana-Missoula campus, as well as faculty affiliates and public health practitioners distributed across Montana and nationally. Data from program evaluation has been used to assess progress and make revisions to the mission, goals and objectives as necessary.

A review of the program mission statement was conducted in a faculty meeting in the spring of 2009. The consensus was that the original mission required only minor revisions. The mission statement was modified slightly at that time to clarify the intersection of rural and global health as the overarching program theme for the University of Montana MPH program. This mission statement was further refined and simplified as part of the self-study process. The mission statement in 1.1.a. above is a concise version of the MPH mission (Appendix A), as requested for the Self-study.

Assurance that the goals are carried out is the responsibility of the MPH program Steering Committee and the chair of the School of Public and Community Health Sciences.

1.1.e. A statement of values that guide the program, with a description of how the values are determined and operationalized.

The overall professional public health values to which the MPH program is committed are those contained in the American Public Health Association's Principles of Ethical Practice of Public Health, (2002) (found at <http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf>). These key assumptions include: health, community, trust, collaboration, interdependence with physical environment, public discourse, knowledge, science, and dignity.

These overall professional public health values intersect with the values and concepts of the public health faculty and staff of the University of Montana. Specific concepts that underlie this intersection include excellence in mission, trust as the foundation of community relationships, respect for all people, learning as the mechanism of excellence, and innovation as the foundation of success.

The specific values and concepts of The University of Montana-MPH program are grounded in the fundamental, over-arching principle of respect for the dignity and intrinsic worth of persons, considered individually or collectively, regardless of gender, race, religion or ethnic affiliation, from which principle the following are directly or implicitly derived:

- **Beneficence.** Programmatic objectives embrace all population groups without discrimination and are designed to prevent or to alleviate physical and psychosocial impediments to the achievement and maintenance of "normal species functioning."

This same principle is observed through the emphasis of the program upon the identification of, and the provision of measures for, promoting the health of the population, including fostering of appropriate lifestyle choices and the encouragement of personal participation in and responsibility for health- promoting behavior.

- **Individual justice.** Efforts are made to ensure each member of health disparities population groups have affordable access, equal in quality to that of the others, to the health resources required for realization of the earlier-mentioned objectives.
- **Social justice.** Health resources are to be equitably allocated among social groups (e.g. racial and ethnic minorities, health disparities groups, persons with disabilities, etc.), to the fullest extent possible. Such allocation should, however, be consistent with the preservation of resources essential to other socially-valued purposes and projects.

- **Respect for autonomy, including the right of informed consent.** Efforts are made to inform the public about physical, environmental and behavioral risk factors, as well as about the availability of evidence for or against such factors. The latter include information necessary for unbiased risk assessment and for objective evaluation of the validity of evidence reported in the popular media, in particular that which is susceptible of influence by commercial or other interests.

Institutional Review Board approval is sought and received for all MPH research involving human subjects. Currently, two MPH faculty members serve on the University of Montana IRB committee. All MPH students are required to complete a Web-based tutorial on human subjects protection in the required core class PUBH 570 Ethical Issues in Public Health. The University of Montana MPH program seeks to engage community, county and state legislative bodies and administrative agencies in collaborative endeavors toward the achievement of all of these objectives.

Student input in the program is assured by membership on key committees, periodic needs surveys in terms of curriculum, and student surveys and alumni surveys that assess satisfaction with program activities.

The faculty committees of The University of Montana-MPH program function in terms of the professional values and concepts and ethics of public health. These committees show the ethical process and outcomes of shared governance, role modeling for students, and student involvement. In terms of Curriculum and Admissions, the many different professional needs of students are recognized, and students are admitted who are able to meet the many different public health needs of their communities. In terms of Research, cooperation, collaboration and ethical conduct is fostered within and outside of the campus environment, and is role-modeled for students as students are involved in research activities.

The values of the program were those extant in public health as contained in the American Public Health Association's Principles of Ethical Conduct, and as brought to the program by the first three core faculty members of the program who were all trained in accredited Schools/Programs of Public Health, and served as faculty at such institutions. These were united with the values and concepts of the health professionals in the College of Health Professions and Biomedical Sciences at the University of Montana, and standard ethics statements commonly found in public health programs. These were unified and codified by the Self-study Committee, and presented as part of the public self-study document for review and commentary by faculty and students in the fall of 2010. The values of the program have been largely consistent since the beginning of the program, and are those one would expect in a graduate level public health program.

1.1.f. Assessment of the extent to which criterion is met:

This criterion is met.

1.2 Evaluation and Planning. The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

1.2.a. A description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

The MPH program at the University of Montana is committed to systematic, broad-based, and integrated performance assessment to promote and maintain program success. Planning and evaluation are key components of our MPH program, based on qualitative and quantitative input from internal and external stakeholders using evaluation data.

The frequency with which the program evaluates the accomplishment of each objective is annually. An exception is for course evaluations, which are reviewed each semester. Program evaluation is the responsibility of The University of Montana MPH program Steering Committee and chair working in conjunction with the other MPH program standing committees.

UMOnline at the School of Extended and Lifelong Learning (SELL), the University of Montana group that houses the online learning environment for the MPH program, has a confidential evaluation process for every course when it is taught. That student feedback is compiled by UMLearning and presented to the course instructor and the MPH program coordinator and Chair.

Another example of feedback being used in program modification is the MPH faculty retreat, sponsored by the Western Montana AHEC, held in fall of 2010. The guest speaker was Jane Smiley, a member of the MPH External Advisory Committee and a program director for the Montana state health department. As a result of discussions held at that retreat, an application for a minor in Global Public Health was put forward to the Board of Regents, and an undergraduate class was offered by the MPH program for employees of local and state health departments (Epidemiology 101).

The MPH program coordinator compiles the evaluation data from all sources listed below, organizes them, and presents them to the chair. The chair decides which committee(s) will be best able to respond to the feedback with action in the program, with policy, or to collect additional data if necessary.

The focus of evaluation and planning is the Steering Committee, who receives most of the evaluation data and/or the recommendations from other standing committees based on the evaluation data. The evaluation processes of the MPH program, including the multiple sources of data available to the program for monitoring and planning, are detailed below in Table 1.2.a. All evaluations occur annually (except course evaluations, which occur each semester).

Table 1.2.a Evaluation Process of the MPH Program			
Domain	Stakeholders	Data Sources	Users
MPH program mission, goals, and objectives	Internal and External	Chair, faculty, students, Steering Committee, alumni	Students, faculty, preceptors, employers
Curriculum development and implementation	Internal and External	Chair, faculty, students, Curriculum Committee, alumni	Steering Committee, Program and affiliate faculty, students, preceptors, employers
Public health program competencies	Internal and External	Chair, Steering and Curriculum Committees, faculty, students, alumni	Program and affiliate faculty, students, employers, preceptors, Steering Committee
Faculty Evaluations	Internal	Dean, Chair, faculty	Dean, Chair, faculty
Administrator Evaluations	Internal	Dean, Chair, faculty	Chair
University of Montana program Review	External	Chair	University of Montana
MPH Program Marketing	Internal and External	Chair, faculty, students, alumni	Chair, faculty, students, alumni, employers
Characteristics of MPH program applicants	Internal	Coordinator, Chair, Admissions Committee	Dean, Chair, faculty, Steering Committee
Characteristics of MPH program enrollees	Internal	Coordinator, Chair, Admissions Committee	Dean, Chair, Steering Committee
Progression of MPH program enrollees	Internal	Coordinator, Chair	Deans, Chair, Steering Committee
Progression of MPH program graduates	Internal	Coordinator, Chair	Deans, Chair, Steering Committee, Internal and External advisory Committees
Practicum Sites and placement	Internal and External	Practicum Director, faculty, Chair, Coordinator, students, alumni	Deans, Chair, Steering and Curriculum Committees, Preceptors
Faculty and student research productivity	Internal and External	Chair, faculty, students, Research Committee	Deans, Chair, faculty, students, employers, preceptors, Steering Committee
Course enrollment by MPH and non-MPH enrollment	Internal and External	Chair, faculty, students	Deans, Chair, faculty, students, Steering Committee
Course Evaluations	Internal	Chair, faculty, students, Coordinator	Deans, Chair, faculty, Steering Committee
Preceptor Evaluations	Internal and External	Practicum site mentors, Coordinator	Chair, faculty, students, Steering Committee
Employer Survey	Internal and External	Selected employers, Coordinator	Chair, faculty, Steering Committee, Employers
Alumni Survey	Internal and External	Graduates Coordinator	Chair, faculty, students, employers, preceptors, Steering Committee

1.2.b. A description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

The results of evaluation and planning are used annually by the Steering Committee and chair to enhance the quality of programs and activities, with the support of the Dean. This review occurs during spring semester, with implementation by the chair during the summer prior to fall semester.

Multiple examples can be offered.

- Early evaluation activities in the program revealed a desire of students for additional coursework in epidemiology. As a result courses were added in Neuroepidemiology, History and Theory of Epidemiology, and Communicable Disease Epidemiology, all elective MPH courses.
- A course in Informatics was offered as an elective, but as a result of poor enrollment was discontinued.
- An elective in International Health was expanded to become an elective in Global Health to more correctly support the mission of the Montana MPH program.
- Course offerings in the Summer School at the University of Montana were, at the request of the students and with the permission of the Dean, enlarged and made permanent to allow students to move through the program more quickly (these courses included the core courses of Public Health Ethics and Evaluation Methods).
- A core course instructor, who was having some difficulties with a core class that was outside her primary discipline, was removed at the request of students and placed in a highly successful elective class. The instructor was successful in the elective class that was in her primary discipline.
- An elective in Public Health Leadership has been offered in the spring of 2011 to meet aspects of the interdisciplinary competency of leadership at the request of the chair, who believed additional leadership training necessary in Montana following discussion with leaders of the state health department.
- The Strategic Planning Retreat of MPH faculty in the fall of 2010, lead by a former Director of the state health department, included evaluative discussions of future program goals, including adding additional electives at the graduate level, developing a minor in Global Public Health over the next three years, and supporting the state health department in its Accreditation endeavors.
- As an example of regular employer feedback to the MPH program, we note positive reports from the following employers of our program graduates: the Western Montana Area Health Education Center, the University of Montana Center for Excellence in Disability, the Riverstone City/County Health Department of Billings, and the state health department of Montana. Following feedback from both employers and alumni, we have made program changes in curriculum (adding epidemiology courses), emphasizing practicum involvement in areas that highlighted public health practice, and emphasizing research that is interdisciplinary in nature.
- As an example of the impact of changing national public health priorities on the

training activities of the MPH program, we note the impact of the national Board of Accreditation and national accreditation activities on the state of Montana and the role of the state-wide Public Health Task Force in developing these in conjunction with the Robert Wood Johnson Foundation and the state health department. The chair of the SPCHS serves as the academic liaison and committee member to this Task Force. Two members of the External Advisory Committee for the MPH program also serve on this Task Force.

An example of how decision-making using evaluation and planning data is accomplished is the recently completed “Describing the Montana Public Health Workforces.” TWO MPH students, sponsored by the Western Montana AHEC and the University of Montana School of Public and Community Health Sciences, and presented as a poster at the Public Health Summer Institute held at the University of Montana in July 2011, carried out this survey. The Summer Institute is jointly sponsored by the University of Washington Center for Public Health Practice and the Montana State Health Departments, is ongoing, and has been in existence for many years. The survey per se (N=463) was an enumeration of the current public health work force broken down by frontier, rural and urban counties. Challenges such as recruitment and retention, especially of nurses, and the need for differing types of continuing education were addressed and will be heeded by the Steering Committee of the MPH program. Note poster will be available at the site visit.

1.2.c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program's performance must be provided for each of the last three years.

By meeting our objectives, we will achieve our goals. The outcome measures for the objectives for goals 1-3 are listed in Table 1.2.c below. Column one contains the Instruction, Research, and Service objectives. For some outcome measures we have data from 2010-11 and so have included it as the most recent of the past three years. In other cases we use the years 2007-08, 2008-09, 2009-2010 as the most recent three years.

Table 1.2.c. Outcome Measures for monitoring program objectives						
Objective (from 1.1.c.)	Outcome Measure	Target	2007-08	2008-09	2009-10	2010-11
1.1 We will provide, using distance-based learning, a 42 unit curriculum that addresses the core public health disciplines of biostatistics, epidemiology, environmental health, the social and behavioral sciences, and public health administration.	1.1.a Forty-two unit curriculum; six units elective, 24 units distance based core classes; 9 units for practicum, professional paper and portfolio.	Outcome measure to be met by 2008 and maintained.	Target not met. Catalog offers a 36 or 39 unit MPH	Target met	Target met	Target met
1.2 We will provide linkages with at least three academic programs at The UM by streamlining admissions processes and facilitating dual advising based on the needs of the students and program capacity.	1.2.a Tally of number of students enrolled in MPH or CPH from the UM departments: -Physical Therapy -Health and Human Performance -Pharmacy	Admit and enroll no more than 5 Certificate students at any one time.	Targets met.	Targets met.	Targets met.	Targets met.
1.3 We will enroll approximately 12 qualified new student applicants each year. Fifty percent or more will be mid-career professionals or multicultural individuals.	1.3.a Enrollment of new students	12 new students enrolled per year	Target met.	Target met.	Target met.	Target met.
	1.3.b Enrolled students will enter the program with a GPA reflecting academic success	GPA of >70% incoming program students will meet or exceed 3.0	57% Target met.	73% Target met.	73% Target met.	88% Target met.

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	1.3.c Enrolled students will enter the program with GRE scores reflecting potential for academic success in graduate study.	80% or more students will score >399 on each component of the GRE test (verbal and quantitative)	Verbal: 100% Quantitative: 100% Target met.	Verbal: 90% Quantitative: 90% Target met.	Verbal: 85% Quantitative: 100% Target met.	Verbal: 64% Quantitative: 80%
	1.3.d Enrollment of American Indian MPH students	6% American Indian to match ethnic profile of Montana		5% Target not met.	4% Target not met.	13% Target met.
	1.3.e Enrollment of mid-career professionals	50% or more enrolled students	NA	72% Target met.	57% Target met.	60% Target met.
	1.3.f Enrollment of students of color and/or Hispanic (not including American Indian)	3% students of color and/or Hispanic to match profile of Montana	NA	5% Target met.	7% Target met.	0% Target not met.
1.4 All MPH students will engage in learning activities that allow them to apply public health theory and practice and to demonstrate public health citizenship by satisfactorily completing the practicum.	1.4.a Satisfactory completion of practicum	100% of enrolled and graduated students	NA	100% Target met.	100% Target met.	100% Target met.

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<p>1.5 All admitted students will demonstrate proficiency in the five core areas of public health by GPA of at least 3.0 and satisfactorily defending their portfolios and completing the professional paper requirement.</p>	<p>1.5.a Core course grades accomplished satisfactorily</p>	<p>100% of students will complete courses with GPA of at least 3.0.</p>	<p>NA</p>	<p>100% Target met.</p>	<p>100% Target met.</p>	<p>100% Target met.</p>
	<p>1.5.b Portfolio defense and professional paper accomplished satisfactorily</p>	<p>100% of students will complete satisfactory portfolios and professional papers.</p>	<p>NA</p>	<p>100% Target met.</p>	<p>100% Target met.</p>	<p>100% Target met.</p>
<p>1.6 Admitted students will complete the MPH degree in a timely manner, achieving 80% or higher degree completion for degree-seeking students within six years of initial enrollment.</p>	<p>1.6.a Compare date of enrollment to graduation, allowing for approved leaves of absence.</p>	<p>80% degree completion within six years</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>1.7 Employer satisfaction surveys will show a 60% or greater favorable (satisfactory or very satisfactory) response to the MPH graduates in preparedness, potential, leadership and all areas of the survey.</p>	<p>1.7.a MPH employer survey will be drafted during the academic year 2011-12 and administered first in summer 2012.¹</p>	<p>Annual response to employer survey will show a 60% or greater favorable response.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

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<p>2.1 The University of Montana MPH faculty will maintain productive research and scholarly activities in the public health sciences as defined by Unit Standards of the various academic units to which they belong.</p>	<p>Annual Faculty Research Survey monitors faculty research productivity in publishing (2.1.a), presenting (2.3.a), and grants/contracts (2.1.b).</p>	<p>2.1.a 75% faculty will publish at least one manuscript per year</p>	<p>Published = 81% Target met</p>	<p>Published = 74% Target not met</p>	<p>Published = 73% Target not met</p>	<p>Data to be collected in autumn 2011</p>
		<p>2.1.b 75% faculty will submit at least one grant or contract or will report working under grant/contract funding</p>	<p>Submitted or funded = 86% Target met</p>	<p>Submitted or funded = 79% Target met</p>	<p>Submitted or funded = 87% Target met</p>	<p>Data to be collected in autumn 2011</p>
<p>2.2 MPH faculty will teach students public health research, scholarship and quantitative skills, and to use public health data effectively; faculty will also provide students with opportunities to conduct research.</p>	<p>2.2.a Students will produce a successful Professional Paper.</p>	<p>100% of students who graduate (under current catalog, adopted in 2008).</p>	<p>NA</p>	<p>100% of graduated students Target met</p>	<p>100% of graduated students Target met</p>	<p>100% of graduated students Target met</p>
<p>2.3 MPH faculty will communicate the results of their research and scholarly activities both locally and nationally or internationally.</p>	<p>2.3.a Annual Faculty Research Survey monitors faculty research productivity at the local, national and international levels.</p>	<p>75% faculty with at least one research presentation per year.</p>	<p>100% Target met</p>	<p>89% Target met</p>	<p>53% Target not met</p>	<p>Data to be collected in autumn 2011</p>

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<p>3.1 Each year, all core faculty members will provide leadership, education, or technical service to organizations and individuals devoted to health and public health in our community.</p>	<p>3.1.a Community Service Survey administered annually henceforth.</p>	<p>100% of core faculty reporting at least one service activity per year.</p>	<p>CSS not administered</p>	<p>100% of core faculty Target met</p>	<p>100% of core faculty Target met</p>	<p>100% of core faculty Target met</p>
<p>3.2 Faculty will provide students with opportunities to be involved in service and students will document their community service activities on their curriculum vita as part of their portfolio.</p>	<p>3.2.a Students mandatory CV will include a section for reporting service.</p>	<p>100% of students will report engaging in service during their tenure in the UM MPH program.</p>	<p>Target not met</p>	<p>Target not met</p>	<p>Target not met</p>	<p>100% of graduating students met target</p>

¹ We carried out an initial employer survey when the program was being planned to assess need for the program. Approximately 60% of our students are mid-career professionals, who are already employed, and virtually all of our students work and carry out their MPH program on a part-time basis.

1.2.d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.

The University of Montana MPH program has prepared an analytic self-study document that provides both a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria. An assessment of strengths and weaknesses in terms of the program performance against accreditation criteria follows:

Strengths:

The program utilizes an accomplished and experienced core and program faculty with public health expertise from a variety of programs on and off the University of Montana campus. This is a definite strength in terms of providing students with multiple exposures to different varieties of the public health model and our unique mission.

The 42-unit curriculum mandated by CEPH covers the core areas of public health, with additional areas added that are program specific and include the program's double foci on international and rural health, which is an additional strength. The three required supervision courses – practicum, professional paper, and portfolio – provide not only experiential learning through the practicum but a culminating experience that combines academic (professional paper) with reflective (portfolio) experiences. This provides a solid foundation for a career in public health based on life-long learning using digital techniques. Affiliate faculty from the public health community in Montana and elsewhere provide experiences to students that enrich and expand the student perceptions of public health practice.

The MPH Program Standing Committees (Steering, Curriculum, Admissions, and Research) effectively share governance of the program, and include student members and input into decision-making. The External Advisory Committee has provided timely guidance and advice to the chair and Steering Committee. The External Advisory Committee does not meet as a group, as it was conceived of and implemented as a group of national (Kansas, California, Georgia, Alabama) and local on-call consultants available to the Chair of the Program and to the Steering Committee for advice. Resources did not permit bringing them all to campus for a face-to-face meeting. However, several members of the External Advisory Committee are also members of the Montana Public health Task Force (Smilie, Lapan, Helgerson, Molgaard) that usually meets on a quarterly basis and assumes some of the activities of an External Advisory Committee.

Service is highly regarded as a program activity, whether carried out by faculty or students. The Core faculty has remained research active in terms of grants, contracts, and professional papers and presentations throughout the initial stages of this new program, and other program faculty and faculty affiliates are distinguished by their research activity.

Students have been successfully involved in faculty research projects, and have created their own research programs in some cases. Student involvement in faculty research projects is described in 3.1.e. Collaborations involving distance students are carried out using the same mechanisms (telephone, conference calling, e-mail, Elluminate, etc.) used to carry out collaborations involving distance colleagues. For example, one student in Billings, MT (~350 miles from Missoula) and a faculty member in Missoula worked jointly on a statewide survey of lead public health officials and county commissioners. It was carried out from the Billings city-county health department, monitored and advised by the faculty member, and written up together using email and published by a major public health journal.

Elective classes are offered in digital fashion by the faculty to supplement the core classes, and to supplement other elective classes available face-to-face through the program. Advising and communication with students is based on current technological approaches, and is therefore timely and efficient, and the program offers a formal Orientation each fall.

Admissions activities focus on the potential of applicants to advance public health practice in Montana, as well as other standard measures (GPA, GRE, letters of reference, prior experience in health or medicine, etc.). The first graduates of the program have been able to move into positions that utilize the training and experiences they have received in the program, and many have moved into leadership roles in their organizations. Support for this program in terms of state-funded positions, staff, space, library and computer resources, continuing education support for information technology, and office operations and expenses (OOE) has been good to excellent. By association with the program several faculty have been able to move successfully up the promotion and tenure ladder in their home departments. The program is maturing, with increasing enrollment and enthusiastic applicants and students, and is headed in the right direction in terms of the future public health needs of Montana.

Weaknesses:

The program needs to improve its recruitment and retention of minority students. A major step forward in this regard was the recent recruitment of a minority (American Indian) faculty member to the public health faculty, which should aid in recruitment. Advertising of the program could be improved, although the initial decision was to “go slow” as the curriculum was revised to meet the 42 unit CEPH requirement and the faculty became accustomed to digital educational techniques.

Some of the digital techniques are “oversold” as providing answers for distance education. Elluminate for example has proved limited after initial enthusiasm, but is still the tool of choice for defenses and presentations, which can be recorded for future use. Although Continuing Education has provided stellar support services to the MPH program, Blackboard still provides kinks that require attention, and international uses of Blackboard have proved limited. Our College is working on a new solution for web conferencing. The move from Blackboard to Moodle will occur in the summer of 2011, and may be a source of confusion to faculty and students alike, although electronic

instruction is supposedly to be improved with Moodle. The discussion board format is also an approach that many students adapt to well, but others never find acceptable.

The MPH program has moved away from establishing long term international practicum sites as being beyond its financial and staff resources at this time. We will encourage students who have a desire to do an international practicum and faculty will continue to supervise them from Montana. The MPH students themselves have taken on much international activity, generating practicum placements with organizations in Uganda, Togo, New Zealand, Bangladesh, and elsewhere.

Students admitted to the program are often mid-career professionals. This is reflected in GPA's that are not as powerful as one would like, often reflecting undergraduate education some years back that was not received enthusiastically. But on the other hand, such students show reasonable recent GRE test scores and perform in the program well as the experienced professionals they now are.

1.2.e. Analysis of the program's responses to recommendations in the last accreditation report (if any)

Not applicable

1.2.f. A 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, instruction faculty, students, alumni and representatives of the public health community

The self-study was begun through the Curriculum Committee, which began initial work on the competencies. The Curriculum Committee was chaired by Dr. Harris at that time, and consisted of Dr. Carter, Mr. White, Dr. Ward, Dr. Putnam, and Dr. Sondag, and a student member (Mr. Felton). Subsequently, a Self-Study committee per se was formed; replacing the Internal Advisory Committee which had consisted of the line Deans involved in the MPH program development, and was composed of Dr. Molgaard, Dr. Golbeck, the program coordinator (Ms. Lockman) and a student representative (Ms. Stevens). This group was responsible for writing the first version of the self-study. It was posted on the program website for faculty and student commentary. Dr. Harris was on sabbatical at this time. Following review of the self-study by CEPH, the Self Study Committee was reformed. Dr. Humphries from the Rural Institute was added as a member and Chair. The student member went on maternity leave and was replaced by another student (Ms. Buckner). Dr. Molgaard and Dr. Golbeck stayed on the committee, as did the program coordinator (Ms. Lockman). This group wrote the second version of the self-study, which was again posted on the program website for faculty and student commentary, as well as being reviewed by the Dean of the College, the Provost, and the President's office. The second version of the self-study resulted in scheduling of the site visit of the program on October 17-18, 2011.

The challenges held by the self-study for a distance-based program were minimal and addressed by appropriate use of technology, an active and experienced Steering Committee, and a program retreat held in the fall of 2010.

The original self-study document was written initially between September 2009 and October 2010. Work began in the fall of 2009 following receipt of applicant status from CEPH in the summer of 2009. The Curriculum Committee, Research Committee, and chair of the School wrote major sections. Input was received by various program constituents, including the provost's office, the dean of the College, the Office of Continuing Education, College of Health Professions and Biomedical Sciences administrative staff, instruction faculty, students, alumni and representatives of the public health community. In the summer of 2010 an executive self-study committee was formed to finish the self-study that consisted of the chair of the School, the chair of the Research Committee, a research faculty member who serves on the Curriculum Committee, a student, and the Program Coordinator. Meetings regarding the accreditation process of CEPH have been publicly posted on The University of Montana-MPH Web site and by Web broadcast.

In September 2010 the self-study was placed on the web for review and comment by all program constituents. A hard copy was also made available for review in the program office. Following review by CEPH, the self-study was revised and resubmitted to CEPH for review on May 17, 2011.

1.2.g. Assessment of the extent to which criterion is met:

This criterion is met.

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

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

The University of Montana-Missoula was originally chartered as an institution of postsecondary education in 1893 and is affiliated as a public unit of the Montana University System. The University is classified as a co-educational, doctoral university and is fully accredited by the Northwest Association of Schools and Colleges. The University of Montana – Missoula received a full-scale evaluation by the Northwest Association in April 2010, and the Commission reaffirmed the accreditation in June 2010 seven additional years, which is not the maximum term for accreditation.

The Montana University System is governed by the Montana Board of Regents of Higher Education (Board of Regents), appointed by the governor of Montana. The University of Montana-Missoula is the largest campus of The University of Montana, with nearly 15,000 students in 2010. The University is assigned the exclusive responsibility within the Montana University System for the instructional professional programs in public health. The programs are housed in the School of Public and Community Health Sciences, located within the College of Health Professions and Biomedical Sciences. The professional public health programs at The University of Montana accepted its first class in 2006.

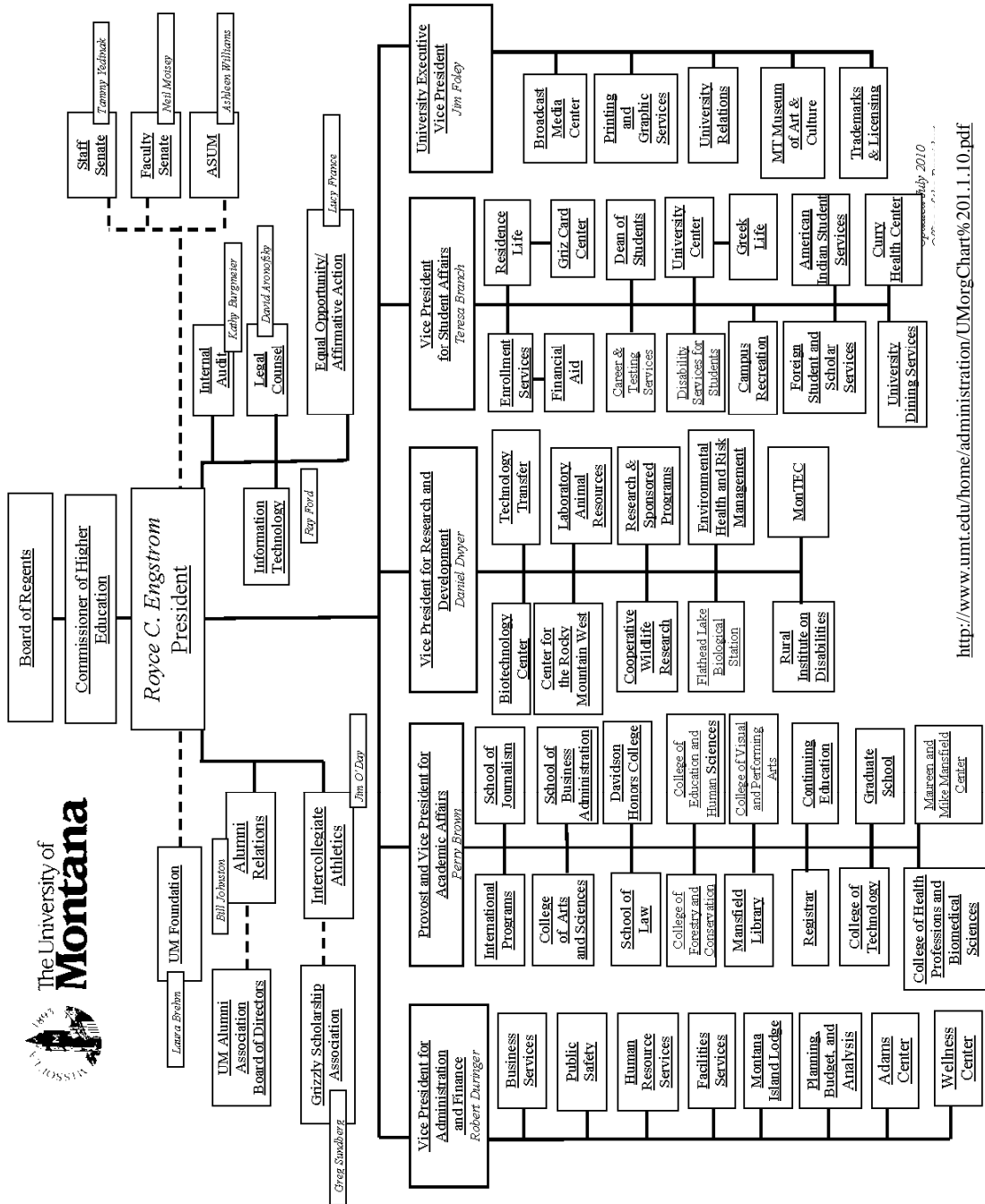
The Dean of the College of Health Professions and Biomedical Sciences administers four professional schools: The Skaggs School of Pharmacy, The School of Physical Therapy and Rehabilitation Science, The School of Social Work and The School of Public & Community Health Sciences. The College offers the Bachelor of Arts in Social Work, Master of Science degrees in Neuroscience, Pharmaceutical Sciences, and Toxicology, the Master of Public Health degree, the Master of Social Work degree, the Doctor of Pharmacy and the DPT degrees, and Doctor of Philosophy degrees in Neuroscience, Biomedical Sciences and Toxicology. All professional programs at the University are governed by the Collective Bargaining Agreement (CBA) between The University of Montana University Faculty Association and the Montana University System, effective July 1, 2009 through June 30, 2013 (Appendix B).

Many of the professional schools and departments at the University of Montana-Missoula have special accreditation as well.

- The National Association of Schools of Art and Design (NASAD) accredit the Department of Art.
- AACSB International–The Association to Advance Collegiate Schools of Business, accredits all programs of the School of Business Administration. In addition, the accounting programs have a separate accreditation by the AACSB.
- The American Chemical Society approves the Chemistry Department’s Bachelor of Science program.

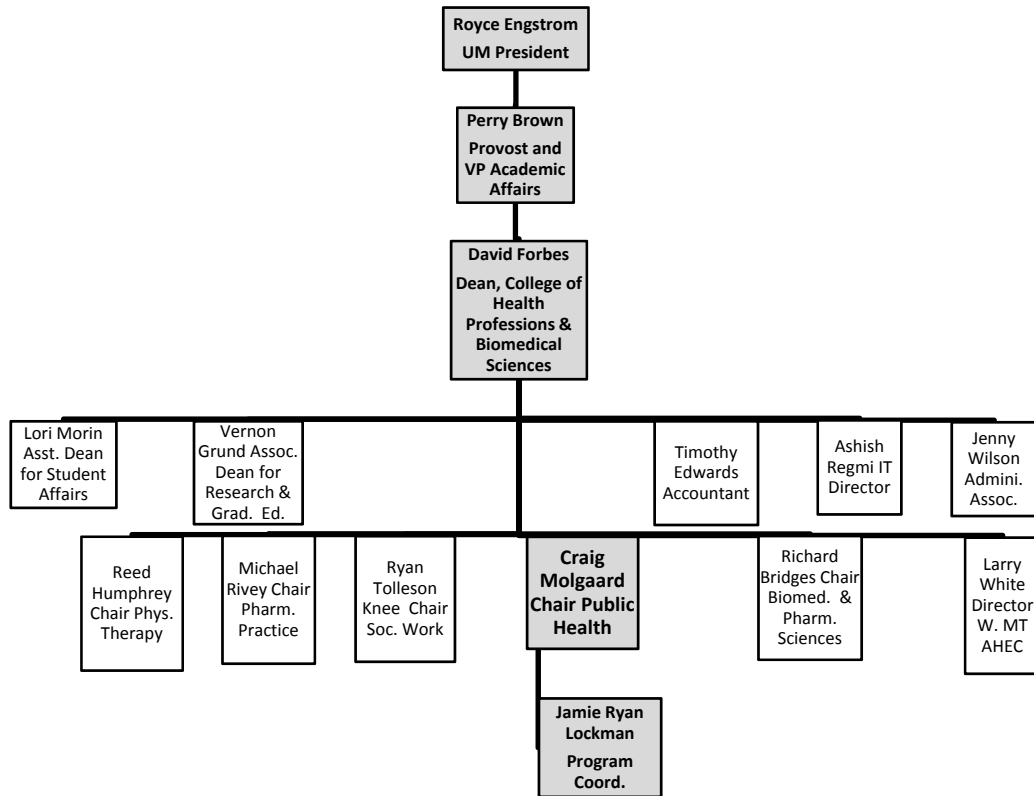
- The Computing Accreditation Commission of the Accreditation Board accredits computer science for Engineering and Technology, Inc. (ABET).
- The National Association of Schools of Theater at the undergraduate and graduate levels accredits drama.
- All programs preparing licensed school personnel are approved by the Montana Board of Public Education and are part of the Professional Education Unit, which is accredited by the National Council for Accreditation of Teacher Education (NCATE).
- The mental health counseling option and the school counseling option in Counselor Education are accredited by the Council for Accreditation of Counseling and Related Education Programs.
- The Commission on Accreditation of Allied Health Education Programs accredits the athletic training option in the Health and Human Performance Department.
- The American Culinary Federation Accrediting Commission accredits the food service management program.
- The Society of American Foresters accredits the forest management program.
- The American Council on Education in Journalism and Mass Communications accredits the School of Journalism.
- The School of Law has approval from both the Association of American Law Schools and the American Bar Association.
- The Paralegal Studies program is approved by the American Bar Association.
- The Department of Music is accredited at the undergraduate and graduate levels by the National Association of Schools of Music.
- The Skaggs School of Pharmacy is a member of the American Association of Colleges of Pharmacy.
- The Accreditation Council for Pharmacy Education accredits the entry-level Doctor of Pharmacy program.
- The American Society of Health System Pharmacists accredits the pharmacy technology program.
- The Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association accredits both the Doctor of Physical Therapy degree and the Master of Science degree in Physical Therapy.
- The Montana Board of Nursing approves the practical nursing program.
- The American Psychological Association accredits the graduate program in clinical psychology.
- The Parks, Recreations, and Leisure Services Education Council, sponsored by the National Recreation and Parks Association in cooperation with the American Association for Leisure and Recreation, accredit the recreation management program.
- The Commission on Accreditation of Allied Health Education Programs accredits the respiratory care and surgical technology programs.
- The Council on Social Work Education accredits the baccalaureate program in social work; and the M.S.W. program is a candidate for accreditation by the Council on Social Work Education.
- The American Association accredits the University of Montana-Missoula for Accreditation of Laboratory Animal Care.

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.



http://www.umt.edu/home/administration/UMOrgChart%201.1.10.pdf

College of Health Professions and Biomedical Sciences Organizational Chart



1.3c. A brief description of the university practices regarding i. lines of accountability, including access to high-level university officials, ii. prerogatives extended to academic units regarding names, titles and internal organization, iii. budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising, iv. personnel recruitment, selection and advancement, including faculty and staff, and v. academic standards and policies, including establishment and oversight of curricula.

I. Lines of accountability

The full-time SPCHS faculty is recognized by the University as the primary unit to govern the academic regulations for SPCHS faculty and the Steering Committee is the primary unit to govern the professional expectations for students of our generalist MPH Program. Academic regulations for the fulltime SPCHS faculty are set forth by these faculty as Unit Standards (Appendix C) within the guidelines of the broader institutional policies put forth by the University, the Collective Bargaining Agreement (CBA), University of Montana Policies and Procedures, and the Board of Regents of the Montana University System. Professional expectations for students are set forth by the UM-MPH Student Handbook and UM-MPH web site, as well as the CBA, the University of Montana Policies and Procedures, and the Board of Regents of the Montana University System. The enforcement and interpretation of the academic regulations and professional

expectations of students in the program is completed by the Steering Committee. Infractions are initially addressed by the Steering Committee. The student can also address complaints through the university Complaint Procedure as outlined in the CBA.

ii. Prerogatives extended to academic units

It should be remembered that The University of Montana is a unionized campus. Both faculty and staff are unionized. What this means is that each academic unit operates in terms of its own individualistic and specific “Unit Standards” when it comes to hiring, promotion and tenure. These Unit Standards differ for academic units within a College as well as across Colleges. Therefore each academic unit that contributes faculty to the MPH program has a different set of Unit Standards that are the final word on research, instruction, and service expectations. Our School expectations are not binding on academic units outside of the School of Public Health and Community Sciences. The Unit Standards for the School of Public Health and Community Health Sciences are recognized as legally binding by the university and the faculty union. A copy of the Unit Standards for the School of Public and Community Health Sciences, developed by the three original core faculty of the unit, and approved by the dean of the College, the Unit Standards Committee, and the Provost, is contained in Appendix C.

Faculty roles and workload expectations are guided by the CBA and the Standards and Procedures for Faculty Evaluation and Advancement of the unit. All faculty are expected to be a (1) teacher, (2) member of the faculty and University (service) and (3) scholar (CBA 6.200; Appendix B, p. 11). The College dean in consultation with the chair assigns instruction loads. For full-time SPCHS faculty, the distribution of time spent by a faculty member in each of the three above areas is unique and determined by the faculty member in consultation with the SPCHS chair and CHPBS dean. Administrative responsibilities of full-time SPCHS faculty are considered part of the service component. However, the CBA (13.500; Appendix B -CBA, p. 53) provides for additional time/financial commitments for the administrative duties of the chair. The Unit Standards clarify activities that are considered service for the faculty. Evaluation procedures for the Individual Performance Records of the faculty in each of the above three areas are determined by the review process described in the CBA (10.200; Appendix B -CBA, p.27) Faculty Evaluation Procedures and the Schools Unit Standards (Appendix C).

Oversight of secondary faculty outside of the College of Biomedical Sciences and Health Professions occurs through several modalities. First, teaching evaluation for every public health course come to the Chair of the School of Public and Community Health Sciences. Based on these evaluations a person may or may not continue teaching a specific course in the public health program. This is unique, in that because of the faculty union, teaching evaluations go to a faculty member’s home department chair only with the permission of the faculty member. Second, if a course has a limited number of enrollees, it may be cancelled at the discretion of the Chair of the School of Public and Community Health Sciences. Third, most secondary faculty with teaching assignments in the MPH program receive extra salary arranged by the Chair of the School of Pubic and Community Health Sciences, for example Drs. Koehn, Cook, and Humphries. Finally, the creation of this

MPH program was an example of grass-roots activity among the faculty. As such, the faculty has a great sense of ownership and pride in the MPH program.

iii. Budgeting and resource allocation

The chair carries out budgeting and resource allocation within the School that pertains to the MPH program. Budget negotiations are carried out annually between the chair and the dean of the College of Health Professions and Biomedical Sciences. Indirect cost recovery is distributed by the office of the Vice President for Research and Development (Dr. Dwyer), based on a full indirect rate of 42% and a distribution that sees one-third of indirects going back to the College, where it is distributed one-third to the Principal Investigator, one-third to the chair of the School of Public and Community Health Sciences, and one third to the dean of the College. Basic tuition and fees stay with the central administration, however, a tuition surcharge at \$150.00 per credit for professional training programs is returned directly to the chair of the School of Public and Community Health Sciences to provide programmatic support. The Office of Development and Alumni Relations is designated to provide support for fund raising.

iv. Personnel

Personnel recruitment for staff and faculty at The University of Montana follows the processes and procedures of the Office of Human Resource Services. All search activity is carried out in partnership with that Office. Selection and advancement processes and procedures are regulated and reviewed on an individual case basis and in accordance with the Montana Public Employees Association (staff) and the Montana Education Association-American Federation of Teachers (faculty).

A Collective Bargaining Agreement through a negotiated peer review process governs the process used to evaluate the SPCHS chair. A Faculty Evaluation Committee (FEC) of School faculty peers and, as feasible, students, engage in an evaluation of the Chair's administrative ability in addition to his or her role as a faculty member, based on the submission of an Individual Performance Record (IPR). The Committee's report is subject to review and amendment or written addendum and is forwarded to the dean of the College of Health Professions and Biomedical Sciences for review and then to the provost for review. The chair's reviews for 2010-2011 resulted in a merit award from the University of Montana, the third such for the SPCHS since its inception.

v. Academic standards and policies

Curriculum design, content, and subsequent alterations are determined with input from the overall program faculty, with considerable student input. Faculty input comes from the Curriculum Committee, on which both core and other program faculty are represented. Student input comes from course evaluations and the student representatives on the Research, Curriculum, and Admissions Committees. Initial course proposals are submitted to the Curriculum Committee for approval, and then go to the Steering Committee, then chair, for approval. Significant curricular alterations undergo the following review path in the institution: review and approval by the dean of the College of Health Professions and Biomedical Sciences, review and approval by the University

Graduate Council, and review and approval by the Faculty Senate. Major programmatic changes are also reviewed and approved by the Provost and the Board of Regents.

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

Not applicable

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

Not applicable

1.3.f. Assessment of the extent to which criterion is met:

This criterion is met.

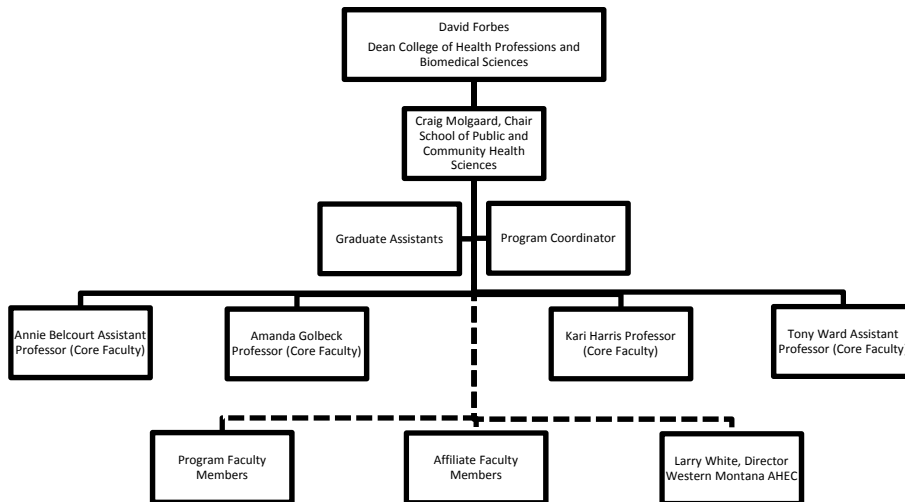


1.4 Organization and Administration. The program shall provide an organizational setting conducive to instruction and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

1.4.a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

The School of Public and Community Health Sciences is the home for both a graduate MPH Program and a graduate Certificate Program in Public Health. The Certificate Program is focused on workforce development. Future plans for the School include developing an undergraduate minor in Global Public Health in partnership with other academic units on the University of Montana campus.

The University of Montana School of Public and Community Health Sciences



1.4.b. A description of the roles and responsibilities of major units in the organizational chart.

The SPCHS organizational chart connects to the organizational chart of the College of Health Professions and Biomedical Sciences through the SPCHS chair.

The Board of Regents of the Montana University System (MUS), The University of Montana Policies and Procedures, and the Collective Bargaining Agreements (CBA) provides policies, procedures, and practices that affect rights, responsibilities, safety,

privacy, and dignity of program faculty and staff. These policies and procedures are available online to all faculty and staff at the following addresses:

Board of Regents of the Montana University System (MUS)

<http://bor.montana.edu/borpol>

The University of Montana

<http://www.umt.edu/Policies/>

Collective Bargaining Agreement for Faculty

<http://www.umt.edu/provost/facultyinfo/docs/UFACBA.pdf>

The various policies and procedures are introduced to the faculty and staff during their respective orientations as new employees. Orientations are conducted at the University level as well as within our College of Health Professions and Biomedical Sciences. As noted above, the policies and procedures are available for review by faculty and staff through the above listed website locations. Further clarification of the policies and procedures can be obtained through the Human Resource Services, appropriate academic officers, and respective union representatives.

Policies and procedures are applied equitably to all faculty and staff. For example, each faculty member and staff member undergoes an annual review (three-year review for tenured full professors) by their supervisor as well as their peers. Another example, all faculty and staff are provided with secure access to the University computer system and secure email addresses to facilitate communication and documentation of University communications.

1.4.c. A description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Interdisciplinary coordination, cooperation and collaboration are supported in several ways. Because the MPH program as envisioned and implemented at The University of Montana encompasses multiple colleges and multiple departments, interdisciplinary coordination, cooperation and collaboration are manifest at multiple levels of the program. Three Colleges, three Centers, and one Institute at the University of Montana are involved in the program, and in addition individuals are involved from the Centers for Disease Control, the Montana State Health Department, local Montana health departments, the California State Health Department, the Vancouver Health Authority, the Northwest Center for Public Health Practice, the University of Kansas MPH program, the San Diego State University School of Public Health, and others. (Those involved include M.D.s, Ph.D.s, nurses, physical therapists, health educators, epidemiologists, biostatisticians, health service administrators, health promoters, political scientists, anthropologists, toxicologists, environmental health scientists, pharmacists, psychologists, ethicists, and others).

One level of interdisciplinary activity includes the Standing Committees (Steering, Research, Curriculum, Admissions) which are staffed by individuals from across campus,

and in some instances, off of campus; another level includes the Practicum and Portfolio defense committees, where interdisciplinary membership constantly occurs; and a third level involves the normal collaborative activities of public health research, where the interdisciplinary ecological model predominates. In addition, interdisciplinary presentations, conferences and seminars are widely available on campus to MPH program faculty and students, for example, those offered by the International Programs Office. It should be noted the chair of the School of Public and Community Health Sciences serves as a member of the International Programs Committee.

Faculty and affiliate faculty oversight and accountability, given these multiple collaborative arrangements, is described above in 1.3.c-ii.

1.4.d. Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.

The program's main form of communication of written policies, including those showing the program's commitment to fair and ethical dealings, including age, gender, race, disability, sexual orientation, religion or national origin for current and prospective students, as well as for faculty and staff, is through the websites of the School of Public and Community Health (www.health.umt.edu/schools/pt/) and the University (www.umt.edu). The information is also available to each of these groups through written documents, like the Student Handbook (Appendix D), and applies to faculty and staff as well. The information on the School's website is routinely being updated by personnel within the School to reflect changes in program, school, university, and state or federal policy.

Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written in the resources above, disseminated in multiple formats, and applied equitably.

Policies, procedures, and practices related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law to ensure nondiscrimination and equal opportunity.

The University of Montana's non-discrimination statements guide the School policies. All course syllabi contain or are linked to the policies.

The University welcomes applicants for student or faculty or staff status regardless of race, religion, color, national origin, gender, age, marital status or physical disabilities, and does not discriminate on those or other nonacademic bases.

The University of Montana does not discriminate against qualified students or employees with disabilities. Reasonable accommodations are provided to students, faculty and staff with documented disabilities in accordance with the Americans with Disabilities Act. Disability Services for Students (DSS) in the University of Montana's student affairs

office assures program access to the University by students with disabilities (<http://www.umt.edu/dss/>). DSS coordinates and provides reasonable accommodations, advocates for an accessible and hospitable learning environment, and promotes self-determination on the part of the students served. Human Resource Services and the Equal Employment Opportunities office are the entities on campus that direct policy on campus community members with disabilities.

All related matters are based on appropriate and equitable criteria and applicable law of the state of Montana, and assure nondiscrimination and equal opportunity to all students, faculty and staff. All students are treated equally in the application of academic regulations, expected student outcomes, and documentation of student achievement of those outcomes.

1.4.e. A description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

Complaints falling outside the realm of due process are directed to the School's chair by the person receiving the complaint. The chair addresses the formal complaint through verbal and written correspondence with the individual making the complaint. The chair maintains in a file in his office, a written copy of the complaint, a copy of all written correspondence related to the complaint, and documentation describing telephone or verbal correspondence related to the complaint. If the matter is not resolved with the School's chair, the complaint will be taken to the dean of the College of Health Professions and Biomedical Sciences and/or to the University's Attorney. At this point the complaint is resolved or directed further up the administrative chain of the university. Within the past several years, no formal complaints of this nature have been received by the School's chair or faculty and staff, and only one informal complaint. A student in California complained to the Program Coordinator about not being able to reach his advisor for help on his issues. Shortly after complaining he was able to contact her and received the guidance he needed. The problem was self-limiting and the Chair took no action.

Students also have access to the formal campus grievance process. The student grievance policy is available at: http://life.umt.edu/vpsa/student_grievance.php.

1.4.f. Assessment of the extent to which criterion is met:

This criterion is met.

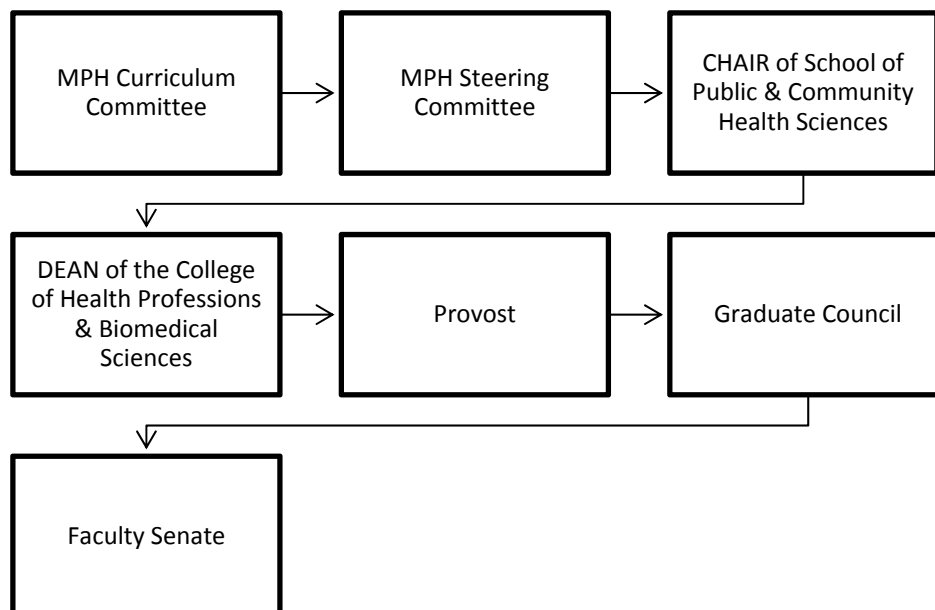
1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of program evaluation procedures, policy-setting and decision-making.

1.5.a. A description of the program's governance and committee structure and processes.

General Program Policy Development. At the University of Montana general program policy development is carried out through a standardized Curriculum and Program Approval Process. For example, Figure 1.5.a. illustrates, that in the MPH program, the curriculum development process moves from the MPH Curriculum Committee, to the MPH Steering Committee for approval, to the chair of the School of Public and Community Health Sciences for approval and signature, and then to the dean of the College of Health Professions and Biomedical Sciences for signature, before moving to the Provost and thence to the Faculty Senate Office for review and approval by the Graduate Council and then the Faculty Senate.

In general most small curricular changes (adding or deleting a course, changing a course title or description, changing prerequisites or small modifications to a program), can be approved internally by the Faculty Senate. Larger changes (Level 1 changes) must also go to the Montana Board of Regents, such as approval to begin developing the MPH program in 2005. Small curricular changes are submitted to the Faculty Senate Office following approval by the Provost for dissemination to the Graduate Council.

Figure 1.5.a. MPH Curriculum Approval Process for Small Curricular Changes



Planning. An Academic Strategic Planning Committee, composed of faculty, staff and students, carries out academic Strategic Planning at the University of Montana. A resulting Academic Strategic Plan serves as a decision making guide over a five year period to enhance the effectiveness of the University's core mission.

Responsibility for strategic planning in the MPH program rests with the Steering Committee, with input from the other Standing Committees in the program.

Overall accreditation of the University of Montana is carried out by an Accreditation Steering Committee, which reports to the Northwest Commission on Colleges and Universities (NWCCU).

Assessment. Academic assessment at the University of Montana is an ongoing process with the highest priority, and is integral to institutional accreditation. For the School of Public and Community Health Sciences, assessment and evaluation activities have been described elsewhere. Program Review is ongoing at the University of Montana, and can be considered to be part of the assessment process. Program review occurs on a 7-year cycle. As the MPH program is a new program at the university, the first program review is considered to be the current self-study prepared for CEPH.

Budget and Resource Allocation. Budgets and resource allocations in terms of state support within the College of Health Professions and Biomedical Sciences are made by the dean (see Appendix E - Campuses of the University of Montana Current Unrestricted Operating Budgets: Fiscal Year 2009-2010). On page 11 of the Operating Budgets appendix we note the tuition rates for the University of Montana, broken down by undergraduate, graduate, resident, non-resident and distance learning. Tuition surcharge and program fees are not included. Tuition surcharge is a surcharge to regular tuition added on by professional schools such as public health, social work, pharmacy, and physical therapy at the University of Montana. This varies per program, but for public health is an additional tuition charge of \$150.00 per credit that is returned to the program for the funding of program activities and initiatives. Pg. 18 of the Operating Budgets appendix contains the College of Health Professions and Biomedical Sciences budgets broken down by program and school for fiscal year 2009-2010. Core faculty FTE in the School of Public and Community Health Sciences was 3.0 up through 2009-10, but has currently risen in fiscal year 2010-2011 to 4.00 FTE. This does not include Program Faculty and Faculty Affiliates, who are additional and increase the FTE according to their responsibilities in the program.

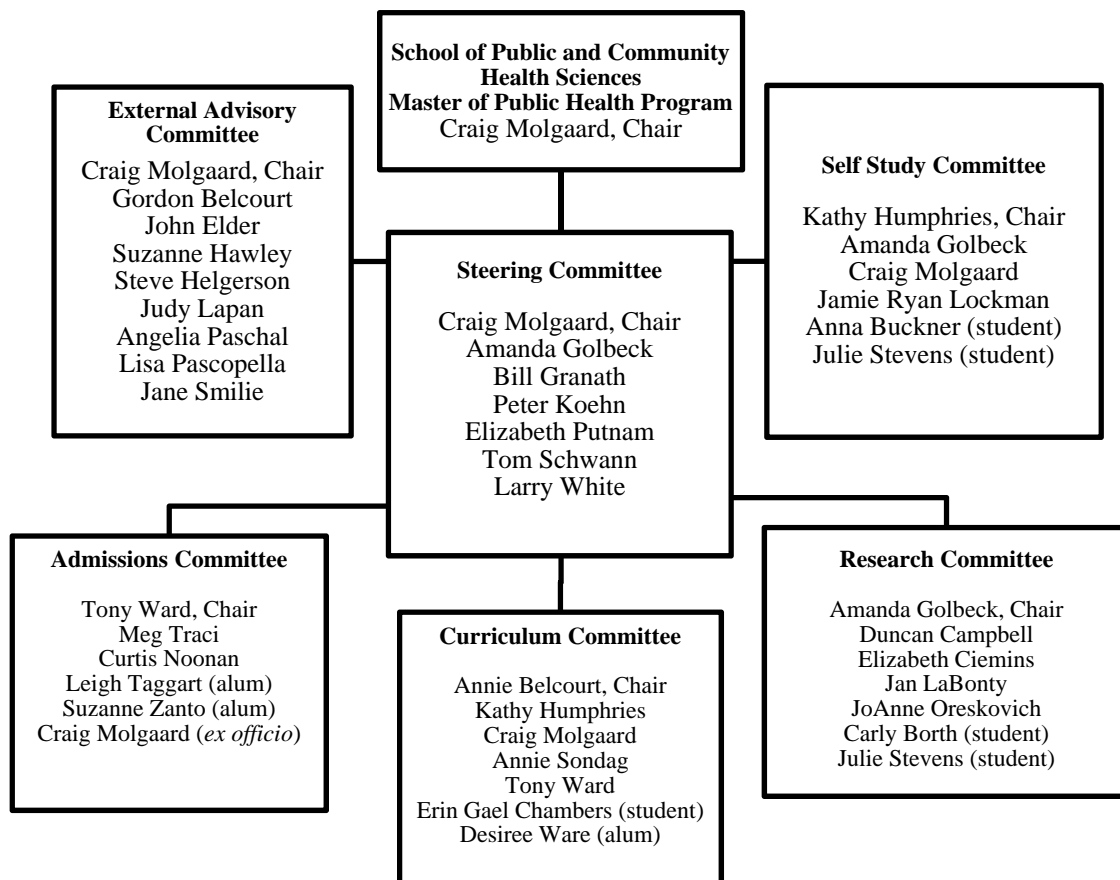
In addition to unrestricted operating funds and supertuition (both considered state funding), the SPCHS retains a certain percentage of grant indirects (indirect recovery), as well as resources provided by grants, contracts and consulting from a wide variety of federal, state and private sources.

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

See Collective Bargaining Agreement (Appendix B), Unit Standards (Appendix C), and the SPCHS Student Handbook (Appendix D).

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

Figure 1.5.c. below shows the current membership of the standing and ad hoc committees for the MPH program.



The External Advisory Committee

The mission of the External Advisory Committee is to provide programmatic guidance to The University of Montana MPH program through its chair and Steering Committee.

Structure. This standing committee has a membership composed of nine individuals. Current representatives include a faculty member from a Graduate School of Public Health, a faculty member from a Graduate Program in Public Health and Workforce Development Center, a leader of an American Indian coalition from Montana-Wyoming with a public health background, the state health officer for Montana, a head of a local Montana health department, the director of the state health department for Montana, a tuberculosis researcher from the California state health department, and a faculty member from the Mississippi Women's College. Of the nine, six are female, one is African-American, one is Korean American, and one is American Indian. Membership is for a five-year term. Several of those on the External Advisory Committee also serve with the chair on the State-wide Public Health Task Force, which is highly supportive of the MPH program.

The decision that the program chair should be the chair of the External Advisory Committee was made to facilitate the liaison between the two units. Initially few faculty on the MPH faculty were versed in MPH training and accreditation activities, and the need for experienced faculty, at least initially, in such roles was paramount. Now that more faculty are familiar with MPH program activity and structure, the Chair is prepared to step down from this position and appoint a new chair for the coming academic year. The Steering Committee meets on a monthly basis during the academic year.

Areas of Responsibility. The UM-MPH External Advisory Committee was established to provide, on a continuing basis, guidance and feedback concerning major programmatic activities and structures of the UM-MPH program. Specific issues include assistance in determining the training needs of different constituencies in Montana and the establishment of consistent field placement opportunities for MPH students. It is expected that other issues regarding proper program development will be brought to the attention of this committee as needs and issues arise.

The Self-Study Committee

The mission of the Self-Study Committee is to provide leadership for activities directed at CEPH accreditation requirements. This includes, but is not limited to CEPH self-study and site visit activities.

Structure. Membership on the Self-Study Committee consists of the chair of the School, the School coordinator, the chair of the Research Committee, a research faculty member, and a student representative. The Self-Study Committee is envisioned as a permanent standing committee of the program, replacing in the interests of faculty time and staff resources the Internal Advisory Committee, which was useful in the start up phase of the program.

Areas of Responsibility. This Committee receives early and preliminary self-study sections from the Curriculum and Research Committees and various designated authors, and carries out the process of expanding and integrating the self-study materials and appendices.

The Steering Committee

The long-term mission of the Steering Committee is to provide strategic planning and program evaluation and assessment for the MPH program. The short-term mission is to provide day-to-day guidance and oversight to the MPH program and advice to the chair of the Program, who is also chair of the Steering Committee. Members of the Steering Committee are experienced public health practitioners and friends of public health with a statewide perspective well suited to strategic planning and evaluation.

Structure. The Steering Committee is a standing committee within the School, which provides administrative structure and decision making for the UM-MPH program. It is currently composed of seven members, and there are no term limits, but a minimum of four members including the chair is required.

Members of the Steering Committee include the chair of the School of Public and Community Health Sciences; the Director of the Western Montana Area Health Education Center; a Branch Chief and Senior Investigator from the Rocky Mountain Laboratories; the former Director of International Programs on the Missoula Campus, a member of the original planning group for the MPH program, a senior member of the Division of Biological Sciences from the University of Montana, and a former Associate dean for Research at a medical school. The members of the Steering Committee and their affiliations are detailed below. It should be noted that two of the seven members have been MPH program directors in the past.

- **Craig Molgaard (Steering Committee chair)**, Ph.D., M.P.H., Professor and chair, School of Public and Community Health Sciences
- **Amanda Golbeck**, Ph.D., Professor, School of Public and Community Health Sciences
- **Bill Granath**, Ph.D., Professor, Division of Biological Sciences
- **Peter Koehn**, Ph.D., Professor, Department of Political Science
- **Liz Putnam**, Ph.D., Associate Professor, Department of Biomedical and Pharmaceutical Sciences
- **Tom Schwan**, Ph.D., Chief and Senior Investigator, Rocky Mountain Laboratories, National Institute of Allergy and Infectious Disease, National Institutes of Health
- **Larry White**, M.H.A., Research Assistant Professor, School of Public and Community Health Sciences, and Director of Western Montana Area Health Education Center

Areas of Responsibility. The Steering Committee is advisory to the chair. The role of the chair is described in the previous section. The committee focuses on issues pertaining to standardized and equivalent program policies and procedures, and implements strategies that are consistent with the mission of the program. The other standing committees and ad-hoc committees report to the Steering Committee.

Note: The Steering Committee is responsible for overall program integrity and strategic planning. As sensitive financial issues pertaining to the School and sensitive student issues are often discussed there, the faculty felt it best to not include a student member on this committee. All other standing committees have at least one, sometimes two student

or alumni members, and report to the Steering Committee, so student feedback and input is received at the Steering Committee indirectly but regularly.

The Admissions Committee

The mission of the Admissions Committee is to recruit, review and admit qualified applicants to the program who can successfully carry out public health activities and practices for the population of Montana.

Structure. This standing committee consists of a chair and at least three additional faculty members, plus two student representatives. There are no term limits for the members or the chair and the membership is renewed each year. The chair as in all of the standing committees for the MPH program, appoints members. The Admissions Committee meets in the spring semester for fall admissions and in the fall semester for spring admissions, and as needed. Students are admitted both in the fall and spring to the MPH program, and in exceptional circumstances can be admitted in the summer to enroll in MPH summer courses, three of which are currently offered. The Admissions Committee makes decisions for applicants to both the MPH and Certificate programs.

Areas of Responsibility. The UM-MPH Admissions Committee is responsible for admission decisions for all degree-status students who have submitted a completed application to the program. They have responsibility for evaluation of student records, consideration of student diversity in the program, systematic review of student progress, including oversight of the student tracking systems, development of standardized and equivalent admissions criteria and materials, development of a common student handbook and orientation, development of admission policies and procedures, and decision-making authority over admissions criteria. They report to the chair and the Steering Committee.

The Curriculum Committee

The mission of the Curriculum Committee of the School of Public and Community Health Sciences (SPCHS) at the University of Montana is to develop and maintain a curriculum that is rigorous, current, and capable of producing graduates who will be prepared to contribute positively to public health institutions and efforts.

Structure. The Curriculum Committee is a standing committee within the school. The Committee shall consist of at least four members including the chair. The Committee will have at least one student. There are no term limits for members or the chair and membership may be renewed each year. The members shall be appointed by the chair of the SPCHS in consultation with the chair of the Curriculum Committee. Generally, at least 50% of the membership should be retained each year. The Committee will conduct its work during the academic year and meet at least twice each semester.

Areas of responsibility. The Committee will provide ongoing oversight of the curriculum by reviewing requests to add new courses, to add new electives, to make major revisions to existing courses, and to delete courses. The Committee will also review proposals for

new degree options (e.g., dual degree programs). The Committee itself or the Steering Committee may request the addition of other duties or charges, preferably at the beginning of the academic year. The Curriculum Committee should be consulted to ensure the scope and focus of additional duties/charges is appropriate to its mission and is feasible.

The Research Committee

The mission of The University of Montana Public Health Research Committee is fourfold: 1) to document the productivity of students and faculty by compiling scholarship and scholarship related activities; 2) to promote research opportunities by such activities as disseminating information to public health constituencies; 3) to recognize research excellence within the public health program by presenting annual research awards to students and faculty, and 4) to support SPCHS activities related to CEPH accreditation criterion 3.0 Creation, Application and Advancement of Knowledge.

Structure. The Research Committee is one of three standing committees within the school - along with the Curriculum Committee and the Admissions Committee - that report to the Steering Committee. The Committee shall consist of at least four members including the chair. The Committee will have at least one student. There are no term limits for members or the chair and membership may be renewed each year. The members shall be appointed by the chair of the School of Public and Community Health Sciences. The committee will conduct its work during the academic year and meet at least twice each semester.

Area of Responsibility. The Committee will draft and review policies and procedures regarding research documentation, promotion, and recognition. The Committee will oversee the development of the annual research report; organize research colloquia for the School; oversee the development and updating of the research pages on the program web site; foster communication of research opportunities among faculty and students; oversee the process for the annual research prizes; and serve as the evaluation committee for the annual research prizes. The Committee itself or the Steering Committee may request the addition of other duties or charges; the Research Committee should be consulted to ensure the scope and focus is appropriate to its mission and is feasible. The Research Committee will review its mission annually.

Committee Leadership

The Chair through rotation of positions provides leadership opportunities. For example, the Chair of the Curriculum Committee was initially Dr. Noonan, then Dr. Harris, then when Dr. Harris went on sabbatical in the academic year 2010-2011, the committee was co-chaired by Dr. Molgaard and Dr. Belcourt-Dittloff, a new faculty member, for one semester to mentor her into the process of being a chair. Spring semester she will be the sole chair of the Committee. The Chair of Admissions was originally Dr. Harris, then Dr. Putnam, and now a new faculty member, Dr. Ward. Dr. Golbeck, a biostatistician, has been Chair of the Research Committee since her arrival on campus, but also now serves on the Steering Committee. Dr. Ward previously served on the Research Committee. Regarding the Steering Committee, previous members have included Dr. Harris and Dr.

Noonan, but a number of relatively new members have rotated on to the Committee representing our partner organizations on campus and in Western Montana. The goal of the rotation is to give everyone experience at all levels of the program through time. The Chair of the School will continue as Chair of the Steering Committee and the External Advisory Committee for the foreseeable future, given the relatively small number of core faculty available for such service in the School.

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

Table: 1.5.d. Program Faculty/Staff Serving on University Committees	
Faculty Name	University Committee
Annie Belcourt-Dittloff, PhD	Scholarship review committees: Native American Studies & Skaggs School of Pharmacy (UM)
Amanda Golbeck, Ph.D.	Faculty Senate (UM)
Kari Harris, Ph.D.	Social and Behavioral Research Committee (UM) Drug and Alcohol Advisory Committee (UM Curry Health Center), Graduate Student Faculty Research Conference Organizing Committee (UM) Institutional Review Board [IRB] (UM)
Craig Molgaard, Ph.D.	International Programs Committee (UM)
Jean Carter, Ph.D.	Faculty Senate (UM) ASCRC Writing Committee (UM)
Kathleen Humphries, PhD	Office of Research and Sponsored Programs, Technology Transfer Committee (UM)
Curtis Noonan, Ph.D.	Graduate Student Faculty Research Conference Organizing Committee (UM) Sustainable Campus Committee (UM) UM Conference on Undergraduate Research (UM)
Elizabeth Putnam, Ph.D.	Institutional Review Board [IRB] (UM) Presidential Leadership Scholarships (UM) UM Conference on Undergraduate Research (UM)

1.5.e. A description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.

Graduate students at the University of Montana are invited to participate in the **Graduate Student Association** (GSA). The GSA is an organization created to improve the quality of education for graduate students, facilitate interdisciplinary interaction, and support research interests of graduate students and advocate graduate student concerns. All University of Montana graduate students enrolled in a degree-seeking program and registered for at least one credit per semester are automatically members of the GSA.

There are currently no MPH students involved in the leadership of the Graduate Student Association, as the GSA has a limited number of seats available. For more information about the GSA visit <http://life.umt.edu/gsa/>.

MPH students engage in governance in general by sitting on standing committees, such as Curriculum, Admissions, and Research. Student participation on the Student Evaluation Committee occurs in person, or by telephone or email, and is based on the student having participated in a distance based class or classes taught by the faculty member being evaluated, and on receiving advising from the faculty member that is reasonable and timely.

The Graduate Council - consisting of twelve faculty and four graduate students - is tasked with governing graduate curricula and policies and reviewing graduate programs. The Council convenes every Wednesday in Gallagher Business Building from 12:10pm - 1:00pm. The Council is a standing committee of the Faculty Senate. The Council's four graduate student members represent the University's 3,500 graduate students. The Senate has yet to appoint a public health student to the Council.

Student Role in Evaluation of Program

Students have a role in program evaluation through student course evaluations. Students also serve on Student Evaluation Committees (SEC), which are part of the formal Faculty Evaluation Process. The chair of each Department/School selects the members of the SEC. The SEC is made up of 3 to 7 students enrolled in the respective unit. One faculty member (who is either tenured or tenure track) is also appointed to the SEC, but may not vote. Each SEC elects a chair, who signs the SEC form upon completion. The SEC form is submitted to the Faculty Evaluation Committee (FEC). In addition, one student is also selected to observe and provide feedback to the FEC, but may not vote.

Finally, students actively serve on PUBH standing committees (Admissions, Curriculum, and Research). UM-MPH students who are currently serving on standing committees are listed in Table 1.5.e.

Table 1.5.e. UM-MPH Students Serving on Standing Committees			
Admissions Committee	Curriculum Committee	Research Committee	Self-study Committee
Leigh Taggart Suzanne Zanto	Erin Gael Desirae Ware	Julie Stevens Carly Borth	Anna Buckner Julie Stevens

1.5.f. Assessment of the extent to which criterion is met:

This criterion is met.

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

1.6.a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the instruction, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, distribution, tuition generation and retention, gifts, grants and contracts, recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.

Legislative Appropriation. As noted above, various sources of funds support the instruction, research and service activities of the program. Legislative appropriations support 3.0 FTE as the full-time Core Faculty of the School of Public and Community Health Science's MPH program (Drs. Golbeck, Harris, and Molgaard). Part of two other faculty (Dr. Ward from Biomedical Pharmacy and Dr. Belcourt-Dittloff from Pharmacy Practice) are also supported by legislative funding and detailed at .50 effort each to support the program (instruction, service, research and advising). A total of 4.0 FTE are thus directly provided by legislative appropriation to support the program. The process of receiving faculty support from legislative appropriations for the MPH program is one of negotiation between the chair of the School and the dean of the College and the Provost of the university.

The university's funding formula is lump sum appropriation, which began with the FY 1996 budget. It is a biennial appropriation. Programs included in the Lump include Board of Regents, Office of the Commission of Higher Education, Montana University System Educational Units, Student Assistance, Guaranteed Student Loan Program, and other OCHE state level programs. Montana allocates funding/articulates funding adequacy using a base plus increment approach. Sources of general fund revenues at The University of Montana are 37.7% legislative appropriations, 61.6% tuition, and 0.7% other (2009). For FY 10, the College of Health Professions and Biomedical Sciences had a total budget of \$4,113,016 supporting 57.68 FTE faculty. Of this, the School of Public and Community Health Sciences received \$278,731, which supported 3.0 core faculty. The two remaining core faculty in Public Health are supported by Pharmacy Practice and Biomedical /Pharmaceutical Sciences. To date, the funding formula has not had a negative impact on the MPH program, as faculty growth has been supported in a steady fashion within the College, and the base plus approach is not based on student enrollment in the MPH program, the College, or the University.

In addition, the dean of the College of Health Professions and Biomedical Sciences delegates certain individuals (currently includes Dr. Jean Carter, Pharmacy Practice; Dr. Curtis Noonan, Biomedical Sciences; Dr. Elizabeth Putnam, Biomedical Sciences; and Mr. Larry White, Western Montana Area Health Education Center, or AHEC) who are supported by legislative appropriation within the College to provide instruction, research or service work to the MPH program. Overall, they provide .50% FTE to the MPH program.

Faculty from other Colleges on the University of Montana campus, other Universities, and other Institutions (Billings Clinic, Vancouver Health Authority, Centers for Disease Control, California State Health Department, and Hamilton Labs) also provide effort to the program. They are recruited by the chair to provide additional instructional and service expertise for the program. These provide .95 FTE effort to the MPH program.

In total, the faculty FTE supporting The University of Montana MPH program equals 5.45.

In addition, other faculty who have provided instruction, research or service in the past (for example, having served on a Standing Committee and rotated off, or carried out research projects with MPH students on an ad hoc basis, or providing guest lectures to a class, or at a research colloquium), should be noted. These include but are not limited to:

- Dr. Donna Bainbridge, UM Rural Institute
- Dr. Bryan Cochran, UM Department of Psychology
- Lesli Deck, MPA, CHES, Flathead City-County Health Department
- John Felton, MPH, MBA, FACHE, Riverstone Health
- Dr. Janet Finn, UM School of Social Work
- Dr. Kimber Haddix McKay, UM Anthropology Department
- Dr. Suzanne Reid Hawley, University of Kansas School of Medicine
- Dr. Steve Helgerson, State Health Department
- Dr. Rosemary Hughes, UM Rural Institute
- Dr. James Laskin, UM Physical Therapy School
- Cindi Laukes, MFA, St. Patrick Hospital and Health Sciences Center
- Greg Oliver, MS, Missoula City-County Health Department
- Dr. Angela Paschal, Mississippi University for Women
- Dr. Gil Quintero, UM Department of Anthropology
- Dr. Craig Ravesloot, UM Rural Institute
- Dr. Robin Saha, UM Department of Environmental Studies
- Dr. Peggy Schlesinger, WWAMI and St. Patrick's Hospital
- Dr. Tom Seekins, UM Department of Psychology
- Julie Serstad, RN, MSN, Missoula City-County Health Department
- Dr. Ranjan Shrestha, UM Department of Economics
- Dr. Kay Unger, UM Department of Economics

The School of Public and Community Health Sciences generates tuition surcharge, or supertuition, as it is a professional school, and it is considered state funding.

Supertuition is in addition to the normal tuition and fees at The University of Montana, and is charged at the rate of \$150.00 per credit or \$450.00 per three-credit course. All supertuition is returned to the chair of the School of Public and Community Health Sciences as a matter of College policy to be used at his discretion for the support of the program.

Tuition Surcharge (supertuition) is treated just like the state general funds, this is also known as MPHI06. The tuition surcharge is deposited into MPHI06, the only place they are allowed to go. The parameters for spending are for instruction related activities. A few examples; salaries and benefits for faculty who are instruction, support staff and student work studies salary and benefits, office supplies related to instruction, communication costs that are related to instruction, travel related to instruction or to improve the knowledge base of the school's faculty and staff (professional organizations), copying costs, dues, subscription, and accreditation expenses.

For the 2009-2010 fiscal year, the program generated approximately \$62,000 in supertuition. This was used to provide the program with financial support for a Program Coordinator, Instruction Assistant, Office Operating Expenses, and to hire additional part-time faculty for the program. In terms of the last, for example, supertuition has been used to pay for the instruction services of Dr. Larry Frisch, Ms. Lolem Ngong, Dr. Lisa Pascopella, and part of Dr. Kathy Humphries.

SELL, Information Technology Program and Summer School. Some support for instruction comes to us from the School of Extended and Lifelong Learning for support of Summer School instruction. The University of Montana MPH program currently offers summer courses taught by Drs. Jean Carter, Ann Cook, and Peter Koehn. Cook's instruction for the MPH program is completely supported by summer school support from the Office of Continuing Education. Koehn is supported by a combination of supertuition and summer school support from the Office of Continuing Education. Carter is supported for this by the College of Health Professions and Biomedical Sciences as she is a 12-month appointment within the College. In addition, the Information Technology Program within the Office of Continuing Education provides pro bono technical support for all distance based education activities of the School, and approximately \$2000 per year for program support.

Grants and Contracts. Grants and contracts are actively pursued at The University of Montana. Funding has been received by the School of Public and Community Health Sciences core and program faculty from the National Cancer Institute, the Robert Wood Johnson Foundation, HRSA, the Department of Transportation, the Centers for Disease Control, the Phoebe Haas Charitable Trust Foundation, and a variety of other sources. Specific program budget information on grants and contracts is presented in Table 1.6.b.

Indirect Cost Recovery. Indirect cost recovery provides support for the MPH program, especially in terms of providing faculty professional development and travel support. The University of Montana (full indirects are set at 42%) operates with a specific formula for distribution of indirect costs. Two-thirds goes to the Vice President's Office of Research, and one-third of indirect costs goes to the College. The one-third that goes to the College is divided as follows: one-third for the dean of the College, one-third for the Principal Investigator, and one-third for the chair to be used at his discretion. Such resources provide, for example, travel support to the annual meeting of the American Public Health Association, to the CEPH training workshops, to Council of Graduate Programs meetings

and events, and other national and international meetings where research products are disseminated to a wider audience. Table 1.6.b presents specific indirect cost recovery budget amounts.

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, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program.

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Sources of Funds						
Tuition & Fees	17,100	43,395	51,060	62,400	63,000	74,000
State Appropriation	250,972	285,644	328,534	363,262	352,247	383,057
College/University Funds	181,338	122,312	67,429	61,731	20,156	16,365
Grants/Contracts	511,868	660,903	831,109	649,464	432,383	151,424
Indirect Cost Recovery	19,291	22,732	20,661	24,027	23,674	25,875
Endowment	-	-	-	-	-	-
Gifts	-	-	-	5,001	2,001	11,727
Other- Disadvantaged Student Scholarship	-	5,438	1,723	14,611	-	12,969
Other- Application Account	550	1,300	1,800	1,400	1,100	1,400
TOTAL	981,119	1,141,724	1,302,316	1,181,896	894,561	677,217
Expenditures						
Faculty Salaries & Benefits	411,394	464,494	502,088	540,780	476,036	407,154
Staff Salaries & Benefits	71,184	75,579	101,940	162,857	124,890	86,763
Operations	335,017	436,250	488,120	264,894	183,520	92,333
Travel	27,616	27,784	38,359	44,381	17,067	31,220
Student Support	-	13,842	33,574	39,547	10,800	12,969
Administrative Assessment	1,284	1,717	3,656	1,788	3,930	2,034
Other-F&A	97,484	122,058	134,579	127,649	78,318	44,744
TOTAL	943,979	1,141,724	1,302,316	1,181,896	894,561	677,217

Note: the Operations budget line decreased in 2009-10 because a large NIH R01 grant from Dr. Harris ended.

Sources of Funds

The Montana Board of Regents determines Tuition and Fees. Distance students pay registration fees (applied to cover the costs associated with registering a student), tuition fees (applied to instructional costs), computer fees (used to purchase and/or lease computer equipment, software, maintenance or related items which will benefit instructional programs), equipment fees (for the purchase, lease, and maintenance of equipment which provide a primary benefit to educational programs, including the library), and online fees. Fees are scheduled according to the number of credit hours taken. Nonresident students pay an additional nonresident tuition fee. Tuition and Fees

funds for public health are increasing over time due to the increasing numbers of UM students in the MPH and public health certificate programs.

The UM Academic Affairs Office determines the share of the general State Appropriation that is allocated to public health, i.e., it determines public health's base budget. These funds increased over the years due to four factors: (1) Dr. Golbeck's faculty line was built over the first four years of the program (25% state funding in 2006-07, 50% in 2007-08, 75% in 2008-09, and 100% in 2009-10); (2) the cost of benefits (e.g., health insurance) increased over time; (3) Dr. Harris was promoted to associate professor in 2005-07 and to professor in 2010-11, and she received a merit award in 2009-10; and (4) Dr. Golbeck received a merit award effective 2010-11. These increases were offset by a 2% across the board reduction applied by the Office of Academic Affairs to all general funds in 2010-11.

University Funds are funds from other sources that the University and the College of Health Professions and Biomedical Sciences provided to start up the public health program. These included (1) funds to put Dr. Golbeck's faculty line at 100% while it was being built (75% in 2006-07, 50% in 2007-08, and 25% in 2008-09); (2) "start-up" funds for the public health program; and (3) funds that the summer school provided for teaching public health courses (program evaluation and research methods; ethical issues in public health; rural health issues in a global context) in the summer. By 2010-11 the public health program was up and running, and University Funds only included category (3) funds.

Grants/Contracts include those grant and contract funds that are brought in to the university where a full-time faculty member in the School of Public and Community Health Sciences (Drs. Golbeck, Harris or Molgaard) is the Principal Investigator. Specific funded grants and contracts are listed in the Research section of this self-study. To follow governmental accounting rules, the revenue on grants matches the expenditures. Public health has had no Endowment funds to date. It has one Gift, which is designated for research toward a book that Dr. Golbeck is writing.

Disadvantaged Student Scholarship funds are received as a grant from the Health Resources and Services Administration (HRSA) to the College of Health Professions and Biomedical Sciences. The MPH program selects scholarship recipients from among the pool of full-time, financial needy MPH students from disadvantaged backgrounds.

Application Account are funds collected from students who are applying for admission to the master of public health program or the public health certificate program. The current fee is \$50 per application. Funds are used by the School of Public and Community Health Sciences to process applications. These funds vary from year to year, depending on how many students apply to the programs.

Expenditures

Faculty Salaries & Benefits include salaries of instructional faculty in the following four categories: (1) full time core faculty members (Drs. Golbeck, Harris and Molgaard); (2) faculty members who are paid for part time instruction (Dr. Frisch, Ms. Ngong, Dr. Pascopella, and Mr. White); (3) faculty who teach in the summer session (Drs. Cook, Humphries, and Koehn); and (4) summer research faculty who have been employed on research grants.

Staff Salaries & Benefits include the full-time public health program coordinator (currently Ms. Lockman). They also include a fraction of the Network-Computer Systems Administrator (currently Mr. Hyrum Fromm), various temporary part-time staff members employed on research grants, and various temporary part-time work-study students.

Operations expenditures include contracts, office supplies, computers, office furniture, paper, toner, mailing, phones, network port charges, dues, subscriptions, and meeting expenses. They also include other expenses related specifically to grants, such as subject participant costs.

Travel expenditures include in-state, out-of-state, and foreign travel. They also include non-employee travel (e.g., bringing in a guest speaker). [Note: in several previous years the program offered an in-person orientation option, in addition to broadcast and videotaped versions. A guest speaker was brought in to the orientation. The orientation has been reformatted and will no longer have the guest speaker.]

Student Support expenditures are expenditures for graduate assistants. [Note that grant-related student support is included under Staff Salaries & Benefits.]

Administrative Assessment expenditures are assessments that the campus charges on expenditures from designated auxiliary accounts. This includes public health's application account, and public health's Sponsored Program Asset Based Allocation (SPABA) account where grant-related indirect recovery costs are returned to public health. The assessment was 6% in 2006-10, and increased to 8% in 2010-11. The assessment is used to fund the workings of the campus, Business Services, Human Resource Services, Facility Services, power/heating, etc.

F&A expenditures ("Facilities and Administrative Costs") are the indirect cost recovery grant moneys that by university policy go to research administration, a portion of which is returned to the School of Public and Community Health's SPABA account. These expenditure amounts are matched by revenue funds (see the Grants and Contracts funds section above).

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

Not applicable

1.6.d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of all for each of the last three years.

The number of core faculty began with Dr. Harris as the program began in 2005. Two other core faculty were hired in the fall of 2006. Two other core faculty (50% program effort each) were hired in 2010, one in January 2010 and one in July of 2010. In the fall of 2010 the core faculty for the Montana MPH program is 4.0 FTE. An additional 36 faculty in Montana and elsewhere contribute to the program in an active fashion as of fall of 2010.

1.6.e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the instruction programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the instruction programs (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on the estimate of % time commitment, e) total headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other.

Semester	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	HC Total Faculty	FTEF Total	HC Students	FTEF	SFR by Core FTEF	SFR by Total FTEF
FA08	3	3.00	29	1.65	32	4.65	28	19.00	6.33	4.09
SP09	3	3.00	29	1.65	32	4.65	22	12.33	4.11	2.65
FA09	3	3.00	31	1.60	34	4.60	31	22.67	7.56	4.93
SP10	4	3.50	30	1.45	34	4.95	28	18.67	5.33	3.77
FA10	5	4.00	36	1.45	41	5.45	29	18.00	4.50	3.30
SP11	5	4.00	36	1.45	41	5.45	24	12.56	3.14	2.30

Summer:

The MPH program has a strong summer component. FTES for SU08 was 5.33; for SU09 was 6.67; and for SU10 was 11.67.

Key:

HC = Head Count

Core = Core faculty are full time faculty who have full or partial time appointments in the SPCHS (carry out an appropriate mix of instruction, service and research, and also serve as advisors to students in the program). The five core faculty in the SPCHS are Drs. Annie Belcourt-Dittloff, Amanda Golbeck, Kari Harris, Craig Molgaard, and Tony Ward.

FTE – Full-time-equivalent

FTEF – Full-time equivalent faculty

Other = Program faculty (who are not Core faculty) + Faculty Affiliates

Program faculty who are not core faculty are primarily those who are faculty at the University of Montana, but whose primary appointments are in units other than the SPCHS. Faculty affiliates are public health practitioners from other organizations, institutions and universities who provide instruction, services or research support to the program and its students.

Total = Core + Other

HC Students = students who enrolled for 1 or more credits in the semester

FTES – Full-time equivalent students

SFR = Student/Faculty Ratio

SFR by Core FTEF = FTES divided by FTEF Core

SFR by Total FETF = FTES divided by FTEF Total

Explanation of the school’s method for calculating FTEF for “Other” Faculty (i.e., Program Faculty + Faculty Affiliates):

Instruction of a core class = 10% effort; instruction of an elective class = 5% effort; serving on a standing committee = 5% effort.

Explanation of the school’s method for calculating FTES:

The FTES calculation for students for semester j is as follows. Let c_{ij} = the number of credit hours in which the i -th student is enrolled for the j th semester. If c_{ij} is nine or greater, then student i contributes 1.0 FTES for semester j . If c_{ij} is less than nine, then student i contributes $c_{ij}/9$ FTES for semester j . The total FTES for the j -th semester is the sum of the contributions to FTES across all students for the j -th semester.

1.6.f. A concise statement or chart concerning the availability of other personnel (administration and staff).

Other Administration and Staff. Other administration and staff in the College of Health Professions and Biomedical Sciences are also available to provide support to the School of Public and Community Health Sciences. This includes an Assistant Dean for Student Affairs (Lori Morin), Office of Student Services (Erika Claxton), the Native

American Center for Excellence (Idelle Manning, Wilena Old Person, and Stephanie Schlimgen), Accounting Office (Tim Edwards and Margaret Bachmeier), Office of Information Technology (Ashish Regmi, Hyrum Fromm, and a student assistant), dean's staff (Jenny Wilson and Leah Boehler), and the staff of the Area Health Education Center (Larry White, Grace Decker and Ilsa Seib). For example, Moran handles the HRSA Disadvantaged Students Scholarship grant, which also includes MPH students. Edwards and Bachmeier provide accounting and disbursements activity for all state funding as well as grants and contracts maintained by the School. The Office of Student Services (Claxton) provides liaison to other offices on campus in terms of student support and activities. Instructional design support is offered through XLS and the Media Arts graduate program (specifically for the switch from Blackboard to Moodle). This is described in 2.11.b.

1.6.g. A concise statement or chart concerning the amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by the program and location.

Recalling that the UM MPH program is delivered via distance education, we refer the reviewers to section 2.11 for a complete discussion of the resources that support a Distance Education program.

Common space for student use includes the reception and waiting area adjacent to the main program office of the MPH (750 square feet). Seven offices are dedicated to the five core faculty (Molgaard, Golbeck, Harris, Ward, Belcourt-Dittloff) for a total of 607 square feet. As the Montana program is a digital program, classroom space is minimally utilized but readily available when needed. For example, Dr. Koehn's one-week intensive class on campus utilizes classroom Skaggs 114 which has 1,080 square feet of space. Various meeting rooms are available for the Program, including Skaggs 337 and 174 for another 879 square feet of space. In addition, larger meeting rooms are readily available at the University Center should they be needed. Program Orientation now occurs in Skaggs 117, with 1,080 square feet of space and excellent audiovisual support. Finally, the Western Montana AHEC is housed in a state of the art suite (approximately 750 square feet) including five offices in the new addition to the Skaggs Building. Total square footage available to the program is 5,146 square feet.

1.6.h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

Our digital generalist program possesses the equipment, technology, and materials necessary to meet the curricular goals and expected student outcomes of a strong entry-level MPH program. The MPH program, although distance-based, utilizes a variety of well equipped rooms to supplement its activities, including 3 classrooms with extensive presentation technology and several conference rooms with presentation technology. Our on-campus students share a 30+ station computer laboratory with the other students of the College of Health Professions and Biomedical Sciences (CHPBS). The program is

also directly linked to the College and University information technology facilities. These facilities provide our students and faculty with access to current modes of information transmission and storage.

All the classrooms and many of the conference rooms are equipped with ceiling mounted projectors and a variety of information transmission devices including desktop computers, internet and local network access, VCR/DVD players, and document projectors. The more traditional presentation devices are also available including slide and overhead projectors. CHPBS also possesses portable computers and projectors that can be borrowed for use in rooms lacking adequate presentation technology. CHPBS has an information technology staff that maintains this equipment and provides routine service to faculty/staff/students to meet their computing and information technology needs.

Laboratory space for wet-lab research projects is readily available on campus within the College of Health Professions and Biomedical Sciences from the Department of Biomedical and Pharmaceutical Sciences, which provides education and training in pharmacology, toxicology, neurobiology, neurochemistry, medicinal chemistry, and molecular genetics. The Department includes two Centers, one for Structural and Functional Neuroscience and one for Environmental Health Sciences. Three of the faculty from the Department of Biomedical and Pharmaceutical Sciences (Drs. Noonan, Putnam and Ward) are extremely active within the MPH program, with Dr. Putnam serving on the Steering Committee, and Drs. Ward and Noonan serving on the Admissions Committee, with Dr. Ward as chair. In addition, the College and School have a working relationship with the Rocky Mountain Laboratories of NIH, with one of its research faculty (Dr. Schwan) also serving on the MPH Steering Committee.

1.6.i. A statement concerning the amount, location, and types of computer facilities and resources for students, faculty, and administration staff.

The MPH students have free access to a 30+ station computing facility in CHPBS that includes several resident servers, storage space for faculty/staff/student files, and storage of a variety of software programs for MPH student instruction and statistical computation. The University also provides each student with an email address and electronic mailbox. Furthermore, the students have access to many of the University and CHPBS information resources through web-based communication from their homes. The University provides the Blackboard (Moodle as of autumn 2011) Internet learning environment for student instruction. This platform is the standard instructional mode for the delivery of the MPH curriculum, and is supported by the Office of Continuing Education. A large variety of analytic and textual software, such as SPSS, SAS, and STATA, is readily available on campus through site licenses.

The School, as part of the College of Health Professions & Biomedical Sciences, has extensive access to the integrated technology system housed within the Skaggs complex. The College of Health Professions employs three staff & Biomedical Sciences to manage

technology issues overall and direct activities in a 30-seat computer laboratory in SB 214. Each classroom and one instruction laboratory have contemporary instructional technology and adequate resources.

All instructors can store presentations on the College server to be brought up in classroom computers for lectures; access to the Internet is also available for classroom use. Instructors can also print documents directly to the School's main copier for efficient two-sided printing for handouts. All faculty members of the MPH program have library access to numerous electronic journals, electronic bibliographic search engines, and other resources along with the use of Blackboard (Moodle as of autumn 2011) for instructional efficiency. The students have access to the Learning Resource Center on the second floor of the Skaggs Building. The computer lab is also equipped with a printer and a scanner. Additional software designed for educational use is provided and updated regularly.

Administrative staffs have individual offices and contemporary hardware and software computer work stations connected to the University computer network with dedicated fax, copying and communication technology sufficient to meet the current needs of the program.

1.6.j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The resources of the institutional library system and associated learning resources are adequate to support the educational and scholarship goals of the MPH distance education program, including both program faculty and student activities.

The University of Montana libraries are instruction and research libraries that provide an array of information resources and services in support of the curricular and research programs of the University. These resources include traditional library collections and electronic access to a network of research databases, ejournal packages, electronic journal subscriptions, and a web-based library catalog. The Maureen and Mike Mansfield Library comprises the heart of UM's library system. Collections exceed 1.5 million bound volumes, including more than 20,000 electronic books, access to over 30,000 print and electronic journals, an expanding array of electronic databases, nearly 100,000 media, a federal government documents depository collection, and an archives and special collections. These collections are supplemented by an active interlibrary loan service through which the resources of other libraries are made available, free of charge, to students, staff, and faculty. The Mansfield Library (including the College of Technology Missoula campus) has an acquisitions budget of over 3.4 million dollars. The acquisitions budget has increased steadily each year including a 7% increase in 2009. The Mansfield Library maintains a balance between monograph and journal and database acquisitions with over 20% of the total allocated acquisitions budget going towards monographs and media. The Mansfield Library supplements the acquisitions budget with gifts and

endowments and collaborative campus funding. These sources have often significantly increased the allocated materials budget.

The Mansfield Library relies on an Approval Book plan to provide rapid access to new monographs, including those in public health. An approval plan allows a library to outline the subject areas in which they wish to collect to a high degree of specificity, with the instruction to the book vendor to ship books in those areas as they are published. The faculty librarian liaisons, in collaboration with department faculty, participate in the profiling of the approval plan and also have access to funds for materials not captured by this method.

The Mansfield Library is a regional depository for U. S. Government Documents; therefore, the library receives almost everything published by federal agencies. This includes a huge amount of public health and medical related publications. Most journals are electronic and available for remote access by UM students. It has hundreds of other journals available for public health, medicine, nutrition, pharmacy, physical therapy and surgery in its online and hard copy collections. Using the *Ulrich's Serials Analysis System* and examining our journal holdings for Medical Sciences compared with our peer institutions indicates that UM students and faculty have access to 1,820 medical journals. The total number of medical journal titles for all peer institutions was 1,942. UM has 1,255 medical journal titles that overlap with our peer institutions and 565 unique titles.

UM students and faculty have access to many databases from a distance (<http://weblib.lib.umt.edu/>); including but not limited to: Alternative Health, CINAHL Plus with Fulltext, Health Reference Center, Ovid Journals, PsycInfo, PubMed, Sage Health Journals, Science Direct, Sociological Abstracts, SportDiscus, Web of Science, and WorldCat. Core library services available to faculty, students, and staff associated with The University of Montana are summarized on the library's webpage: Faculty and Staff Services <http://www.lib.umt.edu/faculty> ; Student Services <http://www.lib.umt.edu/students>; Distance Education Services <http://libguides.lib.umt.edu/dels>.

Both the faculty librarian liaison and the Library's Information Center personnel provide reference assistance in-person, by phone, by email, and via a virtual instant messaging service. Contact information is available at the Library's main website at <http://www.lib.umt.edu>. Individual research consultations are promoted and provided to students and faculty by the faculty librarian liaison during designated office hours and by appointment. The Mansfield Library collaborates with other campus services including the Writing Center, and the Math Tutor Center to provide students with a comprehensive learning environment within the library.

In addition, the library is currently sharing a trial database with UM-MPH students. The "*Ethnographic Video Online* provides the largest, most comprehensive resource for the study of human culture and behavior – more than 750 hours and 1,000 films at completion. The collection covers every region of the world and features the work of many of the most influential documentary filmmakers of the 20th century, including

interviews, previously unreleased raw footage, field notes, study guides, and more. This first release includes 226 videos totaling roughly 152 hours.”

Technology

- A full-service website provides access to the Library’s Integrated Library System and all electronic information resources.
- 133 public access computers are stationed throughout the Library, including several terminals providing physical and software accommodations for students with disabilities.
- Library-wide access to the campus wireless network.
- An Accessibility Center provides 3 adjustable computer stations; scanners, headsets, Visualtec reading machine, Open Book, Dragon, Jaws, WYNN, and Microsoft Office Suite.
- A full-service Copy Center, providing a wide variety of image reproduction and scanning services.
- A multimedia Center for creating, converting and manipulating image, sound, and video productions.
- An audiovisual viewing/listening area for individual and group use.
- A Student Learning Center utilized primarily for information literacy instruction and equipped with 31 computer workstations, including 1 workstation with disability accommodations.
- 25 laptop computers available for 2-hour, in-library use.

1.6.k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

Community resources to support instruction, research and service for the MPH program are readily available through the auspices of the various outreach programs of the University of Montana. Local agencies, local health departments, and the various components of the state health department serve as practicum, as well as research sites, for a variety of programmatic activities. This is also becoming more common for the Indian Health Service and the Indian College System in Montana. A formal MOU exists with the Northwest Center for Public Health Practice of the University of Washington (including Alaska, Idaho, Oregon, Wyoming, Washington, and Montana), which allows the resources, and trainings of that Center and the associated states to be available to MPH students at the University of Montana. A formal MOU has recently been signed with the Western Montana Area Health Education Center to promote workforce development, training and educational opportunities for public health students and the current public health practice community. (See Appendix F- Formal Agreements with NWC PHP and the AHEC).

1.6.l. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

“In kind” academic contributions for instruction, research and service are provided by the university in the form of various program faculty and affiliate faculty who serve the MPH program from outside SPCHS. Those summed values are listed below:

- FY07 \$68,988
- FY08 \$84,558
- FY09 \$87,094
- FY10 \$89,532
- FY11 \$89,532

Space to house the program is an “in kind” contribution by the College of Health Professions and Biomedical Sciences. The School of Extended and Lifelong Learning provides additional “in kind” support for the digital education program of the University of Montana MPH.

The calculation of faculty values is based on the individual faculty member’s salary base, which is summed for each year. The School of Public and Community Health Sciences provides funding for outside faculty who teach in the Summer School, but not normally otherwise, except for sabbatical replacement purposes.

1.6.m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

The outcome measures by which the program judges the adequacy of its resources includes the following:

Space = Office space, meeting rooms, and instructional space where necessary have been adequate and stable for the last three years. The program currently maintains 750 square feet of office space for its core faculty.

Faculty support = The program has support from state dollars for 3.0 faculty who are full time in the program and have been for the last four years, and partial support for an additional 1.0 faculty who were added to the program in 2010. This totals 4.0 faculty supporting the program, three of whom are tenured full professors and two are tenure track assistant professors. With the addition of the two partial faculty in 2010 the program has adequate faculty support.

Staff support = the program is supported by one full time Coordinator, and occasionally a work-study student. A student instruction assistant is also maintained to assist with the Biostatistics core class and laboratory activities. This support is judged to be adequate, and is provided by Tuition Surcharge (super tuition).

Tuition Surcharge (super tuition) supports office Operations and Expenses (OOE) costs, which are returned directly to the School. In 2010-2011 this amounted to approximately \$74,000 of what is classified as state funding by the University of Montana. Some of these funds are also used to pay for part-time instructional faculty, for example, the instructors of Global Health and Communicable Disease Epidemiology. Tuition surcharge support for these aspects of the program is adequate and continuing to improve as enrollment increases in the program.

Table 1.6.m. Outcome Measures for Adequacy of Resources

Outcome Measure	Target	2008-09	2009-10	2010-11
1. Institutional Expenditures	^a \$434,218.00	\$447,023.00	\$487,393.00	\$457,072.00
2. Full-time Equivalent Student	17.00	15.66	20.67	15.28
3. Institutional Expenditures per Full-time Equivalent Student	\$25,542.24	\$28,545.53	\$23,579.73	\$29,913.09
4. Research Dollars	\$100,000.00	\$851,770.00	\$673,491.00	\$345,591.00
5. Full-time Equivalent Faculty	5.45	4.65	4.77	5.45
6. Research Dollars per Full-time Equivalent Faculty	\$18,348.62	\$183,176.34	\$141,193.08	\$63,411.19
7. Extramural Funding	\$110,000.00	\$855,293.00	\$694,503.00	\$348,642.00
8. Total Budget	\$544,218.00	\$1,302,316.00	\$1,181,896.00	\$805,714.00

1 = from Table 1.6.b: Tuition & Fees + State Appropriation + University Funds

2 = from Table 1.6.e: FTES

3 = Outcome Measure 1 / Outcome Measure 2

4 = from Table 1.6.b: Grants/Contracts + Indirect Cost Recovery

5 = from Table 1.6.e: FTEF

6 = Outcome Measure 4 / Outcome Measure 5

7 = from Table 1.6.b: Grants/Contracts + Indirect Cost Recovery + Gifts + Other

8 = Outcome Measure 1 + Outcome Measure 7

^a = Institutional Expenditures for 2010-11 minus 5% Across-the-Board State Reduction

Note: The targets in #4, 6, 7, and 8 reflect a realistic assessment of future research dollars and extramural funding. Figures for 2008-11 reflect a very large National Cancer Institute R01 grant that has now ended.

1.6.n. Assessment of the extent to which this criterion is met.

This criterion is met.

2.0 Instructional Programs

2.1 Master of Public Health Degree. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit accreditation, may offer other degrees, professional and academic, 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 undergraduate, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

Table 2.1.a. Instructional Matrix- Degree/Specialization		
	Academic	Professional
Masters Degrees		
Degree Conferred: Generalist Distance-based		X

2.1.b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The section of the University of Montana 2010-2011 catalog that describes the Master of Public Health degree can be found at <http://www.umt.edu/catalog/cat/chpbs/pubhealth.html>.

Special Degree Requirements

For the M.P.H. degree, all students must successfully complete 42 graduate credits, including 36 required core credits and 6 elective credits. The following core courses are required (described below on pages 55-56 in course matrix):

- PUBH 510 Introduction to Epidemiology
- PUBH 520 Fundamentals of Biostatistics
- PUBH 530 Administration and Management in the U.S. Health Care System
- PUBH 535 Health Policy
- PUBH 540 Social and Behavioral Sciences in Public Health
- PUBH 550 Program Evaluation and Research Methods
- PUBH 560 Environmental and Rural Health
- PUBH 570 Ethical Issues in Public Health

- PUBH 580 Rural Health Issues in a Global Context
- PUBH 591 Practicum
- PUBH 593 Professional Portfolio
- PUBH 599 Professional Paper

M.P.H. students may take 6 elective credits of courses offered from the School of Public and Community Health Sciences or from other departments in order to create a plan of study that tailors the learning experience to the needs of the student. PUBH elective courses include:

- PUBH 512 Neuroepidemiology
- PUBH 515 Public Health Genetics
- PUBH 595 Special Topics (Epidemiology of Infectious Disease, Global Health, Issues in Healthcare Informatics, International Health, History and Theory of Epidemiology, and Leadership in Public Health)
- PUBH 596 Independent Study
- PUBH 597 Research

For the Certificate of Public Health, students must complete any 12 pre-approved credits from the list of core courses. Approval of a specific 12-credit program is part of the Certificate of Public Health admission process.

2.1.c. Assessment of the extent to which this criterion is met.

This criterion is met.

Courses

G = for graduate credit. R after the credit indicates the course may be repeated for credit to the maximum indicated after the R. Credits beyond this maximum do not count toward a degree.

Course Name	Course Description	Semester Offered	Credits
G 510 Introduction to Epidemiology 3 cr.	Principles and methods of epidemiologic investigation, descriptive and analytic epidemiology techniques, disease frequency, risk determination, study designs, causality, and validity.	Autumn. To be offered spring beginning AY 2011-12.	3
G 512 Neuroepidemiology 3 cr.	An overview of the fundamental considerations of the history, scope, and methods of neuroepidemiology as a subfield of epidemiology. Specific neurologic diseases and injuries will be studied as to distribution and risk factors, as well as the relationship to international public health.	Spring - odd-numbered years.	3
G 515 Public Health Genetics 3 cr.	Basic principles of genetics and genomics, application to public health practices and research. Includes issues in public health genetics such as informed consent, screening for genetic susceptibility, and ethical, legal and social implications.	Autumn	3
G 520 Fundamental of Biostatistics 3 cr.	This course is designed for graduate students and practitioners in public health, biomedical sciences, and related fields. The course introduces basic vocabulary, concepts, and methods of biostatistics. The goal is to provide an introduction to how biostatistics works. Topics will include descriptive statistics, probability, random variables, probability distributions, statistical inference, chi-square analysis, linear regression, and correlation.	Autumn	3
G 530 U.S. Administration and Management in the US Health Care System 3cr.	The U.S. healthcare system including the rural system. Organization, management, evaluation, and finance.	Autumn	3
G 535 Health Policy 3 cr.	The intersection of international, federal, state, and local health policy and informatics.	Autumn	3
G 540 Social and Behavioral Sciences in Public Health 3 cr.	Behavioral and social factors relevant to the identification and solution of public health problems, principles of health behavior change, applications, and assessment of interventions.	Offered spring. To be offered autumn AY 2011-12.	3
G 550 Program Evaluation & Research Methods 3 cr. Prereq PUBH 510 or equiv. and consent of instr.	Covers purpose statements, standards, study designs, sampling, measurement, methods for data collection and analysis, interpretation, and report preparation. Models of evaluation described, and similarities and differences between research and evaluation methods explored.	Summer.	3

2.1 Master of Public Health Degree

Course Name	Course Description	Semester Offered	Credits
G 560 Environmental and Rural Health 3 cr.	Relationship of people to their physical environment, how this relationship impacts health, and efforts to minimize negative health effects.	Spring	3
G 570 Ethical Issues in Public Health 3 cr.	Focus on the values and moral issues that underlie U.S. public health policies. Course examines ethical decision making in arenas such as policy development, research, environmental health, occupational health, resource allocation, and genetics.	Summer	3
G 580 Rural Health Issues in a Global Context 3 cr. Prerequisite: 15 core credits and consent of instr.	Analysis of public-health themes. Focus on rural concerns and transnational influences. Includes human rights, health equity, mobile and vulnerable populations, and transnational competence.	Summer	3
G 591 Practicum 3 cr. Prerequisite: admission into the M.P.H. program or consent of instructor.	Semester long graduate practicum and on-line seminar designed to advise students of the practicum requirements, the process of the practicum development, and the evaluation process.	Autumn and spring.	3
G 593 Professional Portfolio 3 cr. Prerequisite: admission to the M.P.H. program or consent of instructor.	Integrates the student's practice experience and knowledge gained through course work, practicum, and possibly professional papers and research with the goals and learning objectives of the M.P.H. program into a portfolio. Students will present their portfolio to illustrate their growth as a professional public health practitioner.	Autumn and spring	3
G 595 Special Topics Variable cr. (R-12)	Experimental offerings of visiting professors, experimental offerings of new courses, or one-time offerings of current topics.	Offered intermittently.	Variable
G 596 Independent Study Variable credit Prerequisite: admission to the M.P.H. program or consent of instructor.	Supervised readings, research, or public health practice.	Autumn, spring, and summer.	Variable
G 597 Research 3 cr. Prerequisites: admission to the M.P.H. program or consent of instructor	With the guidance of their faculty advisor, students will develop a syllabus specific to what they propose to accomplish with their research project.	Autumn and spring.	3
G 599 Professional Paper Prerequisite: admission to the M.P.H. program or consent of instructor. 3 cr.	Students will write and submit an original research paper to a peer-reviewed public health or medical journal. Students may also fulfill the professional paper requirement by presenting a conference paper or conference poster to a local, regional, or national meeting.	Autumn and spring.	3

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.

A credit at UM is defined in terms of semester hours. At the UM, one semester hour credit is allowed for 1 hour of lecture each week of the fifteen week-long semester. UM offers two standard 16 week-long semesters (Autumn and Spring), one condensed three week-long “Winter Session” held between Autumn and Spring semesters, and two five week-long Summer Sessions. For digital courses offered in the UM MPH program, students are expected to put in at least 3 hours of “learning activity” per week for every semester hour of credit.

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

Minimum degree requirements for the University of Montana MPH degree are 42 standard semester credits. Of these, 27 are required core didactic digital courses, nine are supervised study (Practicum, Professional Paper, Portfolio) which are also required core classes, and 6 units (two classes) of electives, which may or may not be digital in nature. The Professional Paper and Portfolio serve as the culminating experience.

2.2.c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The Council on Education for Public Health (CEPH) formally amended the accreditation criteria for public health programs in June of 2005, requiring a 42-unit MPH program. Planning for the University of Montana MPH program had already begun on the assumption of a 36 unit MPH program, with the Level II request for such an MPH program going to the Montana Board of Regents January 20-21, 2005 for approval.

Consequently, students coming into the program in the spring of 2006 were admitted under the 2006-2007 University of Montana catalog, and had the legal right to finish the program under the 36 unit plan. The Steering and Curriculum committees then revised the curriculum to 42 units. Among other curricular changes: the requirement for a Professional Paper or Portfolio being separated at the request of the students into two separate requirements (i.e. both a Professional Paper and a Portfolio becoming required classes), a Practicum being added as a requirement, Community Based Research being replaced by Program Evaluation and Research Methods, U.S. Health Care System and Policy being replaced by two courses (i.e. Administration and Management in the US

Health Care System and Health Policy), and Ethical Issues in Public Health moving from being an elective to a required course. Through this revision process, which was completed in the 2008-09 catalog currently in use, students had the option of finishing under a unit program in their entry catalog, which was less than 42 units, or opt for the current 42-unit program. All students entering in the catalog 2008-09 and subsequent catalogs must complete the 42-unit program.

To summarize, four students received the MPH under the older CEPH guidelines of 36 units for a program (one in 2008, three in 2009). Three students finished the MPH under the transitional plan where the practicum was becoming mandated with 39 units (two students in 2009, one in 2010). It should be noted that the number of students studying under the earlier catalog is now minimal and close to disappearing, as appropriate and expected.

2.2.d. Assessment of the extent to which this criterion is met.

This criterion is met.

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a. Identification of the means by which the program assures that all professional degree students have a broad understanding of 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 complete six required courses (18 credits total) that are specifically devoted to the five core areas of public health (Table 2.3.a). All students complete additional required courses (9 credits total) in ethics, program evaluation and research methods, and rural and global health. The content of the courses are aligned with the UM MPH Competencies. Syllabi, which list the relevant competencies will be available in the site visit file. Within each course student learning is assessed by a variety of methods including classroom discussions, assignments, papers, and exams as detailed in the course syllabi.

Students apply their public health knowledge and skills through the required practicum and professional paper courses. Students demonstrate their understanding of the core areas through the completing the required portfolio, which includes both a written narrative and oral defense. A three-member committee evaluates each student's portfolio to determine whether or not the student adequately understands the core knowledge areas. Annually the program assesses recent graduates' report of achieving the UM-MPH Competencies (See Table 2.6.a.).

Core Areas	Course(s)	Credits
Biostatistics	PUBH520 Fundamentals of Biostatistics	3
Epidemiology	PUBH510 Introduction to Epidemiology	3
Environmental health sciences	PUBH560 Environmental and Rural Health	3
Health services administration	PUBH535 Health Policy	3
	PUBH530 Administration and Management in the US Health Care System	3
Social and behavioral sciences	PUBH540 Social and Behavioral Sciences in Public Health	3
	Subtotal:	18
Multiple areas	PUBH 570 Ethical Issues in Public Health	3
	PUBH550 Program Evaluation and Research Methods	3

Core Areas	Course(s)	Credits
	PUBH580 Rural Health Issues in a Global Context	3
	Subtotal:	9
Multiple areas	Electives Subtotal:	6
Practicum	PUBH591 Practicum	3
Culminating Experience	PUBH599 Professional Paper	3
	PUBH593 Professional Portfolio	3
	Subtotal:	9
	Total Credits	42

2.3.b. Assessment of the extent to which this criterion is met.

Students acquire knowledge and demonstrate understanding in the core knowledge areas in the MPH courses, acquire additional knowledge and demonstrate additional understanding in courses that cover multiple areas, apply knowledge in the Practicum and Professional Paper experiences, and demonstrate the integration of their understanding through the Portfolio written document and oral presentation.

Starting in the academic year 2012-13, the program intends to begin a cycle for regular review of the MPH courses, including review of the course content and alignment with the program competencies. In addition, starting in 2012-13 and repeated every three years, the program will review a selection of student portfolios to assure that there is adequate evidence of student mastery of the public health core knowledge.

This criterion is met with commentary.

2.4 Practical Skills. All professional 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 the students' areas of specialization.

2.4.a: Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.

All MPH students are required to complete a 3 credit Practicum course (PUBH591) to apply public health academic theory and acquired skills in a public health practice setting, with a minimum of 200 hours of activity. In 2009-2010 the program reviewed and adopted revised guidelines and forms for the practicum experience (available in site visit file).

The faculty mentor must approve potential practicum sites and public health practice mentors. Faculty approvals, as well as agreements of responsibilities and timelines are noted in the agreement signed by the faculty mentor, public health practice mentor and student. Evaluation of the practicum experience is based on fulfilling the agreements and timelines.

Faculty members supervise students in a variety of ways, including site visits, faculty and student meetings, or feedback to reports from students. Since Montana has few practitioners with MPH degrees, faculty members evaluate the qualifications of the practice mentor based on their current position, work history, and educational background. In some cases when the site mentor does not have an MPH degree, an important faculty supervisory role is to help link the practicum experience to the public health concepts that students have learned in coursework.

The practicum experience is an important part of the process of obtaining an MPH and occurs under the supervision of a MPH faculty mentor and the on-site public health practice mentor. A three-member committee evaluates the student's practicum experience based on a 15 page written report and oral presentation. The content of the report follows the agreements made at the beginning of the practicum and can be individualized to the project. The three-member committee ensures the individualized project also conforms to public health practice, theory, and skills development.

Students may perform a practicum in their regular place of employment if the practicum is above and beyond their normal work duties, e.g., if the practicum is in another section or division of their agency or if the practicum is a new project being developed in their section or division unrelated to the student's normal work duties. Permission to do so must be negotiated with the practicum faculty mentor at the University of Montana, and permission is neither automatic nor guaranteed.

Beginning in fall 2011, a faculty Practicum Director, Dr. Kathleen Humphries, will be in place to improve the operation of this requirement. This position will assist students with practicum placements, serve as a liaison between the MPH program and the field site and mentor, and support the MPH faculty advisors as needed. Dr. Humphries has taught for the UM program and has been a researcher in community based nutrition at the UM for 15 years. Her experience with community based learning, service learning, and health programming research, as well as her facility with forging community partnerships made her our best choice for a Practicum Director.

Dr. Humphries paid a site visit to the Oregon State University public health program in April, 2011 to investigate the full scope of the roles of Practicum Director (“Internship Coordinator” at OSU) with Dr. Karen Elliot. She will be present for meetings with the site visit team in October, 2011.

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

Table 2.4.b lists the agencies and practice mentors (preceptors) used for students’ practice experiences to date.

Table 2.4.b. Practicum experiences			
Student	Site, Location	Practice Mentor	Title or Topic
Academic Year 2007-08			
Rachel Kovach	University of Montana Curry Health Center Pharmacy, Missoula, MT	Donna Beall, PharmD, BCPS, Professor	Tobacco Cessation Services at the University Level: Investigation of Potential Feasibility Involving the Pharmacist
Cara Morgan	St. Patrick Hospital, Missoula, MT	Mary Anne Sladich-Lantz, MTS, Director Mission Leadership	Community Benefits Services at Saint Patrick Hospital
Apryle Pickering	Partnership Health Care, Missoula, MT	Mary Jane Nealon, RN, Director of Program Development	Partnership Health Care: Community Needs Assessment
Kristie Scheel	Granite County Public Health Department, Philipsburg, MT	Michele Sare, MSN, RN, Lead Public Health Officer for Granite County	Determining Multiple Sclerosis Prevalence in Granite County, Montana
Celeste Schoenthaler	Mesa County Health Department, Grand Junction, CO	Karen Milbank, RN, BSN, MPH	Sexuality Education in Mesa County for At-Risk Youth
Academic Year 2008-09			
Desirae Backs	The Goodman Group, Missoula, MT	Paul Teagle, PT, NHA, Regional Director of Operations	Development of an Administer-in-Training (AIT) Program

Table 2.4.b. Practicum experiences			
Student	Site, Location	Practice Mentor	Title or Topic
Paul Baumgartner	Missoula Youth Forum, Missoula, MT	Jori Frake, Coordinator, Missoula Youth Forum	Community Needs Assessment and Parent Survival Guide for Teens Review
David (Eric) Blankenship	US AID, Washington, DC	Robert Blanchard, MPH, Disaster Logistics Advisor	Avian and Pandemic Influenza Preparedness & Response Unit Internship
John Felton	MT State DPHHS, Public Health and Safety Division, Helena, MT	Jane Smilie, MPH, Administrator	A Policy Analysis of the Potential for Regionalizing Public Health Services in the State of Montana from a State Level Perspective
Kerry Ryan	Missoula City-County Health Department, Missoula, MT	Julie Serstad, RN, MSN, Director of Health Services	Restructuring and Streamlining the Missoula City-County Infectious Disease Website
Academic Year 2009-10			
Tara Callaghan	Sapphire Community Health Center, Hamilton, MT	Apryle Pickering, MPH	Determining Health Disparities of the Low Income and Uninsured Populations of Ravalli County
Anna Iverson	Granite County Medical Center, Philipsburg, MT	Amy Edwards-Webb	Structuring for Sustainability: Program Evaluation and Record Linkage for the Granite County Health Collaborative
Darcy Merchant	Billings Area Indian Health Service, Billings, MT	Gary Carter	An Evaluation of the Billings Area Indian Health Service's Environmental Health Services Program
Silvia Puliti	Missoula City-County Health Dept., Health Promotion Division, Missoula, MT	Greg Oliver, Director of Health Promotion	Fall Prevention: A Community-Based Project
Julie Stevens	MT Cancer Control Coalition, Helena, MT	Carrie Strike, MS, CHES, Quality Assurance Coordinator	Making Evaluation Meaningful: Moving from Process to Outcome Evaluation
Leigh Taggart	Masindi District, Uganda	Nadine Hart, PA Hope2OneLife	Post War Recovery Empowerment and sustainability Model: A practicum experience in Masindi District, Uganda
Suzanne Zanto	Title X Family Planning, Helena, MT	Helen McCaffrey, MPH	Adherence to Chlamydia Screening Criteria - Understanding Barriers

Table 2.4.b. Practicum experiences			
Student	Site, Location	Practice Mentor	Title or Topic
Academic Year 2010-11			
Erin Bills	CARD [Center for Asbestos Related Diseases] Clinic located in Libby, Montana	Brad Black, MD & Kimberly Rowse, Clinical Coordinator	An Assessment of Social Capital in the Community of Libby, MT; Implications of the EPA Public Health Emergency
Jenny Gorsegrner	Cor Afrique, Dankpen Prefecture, Togo	Jeanne Tagone, Cor Afrique	Food Security in Dankpen, Togo: A Practicum Experience
Ruth Licitra	UM SPCHS	Amanda Golbeck, PhD. Faculty, SPCHS	Public Health Leadership: A Curriculum Development

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

No waivers of the practice experience are allowed and no students have received a waiver in the past three years.

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

Not applicable.

2.4.e. Assessment of the extent to which this criterion is met.

As the MPH program develops, the program has been refining the practicum planning process. The next steps in improving the practicum experience include developing a formal post-practicum student evaluation of the practicum site, and preceptor. We also plan to standardize faculty supervision of the student practicum experience, including consideration of routine meetings (via video, phone, in person) with faculty mentors, preceptors and students.

This criterion is met with commentary.

2.5 Culminating Experience. All 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 degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

All UM-MPH students complete a two-course sequence that fulfills the requirement of a culminating experience. The courses are outlined in Table 2.3.a. and consist of the Professional Paper (PUBH599), and Professional Portfolio (PUBH593).

The Professional Paper (PUBH599) represents an opportunity for MPH students to work closely with one of the public health faculty members to plan and execute a project that communicates or disseminates public health knowledge by applying public health theory or principles to a real situation. The project can be based on a variety of research or practice-based experiences. As outlined in the Guidelines for the Professional Paper that were adopted in 2009-10 (available in site visit file), the planning process for the professional paper results in specifying the learning objectives and UM MPH competencies that will be addressed, as well as outlining the tasks, deliverables, and timeline. After the student completes the project, the faculty advisor evaluates the products of the experience, which must include the professional paper document, as well as a report of the communication format, intended audience, citation, and structured abstract. The practicum experience is described in Criterion 2.4.

A successful professional paper is determined by the professional standards of the individual faculty member who is mentoring the student. Guidance to this process is provided for the student and faculty member by the use of the required book Introduction to Health Research Methods: A Practical Guide by Kathryn Jacobsen (2012), Jones and Bartlett Learning, and the instructions for the professional paper available on the MPH program's website.

Students initiate the Portfolio (PUBH593) after the completion of the Practicum (PUBH591) and the Professional Paper (PUBH599). The Portfolio requires students to synthesize and integrate knowledge gained through their MPH coursework and professional experiences. As outlined in the Guidelines for the Portfolio that were adopted in 2009-10 (available in site visit file), the required narrative and oral presentation serves as the culminating opportunity for students to demonstrate their understanding and professional readiness to execute the UM MPH competencies. The Portfolio also requires students to reflect on their overall MPH experience, clarify their future goals in public health, and helps prepare them for seeking employment. In the required 20 page written narrative, students reflect on their training for and ability to engage in the Ten Essential Public Health Services that were adopted by multiple public health organizations in 1994. Through the lens of the Ten Essential Public Health

Services, students must demonstrate their proficiency in the UM MPH Competencies. Students include evidence of mastery drawn from coursework and practice-based public health experience. As described in the guidelines, a three-member team evaluates the written document and oral defense to assure that students demonstrate proficiency in the UM MPH competencies.

The oral defense for the portfolio involves a 45-60 minute presentation by the student, followed by questions from a three-person faculty committee that takes an additional hour. One alumni member may also serve in lieu of a faculty member. Required competencies and essential services are discussed as appropriate in the defense.

2.5.b. Assessment of the extent to which this criterion is met.

During the academic year 2009-10 the Curriculum Committee led a yearlong process to review and revise the two courses that comprise the culminating experience, as well as the Practicum. The process included soliciting feedback from current students, graduates, preceptors, and all faculty members who are affiliated with the UM MPH program. The Curriculum Committee recommended substantial revisions to the process, including the Guidelines, documents, and forms. The revisions emphasized competencies and essential services, and opened the defense committees to alumni membership. Forms were streamlined and procedural steps were reviewed to ensure transparency.

The Steering Committee approved the recommended changes with minor modifications. The program put the new procedures into practice in Spring 2010 for the Practicum and Fall 2010 for the Portfolio. Therefore examples of student work provided to the Self-Study team may not reflect the updated guidelines.

This criterion is met with commentary.

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 educational programs.

2.6.a. Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.

The UM MPH program’s instructional goal is to “...prepare public health practitioners with a sound knowledge and skills base in the core disciplines of public health.” To accomplish this goal, the MPH program emphasizes active, student-directed learning, problem solving, and the acquisition of skills essential to the practice of public health. The MPH program is built on seven domains of competence, within which 72 specific competencies are expected of all UM MPH graduates.

The UM MPH competencies are a relevant blend of the Association of Schools of Public Health five discipline competency domains (i.e. biostatistics, environmental health sciences, epidemiology, health policy and management, social and behavioral sciences) and seven interdisciplinary competency domains (i.e. communication and informatics, diversity and culture, leadership, public health biology, professionalism, program planning, systems thinking). The Ten Essential Services for Public Health (i.e. monitor, diagnose, inform, mobilize, develop policy, enforce, link, assure, evaluate, research) are referenced in the competencies as they provide the most basic definition of public health and guide the responsibilities that the students will bear as professionals in the local public health systems. Finally, we included competencies in public health in rural and global settings to reflect our program’s specialized emphasis in that area.

The seven domains are: basic epidemiologic/biostatistical skills; basic sciences practice skills; leadership and communication skills; cultural competency and professionalism skills; policy development, systems thinking skills, and management skills; community practice, program planning and program assessment skills; and rural and global public health skills. Table 2.6.a. lists all 72 competencies, as requested, within the seven domains.

Table 2.6.a. UM MPH Core Public Health Competencies, by Domain

Competencies by Domain
Domain 1: Basic epidemiologic/biostatistical skills (9)
<ol style="list-style-type: none"> 1. Describe the roles biostatistics serves in the discipline of public health and be able to establish/maintain a productive relationship with a biostatistician 2. Describe basic concepts of probability, random variation and commonly used statistical probability distributions 3. Apply descriptive techniques commonly used to summarize public health data. 4. Apply common statistical methods for inference 5. Describe a public health problem in terms of magnitude, person, time and place. 6. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data. 7. Apply the basic terminology and definitions of epidemiology 8. Calculate basic epidemiology measures 9. Evaluate the strengths and limitations of epidemiologic reports
Domain 2: Basic sciences practice skills (7)
<ol style="list-style-type: none"> 1. Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents. 2. Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards 3. Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues 4. Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety 5. Explain the role of biology in the ecological model of population-based health 6. Articulate how biological, chemical and physical agents affect human health 7. Integrate general biological and molecular concepts into public health
Domain 3: Leadership and communication skills (8)
<ol style="list-style-type: none"> 1. Describe the attributes of leadership in public health 2. Describe alternative strategies for collaboration and partnership among organizations focused on public health goals. 3. Apply social justice and human rights principles when addressing community needs. 4. Demonstrate leadership skills for building partnerships. 5. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities. 6. Use information technology to access, evaluate, and interpret public health data. 7. Use informatics methods and resources as strategic tools to promote public health. 8. Use informatics and communication methods to advocate for community public health programs and policies

Domain 4: Cultural competency and professionalism skills (12)

1. Describe the roles of history, power, privilege and structural inequality in producing health disparities.
2. Discuss the importance and characteristics of a sustainable diverse public health workforce.
3. Differentiate among availability, acceptability, and accessibility of health care across diverse populations.
4. Differentiate between linguistic competence, cultural competency, health literacy, and health numeracy in public health practice.
5. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
6. Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.
7. Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, other moral theories) to issues of public health practice and policy.
8. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.
9. Promote high standards of personal and organizational integrity, compassion, honesty and respect for all people.
10. Analyze determinants of health and disease using an ecological framework.
11. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.
12. Value commitment to lifelong learning and professional service including active participation in professional organizations.

Domain 5: Policy development, systems thinking skills, and management skills (11)

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US and for selected international examples.
2. Describe the legal and ethical bases for public health and health services.
3. Discuss the policy process for improving the health status of populations.
4. Apply “systems thinking” for organizational planning and problem solving.
5. Articulate an achievable mission, set of core values, and vision.
6. Demonstrate team building, negotiation, and conflict management skills.
7. Identify characteristics of a system.
8. Identify unintended consequences produced by changes made to a public health system.
9. Explain how systems (e.g. individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.
10. Explain how systems models can be tested and validated.
11. Analyze the impact of global trends and interdependencies on public health related problems and systems.

<p>Domain 6: Community practice, program planning, and program assessment skills (10)</p> <ol style="list-style-type: none"> 1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice. 2. Identify the causes of social and behavioral factors that affect health of individuals and populations. 3. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions. 4. Describe the role of social and community factors in both the onset and solution of public health problems. 5. Specify multiple targets and levels of intervention for social and behavior science programs and/or policies 6. Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes. 7. Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program. 8. Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses, and emphases on reliability and validity. 9. In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs. 10. Assess evaluation reports in relation to their quality, utility, and impact on public health.
<p>Domain 7: Rural & Global public health skills(15)</p> <ol style="list-style-type: none"> 1. Define and distinguish between urban, rural, and frontier areas. 2. Identify the common demographic characteristics of rural and frontier areas and their implications for provision of public health services. 3. Identify the common social and economic characteristics of rural and frontier areas and their implications for provision of public health services. 4. Describe the common ethical considerations common to rural and frontier areas and the effect of such considerations on the relationships between consumers, healthcare providers, the population of the area, the provision of public health services. 5. Identify the common political attributes of rural and frontier areas and their implications for provision of public health services. 6. Describe the common public health workforce issues associated with rural and frontier areas and their implications for provision of public health services. 7. Explain the challenges of public health planning and preparedness for rural and frontier areas, including the need for and role of mutual aid agreements, and the implications of such challenges for provision of public health services. 8. Explain the common characteristics of healthcare delivery systems in rural and frontier areas and their implications for provision of public health services. 9. Describe the common communication challenges associated with living in rural and frontier areas and their implications for provision of public health services. 10. Develop basic statistical skills to reason effectively about problems associated with populations of low density and widespread geographic dispersion. 11. Gather, integrate and analyze rural and global evidence. 12. Gain, maintain, and demonstrate sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings. 13. Bring together diverse ideas to solve rural and global problems in innovative ways. 14. Understand how to work with language differences, sometimes through interpreters; appreciate broader communication differences. 15. Work on multifunctional, diverse teams to accomplish tasks in rural and global settings.

2.6.b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

A competency matrix that identifies the learning experiences by which these public health competencies are met with the required courses and public health electives is included in Appendix G. Because the competencies were reevaluated and revised in May, 2011, some faculty have not completed their courses' revisions to the competencies on the syllabi. It can be emphasized that they will need to correct their syntax at that time.

The 72 competencies are represented in the course-level learning objectives on all course syllabi. Depending on the focus and opportunities within a particular student's culminating experience and practicum, the competencies are represented within those instructional requirements as well. Students are required to report on an identical competency matrix how the learning experiences from the culminating experience and practicum contributed to achieving the UM MPH competencies.

Multiple points of competency mastery are also reviewed by the student upon entering the program and upon graduation with a checklist. Faculty validation of the competencies across the practicum and portfolio with a master checklist will begin in academic year 2011-12. Single competencies are measured within the required courses.

2.6.c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

Not applicable

2.6.d. A description of the manner in which competencies are developed, used and made available to students.

The program's Steering Committee adopted the twelve competencies domains from the Association of Schools of Public Health. The program's Curriculum Committee, which included student members, developed competencies in the domain of Public Health in Rural Settings. Over a two-year period from 2008-2010, instruction faculty reviewed their courses and identified how their course content contributed to the competencies. The competencies are made available to students in a variety of ways. They are listed on the program's website and students complete a competency matrix upon admission and graduation. Syllabi for public health courses also include a listing of the competencies addressed within each course.

In 2010-11 the competencies were reviewed by the Self-Study Committee and the seven domains of competence were built. The 72 competencies were aligned with the seven domains. Competencies for specific courses were those that individual faculty members selected as being covered. The domains were selected through consultation with a member of the Education Department at the university of Montana

with the Self-study Committee. The Self-study Committee then determined the domains and competencies that we believe are essential to the MPH program.

The competency checklist is offered in the beginning of the program and at the end. In this fashion students begin with an initial glimpse of what is the heart of the program, and at the end they can self-evaluate what and how well they have learned. A copy of the checklist is in Appendix H.

2.6.e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The program periodically assesses the changing needs of public health practice through active participation in and with the major organizations that support and reflect public health nationally (APHA, NACCHO, ATPM, Council of Graduate Programs, NIH, CDC, HRSA, RWJ) and locally (MPHA, MEHA, MHA). As the new needs of public health practice become evident, such as those for Global Health, they are integrated into the competency list of the program following review and input from faculty and students.

Workforce needs are incorporated into competency sets in a timely fashion. The use of distance education to deliver public health training to a geographically scattered population is an example in and of itself.

Competency review occurred by the Curriculum Committee (Chair, Dr. Kari Harris, members Drs. Curtis Noonan, Annie Sondag, Jean Carter, Tony Ward, and Mr. Larry White) beginning in the fall semester of 2009 and continuing through the spring semester of 2010. The faculty as a whole was asked to review their courses in terms of meeting the ASPH competencies and develop corresponding learning objectives. These activities were then returned to the Curriculum Committee for review, and eventually to the Steering Committee for approval. As part of this process competencies in Rural Public Health were also developed and approved. As this MPH program is new, this was the first attempt at competency review, and the plan is to revisit the competencies every other year from the Curriculum Committee platform.

2.6.f. Assessment of the extent to which this criterion is met.

The competencies include domains that are addressed from different perspectives within the UM MPH required curriculum. The next steps in refining the competencies include reviewing reports from alumni regarding their mastery of the competencies. The review of alumni data is scheduled to occur in spring semester, 2012. The review may uncover areas where the curriculum could be enhanced to more adequately cover competency areas. Future efforts to improve the competency process also includes incorporating the students' review of competencies within the advising process such that students only conduct an evaluation of their mastery of competencies on an on-going basis rather than upon graduation.

This criterion is met with commentary.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

The following evaluation processes are utilized throughout the curriculum to assess student performance of the stated competencies in the program:

- Oral presentations
- Written reports and discussion board postings
- Written examinations
- Custom interactive activities written in Visual Basic
- Professional paper
- Professional portfolio and defense
- Practicum activity and defense
- Faculty observation of generic performance
- Review of students with academic problems by the chair and Coordinator

Student performance is evaluated in each course as articulated in individual course syllabi. Individual faculty members determine the timing of these evaluation processes as described in course syllabi.

Beyond the courses, various procedures are used for monitoring and evaluating student progress in achieving expected competencies. These include evaluation of performance by the field placement supervisors in practicum placements and by the practicum committees, the formal written reports and defenses, evaluation by the supervising faculty member of the written Professional Paper product, and Portfolio assessments in terms of the formal written reports and oral defenses as evaluated by the three person Portfolio Committees in terms of overall student ability to select theories, methods and techniques from across the content matter of a field, to integrate and synthesize knowledge, and to apply it to the solution of public health problems. The student, in consultation with his or her advisor, composes oral defense committees. The Chair of the committee should be one of the five core faculty members.

The program does not have an overall assessment score per se for students. The most important summary assessment is in the presentation and defense of the portfolio and the questions of the three-person committee at that defense. Here the emphasis is on how well can the student identify and articulate the ten essential services and the core and interdisciplinary competencies of public health, based on both academic and personal experiences while in the program, and future career goals.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program's performance against those measures for the last three years.

Outcomes that serve as measures by which the program evaluates student achievement, and our program's measures of success, have been documented previously in Criterion 1.2 (relevant outcome measured reproduced below in Table 2.7.b.). These measures address the quality of students' experiences by emphasizing academic, practical experiences, and the interrelated nature of theory and practice in public health. Note that the initial eleven graduates of the MPH program, starting with 2008, and including 2009 and 2010, all had successful culminating experiences, and all students' GPAs met stated Objective 1.5a. and b. while in the program.

Outcome Measure	Target	2008-09	2009-10	2010-11
1.4 All MPH students will engage in learning activities that allow them to apply public health theory and practice and to demonstrate public health citizenship by satisfactorily completing the practicum.	100% enrolled students	100%	100%	100%
1.5 All admitted students will demonstrate proficiency in the five core areas of public health by GPA of at least 3.0 and satisfactorily defending their portfolios and completing the professional paper requirement.	1.5a. 100% of students will have GPA of at least 3.0.	100%	100%	100%*
	1.5b. 100% of students will complete satisfactory portfolios & professional papers.	100%	100%	100%

Note: If CEPH would like to see additional outcome measures related to GPA, we are pleased to discuss this at the site visit.

*Cumulative GPA has not been calculated by year thus far. We know that 100% of the students have maintained a GPA over 3.0 thus far because our system flags students who are in danger of dropping below 3.0. We are implementing a new addition to the data monitoring system, in conjunction with the Registrar's Office, that will show all students' yearly GPA. We can report that for this objective starting 2011-12.

2.7.c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Our first students began the MPH program in the spring of 2006. Our target for degree completion is "80% within six years of matriculation." Our first degree completion rates for students admitted 2006-2007 will be calculated in 2012.

The outcomes in table 2.7.b for student achievement do not include job placement experience. Section 2.7.d. has more detail about job placement. In sum, 75% of the graduates thus far surveyed formally by the Office of Career Services are in jobs in their major field of study. This figure is less than 80% but represents three students out of four graduates in this young program.

The MPH program could draw a picture of the employment of the incoming class of students based on the information they offer in their applications. We currently do not keep track of students who are working and where they are working when they come into the program.

2.7.d. A table showing the destination of graduates for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See Table 2.7.d.

We provide additional information in Table 2.7.d. to the Office of Career Services survey. These are informal data from alumni who have returned to serve on Portfolio defense committees or those who have kept in touch with faculty. The information comes from eight students over the past three years but cannot be broken down by year due to its informal nature.

	Government		Nonprofit		Health Care		Private Practice		University Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MPH	3	37.5	1	12.5	0	0	0	0	1	12.5	0	0	1	12.5	0	0	2	25

2.7.e. In public health fields where there is certification of professional competence, data on the performance of the program's graduates on these national examinations for each of the last three years.

Not Applicable

2.7.f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.

The University of Montana Office of Career Services surveyed recent graduates from Summer 2008-Spring 2009 (i.e. the most recent for which we have MPH graduates) to determine job placement and starting salaries across all departments and majors, undergraduate and graduate programs. Four students graduated with the MPH degree and three completed the Career Services survey (compared to a slightly >50% overall UM graduate response rate). All three students reported full time employment in their major.

The Office of Career Services is planning a new, online survey of students. It will include items about students' perception of how effective they think the education they received at UM was in helping them to develop work-related skills; perceptions of their time at UM; ratings of the quality of education received at the UM and in their major; plans to continue to live in Montana; current employment status; extent to which the UM education helped them secure current work position; if their current work position is related to their major at UM; if the position is part of their planned long term profession; where the position is located, hours, type of employer, salary; their plans to pursue more education in the near future and what kind of education. That survey is not finalized according to the director. The MPH graduates will be among the sample when the survey is implemented.

In 2009 the MPH program conducted a preliminary survey of its first alumni. We intend to modify our SPCHS alumni survey to include more pointed questions about MPH graduates' ability to effectively perform the competencies of the UM MPH program in a practice setting. This survey will complement, but not replace the Career Services Survey. We plan to include an employer survey as well; this will be drafted during the academic year 2011-12 and administered first in summer 2012.

CEPH reviewers asked what indicators are being tracked and reported that would be more reflective of the impact of earning the MPH on the mid career population. In the alumni survey from the MPH program this year we will start to answer this question by

adding an open-ended question to mid career professionals to ascertain the relevant impacts of their MPH on their career. These could range from “I was under-educated for the job I was doing so the MPH made me more securely qualified” to “I received a pay raise and promotion.” The first step toward our understanding will be taken this year (2011-12).

We have data from practicum site mentors and from practicum students, provided in their practicum defense, on the nearly-graduated MPH students’ competencies in a practice setting. To date the site mentors have been uniformly positive about the ability of the program’s MPH students to effectively perform the public health competencies in a practice setting. Students report a high level of confidence in their ability to perform effectively in their practicum experiences.

2.7.g. Assessment of the extent to which this criterion is met.

We intend to modify our SPCHS alumni survey to include more pointed questions about their ability to effectively perform the competencies of the UM MPH program in a practice setting. We plan to include an employer survey as well; this will be drafted during the academic year 2011-12 and administered first in summer 2012.

This criterion is met with commentary.

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

2.8.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Not applicable.

2.8.b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation. 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.

Not applicable.

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

Not applicable.

2.8.d. Assessment of the extent to which this criterion is met.

Not applicable.

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

2.9.a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Not applicable.

2.9.b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

Not applicable.

2.9.c Assessment of the extent to which this criterion is met.

Not applicable.

2.10 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.

2.10.a. Identification of joint degree programs offered by the program and a description of the requirements for each.

The UM MPH program does not offer joint degree programs at this time.

2.10.b. Assessment of the extent to which this criterion is met.

Not applicable.

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

2.11.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 effects in full or in part through distance education in which the instructor and student are separated in time or **place or both. The instructional matrix may be referenced for this purpose.**

The UM MPH program is a degree program that is offered in an exclusively distance education format, with the exception of one class, described below.

2.11.b. Description of the distance education or executive degree programs, including i. an explanation of the model or methods used; ii. the program's rationale for offering these programs; iii. the manner in which it provides necessary administrative and student support services; iv. 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 v. the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

(i) Explanation of the model or methods used in the UM MPH program

At a Distance

The MPH program at UM is a distance education program. By this we mean that the majority of instruction occurs when student and instructor are in different places. A distance education format is a direct fit to our stated program mission. Distance education is allowing current working professionals across the 147,046 square miles of Montana and beyond to be able to participate. At the same time, it is allowing other interested individuals who may not be able to pursue full time education, or who may or may not be resident in the greater Missoula area, to participate. We would rate the fit of distance education to our program mission to be excellent.

About half of our students live in the greater Missoula area, the other half live elsewhere

in Montana (Billings, Polson, etc.) or beyond (Colorado, New York, etc.). Most of our faculty members are resident at UM, although some affiliates are resident elsewhere (British Columbia, California, Georgia, etc.). Students and faculty from all of these different places come together in virtual classrooms via use of technology.

An exception to the distance education format is the course, PUBH580 Rural Health Issues in a Global Context. This course is a one-week intensive, face-to-face course of forty hours duration that is taught by an internationalist from the Political Science department, and serves as our residency requirement. The MPH students are required to take this required core class on site at the University of Missoula campus. All other MPH courses in the program are offered spread over the standard academic term. PUBH580 is an intensive course available to students by permission of instructor after they have completed 15 units of coursework toward the degree. Also, students may elect to enroll in recommended, advisor-approved electives offered face-to-face on the campus, if this arrangement works for them.

Some resources and activities are available on site, such as seminars and Brown Bags. In those cases, onsite resources and activities to students residing beyond reasonable commuting distance are made available by the use of Blackboard or Moodle, Elluminate or Vidyo, email, conference calls, and individual telephone calls. For example, student and alumni committee participation is often carried out by conference calls. Trainings broadcast from the Northwest Center for Public Health Practice are accessed by our students electronically. Research opportunities are discussed by telephone and developed thru email. Out of state and in state students function in the same fashion in this regard. It should be remembered that 80% of our students are Montana residents. We have few international students, as we do not recruit internationally as the web based education tools do not yet work well internationally, although they may in the future. As all of our students are distance students, we do not break out relative participation rates for distance versus non-distance students. It would not make sense. Even the students living in Missoula, Montana proper take their classes over the web, and participate in the program in the same fashion as non-Missoula students.

Time and Effort

Although our MPH program is a distance education program, it makes use of the standard semester-based (16 weeks) and summer school academic calendar at UM. That is, our distance education courses commence at the beginning of the week that face-to-face courses commence, course interactions and activities are spread over the standard term, and final exams are given over the same days as face-to-face course final exams (in the 16th week).

Public health students are expected to devote the same amount of time and effort to our courses as they do to face-to-face courses. Our student evaluations ask students the number of hours they spent per week on the course, and the number of these hours that they considered valuable in advancing their education. Over the past three years, the median of the course-specific median numbers of hours spent per week on a core course (including attending classes, doing readings, reviewing notes, writing papers, and any

other course related work) was 9.5 hours. The median of the course-specific median of these hours that students considered valuable in advancing their education was 7.5 hours.

Technologies

Various technologies – especially computer, but also audio and video - are regularly employed to provide the MPH distance education. In our program, the majority of distance education is asynchronous. This provides for a flexible structure within the standard fixed academic term that is particularly suited to meet the needs of working professionals. When synchronous distance education is used, it is used strategically.

Currently our campus-wide learning management system for distance instruction is the internet-based Blackboard system. Blackboard supports student-content, student-student, and student-instructor interactions through a suite of communication and learning tools including email, asynchronous threaded discussions, synchronous chat rooms, virtual office hours, and learning units. The instruction in our MPH program makes intensive and extensive use of Blackboard.

Another tool, used with some frequency for synchronous communication components of our online MPH program, is the web conferencing system Elluminate Live! We regularly use Elluminate for practicum and portfolio defenses. Elluminate is also available for live session' interactivity; real-time sharing of students' final class projects or reports; group activities (meetings or conferences); virtual office hours, advising sessions, or tutoring sessions; and the like.

Our public health faculty members selectively use technologies beyond Blackboard and Elluminate Live! to deliver the MPH program and courses. For example, Facebook, Twitter, LinkedIn, and Skype are used by faculty and students for networking and communication purposes.

Public health instructors sometimes build customized tools to use in their online classes. For example, the biostatistics instructor with the assistance of a programmer developed a tool in Microsoft Visual Basic that helps students acquire, within an interactive activity, necessary basic knowledge of biostatistics. It does this by delivering biostatistics question stems, together with answer choices that deliver immediate explanation and feedback, to the user via the Internet. This is a growing tool: the original included 164 questions; each year new questions are developed in collaboration with students using the Blackboard discussion board mechanism; so that today over 200 questions are included.

The campus is currently preparing to migrate from Blackboard to Moodle, a system with comparable (to Blackboard) and improved functionality. Moodle is typically rated high on factors such as ease of use and flexibility, facilitation of instruction/learning goals, and correspondence to instruction/learning styles. Moreover, Moodle has also been chosen as the tool for the Montana Digital Academy, which this year is bringing up 45 secondary education courses online, with plans to take hundreds of K-12 courses online, as part of a "21st century school" concept for the state of Montana. In this way, a new generation of Montana learners will be technologically prepared for our public health program.

National Context

Our MPH program faculty has studied the way in which distance learning is conducted at other MPH programs throughout the nation, such as at the University of West Florida, New York Medical College, Drexel, the University of Connecticut, and San Jose State University. Several key learning points have been borrowed and adapted for the University of Montana MPH program, including:

- distance education courses being of the same duration as on-campus courses;
- all distance students meeting the same admissions requirements as on campus students;
- provision of an active Orientation for new and continuing students that stresses and supports the program mission statement;
- distance education courses taught using the same syllabus as on- campus courses;
- faculty training in distance learning;
- a wide range of practice sites with defense;
- a rigorous culminating experience with defense;
- maintenance of an up-to-date MPH program website;
- an active retention program required for on-line students;
- a focus on practitioners, community participation and social justice;
- the need for community buy-in to distance learning; and
- an emphasis on academic integrity.

The UM MPH program recognizes the paramount need for programmatic flexibility in developing and implementing a public health training program, itself a response to the constantly changing needs of populations, using distance learning technologies that themselves evolve and improve. We also appreciate that there is a great deal of variability in distance education in public health, and no single model dominates the field.

(ii) Rationale for UM offering its MPH program with distance education

Fit to Institutional Aspirations

In the recently adopted UM Academic Strategic Plan, several aspirations were listed. One was that *UM will be known for having an exciting and stimulating intellectual atmosphere for undergraduates, graduate students, faculty and staff, including [among others]: Leading the region in online and distance education; and connecting and engaging faculty and students globally.* Our online MPH program contributes substantially toward these institutional aspirations.

(iii) Manner in which the UM provides necessary administrative and student support services for the MPH distance education program

*Please also refer to Section 1.6. for complementary information about University of Montana resources.

Administrative Support Services

All administration related to the academic and fiscal elements of the online MPH program is provided by the same offices that service traditional campus programs. Our department chair and program coordinator are the primary conduits to these services.

Support from SELL / XLS / UMLonline

We are in partnership with, and receive support for, our distance education MPH program from the UM School of Extended and Lifelong Learning (SELL) (<http://www.umt.edu/ce/>). Our program has contributed to the rapidly accelerated growth that SELL has experienced in the last three years. To illustrate, in the spring semester of 2010, there were 2,552 online students and 11,130 Student Credit Hours (SCH) generated at UM, which represented a 25% increase over Spring Semester 2009; and SELL funding for 2009-10 from all sources was 7,398,680, a 58% increase from the 2006-07 level.

The unit within SELL that provides support to us for online instruction is the Extended Learning Services (XLS) unit. XLS is charged with maximizing technological innovations by creating an environment where technology supports student learning and faculty instruction and research, and administrative needs. The MPH program is one of six distance education master's degree programs currently supported by XLS. XLS' distance education efforts are organized into its UMLonline program. Blackboard is maintained by XLS. For more information about XLS, see <http://www.umt.edu/xls/>.

The MPH program students and faculty make use of XLS services, which are provided by a staff of 12 professionals with expertise in the areas of operations, instructional design and development, professional development services, and information technology and support. The centralized coordination of faculty, student and administrative support services has resulted in the development of an extensive array of effective aids to assist those engaged in online instruction and learning. These services have been established in close collaboration with the academic units. With the services of the XLS, which are continually expanding, we would rate the continuity of support to sustain our MPH degree program as excellent.

XLS Support for Faculty

MPH faculty have available to them an extensive array of services provided by XLS to support our online course design, development, and implementation. Individual public health faculty members, supported by the XLS, have over the past five years developed strong expertise in computer-assisted learning and continue to upgrade their skills.

MPH faculty members who are developing new courses submit a new course proposal to XLS through an online database and workflow application called Maven. The MPH faculty developer then is invited to participate in a comprehensive, cohort-based course development process. Components of this process include:

- A six-week online course in course design and development for online delivery;
- Small group instruction and online tutorials re: Blackboard training;
- 1:1 instructional design consultation;

- Use of a faculty computer lab with access to software applications such as Photoshop and Camtasia;
- A peer review session; and
- Final review of the online course by an instructional designer.

Online instruction and advising resources are provided by XLS and made available to our MPH faculty members, including examples, tips, and references to journal articles.

Faculty Senate-approved core principles for online course quality (discussed in 2.11.b.iv) guide the design and delivery of online MPH courses. They are provided to online course developers at the onset of their development projects and are also used to guide both a peer review process and a final course review by an instructional designer.

As public health faculty teach courses, XLS provides assistance and information about Blackboard through the Blackboard Learning Guide for Instructors. The Guide allows our MPH faculty to access targeted information at the moment of need by navigating from a launch page to the performance support content. XLS also provides ongoing technical support via telephone and e-mail.

Our MPH faculty also benefit from XLS consulting, workshops and events (face-to-face, synchronous and asynchronous) on design and development of new courses or redesign of existing online courses. Topics typically include policies and procedures, barrier-free learning, online pedagogy, technology-enhanced learning, and Blackboard instruction tools. Our MPH faculty may access the series of Technology for Instruction and Learning workshops and short courses offered each semester, based on needs identified in the annual online faculty survey. Our faculty may also access the XLS annual professional development institute, known as the Extended Learning Institute (XLI), which has as its purpose to promote the exchange of knowledge, effective practices, and research relative to online instruction and learning, as well as support services for online students. MPH faculty members have also taken advantage of the regular training that XLS provides in the use of Elluminate.

XLS Support for New Students

The XLS provides help for new MPH students. At our new student orientation, the director of XLS provides our beginning MPH students with customized MPH-focused face-to-face instruction on how to use Blackboard. MPH students also have access to Blackboard orientation sessions offered by XLS at the beginning of each semester that are open to students across the university. In addition, our students have access to a web-based Blackboard 101 tutorial, and a web-based Online Student Learning Orientation program, both developed by XLS.

XLS Support for Continuing Students

As our MPH students participate in courses, XLS provides assistance and information through various online resources. An example is the Blackboard User Guide for Students.

If our MPH students are having trouble with technology, they can get help from the XLS Tech Support Desk. Our students can access the Desk by calling a toll free number from 8:00 a.m. to 5:00 p.m. Monday through Friday. They can also access the Desk through e-mail, or by walking into the Tech Support Desk office. They can even use instant messaging, available on the Student tab of the UOnline website.

If our MPH students need assistance with their writing, they can get help from the Online Writing Center. Our students benefit from this Center's asynchronous support resources and 1:1, real-time tutoring on writing assignments.

Support from Mansfield Library

MPH faculty members preparing for online courses are encouraged to arrange for a virtual orientation session with the Distance Education Coordinator of the Mansfield Library regarding access to the Library's electronic research databases as appropriate for their courses. The Coordinator provides expertise on copyright issues. The Coordinator also provides assistance to our faculty in using the electronic course review to make core and supplementary reading materials are available to online students.

If our MPH students need library assistance, they can get help from the university's "Chat with a Librarian" instant messaging service, via email, and via a toll free number during library hours. If our students need guidance and time management strategies for research papers and projects, they may visit the Research Planner. Distance Education Reference Services are also available to our students.

(iv) Manner in which the academic rigor of the program is monitored

Institutional Accreditation

All academic programs at UM, including the MPH program, are monitored within the Northwest Commission on Colleges and Universities (NWCCU) accreditation standards. Academic rigor of online programs, including the MPH program, is assured by the compliance that UM maintains with accreditation requirements of NWCCU related to distance learning.

Faculty for Online Instruction

MPH program academic rigor is also assured by having a program faculty who are recruited and hired, and their online instruction and advising regularly evaluated, within the same processes as are used for faculty who teach in face-to-face programs. Almost all of the faculty members who provide the online instruction in our program are regular faculty members at the University of Montana. Over 75% (7 out of 9) of the regular instructors of our online core public health courses are tenured or tenure-track at UM; of the 2 who are not, one is a former hospital CEO who teaches the online administration and management in the US healthcare system, and the other is an accomplished NIH-funded ethics researcher who teaches the online ethical issues in public health. Additional instructional faculty with appropriate expertise are recruited from outside UM as needed by the chair and Steering Committee.

Quality Assurance Standards

All MPH faculty members are evaluated in accordance with both university and SPCHS unit standards. By university policy, all of the following activities are addressed in the unit standards: Classroom performance; student advising; scholarly publication or creative works; participation in professional organizations or societies; receipt of awards in recognition of professional accomplishments, or speaking engagements related to one's professional field; professional service demonstrated by consulting; other outside work for agencies, communities, schools, etc.; serving on advisory boards; service on campus committees; research efforts related to grants, contracts, direction of student research; or professional research efforts incident to publication.

Our unit standards address the rigorous quality standards that our program demands for distance education: *Digital Learning - In order to meet the program goal of educating and preparing professionals who are time- or place-bound for public health practice, the UM public health faculty make intensive and extensive use of digital learning technologies. These technologies place yet another set of demands on public health faculty that is somewhat different from those that exist within many other graduate programs. Specifically, public health faculty members are expected to prepare and execute high quality digital learning classes. When developed from scratch, digital learning classes may require considerable up-front preparation of original materials such as tutorials, activities, and resources that take the place of lectures in a face-to-face class. In any case, preparation for digital learning courses is different from traditional courses because digital learning courses require extraordinary organization and structure. Public health faculty members need to be technologically proficient, in the e-education platform that is supported by the university (currently Blackboard), as well as in other technologies that support digital learning. Public health faculty are expected to follow best practices in digital education, which suggest that courses be developed in their entirety before being brought on-line, and which suggest that courses be executed with considerable interaction. Also, digital learning technologies are constantly evolving, which places additional demands on public health faculty for continuing professional development. The program is governed by the Core Principles of Quality for Online Courses in the Montana University adopted March 2008 and given at <http://www.mus.edu/online/CorePrinciples0308.asp> (accessed on 12/10/2010). These core principles address the course overview and introduction, learning objectives, assessment, resources and materials, learner interaction, course technology, learner support, and accessibility. The principles are similar to the "Quality Matters" quality assurance standards.*

The above standards refer to 'considerable interaction'. This is a high expectation, between faculty members and students, and among students. Our classes are accordingly characterized by a high degree of per student interaction. As one indicator of extent of interaction, data from our Blackboard Discussion Board pages show that in core courses over the past three years, there were a total of 25,934 posts and 267 enrollments, which is a rate of about 6 posts per week per enrollment over 16 weeks of class.

Academic Control

Our online MPH program follows established and rigorous UM policies and guidelines for academic oversight that are based on guidelines set up by the Board of Regents. We thus follow the same monitoring processes and procedures as for traditional programs.

For SPCHS, monitoring for approvals involves review by the public health curriculum committee, public health steering committee, SPCHS chair, academic dean, provost, Graduate Council, Faculty Senate, and (for new courses and programs, or substantial changes to the curriculum) Board of Regents. As needed additional monitoring is conducted locally by the public health curriculum committee, public health steering committee, and SPCHS chair.

Oversight for the MPH program and courses follows the same signature processes within the academic governance system as are used in traditional programs and courses. The exception is that, since the MPH program is supported by XLS, there are practices in place that require signature from the SELL dean in addition to the academic dean for a course to be taught.

SPCHS has the primary responsibility of identifying the courses that are taught and who teaches them, making sure that they are at a level commensurate with on campus courses, and ensuring the currency of our program, courses and course materials. This responsibility is carried out by the chair and the curriculum and steering committees. SPCHS ensures that that instructor credentials are appropriate and that the subject matter and outcomes are equivalent.

(v) Manner in which the program evaluates the educational outcomes, as well as the format and methodologies.

Educational outcomes are evaluated by review of teaching evaluations by the chair, and by formal defenses of the practicum and portfolio. The professional paper is also a source of evaluation. The expectation is that educational outcomes will be equivalent to those from face-to-face MPH programs.

2.11.c. Assessment of the extent to which this criterion is met.

This criterion is met.

3.0 Creation, Application and Advancement of Knowledge

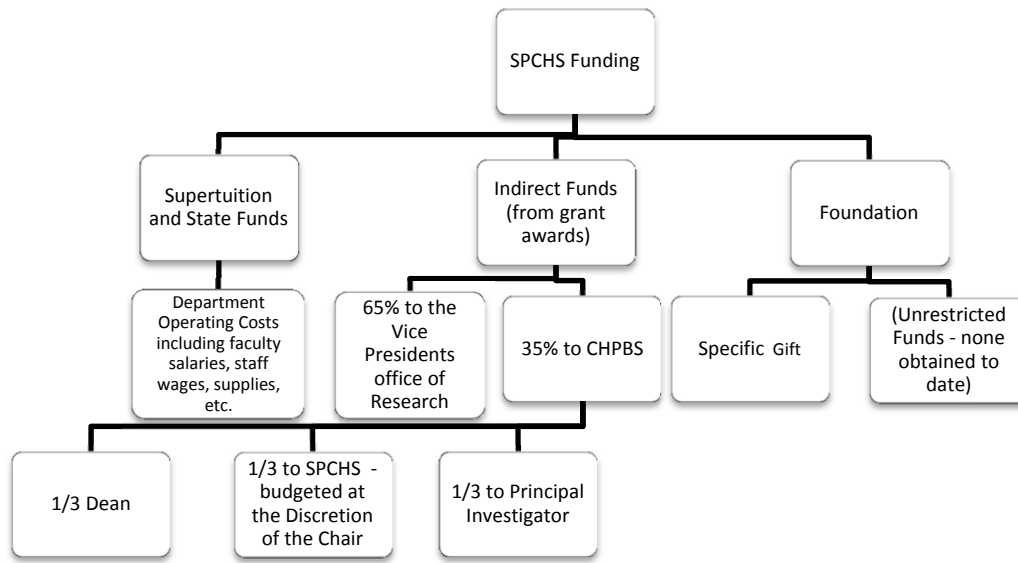
3.1 Research. The school shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

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

Scholarship, research, and creative activities are at the core of MPH faculty and student lives and the MPH academic program at The University of Montana. Expectations are strong for MPH faculty to engage in research and creative activity that results in published works and presentations. A deeply rooted belief within the MPH program is that strong, active MPH faculty scholarship is integral to a high quality educational program in public health.

The UM Collective Bargaining Agreement (CBA) specifies the role of being “a scholar” as an aspect of academic responsibility. The CBA also outlines University-wide expectations for scholarly and creative accomplishment that are to be reflected in all unit standards. Specifically, the CBA indicates that general activities that “shall be given consideration in any evaluation for purposes of promotion, award of tenure, determination of salary increment, or recommendation for retention” should include: a) scholarly publication or creative works; b) participation in professional organizations or societies, receipt of awards in recognition of professional accomplishments, or speaking engagements related to one’s professional field; and c) research efforts related to grants, contracts, direction of student research, or professional research efforts incident to publication. For promotion to Full Professor, a faculty member must have the necessary level of performance as defined in the CBA and unit standards in teaching competence, scholarship, creative activity, and service. However, no faculty member may be promoted to Full Professor on the basis of teaching and service alone.

The substantial rise in research activity across campus and the ability to recover a portion of research funding through indirect cost recovery (ICR) have greatly enhanced available resources and subsequent research capacity. State-based departmental and collegiate budgets typically contain only modest state funds to support faculty research and creativity. Therefore, University policy is to return 35% of ICRs to the academic unit of origin, to be used discretionarily in the support of research. The Vice President for Research and Development uses a portion of ICR funds generated by faculty to support start-up needs for new faculty, assist with bridge-funding for faculty between grants, assist departments with acquisition of shared-use equipment, or support emergency equipment repair or similar needs. Deans and other University administrators also are frequently asked to help fund such expenses, and they occasionally do, often from private funds or ICR funds at their disposal.

Figure 3.1.a. Research Budget Flow Diagram

As stated, 35% of ICR funds are returned to the academic unit in which they were generated. Deans retain a portion of these funds to support research-related needs and requests prioritized at the collegiate level. The remainder of these funds typically is split between the individual faculty member and the department. The funds allocated to the individual faculty member are used to support research needs (equipment or other equipment that are not allocable to a specific project, etc.). The funds allocated to the department typically are used to support a variety of departmental research needs or enhancements including participating in start-up needs for new faculty, equipment acquisition, repair, service contracts, seminar programs, and the like.

We facilitate faculty research presentations by maintaining a funding base to support travel costs to professional meetings from indirect cost recapture and tuition surcharge for core faculty in the School. We reward core faculty in the School for communicating in scholarly and research venues through faculty evaluations and supporting the promotion and tenure process. Faculty compensation is linked, in part, to success in scholarly work, and rewarded by annual Merit Awards. Three core faculty in the School have recently received such Merit Awards from the University.

The University has made substantial investments in computer and information technologies that advance research and scholarship as well as instruction. The advent of electronic access to major journals and the commitment of the library to University scholarship via subscriptions to major search engines for academic resources have vastly improved access to scholarly publications. Any loss of subscriptions to hard copy versions of journals has been more than offset by this increased capacity to acquire digital materials and continued access to the interlibrary loan system.

The research activities of the UM MPH program are organized by the Public Health Research Committee. Below is a description of the components of the mission of the

research committee, as well as the mission associated with each of the components. Associated procedures are described as well. Because public health faculty are distributed across the campus in multiple academic departmental homes, a survey was conducted in Autumn 2008 to determine workload, strength of research culture, and rewards/resources available (by policy, procedure, or practice) to public health faculty members in their departments for conducting research. The results of this research survey are also described below. Public health faculty members pursue active research programs consistent with our mission, regularly contribute to the knowledge base of public health disciplines, and pursue research directed at improving the practice of public health. Research scope and productivity are documented in annual research reports (available in site visit file).

Public Health Research Committee

Mission – The mission of The University of Montana Public Health Research Committee is fourfold: 1) to document the productivity of students and faculty by compiling scholarship and scholarship related activities; 2) to promote research opportunities by such activities as disseminating information to public health constituencies; 3) to recognize research excellence within the public health program by presenting annual research awards to students and faculty, and 4) to support SPCHS activities related to CEPH accreditation criterion 3.0 Creation, Application and Advancement of Knowledge.

Procedures

1. Structure

The Research Committee is one of four standing committees within the school - along with the Curriculum Committee, the Admissions Committee, and Self-Study Committee - that report to the Steering Committee. The Committee shall consist of at least four members including the chair. The Committee will have at least one student. There are no term limits for members or the chair and membership may be renewed each year. The members shall be appointed by the chair of the School of Public and Community Health Sciences. The committee will conduct its work during the academic year and meet at least twice each semester.

2. Areas of Responsibility

The Committee will draft and review policies and procedures regarding research documentation, promotion, and recognition. The Committee will oversee the development of the annual research report; organize research colloquia for the School; oversee the development and updating of the research pages on the program web site; foster communication of research opportunities among faculty and students; oversee the process for the annual research prizes; and serve as the evaluation committee for the annual research prizes. The addition of other duties or charges may be requested by the Committee itself or the Steering Committee; the Research Committee should be consulted to ensure the scope and focus is appropriate to its mission and feasible. The Research Committee will review its mission annually.

3. Process

See below: [Annual Research Report](#)

Brown Bag Research Colloquia
Research Web Pages
Annual Research Prizes
CEPH Accreditation Criterion 3.1 Research
Research Survey Results

4. Disseminating information

The chair of the Committee will ensure minutes for each meeting are recorded and distributed or made available to all members of the Committee and the chair of the School. The chair will regularly report the activities of the Committee to the Steering Committee. The chair will prepare a summary of the Committee's work for the academic year and make suggestions for any charges or tasks for the coming year. The report will be forwarded to the chair of the School and the Steering Committee.

Annual Research Report

Mission – The Annual Research Reports represent efforts of the Public Health Research Committee. These reports document the productivity of public health students and faculty by compiling scholarship and scholarship related activities; and they promote research opportunities by disseminating information related to the research activities of public health faculty and students to University of Montana School of Public and Community Health Sciences stakeholders and other interested members of the university community.

Procedures

1. Submitters

All public health faculty members – core, program, and affiliate – are expected to contribute their annual research productivity data to the annual research report. A current list of program faculty members is maintained in the public health office.

2. Call for submissions

The call for submissions will be made by the public health administrative associate in October of each year. A deadline of two weeks will be given.

3. Template

All submissions are to be made on the 'Research Report Template'.

http://www.ceph.org/files/public/Data_Templates_2006.v.2.doc (Template E (3.1.c.)

Research Activity of Primary and Secondary Faculty for Each of the Last 3 Years)

Submissions that are not made on the template will not be accepted.

4. Document preparation

The public health program administrative associate will be responsible for compiling the submissions into a draft report. The Committee chair, at her discretion, may assign this responsibility to another individual.

5. Editing

Faculty and student contributors to the annual research report will be given an opportunity to review and correct their entries after they are entered into the annual research report document and before the document is published.

6. Dissemination

The annual research report will be published on the program's web site, and also disseminated by e-mail to: New and continuing public health students; all affiliated PUBH faculty; Dean Forbes; Provost Brown; Vice President Foley; the Public Health Advisory Council.

Brown Bag Research Colloquia

Mission – The Brown Bag Research Colloquia represent efforts of the Public Health Research Committee. These meetings will disseminate information related to the research activities of public health faculty and students to University of Montana School of Public and Community Health Sciences stakeholders and other interested members of the university community.

Procedures

1. Structure:

The Colloquia will be offered by a variety of volunteers, including members of the community, visiting scholars, public health students, and members of the UM public health faculty. Meeting format is expected to vary with the particular speakers. It is anticipated that meeting formats will range from formal presentation of research findings, through 'works-in-progress' presentations, to informal discussion about nascent ideas for research activities or possibilities. A member of the Research Committee will be responsible for recruiting presenters and arranging meeting logistics. It is expected that colloquia will occur regularly during each academic semester.

2. Coordination:

Once a presenter is recruited, the responsible Research Committee member will coordinate with university personnel to secure a meeting location and determine/arrange for the presenter's needs.

3. Dissemination:

School of Public and Community Health Sciences stakeholders and members of the general university community will be invited to attend colloquia. Notices will be prepared and distributed via electronic mail and print copy at least two weeks in advance. If presenters use electronic presentation materials (e.g., Power Point), they will be asked to provide a copy to the Research Committee organizer who will then disseminate the information beyond those attending the meeting in person. Colloquia are regularly broadcast to the Billings Clinic in eastern Montana using Elluminate, as well as to other sites, including to individuals' computers if they sign up for the Elluminate session.

Research Web Pages

Mission – The Research Web Pages serve to document and publicize the research activities, interests, and milestones of SPCHS faculty and students. The pages are available to faculty, students, the university community, stakeholders, and the interested public at large. The website is maintained as part of the College of Health Professions and Biomedical Sciences website within the greater University of Montana site.

Procedures

1. Content

The SPCHS website includes a tab labeled “Faculty and Research” with a separate page entitled “Research”. All faculty (core and affiliated) have a posting on the “Faculty and Research” page of the website. The page includes name, photograph, credentials, contact information, and a link to more detailed information. Faculty has the ability to update and customize their own web pages. SPCHS requests that specific information be included (biography, research interests, *curriculum vita*, etc) and suggests formats.

The “Research” page of the website includes documents reflecting the self-reported research interests of faculty and faculty affiliates cross-listed with research interests by topic. The Annual Research Report is posted in this section, as is an archive of previously completed Annual Research Reports. This page includes selected research documents prepared by faculty and students. There are two tabs “Overview” and “Highlights” within the “Research” page. The Overview tab includes the Research Committee Mission Statement, while the “Highlights” tab is an archive of previous Research Committee activities (Brown Bag Colloquia, Research Award Winners, etc.).

This area also includes a posting of the Annual Research Award Winners announcement, and their winning documents. An archive of annual research award winners and their work is maintained within “Highlights” section of the research web pages as well.

2. Site Maintenance

The SPCHS site is hosted within the larger College of Health Professions and Biomedical Sciences website at

http://www.health.umt.edu/schools/pch/faculty_research/research.php. The SPCHS design was developed in concert with the CHPBS website and is consistent with the larger host, as developed by Spectral Fusion, the web development entity available to the UM campus.

Simple updates such as posting reports and editing are made via the SPCHS program coordinator using Adobe Contribute software. Faculty have the ability to maintain their profile including contact information, biography, research interests, *curriculum vita*, announcements, etc with no special software needs.

Larger reconfigurations and website additions, including some formatting changes, must be ordered through Spectral Fusion. Any design changes (i.e. changing colors) that would potentially affect the look and design concept of the CHPBS website, must be developed in collaboration with the CHPBS Information Technology Services Coordinator.

Annual Research Prizes

Mission – The Annual Research Prizes represent efforts of the Public Health Research Committee. These prizes recognize research excellence within the public health program, and they promote research opportunities by disseminating information related to the research activities of public health faculty and students to University of Montana School of Public and Community Health Sciences stakeholders and other interested members of the university community.

Procedures

1. Number of Awards

Each year, there will usually be one award to a faculty member, and one award to a student. Under exceptional circumstances in a given year, there may be two faculty member awards or two student awards; however, in this case the stipend will be shared, not doubled. Under other exceptional circumstances in a given year, no faculty or student awards may be given.

2. Eligibility

- Faculty nominee will be a current public health program faculty member.
- Faculty nominee shall not be a member of the Public Health Steering Committee.
- Student nominee will be currently enrolled in the UM public health program (MPH or CPH).
- Student or faculty member has had a meritorious achievement in public health in the one year period between April 200X and April 200Y. Examples of meritorious achievements include, but are not limited to, a publication, a conference poster or presentation, an innovation, etc.

3. Evaluation

The Public Health Research Committee (hereafter referred to as the Committee) will serve as the evaluation committee. Applications will be forwarded to Committee members as they are received.

Committee members who are nominated and meet eligibility criteria will absent themselves from review of their applications. The Committee will consider in their review all of the following factors that apply to a particular project: significance of themes; relevance of themes to public health; clarity of focus; relationship to literature; adequacy of project design and evidence; adequacy of data analysis; use of theory; demonstration of critical qualities; clarity of conclusions; and quality of communication.

4. Nomination

Call for nominations will take place at the beginning of April. Applicants may be nominated by others or they may nominate themselves. Students may nominate students or faculty, and faculty may nominate students or faculty.

5. *Application*

This will be on the basis of one meritorious achievement; if a nominee has had more than one meritorious achievement in the past year, then the nominator(s) shall determine which one of these achievements is the most meritorious and base their application on that achievement. Nominator and nominee will prepare a one page case statement with evidence of that meritorious achievement of the nominee as an attachment. Examples of evidence include a copy of the published article for which the nominee is being nominated; a copy of the conference poster or presentation for which the nominee is being nominated, etc.

6. *Submission of Application*

Nominator and nominee shall submit the application electronically to Professor Amanda Golbeck at amanda.golbeck@umontana.edu. Applications are due in April.

7. *Awards*

The Committee will determine the awardees at their next meeting following the deadline. The awardees will be notified of the Committee's decision by e-mail and asked to prepare a five-minute presentation about their research for delivery at the Award Ceremony. The awards will be presented during fall semester advising week at the New Student Orientation lunch. Awardees who cannot be present may participate by audio-conference. The Public Health program will provide a maximum of \$100 each year for the faculty award(s), and \$100 for the student award(s).

CEPH Accreditation Activities

Mission – The CEPH Accreditation Activities represent efforts of the Public Health Research Committee. These activities support SPCHS activities related to CEPH accreditation criterion '3.0 Creation, Application and Advancement of Knowledge' by documenting the scholarship-related productivity and the community service of public health students and faculty and by disseminating this information to CEPH via the self-study document.

Procedures

1. *Preparation*

The chair of the Public Health Research Committee will disseminate to the Committee the CEPH relevant criteria. Committee members will review these materials.

2. *Assembling of Required Documentation*

Committee members will develop tools for, and oversee, the collection of the required documentation for both research and community service. They will contact colleagues if needed to prompt them to submit their information.

3. *Writing*

Committee members will participate in the writing of the section of the self-study report that addresses the Creation, Application, and Advancement of Knowledge criterion.

Research Survey Results (n=17 public health faculty members)

The median percent time devoted to academic research by each MPH faculty member was 40 (mean 54.5, SD 31.01), which is 2 days per week. The research culture (on a scale of 0= nonexistent to 10=strong) was described as moderately strong (median 8.5, mean 7.5, SD 2.37). The median number of units taught by each MPH faculty member each academic year was 6.75 (mean 8.6, SD 7.28), which is approximately one 3-unit class each semester or one 3-unit class plus 4 supervision students each year (each supervision student counting as .75 units).

Most public health faculty had available in their department promotion based on productivity in research and merit increase based on productivity in research. The majority had available in their departments start up funds for new faculty, travel support and tenure based on productivity in research. About half the MPH faculty had available a librarian who works specifically for their departments, funds for their books, memberships in a professional organization focusing on research, buyouts for teaching time, graduate assistants, and acknowledgement for their work. Some faculty had available specialized software for research, funds for their journals, salary supplements, seed grants, release time from teaching, an additional laptop computer, work-study students, library funds, and “best research” awards. Full reports will be available in the site visit file.

3.1.b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

UM MPH program faculty members pursue community-based research activities consistent with the program mission and that fit their individual expertise and interests within public health. The percentage of time that a faculty member devotes to community research is individually negotiated with his or her supervisor. Examples of research activities of core public health faculty members, conducted under formal research agreements with health agencies and community-based organizations, are described below. The list of funded community research activities of public health faculty members given in 3.1.c includes activities of program and affiliate faculty members, in addition to core faculty members.

Dr. Annie Belcourt-Dittloff works with tribal communities from throughout urban and reservation settings within Montana to promote health disparities research in mental health. She was recently awarded a small grant from the Montana Mental Health Settlement Trust Fund to conduct a collaborative research and service project aimed at suicide prevention with American Indian youth in Montana’s reservation communities. The grant will establish collaboration with the Planting Seeds of Hope Suicide Prevention programs at the Montana-Wyoming Tribal Leaders Council (the largest intertribal organization representing tribal communities in the region). She is currently collaborating

with tribal organizations and with University-based researcher/scholars at the University of Colorado Denver, University of Oklahoma, University of Washington, and South Central Foundation-Alaska on several publications and grant proposals regarding mental health, posttraumatic stress, and suicide prevention within American Indian populations.

Currently, **Dr. Amanda Golbeck** is working with Partners in Home Care Inc. on studies relating to telemonitoring in home health care. Her collaborative work with this community-based home health care and hospice agency has been funded by HRSA and she has conducted this work under a formal research agreement. One study involved using telemonitoring to construct knowledge about homebound patient populations. It just appeared in the *Journal of Telemedicine and Telecare* (JTT 2010; 16: 462-466). Another study - involving this agency, two other agencies in Montana, an agency in Pennsylvania, and an agency in Missouri – was on the efficacy of telemonitoring on patient utilization outcomes in rural settings. It has been accepted to the *Journal of Telemedicine and Telecare* (expected to appear in 2011). A third study – also involving the 5 agencies - was on the benefits and barriers of telehealth in home care. It has been accepted to the *Home Healthcare Nurse* journal (expected to appear in 2011).

Dr. Golbeck, Dr. Humphries and Dr. Seekins (PI), with MPH student Julie Stevens, recently completed work under a formal research agreement with the Montana Department of Transportation on Montana’s vehicular emergency data subset. Entities in Montana that employ technology to capture, share or use vehicular emergency incident data elements were involved. These included telematics providers, 911 call centers, emergency medical services, police/sheriffs, highway patrol, trauma registry, and hospitals. The research team assessed Montana’s motor vehicle crash data infrastructure against a national standard. The results of this assessment will be used to plan future data capture, sharing and use among the entities. This work was presented within the International Conference on Technology, Knowledge and Society 2011, Bilbao, Spain.

Dr. Golbeck has collaborated with Mr. White (PI), with the assistance of several MPH students, on a series of annual reports commissioned by the Montana Attorney General under a formal research agreement. These reports identified issues and facts related to the charitable purposes of Montana’s hospitals and the protection of Montana’s consumers. They were distributed statewide.

Finally, Dr. Golbeck is collaborating with Dr. Humphries (PI) and Dr. Seekins on a project that was recently funded by the NIH (NICHD). The primary aim of this behavioral trial is to assess the efficacy of a household-level nutrition intervention versus a control condition on weight status at six months among adults with intellectual or developmental disabilities residing in community-based group homes. Group homes in Montana and New York will participate under formal research agreements.

Dr. Kari Harris is involved in a two-year project on two Montana American Indian reservations, where she is assessing, developing and testing community-based, culturally specific diet and exercise strategies. Dr. Harris is also testing a peer-led, culturally

sensitive, commercial tobacco cessation intervention at the Salish Kootenai American Indian College.

Dr. Craig Molgaard has just finished a four-year project funded by the CDC (PERK – Prevalence of Epilepsy in Rural Kansas) where he served as a co-investigator. The project was carried out in partnership with colleagues at Columbia University, the University of Kansas School of Medicine-Wichita, and the southeast Kansas Area Health Education Center. He is currently the evaluation director on a two-year Robert Wood Johnson Foundation grant examining issues of improved food-borne outbreak reporting, in partnership with Riverstone City/County Health Department (Billings, Montana). He is also currently the evaluation director on a three year HRSA grant funded through Granite County-Phillipsburg Hospital focused on improving health and dental delivery in rural communities. Dr. Molgaard served as the academic liaison to the Every Child by Two Project Committee, which focused on improving childhood immunization rates in Montana. This project was lead by Governor Schweitzer’s wife, and was also co-sponsored by the Task Force for Public Health Improvement in Montana. Dr. Molgaard has also just finished serving as a consultant for the Kansas Public Health Leadership Program, funded by the Kansas Health Foundation. The most recent project from the Leadership Program was an examination of the competency-based impact of its training regimen among 32 county health departments. He has also recently began collaboration with Dr. Joseph Knapp and the Heart Institute of St. Patrick’s hospital on evidence-based evaluations of cardiovascular disease interventions.

Dr. Tony Ward, in collaboration with the Nez Perce Tribes Environmental Restoration and Waste Management (ERWM) group, has investigated the change in air quality (indoor and ambient) following a woodstove change out on the Nez Perce Reservation in Idaho.

Using a Chemical Mass Balance (CMB) model, PM_{2.5} source apportionment projects have been conducted in wood smoke impacted communities to determine the ambient sources of PM_{2.5}. In partnerships with the Montana Department of Environmental Quality and local health departments, the Ward lab has conducted PM_{2.5} source apportionment projects in several western Montana communities, including Missoula, Hamilton, Belgrade, Butte, Helena, Libby, and Kalispell. Dr. Ward is also working on a PM_{2.5} source apportionment project in Fairbanks, Alaska Department of Environmental Conservation and the Fairbanks North Star Borough.

3.1.c. A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based, and h) whether research provides for student involvement.

Note: Student participation is not exclusively MPH involvement. These grants provide for student participation as a characteristic of the funding.

Table 3.1.c. Research Activity of Core (in bold) and Affiliate Faculty from 2007 to 2010

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2008	Amount 2009	Amount 2010	Community-Based Y/N	Student Participation Y/N
A: Impact of Depression Explanatory Models	D. Campbell, Psychology	UM Psychology	2007-Present	\$300	-	-	-	No	Yes
B: Mood Management Intervention for Depressed College Student Smokers	D. Campbell, Psychology; HE Schleicher, UM Psychology (co-PIs)	NRSA	2007-Present	\$75,000	\$37,000	-	-	No	Yes
C: Attachment, Personality and Conflict Behaviors in Romantic Couples: Examining Vulnerability to Depression	D. Campbell, Psychology; E. Harwood, UM Psychology (co-PIs)	UM Psychology	2006-2007	\$300	None	-	-	No	Yes
D: Linking Palliative Care to the Emergency Department at the California Pacific Medical Center	E. Ciemins, Billings Clinic	The Metta Fund	2008 – 2010	\$500,000	\$175,000	\$175,000	\$175,000	No	Yes
E: The Effectiveness of an HIT-based Care Transition Information Transfer System to Improve Outpatient Post-Hospital Care for Medically Complex Patients	E. Ciemins, Billings Clinic	AHRQ	2008 – 2011	\$2,200,000	\$500,000	\$500,000	\$500,000	No	No
F: Use of Midlevel Providers in Diabetes Management	E. Ciemins, Billings Clinic	NIH/NIDDK	2004 – 2009	\$2,400,000	NA	NA	NA	No	No
G: Creating a Continuum of Care for Heart Failure Patients	E. Ciemins, Billings Clinic		2007 – 2010	\$3,400,00	\$850,000	\$850,000	\$850,000	No	No
H: Predicting the Development of Opioid Abuse or Dependence	B.N. Cochran, Psychology	NIDA	2009-2011	\$100,000	-	\$50,000	\$50,000	No	Yes
I: Ethics – A Bridge for Communities and Scientists	A.Cook, Psychology	NIEHS	2002-2008	\$1,080,000	\$200,000			Yes	No
J: Exploring the Consent Process	A.Cook, Psychology	NSF	2008-2010	\$356,846	\$178,423	\$178,423		No	No
K: Telehome Care Study – Increasing Access to Care; TCS – Improving Outcomes with Technology; TCS – Cost-Effectiveness	A. Golbeck , Public Health; D. Hansen, J. Pinsonneault, Partners in Home Care, Inc. (PIs)	HRSA-OAT	2006 - 2009	\$941,000	\$360,000	\$360,000	-	Yes	No
L: Montana Hospitals Community Benefit Analysis 2009-2013	A. Golbeck , Public Health; Larry White , UM Public Health (PI)	Montana Attorney General	2008 - 2013	\$59,702	\$11,245	\$11,245	\$11,245	Yes	Yes
M: Archival Research Toward a Biography, “Woman in Science: Odd Bits of Statistics on Elizabeth L. Scott.”	A. Golbeck , Public Health	Phoebe W. Haas Charitable Trust	2009 - 2011	\$18,729	N/A			No	No

Table 3.1.c. Research Activity of Core (in bold) and Affiliate Faculty from 2007 to 2010

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2008	Amount 2009	Amount 2010	Community-Based Y/N	Student Participation Y/N
N: Automatic Crash Notification Project	A. Golbeck , Public Health; T. Seekins, Rural Institute (PI)	Dept of Transportation	2009-2011	\$860,870		\$436,160	\$436,160	Yes	Yes
O: Smoking cessation in college fraternities and Sororities	K. Harris , Public Health; A. Golbeck , Public Health	NIH/NCI	2005 – 2010	\$1,906,267	\$375,581	\$375,581	\$375,581	No	Yes
P: Research Supplement to Promote Diversity in Health-related	K. Harris , Public Health	NIH/NCI	2008-2010	\$31,158	\$17,647	\$17,647	-	Yes	Yes
Q: Diabetes prevention program for American Indian youth	K. Harris , Public Health; Blakely Brown, HHP (PI)	NIH/NIDDK	2007-2009	\$462,991	\$189,119	\$189,119	-	Yes	Yes
R: Testing a culturally appropriate commercial tobacco cessation intervention	K. Harris , Public Health	Center for Native Health Partnership	2008-2009	\$41,127	\$41,127	-	-	Yes	Yes
S: Enhancing current standards of care for Diabetes Prevention	K. Harris , Public Health; Blakely Brown, HHP (PI)	Center for Native Health Partnership	2007-2009	\$56,030	\$56,030	-	-	Yes	Yes
T: Post-doctoral Fellowship Social smoking and anxiety among college tobacco users	K. Harris , Public Health	American Cancer Society	2009-2011	\$138,650	-	\$46,216	\$46,216	No	Yes
U: Kirschstein National Research Service Award, Pre-doctoral Mood management intervention for depressed college smokers	K. Harris , Public Health	NIH/NIDA	2008 – 2010	\$73,082	\$35,990	\$35,990	-	No	Yes
V: Clinical Loan Repayment Program Award Neuroticism and smoking behavior in college students	K. Harris , Public Health	NIH	2007-2009	Not specified	Not specified	-	-	No	Yes
W: Visiting Scholar Mentor Program	K. Harris , Public Health, S. Harrar, Mathematics (Co-PI)	University of Montana PACE Program	2007-2008	\$2,716	\$2,716	-	-	No	No
X: Development of a culturally appropriate tobacco cessation intervention for Native American college students	K. Harris , Public Health	University of Montana	2007-2008	\$5,000	\$5,000	-	-	Yes	Yes

Table 3.1.c. Research Activity of Core (in bold) and Affiliate Faculty from 2007 to 2010

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2008	Amount 2009	Amount 2010	Community-Based Y/N	Student Participation Y/N
Z: A randomized trial assessing a pharmacist-delivered program for smoking	K. Harris , Public Health, L. Dent, Pharmacy (PI)	Cancer Research Prevention Foundation	2005-2008	\$70,000	\$35,000	-	-	Yes	Yes
AA: Tobacco use among Alaska Native college students	K. Harris , Public Health, S. Angstman, Psychology (PI)	NIH/NIDA	2006-2008	\$70,114	\$33,734	-	-	Yes	Yes
BB: Clinical Loan Repayment Program Award Smoking cessation in college fraternities and sororities	K. Harris , Public Health	NIH	2006 - 2008	Not specified	Not specified	-	-	No	Yes
CC: AARA Administrative Supplement to CA107109- Smoking cessation in college fraternities and sororities	K. Harris , Public Health	National Cancer Institute	2009-2011	\$210,963		\$105,482	\$105,482	No	No
DD: Montana Disability and Health Program	K. Humphries, UM RI; T. Harwell, DPHHS (co-PI); T. Seekins, UM RI (co-PI)	DPHHS, CDC	2007-2012	\$1,700,000	\$372,047	\$372,047	\$372,047	Yes	Yes
EE: Food on Film dietary intake assessment method development	K. Humphries, UM RI	NIH	2006-2009	\$211,969	\$70,656	\$70,656	-	Yes	Yes
FF: Utah Regional Leadership Education in Neurodevelopmental Disabilities	K. Humphries, UM RI; J. Holt, Utah State (PI)	MCHB	2006-2011	Not specified	\$14,000	\$19,000	\$27,500	Yes	Yes
GG: Health Promotion to Improve Nutrition in College Dancers	K. Humphries, UM RI	UM and CDC	2008-2009	\$3,500	\$1,750	\$1,750	-	Yes	Yes
II: Automatic Crash Notification Project	K. Humphries, UM RI; T. Seekins, UM RI (PI)	Dept of Transportation	2009-2010	\$860,870	-	\$436,160	\$436,160	Yes	Yes
JJ: Research and Training Center on Disability in Rural Communities	K. Humphries, UM RI; T. Seekins, UM RI (PI)	NIDRR	2007-2012	Not specified	-	\$15,975	\$10,650	Yes	Yes
KK: Physical Activity Intervention for Adults with Disabilities	K. Humphries, UM RI	Oregon State University	2010-2014	Not specified	-	-	-	Yes	Yes
LL: Obesity Research on Youth with Disabilities	K. Humphries, UM RI; J. Rimmer, UI Chicago (PI)	NIDRR	2010-2016	Not specified	-	-	\$1,500	Yes	Yes
MM: MENU-AIDDs Efficacy Study	K. Humphries, UM RI	NIH	2011-2014	\$425,687	-	-	\$141,895	Yes	Yes
NN: Granite County Healthcare Collaborative	C. Molgaard , Public Health	HRSA	2009-2012	\$300,000		\$100,000	\$100,000	Yes	Yes

Table 3.1.c. Research Activity of Core (in bold) and Affiliate Faculty from 2007 to 2010

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2008	Amount 2009	Amount 2010	Community-Based Y/N	Student Participation Y/N
OO: Public Health Practice: Evaluating the Impact of Quality	C. Molgaard , Public Health	Robert Wood Johnson	2009-2011	\$200,000		\$100,000	\$100,000	Yes	Yes
PP: SPARC and extracellular matrix production after amphibole exposure	E. Putnam, BMED	NIH/NCRR	2007-2009	\$315,123	\$107,805	\$107,805		No	Yes
QQ: Pharmacogenomics in American Indian Populations	E. Putnam, BMED M. Pershouse, BMED (PI)	Mayo Clinic PGRN,	2008 - 2009	\$20,000	\$20,000			Yes	No
RR: Prescription Drug Abuse: The Role of the Internet	G. Quintero, Anthropology	NIH	2006-2009	\$205,191	\$94,282	\$94,282		No	Yes
SS: The Social Context of Collegiate Prescription Drug Abuse	G. Quintero, Anthropology	NIH	2006-2008	\$300,000	\$87,724			No	Yes
TT: An Evaluation of Montana's HIV Prevention Support Groups for Gay Men	A.Sondag, HHP	MT DPHHS	2007-2008	\$55,500	\$25,000			Yes	Yes
UU: HIV Counseling and Testing Behaviors of Native Americans Living in Montana: A Descriptive Study	A.Sondag, HHP	MT DPHHS	2008	\$24,500	\$24,500			Yes	Yes
VV: An Assessment of the Effect of HIV/AIDS among American Indians Living in Montana	A.Sondag, HHP	UM HHP, MT DPHHS	2008-2009	\$49,500				Yes	Yes
WW: An Evaluation of "Taking it to Treatment Court:" An HIV/HCV Prevention Intervention for Individuals who use Injection Drugs.	A.Sondag, HHP	UM HHP, MT DPHHS	2009-2010	\$52,500		\$52,500		No	Yes
XX: Montana Disability and Health Program (Coop Agreement)	Meg Ann Traci, Rural Institute; T. Harwell (DPHHS) & Seekins (RI) (Co-PIs)	DPHHS, CDC	2007-2012	\$1,700,000	\$372,047	\$372,047	\$372,047	Yes	Yes
YY: Three Forks Trail Accessibility	MA. Traci, Rural Institute; T. Harwell (DPHHS); N. Baehr (MSU- NAPA) (PIs)	DPHHS, CDC	2008-2009	\$7,407	\$7,407			Yes	Yes
ZZ: I Can Do It; You Can Do It	MA. Traci, Rural Institute	New Editions Consulting Inc., MT DPHHS	2009	\$12,066		\$12,066		Yes	Yes

Table 3.1.c. Research Activity of Core (in bold) and Affiliate Faculty from 2007 to 2010

Project Name	Principal Investigator & Department or Concentration*	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2008	Amount 2009	Amount 2010	Community-Based Y/N	Student Participation Y/N
AAA: Promoting accessible physical activity options in Montana	MA. Traci, Rural Institute	Reeve National Paralysis Foundation	2006-2009	\$10,780				Yes	Yes
BBB: Center for Environmental Health Sciences Centers for Biomedical Research Excellence	T. Ward , CEHS/Public Health; A. Holian, CEHS (co-PIs)	NIH / COBRE	2006-2009	\$105,000	\$105,000	\$105,000		No	No
CCC: Determining the Various Sources Contributing to the PM2.5 Air Pollution within Specified Areas	T. Ward , CEHS/ Public Health	MT DEQ	2006-2009	\$240,000	\$40,000			Yes	No
DDD: Measuring the Health Impacts of Actions Taken to Improve Air Quality	T. Ward , CEHS/ Public Health; C. Noonan, CEHS (co-PIs)	Health Effects Institute	2005-2009	\$954,370	\$250,000	\$250,000		No	No
EEE: Environmental Health Science Education for Rural Youth	T. Ward , CEHS/ Public Health; A. Holian, CEHS (co-PIs)	NIH/ SEPA	2005-2010	\$8,200,000	NA			Yes	No
FFF: Indoor woodsmoke PM and Asthma a Randomized Trial	T. Ward , CEHS/ Public Health	NIEHS	2008-2013	\$1,000,000	\$250,000	\$250,000	\$250,000	Yes	No
GGG: Incorporating Environmental Health Measures into the Nez Perce Reservation	T. Ward , CEHS/ Public Health	Nez Perce Tribe	2006-2009	\$10,000	\$5,000	\$5,000	-	Yes	Yes
HHH: Measurable Benefits of Woodstove Changeout on the Nez Perce Reservation	T. Ward , CEHS/ Public Health	EPA	2006-2009	\$110,000	\$35,000			Yes	No
III: PAH Monitoring and Analytical Program. Libby Montana Winter 2006/2007 and Winter 2007/2008	T. Ward , CEHS/ Public Health	Hearth, Patio, and Barbecue Association	2004-2008	\$72,000	\$36,000			No	No
JJJ: Air Toxics Under the Big Sky	T. Ward , CEHS/ Public Health	Toyota USA Foundation	2008-2011	\$241,000	\$110,000	\$110,000	-	Yes	Yes
KKK: Air Pollution Outreach, Education and Research Capacity Building in Alaska Native Villages	T. Ward , CEHS/ Public Health	NIEHS, Challenge Grant	2009-2011	\$750,000		\$375,000	\$375,000	Yes	Yes

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. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings), and other indicators.

See 1.2.a for a detailed description of measures by which the program evaluates the success of research activities. Below is a subset of Table 1.2.c detailing the program's total faculty research performance against those measures for each of the last three years. The program's research targets are met.

Outcome Measure	Target	2007-08	2008-09	2009-10
2.1 The University of Montana MPH faculty will maintain productive research and scholarly activities in the public health sciences as defined by Unit Standards of the various academic units to which they belong.	75% faculty will publish at least one manuscript per year 75% faculty will submit at least one grant or contract or will report working under grant/contract funding	Published = 81% Submitted or funded = 86%	Published = 74% Submitted or funded = 79%	Published = 73% Submitted or funded = 87%
2.2 MPH faculty will teach students public health research, scholarship and quantitative skills, and to use public health data effectively; faculty will also provide students with opportunities to conduct research.	100% of students who graduate will produce a successful Professional Paper (under current catalog, adopted in 2008).	NA	100% of graduated students	100% of graduated students
2.3 MPH faculty will communicate the results of their research and scholarly activities both locally and nationally or internationally.	75% faculty with at least one research presentation per year.	100%	89%	79%

To summarize several indicators of research productivity:

- 28 MPH program faculty had at least one grant/contract funded during the period fiscal years 2005 to 2009, **including four of four core faculty employed by the program at that time.**
- Faculty grants and contracts brought in \$2,653,344 during fiscal years 2006-2010.
- MPH faculty authored 159 peer-reviewed journal articles and 26 textbooks and textbook chapters during fiscal years 2005 to 2009. **Core faculty authored 50 articles and one book chapter.**
- The UM MPH program has faculty members who, having their grants and publications, would be considered outstanding researchers at most universities in the nation.

3.1.e. A description of student involvement in research.

We agree with the CEPH Self Study Guidelines that state, “(Research) opportunities should be available for students who would benefit from research experiences, whether or not such is required as a part of the curricula.” UM MPH students are often involved as research assistants on faculty projects as part of their practicum, professional paper, independent study, or as paid workers. Typically, additional “research credits” are not added to the 42 unit curriculum; they are incorporated into the culminating experiences. We monitor annually with the Public Health Research Report the number of students who are authors or co-authors on publications or conference presentations. To date, five of our eleven graduates have been co-authors on publications or conference presentations.

UM MPH students are actively involved in research within a variety of curricular mechanisms, including student practica, professional papers, and independent studies. Some examples include:

- *Determining Health Disparities of the Low Income and Uninsured Population of Ravalli County* – Student Practicum (Tara Callaghan), defense May 5, 2010. **SAPPHIRE COMMUNITY HEALTH CENTER.**
- *Structuring for Sustainability: Program Evaluation and Record Linkage with the Granite County Health Cooperative* – Student practicum (Anna Iverson), defense May 6, 2010. **GRANITE COUNTY HEALTH COOPERATIVE.**
- *Developing and Validating a New, Simple Primary Care Clinical Tool to Assess Fall Risk in Older Adults: A Pilot Project* – Student practicum (Mindy Renfro), defense May 13, 2010. **MONTANA STATE HEALTH DEPARTMENT.**
- *Making Evaluation Meaningful: Moving from Process to Outcome Evaluation* – Student Practicum (Julie Stevens), defense April 27, 2010. **MONTANA CANCER CONTROL COALITION.**
- *Fall Prevention: A Community-Based Project* – Student Practicum (Silvia Puliti), defense May 15, 2010. **MISSOULA CITY-COUNTY HEALTH DEPARTMENT, HEALTH PROMOTION DIVISION**
- *Restructuring and Streamlining the Missoula City-County Infectious Disease Website* – Student Practicum (Kerry Ryan), defense May 14, 2009. **MISSOULA CITY-COUNTY HEALTH DEPARTMENT, HEALTH SERVICES DIVISION.**

- *Community Needs Assessment* – Student Practicum (Apryle Pickering), defense May 12, 2009. **PARTNERSHIP HEALTH CENTER-MISSOULA.**
- *Survival Guide for Parents of Teens* – Student Practicum (Paul Baumgartner), defense August 13, 2008. **FORUM FOR CHILDREN AND YOUTH-MISSOULA.**
- *Building Community Capacity to Support Reproductive Health Education for Women With Intellectual and Developmental Disabilities* – Research Paper in the session on Fostering Independence for People with Disabilities (Tracy Boehm, Meg Traci, Jill Baker), presented November 11, 2009, American Public Health Association Annual Meeting, Philadelphia, PA. **WOMEN BE HEALTHY AND MONTANA FAMILY PLANNING CLINICS.**
- *Social Capital and the Designation of a Public Health Site: The Case of Libby, Montana* – Practicum and professional paper, in progress (Erin Bills, Jon Heberling, Curtis Noonan, Craig Molgaard), August 28, 2010. **LIBBY CARD CLINIC, LIBBY, MONTANA.**
- *Inter-jurisdictional Collaboration: Public Health Officials v. County Commissioners* – Practicum and Professional Paper, Journal of public Health Management and Practice 17(1): E14-E21, 2011. (John Felton, Amanda Golbeck): **MONTANA STATE HEALTH DEPARTMENT AND LEAD MONTANA COUNTY HEALTH OFFICERS AND COUNTY COMMISSIONERS.**
- *Enforcing an Outdoor Smoking Ban on a College Campus: Effects of a Multicomponent Approach* – Practicum and Professional Paper, Journal of American College Health Volume 58(2): 121-126. (Kari Harris, Julie Stearns, Rachel Kovach, Solomon Harrar). **CURRY HEALTH CENTER, THE UNIVERSITY OF MONTANA.**

Students are asked annually to report their research in narrative form on the Research Report. The following contributions, in the students' voices, were made to the 2008-09 and 2009-10 reports.

Jenny Gorseger

I conducted research on worker motivation in non-profit organizations during Spring Semester 2009. For this, I interviewed seven women about what led them to non-profit work, why they like it, and what keeps them inspired. These women all worked in non-profits related to food security.

I co-wrote a white paper on genetically modified (GM) wheat in Montana and the associated economic risks in central Montana. Working with Margo Whitmire, we contacted conventional wheat farmers and farmer organizations. We then interviewed them, reviewed literature, and submitted our paper to central Montana County Commissions. We received several positive reviews from those we submitted our paper to as well as those quoted in our paper.

For my capstone projects in Environmental Studies and Public Health, I worked in Togo, West Africa for one month. While there, I conducted interviews in five rural villages in

northern Togo. I visited the prefectural hospital, spent a day observing well-baby checks and vaccinations, and observed general living conditions within this developing nation. My research is focused on food security, agriculture, healthcare access, resilience, and adaptation.

Silvia Puliti is researching HIV implementation programs in Tanzania. In particular, I am looking into the feasibility of certain programs such as education and family planning, challenging the effectiveness of International Foundations' collaboration with faith-based organizations in Africa. My experience in Tanzania was carried out in a Care Treatment Clinic (CTC) managed by a Catholic congregation, as part of the Tanzania's HIV National Program, partially funded by Family Health International (FHI).

Julie Stevens

This year I worked as a research assistant with Dr. Amanda Golbeck and the Rural Institute on Disabilities on the Automatic Crash Notification project for the Montana Department of Transportation. Our task was to characterize Montana's current motor vehicle crash data infrastructure, procedures and protocols, and to develop a framework (i.e., requirements) for creating a comprehensive integrated motor vehicle crash response data system that includes ACN and AACN data. I also worked as a research assistant with Dr. Amanda Golbeck and the Health Numeracy Team on a research project to assess certain basic health information knowledge and experience among college students. I am a student representative on the Public Health Research Committee.

Susanne Zanto

I am performing my practicum with the Montana DPHHS Women's and Men's Health Section, and the CDC Region VIII Infertility Prevention Project. The goal of this practicum is to determine the rates of adherence to regional Chlamydia screening criteria over a five year span (2004 – 2008), determine current barriers to adherence by Family Planning practitioners through data and chart reviews as a Family Planning Internal Medical Audit, and make recommendations for possible strategies to address these barriers so that funding for Chlamydia screening tests can be shifted to those women at highest risk of complications due to undiagnosed Chlamydia infection.

3.1.f. Assessment of the extent to which this criterion is met.

This criterion is met.

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. 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.

UM MPH program faculty members pursue service activities consistent with the program mission and service objectives and that fit their individual expertise and interests within public health and higher education. The percentage of time that a faculty member devotes to community service is individually negotiated with his or her supervisor as part of his or her contract, is considered in faculty annual reviews, and is a component of promotion deliberations. The MPH objective for faculty service targets at least one service activity per year, but more than one is considered excellent and profitable to the program and its students, faculty, and position in the state.

University of Montana community service is part of most faculty members' contractual obligations. All core faculty and many affiliate members serve on the MPH program committees (see Figure 1.5.c.) and on campus-wide task forces, boards, and committees (e.g. Institutional Review Board, Faculty Senate, Technology Transfer, external hiring committees, etc.).

MPH faculty members provide educational service as well across the UM campus (e.g. guest lecturing) as well as directly to the public. Faculty members often give formal and informal talks locally and regionally about health topics from their areas of expertise to various organizations and agencies. An example of this process would be the discussions and meetings made by one faculty member in establishing tobacco cessation programs among American Indians through the Salish Kootenai Community College health educators. Another example would be informational presentations made by the chair of the School to the Montana Health Association and the Montana Environmental Health Association regarding the structure and function of the MPH program. Another example would be the meetings and presentations of one faculty member in the area of program evaluation for the Montana Cancer Coalition.

Faculty members are encouraged to collaborate with local and regional partners, such as the Northwest Center for Public Health Practice. For faculty to fulfill their university roles, they must participate in their fields on a national level; for example one faculty member serves on various NIH review committees, another serves as President of the national Caucus for Women in Statistics, a third serves on review committees for the Centers for Disease Control. However, we encourage program faculty at the same time to use their skills to develop projects aiming to improve the health of local and regional populations. Our faculty members (and students) serve on a number of coalitions, administrative task forces and committees of local and regional agencies. Our faculty – and students – are sought out by the agencies to serve in these roles because we have

expertise and technical skills in areas such as epidemiology, biostatistics, informatics, data management, grant writing, health communication and qualitative research methods.

In a low-population state like Montana, public health faculty are broadly known, as well as their areas of expertise. Further, the state health departments have an expectation that their “neighbors” at The UM are available to provide service to them. As a result, our faculty (and students) are sought out to provide technical service in relevant content areas of health and preventive medicine such as tobacco cessation, health care financing, obesity and physical activity, cancer, environmental health, degenerative diseases of aging, infectious diseases, and others. An example would be where an MPH core faculty member, an affiliate faculty member from the Rural Institute on Disabilities, and an MPH student were all involved in a state Department of Transportation project examining automatic crash notification system implementation for the state.

Finally, faculty members are encouraged to serve their profession through active membership in their local, national, and/or international professional organizations. We encourage our students to be active in the Montana Public Health Association, the American Public Health Association, the Montana Environmental Health Association, and the Montana Cancer Control Coalition, and other professional organizations that provide good fit with their areas of interest and professional aspirations.

Service efforts are encouraged within the MPH program through publicizing them through Standing Committee meetings, our MPH newsletter, our Website and our Public Health broadcast system.

Each student’s Practicum Project can provide a great deal of service to the host agency in the community, because it is a conduit for donated consultative services by the two MPH faculty members serving on the student’s Practicum committee, along with the Practicum site mentor as the third member. For a frontier county such Granite County, with a population of less than 3,000, access to such technical expertise as contained within the MPH program is of immense financial and professional value.

Community service activities of core public health faculty members are described below, including note where formal contracts or agreements support these activities. The list of community service activities of public health faculty members given in 3.2.b includes activities of program and affiliate faculty members, in addition to core faculty members.

Dr. Belcourt-Dittloff’s service activities exist at the state, regional, and national levels. She currently serves as a scholarship review committee member for the Ford Foundation Predoctoral, Dissertation, and Postdoctoral Fellowship-Psychological Science panel. She has served as an interim board member on the Missoula Indian Center Board of Directors and is a current board member of the Montana Traumatic Brain Injury Center Board of Directors, Montana Health Indian Families Consortium-YWCA, Montana Geriatric Health Education Center Board of Directors, and the University of Montana’s American Indian Support and Development Council. At the state and regional level, she is a member of the Behavioral Health Workgroup for the Indian Health Service representing

the Billings Indian Health Service Area. She has also volunteered as a research consultant with the Montana-Wyoming Tribal Leaders Council, the Montana State University funded project examining complicated bereavement and grief intervention retreats and with the Blackfeet Community College. National and international service includes being part of the University of Montana academic exchange with the University of Tromsø conference on indigenous peoples' issues in Fall 2010 and was invited to present information related to American Indian Infant and Toddler health to the United States Congressional "Baby Caucus."

Dr. Golbeck's service activities at the national level include her role as president of the Caucus for Women in Statistics. Her service activities at the state level include the following: She is a member of the state health department's public health data use committee; she participated in the 'Celebration on the Hill' and 'Action Day' for the American Cancer Society; and she is the SPCHS's lead member of the state health department's Montana Cancer Control Coalition. Also for the Montana Cancer Control Coalition, she has been a member of the steering committee, the chair of the assessment and development committee, and the chair of the legislative workgroup. The program has a formal agreement with the Montana Cancer Control Coalition. Dr. Golbeck's service activities at the local level include the following: She is a member of the maternal and child health advisory committee (Missoula City/County Health Department); and she provided biostatistical mentoring to a CDC-sponsored PhD summer student from NC-Chapel Hill for the Missoula City/County Health Department.

Dr. Harris is a member of the Missoula County Tobacco Advisory Board. She has been an advisor to the planning of the psychology four-year degree program at Salish Kootenai College and presented a workshop on conducting talking circles and interviews to the Crow Service Unit of the Indian Health Services. Dr. Harris has formal contracts/agreements with the Crow Service Unit of the Indian Health Services, and with the Salish Kootenai College to provide services there.

Dr. Molgaard's service activities at the interstate level include his membership on the steering committee of the Northwest Center for Public Health Practice at the University of Washington to coordinate and interface with all MPH programs in Washington, Alaska, Idaho, Oregon Wyoming and Montana. The program has a formal contract/agreement with the Northwest Center for Public Health Practice at the University of Washington for this activity. His service activities at the state level includes the following: He is the university representative to the state health department's public health task force on workforce development; he is a member of the health promotion committee for the Montana Cancer Control Coalition, and he is an attendee at meetings of the Montana Hunger Coalition. The program has a formal agreement with the state health department for the public health task force on workforce development.

Dr. Ward was a presenter on local air quality issues to the Missoula Air Quality Advisory Council and to the Flathead County Commissioners. Dr. Ward has a formal contract/agreement with the Flathead County Commissioners. He also was a presenter on woodstove and air quality results to Lincoln County.

3.2.b. A list of the program’s current service activities, including identification of the community groups and nature of the activity, over the last three years.

The MPH program requested community service surveys to be completed by all core and program faculty in 2010 for the previous three years. The following list is a compendium of those service activities (core faculty are shown in boldface).

Advocacy, Advisory, and Planning Service

- ***Annie Belcourt-Dittloff***, Missoula Indian Center Board of Directors, **2010**
- ***Annie Belcourt-Dittloff***, MT Traumatic Brain Injury Center Board of Directors, **2010**
- ***Annie Belcourt-Dittloff***, Montana Health Indian Families Consortium-YWCA, **2010**
- ***Annie Belcourt-Dittloff***, MT Geriatric Health Education Center Board of Directors, **2010**
- ***Annie Belcourt-Dittloff***, UM American Indian Support and Development Council, **2010**
- ***Annie Belcourt-Dittloff***, United States Congressional “Baby Caucus,” topic: American Indian Infant and Toddler Health, **2010**
- ***Ann Cook***, Institute of Medicine and Humanities, **2007-2009**
- ***Amanda Golbeck***, Montana Cancer Control Coalition, **2008-Present**
- ***Amanda Golbeck***, American Cancer Society, **2008-2009**
- ***Amanda Golbeck***, Department of Public Health and Human Services, **2009-Present**
- ***Kari Harris***, Missoula County Tobacco Advisory Board, 2006-Present
- ***Kari Harris***, Salish Kootenai College, 2008-2009
- ***Kathy Humphries***, NIH/National Institute on Child Health & Human Development, **2010**
- ***Kathy Humphries***, School Wellness Policy Committee, MCPS, **2008-2009**
- ***Kathy Humphries***, Senator Baucus’ office re: Farm Bill testimony, **2008-2009**
- ***Peter Koehn***, E.U. Scientific Expert Board, **2008-Present**
- ***Craig Molgaard***, Public Health Task Force for MT State Health Dept, **2007-present**
- ***Craig Molgaard***, NW Center for Public Health Practice – U. of WA, **2010-present**
- ***Craig Molgaard***, Montana Cancer Control Coalition, **2009-present**
- ***Craig Molgaard***, Montana Hunger Coalition, **2010-present**
- ***Craig Molgaard***, Association of Schools of Public Health, **2010-present**
- ***Joanne Oreskovich***, MT Comprehensive Cancer Control & Prevention, DPHHS
- ***K. Ann Sondag***, MT American Indians Needs Assessment Work Group, **2008**
- ***Meg Ann Traci***, Lewis & Clark Playground Improvement Committee, **2009- present**
- ***Meg Ann Traci***, Central Street Home Board, **2002-Present**

Consulting, Reviewing and other Technical Service

- ***Annie Belcourt-Dittloff***, UM Native American Studies Scholarships, reviewer, **2010**
- ***Annie Belcourt-Dittloff***, Panel Ford Foundation Predoctoral, Dissertation, and Postdoctoral Fellowship-Psychological Science, **2010**
- ***Annie Belcourt-Dittloff***, Behavioral Health Workgroup for the IHS, **2010**
- ***Annie Belcourt-Dittloff***, Montana-Wyoming Tribal Leaders Council, consultant, **2010**
- ***Ann Cook***, Missoula Community Hospital Ethics Committee, **2009**
- ***Ann Cook***, National Rural Bioethics Project Website, **2005-2009**
- ***Amanda Golbeck***, Missoula City/County Health Department, **2009**
- ***Kari Harris***, Salish Kootenai College, **2008-Present**
- ***Kathy Humphries***, American Dietetic Association Standards of Practice, **2010**
- ***Kathy Humphries***, *Disability and Health Journal*, **2008-2010**

- *Kathy Humphries, Intellectual and Developmental Disabilities, 2008-2010*
- *Kathy Humphries, Journal of Applied Research in Intellectual Disabilities, 2010*
- *Peter Koehn, Association of Public and Land Grant Universities, 2009-2010*
- *Peter Koehn, Journal of Public Health Policy, 2009*
- *Peter Koehn, Journal of Studies in International Education, 2009*
- *Peter Koehn, Comparative Politics, 2010*
- *Peter Koehn, East Asia, 2010*
- ***Craig Molgaard, Northwest Public Health Journal, 2011-present***
- *Joanne Oreskovich, Strategic Prevention Framework State Incentive Grant from the (SAMHSA) Center for Substance Abuse Prevention, 2008-Present.*
- *Joanne Oreskovich, BRFSS National Questionnaire Review Committee, 2003-Present*
- *K. Ann Sondag, Montana HIV Prevention Community Planning Group, 2005-2009*
- *K. Ann Sondag, MCPS District - Health Enhancement Curriculum Review, 2009*

Education and Training Service

- ***Kari Harris, Crow Service Unit of the Indian Health Services, 2008.***
- *Kathy Humphries, Missoula County Public Schools, 2008-2010.*
- *K. Ann Sondag, Office of Public Instruction's Summer course on HIV prevention for public school teachers, 2005-2009*
- *K. Ann Sondag, Campus and Community Partnerships Panel. The UM Service Learning Colloquium. Office of Civic Engagement. 2008*
- ***Tony Ward, Flathead County Commissioners, 2008***
- ***Tony Ward, Libby, MT and Lincoln County Public Schools, 2009***

3.2.c. 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.

We track major service activities at the MPH program level annually beginning in 2008-09 and provide a report to the dean of the College and all faculty involved in the program to evaluate our success in achieving this technical service objective. The consultative services that are accompanied by funding receive the most attention in these reports, although the informal consultative service activities, such as advice on program design or evaluation, are also listed.

To evaluate our success in achieving this community service objective for our local and regional community, we ask all faculty to report community-based educational or technical service activities to the Research Committee as part of the annual Research Report, which in turn reports to the MPH Steering Committee and chair. When a community educational activity includes a formal evaluation, faculty can submit these scores during their annual performance evaluations. The program expectation is that each program faculty member will participate in at least one local and/or regional service activity each year, and that students in the program will participate in at least one local service activity during their period with the MPH program. National and international service activity is also valued highly. However, because non-core program faculty operate under different unit standards, we can only require the service obligation of the core faculty, and this appears in the MPH Service Objective below (Table 3.2.c.).

A collateral measure of success for this objective involves the relationships built from the consultative activities in the communities we serve. The list of community partners is provided later in this document. In addition, the relationships that develop with community agencies also assist with student recruitment.

Outcome Measure	Target	2007-08	2008-09	2009-10
3.1 Each year, all core faculty members will provide leadership, education, or technical service to organizations and individuals devoted to health and public health in our community.	100% of core faculty. Community Service Survey administered annually	CSS not administered	100% of core faculty	100% of core faculty
3.2 Faculty will provide students with opportunities to be involved in service and students will document their community service activities on their curriculum vita as part of their portfolio.	100% of students will report engaging in service during their tenure in the UM MPH program.	100% of students	100% of students	100% of students

3.2.d. A description of student involvement in service.

All MPH students are required to participate in the Health Policy subcommittee of the Montana Public Health Association as part of the PUBH 535 Core Health Policy course. Other student service activities include serving on standing committees (admissions, curriculum, research, self-study), serving as alumni members on portfolio and practicum defense committees, and serving on search committees for faculty and staff hiring.

UM MPH students are also actively involved in community service. Three examples are given below.

- Emily Colomeda is a board member of DOVES, which provides domestic violence advocacy, education and services. She is member of the Salish Kootenai College Nursing Advisory Board, which provides advice toward the advancement of the nursing curriculum and education. She is a member and caucus chair of AMPHO, the Association of Montana Public Health Officials, which provides support, advocacy (especially during the legislative session), and training for Montana lead public health officials. She is an advisory member of the Environmental Health Nursing Group, which is part of a grant from the Center for Native Health Partners with Montana State University, Confederated Salish and Kootenai Tribal Health, and County Health. For this activity, she is part of a committee that held an environmental health conference, “Babies and the Environment” for local health care providers, and that is providing ongoing education regarding children’s environmental health exposures on the Flathead Reservation. Ms.Colomeda has formal agreements or contracts for all her community service activities, except for her activities with Salish Kootenai College.
- Niki Graham is a member and Co-Chair of the Statewide Community Planning Group to establish needs and gaps of HIV prevention in Montana. In this capacity, she assists sites with HIV prevention implementation, increases awareness, and assists community-based organizations with providing HIV rapid tests.
- Tracy Knoedler serves as Vice President of the Whittier Parent Advisory Council in the city of Bozeman. Her community service also includes participating in activities of Bozeman’s Teen Pregnancy Prevention Program, participating in Clean Up Bozeman (a spring clean up of the city), and participating in the GE Immunization Coalition to promote immunization compliance in Gallatin County.

3.2.e. Assessment of the extent to which this criterion is met.

Annual tracking of student service has not been part of the MPH procedures to date, therefore detailed quantitative data on students’ involvement in service is not available. Thus far, students are required to list service activities on their curriculum vitae as part of their culminating experience portfolio. It would be possible to have students complete the program’s annual Community Service Survey that program and core faculty currently do.

This criterion is met with commentary.

3.3 Workforce Development. The program shall engage in activities that support the professional development of the public health workforce.

3.3.a. A description of the program’s continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

As part of its inception, needs assessments for public health programs in Montana were carried out by various agencies. The Statewide Task Force on Public Health, of which the SPCHS chair is a member, has been a crucial force in coordinating policies, procedures, practices, and evaluation on an ongoing basis. The MPH program’s workforce development activities include a Public Health Certificate Program, a continuing education program for local health care providers sponsored by the Western Montana Area Health Education Center (directed by a faculty member from the School of Public and Community Health Sciences) and the Institute of Medicine and Humanities (directed by an affiliate faculty member of the School), and active collaboration with the Center for Public Health Practice at the School of Public Health at the University of Washington, which includes all MPH programs in the Pacific Northwest as partners in training activities (University of Alaska, Anchorage, Idaho State University, Oregon MPH, University of Washington, and The University of Montana).

The Montana MPH program has a policy of actively supporting workforce and professional development. Much of our service activities are directly focused on workforce development. The fundamental policy of the MPH program is that of “connecting the dots continuously,” that is, aggressively partnering with all public health entities in the Pacific Northwest and Montana who are willing and able to participate in improving the public health workforce. Thus a multi-tiered approach to continuing education is used.

The Pacific Northwest Region. The Montana MPH program has a formal memorandum of understanding with the University of Washington’s Northwest Center for Public Health Practice. All of the MPH programs in the Pacific Northwest (Alaska, Oregon, Idaho, Washington, and Montana) are actively involved with the Center, and the MPH Directors serve on the Regional Network Steering Committee (the RNSC, founded in 2000), where the discussion focuses on workforce development. The RNSC acts as a sounding board and planning group for regional training activities and provides a forum for creating a regional strategy for public health workforce development. The RNSC meets twice annually. Much of the continuing education for the region involves access to the extensive web-based courses provided by the Center. In addition, the UW School of Public Health sponsors a journal called Northwest Public Health, which is largely devoted to public health practitioners in the region. It has been cited for excellence by the Society for Technical Communications and has won an APEX award. In November of 2010 Dr. Molgaard was asked to become a member of that journal’s editorial board.

The State of Montana. Dr. Molgaard serves on the statewide Public Health Task Force and its Workforce Development subcommittee as the academia representative for the state of Montana. The Task Force is composed of members from the state health department and local health departments. In order to maintain a competent and qualified public health workforce, the Task Force focuses on two goals of recruiting, hiring and retaining a qualified and diverse public health work force, and assessing staff competencies and addressing gaps by enabling organizational and individual training developments. The former goal involves ensuring that job postings and position descriptions specify needed competencies, education and experience, employee satisfaction surveys are carried out, needs assessments of work environment, reward and recognition programs are carried out, career ladders and promotion opportunities exist, supervisor mentoring programs do occur, policy availability is ensured, succession planning is a constant, and how recruitment efforts are designed to promote diversity. The latter goal involves ensuring agency workforce development plans exist that includes nationally adopted core competencies and use of results from agency customer satisfaction studies, as well as description of the overall work of the agency and curricula and training schedules. This would include documented participation in courses such as the National Public Health Leadership Institute, Environmental Public Health Leadership Institute, regional or state public health leadership institutes, executive management seminars or programs, and graduate programs in public health or leadership.

Needs assessment of the workforce was carried out in Montana when planning the MPH program. The aging nature of the workforce and increases in retirements was noted at that time. More recently, regional training needs assessments that have included Montana have been carried out by the Northwest Center for Public Health Practice. A new employee needs assessment was developed in partnership with the state health department, the Montana MPH program, and the Western Montana Area Health Education Center (AHEC). The results of that needs assessment were presented at the Public Health Summer Institute in 2011.

In addition, the state health department sponsors a weeklong Public Health Summer Institute each year that is funded by the Center for Public Health Practice of the University of Washington. This year the summer institute is jointly sponsored by the state health department, AHEC, and the MPH program, and the Institute will be held on the University of Montana campus July 25-29, 2012. The institute is a series of short courses (public health law, issues in health promotion, etc.) that are taught by a variety of faculty and target skill development among public health workers at the state and local level.

The MPH program also engages with the Montana Public Health Association Advocacy and Policy Committee, where issues of workforce development are often addressed. Dr. Molgaard serves on the committee, and as a classroom assignment has his MPH students from the Health Policy course attend a meeting and write up a critique of the proceedings. This is required of all MPH students in the program. Beginning in 2012, the program Orientation will occur at the annual Montana Public Health Association meeting (this year in Bozeman), where MPH students will be encouraged to join the MPHA. Prior to this the MPH Orientation has been held on the University of Montana campus and was held in the summer of 2011 as part of the Public Health Summer Institute.

The Local Environment.

Dr. Golbeck and one of our MPH students are currently serving as members of the Maternal Child Health Advisory Committee for the Missoula City/County Health Department. This council provides advisory support to the Missoula City-County Board of Health for the purpose of promoting maternal and child health in Missoula County. The council is currently working to improve dental care access, especially among school age children.

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

From its inception, the public health programs at the University of Montana have included a Certificate Program, primarily aimed at state and local health department employees. This Public Health Certificate Program is a 12-unit subset of the basic 42-unit program, and is distance based. The 12-unit program is unique and distinct for each Certificate student, with the 12 units being selected in conjunction with the student's advisor prior to entering the program. The student may take three core courses and one elective, or four core classes. Practicum and culminating experience courses are not normally used in the Certificate program. This certificate program is distance based, and is aligned with workforce needs of additional, accessible, and affordable training in the quantitative sciences (e.g., epidemiology, biostatistics) and qualitative sciences (e.g., social and behavioral health, ethics) in public health that can serve as part of a recognizable career ladder.

Currently, seventeen students are enrolled in the Certificate Program. Nine students have graduated from the Certificate Program. The Certificate students receive exactly the same courses in terms of content as MPH students, but a shorter curriculum. This approach has the advantage of putting MPH students and Certificate students in the same distance-based classroom, where cross training from classmates can occur. Upon completion of the Certificate, a Certificate student may apply to the MPH program. If accepted into the MPH program, the 12 units already taken through the Certificate Program may be applied to the MPH degree requirements of 42 units. Two students have taken advantage of this route to the MPH program so far in the program's history. Enrollment data for the last three years of the Certificate program are provided below in Table 3.3b below

		Academic Year 2008 to 2009	Academic Year 2009 to 2010	Academic Year 2010 to 2011
CPH	Applied	10	12	8
	Accepted	9	10	7
	Enrolled	9	10	7

3.3.c. A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

The Western Montana Area Health Education Center (AHEC) was begun in 2007 under the direction of Mr. Larry White and began offering workforce development continuing education programs in Fall 2009. Its continuing education program is of public health import, although not exclusively for public health professionals, as can be noted below in Table 3.3.c. Attendance varies at these presentations between 10 and 30 individuals, depending on the topic. Attendance of students has not been data that the AHEC has collected to date. These Friday Conferences are offered at St. Patrick's hospital in-person and broadcast via Elluminate to providers at other area hospitals.

The UM MPH program also sponsors Brown Bag seminars (listed in Table 3.3.c-a below) to UM students, faculty, staff, and community members and to people statewide via online and via Elluminate. Average attendance over the past three years varies from six to 40 attendees. Student status is not monitored, therefore we have no count of students attending. Brown Bag seminars are done in collaboration with the monthly research seminar series offered by the Research Group of Eastern Montana (RGEM).

Table 3.3.c-a Continuing Education Programs offered by MPH Program and Affiliates		
MPH Sponsored Brown Bag Programs		
Title of Presentation	Presenter	Date
Violence Against People with Disabilities: A Public Health Research Priority	Rosemary Hughes	April, 2008
A Randomized Trial Assessing the Effectiveness of a Pharmacist-Delivered Program for Smoking Cessation	Larry Dent	December, 2008
Hospital Community Benefits – A Report for the Montana Attorney General	Larry White	March, 2009
Substance Misuse among Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals: Research Challenges and Opportunities	Bryan Cochran	December, 2009
Behavioral Risk Factor Surveillance System: A Public Health Data Source	Joanne Oreskovich and Heather Zimmerman	March, 2010
Performance of Special Olympics Athletes on Selected Fitness Tests: Implication of Aging	Donna Bainbridge	February, 2011
Exploring Consent in a Changing Research Landscape: Perspectives of IRB Members and Research Participants	Ann Cook	March, 2011
Research Group of Eastern Montana (RGEM) Sponsored Presentations		
Beyond Health Information Technology: Critical Factors for Successful EHR Implementation for Diabetes Management	Elizabeth Ciemins	October 2008
Applying for a SAMSA Grant	Renee Crichlow	November 2008
Alternative Treatments in Wound Care	Karen Zulkowski	December 2008
Fungal Organisms as Therapeutic Agents	Kurt Toenjes	January 2009
Nursing Group Power and Patient Outcomes; Evolution of an Instrument to Measure Group Power	Christina Seiloff	February 2009
Hospital Community Benefits – A Report for the Montana Attorney General	Larry White	March 2009

Table 3.3.c-a Continuing Education Programs offered by MPH Program and Affiliates		
Symptom Trajectories During and After Chemotherapy: A Latent Growth Curve Analysis	Jeannine Brant	April 2009
Institute for Translational Health Sciences Overview	Josh Allen	May 2009
Center for Native Health Partnerships Overview	Vickie LaFromboise	June 2009
Cancer Symptom Attribution in American Indian Populations	Emily Tesar	July 2009
Using Positive Deviance to Improve Management of Hypertension	Elizabeth Ciemins	August 2009
The Rocky Mountain Tribal Epidemiology Center	Bethany Hemlock	September 2009
IRB: Overview, History, Submissions	Stephanie Fotonoff	November 2009
Viral GI Nosocomial Disease: Preventing the Spread of Norovirus Infection	Robert F. Bargoutze	April, 2010
Prospective Audit with Intervention and Feedback: Pharmacist Impact on Antimicrobial De-escalation in Complicated Urinary Tract Infections/ Development and Implementation of a Pilot Pharmacist-Managed Cardiovascular Risk Reduction Clinic in a Not-For Profit, Community Health-System	Donald Brown/ Mary Beth Borgstadt	May, 2010
Ricebag Study	Mary Robertson	June, 2010
Board Self Assessment and Strategic Planning	Stephanie Fofonoff	July, 2010
An Open Discussion of Research Methodologies (Plan to share research methods you have used or bring questions about methods of interest)		September, 2010
An Open Discussion of Research Methodologies (Plan to share research methods you have used or bring questions about methods of interest)		October, 2010
Growth Curve Modeling/ Hierarchical Linear Models.	Jeannine Brant/Rory Peck –	November, 2010
Billings Community IRB: “Strategic Planning for a Small Organization”	Stephanie Fofonoff/ Cathy Grott	December, 2010
Pharmacists as Collaborative Care Managers of Patients with Depression and Bipolar Disorders in Primary Care	Carla Cobb,	January, 2010
Participant Experience in Clinical Trials Research Project	Ann Cook	February, 2011
Update: Using Positive Deviance to Improve Management of Hypertension	Barb Holloway	March, 2011
Montana Infectious Disease Network and Collaborating with Public Health	Hillary Harris	April, 2011
Billings Clinic Pharmacy Residents	TBD	May, 2011
AHRQ ACTION	Elizabeth Ciemins	June, 2011
Western Montana Area Health Education Center Continuing Education Programs		
Title of Presentation	Presenter	Date
Healing Hearts of Ethiopia	Stephen Tahta	September, 2009
Advances in the Diagnosis and Treatment of Tuberculosis	Charles Daley	September, 2009
Influenza: H1N1 Response	Ruth Carrico	September, 2009
Cost Conundrum: Exploring local health care costs, quality of care, and ways to enhance both	Aaron Derry	October , 2009
The Importance of Early Life for Adult Health	Stephen Bezruchka/ Tom Bulger	October, 2009
Just Culture for Physicians	Dr. John Weisul	October, 2009
How Influenza Vaccines are Made: Past, Present, and Future	George Risi	November, 2009
“Sick Around the World”	TR Reid Video	January, 2010

Program Title	Instructor	Date
Staphylococcus aureus: Mechanisms of Invasive Disease	Christiansen/ Kennedy	January, 2010
PBS Frontline: Sick Around America	TR Reid Video	February, 2010
What the Heck is AHEC and why Should I Care?	Larry White	February, 2010
Mindfulness in Healthcare	Marianne Spitzform	March, 2010
Hemorrhagic Fever Viruses: Historical and Ongoing Significance and the Prospects for Control	George Risi	March, 2010
Maslow Had it Wrong – Caring Comes First: Lessons from Leogane, Haiti, Jan. 12-18, 2010	Michelle Sare	April, 2010
Racial/ Ethnic Disparities in Healthcare: Unconscious Associations, Communication and Innovative Interventions	Janice Sabin (Ridge)	April, 2010
Changing the Guard: How the Impending Generational Transition Among Physicians will change Healthcare	Jeffrey Goldsmith, Ph.D.	April, 2010
Where Healthcare and Environment Meet	Beth Schenk	April, 2010
Management of Hep C in the Montana Dept. of Corrections	Li z Rantz	May, 2010

Table 3.2.c-b below summarizes the main continuing education programs offered in whole or in partnership by the MPH program, and the period of involvement over the last three years. Student attendance data are not currently kept by the program.

Programs	2007-08	2008-09	2009-10
UM Public Health Brown Bag Colloquia	x	x	x
The Public Health Certificate Program	x	x	x
The Montana Public Health Summer Institute (<i>coordinated by the Public Health Task Force and the University of Washington Northwest Center</i>)	x	x	x
The Northwest Center Public Health Summer Institute	x	x	x
The Northwest Center Needs Assessment			x
Local Public Health System Assessment			x
University of Washington Leadership Institute	x	x	x
MPHA Advocacy and Policy Committee		x	x

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

In addition to the listing of collaborative partners for workforce development under 3.3a., the MPH program collaborates to offer continuing education through a formal agreement with the Northwest Center for Public Health Practice at the University of Washington and the Western Montana AHEC (Appendix F), and other agreements with the Institute of Medicine and Humanities, the University of Alaska, Anchorage, Idaho State University, Oregon MPH, the State-wide Public Health Task Force, and the Montana Health Department.

The program endeavors to offer continuing education via the Certificate in Public Health. When our MPH program began, we explored the level of interest in collaborating with other professional graduate training programs at our institution. Our progress in achieving this objective to date has been the development of agreements with the School of Physical Therapy and the School of Pharmacy in our College of Health Professions and Biomedical Sciences, and with the Department of Health and Human Performance in the College of Education and Human Sciences. These agreements allow graduate students from Physical Therapy and Health and Human Performance, and select Doctor of Pharmacy students from the School of Pharmacy, to enter the Public Health Certificate Program. Each program has a CPH advisor: James Laskin, PT, Ph.D. for the School of Physical Therapy, Jean Carter, Ph.D. for the School of Pharmacy, Annie Sondag, Ph.D. for the Department of Health and Human Performance. Applicants from these programs must still be reviewed by the Admissions Committee and the chair of the School of Public and Community Health Sciences before being accepted, but the application process and paper submissions for those in these other programs on the Missoula campus is expedited.

3.3.e. Assessment of the extent to which this criterion is met.

Faculty are not currently queried specifically about their involvement with providing continuing education programs. We will edit the community service survey to clarify which service activities are for continuing education programs.

This criterion is met with commentary.

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, research and instruction competence, and practice experience, is able to fully support the program's mission, goals and objectives.

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instruction areas, k) current research interests, and l) current and past public health practice activities.

Table 4.1.a (page 124) presents the department affiliation, name, rank, FTE, demographic data, title, research interests and departmental focus of the primary (core) faculty who support the MPH degree program offered by the program.

4.1.b. If the program uses other faculty in its instruction programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format and include at least a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to instruction program, e) gender, f) race, g) graduate degrees earned, h) disciplines in which degrees were earned, and i) contributions to the instruction program.

Table 4.1.b (page 125) is presented immediately following Table 4.1.a below. It contains the names, departmental affiliation, rank, title, demographic information, research interests and departmental activity for other program faculty who provide MPH instruction.

Table 4.1.a. Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

Department Specialty Area	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degree (s)	Institution	Discipline	Instruction Area	Research Interest	Current/Past Public Health Activities
SPCHS MPH and Pharmacy Practice	Annie Belcourt-Dittloff	Assistant Professor	Tenure Track	0.50	F	American Indian	PhD	The University of Montana	Clinical Psychology	Global Health, PTSD	Health disparities in American Indian populations	Posttraumatic stress, traditional medicine and cultural resistance
SPCHS MPH	Amanda Golbeck	Professor	Tenured	1.0	F	White	PhD, MA, MA	University of California at Berkeley	Biostatistics, Statistics, Anthropology	Biostatistics; Leadership in Public Health	Human Health Data	1. Missoula Maternal and Child Health Advisory Board 2. DPHHS Dataa Use Committee 3.Montana Cancer Control Coalition
SPCHS MPH	Kari Harris	Professor	Tenured	1.0	F	White	PhD, MPH	University of Kansas	Behavioral Psychology, Public Health	Social and Behavioral Science	Smoking cessation in college students	National Cancer Institute
SPCHS MPH	Craig Molgaard	Chair and Professor	Tenured	1.0	M	White	PhD, MPH MA	University of California at Berkeley	Anthropology /Health and Medical Sciences, Epidemiology, Anthropology	Health Policy, Epidemiology	Chronic Disease Epidemiology, Neuroepidemiology and Health Promotion	Public Health workforce development task force, RWJ's, CDC
SPCHS MPH & Center for Environmental Health Science	Tony Ward	Assistant Professor	Tenure Track	0.50	M	White	PhD	The University of Montana	Chemistry	Environmental Sciences	Chemistry of air pollution	Health aspects of asbestos and wood smoke pollution

4.0 Faculty, Staff, and Students, 4.1 Faculty Qualifications

Table 4.1.b. Current Other Faculty Used to Provide Instruction (Adjunct, Part-Time, Secondary, etc.)

Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Instruction Areas
Pharmacy Practice, College of Health Professions and Biomedical Sciences, UM	Jean Carter	Associate Professor	Associate Professor – UM	15%	F	White	PhD	Pharmacy Administration	Research Methods and Program Evaluation
Psychology, College of Arts & Sciences, UM	Ann Cook	Research Associate Professor	Director of the National Rural Bioethics Project	10%	F	White	PhD	Psychology and Ethics	Public Health Ethics
Vancouver Island Health Authority	Lawrence Frisch	Associate Professor	Executive Medical Director for Patient Safety and Quality,	As needed	M	White	MD	Physician	Epidemiology of Infectious Disease
Rural Institute, UM	Kathleen Humphries	Research Associate Professor	Director, Rural Institute - UM	20%	F	White	PhD	Nutrition Science	Social and Behavioral Science in Public Health
Political Science, College of Arts & Sciences, UM	Peter Koehn	Professor	Professor – UM	15%	M	White	PhD	Political Science	Rural and Global Health
Division of Tuberculosis Elimination, CDC	Lolem Ngong	WESTAT Contractor	Center for Disease Control and Prevention	As needed	F	African	MPH	Global Health	Global Health
Center for Environmental Health Sciences, College of Health Professions and Biomedical Sciences, UM	Curtis Noonan	Associate Professor	Associate Professor – UM	15%	M	White	PhD	Environmental Health and Epidemiology	Epidemiology
Surveillance and Epidemiology Section, Tuberculosis Control Branch, CA Dept. of Public Health	Lisa Pascopella	Epidemiologist	California Department of Public Health	As needed	F	White	PhD	Epidemiology	Global Health
Pharmacy Practice, College of Health Professions and Biomedical Sciences, UM	Elizabeth Putnam	Associate Professor	Assistant Professor - UM	10%	F	White	PhD	Biomedical Sciences	Public Health Genetics
Western Montana Area Health Education Center (AHEC), UM	Larry White	Research Assistant Professor	Director, AHEC - UM	20%	M	White	MHA	Hospital Administration	Administration and Management in the US Healthcare System

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.

The faculty integrates various perspectives from the field of practice from a number of disciplines, in line with our mission statement, and largely based on the ecological model. Public health practitioners are sought out to serve as affiliate faculty to assist in the instruction, service and research activities of the MPH program. These practitioners come from local health departments and agencies, the state health department, and other academic and federal and state institutions and organizations.

Table 4.1.c. displays other faculty affiliates who also support the MPH instruction program.

Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Instruction Areas
Rural Institute, UM	Donna Bainbridge	Research Associate Professor	Project Director, Rural Institute – UM	As Needed	F	White	PT, EdD	Physical Therapy	Health Promotion and Developmental Disabilities
Psychology, College of Arts & Sciences, UM	Duncan Campbell	Associate Professor	Associate Professor – UM	5%	M	White	PhD	Psychology	Clinical Psychology
Billings Clinic, Center for Clinical Translation Research	Elizabeth Ciemins	Research Director	Research Director, Billings Clinic	5%	F	White	PhD, MPH	Health Services Policy Analysis,	Mental Health and Substance Abuse Policy and Children’s Mental Health Services
Psychology, College of Arts & Sciences, UM	Bryan Cochran	Associate Professor	Associate Professor & Co-director Women and Gender Studies - UM	As Needed	M	White	PhD	Psychology	Clinical Psychology
Flathead City-County Health Department	Leslie Deck	Health Promotion Specialist	Program Coordinator Flathead City-County Health Department	As Needed	F	White	MPA, CHES	Health & Human Development Community Health	Tobacco Use Prevention, Health Promotion.
RiverStone Health Billings	John Felton	Executive Vice President	Operations, RiverStone Health	As Needed	M	White	MPH, MBA, FACHE	Public Health	Rural Health Policy
School of Social Work, College of Health Professions and Biomedical Sciences, UM	Janet L. Finn	Professor	Professor and Director of the Masters of Social Work – UM	As Needed	F	White	PhD	Social work and anthropology	Social Work
Northwest Health and Education Research Institute	David Garloff	Director of Continuing Medical Education	Northwest Health and Education Research Institute	As Needed	M	White	PhD	Administration and Leadership	Leadership and Medical Education
Division of Biological Sciences, College of Arts & Sciences, UM	Willard O. Granath	Professor	Professor and Director of UM’s Electron Microscopy Facility	5%	M	White	PhD	Biological Sciences	Parasitology

4.1 Faculty Qualifications

Table 4.1.c. Current Other Faculty Used to Provide Other Program Support (Adjunct, Part-Time, Secondary, etc.)									
Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Instruction Areas
Anthropology, College of Arts & Sciences, UM	Kimber Haddix McKay	Associate Professor	Associate Professor – UM	As Needed	F	White	PhD	Anthropology	Demographic, applied medical anthropology, international development, human evolutionary ecology
Montana Department of Health and Human Services	Steve D. Helgerson	Clinical Associate Professor of Epidemiology, University of Washington	State Medical Officer, State of Montana	As Needed	M	White	MD, MPH	Epidemiology	Public Health and Preventive Medicine
Rural Institute, UM	Rosemary Hughes	Associate Research Professor	Project Director, Rural Institute – UM	As Needed	F	White	PhD	Counseling Psychology	Rural Health and Disability
School of Education, Curriculum and Instruction, UM	Jan LaBonty	Professor	Professor	5%	F	White	Med, PhD	Curriculum and Instruction	Elementary Reading and Language Arts
Physical Therapy, UM	James Laskin	Associate Professor	Director of New Directions Wellness Center	5%	M	White	PT, PhD	Physical Therapy	Physical Therapy
Montana Neuroscience Institute and Montana Cancer Institute	Cindi Laukes	Clinical Research Director, Clinical Research Manager	St. Patrick Hospital and Health Sciences Center and UM	As Needed	F	White	MFA		Project and Program Direction and Management
Health Promotion Division	Greg Oliver	Director	Missoula City- County Health Department	As Needed	M	White	MS	Environmental Studies	Health Promotion, Community Health Services
Behavioral Risk Factor Surveillance System	Joanne Oreskovich	Director and Epidemiologist	Montana Department of Public Health and Human Services	As Needed	F	White	PhD	Sociology	Public Health Data Collection
Preventative Medicine and Public Health	Angelia Paschal	Assistant Professor	University of Kansas School of Medicine - Wichita	As Needed	F		PhD	Sociology	Social and Behavioral Science and Health Disparities
Anthropology, College of Arts & Sciences, UM	Gil Quintero	Associate Professor	Associate Professor – UM	As Needed	M	Mexican America n	PhD	Cultural Anthropology	Medical Anthropology

4.1 Faculty Qualifications

Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Instruction Areas
Rural Institute, UM	Craig Ravesloot	Clinical Psychologist and Associate Research Professor of Psychology	Project Director, Rural Institute	As Needed	M	White	PhD	Clinical Psychology	Health Promotion, Disabilities
University of Kansas	Suzanne Reid Hawley	Assistant Professor	MPH Program Director, University of Kansas School of Medicine	As Needed	F	White	PhD, MPH	Clinical Psychology	Leadership and Medical Education
Environmental Studies, College of Arts & Sciences, UM	Robin Saha	Professor	Professor – UM	As Needed	M	White	PhD	Environmental Studies	Environmental Justice, Community Based Participatory Research
Rocky Mountain Laboratories, NIAID	Tom Schwan	Chief and Senior Investigator,	Laboratory of Zoonotic Pathogens, NIH	5%	M	White	PhD	Biology	Vector borne infectious diseases
Psychology, College of Arts & Sciences, UM	Tom Seekins	Professor	Professor and Director at the Rural Institute – UM	As Needed	M	White	PhD	Psychology	Rural Psychology, Program Development and Grant Writing
Nurse	Julie Serstad	Director	Health Service, Missoula City County Health Department	As Needed	F	White	RN, MSN	Public Health	Community Health Services
Economics, College of Arts & Sciences, UM	Ranjan Shrestha	Assistant Professor	Assistant Professor – UM	As Needed	M	Indonesian	PhD	Economics	Development Economics, Economic Demography, Labor Economics
Health and Human Performance, UM	K. Ann Sondag	Professor	Professor – UM	5%	F	White	PhD	Community Health Education	Program planning and evaluation, Health Promotion
Rural Institute, UM	Meg Ann Traci	Research Assistant Professor	Project Director, Rural Institute – UM	5%	F	White	PhD	Experimental Psychology	Development Psychology, Early Intervention
Economics, College of Arts and Sciences, UM	Kay Unger	Professor	Professor and chair Economics – UM	As Needed	F	White	PhD	Economics	Health Economics, Regional and Urban Economics, Economic Theory

4.1.d. Identification of outcome measures by which the program may judge 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	2007-2008	2008-2009	2009-2010
% of core faculty with Ph.D./M.D. degrees	80% of core faculty	100%	100%	100%
% of core faculty with M.P.H. or Ph.D. degrees from Schools of Public Health	50% of core faculty	100%	100%	75%
% of core faculty with experience in academic public health programs	80% of core faculty	100%	100%	100%
% of core faculty with extramural research funding support	80% of core faculty	100%	100%	100%
% of other program and affiliate faculty with graduate degrees in public health	150% of the number of core faculty	400%	400%	250%

Of the five core faculty members, length of time as tenure ladder or tenured faculty members in an instructional public health program is as follows:

1. Faculty member 1: 5 years
2. Faculty member 2: 27 years
3. Faculty member 3: 22 years
4. Faculty member 4: 1 year
5. Faculty member 5: 1 year

Average length of time as a tenure ladder or tenured faculty member in an instructional public health program for the core faculty of this MPH program is 11.2 years.

Dr. Golbeck successfully went through the FEC and IPR review last year (2009-2010) as a Full Professor, and earned a Meritorious Performance Award. In 2011, Dr. Golbeck was made a Fellow of the American Statistical Association. Dr. Harris successfully went through the FEC and IPR review last year and was promoted to Full Professor. Dr. Ward was appointed to a tenure track assistant professor position in January 2010 with an appointment split between Biomedical Pharmacy and Public Health, and Dr. Annie Belcourt-Dittloff was appointed to a tenure track assistant professor position in July of 2010 with an appointment split between Pharmacy Practice and Public Health.

4.1.e. Assessment of the extent to which this criterion is met.

This criterion is met.

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

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

Faculty policies and procedures, as discussed in section 1.0 and elsewhere, are well defined as to recruitment, appointment, evaluation and promotion of qualified faculty in the Collective Bargaining Agreement of The University of Montana and the Unit Standards of the School of Public and Community Health Sciences (Appendix B and Appendix C).

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

Provisions for faculty development are carried out for both core MPH faculty within the School of Public and Community Health Sciences, and MPH program faculty from other departments and colleges on campus. In either case, these provisions for faculty development are either developed by the Department Chair, the College Dean, or the Department Chair and the College Dean jointly. Travel to conferences and meetings is often supported for MPH core faculty in the School of Public and Community Health Sciences by funds from indirect recovery on grants and contracts. Other professional development travel is often funded by grants and contracts per se.

For example, core faculty from the School have recently attended professional meetings in Ireland and Denmark. Several core faculty annually attend the American Public Health Association meetings, such as those recently held in Denver, Philadelphia and San Diego. Several members of the program faculty, especially those from the Rural Institute and the Psychology Department, also attend the American Public Health Association meetings, as do MPH students who are being supported on grants. Other professional development travel has occurred for core faculty to the Society for Tobacco Research Meetings, the Women in Astronomy Meetings, the American Statistical Association meetings, and the annual meetings of the American Academy of Neurology.

Professional development such as local workshops and trainings within the state of Montana or the Pacific Northwest may be funded by tuition surcharge funds returned to the School. Computer equipment is replaced every three years, per CBA, in the College from an equipment fund. The School of Public and Community Health Sciences core faculty thus receives new computer stations every three years.

Professional development in terms of mentoring occurs for the newer, more junior core faculty members. These activities include senior core faculty providing guidance in terms of advising students, serving on committees, and the intricacies of the promotion and tenure process on a unionized campus.

In addition, new faculty in the School have traditionally received reasonable start-up packages to support professional travel, purchase of software and books, hiring of student assistants, etc.

Finally, the International Programs Office makes available funding for professional development in terms of international exchanges (both short and long term) and sabbaticals. These funds are available in a campus wide competition on an annual basis.

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

Formal procedures for evaluating faculty competence and performance are carefully proscribed in the Collective Bargaining Agreement (Appendix B) and the School's Unit Standards (Appendix C). In brief, tenure track professors prepare an Individual Performance Record (IPR) (assistant professors every year; associates every two years; full professors every three years), which documents their activities in terms of teaching, service and research. Each individual in a unit then forwards the IPR to a Student Evaluation Committee (SEC). The students evaluate the IPR and make recommendations to a Faculty Evaluation Committee (FEC). The FEC evaluates the IPR and the students comments and makes a recommendation to the Chair, who then recommends to the Dean of the College as to whether the candidate is performing at a normal level, a below normal level, or a merit level. The Dean then makes a recommendation as normal, below normal, or merit, which may or may not coincide with the recommendation of the FEC or the Chair. This recommendation then goes forward to the Office of the Provost for final review and decision. In the case of the School of Public and Community Health Sciences, the Chair and the candidate work together in selecting members for these two committees. Those individuals who receive merit reviews receive a cash salary supplement from the University. During the last three years all three of senior core faculty in the MPH program have each received such an award. It should be noted that tenured faculty go through this review process every three years.

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

Student course evaluations are carried out electronically for the School by the Center for Continuing Education, and then forwarded to the instructor and the chair for review. The chair reviews the documents and then discusses them with the dean and faculty if appropriate. A copy of the evaluation instrument can be found in Appendix I.

4.2.e. Description of the emphasis given to community service activities in the promotion and tenure process.

Community service activities are included in the promotion and tenure process as the most effective means of maintaining contact with the public health practice community in Montana, a major priority of the program. As stated earlier, service is negotiated as a proportion of a faculty member's time and effort. Service and research often have a flexible boundary in public health and reinforce each other in a positive fashion. This connection is supported and maximized by formal approval of the service-research feedback process in the Unit Standards of the School.

4.2.f. Assessment of the extent to which this criterion is met.

This criterion is met.

4.3 Faculty and Staff Diversity. The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.3.a. Summary demographic data on the program's faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format.

Summary demographic data on the program faculty are provided in Table 4.3.a. Note that 60% of the core faculty is female, and 20% are American Indian female. For other faculty, 56% are female and 44% male.

	Core Faculty		Other Faculty		TOTAL	
	Count	Percentage	Count	Percentage	Count	Percentage
Male	2	40%	16	44%	18	44%
African American Male						
Caucasian Male	2	40%	14	39%	16	39%
Hispanic/Latino Male			1	3%	1	2%
Asian/Pacific Islander Male						
American Indian/Alaska Native Male						
Unknown/Other Male						
International Male						
Female	3	60%	20	56%	23	56%
African American Female						
Caucasian Female	2	40%	17	47%	19	46%
Hispanic/Latino Female						
Asian/Pacific Islander Female			1	3%	1	2%
American Indian/ Alaska Native Female	1	20%				
Unknown/Other Female						
International Female			1	3%	1	2%
TOTAL	5	100%	36	100%	41	100%

NOTE: Schools and programs may also include other aspects to demonstrate diversity among staff at their discretion

The primary service area for recruitment efforts for faculty and staff follows the University of Montana Human Resources guidelines for recruitment. The recruitment of Academic or Professional Positions are conducted at the department level and monitored by Human Resource Services. A national search is mandatory for full time faculty positions. Staff positions are recruited more locally, typically from Missoula and Western Montana, with the internal University of Montana staffing lay-off pool given first priority.

4.3.b. Summary demographic data on the program's staff, showing at least gender and ethnicity.

Staff consists of one white female, as supplemented by occasional work-study or student assistants.

4.3.c. Description of policies and procedures regarding the program's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The MPH program follows the written policies and procedures that promote diversity and equitable treatment of faculty, staff, and students that are adopted by the University of Montana and required of all UM programs. Description of policies and procedures regarding the program's commitment to providing equal opportunities to faculty, staff, and students have been covered earlier in this document (See 1.4.d).

4.3.d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

Retention and recruitment efforts to attain a diverse faculty and staff are only beginning in this small and new program. Timeline data do not exist as of yet. The Executive Director of the Montana-Wyoming Tribal Leaders Council (Gordon Belcourt) serves on the External Advisory Committee of the MPH program and provides input and support in an effort to boost recruitment and retention for American Indian faculty and students.

4.3.e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

Establishing and maintaining an environment that supports diversity among the faculty, especially faculty research and service, is an important part of the program mission, particularly around rural issues. UM MPH core and program faculty engage in research primarily with underserved groups – rural populations, American Indian and Alaska natives, LGBT, mentally ill, disabled, women, and groups with racially and ethnically related health disparities.

The program has cultivated relationships with several American Indian-focused programs and groups.

- The partnership with the HCOP program in the College of Health Professions and Biomedical Sciences is a key element to fostering relevant diversity. This HRSA project has the following mission: “to facilitate the identification, recruitment, retention, and professional development of American Indian/Alaska Native students who are interested in pursuing careers in pharmacy”.
- This Center also sponsors an annual American Indian Alumni Gathering and the REACH Summer Program (Residential Enrichment Activities for Careers in Healthcare).

- The recruitment of Dr. Annie Belcourt-Dittloff occurred through the auspices of the American Indian Center of Excellence.
- Working relationships with the Missoula Indian Health Center are being developed at this time.

In order to promote an environment that supports diversity, these types of service and research and relationships are encouraged in the UM MPH program and in the School of Public and Community Health Sciences and the College of Health Professions and Biomedical Sciences. By supporting these efforts, an environment conducive to the retention of a diverse set of faculty and recruitment of a qualified and diverse student body is created.

In addition to service and research activities that support diversity, the MPH program also has curricular elements that foster an environment supportive of diversity. Every year, MPH students are offered Environmental and Rural Health, Rural Health Issues in a Global Context, and electives such as International Health and research instruction in Community-Based Participatory Research. A new course in Native American Health is being developed by Dr. Belcourt-Dittloff. This course complement fosters an environment supportive of diversity - both for the faculty teaching these courses and students taking them.

4.3.f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

Outcome Measure	Target	2011-12	2012-13	2013-14
Diversity in demographics of core, program, and affiliate faculty	20%			
Faculty working with protected or vulnerable classes of people in their research	Presumed from faculty reports to be 40% but should be asked directly			
Faculty working with protected or vulnerable classes of people in their service activities	Presumed from faculty reports to be 40% but should be asked directly			
Students working with protected or vulnerable classes of people in their culminating experiences (supervised by MPH faculty)	Not available currently, but target should be 40%			

The Payne Family Native American Center of Excellence at the University of Montana is new to the University, being initially funded in 2009. The initial hiring of an American Indian woman Ph.D. in 2010 is a major accomplishment of the pharmacy and public health

programs, and is the major outcome to date. More can and will be done in the area of faculty diversity.

Table 4.3.f. above shows the proposed outcomes for monitoring program diversity among the faculty, staff, students and service or research partners. These outcomes are proposed; the program has not collected data on diversity to this extent thus far. The Steering Committee will review these outcomes and set targets before fall 2011. A monitoring system for diversity, including reporting forms and data collection and confidential storage procedures, will be organized and in place by January 1, 2012.

4.3.g. Assessment of the extent to which this criterion is met.

This criterion is met with the commentary noted above.

4.4 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.

4.4.a. Description of the program's recruitment policies and procedures.

The UM-MPH program recruitment policies and procedures focus on both mid-career professionals seeking a career change or improvement, as well as those recently graduated from undergraduate programs who desire to begin public health training, within a primarily frontier and rural state. Public health experience is emphasized when considering mid-career applicants. Among recent graduates consideration involves both their potential to be emergent leaders in public health in rural settings, as well as their international programs experience. The ultimate criterion is whether the applicant is perceived to be someone who, with additional training at the graduate level, would benefit the public health infrastructure of the state of Montana.

The program website contains the following information for prospective students:

- Information about a career in public health
- Choosing a school for your MPH
- UM MPH Curriculum
- Admission requirements
 - Application requirements
 - Fiscal needs
 - Online application
- Information about the practicum and culminating experience requirements
- Information about Missoula
- Contact information

The program website contains the following information for current students:

- Faculty and staff directory
- MPH curriculum
- Student handbook
- Scholarships

The University website contains the following for prospective and current students:

- University course catalogs
- University academic calendars
- Curry Health Center services

We network and recruit with mid-career public health professionals at the local Montana health departments, in particular the Missoula, RiverStone (Billings), Ravalli (Hamilton) and Granite County Health departments, as well as the state health department in Helena, Montana (Montana Department of Public Health and Human Services (DPHHS)).

Marketing to mid-career professionals also includes networking with health care practitioners through the State-Wide Public Health Task Force, on which the chair of the

School has served for the past three years as a member of the Workforce Development Sub-Committee, and through our collegial relationships with various hospitals and clinics throughout Montana. We define success as 50% or greater of our MPH students being mid-career professionals (see Diversity target, Table 4.5.d.). We know that most of our students are in established careers, but we use two pieces of data to quantify this. First, the age of newly enrolled students is tabulated. As detailed later in this report, 62% of our enrolled MPH students in the last three years have been over age 30. Second, a substantial proportion of our students already have graduate degrees. In the last three years, 5 newly enrolled students in The University of Montana MPH program already had a graduate degree (Pharmacy, Veterinary Medicine, Nursing, Biology, Law), while 6 newly enrolled Certificate students had already earned graduate degrees (Pharmacy, Metallurgical Engineering, Health Promotion, Allied Health Education, Geography, and Environmental Engineering).

Our MPH newsletter is mailed annually to all local health departments in the state, and a large list of hospitals, physicians, nurses and other health professional sites throughout Montana. Our Public Health web site is updated and expanded weekly, and our electronic Public Health distribution list is in daily use. The UM-MPH program is also affiliated with the Montana State University/University of Montana Area Health Education Centers, with one of our faculty (White) providing leadership to the Western Montana Area Health Education Center while serving as its Director.

4.4.b. Statement of admissions policies and procedures

Student admission processes by the Admissions Committee of the MPH program include ranking of applicants using both qualitative and quantitative measures as well as potential for a career in public health practice in Montana, sorting of applicants in terms of their potential for success in either the MPH or Certificate programs, and student selection. Application can be made for entry into the programs in either fall or spring semesters, although special dispensation can be arranged for those wishing to begin in the summer session. Applications can be completed by an on-line application. Prospective students are encouraged to submit required materials online; accommodations are made for special needs, e.g., due to disability or other extenuating circumstances. Instructions for on-line submission are available at:

http://www.health.umt.edu/schools/pch/students_applicants/application.php (copy of application may be found in Appendix D). All prospective students are required to print, sign, and mail the signature page to the program. The Admissions Committee makes its recommendations to the chair for final admissions decisions. The Admissions Committee individually reviews all the applications received into the School.

Applicants are evaluated and rated by both objective and subjective criteria. The objective components of the application consist of cumulative GPA, and graduate record examination scores (verbal and quantitative).

A successful applicant will normally have a cumulative GPA of 3.0 or higher, GRE scores of >399 on each of the quantitative and verbal sections, excellent letters of

recommendation, noteworthy volunteer experience relevant to public health, noteworthy life experience or leadership experience relevant to public health, and demonstration of potential for excellence in public health practice based on the student admissions essay. If an applicant is deficient on one or more of these criteria, a positive admission decision is still possible if the applicant demonstrates significant strengths on other criteria. Letters of recommendation, volunteer experiences, life experiences (including leadership), and the student essay are rated by two individual Admissions Committee members, who present each applicant to the Committee as a whole for discussion.

The Admissions Committee ensures that all applicants are treated in a fair and reasonable manner by following the procedures outlined above. All materials submitted to the UM MPH program for consideration in the application process are considered confidential and are not discussed or disseminated for review with anyone outside the program. All decisions regarding acceptance are conveyed to the applicants in writing from the chair. Students who are not offered admission into the UM MPH program can choose to discuss with the chair the rationale for declination.

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

Examples of recruitment materials and advertising are provided in Appendix J – Recruitment Materials. Academic calendars, grading, and the academic offerings of the program are included in the Student Handbook (Appendix D) and in the online catalog at: <http://www.umt.edu/catalog/cat/chpbs/pubhealth.html>, and at the MPH website “Students and Applicants” pages at: http://www.health.umt.edu/schools/pch/students_applicants/students_applicants.php.

4.4.d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years.

This table is shown below. Note that the UM MPH program has exclusively generalist students and no specialty areas.

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments, 2008 to 2011				
		Academic Year 2008 to 2009	Academic Year 2009 to 2010	Academic Year 2010 to 2011
MPH	Applied	21	29	21
	Accepted	17	22	15
	Enrolled	14	17	10

4.4.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students

and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization.

The students enrolled in the MPH program are all generalist students and the program has no areas of specialization.

Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2008- to 2011

	Semester	2008-09			2009-10			2010-11		
		HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
UM MPH program	Fall	8	20	19.00	12	19	22.67	4	25	18.00
	Spring	3	19	12.33	9	19	18.67	2	22	12.56
	Summer	2	12	6.67	2	22	11.67	1	12	7.0

Most of our students are working professionals with part time student status, as fits our mission. The number of part time students has remained relatively constant over the three-year period. We have maintained an FTE of 15 or more over the three-year period.

4.4.f. Identification of outcome measures 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 4.4.f. Outcome Measures for Enrolling a Qualified Student Body

Outcome Measure	Target	AY 2007-08	AY 2008-09	AY 2009-10	*AY 2010-11
1.3.b. Enrolled students will enter the program with a GPA reflecting academic success	GPA of >70% incoming students will meet or exceed 3.0	57%	73%	73%	88%
1.3.c. Enrolled students will enter the program with GRE scores reflecting potential for academic success in graduate study.	80% or more students will score >399 on each component of the GRE test.	Verbal: 100% Quantitative: 100%	Verbal: 90% Quantitative: 90%	Verbal: 85% Quantitative: 100%	Verbal: 64% Quantitative: 80%

*Most up-to-date data, however this is incomplete so three previous years are included also.

Success in enrolling a qualified student body is measured by The University of Montana MPH program by entering GPA and GRE scores. Table 4.4.f above contains three complete years' and the most recent (AY 2010-11), though partial, data on these outcome measures.

4.4.g. Assessment of the extent to which this criterion is met.

This criterion is met.

4.5 Student Diversity. Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.5.a. Description of policies, procedures and plans to achieve a diverse student population.

Montana is a frontier state, with a unique frontier culture. As a result, the people and educators of Montana decided to invest a very rare resource in Montana – money – in an MPH program to work on Montana’s public health needs. This is a distance program because Montana is a huge and sparsely populated state. A face-to-face MPH program would not work in this frontier state. We emphasize rural and international foci in training, because: 1) the state is very frontier (rural), (2) we share an international border with Canada, (3) we are committed to training public health practitioners with an appreciation of global public health, and (4) the largest minority in this state is that of the American Indian tribes, who are legally sovereign nations with an extremely different culture than that of average, frontier Montanans. Our diversity goals will remain based on Montana’s population, which is our training and education target, where our funding comes from, and closely aligned with the training and education goals of the University of Montana as a whole.

The University of Montana MPH program applies, in an equitable fashion, application, admission, and degree-granting requirements to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin. The twin foci of the MPH program – rural and global public health – serves to promote a diverse student body as we admit and educate American Indians, our largest minority in Montana, as well as recruit and educate international students (Italy, Afghanistan). Our faculty, staff, students, and alumni are well versed in diversity issues and needs at the student level.

For example, the Curriculum Committee of the MPH program is chaired by an American Indian female whose research focus is post-traumatic stress disorder among Montana tribal peoples, and the Committee as a whole is comprised of three faculty women and two faculty men. One of the other faculty women has her professional focus on disabilities research through the University of Montana Rural Institute and funding from the Centers for Disease Control. The Curriculum Committee also has both an MPH program alumni and MPH program student member. Currently both are female. The alumni member works as a Research Associate on an NIH grant with rural Alaska Natives that is based at the University of Montana, with prior experience in disability research at the University of Montana when she worked as a student research assistant at the Rural Institute while earning her MPH degree. The student member is a Ryan White Program Assistant at the Partnership Health Center in Missoula. She is carrying out her practicum at the Red Willow Healing Center, a non-profit healing center that provides body/mind based integrative healing services to people who have experienced trauma and other adverse life events.

The first annual Diversity Report for the University of Montana as a whole was begun in

the spring semester of 2011. Data from this report is an important component of the University's Diversity Strategic Plan and our annual progress report to the University of Montana's accrediting agency. Data from various units on campus will be compiled and analyzed by the Director of Equal Opportunity and Affirmative Action, and will be available on the Office of Equal Opportunity and Affirmative Action Web site each site and will be submitted to the Board of Regents every two years.

Work has begun on a School of Public and Community Health Sciences diversity plan as a result of the larger university initiative mentioned above. Initial principles were developed in the spring of 2011 by members of the self-study committee. These principles will be submitted to the MPH Steering Committee for review, approval and implementation in the fall of 2011. These include: 1) an emphasis on diversity in demographics of core, program, and affiliate faculty, 2) an emphasis on diversity in student body, 3) an emphasis on faculty/students working with protected or vulnerable classes of people in their research, 4) an emphasis on faculty/students working with protected or vulnerable classes of people in their service, 5) and emphasis on students working with protected or vulnerable classes of people in their culminating experiences.

4.5.b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The MPH program has initiated a diversity plan that will lead to an annual report on diversity goals. It will be posted on the MPH program web site when completed. A supporting document will also exist. The unit has not yet hosted opportunities per se for employees to participate in diversity related training or activity, but such presentations have been part of the annual MPH Orientation. The International Programs Office also offers multiple programs on campus that are available to all. Everyone in the unit has the opportunity for professional development and skill-building trainings locally and nationally. Students often participate in such by attending local, regional and national professional meetings.

The recruitment, retention and degree completion of minority graduate students focuses mainly on American Indian students, by far our largest minority in Montana. Minority recruitment is accomplished with the assistance of our Executive Board members, three of whom are minority (American-Indian, African-American, and Asian-American), through our close working relationship with the Montana-Wyoming Tribal Council, and our work with the workforce development subcommittee of the Montana Public Health Association. The research activity of one core faculty member on American Indian smoking patterns, as well as diabetes and obesity in that population, has led to increased strengthening of ties with the American Indian college system in Montana and the beginning of awareness and recruitment in that system. Finally, the addition of an MPH faculty member who is a female American Indian has allowed us to assign American Indian students to her for advising and role-modeling on a consistent basis, a practice we will continue. Evaluation and refinement of these practices, which are new, will need to be a focus of the Admissions and Steering Committee over the next three academic years.

Funding exists in the School to attract and maintain students from historically underrepresented populations through the HRSA Disadvantaged Scholarship grant. Similarly, a federally funded grant provides partial salary support to our American Indian faculty member. The MPH program web page also has a link to the University Diversity Page, and diversity related activities garner statewide publicity and are frequently released by the College. Most recently, the practicum project of an American Indian MPH student from the Crow reservation focused on automobile accidents on that reservation and received national publicity and the student was invited to present at the Indian Health Service in Bethesda. This effort also led to the MPH student being awarded the Outstanding Student Paper award from the University of Montana MPH program.

4.5.c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years.

Demographic characteristics of the new student body for each year listed, including data on applicants and admissions, are presented for each of the last three years in Table 4.5.c.

		2008-2009		2009-2010		2010-2011*	
		M	F	M	F	M	F
African American	Applied	-	-	1	-	-	-
	Accepted	-	-	0	-	-	-
	Enrolled	-	-	0	-	-	-
Caucasian	Applied	3	14	6	18	2	13
	Accepted	2	13	4	15	1	10
	Enrolled	2	11	4	10	1	7
Hispanic/Latino	Applied	-	-	-	-	-	-
	Accepted	-	-	-	-	-	-
	Enrolled	-	-	-	-	-	-
Asian Pacific Islander	Applied	1	2	-	1	-	1
	Accepted	1	0	-	0	-	0
	Enrolled	1	0	-	0	-	0
American Indian/Alaska Native	Applied	1	0	-	1	-	3
	Accepted	1	0	-	1	-	3
	Enrolled	0	0	-	1	-	2
Unknown/Other	Applied	-	-	1	1	-	-
	Accepted	-	-	1	1	-	-
	Enrolled	-	-	1	1	-	-
International	Applied	-	-	-	-	-	-
	Accepted	-	-	-	-	-	-
	Enrolled	-	-	-	-	-	-
TOTAL	Applied	5	16	8	21	2	17
	Accepted	4	13	5	17	1	13
	Enrolled	3	11	5	12	1	9

*Data are incomplete for 2010-11.

4.5.d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.

Evaluation of success in achieving a demographically diverse student body will be carried out during the next three academic years, as noted above. One such evaluation that should be noted has been the ability of the Admissions Committee to recruit American Indian graduate students to the MPH program that mirror the American Indian demographic profile for Montana. Six percent of the Montana population is American Indian. In 2008 we accepted our first American Indian student, a member of the Crow tribe. In 2009-2010 we accepted two more American Indians, both female, from the Salish Kootenai tribes. With 3 American Indians enrolled, approximately 6% of our MPH student body is American Indian, meeting one of our definitions of success. Our first American Indian MPH graduate will finish the program in December of 2011, and is walking in the graduation ceremony this spring of 2011.

Our catchment area and service area for the MPH is the state of Montana. The largest population is Caucasian, and the largest minority is American Indian at 6% of the total population. As part of our diversity plan we will make efforts to recruit Hispanic and African American students, but it should be recognized that these numbers in Montana are extremely small. For example, only 3% of the population is Hispanic, making the American Indian population twice as numerous as the Hispanic population. The most recent Census does show an increase in the Hispanic population in the state of Montana (.4% previously), thus our targeted outcome in Table 4.5.d. Our goal is to create a standing Diversity Committee during this next academic year that will develop a specific plan for recruiting Hispanic students and students of color, and which will be part of the larger university emphasis on diversity.

Outcome Measure	Target	2008-09	2009-10	2010-11
1.3.d. Enrollment of American Indian students	6% American Indian to match ethnic profile of Montana	5%	4%	13%
1.3.e. Enrollment of mid-career professionals	50% or more enrolled students	72%	57%	60%
1.3.f. Enrollment of students of color and/or Hispanic (not including American Indian)	3% students of color and/or Hispanic to match profile of Montana	5%	7%	0%

4.5.e. Assessment of the extent to which this criterion is met.

This criterion is met.

4.6 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.

4.6.a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

Upon admission to the MPH program, students receive a welcome letter from the Department Chairperson, which includes assignment of an academic advisor. Students have been required, until fall 2011, to participate in an institutional and programmatic orientation in the fall semester. Starting this year, orientation will be offered both electronically and at the annual fall Montana Public Health Association meeting. This is a quality improvement effort to assess if students are better served using these alternative methods.

Information on use of the library, use and tutorials of the designated platform for web-based instruction (Moodle by autumn of 2011), core and program faculty, research activity of faculty, course sequencing, student services, opportunities for students to serve on standing committees, etc. are presented, and supplemented by the Student Handbook (Appendix D). The Outstanding Student paper and Outstanding Faculty paper awards are presented, and presented to the new students as part of the Orientation. International guest speakers (Finland, Zaire) have been brought in to emphasize the international thrust of the program. In the future, we will fold such presentations into the Brown Bags and other Elluminate/Vidyo-accessible events.

Students are encouraged to stay in touch with their advisors by email or phone on a biweekly basis. Their names are also added to our email list so that all noteworthy public health announcements are shared with students, alumni and faculty.

Student advisors are assigned by the Chair based on mutual focus in Public Health; advising load is determined by additional duties and experience and availability. Dr. Humphries conducted interviews in fall, 2010 with the core faculty regarding advising specifically for the Practicum. She found that faculty believe the Program Handbook contained all the content information that they needed for effective guidance in the practicum and other school-related activity. To supplement the Handbook, faculty reviewed previous, successful students' Practicum reports and they got mentoring from senior faculty members in the department and the Chair.

Career counseling occurs throughout the student's period in the program and after. Faculty make a major effort to maintain contact with alumni, and to see that they are properly placed. Alumni serve on the Admissions, Curriculum and Research committees, allowing a continuation of communication and networking. They also occasionally serve on practicum and portfolio defense committees. Many alumni also take research positions on campus, so that continued contact is possible. In general, continued contact with our graduates, and the opportunity for career counseling is very high. This also occurs

through the annual meeting of the Montana Public Health Association. It should be noted that because Montana is a large state with a small population, many health professionals are well aware of the importance of social networks to career advancement and reach out across the expanses to mentor “young professionals.”

4.6.b. 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 submitted for each of the last three years.

Students are assigned a faculty advisor. They have the option of expressing concerns to their advisors. They also have the option to switch advisors if they wish. If they wish, they also have the option of expressing concerns to the Program Coordinator and Chair. The Chair then has the option of carrying such concerns to the Dean. As discussed in 1.4.e., only one complaint has been brought forward to the Coordinator and Chair to date (a student in San Francisco, CA was having trouble reaching an advisor, but the concern resolved before reaching the dean’s level).

Table 4.6.b. below shows how the advising load is divided among the five core faculty, who are the advisors for the Montana MPH program. It should be noted that the newer junior core faculty have lower advising numbers as they begin their careers at the University of Montana compared to senior core faculty, a decision made by the chair to allow professional development. It should also be noted that one faculty member was on sabbatical in 2010-2011, and her advisees were reassigned to the two other senior core faculty for the academic year. Table 4.6.b. represents only a snapshot of the advising distribution as the responsibilities of faculty and interests of students shift.

Advisor	MPH Students	CPH Students
Craig Molgaard	14	6
Amanda Golbeck	10	7
Kari Harris	8	1
Annie Belcourt	3	1
Tony Ward	5	3

Students also have access to the formal campus grievance process. The student grievance policy is available at : http://life.umt.edu/vpsa/student_grievance.php. No grievances have been filed regarding this program to date. This topic is addressed in this document further at 1.4.e.

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

Two approaches are used to gauge student satisfaction with advising and career counseling services. First is the alumni survey described in 2.7.f. As a new program we have currently a limited number of student alumni (15 total) to formally survey. To date,

graduated students report satisfaction with the advising and career counseling they received.

Second, as part of the Portfolio defense, students are encouraged to provide input about the program overall and the advising and career guidance specifically. This has been productive, and has led to the addition of the dedicated Practicum Coordinator position, more epidemiology courses to the program (Neuroepidemiology, Infectious Disease Epidemiology, History and Theory of Epidemiology) and to the addition of a course in Public Health Leadership. The students thought that these new courses would add to their careers and professional success.

4.6.d. Assessment of the extent to which this criterion is met.

This criterion is met.

Appendices

*** See CD-Rom inside back cover for Appendices**

Appendix A	Mission Statements: Montana University System, The University of Montana, College of Health Professions and Biomedical Sciences
Appendix B	Collective Bargaining Agreement
Appendix C	Unit Standards
Appendix D	Student Handbook and Appendices
Appendix E	Operating Budget
Appendix F	Formal Agreements with NWCPHP and WMT AHEC
Appendix G	Competency Matrices
Appendix H	Student Competencies Matrix
Appendix I	Course Evaluation Instrument
Appendix J	Recruitment Materials: SPCHS Brochure, SPCHS Poster, Graduate and Professional School Fair