UNIVERSITY OF MONTANA
SCHOOL OF PUBLIC AND COMMUNITY HEALTH SCIENCES

Council on Education for Public Health (CEPH)
Preliminary Self-Study

Submitted April 16, 2024

Submitted by Tony Ward, PhD on behalf of the University of Montana's School of Public and Community Health Sciences.

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List of Acronyms.

AHD	Academic Health Department
ALT	Academic Leadership Team
APE	Applied Practice Experience
BS	Bachelors of Science
CEPH	Council on Education for Public Health
CBPR	Community Based Participatory Research
CEL	Computational Ecology Laboratory
CHPS	Community Health and Prevention Sciences
CBA	Collective Bargaining Agreement
CoBRE	Center of Biomedical Research Excellence
CoH	College of Health
CPHR	Center for Population Health Research
CV	Curriculum Vitae
DEI	Diversity, Equity, and Inclusion
DPHHS	Department of Public Health and Human Services
DPT	Doctorate of Physical Therapy
ELCS	Experiential Learning and Career Services
ERF	Electronic Resource File
F&A	Facilities and Administrative Costs
FEC	Faculty Evaluation Committee
IDCs	Indirect Costs
ILE	Integrative Learning Experience
IPE	Interprofessional Education
IPR	Individual Performance Record
MPA	Master of Public Administration
MPH	Master of Public Health
MUS	Montana University System
NIH	National Institutes of Health
PharmD	Doctorate of Pharmacy
PHSA	Public Health Student Association
PHSIO	Public Health System Improvement Office
RA	Research Assistantship
SEC	Student Evaluation Committee
SKC	Salish Kootenai College
SPABA	Sponsored Program Asset Based Allocation
SPCHS	School of Public and Community Health Sciences
TA	Teaching Assistantship
UM	University of Montana
VPRCS	Vice President for Research and Creative Scholarship

Introduction.

1) Describe the institutional environment.

a. Year institution was established and its type.

The University of Montana (UM) was originally chartered as an institution of postsecondary education in 1893, and is a public unit of the Montana University System (MUS).

b. Number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees).

UM offers 98 distinct undergraduate degrees, concentrated into 78 majors. At the graduate level, there are 32 Doctoral degrees, 71 Masters degrees, and 11 graduate certificates.

These degrees are offered through the following Colleges and academic units:

- College of Humanities and Sciences (25 academic units).
- Phyllis J. Washington College of Education (3 academic units).
- W.A. Franke College of Forestry and Conservation (5 academic units).
- College of Health (7 academic units).
- Missoula College (4 academic units).
- Davidson Honors College.
- College of Business (3 academic units).
- Alexander Blewitt III School of Law (1 academic unit).
- College of the Arts and Media (4 academic units).

The School of Public and Community Health Sciences (SPCHS) resides within the College of Health (CoH).

c. Number of university faculty, staff, and students.

- Faculty: UM has ~600 full-time faculty, and 260 part-time faculty.
- Staff: UM has 3,151 employees.
- Students: As of February 12, 2024, UM has 10,349 students.

d. Brief statement of distinguishing university facts and characteristics.

UM draws a diverse population to Missoula, the state's second-largest city of 75,000 residents, with 159,000 living within a 50-mile radius. Our students receive a world-class education in a broad range of subjects that include the arts, sciences, trades, graduate and postdoctoral study and professional training. In 2022, UM was designated as a top-tier "R1" research institution, conferred by the Carnegie Classification of Institutions of Higher Education organization. The main campus spans 56 acres at the base of Mount Sentinel and along the Clark Fork River, and includes the park-like Oval at the center of campus, more than 60 architecturally unique

buildings, and a 25,200-seat football stadium. UM's 180-acre South Campus offers student housing, a golf course, women's soccer and softball fields, and an outdoor track facility. Missoula College occupies two sites, one just across the river from the main campus, and one on the southwest side of Missoula.

Additional information on the University of Montana can be found at the following websites:

- University of Montana | Public Flagship in Missoula (umt.edu)
- Mission First, People Always
- UM on YouTube

e. Names of all accrediting bodies (other than CEPH) to which the institution responds.

UM is classified as a co-educational, doctoral university and is fully accredited by the Northwest Association of Schools and Colleges. A full listing of the accredited bodies that UM colleges and schools are affiliated with can be found in the Electronic Resource File (**ERF) (1. Intro 1e. Accredited programs at UM).**

f. Brief history and evolution.

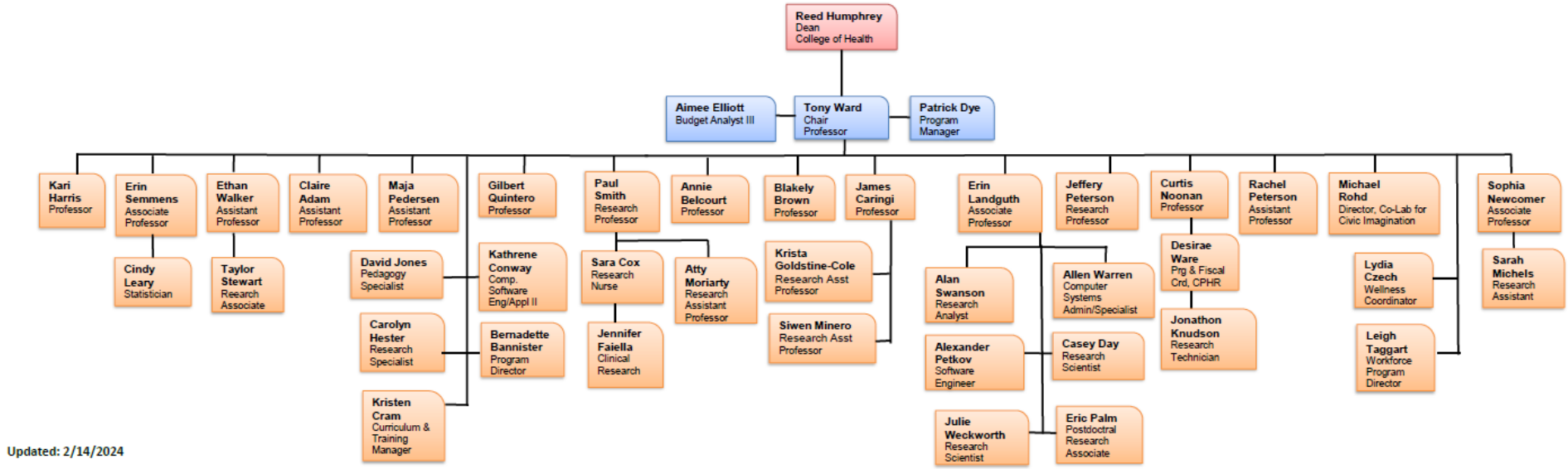
Following is the history and evolution of the SPCHS:

- March 2005. The Montana Board of Regents approved the SPCHS administrative unit, with its first class of students enrolled during the Fall 2006 semester.
- June 20, 2009. The CEPH Board of Councilors approved our original application for accreditation.
- June 23, 2012. The CEPH Board of Councilors accredited our Master of Public Health (MPH) Program for a five-year term through July 1, 2017.
- December 2016. Our PhD in Public Health program was accredited by CEPH.
- April 27-28, 2017. Our most recent CEPH site visit was held, followed by program accreditation through December 31, 2024.
- August 17, 2017. Our MPH, Community Health and Prevention Sciences (CHPS) concentration was accredited by CEPH.
- October 6, 2017. Our MPH / Doctorate of Pharmacy (PharmD) and MPH / Doctorate of Physical Therapy (DPT) programs were accredited by CEPH.
- February 24, 2021. Our MPH / Master of Public Administration (MPA) program was accredited by CEPH.
- April 8, 2022. Our Bachelor of Science in Public Health program became CEPH accredited.

2) Organizational charts that clearly depict the following related to the SPCHS:

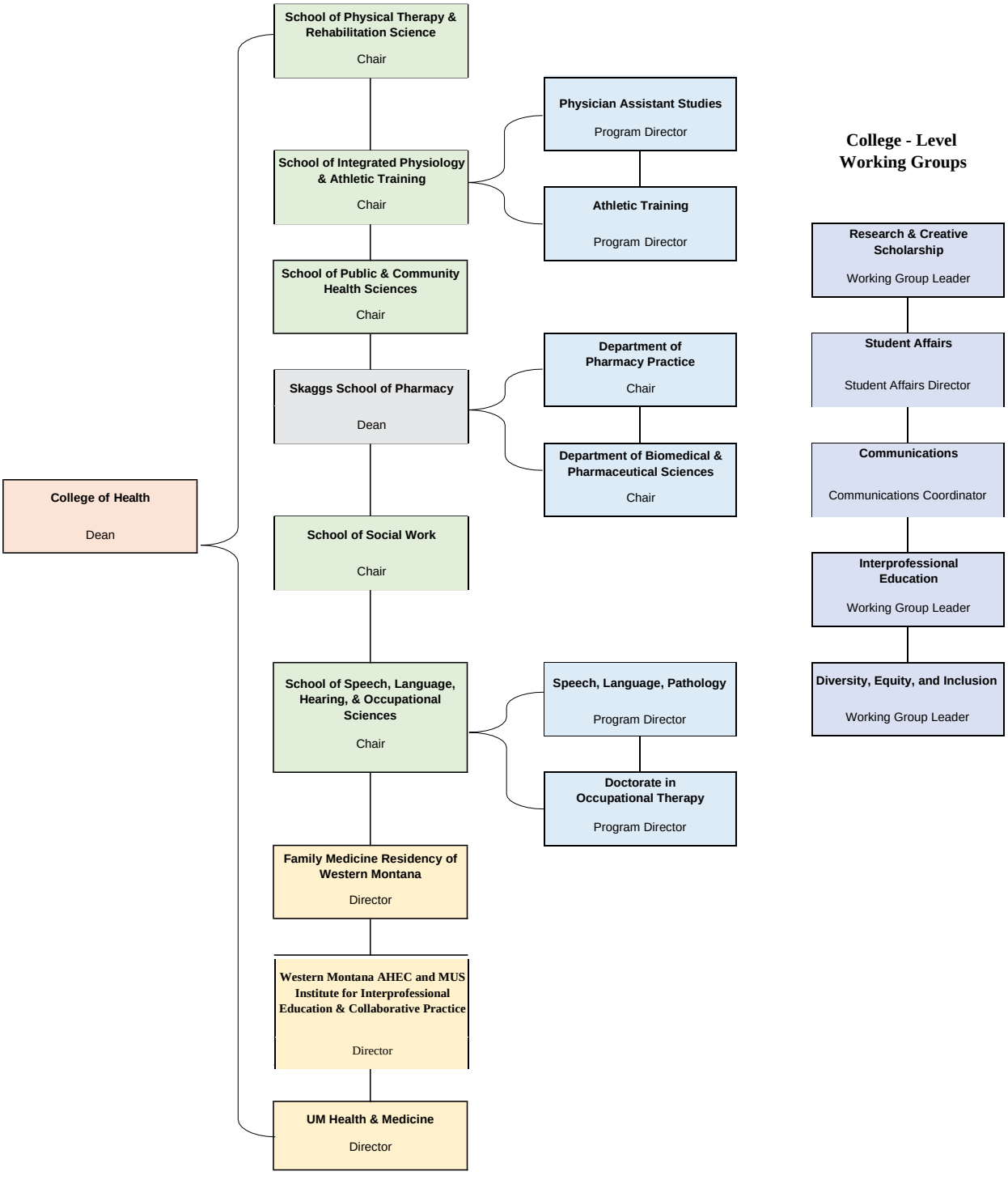
a. The SPCHS internal organization, including the reporting lines to the College of Health Dean.

Figure 1: Organizational structure of the SPCHS.



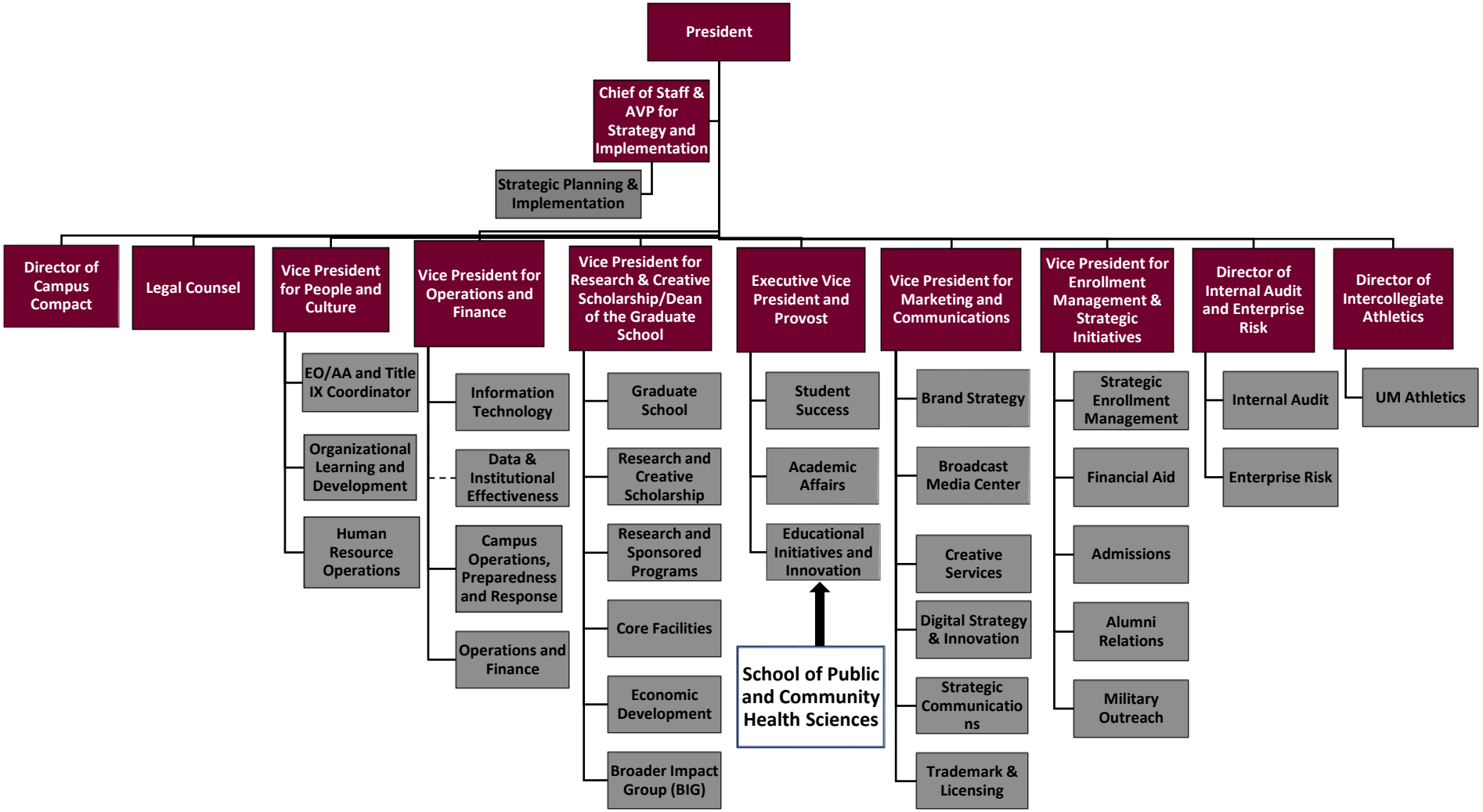
b. The relationship between the SPCHS and other academic units within the College of Health.

Figure 2. Organizational structure of the College of Health.



c. The lines of authority from the SPCHS Chair to the President of the University of Montana.

Figure 3. Organizational structure of the University of Montana.



d. For multi-partner programs, organizational charts must depict all participating institutions.

Not Applicable.

3) An instructional matrix presenting all of the program's degree programs and concentrations.

Table 1. Instructional matrix – degrees and concentrations.

Bachelor's Degrees				**Place-based**	**Distance-based**
Generalist Concentration		BS		BS	
Community Health and Prevention Sciences Concentration		BS		BS	
Global Health Concentration		BS		BS	
Master's Degrees		**Academic**	**Professional**		
Generalist Concentration		MPH			MPH
Community Health and Prevention Sciences Concentration		MPH		MPH	
Doctoral Degrees		**Academic**	**Professional**		
Generalist Concentration		PhD		PhD	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		**Academic**	**Professional**		
2nd Degree Area	**Public Health Concentration**				
Public Administration	MPH / MPA	MPH / MPA			MPH, MPA
PharmD	MPH / PharmD	MPH / PharmD		PharmD	MPH
DPT	MPH / DPT	MPH / DPT		DPT	MPH

Please note that we also have several 12-credit (four classes) graduate level certificates in the SPCHS. These include a 1) generalist certificate in public health, 2) certificate in public health administration, 3) certificate in epidemiology, 4) certificate in environmental health, and 5) certificate in global health. We also have a minor in global public health at the undergraduate level that was relocated into our School in 2023.

4) Enrollment data for the SPCHS.

Table 2. Current enrollment counts (as of April 19, 2024).

Degree		Current Enrollment
Master's		
	MPH (Generalist Concentration)	59
	MPH (Community Health and Prevention Sciences Concentration)	22
	MPH / MPA	28
	MPH / PharmD	0
	MPH / DPT	1
Doctoral		
	PhD in Public Health (Generalist Concentration)	13
Bachelor's		
	BS in Public Health (Generalist Concentration)	11
	BS in Public Health (Community Health and Prevention Sciences Concentration)	6
	BS in Public Health (Global Health Concentration)	7

Across our accredited programs, we have a total of 147 students. Please note that we also have 50 students in our graduate level Certificate programs.

In total, we have 197 students in our program as of the start of the spring 2024 semester.

A1. Organization and Administrative Processes.

1) List the program's standing and significant ad hoc committees.

Academic Leadership Team (ALT).
Consisting of Directors of our respective academic programs, the ALT was created during the 2022 / 2023 academic year to provide strategic planning and program assessment for the SPCHS. During AY 2023 / 2024, the ALT was also involved with informing CEPH-related activities. The ALT meets monthly during the academic year. The President of the Public Health Student Association also sits on our ALT, providing a representative for students at the SPCHS leadership level. The Chair of the SPCHS leads the ALT.

AY 2023 / 2024 members:
- Tony Ward (SPCHS faculty, MPH / Certificate Program Director, SPCHS Chair).
- Aimee Elliott (Undergraduate Program Director and Advisor).
- Patrick Dye (Graduate Program Coordinator).
- Rachel Peterson (SPCHS faculty, MPH - CHPS Program Director).
- Sophia Newcomer (SPCHS faculty, PhD Program Director).
- Leigh Taggart (SPCHS alumni).
- Diane Brown (SPCHS PhD student, President of the Public Health Student Association).

Admissions Committee.
The Admissions Committee is responsible for admitting students into our MPH and Certificate programs. At the start of the fall semester, SPCHS faculty volunteer for this committee. Additional members of the Admissions Committee are then recruited by committee members, including both students and alumni. All committee appointments are for an academic year (September through May), with shorter appointments made to fill vacancies as needed. The Admissions Committee meets once during the fall and spring semesters, respectively. A Chair is elected at the start of the academic year.

AY 2023 / 2024 members:
- Erin Landguth (SPCHS faculty, Chair).
- Claire Adam (SPCHS faculty).
- Blakely Brown (SPCHS faculty).
- Ethan Walker (SPCHS faculty).
- Meg Ann Traci (UM Rural Institute for Inclusive Communities faculty).
- Lisa Dworak (SPCHS alumni).
- Elizabeth Rolle (SPCHS alumni).
- Elizabeth Williams (SPCHS PhD student).

Curriculum Committee.
The Curriculum Committee is responsible for the quality of our academic offerings across all of our programs. At the start of the fall semester, SPCHS faculty volunteer for this committee. Additional members of the Curriculum Committee are then recruited by committee members. All committee appointments are for an academic year (September through May), with shorter appointments made to fill vacancies as needed. The Curriculum Committee meets monthly during the fall and spring semesters, with a Chair elected at the start of the academic year. It

should be noted that during the Spring 2024 semester, the Curriculum Committee and ALT met jointly given that many of the same program leads sit on both committees.

AY 2023 / 2024 members:

- Tony Ward (SPCHS faculty, Chair).
- Aimee Elliott (Undergraduate Program Director and Advisor).
- Rachel Peterson (SPCHS faculty and MPH - CHPS Program Director).
- Sophia Newcomer (SPCHS faculty and PhD Program Director).
- Rachael Barry (SPCHS student).
- Aine Fannon (SPCHS student).

Faculty Evaluation Committee (FEC).
The FEC is responsible for tenure and promotion of our faculty. The FEC consists of three or more faculty members, elected by the SPCHS unit before October 1 of each year in consultation with the SPCHS Chair. SPCHS faculty who are tenured or tenurable in the SPCHS are the voting members. Faculty members being evaluated for promotion, tenure, or merit can serve on the FEC. However, they must recuse themselves from evaluations of other faculty members also applying for the same level of advancement, including merit awards. Only if needed to achieve three voting members for each application, tenured or tenurable faculty from other units at UM may be recruited to serve on the SPCHS FEC. It is the responsibility of the SPCHS Chair to ensure that a chairperson of the FEC is elected. The elected FEC Chair appoints one student observer, and the FEC typically meets up to three times during October and November of each academic year.

AY 2023 / 2024 members:

- Curtis Noonan (SPCHS faculty, FEC Chair).
- Blakely Brown (SPCHS faculty).
- Jim Caringi (SPCHS faculty).
- Sophia Newcomer (SPCHS faculty).
- Maja Pederson (SPCHS faculty).
- Ali Manuel (SPCHS student).

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. Degree requirements (ALT). The ALT is responsible for program integrity, and ensuring that the degree requirements align with CEPH guidelines.

b. Curriculum design (Curriculum Committee). A goal of the Curriculum Committee is to develop and maintain a curriculum that is rigorous, current, and capable of producing graduates who will be prepared to contribute positively to the field of public health. The Curriculum Committee provides ongoing oversight of the curriculum by reviewing requests for course transfers, to add new courses, to add new electives, to make revisions to existing courses, and to remove courses from our academic offerings. The Committee then coordinates the official academic change proposals to the Provost's Office in September of each year. During Fall 2023, the Curriculum Committee was heavily involved with streamlining our undergraduate program offerings, and engaged with CEPH accreditation activities in Spring 2024.

c. Student assessment policies and processes (ALT). Decisions related to student assessments are typically addressed in the monthly ALT meeting, and then further discussed at biweekly faculty meetings as needed.

d. Admissions policies and / or decisions (Admissions Committee). A goal of the Admissions Committee is to recruit, review and admit qualified applicants to our graduate (MPH and Certificate) programs. For the PhD program, the review committee is composed of a subset of our faculty who review PhD applicants and conduct subsequent interviews for qualified candidates biannually. Undergraduate students are admitted into our program through the UM Registrar's Office.

e. Faculty recruitment and promotion (Search Committees, FEC). Whenever we are hiring new faculty, we establish search committees composed of at least three SPCHS faculty, along with at least one student. Regarding promotions, our FEC meets between October 15 and November 15 each academic year, and is responsible for evaluating faculty members that apply for promotion and / or tenure.

f. Research and service activities (FEC). As part of the faculty evaluation process, the FEC is responsible for reviewing research and service activities for each faculty member under review.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the SPCHS.

As employees of UM, a state institution, faculty abide by and carry out a number of policies that have been developed as a result of the Collective Bargaining Agreement (CBA). For the SPCHS, we have developed unit standards, with the latest updates made in 2019. The CBA as well as the SPCHS unit standards are provided in the **ERF**:

- UM Collective Bargaining Agreement **(2. A1.3. CBA 2017-2025)**.
- SPCHS Unit Standards **(3. A1.3. SPCHS unit standards 2019).**

Additional Rights and Responsibilities of Academic Personnel can be found on the University Operating Policies website:
https://www.umt.edu/policies/browse/academic-affairs/rights-and-responsibilities-of-academic-personnel

For our students, we follow the UM Student Code of Conduct, which describes expected standards of behavior for all students, including academic conduct and general conduct. The document also outlines students' rights, responsibilities, and the campus processes for adjudicating alleged violations. Please see **4. A1.3. UM student code of conduct** in the **ERF**.

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

Our SPCHS faculty have served on numerous decision-making committees at the institutional level. **Table 3** lists some examples of how our faculty contribute to University Committees and UM leadership.

Table 3. SPCHS faculty serving on University committees.

Core Faculty Name	University Committee
Annie Belcourt, PhD	Faculty Senate, Executive Committee of Faculty Senate, Presidential Native American Advisory Committee
Blakely Brown, PhD	Institutional Review Board
Kimber McKay, PhD	Faculty Senate Chair, ex officio member of all Faculty Senate Standing Committees including General Education, Academic Standards and Curriculum Review, and Graduate Council
Sophia Newcomer, PhD	Graduate Council, University Research and Creativity Committee
Curtis Noonan, PhD	Institutional Review Board, Vice President of Research and Creative Scholarship (VPRCS) committee on campus research cores, Steering Committee for UM Office of Health Research & Partnership
Erin Semmens, PhD	Graduate Council
Tony Ward, PhD	VPRCS committee on campus research cores, Sustainability Committee, Interprofessional Education Steering Committee

5) Describe how full-time and part-time faculty regularly interact with their colleagues and provide documentation of recent interactions, which may include minutes.

Part-time / full-time faculty interact in several ways. The most formal ways include our biweekly faculty meetings throughout the academic year where all faculty are expected to be in attendance. Please see the minutes from three separate faculty meetings in the **ERF**:

- **5. A1.5. Staff and faculty meeting minutes 050823**
- **6. A1.5. Faculty meeting minutes 012924**
- **7. A1.5. Staff and faculty meeting minutes 021224**

Other formal ways faculty interact are through meetings about teaching prior to the start of each semester, research project meetings, graduate student committees, and while serving on SPCHS committees together. SPCHS also held a strategic planning retreat in January 2023 where all faculty had an opportunity to contribute to the strategic planning process. Informal interactions typically occur at monthly volunteer events and other social events.

6) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The faculty, staff and students in the SPCHS are part of a well-defined organizational structure. Due to the composition of our standing committees, our faculty have formal opportunities for input on decisions affecting admissions, curriculum design and evaluation, faculty recruitment and promotion, and teaching, research, and service activities. We also actively recruit current students and alumni to serve on our SPCHS committees, and value their input on our Academic Leadership Team, as well as the Admissions and Curriculum Committees. In addition, we feel that the SPCHS is well represented throughout our College and University, primarily from the committee service of our faculty members.

Weaknesses. Full-time faculty members normally serve on several committees simultaneously. This time commitment, if not managed efficiently, can reduce the amount of time faculty members can devote to teaching and research. To alleviate this concern, we have reached out to students and alumni in an effort to recruit new members for our standing committees. Having students / alumni on our committees in addition to our core faculty has brought in some new energy and ideas to our program. We will continue to recruit students and alumni as we set committee assignments each fall.

A2. Multi-Partner Programs.

Not Applicable.

A3. Student Engagement.

Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.

As illustrated in **Table 4**, we actively recruit students to serve on our standing committees. Students are provided opportunities to volunteer for committees, or are recruited by our faculty members to serve on committees.

Table 4. Student participation on SPCHS committees.

Committee	Student	Academic Year
Curriculum	Sarah Black	2021 / 2022
	Sarah Black, Morgan Bingham	2022 / 2023
	Rachael Barry, Aine Fannon	2023 / 2024
Admissions	Elizabeth Williams	2021 / 2022
	Elizabeth Williams	2022 / 2023
	Elizabeth Williams	2023 / 2024
Student Evaluation	Juthika Thaker, Rachel Gordon, B-Rad Applegate, Diana Bigby	2021 / 2022
	Alexandria Albers, Diane Brown, Nicholas Coombs, Catie Semadeni, Carli Kassner	2022 / 2023
	Ali Manuel, Maysa Walters, Catie Semadeni, Portia Perkins	2023 / 2024
Faculty Evaluation	Juthika Thaker	2021 / 2022
	Alexandria Albers	2022 / 2023
	Ali Manuel	2023 / 2024
Academic Leadership Team	Diana Brown	2022 / 2023
	Diana Brown	2023 / 2024
Faculty Search	Claire Adam, Alexandria Albers	2021 / 2022
	Elizabeth Williams	2022 / 2023

Students also have a formal role in our annual faculty evaluation process by serving on the Student Evaluation Committee (SEC). Based on recommendations from SPCHS faculty, the Chair of the SPCHS selects at least four student members for service on the SEC, with representation from undergraduate, masters, and PhD programs. The SEC is then responsible for summarizing student evaluations from courses of faculty members under review. SEC summaries are then provided to the faculty member and included in their respective Individual Performance Record to be reviewed by the FEC in October / November.

The SPCHS also supports a Public Health Student Association (PHSA) that has existed since the beginning of our program. Starting in May 2023, the President of PHSA began serving on the

ALT, representing the student voice on our SPCHS leadership committee. It should be noted that the PHSA conducted a survey in Spring 2023 that evaluated the overall quality of our program from the students' perspective. Thirty-nine (39) SPCHS students completed a Qualtrics survey and the results were summarized and presented to our faculty at both an ALT meeting and a biweekly faculty meeting. This survey provided important feedback on our program from the students' perspectives, and served as a model for future student assessments to be conducted by the PHSA. The 2023 PHSA Survey can be found in the **ERF (8. A3.1. PHSA survey 2023).**

2) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The SPCHS is very deliberate in providing formal methods for students to participate in policy making and decision making within our School. From service on committees to participation in student surveys, we have numerous mechanisms to receive student feedback on our academic offerings and our overall School. As noted from the 2023 PHSA survey, comments from students were generally very positive.

Weaknesses. We can always do a better job of getting student input, and will continue to explore new ways to obtain this feedback. For example, inviting the PHSA President to serve on our ALT has been an impactful mechanism to directly communicate student concerns to our program leadership. The results of the 2023 PHSA survey were also well received by our faculty, while also identifying specific issues we can address. For example, the student survey identified some concerns related to consistent advising. As a result, our faculty discussed this issue at our 2024 SPCHS retreat and subsequent faculty meetings, and implemented an equitable and sustainable plan geared towards better serving our students during academic and career advising.

A4. Autonomy for Schools of Public Health.

Not Applicable.

A5. Degree Offerings in Schools of Public Health.

Not Applicable.

B1. Guiding Statements.

1) The program's vision, mission, goals, and values.

Vision. Through instruction, scholarship, service, and community engagement, the SPCHS will improve the health of rural and underserved populations in the northern Rocky Mountain region.

Mission. Provide distance-based and on-campus learning opportunities, supported by scholarship and service activities, to prepare public health practitioners and researchers who will use global insight to improve the health of the people of Montana and other rural areas.

Goals. The SPCHS has defined its goals based on instruction, scholarship, and service.
1) Instruction: The SPCHS will prepare public health practitioners with a sound knowledge and skills base in the core disciplines of public health.
2) Scholarship: The SPCHS 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.
3) Service: The SPCHS 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.

Values. The SPCHS has the underlying values of leadership, engagement, diversity and sustainability. These essential values underpin our preparation of graduates and our contributions to society in the 21st century through high-impact teaching, research, creative scholarship and service. We will realize our vision through continuous, intentional integration of planning, budgeting, implementation, and assessment.

2) A program-specific strategic plan or other comparable document.

Strategic planning was held on January 11, 2023 at our annual SPCHS faculty retreat. Working with an external facilitator (Keegan Flaherty of Flaherty Consulting), our strategic planning was focused on how faculty perceive the SPCHS and where they envision the SPCHS going in the future. A strategic plan is more robust when informed by input from stakeholders, as it brings a diversity of viewpoints and creates buy-in to the process. Led by Facilitator Flaherty, the first part of the strategic planning process included a stakeholder analysis survey of core faculty. The survey allowed core faculty to speak candidly about their perceptions of SPCHS, its organizational potential, and its future.

Findings from the faculty survey (see **9. B1.2. Stakeholder analysis 2022 in the ERF)** suggested that the strategic planning session focus on conversations about how our School can improve its academic offerings over the next five years. In addition, the strategic planning meeting also generated discussion about ways to dismantle perceived silos between teaching and research. The findings from this strategic planning meeting can be found in the **ERF (10. B1.2. Strategic planning results 011123)**.

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The SPCHS has clear and concise vision, mission, and value statements, supported by three overarching goals focused on instruction, scholarship, and service. Our School has also been proactive in strategic planning, soliciting information from our faculty as we strive to continually improve our School and grow into the future. From the Stakeholder Analysis and Strategic Planning conducted in December 2022 / January 2023, many new ideas were identified on ways to improve our program while also growing strategically. The following themes were identified:

- Faculty feel supported in their role.
- SPCHS is perceived as furthering UM's mission to transform lives by providing programs, services, and learning environments responsive to the needs of Montanans.
- Faculty prioritize undergraduate programming, PhD programming, and research in the short term (three years).
- The majority of our faculty respondents (12 of 14, or 86%) support strategic growth.

Weaknesses. The Stakeholder Analysis survey identified that some faculty feel that there is a perception that silos have formed between teaching and research. During the strategic planning meeting, the consultant led participants in a discussion about how research and teaching silos affect the department, students, and UM. We also identified potential strategies that could be used to prevent silos from developing. The following themes arose:

- Silos are not specific to SPCHS, as it is a global academic issue.
- Sometimes there is a lack of understanding across all faculty.
- We may lack a culture of "is this good for everybody?"
- There may be unintentional opportunity misses.
- There can be a lack of transparency and / or trust.
- Teaching is perceived by some of our faculty to be undervalued.

In her final report, the consultant noted that overall, the overwhelming majority of our faculty do not believe that silos are a problem within the SPCHS. Still, the consultant recommended that we should keep a finger on the pulse of faculty to ensure perceived silos don't affect our culture. As a result, the following recommendations were proposed:

- Have a better understanding of one another's work to increase value and respect for one another.
- Have more transparency.
- Continue to build trust.
- Hold one another accountable.
- Value that teaching and research are not mutually exclusive.

Finally, the consultant also noted that some faculty felt they were not aligned with the SPCHS mission and value statements, and that the current budget structure creates challenges to supporting the department's goals. These items will be prioritized for discussion at the January 2025 faculty retreat.

B2. Evaluation and Quality Improvement.

1) The SPCHS Evaluation Plan.

Table 5. The SPCHS Evaluation Plan.

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
1) Student enrollment	*Intro-2*	At the start and conclusion of each semester, the Program Manager updates student enrollment counts for each degree and concentration. This information is then communicated to faculty, and used by the Chair and ALT for academic planning.	Program Manager, ALT, and SPCHS Chair; each semester.	X		
2a) Teaching load of faculty.	*B2-1*	At the start of each semester, the SPCHS Chair evaluates the number of classes each faculty / adjunct instructor is teaching to ensure the teaching load aligns with faculty expertise and program needs.	SPCHS Chair and faculty member / instructor; each semester.	X		
2b) Budget for adjunct instructors.	*B2-1*	At the start of each semester, the SPCHS Chair evaluates the amount of money spent on adjunct instructors, and compares this with the teaching budget provided to the SPCHS by the CoH Dean's Office.	SPCHS Chair and Program Manager; each semester.	X		
2c) Faculty grant funding.	*B2-1*	In December of each year, the SPCHS Chair evaluates the number of grant dollars awarded to the SPCHS, and compares to the previous year. Grant funding for each faculty is one of the things considered when making teaching assignments for the upcoming semesters.	SPCHS Chair and Budget Analyst; December of each year in preparation for the annual CEPH report.		X	
2d) Indirect costs (IDCs) coming to the SPCHS.	*B2-1*	In December of each year, the SPCHS Chair evaluates the IDCs returned to the SPCHS, and compares to the previous year.	SPCHS Chair and Program Manager; December of each year in preparation for the annual CEPH report.		X	
2e) Advising load.	*B2-1*	At the start of each semester, the SPCHS Chair evaluates the advising load for each faculty member, and compares across all faculty to ensure equity and student support.	SPCHS Chair and Program Manager; each semester.			X
3) At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one	*B2-3*	Based on the results of student and faculty surveys, we have addressed the following issues: 1) Increase professional development opportunities for our faculty related to instruction (Measure 19). 2) Improve our student advising strategies (Measures 2e, 33, and 34).	SPCHS Chair and faculty; annually.	X	X	X

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
of the changes must relate to an area other than the curriculum.		3) Provide better support for our underserved populations (Measures 31, 32).				
4) Graduation rates.	*B3-1*	At the beginning of each semester, the Program Manager sends an email to all students in an effort to identify who is graduating. Based on student responses, applications are then submitted to the UM Registrar's Office / Graduate School for review. Once the semester concludes, the list of students graduating is finalized, and we can then calculate graduation rates.	Program Manager and SPCHS Chair; each semester.	X		
5) Doctoral student progression.	*B3-2*	At the beginning and end of each semester, the PhD Program Director tracks the progression of each PhD student. Should a student not be progressing satisfactorily, the PhD Program Director and / or the student's advisor meets with that student (in consultation with the SPCHS Chair) to develop and implement a plan of action.	PhD Program Director, PhD student advisor, and SPCHS Chair; each semester.	X		
6) Post-graduation outcomes.	*B4-1*	The Program Manager sends a Qualtrics survey to alumni that graduated during the previous three year period to solicit information on post-graduation outcomes. Results are presented to faculty when data are finalized. The ALT also reviews the results to determine if any curricular changes are needed.	SPCHS Chair, ALT, and faculty; this survey is typically conducted every other year.	X		
7) Actionable data from recent alumni on their self-assessed preparation for post-graduation destinations.	B5	The Program Manager sends a Qualtrics survey to alumni that graduated during the previous three year period to solicit information on their self-assessed preparation for post-graduation destinations. Results are presented to faculty when new data are finalized. The ALT also reviews the results to determine if any curricular changes are needed.	SPCHS Chair, ALT, and faculty; this survey is typically conducted every other year.	X		
8) Budget table.	*C1-1*	Data is provided by the CoH Director of Finance and Operations each November for inclusion in the CEPH annual report. These data are then shared with faculty at our annual faculty retreat in January. The Chair works with the CoH Dean, Director of Finance and Operations, and SPCHS Budget Analyst to address any concerns regarding programmatic funding, and to ensure funding is available to support the SPCHS.	SPCHS Chair and Budget Analyst, CoH Dean and Director of Finance and Operations; annually.	X	X	
9) Student perceptions of faculty availability.	C2	A student survey was disseminated by our Program Manager in March 2024. The SPCHS Chair prepares a summary that organizes the results by indicator, and provides results to faculty. Results are	SPCHS Chair, ALT, and faculty; March 2024 and annually (late Fall) thereafter.	X		

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
		then discussed by the ALT and in a faculty meeting to explore ways of improving faculty availability.				
10) Student perceptions of class size and relationship to learning.	C2	A student survey was disseminated by our Program Manager in March 2024. The SPCHS Chair prepares a summary that organizes the results by indicator, and provides results to faculty. Results are then discussed by the ALT and in a faculty meeting to explore ways of improving perceptions of class size and relationship to learning.	SPCHS Chair, ALT, and faculty; March 2024 and annually (late Fall) thereafter.	X		
11) List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole.	*C2-1, E1-1, E1-2*	The SPCHS Chair reviews which concentrations that faculty are teaching in. This information is gathered through 1:1 meetings between the Chair and faculty each semester, as well as during faculty meetings.	SPCHS Chair; annually.	X		
12) Ratios for student academic advising (all degree levels).	*C2-2*	The SPCHS Chair works with the Program Manager and individual faculty members to make assignments based on faculty availability and expertise. Modifications are made frequently to ensure equitable distribution of advisees.	SPCHS Chair, ALT, and faculty; each semester.	X		
13) Ratios for supervision of MPH ILE.	*C2-2*	PUBH 594 is the class each MPH student takes when completing their ILE. One instructor (Ms. Leigh Taggart) is responsible for all ILEs.	SPCHS Chair and Ms. Leigh Taggart; each semester.	X		
14) Ratios for supervision of bachelor's cumulative / experiential activity.	*C2-2*	PUBH 498 is the class each undergraduate student takes when completing their experiential activity. One instructor (Ms. Aimee Elliott) is responsible for all undergraduate internships.	SPCHS Chair and Ms. Aimee Elliott; each semester.	X		
15) Ratios for DrPH ILE advising.	*C2-2*	Not applicable.				
16) Ratios for PhD dissertation advising.	*C2-2*	Only those faculty with PhD students advise in the PhD program. For those PhD students without an advisor (i.e. Year 1 students), the PhD Program Director is their advisor. The PhD Program Director and SPCHS Chair are responsible for impactful advising of PhD students across the program.	PhD Program Director and SPCHS Chair; each semester.	X		
17) Ratios for MS final project advising.	*C2-2*	Not applicable.				
18) Count, FTE (if applicable), and type / categories of staff resources.	*C3-1*	The SPCHS Chair coordinates the SPCHS departmental staff and resources based on departmental needs. If additional needs are identified, a request and justification is made to the CoH Dean for additional support.	SPCHS Chair, Program Manager; continuous.	X	X	X

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
19) Faculty participation in activities / resources designed to improve instructional effectiveness.	E3	In November 2023, faculty were queried about this measure as well as measures 20a-20h. Responses were summarized and presented at our annual 2024 faculty retreat. Data are used to improve the overall quality of our instructional offerings.	SPCHS Chair and faculty; surveys are sent in odd number years.	X		
20a) Faculty currency measure 1. Annual or other regular reviews of faculty productivity, relation of scholarship to instruction.	E3.5	Each of our faculty are regularly reviewed in accordance with our University CBA and our School's Unit Standards. As part of this review, teaching effectiveness and scholarship are carefully evaluated by the Student Evaluation Committee, Faculty Evaluation Committee, CoH Dean, and Provost.	SPCHS Chair, CoH Dean, and Provost; Every 1-3 years depending on rank.	X	X	
20b) Faculty instructional technique measure 2. Participation in professional development related to instruction.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat. The Chair reviews these results to determine if additional professional development activities related to instruction need to be scheduled for our faculty.	SPCHS Chair and faculty; surveys are sent in odd number years.	X		
20c) Program-level outcomes measure 3. Courses that are team-taught with interprofessional perspectives.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses are team-taught, and those that include interprofessional perspectives. If issues are identified, then the Curriculum Committee will be charged with developing ideas to address any concerns.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		
20d) Program-level outcomes measure 4. Courses that integrate technology in innovative ways to enhance learning.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses integrate technology to enhance learning. If issues are identified, then the Curriculum Committee will be charged with developing ideas to address any concerns.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		
20e) Program-level outcomes measure 5. Courses that involve community-based practitioners.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses engage with community-based practitioners. If issues are identified, then the Curriculum Committee will be charged with developing ideas to address any concerns.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		
20f) Program-level outcomes measure 6. Courses that integrate community-based projects.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses integrate community-based projects. If issues are identified, then the	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
		Curriculum Committee will be charged with developing ideas to address any concerns.				
20g) Program-level outcomes measure 7. Courses that employ active learning techniques.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses employ active learning techniques. If issues are identified, then the Curriculum Committee will be charged with developing ideas to address any concerns.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		
20h) Program-level outcomes measure 8. Courses that utilize grading rubrics.	E3.5	2023 survey responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to provide us with an idea of how many of our courses utilize grading rubrics. If issues are identified, then the Curriculum Committee will be charged with developing ideas to address any concerns.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X		
21) Faculty research / scholarly activities with connections to instruction.	E4	In November 2023, faculty were queried about this measure as well as measures 22a-22d. Responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to highlight how effective our respective research programs are in supporting instruction and student engagement in the SPCHS.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.	X	X	
22a) Faculty scholarship measure 1. Percent of faculty participating in research activities.	*E4-1*	2023 survey responses were summarized to further understand how involved our SPHCS primary and research faculty are with research activities. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.		X	
22b) Faculty scholarship measure 2. Number of articles published in peer-reviewed journals	*E4-1*	2023 survey responses were summarized to further understand how involved our SPHCS primary and research faculty are with publishing peer-reviewed journals. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.		X	
22c) Faculty scholarship measure 3. Presentations at professional meetings	*E4-1*	2023 survey responses were summarized to further understand how involved our SPHCS primary and research faculty are with presenting at professional meetings. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.		X	
22d) Faculty scholarship measure 4. Number of grant submissions.	*E4-1*	2023 survey responses were summarized to further understand how involved our SPHCS primary and research faculty are in submitting grants. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.		X	

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
23) Faculty extramural service activities with connections to instruction.	E5	In November 2023, faculty were queried about this measure as well as measures 24a-24c. Responses were summarized and presented at our annual 2024 faculty retreat, as well as an ALT meeting. Data are used to ensure our respective service activities contribute to supporting public health locally, regionally, nationally, and internationally.	SPCHS Chair, ALT, and faculty; surveys are sent in odd number years.			X
24a) Faculty service measure 1. Percent of faculty participating in extramural service activities.	E5	2023 survey responses were summarized to further understand how involved our SPHCS faculty are with extramural service activities. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.			X
24b) Faculty service measure 2. Number of faculty-student service collaborations.	E5	2023 survey responses were summarized to further understand how involved our SPHCS faculty are with student service collaborations. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.			X
24c) Faculty service measure 3. Public/private or cross-sector partnerships for engagement and service.	E5	2023 survey responses were summarized to further understand how involved our SPHCS faculty are with public/private or cross-sector partnerships. Results per faculty are considered during the faculty review process (FEC).	SPCHS Chair and faculty; surveys are sent in odd number years.			X
25) Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations.	F1	Surveys are sent to employers of our graduates. The Chair compiles the findings and shares with the ALT and faculty for discussion. If concerns arise, the Chair will work with the ALT and Curriculum Committee to implement needed changes.	SPCHS Chair, ALT, and faculty; surveys are sent ~every two years.	X		
26) Feedback from external stakeholders on changing practice and research needs that might impact unit priorities and/or curricula.	F1	Feedback from stakeholders is ongoing. Should specific recommendations be made, our ALT and faculty will be involved with evaluating the need for such changes.	SPCHS Chair, ALT, and faculty; stakeholder feedback is ongoing.	X		
27) Feedback from stakeholders on guiding statements and ongoing self-evaluation data.	F1	Feedback from stakeholders is ongoing. Should specific recommendations be made, our ALT and faculty will be involved with evaluating the need for such changes.	SPCHS Chair, ALT, and faculty; stakeholder feedback is ongoing.	X		

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
28) Professional AND community service activities that students participate in.	F2	For both PUBH 595 APE and PUBH 560 Environmental and Rural Health, a service event is required. Both of the instructors for these classes (Taggart and Ward) maintain an archive of all service activities per class. At the SPCHS level, our Program Manager maintains a list of service activities that our program has facilitated for previous years. Our goal is to provide numerous opportunities to our students for professional and community service.	PUBH 595 (year round), PUBH 560 (Spring), Program Manager (Fall/Spring); ongoing review.			X
29) Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs).	F3	A public health workforce assessment report was conducted in 2023, with one of the goals identifying training needs for the public health workforce. This survey will be updated every three years, or when Montana DPHHS provides funding to the SPCHS to update the survey. Survey results have helped identify the topics for trainings offered by our Montana Public Health Training Center.	SPCHS Chair, Montana Public Health Training Center; workforce surveys to be updated every three years.			X
30) Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list).	*F3-1*	Our Montana Public Health Training Center consistently delivers professional development trainings for the public health workforce in our region. A list of these trainings is maintained on the following website: https://www.umt.edu/mt-public-health-training/trainings/. Trainings are determined by the workforce assessment and by Montana DPHHS.	SPCHS Chair, Montana Public Health Training Center; trainings are offered monthly.			X
31) Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations—among students AND faculty.	G1	A student survey was disseminated in March 2024 that included questions related to how to better support our underserved populations. For faculty, a survey was disseminated in January 2024 that helped inform a discussion on this topic at our 2024 faculty retreat. Survey responses included both quantitative and qualitative feedback.	SPCHS Chair and faculty; surveys will be sent out every odd number years in the future.	X	X	X
32) Student AND faculty perceptions of unit's climate regarding diversity and cultural competence.	G1	A faculty survey was disseminated in January 2024, and a student survey was disseminated in March 2024. Both surveys queried our faculty/students about perceptions of the SPCHS climate regarding diversity and cultural competence. Discussions have been held at our 2024 faculty retreat and subsequent faculty meetings on how to continually prioritize improving diversity, equity, and inclusion within our School.	SPCHS Chair and faculty; surveys will be sent out every odd number years in the future.	X	X	X

Measures	Criteria or *Template*	Data source and method of analysis	Who has review and decision-making responsibility; timeline for review	Goal 1 Instruction	Goal 2 Scholarship	Goal 3 Service
33) Student satisfaction with academic advising.	H1	A student survey was disseminated in March 2024 that included questions related to academic advising. Data is summarized by the SPCHS Chair and shared with the ALT and faculty. Results have prompted the SPCHS to discuss improving our student advising in several faculty meetings during Spring 2024.	SPCHS Chair and faculty; surveys will be sent out every odd number years in the future.			X
34) Student satisfaction with career advising.	H2	A student survey was disseminated in March 2024 that included questions related to career advising. Data is summarized by the SPCHS Chair and shared with the ALT and faculty. Results have prompted the SPCHS to discuss improving our student advising in several faculty meetings during Spring 2024.	SPCHS Chair and faculty; surveys will be sent out every odd number years in the future.			X
35) Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni.	H2	Career readiness opportunities are offered periodically through UM by different programs on campus. The Montana Public Health Training Center also maintains a job board: https://www.umt.edu/mt-public-health-training/workforce-program/default.php. The Program Manager also frequently sends out job announcements via the student listserv.	SPCHS Chair, Program Manager, and Montana Public Health Training Center; ongoing.			X
36) Number of student complaints filed (and info on disposition or progress).	H3	If complaints are filed, a record of these will be kept by the SPCHS Chair and the Program Manager. The CoH Dean and the CoH Director of Student Affairs will be formally notified of these complaints as well.	Program Manager, CoH Dean, CoH Director of Student Affairs, and SPCHS Chair; complaints will be addressed immediately.	X		X
37) Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission.	H4	At the graduate level, this measure will be tracked by the Admissions Committee during each biannual meeting. Data will ensure that we have >90% of our rural and Native American applicants accepting offers of admission to our program.	Program Manager, Admissions Committee; Fall/Spring.	X		
38) Percentage of newly matriculating students with previous health- or public health-related experience.	H4	At the graduate level, this measure will be tracked by the Admissions Committee during each biannual meeting. Data will ensure that >90% of our incoming students have previous health- or public health-related experience.	Program Manager, Admissions Committee; Fall/Spring.	X		

2) Provide evidence of implementation of the plan described in Table 5. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc.

Five different examples of implementation of our Evaluation Plan are provided in the **ERF**:

- **11. B2.2. 042423 Faculty meeting minutes.** Reference to May 5, 2023 equity training and discussion regarding how to better support Native American students in the SPCHS (Measure 31).

- **12. B2.2. 101123 ALT meeting agenda.** Reference to the discussion of a new advising structure in the SPCHS (Measures 2e, 33, and 34) as well as faculty surveys related to faculty participation in activities / resources designed to improve instructional effectiveness (Measure 19) and faculty research / scholarly activities with connections to instruction (Measure 21) and service (Measure 23).

- **13. B2.2. 050823 Staff and faculty meeting minutes.** Reference to the 2023 PHSA survey and discussion about addressing student advising concerns (Measures 2e, 33, and 34).

- **14. B2.2. 012924 Faculty meeting minutes.** Reference to a training by UM Experiential Learning and Career Services related to improving our instructional effectiveness by offering experiential learning opportunities in our classes (Measure 19). How to improve career advising (Measure 34) was also included in this professional development training.

- **15. B2.2. 032524 Faculty meeting minutes.** Reference to further discussions on how to improve our advising infrastructure (Measures 2e, 33, and 34) and how to better support our underserved populations (Measure 31 and 32).

3) Provide at least three specific examples of improvements undertaken in the last three years based on the Evaluation Plan. At least one of the changes must relate to an area other than the curriculum.

Table 6. Examples of improvements undertaken.

	Measure that informed the change	**Data that indicated improvement was needed**	**Improvement undertaken**
Example 1. Increase professional development opportunities for our faculty related to instruction.	19) Faculty participation in activities / resources designed to improve instructional effectiveness.	In November 2023, faculty were queried about this measure. Though many of our faculty were taking advantage of professional development activities related to instruction (15 of 18, 83%), the results highlighted the need to have more SPCHS-specific trainings available to our faculty.	One of the ways our instruction can be improved is to provide more service-learning and career readiness activities in our classes. We have discussed this at our faculty meetings, and we have also invited UM's Experiential Learning and Career Services to give a presentation to our faculty on January 29, 2024 that focused on ways to include these activities in our classes. Campus-wide training opportunities related to instruction will also be highlighted at future faculty meetings.
Example 2. Improve our student advising strategies.	2e) Advising load. 33) Student satisfaction with academic advising. 34) Student satisfaction with career advising.	In monitoring the faculty advising load each semester, the data has shown a lack of equity in the number of advisees that each advisor is responsible for. In addition, the 2023 PHSA survey and March 2024 student survey both highlighted that we could improve overall advising across our programs.	At our January 2024 faculty retreat, our faculty discussed committing to an equitable advising structure. As a result, faculty advising loads will be reviewed prior to the start of each semester to ensure equity and ensure overall quality. We have also discussed student advising at several of our faculty meetings to highlight best practices and identify areas of improvement. Improvements include mentoring of new faculty and becoming more consistent in advising activities across all faculty advisors.
Example 3. Provide better support for our underserved populations.	31) Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations—among students AND faculty. 32) Student AND faculty perceptions of unit's climate regarding diversity & cultural competence.	Results from **Tables 64 and 65** (G1. Diversity and Cultural Competence) have shown that admissions of both Native American and rural Montanans have dipped slightly over the last two years. Results from both our student and faculty surveys (G1.6) have shown that there is room for improvement in better supporting our underserved populations.	Recruitment and support for our underserved populations was a primary topic of discussion at our January 2024 faculty retreat. For recruitment, we are reaching out to our contacts with rural/tribal areas to seek their input on more impactful ways to recruit students in these rural areas. We have also had discussions among faculty about ways of making existing services at UM better known to our Native American students. To increase perceptions of our program's climate regarding diversity and cultural competence, we will continue to highlight upcoming relevant trainings, while also continuing a focus on diversity in our SPCHS seminar program. To expand our faculty diversity, it should also be noted that we hired Dr. Damian Chase-Begay to our faculty on March 1, 2024.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The SPCHS maintains an Evaluation Plan that provides both a qualitative and quantitative assessment of how our program achieves its mission and goals, as well as meets CEPH accreditation criteria. We have both formal and informal ways of gathering data about our program, including mechanisms that engage with students, faculty, alumni, employers, and stakeholders. These evaluations bring attention to issues that are then discussed at both our faculty meetings as well as within our ALT. Overall, our evaluation program allows the SPCHS to make data-driven quality improvements to each facet of our program.

Weaknesses. Though we have collected both alumni and employer surveys since our last self-study, we have not formally collected surveys with our students and faculty on a regular basis. Given the requirements of the 2021 accreditation criteria, we will modify our existing Evaluation Plan to also include student and faculty surveys in odd years.

B3. Graduation Rates.

1) Graduation rate data for each public health degree.

Table 7. Graduation rate data for the BS in Public Health program.

	Cohort of Students	2020-21	2021-22	2022-23	2023-24
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)				
	# Students withdrew, dropped, etc.				
	# Students graduated				
	Cumulative graduation rate				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	15			
	# Students withdrew, dropped, etc.	7			
	# Students graduated	1			
	Cumulative graduation rate	7%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	20		
	# Students withdrew, dropped, etc.	0	2		
	# Students graduated	0	0		
	Cumulative graduation rate	7%	0%		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	18	14	
	# Students withdrew, dropped, etc.	0	7	4	
	# Students graduated	4	1	0	
	Cumulative graduation rate	33%	5%	0%	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	10	10	11
	# Students withdrew, dropped, etc.	2	0	1	0
	# Students graduated	0	0	0	0
	Cumulative graduation rate	33%	5%	0%	0%

Table 8. Graduation rate data for the MPH program.

	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
2017-18	# Students entered	19						
	# Students withdrew, dropped, etc.	4						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	15	22					
	# Students withdrew, dropped, etc.	1	1					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	21	17				
	# Students withdrew, dropped, etc.	1	0	0				
	# Students graduated	5	1	0				
	Cumulative graduation rate	26%	5%	0%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	20	17	14			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	5	12	1	0			
	Cumulative graduation rate	53%	59%	6%	0%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	8	16	14	28		
	# Students withdrew, dropped, etc.	0	0	0	0	1		
	# Students graduated	2	3	4	1	0		
	Cumulative graduation rate	63%	73%	29%	7%	0%		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	5	12	13	27	14	
	# Students withdrew, dropped, etc.	0	0	0	0	1	2	
	# Students graduated	1	0	5	8	3	0	
	Cumulative graduation rate	68%	73%	59%	64%	11%	0%	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	5	7	5	23	12	13
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	1
	# Students graduated	0	3	5	4	14	0	0
	Cumulative graduation rate	68%	86%	88%	93%	61%	0%	0%

Table 9. Graduation rate data for the MPH-CHPS program.

	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
2017-18	# Students entered	3						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	5					
	# Students withdrew, dropped, etc.	0	1					
	# Students graduated	1	0					
	Cumulative graduation rate	33%	0%					
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	4	5				
	# Students withdrew, dropped, etc.	0	0	1				
	# Students graduated	0	1	0				
	Cumulative graduation rate	33%	20%	0%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	3	4	5			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	1	2	2	0			
	Cumulative graduation rate	66%	60%	40%	0%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	2	5	3		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	1	1	0	1	0		
	Cumulative graduation rate	100%	80%	40%	20%	0%		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	2	4	3	7	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	
	# Students graduated	0	0	0	1	2	1	
	Cumulative graduation rate	100%	80%	40%	40%	66%	0%	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	2	3	1	6	6
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	3
	# Students graduated	0	0	2	3	0	0	0
	Cumulative graduation rate	100%	80%	80%	100%	66%	0%	0%

Table 10. Graduation rate data for the PhD in Public Health program.

	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
2017-18	# Students entered	3						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	3					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	3	3				
	# Students withdrew, dropped, etc.	0	0	0				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	3	3	0			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	1	0	0	0			
	Cumulative graduation rate	33%	0%	0%	0%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	3	3	0	3		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	2	1	0	0	0		
	Cumulative graduation rate	100%	25%	0%	0%	0%		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	2	3	0	3	4	
	# Students withdrew, dropped, etc.	0	0	0	0	1	1	
	# Students graduated	0	2	2	0	0	0	
	Cumulative graduation rate	100%	100%	66%	0%	0%	0%	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	1	0	2	3	6
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0
	# Students graduated	0	0	1	0	0	0	0
	Cumulative graduation rate	100%	100%	100%	0%	0%	0%	0%

Table 11. Graduation rate data for the MPH / MPA program.

	Cohort of Students	2019-20	2020-21	2021-22	2022-23	2023-24
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	10				
	# Students withdrew, dropped, etc.	0				
	# Students graduated	1				
	Cumulative graduation rate	10%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	9	13			
	# Students withdrew, dropped, etc.	0	2			
	# Students graduated	1	0			
	Cumulative graduation rate	20%	0%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	11	13		
	# Students withdrew, dropped, etc.	0	2	2		
	# Students graduated	1	0	0		
	Cumulative graduation rate	30%	0%	0%		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	9	11	5	
	# Students withdrew, dropped, etc.	0	0	0	0	
	# Students graduated	2	6	0	0	
	Cumulative graduation rate	50%	46%	0%	0%	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	3	11	5	6
	# Students withdrew, dropped, etc.	0	0	0	0	0
	# Students graduated	3	2	4	0	0
	Cumulative graduation rate	80%	63%	31%	0%	0%

Table 12. Graduation rate data for the PharmD / MPH program.

	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
2017-18	# Students entered	2						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	0					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	N/A					
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	0	1				
	# Students withdrew, dropped, etc.	1	0	0				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	N/A	0%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	0	1	0			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	1	0	0	0			
	Cumulative graduation rate	50%	N/A	0%	N/A			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	1	0	0		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	0	0	0	0	0		
	Cumulative graduation rate	50%	N/A	0%	N/A	N/A		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	1	0	0	0	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	
	# Students graduated	0	0	1	0	0	0	
	Cumulative graduation rate	50%	N/A	100%	N/A	N/A	N/A	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	0	0	0	0	0
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0
	# Students graduated	0	0	0	0	0	0	0
	Cumulative graduation rate	50%	N/A	100%	N/A	N/A	N/A	N/A

Table 13. Graduation rate data for the DPT / MPH program.

	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
2017-18	# Students entered	3						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	1					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	1	1				
	# Students withdrew, dropped, etc.	0	0	0				
	# Students graduated	2	0	0				
	Cumulative graduation rate	67%	0%	0%				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	3			
	# Students withdrew, dropped, etc.	1	0	0	0			
	# Students graduated	0	1	0	0			
	Cumulative graduation rate	67%	100%	0%	0%			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	1	3	0		
	# Students withdrew, dropped, etc.	0	0	0	0	0		
	# Students graduated	0	0	1	0	0		
	Cumulative graduation rate	67%	100%	100%	0%	N/A		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	0	3	0	0	
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	
	# Students graduated	0	0	0	3	0	0	
	Cumulative graduation rate	67%	100%	100%	100%	N/A	N/A	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	0	0	0	0	0
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0
	# Students graduated	0	0	0	0	0	0	0
	Cumulative graduation rate	67%	100%	100%	100%	N/A	N/A	N/A

2) Data on public health doctoral student progression.

Table 14. Doctoral student progression for AY 2023 / 2024.

	PhD Program
# newly admitted in 2023 / 2024	6
# currently enrolled (total) in 2023 / 2024	13
# completed coursework during 2022 / 2023	4
# in candidacy status (cumulative) during 2022 / 2023	2
# graduated in 2022 / 2023	3

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Each semester we track the number of students entering and graduating from our programs. At the beginning of each semester, our Program Manager (Mr. Patrick Dye) sends an email to all students in an effort to identify who is graduating. MPH and PhD students that are graduating notify Mr. Dye, and then they submit paperwork to the UM Graduate School to formalize their intent to graduate. For the undergraduate students, graduation paperwork is submitted to the Registrar's Office. Once the semester concludes, the list of students graduating is finalized, and we can then calculate overall graduation rates. These data are presented in **Tables 7-14** above.

Please note that given the start dates of the BS in Public Health (AY 2020 / 2021) and MPH / MPA programs (AY 2019 / 2020), we do not have the full seven years of data to present in **Tables 7 and 11**, respectively.

As shown in **Table 7** (BS in Public Health Program), graduation rates are low (far below the 70% benchmark). This program was approved and officially began in AY 2020 / 2021, during the worst times of the pandemic. We will continue to promote and advertise this new program in an effort to recruit new students, as well as focus on retention to graduate the students that are currently in the program.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. As evidenced by **Tables 7-13**, cumulative graduation rates are generally greater than 70% over the period of review. Graduation rates are higher for the earlier years in which data was collected and tracked, but as expected begins to drop off as we get closer to the present. These data suggest that students entering our programs have a high success rate of graduating with their respective degrees within the seven year period.

Weaknesses. Table 7 shows the graduation rate data for the BS in Public Health program. Given that the program is still very new, we don't yet have enough data to fully evaluate the graduation rate data for this program over the seven year period. However, one concern is the number of undergraduates that have dropped the program before their second year. Perhaps this is a result of our remote / hybrid offerings during COVID-19 in AY 2020 / 2021 and 2021 / 2022, and overall student burnout in AY 2022 / 2023. It should be noted that during this period of time, we also had to rely on an undergraduate program advisor from another program (Integrative Physiology and Athletic Training), and students were vocal about their lack of effective advising. However, since AY 2022 / 2023, we have employed an undergraduate advisor within the SPCHS (Ms. Aimee Elliott). This has dramatically improved our dropout rates in AY 2023 / 2024, and we are confident we have fundamentally improved advising at the undergraduate level by building stronger connections with these students.

Another weakness is the lack of PharmD and DPT students coming into our MPH program over the last few years. We will be more proactive in promoting this joint degree pathway with the School of Pharmacy and School of Physical Therapy and Rehabilitation Sciences in upcoming semesters. The most effective way to do this is to participate in their new-student orientations at the beginning of the school year.

B4. Post-Graduation Outcomes.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree.

Table 15. Post-graduation outcomes for the BS in Public Health program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	1 (14%)	-----	-----
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	1 (25%)	-----
Unknown	6 (86%)	3 (74%)	5 (100%)
Total graduates (known + unknown)	7	4	5

Table 16. Post-graduation outcomes for the MPH program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	2 (10%)	3 (33%)	11 (61%)
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	1 (6%)
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	18 (90%)	6 (67%)	6 (33%)
Total graduates (known + unknown)	20	9	18

Table 17. Post-graduation outcomes for the MPH-CHPS program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	2 (40%)	3 (100%)	-----
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	3 (60%)	0 (0%)	3 (100%)
Total graduates (known + unknown)	5	3	3

Table 18. Post-graduation outcomes for the PhD in Public Health program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	1 (50%)	4 (100%)	3 (100%)
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	1 (50%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	2	4	3

Table 19. Post-graduation outcomes for the MPH / MPA program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	-----	3 (100%)	4 (50%)
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	1 (100%)	0 (0%)	4 (50%)
Total graduates (known + unknown)	1	3	8

Table 20. Post-graduation outcomes for the PharmD / MPH program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	1 (50%)	-----	-----
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	1 (50%)	-----	1 (100%)
Total graduates (known + unknown)	2	0	1

Table 21. Post-graduation outcomes for the DPT / MPH program.

Post-Graduation Outcomes	AY 20 / 21 Number and percentage	AY 21 / 22 Number and percentage	AY 22 / 23 Number and percentage
Employed	1 (100%)	-----	-----
Continuing education / training (not employed)	-----	-----	-----
Not seeking employment or not seeking additional education by choice	-----	-----	-----
Actively seeking employment or enrollment in further education	-----	-----	-----
Unknown	0 (0%)	1 (100%)	4 (100%)
Total graduates (known + unknown)	1	1	4

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

To collect data in support of **B4. Post-Graduation Outcomes**, we reached out to each alumni that graduated from our accredited programs during the 2020 / 2021, 2021 / 2022, and 2022 / 2023 academic years. These data were captured using a Qualtrics survey that was distributed by email in March 2024 (**ERF 16. B4.2. 2024 alumni survey).**

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The SPCHS collects and analyzes data on our graduates' employment and / or enrollment in further education following graduation from our program. For those alumni that did respond to this data request, the vast majority were employed.

Weaknesses. Alumni results related to achieving employment or enrollment in further education were far below the >80% target rate. We have lost track of many of our alumni, and therefore have high percentages in many of the "unknown" categories presented in **Tables 15-21**. Even though we reached out to all 101 of our alumni that graduated between AY 2020 / 2021 and 2022 / 2023, we only received 38 responses back (response rate of 38%). Reminder emails were also sent to their personal email accounts on file on two separate occasions, but still the response was very poor. We did receive several automatic email replies about emails no longer in service (~10), but this does not fully account for the very poor response.

In the future, we will explore reaching out to our graduates via other mechanisms, including social media platforms such as LinkedIn, Facebook, and Instagram. In the past, our SPCHS Facebook page (https://www.facebook.com/umtpublichealth/) has been an effective way of engaging with our alumni, but we could do better in having our Facebook more engaging with alumni in the future.

B5. Alumni Perceptions of Curricular Effectiveness.

1) Summarize the findings of alumni self-assessment of their preparation for post-graduation destinations.

As noted in section **B4**, our most recent alumni survey was distributed in March 2024 (see **16. B4.2. 2024 alumni survey** in the **ERF)**. Students were asked to evaluate themselves using 10 measures, with the major findings from these surveys as they relate to self-assessment of alumni preparation for post-graduation destinations provided in **Table 22.**

Table 22. Results of 2024 alumni surveys.

Measures	Not prepared	Somewhat prepared	Mostly prepared	Fully prepared	n
1. Prepare community data for public health analyses and assessments	0 (0%)	2 (8%)	9 (38%)	13 (54%)	24
2. Contribute to public health program and policy development	0 (0%)	3 (13%)	10 (42%)	11 (46%)	24
3. Communicate in public health settings	0 (0%)	0 (0%)	9 (38%)	15 (63%)	24
4. Practice public health with people from diverse populations	0 (0%)	1 (4%)	6 (26%)	16 (70%)	23
5. Collaborate with the community in the practice of public health	0 (0%)	0 (0%)	7 (30%)	16 (70%)	23
6. Base public health practice on scientific evidence	0 (0%)	0 (0%)	6 (25%)	18 (75%)	24
7. Participate in financial planning and management of public health units	3 (13%)	9 (38%)	5 (21%)	7 (29%)	24
8. Exercise public health leadership and systems thinking	0 (0%)	1 (4%)	6 (25%)	17 (71%)	24
9. Respond to public health issues in rural settings	0 (0%)	0 (0%)	8 (35%)	15 (65%)	23
10. Use global insight in responding to local public health issues	1 (4%)	4 (17%)	9 (38%)	10 (42%)	24

2) Provide full documentation of the methodology and findings from quantitative and/or qualitative data collection.

For the results presented in **Table 22**, we reached out to each alumni that graduated during the 2019 / 2020, 2020 / 2021, and 2021 / 2022 academic years. These data were captured using a Qualtrics survey that was distributed by email to 101 graduates of our undergraduate, MPH, and PhD programs. In addition to the 2024 survey, we conducted another alumni survey in February 2022. The 2022 survey was sent to alumni that had graduated within the last 10 years, with the major findings of this Qualtrics survey as follows:

- There were 38 respondents to the majority of the questions.
- 84% identified as Caucasian, while 9.3% identified as Native American.
- 82% were employed full-time, while 13% were part-time. None of the respondents were unemployed.
- 95% are not currently looking for a job in the field of public health.

- For the question "*Does your current position meet your career expectations in public health*", 54% said "yes", 30% said "somewhat", and 8% said "no".
- For the question "*Is your current position relevant to your Public Health degree you earned at the University of Montana*", 79% said "yes", 13% said "somewhat", and 8% said "no".
- For the question "*How well did the University of Montana program prepare you for a career in Public Health*?", 21% said "extremely well", 47% said "very well", 24% said "moderately well", 5% said "slightly well", and 2.6% (n=1) said "not well at all".

The full report is found in the **ERF (17. B4.2. 2022 alumni survey).**

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, survey results showed that our program is effective in preparing public health professionals. For the 2022 survey, for the question "How well did the University of Montana program prepare you for a career in Public Health?", 68% of alumni that responded said they were prepared either "extremely well" (21%) or "very well" (47%). Another 24% said they were prepared "moderately well". As displayed in **Table 22**, alumni responding to the 2024 survey felt that they were either mostly prepared or fully prepared for the 10 measures listed in the survey. The measure where students scored themselves lowest was regarding number 7: *"Participate in financial planning and management of public health units"*. We have offered such a class in the past, but it has not been offered in several years. Based on alumni responses to this measure, we will offer a budgeting and financial management class as an elective in our MPH program within the next year.

Weaknesses. Even though we reached out to all 101 of our alumni that graduated during AY 2020 / 2021 through 2022 / 2023, we only got responses back from a total of 38 alumni (see section **B4**). However, only 23-24 filled out the responses related to self-assessment of preparation for post-graduation destinations (**Table 22**). In the future, we will explore reaching out to our graduates via other mechanisms, including social media platforms such as LinkedIn, Facebook, and Instagram.

C1. Fiscal Resources.

1) Describe the SPCHS's budget processes, including all sources of funding.

Prior to the start of the fiscal year (July), the UM Assistant Vice Provost for Finance and Personnel provides a budget to the CoH Dean. Following that, the SPCHS Chair meets with the CoH Dean (Dr. Reed Humphrey) and the CoH Director of Finance and Operations (Ms. Jen Geist-Quigley) to discuss the budget allocated to the SPCHS. This discussion primarily relates to our budget for adjunct instructors and our office operations budget. Sources of funding to the SPCHS include: tuition and fees, state appropriation, college / university funds, grants / contracts, indirect cost recovery, endowments, and gifts.

a) Briefly describe how the program pays for faculty salaries.

For tenure-track faculty, there are state-funded lines that are supported through the UM General Fund. Each tenure-track line is on a nine-month contract, with faculty members responsible for covering their summer salary (usually by research grants). Research-track faculty on 12-month contracts are funded primarily by extramural research grants.

b) Briefly describe how the program requests and / or obtains additional faculty or staff (additional = not replacements for individuals who left).

In hiring new faculty, initial discussions are held with the CoH Dean along with the CoH Director of Finance and Operations. If approved at the CoH level, the Dean of the CoH then works with the Provost's Office to gain approval for the hire, and a budget analysis is conducted by the CoH Director of Finance and Operations along with the UM Assistant Vice Provost for Finance and Personnel. The Vice President for Research and Creative Scholarships (Dr. Scott Whittenburg) is also included in this discussion regarding start-up package assistance.

Federal capacity-building grants also provide opportunities for requesting additional faculty. For example, in support of an application to establish a National Institutes of Health Center of Biomedical Research Excellence (CoBRE), we received commitments for new faculty hires from the CoH Dean and the Vice President for Research and Creative Scholarships. Our successful CoBRE award resulted in two new hires as well as support for two replacement hires.

We have also had faculty join our program from other departments, including Dr. Blakely Brown from the Department of Health and Human Performance, Drs. Kimber McKay and Gil Quintero from the Department of Anthropology, and Dr. Jim Caringi from the School of Social Work. For these cases, our CoH Dean negotiated transfers with the Chairs of the different programs. Final approval is the responsibility of the Provost. One additional mechanism of hiring faculty has been to hire Research Faculty within our School. Research Faculty support their salaries through their own extramural funding, and do not have any teaching or service expectations. Within the SPCHS, we have two Research Faculty (Dr. Jeff Peterson and Dr. Damian Chase-Begay).

Staff that support research projects can be hired anytime depending on grant funding. Administrative staff hires are typically negotiated with our Dean's Office, and approved based on needs of our School and availability of funding.

c) Describe how the SPCHS funds the following:

a. Operational costs.

We define "operational costs" as the expenses related to running our program. These funds are allocated to the SPCHS from the CoH Dean's Office. For administrative staff (Patrick Dye and Aimee Elliott), financial support comes from the General Fund and departmental Sponsored Program Asset Based Allocation (SPABA) which are indirect funds collected from research grants. Our budget from the Dean's Office also covers other operational costs, such as paper, toners, pens, notebooks, etc.

b. Student support, including scholarships, support for student conference travel, support for student activities, etc.

Within the SPCHS, we have numerous ways we support students:

Graduate School Teaching Assistantship (TA). We have one UM Graduate School-funded TA position in our program in the amount of $16,225 ($10,000 in wages, $6,225 in tuition support). Each academic year, this award is typically split across two students in the MPH-CHPS program.

Graduate School Research Assistantship (RA). We have one UM Graduate School-funded RA position in our program in the amount of $19,243 ($16,000 in wages, $2,151 in tuition support and $1,092 in course fees). This award is typically provided to one PhD student each academic year.

Grant-Funded Research Assistantships (RAs). Every year, multiple students are funded as RAs on faculty members' externally funded research projects. The number of positions varies from year to year based on research funding, and the positions range from roles paid at an hourly wage to roles at 20 hours / week with full tuition covered. In the 2023 / 2024 academic year, five PhD students served as RAs on externally funded research projects, with wages of $25,000 / year for 20 hours / week of work on the research project, plus full remission of tuition and public health program fee costs. Many students working in grant funded-RA roles receive additional financial support to present their research at national conferences.

We also have one full-tuition scholarship funded by Missoula Public Health each year, as well as one full-tuition scholarship funded by All Nations Health Center, an Urban Indian Health Center located in Missoula. These scholarships are in the amount of $21,990 annually, and are provided to MPH or MPH-CHPS students in our program.

It should also be noted that our UM Graduate School has provided increased support for graduate education during AY 2024 / 2025 and AY 2025 / 2026. In this two-year period, every PhD

student on a RA contract will receive a $2,000 "scholarship" in addition to their current contract. The intent is that this additional funding can be used to pay for fees or health insurance. In addition, the Graduate School is providing funding for two additional Doctoral Fellowships at $18,000 for our PhD in Public Health program for both AY 2024 / 2025 and AY 2025 / 2026.

Scholarships. Our students have access to numerous scholarships. The Burnham Fellowship has provided $40,000 annually since 2019, and is used to provide financial support for MPH and PhD students. Since 2021, the Vincent Scholarship provides $2,000 annually to an MPH-CHPS student. We also have funding through the Montana Department of Public Health and Human Services (DPHHS) that provides 100% tuition support for some Certificate students in our program (note that these students are employees from local / tribal / state health departments). DPHHS provides $61,000 per year to support 16 Certificate students per semester. Importantly, we have seen that about half of these Certificate students go on to our MPH program. Finally, at the University level, we have had several students throughout the years awarded the Bertha Morton Scholarship ($3,000), given to top graduate students on the UM campus.

We also have funding through DPHHS to provide small stipends ($500) to support eight students annually in their internships (undergraduate) and Applied Practice Experience (APE) projects. Support for conference travel and student activities can come from the SPCHS SPABA, grant funding provided by SPCHS faculty, the Dean's Office, or from the Center for Population Health Research (CPHR) which is affiliated with our School. Finally, all UM students can apply to a university-sponsored Experiential Learning Scholarship Fund, which provides students with up to $2,000 to support activities such as low-paid or unpaid internships, independent research projects, and travel expenses related to experiential learning.

c. Faculty development expenses, including travel support.

Each fiscal year, the CoH Dean's Office provides tenure-track faculty with Professional Development Funds. These funds are typically made available in September, and are to be used for conference travel, manuscript expenses, etc. All funds are to be spent by April 30 of the following year. For the last two years, tenure-track faculty in the CoH have been provided $1,000 to spend on professional development. Other faculty travel is typically supported by research grants, or in some rare cases by the SPCHS or CoH Dean's Office.

d) Describe how the SPCHS requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

To support instruction, occasionally we have additional requests for funding to support either an instructor or a TA. In these cases, we work with the CoH Dean's Office to formally request these funds. To date, the CoH Dean's Office has been extremely responsive in providing additional funding for instructors / TAs that support academic offerings within the SPCHS. A similar process is in place for requesting additional operational or programmatic funds, but we have not had to make any requests of this nature within the last five years. However, a process is in place if the need arises. For student travel support, a 1-page proposal is typically submitted to the Dean's Office that describes the budget request along with justification. Student travel support has been requested (and approved) only two times in the past seven years.

e) Explain how tuition and fees paid by students are returned to the SPCHS. If program receives a share rather than the full amount, explain, in general terms, how the share returned is determined.

Tuition / fees are returned to the SPCHS to support our academic offerings. For tuition, this is in the form of the General Fund used to support instructional faculty. Program fees are returned to the CoH Dean's Office, and used to support the SPCHS budget. Based on our College's overall budget, the CoH Dean's Office makes the decision as to exactly how much of the tuition and fees are returned to our School each year.

f) Explain how indirect costs associated with grants and contracts are returned to the SPCHS and / or individual faculty members.

Indirect cost (IDC) recovery on grants are distributed by the Office of Research and Creative Scholarship (per Dr. Scott Whittenburg, Vice President for Research and Creative Scholarship). Based on a full Facilities and Administration (F&A) rate of 47%, a distribution of IDCs has been established that sees 73% going to the Vice President for Research and Creative Scholarship's Office, 9% to the College of Health, 9% to the SPCHS, and 9% to the PI of the grant. For researchers submitting grants through the NIH-funded CPHR, there is a different distribution rate consistent with UM Regents-approved Centers and Institutes. Here, 50% goes to the Vice President for Research and Creative Scholarship's Office, 23% goes to CPHR, 9% goes to the College of Health, 9% goes to the SPCHS, and 9% goes to the PI of the grant.

2) A budget statement showing sources of all available funds and expenditures by major categories, for the last five years.

Table 23. Sources of funds and expenditures.

	2018 / 2019	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 2023
Source of Funds					
Tuition & Fees	$231,050	$254,091	$567,149	$674,010	$717,723
State Appropriation	$325,560	$626,759	$311,326	$395,565	$467,144
University Funds	$15,601	$15,693	$5,998	$8,740	$6,920
Grants/Contracts	$2,311,339	$2,622,082	$4,836,685	$5,455,705	$7,209,038
Indirect Cost Recovery	$834,169	$948,774	$1,126,346	$571,763	$776,466
Endowment	-	-	-	-	-
Gifts	$40,000	$40,000	$47,935	$47,935	$42,605
Total	**$3,757,719**	**$4,507,399**	**$6,895,439**	**$7,153,718**	**$9,219,896**
Expenditures					
Faculty Salaries & Benefits	$1,370,350	$1,418,461	$3,803,020	$4,328,577	$5,231,828
Staff Salaries & Benefits	$1,223,600	$1,768,048	-	-	-
Operations	$179,788	$278,680	$891,844	$1,012,484	$1,553,564
Travel	$131,574	$73,671	-	-	-
Student Support	$4,431	$4,431	$105,118	$112,590	$125,274
University Tax	-	-	-	-	-
*Admin Assessment	$13,807	$15,334	$15,054	$12,187	$9,869
**Other F&A	$834,169	$948,774	$1,126,346	$1,257,999	$1,669,742
Total	**$3,757,719**	**$4,507,399**	**$5,941,382**	**$6,723,837**	**$8,590,277**

*These expenditures are for assessments that UM charges on expenditures from designated auxiliary accounts. This includes the SPCHS application account and SPABA account where grant-related indirect recovery costs are returned to the SPCHS. The assessment is 8%, and used to fund the workings of the campus, Business Services, Human Resource Services, Facility Services, power / heating, etc.

**These expenditures are the indirect cost recovery grant monies that by university policy go to research administration, a portion of which is returned to the SPCHS SPABA account. These expenditure amounts are matched by revenue funds.

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, the SPCHS is financially strong. Extramural research dollars are also on the rise within the SPCHS, with $2,311,339 in 2018 / 2019 compared to $7,209,038 in 2022 / 2023. This is a direct result of the increase in the number of faculty members who are submitting multiple external grant applications per year through SPCHS and CPHR. Along with this increase in research dollars is a corresponding increase in the amount of IDCs coming into our

School ($776,466 in 2022 / 2023). Led by Aimee Elliott and Desirae Ware who are funded by our School's SPABA / General Fund (Aimee) and grant funding (Desirae / Aimee), we have developed a strong grants management program, assisting investigators with pre- and post-award activities. Having a strong commitment and focus on developing our research capacity, as well as supporting investigators with existing research funding, will be priorities for our program as we continue to grow. Overall, the SPCHS has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Weaknesses. The SPCHS does not get the full amount of program fees or IDCs from grants returned back to our School. However, these funds are used to support other accredited Schools within the College of Health that are in a less-stable financial situation. Although the full allocation of program fees and grant IDCs are unlikely to be returned to the SPCHS at 100% in the near future, the CoH Dean's Office has consistently been supportive when we have asked for extra funding to support a TA or instructor for a course. Our School is also happy to support other accredited Schools in our College who are in greater need of financial support.

C2. Faculty Resources.

1) Instructional faculty resources (Table 24).

CONCENTRATION	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	PIF 5*	
GENERALIST PUBLIC HEALTH BS MPH PhD	Tony Ward	Erin Semmens	Erin Landguth	Ethan Walker Sophia Newcomer	Claire Adam Annie Belcourt	PIF: 2 Non-PIF: 0
COMMUNITY HEATLH AND PREVENTION SCIENCES BS MPH	Blakely Brown	Rachel Peterson	Maja Pedersen	Jim Caringi	Kari Harris	PIF: 1 Non-PIF: 0
GLOBAL HEALTH BS	Kimber McKay	Curtis Noonan	Gil Quintero			PIF: 1 Non-PIF: 0

TOTALS:

Named PIF	15
Total PIF	19
Non-PIF	0

2) Explain the method for calculating FTE for faculty and evidence of the calculation method's implementation.

Across our BS, MPH, and PhD programs, we have three concentrations. These include Generalist Public Health, Community Health and Prevention Sciences, and Global Health. Each of our 15 tenure-track faculty is 1.0 FTE (with the exception of Kari Harris who is 0.6 FTE). We also have four additional adjunct instructors that teach in our program. Evidence of this breakdown is provided in **Table 24**.

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Not Applicable.

4) Data on the following for the most recent year.

Table 25. Faculty involved in advising, mentoring and the integrative experience.

Number of faculty conducting general advising and career counseling.			
Degree level	**Average**	**Min**	**Max**
Bachelor's	*1	1	1
Master's	8	7	15
Doctoral	4	1	5

Average number of MPH students supervised in an integrative learning experience.		
Average	**Min**	**Max**
**12	8	16
Average number of baccalaureate students supervised in a cumulative or experiential activity.		
Average	**Min**	**Max**
***2	0	4

Average number of students advised per each faculty member.			
Degree	**Average**	**Min**	**Max**
MPH	15	10	20
DrPH	NA	NA	NA
PhD	2	1	5
Master's other than MPH (MPA / MPH joint)	4	0	8

*We have a non-faculty undergraduate advisor / adjunct instructor (Ms. Aimee Elliott) that advises all undergraduate students.
**We have a non-faculty adjunct instructor (Ms. Leigh Taggart) that administers the PUBH 594 Integrative Learning Experience class.

***We have a non-faculty undergraduate advisor / adjunct instructor (Ms. Aimee Elliott) that administers the PUBH 498 Internship class.

Overall advising ratios are approximately 12 students for every tenure-track faculty.

5) Quantitative data on student perceptions for the most recent year:

During the Spring 2024 semester, we surveyed all of our students on their perceptions related to 1) class size and its relation to quality of learning; and 2) availability of faculty. Results from these survey responses are summarized in **Table 26.** The student survey that was administered is presented in the **ERF (18. C2.5. 2024 student survey)**.

Table 26. Quantitative data of student perceptions.

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	n
BS in Public Health						
Class size	0 (0%)	1 (17%)	0 (0%)	1 (17%)	4 (67%)	6
Availability of faculty	0 (0%)	2 (29%)	1 (14%)	3 (43%)	1 (14%)	7
MPH						
Class size	1 (3%)	0 (0%)	1 (3%)	7 (18%)	29 (76%)	38
Availability of faculty	1 (2%)	0 (0%)	2 (5%)	10 (24%)	28 (68%)	41
MPH-CHPS						
Class size	0 (0%)	0 (0%)	0 (0%)	0 (0%)	5 (100%)	5
Availability of faculty	0 (0%)	2 (20%)	2 (20%)	3 (30%)	3 (30%)	10
PhD in Public Health						
Class size	0 (0%)	0 (0%)	0 (0%)	1 (20%)	4 (80%)	5
Availability of faculty	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11 (100%)	11
MPH / MPA						
Class size	0 (0%)	0 (0%)	1 (10%)	1 (10%)	8 (80%)	10
Availability of faculty	0 (0%)	0 (0%)	0 (0%)	2 (20%)	8 (80%)	10
MPH / PharmD						
Class size	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Availability of faculty	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
MPH / DPT						
Class size	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Availability of faculty	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0

6) Qualitative data on student perceptions of class size and availability of faculty.

As part of this student survey **(18. C2.5. 2024 student survey)**, students were asked the following question: *How does the number of students in your classes impact your learning?* Below are their responses from our respective programs:

BS in Public Health:

- Most classes in PH undergrad are very small, which is great for a lot of classes but limits the perspectives brought to discussions.
- It was ideal to have a small class. We were able to talk openly and collaborate more as a class.
- It has been amazing having a small cohort! I appreciate the intimacy & collaboration of my small class sizes.
- Good one on one interactions.
- I like how small my classes are but because its the same people in every class I don't like not getting a diverse learning experience.
- I enjoy having a smaller amount of students. Large classes take away from my learning experience because I can't have open discussions.

Master of Public Health:

- I love the small class - just wish more was in person.
- Small classes are great.
- I didn’t feel any impact, I was satisfied with the class size.
- It didn’t.
- Did not matter.
- I love the small groups.
- I was very fortunate to have a just right size cohort!
- It really doesn’t.
- It’s a good size!
- For the most part good. Sometimes it can be difficult to participate and engage all the students in a discussion forum if there are a lot.
- Class size was not an issue.
- It didn’t really, considering everything was online.
- Too many it was hard to keep track of discussions.
- Around 12-15 is a good number - beyond that, I feel there is way too much chatter making it difficult to focus on the weeks topics.
- Not a problem.
- Great size.
- I am online so that really wouldn't be an issue.
- Does not impact.
- The number of students in my classes hasn't been an issue due to the online course format.
- Being remote, I didn't have any issues. I liked that broad background of students.

- Overall, it hasn't really except that when discussion boards are required, if there are a large number of students, I generally do not spend the time reviewing what other classmates have shared beyond what is required of me.
- Course size does not seem to impede learning one way or the other for me.
- The number of students in my classes enhanced my learning as, especially in discussion boards, we could bounce ideas and thoughts off each other. I found that very educational.
- For online learning, I actually prefer a moderate to large number of students in the class, as it allows for better group discussions and peer review of project content. I haven't experienced any negative impacts based on small or large class size.
- So far I have felt academically supported regardless of class size.
- I felt the class sizes were not too big.
- I feel like the classes are small enough to have discussions, but large enough to create a sense of community.
- Number of students does not impact learning.
- This can cause some professors to have late responses to homework assignments that have deadlines.
- Sometimes keeping track of the multiple responses can be challenging but so far, all of my professors have broken the classes down sufficiently to not be overwhelmed.
- I find the discussion in my larger classes to be more engaging, I think that given the limitation of professors available that having more students in classes would be a good change.
- The small number of students in my classes has helped build a community and has had a positive impact on my learning. It allows for better discussion of topics.
- I enjoyed having smaller classes to help learn about discussions and other experiences. I didn't like when professors split the discussion boards into two groups and we couldn't read the other group's responses.
- The class size doesn't impact my learning.
- Online classes teachers break the class in groups. I like reading just my groups discussions rather than a large class.

MPH-CHPS

- My class sizes have been 12 - 16 students. I like this intimate setting because it allows small group discussions and diversity of perspectives.
- I feel the classes are well appropriate.
- I love the small in-person classes--when everyone is in class, we are learning a lot from each other.
- I was in the CHPS section, so my classes were always really small. I liked this a lot. I do wish that we didn't have as many classes with undergrads because I feel like it brought down my experiences at times. I think we could have gotten to deeper conversations and level of knowledge if it was just with other grad students. But at the same time, it was still fun to be in class with undergrads and I understand that sometimes this had to happen for faculty availability. My favorite class was when I was with other grad students in a different discipline.
- Most class sizes were smaller, less than 20-30 students (or so it seemed), and this was beneficial, as I was exposed to different perspectives during discussions and group projects.

- I was very fortunate to have a just right size cohort!
- The smaller the class, the more I learn.
- I like less, as the groups can have more meaningful discussion.

MPH / MPA

- It has only impacted one class where the professor complained about it constantly that her class was too big.
- The class sizes were appropriate to get a diverse set of viewpoints without feeling lost in the crowd.
- It didn't really, considering everything was online.
- My online classes have been great. I have not felt concerned about the number of students in my graduate courses. There has been ample availability from staff and TAs for any questions or concerns I have had. I have enjoyed meeting students from the program through my classes and interacting with them through discussions.
- Good sizes, smaller classes might limit the opportunity to learn from others.
- I thought more students would mean a more negative impact on my learning, but the teachers did great balancing large classes!
- No impact as long as there is engagement.
- My experience was online, with varied class sizes.

PhD in Public Health

- Generally fewer students facilitates better learning for me, but all of the classes in SPCHS are small enough.
- I feel like due to smaller class sizes, the professors have more flexibility in their teaching methods to better personalize to it each student.
- My classes are very small and that's great for learning.
- There are a small number of students and we have been able to get to know one another. I think this has facilitated a learning environment where we can ask questions freely and feel comfortable doing so.
- The smaller classes 10 or less that are synchronous are where I learn the most and the classes I value the most in my graduate studies.
- Having others to talk with, especially when the groups are not too large, is helpful for learning.
- The small class size is really great- you can talk to the instructor more and ask more questions.
- I have not felt adversely impacted by the number of students in my classes. All of my classes have had under 25 students, which I believe enhances the academic experiences, as the professors are more available for individual meetings with us all.
- My classes have mostly been small and it has benefited my learning.
- In an online learning environment, I haven't seen differences in learning between large and small classes.

From the 2024 student survey **(18. C2.5. 2024 student survey)**, students were asked: *What aspects of the program most facilitate your learning*? Several responses were related to the availability of instructors, with specific comments presented below:

- I think that the small program makes it easy to engage in discussions and makes professors accessible.
- The faculty were amazing and always available for questions!
- Faculty were both knowledgeable and accessible.
- The assistance I was able to get from most of my professors when necessary.
- I appreciated how available the instructors were universally for any type of question and as many questions as you had over the entire course length.
- The faculty was very approachable and available for questions.
- The accessibility of faculty for one-on-one meetings regarding the program, the academic field, and future career and research opportunities facilitates my learning in the PhD in public health.
- Faculty access and flexibility to work with students when they have busy schedules is helpful. Faculty are also very good at communicating their information.
- I think that the small program makes it easy to engage in discussions and makes professors accessible.

7) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Across all of our academic offerings, students responded in the survey that they were generally either "somewhat satisfied" or "very satisfied" with our class sizes and availability of our faculty. These findings were also supported by the qualitative comments. The SPCHS has adequate faculty, including primary instructional faculty to fulfill our stated mission and goals.

Weaknesses. The 2024 survey was the first time we have polled our students on their perceptions related to class size and faculty availability. Results were overall very positive, yet some of the comments speak to the need to further build relationships with students – especially our distance-based students. Similar to the alumni survey, we also had a disappointing response rate – even after repeated reminders to our students to fill out the survey. Surveys were sent to 147 students, yet we had responses from 79 (54% response rate). We intend to poll our students annually (each Fall) in the future. The next time we poll our students we will better advertise the importance of this survey, and stress that results are anonymous. We can also work directly with instructors to ensure students fill out surveys within their classes.

C3. Staff and Other Personnel Resources.

1) SPCHS administrative staff support.

Table 27. Administrative staff support.

Role, function	FTE
Patrick Dye, Program Manager. Mr. Dye is responsible for the management of all functions and resources of the SPCHS administrative office. This includes managing the daily operations regarding staff / faculty / students, policy formulation, planning use of materials and facilities, and human resources. Responsibilities also include assisting with strategic planning, on-going development of short and long-range goals of our undergraduate, certificate, MPH and PhD programs, and oversight of all human and financial resources.	1.0
Aimee Elliott, Budget Analyst. Ms. Elliott is responsible for overseeing and directing the School's financial management, accounting, forecasting, and reporting activities. She also assists SPCHS investigators with all financial matters including grant submissions and grants management. In addition, Ms. Elliott is the Director and primary advisor of our BS in Public Health program, as well as runs our PUBH 498 Internship class for undergraduate students.	1.0

2) Provide a narrative description of the contributions of other personnel.

We also have numerous other staff in the SPCHS that work on a variety of research projects. A listing of additional research staff is provided in **Table 28.**

Table 28. Research staff support.

Name	Title	FTE
Bernadette Bannister	Program Director	0.5
Lauren Cater	Research Associate	1.0
Kathrene Conway	Computer Systems Analyst	0.5
Sara Cox	Research Nurse Coordinator	1.0
Kristen Cram	Project Manager	1.0
Lydia Czech	Wellness Director	1.0
Casey Day	Research Scientist	1.0
Jennifer Faiella	Clinical Research Nurse	1.0
Carolyn Hester	Research Assistant	0.8
Erica Fox	Epidemiologic Specialist	1.0

Name	Title	FTE
David Jones	Research Scientist	0.5
Jonathon Knudson	Research Technician	1.0
Cindy Leary	Statistician	0.75
Sarah Michels	Research Specialist	1.0
Eric Palm	Postdoctoral Research Associate	0.25
Alexander Petkov	Software Engineer	1.0
Desiree Restad	Training Developer and Manager	0.7
Taylor Stewart	Research Associate	1.0
Alan Swanson	Research Analyst	1.0
Leigh Taggart	Workforce Development Coordinator	0.4
Desirae Ware	Program and Fiscal Coordinator	1.0
Allen Warren	IT Systems / Web Coordinator	1.0
Julie Weckworth	Research Scientist	1.0

"Other personnel" includes students who perform work and receive compensation in supporting the program's instructional needs. We typically have three students per academic year (1 PhD, 2 MHP-CHPS students) who meet this definition. These students receive pay to serve as TAs in a subset of classes each semester. We also frequently have students that work on research projects in paid positions.

3) Provide narrative that support the assertion that the SPCHS's staff and other personnel support is sufficient or not sufficient.

Regarding administration staff, we currently have the support we need to effectively deliver our academic programs and effectively run our School. We constantly monitor the workloads of Mr. Dye and Ms. Elliott, and the Chair is able to protect their time as needed. Regarding the staff working on research projects, staffing is dependent on grant funding of individual faculty.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The SPCHS currently has adequate staff and personnel resources to support the activities of our School.

Weaknesses. If our program continues to grow, we may need to reassess the workload of Mr. Dye and Ms. Elliott. We have the ability to hire new administrative staff or bring in student workers on a part-time basis. Our CoH Dean and CoH Director of Finance and Operations have always been extremely supportive in providing us with the resources we need to be successful. As long as we can justify the request, we should not have any issues with hiring additional administrative staff if needed.

C4. Physical Resources.

1) Briefly describe the following.

Faculty office space. The SPCHS is located within the Skaggs Building. Each Core Faculty member has their own office space. These offices are currently dispersed throughout the first, second, and third floors of the Skaggs Building.

Staff office space. Common space for Administrative staff (Dye and Elliott) is provided in our Administrative Office (Room 177). Several other staff have either personal offices or shared office spaces throughout the Skaggs Building. Further, many staff work off campus through arrangements with their faculty supervisors.

Classrooms. Within the Skaggs Building, classroom spaces include Rooms 117, 174, and 270. A larger lecture room (169) is available if needed. We also utilize classrooms across campus on occasion, for example, the Native American Payne Center classrooms.

Shared student space. Shared space for students is located in Room 166. Other students have workspaces in working laboratories per arrangements with their faculty supervisor.

Laboratories. Several of our faculty maintain working lab space (Landguth, Noonan, Semmens, Walker, and Ward). These laboratories have bench-top space, as well as fume hoods.

2) Provide narrative that support the assertion that the physical space is sufficient or not sufficient.

The SPCHS has physical resources adequate to fulfill its stated mission and goals, as well as to support instructional / research programs. The CoH Dean has been extremely supportive in providing the SPCHS with additional space as our program has grown throughout the years.

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. To date, our CoH Dean Reed Humphrey has consistently provided adequate resources to the SPCHS. This support and commitment to our growing program is evidenced by the assigning of new office space for SPCHS staff, faculty, and students within the Skaggs Building during the Fall 2023 semester, as well as renovating an office and lab space for Dr. Erin Landguth in Fall 2021. Dean Humphrey has also identified three additional office spaces for our faculty to be finalized in Spring 2024. This additional space has dramatically increased our capacity to accommodate our expanding number of research staff and students within the SPCHS.

Weaknesses. Though we have adequate office and laboratory space, the SPCHS is not centrally located within the Skaggs Building. We believe that office and laboratory spaces that are

consolidated together can provide more efficient and collaborative working environments. There have been numerous discussions with the Dean's Office about trying to consolidate space, but to date there has been no coordinated effort to solve this issue. It is a complex issue, as faculty from other departments (including from outside our College of Health) would have to be reassigned space. The Chair will continue to explore opportunities with the CoH Dean to address this issue into the future.

C5. Information and Technology Resources.

1) Briefly describe the following:

Library resources and support available for students and faculty.

UM's Maureen and Mike Mansfield Library provides 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 networked research databases, e-journal packages, electronic journal subscriptions, media materials, and a web-based integrated library catalog. Library services include in-depth research and reference assistance.

Open seven days a week, library collections exceed 1.75 million bound volumes, more than 218,000 electronic books, access to over 67,000 print and electronic journals, an expanding array of electronic databases, over 73,000 media, a federal government 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 to students and faculty. UM students and faculty have access to open educational resources and many databases from a distance (http://libguides.lib.umt.edu/az.php), 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 webpages: http://www.lib.umt.edu/services/.

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. 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 and Public Speaking Center and the Math Tutor Center to provide students with a comprehensive learning environment within the library.

Student access to hardware and software (including access to specific software or other technology required for instructional programs).

The SPCHS possesses the equipment and technology necessary to meet the curricular goals and expected student outcomes of a strong program. The SPCHS, although distance-based, utilizes a variety of well-equipped rooms to supplement its activities (Rooms 117, 174, 270, and 337) with extensive presentation technology. These rooms are equipped with ceiling mounted projectors and a variety of information transmission devices including desktop computers, Macbook minis, and internet and local network access.

While on campus, students have access to multiple computer terminals, with the ability to print documents within the SPCHS main office. Off campus, students are expected to own computers, or have frequent, regular access to a computer, and a reliable internet connection. If needed, we

have laptops that can be loaned out from our office. Students may be provided with laptops if they are funded from a research project, and / or if they require special software for course completion, though students typically already have their own laptop or personal computer. If students need office supplies, they can work with Mr. Dye in the SPCHS office. UM provides each student with an email address through Microsoft Outlook. Administered by UMOnline, UM provides Moodle as the online learning platform for student distance instruction. This platform is the standard instructional mode for the delivery of our online classes. UMOnline does an excellent job in providing resources for students through their website: https://www.umt.edu/umonline/umonline-student-support/default.php.

Faculty access to hardware and software (including access to specific software or other technology required for instructional programs).

Faculty have access to a cloud-based data storage system called "Box". A large variety of analytic and textual software, such as SPSS, SAS, R, NVivo, STATA, and ESRI ArcGIS are also readily available on campus through site licenses. UM Information Technology manages the software and the licenses. Administrative staff have contemporary hardware and software computer work stations connected to the University computer network with dedicated copying and communication technology sufficient to meet the current needs of the program. Faculty also receive new computers every three years.

UM provides a combination of centralized and unit-based support for high performance computing, including the following facilities:

- A Campus Grid Framework that provides access to computational resources centrally supported on the campus.
- Condor Computer Clusters which provide access to computers in student labs when those computers would otherwise be unused.
- Unit-based Computer Facilities and Support which facilitate specialized computation facilities, software, and staff support for various discipline-specific computing needs.
- A Gateway to National Resources in the form of the Campus Grid that provides seamless access to the local resources noted above, but also via external network connections to national resources like the TeraGrid and the Open Science Grid.
- UM Informational Technology manages enterprise networking, server and storage hardware, and hotel space for departmental and research computing hardware, such as the Modular Data Center.
- The Computational Ecology Laboratory (CEL) is a well-developed infrastructure for environmental and ecological modeling (Dr. Landguth's Lab). The CEL computing facilities consist of a heterogeneous internal network environment interconnected via a Gigabit Ethernet. The CEL facilities include Linux, Windows, and Citrix XenServer servers and workstations, a HPC 16-node compute cluster, backup hardware, and network printers. The CEL has in total 1000 CPUs, 4.0 TBs of RAM, and >1 PB of storage space.

For advanced networking:

- On-Campus Networks: UM is served by a campus core network based on multi 10Gb links. On-campus buildings are connected to the core at a minimum of 1Gb, ranging up to 10Gb as

needed. Internally, buildings support a minimum 100Mb switched connectivity to desktops and servers, ranging up to 1Gb or higher as needed.

- State Network Connectivity: UM participates in the Montana State network, which is in the process of being upgraded to a network with a multi-Gb core and minimum of 45Mb connections to the endpoints, which connects the multiple campuses of each university and connects the universities to the State and University System Office.

Identity Management and Standard Authentication/Authorization:
UM has a standard local federated authentication and authorization framework, based on a central directory of "entities" (primarily representing individuals) which flow via provisioning processes from the enterprise information system (Banner). Individual identities in the central directory system are based on an extension of the base "eduPerson" schema. The directory itself is a system including a standard Lightweight Directory Access Protocol as "master", coordinated and synchronized with Active Directory. Authentication and authorization are controlled by implementation of CAS and Shibboleth suite components. UM is a full participant in a global authentication framework and federated identity management through InCommon.

Technical assistance available for students and faculty.

We do not have any technical support through our School or College, but overall support is provided through UM Information Technology. UM Information Technology maintains the equipment and provides routine service to faculty / staff / students across campus to meet their computing and information technology needs. An online ticketing system is available to schedule services (https://www.umt.edu/it/), as well as an in-person walk-up service within the Mansfield Library.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Overall, we are well supported here at UM with our information and technology needs. Though not perfect, these resources are adequate to fulfill our stated mission and goals and to support our instructional and research programs.

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, we have a supportive information technology program at UM. They have been proactive in administering support through a central location, rather than having resources spread throughout the respective Colleges. UM Information Technology also recently implemented a more efficient printing network that has saved UM hundreds of thousands of dollars and created simplified and more accessible printing services for faculty, staff, and students. In addition, we have access to high performance computing when needed.

Weaknesses. In an effort to cut costs, the UM Library has had to discontinue numerous journal subscription packages. This has at times impacted some of our faculty and students' ability to find specific research articles. Regarding technical support, UM Information Technology can be understaffed at times, delaying responses to electronically submitted work tickets. Our experience is that the fastest way to get help is to simply go to their office located in the library.

It should also be noted that UM is moving away from Moodle and will be using Canvas, with full implementation in Fall 2024. Several trainings for our faculty will be held in supporting our instructors with this new system. In addition, some of our classrooms are still not outfitted with up-to-date technology that effectively supports remote and hybrid courses. We have met with UM Information Technology personnel about updating some of our classrooms, but updates have not occurred to date. Finally, while high-performance computing is state of the art, it is a newer addition to UM, and providing the education to students and staff on best usages has been lacking.

D1. MPH Foundational Public Health Knowledge.

1) Provide a matrix that indicates how all MPH students are grounded in each of the defined foundational public health learning objectives.

Table 29. Content coverage for the MPH program.

Content	Course number(s) & name(s)
1. Explain public health history, philosophy, and values.	PUBH 510: Introduction to Epidemiology PUBH 530: Public Health Administration and Management PUBH 535: Public Health Policy PUBH 570: Ethics in Public Health
2. Identify the core functions of public health and the 10 Essential Services.	PUBH 530: Public Health Administration and Management PUBH 535: Public Health Policy PUBH 540: Social and Behavioral Sciences in Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.	PUBH 520: Fundamentals of Biostatistics PUBH 540: Social and Behavioral Sciences in Public Health PUBH 550**:** Program Evaluation and Research Methods
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the program.	PUBH 510: Introduction to Epidemiology PUBH 525: Multicultural Public Health PUBH 535: Public Health Policy PUBH 545: Issues in Maternal and Child Health PUBH 560: Environmental and Rural Health
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 510: Introduction to Epidemiology PUBH 525: Multicultural Public Health PUBH 550: Program Evaluation and Research Methods PUBH 560: Environmental and Rural Health
6. Explain the critical importance of evidence in advancing public health knowledge.	PUBH 520: Fundamentals of Biostatistics PUBH 545: Issues in Maternal and Child Health PUBH 550**:** Program Evaluation and Research Methods
7. Explain effects of environmental factors on a population's health.	PUBH 545: Issues in Maternal and Child Health PUBH 560: Environmental and Rural Health
8. Explain biological and genetic factors that affect a population's health.	PUBH 510: Introduction to Epidemiology PUBH 545: Issues in Maternal and Child Health
9. Explain behavioral and psychological factors that affect a population's health.	PUBH 535: Public Health Policy PUBH 540: Social and Behavioral Sciences in Public Health PUBH 545: Issues in Maternal and Child Health
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities.	PUBH 535: Public Health Policy PUBH 540: Social and Behavioral Sciences in Public Health PUBH 545: Issues in Maternal and Child Health PUBH 580: Rural Health Issues in a Global Context
11. Explain how globalization affects global burdens of disease.	PUBH 545: Issues in Maternal and Child Health PUBH 560: Environmental and Rural Health PUBH 580: Rural Health Issues in a Global Context
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	PUBH 560: Environmental and Rural Health

2) Document the methods described above.

The courses listed in **Table 29** address the 12 learning objectives. All syllabi for classes listed in **Table 29** are provided in the **ERF (D. Masters syllabi, MPH folder).** A variety of different assessment methods are utilized in our courses, further described in **Tables 35-39** below. Examples of some of these assessments are provided from a subset of our classes, including PUBH 520 (Fundamentals of Biostatistics), PUBH 550 (Program Evaluation and Research Methods), and PUBH 560 (Environmental and Rural Health). These example assessments are found in the **ERF**: **19. D1.2. PUBH 520 example test; 20. D1.2. PUBH 550 example assessment; and 21. D1.2. PUBH 560 example test).**

3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives, or higher-level versions of the same objectives. For our MPH program, our core and elective classes provide MPH students with foundational public health knowledge. As **Table 29** illustrates, we cover each of the 12 learning objectives in our curriculum, and administer exams that assess knowledge gained.

Weaknesses. None noted.

D2. MPH Foundational Competencies.

1) List the coursework and other learning experiences required for the MPH degrees, including the required curriculum for each concentration.

Minimum degree requirements for the MPH degree are 42 standard semester credit hours. Of these, 27 are required core didactic credit hours, six are supervised study Capstones (PUBH 594: Integrative Learning Experience and PUBH 595: Applied Practice Experience), and nine credits (three classes) are electives.

Table 30. Requirements for the MPH program.

Course number	Course name	Credits
Required courses		
PUBH 510	Introduction to Epidemiology	3
PUBH 520	Fundamentals of Biostatistics	3
PUBH 530	Public Health Administration and Management	3
PUBH 535	Public Health Policy	3
PUBH 540	Social and Behavioral Sciences in Public Health	3
PUBH 550	Program Evaluation and Research Methods	3
PUBH 560	Environmental and Rural Health	3
PUBH 570	Ethical Issues in Public Health	3
PUBH 580	Rural Health Issues in a Global Context	3
Capstone courses		
PUBH 594	Integrative Learning Experience	3
PUBH 595	Applied Practice Experience	3
Electives		9
	TOTAL CREDITS	**42**

The MPH-CHPS degree option leads to a 42-credit graduate degree. Leveraging some of our MPH core classes, below are the MPH-CHPS requirements.

Table 31. Requirements for the MPH-CHPS program.

Course number	Course name	Credits
PUBH 510	Introduction to Epidemiology	3
PUBH 520	Fundamentals of Biostatistics	3
PUBH 530	Public Health Administration and Management	3
PUBH 550	Program Evaluation and Research Methods	3
PUBH 560	Environmental and Rural Health	3
PUBH 475E or PUBH 570	Issues in Medical and Public Health Ethics or Ethical Issues in Public Health	3
	TOTAL FOUNDATIONAL CREDITS	**18**

Course number	Course name	Credits
Capstone courses		
PUBH 594	Integrative Learning Experience	3
PUBH 595	Applied Practice Experience	3
CHPS concentration courses		
PUBH 542	Theoretical Foundations of Community Health	3
PUBH 544	Community-Based Participatory Research Methods for Health	3
CHTH 485	Theories of Community Health Promotion	3
Electives		9
	TOTAL CONCENTRATION CREDITS	**24**
	TOTAL CREDITS	**42**

2) List the required curriculum for each combined degree option.

The MPH / MPA combined degree program requires satisfactory completion of 42 semester credits, and is a blended program composed of classes from the MPH program as well as the Master of Public Administration (MPA) program. This program was formally approved by CEPH in 2021, and consists of the following coursework:

Table 32. Requirements for the MPH / MPA program.

Part A: Foundational courses for the MPH program.		
Course number	**Course name**	**Credits**
PUBH 510	Introduction to Epidemiology	3
PUBH 520	Fundamentals of Biostatistics	3
PUBH 540	Social and Behavioral Sciences in Public Health	3
PUBH 560	Environmental and Rural Health	3
PUBH 594	Integrative Learning Experience	3
PUBH 595	Applied Practice Experience	3
	TOTAL MPH FOUNDATIONAL CREDITS	**18**

Part B: Foundational courses for the MPA program.		
Course number	**Course name**	**Credits (if applicable)**
PUAD 501	Public Administration	3
PUAD 503	Policy Analysis	3
PUAD 504	Organization Theory	3
PUAD 505	Public Budgeting and Finance	3
PUAD 506	Applied Research Methods	3
PUAD 522	Human Resource Management	3
	TOTAL MPA FOUNDATIONAL CREDITS	**18**
Electives		6
	TOTAL CREDITS	**42**

Six credits of electives (two classes) may be taken from either program. This must include either PUAD 561 Ethics and Public Administration or PUBH 570 Ethical Issues in Public Health.

In collaboration with our Skaggs School of Pharmacy, the PharmD / MPH degree program (42 total credits) was formally approved by CEPH in 2017. Following are the curriculum requirements.

Table 33. Requirements for the MPH / PharmD program.

Part A: Foundational courses for the MPH program.		
Course number	**Course name**	**Credits**
PUBH 510	Introduction to Epidemiology	3
PUBH 520	Fundamentals of Biostatistics	3
PUBH 535	Public Health Policy	3
PUBH 540	Social and Behavioral Sciences in Public Health	3
PUBH 550	Program Evaluation and Research Methods	3
PUBH 560	Environmental and Rural Health	3
PUBH 580	Rural Health Issues in a Global Context	3
PUBH 594	Integrative Learning Experience	3
PUBH 595	Applied Practice Experience	3
Electives	Students choose a PUBH elective	3
	TOTAL MPH FOUNDATIONAL CREDITS	**30**

Part B: Foundational courses for the PharmD program.		
Course number	**Course name**	**Credits (if applicable)**
PHAR 506	Pharmacy Management	3
PHAR 514	Pharmacy Ethics	3
PHAR 550	Drug Literature Evaluation	3
PHAR 559	Public Health and Pharmacoeconomics	3
	TOTAL PharmD FOUNDATIONAL CREDITS	12
	TOTAL CREDITS	**42**

In collaboration with our School of Physical Therapy and Rehabilitation Science, the DPT / MPH degree program (43 total credits) was formally approved by CEPH in 2017. Following are the curriculum requirements.

Table 34. Requirements for the DPT / MPH program.

Part A: Foundational courses for the MPH program.		
Course number	**Course name**	**Credits**
PUBH 510	Introduction to Epidemiology	3
PUBH 520	Fundamentals of Biostatistics	3
PUBH 530	Public Health Administration and Management	3
PUBH 535	Public Health Policy	3
PUBH 540	Social and Behavioral Sciences in Public Health	3
PUBH 550	Program Evaluation and Research Methods	3
PUBH 560	Environmental and Rural Health	3
PUBH 570	Ethical Issues in Public Health	3
PUBH 580	Rural Health Issues in a Global Context	3
PUBH 594	Integrative Learning Experience	3
PUBH 595	Applied Practice Experience	3
	TOTAL MPH FOUNDATIONAL CREDITS	**33**

Part B: Foundational requirements for the DPT program.		
Course number	**Course name**	**Credits (if applicable)**
PT 503	Physical Therapy and Health Care System	2
PT 520	Geriatric Physical Therapy	2
PT 570	Psychosocial Aspects of Health and Wellness	2
PT 572	Practice and Administration	4
	TOTAL DPT FOUNDATIONAL CREDITS	10
	TOTAL CREDITS	**43**

3) Provide a matrix that indicates the assessment activity for each of the foundational competencies.

Table 35. Assessment of competencies for the MPH program.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignment #2 (measures of disease frequency). **PUBH 520:** Assignments 2 (study design and bias), 3 (summarizing data and variables), and 4 (descriptive epidemiology).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**PUBH 520:** Assignment 2 (study design and bias); midterm; final. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Specify data collection methods appropriate for a public health program evaluation in final project**.**
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 550:** Program Evaluation and Research Methods	**PUBH 510:** Assignments #2 (measures of disease frequency) and #5 (causal inference; bias, confounding and interaction); study design paper. **PUBH 520:** Assignments 1-10; Projects 1 and 2 (dataset in R, list of tasks / questions); midterm; final. **PUBH 550:** Conduct a content analysis of qualitative data; conduct descriptive data analysis.
4. Interpret results of data analysis for public health research, policy or practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 540:** Social and Behavioral Science in Public Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 510:** Assignments #4 (cohort studies) and #5 (causal inference; bias, confounding and interaction); midterm. **PUBH 520:** Project 2 (dataset in R, list of tasks / questions); Assignments 7-10; final exam. **PUBH 540:** Final paper. **PUBH 580:** Week 4 discussion forum and reflection related to global health information.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Public Health and Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international setting.	**PUBH 530:** Public Health Administration and Management **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 560:** Week 2 discussion forum on ecology, ecosystems, One Health, and systems thinking; Week 3 discussion forum on sustainability and health. **PUBH 580:** Week 5 discussion forum and reflection related to the global health landscape: players, policies, and priorities.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels.	**PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 560:** Week 7 discussion forum on environmental justice; midterm and final. **PUBH 580:** Week 10 discussion forum and reflection related to stigma reduction, harm reduction, and 'undesirable' populations.
Planning and Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	**PUBH 530:** Public Health Administration and Management **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 550:** Program Evaluation and Research Methods **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 540:** Journals (health behavior theories that focus on individuals, Integrated Behavioral Model). **PUBH 550:** Create a community needs assessment plan**.** **PUBH 580:** Week 8 discussion forum and reflection related to evidence-based global health practice part 1: perception, representation and measurement.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 540:** Discussion forums and journals (theorizing culture-centered and cultural sensitivity approaches)**.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 560:** Week 7 discussion forum on environmental justice; midterm. **PUBH 580:** The importance of awareness of cultural values and practices is present throughout every module of the course.
9. Design a population-based policy, program, project or intervention.	**PUBH 510:** Introduction to Epidemiology **PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health	**PUBH 510:** Study design paper. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Project paper focused on solutions to a variety of environmental issues.
10. Explain basic principles and tools of budget and resource management.	**PUBH 530:** Public Health Administration and Management	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).
11. Select methods to evaluate public health programs.	**PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Create a plan to evaluate a public health program in final project.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 570:** Ethics in Public Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Case studies (Schneider and Ingram's Social Constructions theory and who gets the benefits vs. who gets the burdens). **PUBH 570:** Weekly case studies discussion questions. **PUBH 580:** Week 6 discussion forum and reflection related to the global burden of disease: HIV, tuberculosis, and malaria.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	**PUBH 530:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Public Health Administration and Management **PUBH 540:** Social and Behavioral Science in Public Health **PUBH 560:** Environmental and Rural Health	three stages: assessment, planning, and implementation). **PUBH 540:** Discussion forums (introduction to Community and Group Models of Health Behavior Change; improving health through community engagement, community organization, and community building); final paper. **PUBH 560**: Discussion forum in Week 3 (sustainability and health) and Week 16 (communicating environmental health).
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Final project (students create an issue brief and presentation). **PUBH 580:** Week 10 discussion forum and reflection related to stigma reduction, harm reduction, and 'undesirable' populations.
15. Evaluate policies for their impact on public health and health equity.	**PUBH 535:** Public Health Policy **PUBH 570:** Ethics in Public Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 570:** Final project includes evaluating policies with regards to ethics and equity. **PUBH 580:** Week 3 discussion forum and reflection related to health systems in a biosocial context.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.	**PUBH 530:** Public Health Administration and Management **PUBH 540:** Social and Behavioral Sciences in Public Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 540:** Discussion forums (social support and health, community and group models of health behavior change, improving health through community engagement, community organization, and community building), quizzes**.**
17. Apply negotiation and mediation skills to address organizational or community challenges.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums (community and group models of health behavior change, improving health through community engagement, community organization, and community building), quizzes**.** **PUBH 560:** Week 16 discussion forum on risk assessment and communicating environmental health; final exam.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Communication		
18. Select communication strategies for different audiences and sectors.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health	**PUBH 520:** Project 2 (dataset in R, list of tasks / questions). **PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how students got from step 1 to step 8). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 595:** Applied Practice Experience	**PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how students got from step 1 to step 8). **PUBH 540:** Discussion forums (introduction to models of interpersonal influences on health behavior and interpersonal communication in health and illness). **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation.
20. Describe the importance of cultural competence in communicating public health content.	**PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam. **PUBH 580:** Week 9 discussion forum related to evidence-based global health practice part 2: developing and implementing interventions in low resource settings; health capacity strengthening.
Interprofessional Practice		
21. Perform effectively on interprofessional teams.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. Upon completion of the event, students submit a three page reflection paper.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Systems Thinking		
22. Apply systems thinking tools to a public health issue.	**PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Draw a causal loop diagram to visualize the system of a public health problem. **PUBH 560:** In the Week 1 discussion forum on ecology and human impacts on ecosystems, students must include either a process map or a causal loop to support their response to the discussion question. **PUBH 580:** Week 14 discussion forum related to emerging global health priorities.

Table 36. Assessment of competencies for the MPH-CHPS program.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignment #2 (measures of disease frequency). **PUBH 520:** Assignments 2 (study design and bias), 3 (summarizing data and variables), and 4 (descriptive epidemiology).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 550:** Program Evaluation and Research Methods	**PUBH 520:** Assignment 2 (study design and bias); midterm; final. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 544:** Specify data collection and dissemination of results methods appropriate for a community-based participatory research (CBPR) study/program in the final presentation; Design a CBPR study using mixed methods approaches. **PUBH 550:** Specify data collection methods appropriate for a public health program evaluation in final project**.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 550:** Program Evaluation and Research Methods	**PUBH 510:** Assignments #2 (measures of disease frequency) and #5 (causal inference; bias, confounding and interaction), study design paper. **PUBH 520:** Assignments 1-10; Projects 1 and 2 (dataset in R, list of tasks / questions); midterm; final. **PUBH 550:** Conduct a content analysis of qualitative data; conduct descriptive data analysis.
4. Interpret results of data analysis for public health research, policy or practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignments #4 (cohort studies) and #5 (causal inference; bias, confounding and interaction); midterm. **PUBH 520:** Project 2 (dataset in R, list of tasks / questions); Assignments 7-10; final exam.
Public Health and Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international setting.	**PUBH 530:** Public Health Administration and Management **PUBH 542:** Theoretical Foundations of Community Health **PUBH 560:** Environmental and Rural Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 542:** Class discussions (defining health education, health promotion, and public health; the impact of corporate practices on health and health policy); final paper. **PUBH 560:** Week 2 discussion forum on ecology, ecosystems, One Health, and systems thinking; Week 3 discussion forum on sustainability and health.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels.	**CHTH 485:** Theories of Community Health Promotion **PUBH 542:** Theoretical Foundations of Community Health **PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 560:** Environmental and Rural Health	**CHTH 485:** Timed writing prompts (social position and status hierarchies), final paper. **PUBH 542:** Student-led facilitation/discussion (achieving health equity and social justice; community organizing for health and social justice), professional philosophy paper, final paper. **PUBH 544:** Actively participate in discussions and hands-on activities to improve cultural competency and humility knowledge and skills to achieve healthy equity when working with underserved, marginalized communities. **PUBH 560:** Week 7 discussion forum on environmental justice, midterm and final exam.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Planning and Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	**CHTH 485:** Theories of Community Health Promotion **PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**CHTH 485:** Final paper (students select a public health issue and describe the social and structural determinants of that issue) and presentation. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Create a community needs assessment plan**.**
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	**PUBH 530:** Public Health Administration and Management **PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 560:** Environmental and Rural Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 544:** Design a CBPR health study for underserved, minority populations. **PUBH 560:** Week 7 discussion forum on environmental justice; midterm.
9. Design a population-based policy, program, project or intervention.	**PUBH 510:** Introduction to Epidemiology **PUBH 530:** Public Health Administration and Management **PUBH 560:** Environmental and Rural Health	**PUBH 510:** Study design paper. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 560:** Project paper focused on solutions to a variety of environmental issues.
10. Explain basic principles and tools of budget and resource management.	**PUBH 530:** Public Health Administration and Management	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).
11. Select methods to evaluate public health programs.	**PUBH 530:** Public Health Administration and Management **PUBH 550:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Create a plan to evaluate a public health program in final project.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Program Evaluation and Research Methods	
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.	**PUBH 530:** Public Health Administration and Management **PUBH 570:** Ethics in Public Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 570:** Weekly case studies discussion questions each week.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	**PUBH 530:** Public Health Administration and Management **PUBH 542:** Theoretical Foundations of Community Health **PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 560:** Environmental and Rural Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 542:** Student led weekly facilitation activities / discussion (community organizing for health and social justice). **PUBH 544:** Design a Community Advisory Board for a CBPR study that engages key partners and stakeholders who influence health outcomes in the community. **PUBH 560**: Discussion forum in Week 3 (sustainability and health) and Week 16 (communicating environmental health).
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	**PUBH 530:** Public Health Administration and Management	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).
15. Evaluate policies for their impact on public health and health equity.	**PUBH 570:** Ethics in Public Health	**PUBH 570:** Final project includes evaluating policies with regards to ethics and equity.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.	**PUBH 530:** Public Health Administration and Management	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
17. Apply negotiation and mediation skills to address organizational or community challenges.	**PUBH 560:** Environmental and Rural Health	**PUBH 560:** Week 16 discussion forum on risk assessment and communicating environmental health.
Communication		
18. Select communication strategies for different audiences and sectors.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 560:** Environmental and Rural Health	**PUBH 520:** Project 2 (dataset in R, list of tasks / questions). **PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	**PUBH 530:** Public Health Administration and Management **PUBH 595:** Applied Practice Experience	**PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation.
20. Describe the importance of cultural competence in communicating public health content.	**PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 560:** Environmental and Rural Health	**PUBH 544:** Actively participate in discussions and hands-on activities to improve cultural competency and humility knowledge and skills to achieve healthy equity when working with underserved, marginalized communities **PUBH 560:** Week 16 discussion forum on communicating environmental health.
Interprofessional Practice		
21. Perform effectively on interprofessional teams.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. Upon completion of the event, students submit a three page reflection paper.
Systems Thinking		
22. Apply systems thinking tools to a public health issue.	**PUBH 530:** Public Health Administration and Management **PUBH 542:** Theoretical Foundations of Community Health **PUBH 550:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 542:** Student led weekly facilitation activities / discussion (trend from individual to ecological approaches to health; working

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Program Evaluation and Research Methods **PUBH 560:** Environmental and Rural Health	collaboratively to advance prevention); professional philosophy paper; final paper. **PUBH 550:** Draw a causal loop diagram to visualize the system of a public health problem. **PUBH 560:** In the Week 1 discussion forum on ecology and human impacts on ecosystems, students must include either a process map or a causal loop to support their response to the discussion question.

Table 37. Assessment of competencies for the MPH / MPA program.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignment #2 (measures of disease frequency). **PUBH 520:** Assignments 2 (study design and bias), 3 (summarizing data and variables), and 4 (descriptive epidemiology).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	**PUBH 520:** Fundamentals of Biostatistics **PUAD 506:** Applied Research Methods	**PUBH 520:** Assignment 2 (study design and bias); midterm; final. **PUAD 506:** Week 4 assignment #2 (conceptualizing quantitative and qualitative research designs); Week 6 data collection assignment #2 (data collection: surveys); Week 7 presentation (data collection: secondary data).
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUAD 506:** Applied Research Methods	**PUBH 510:** Assignments #2 (measures of disease frequency) and #5 (causal inference; bias, confounding and interaction); study design paper. **PUBH 520:** Assignments 1-10; Projects 1 and 2 (dataset in R, list of tasks / questions), midterm, final. **PUAD 506:** Week 10 presentation (quantitative analysis) and Week 11 Assignment #4 (quantitative analysis, cont.).
4. Interpret results of data analysis for public health research, policy or practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignments #4 (cohort studies) and #5 (causal inference; bias, confounding and interaction); midterm. **PUBH 520:** Project 2 (dataset in R, list of tasks / questions); Assignments 7-10; final exam.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Public Health and Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international setting.	**PUBH 560:** Environmental and Rural Health **PUAD 504:** Organization Theory	**PUBH 560:** Week 2 discussion forum on ecology, ecosystems, One Health, and systems thinking; Week 3 discussion forum on sustainability and health. **PUAD 504:** Week 5 focuses on comparing closed versus opens systems. Students are required to submit an outline for Week 5 and must address closed and open systems.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels.	**PUBH 560:** Environmental and Rural Health **PUAD 503:** Policy Analysis	**PUBH 560:** Week 7 discussion forum on environmental justice. **PUAD 503:** Week 6 discussion forum (constructing alternatives: cost-benefit analysis and race analysis).
Planning and Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUAD 503:** Policy Analysis	**PUBH 540:** Journals (health behavior theories that focus on individuals, Integrated Behavioral Model). **PUAD 503:** Students read Clark's *The Poisoned City: Flint's Water and the American Urban Tragedy* as background for assessing a population's health. In the Introduction section of Deliverable 1, students assess the population of Flint with regards to the Flint Water crisis.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums and journals (theorizing culture-centered and cultural sensitivity approaches)**.** **PUBH 560:** Week 7 discussion forum on environmental justice; midterm.
9. Design a population-based policy, program, project or intervention.	**PUBH 510:** Introduction to Epidemiology **PUBH 560:** Environmental and Rural Health	**PUBH 510:** Study design paper. **PUBH 560:** Project paper focused on solutions to a variety of environmental issues.
10. Explain basic principles and tools of budget and resource management.	**PUAD 505:** Public Budgeting and Finance	**PUAD 505:** Week 5 values, tradeoffs, and choices discussion**;** Assignment #2 (budget methods memo).
11. Select methods to evaluate public health programs.	**PUAD 506:** Applied Research Methods	**PUAD 506:** Assignment 6, students explain the selection of tools and data to evaluate public health programs.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.	**PUBH 570:** Ethics in Public Health **PUAD 503:** Policy Analysis	**PUBH 570:** Case studies discussion questions each week. **PUAD 503:** Week 2 discussion forum (What is policy analysis?, history and development of policy analysis as a sub-discipline of public administration); final project describing a policy analysis on an environmental problem.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	**PUBH 540:** Social and Behavioral Science in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums (introduction to Community and Group Models of Health Behavior Change; improving health through community engagement, community organization, and community building); final paper. **PUBH 560**: Discussion forum in Week 3 (sustainability and health) and Week 16 (communicating environmental health).
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	**PUAD 501:** Public Administration	**PUAD 501:** SECA Project Assignment 2 (Inclusive Strategy and Implementation) asks students to define 3 advocacy strategies for this organization to adopt to address findings; In SECA Assignment 3 students present these findings to the class, demonstrating their advocacy strategies to advance social or economic policies to improve the health in diverse populations in their final presentation. Specifically, in this final presentation, students offer findings about how they will advocate their strategy for adoption in 5-8 minutes at the end of the semester. In this presentation students should clearly indicate: advocacy plan/steps for their organization, steps for implementation, and strategies to engage internal and external stakeholders (elected officials, similar public sector organizations, public). Each group should provide an artifact such as handout, flyer, or social media graphic that demonstrates how to advocate for their strategy.
15. Evaluate policies for their impact on public health and health equity.	**PUBH 570:** Ethics in Public Health **PUAD 503:** Policy Analysis	**PUBH 570:** Final project includes evaluating policies with regards to ethics and equity. **PUAD 503:** Readings, lecture, and discussion in Week 7 covers the relationship between policies and equity; In Deliverable 2 (Policy Options), students propose and evaluate policy options to address the Flint water crisis.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others,	**PUBH 540:**	**PUBH 540:** Discussion forums (social support and health, community and group models of health behavior change, improving health through

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
fostering collaboration and guiding decision making.	Social and Behavioral Sciences in Public Health	community engagement, community organization, and community building); quizzes**.**
17. Apply negotiation and mediation skills to address organizational or community challenges.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health **PUAD 522:** Human Resource Management	**PUBH 540:** Discussion forums (community and group models of health behavior change, improving health through community engagement, community organization, and community building); quizzes**.** **PUBH 560:** Week 16 discussion forum on risk assessment and communicating environmental health. **PUAD 522:** Required textbook (*Getting to Yes: Negotiation Agreement without Giving In*) focuses on negotiation skills. Negotiation is the focus of the readings and lecture in Week 4. Students' responses to discussion questions in Week 4 form the basis of assessment.
Communication		
18. Select communication strategies for different audiences and sectors.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 560:** Environmental and Rural Health	**PUBH 520:** Project 2 (dataset in R, list of tasks / questions). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 595:** Applied Practice Experience	**PUBH 540:** Discussion forums (introduction to models of interpersonal influences on health behavior and interpersonal communication in health and illness). **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation.
20. Describe the importance of cultural competence in communicating public health content.	**PUBH 560:** Environmental and Rural Health	**PUBH 560:** Week 16 discussion forum on communicating environmental health.
Interprofessional Practice		
21. Perform effectively on interprofessional teams.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. Upon completion of the event, students submit a three page reflection paper.
Systems Thinking		
22. Apply systems thinking tools to a public health issue.	**PUBH 560:** Environmental and Rural Health	**PUBH 560:** In the Week 1 discussion forum on ecology and human impacts on ecosystems, students must include either a process map or a

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	PUAD 504: Organization Theory	causal loop to support their response to the discussion question. **PUAD 504:** Week 13 outline assessment on organization theory.

Table 38. Assessment of competencies for the PharmD / MPH program.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 510:** Assignment #2 (measures of disease frequency). **PUBH 520:** Assignments 2 (study design and bias); 3 (summarizing data and variables); and 4 (descriptive epidemiology). **PHAR 559:** Group contract / lead author assignments (FQHCs and innovations in population health); Week 7 discussion on analytical epidemiology (case-control).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 550:** Program Evaluation and Research Methods **PHAR 550:** Drug Literature Evaluation	**PUBH 520:** Assignment 2 (study design and bias), midterm; final. **PUBH 550:** Specify data collection methods appropriate for a public health program evaluation in final project**.** **PHAR 550:** Quizzes; drug information consult project.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 550:** Program Evaluation and Research Methods	**PUBH 510:** Assignments #2 (measures of disease frequency) and #5 (causal inference; bias, confounding and interaction); study design paper. **PUBH 520:** Assignments 1-10; Projects 1 and 2 (dataset in R, list of tasks / questions); midterm; final. **PUBH 550:** Conduct a content analysis of qualitative data; conduct descriptive data analysis.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
4. Interpret results of data analysis for public health research, policy or practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 540:** Social and Behavioral Science in Public Health **PUBH 580:** Rural Health Issues in a Global Context **PHAR 550:** Drug Literature Evaluation **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 510:** Assignments #4 (cohort studies) and #5 (causal inference; bias, confounding and interaction); midterm. **PUBH 520:** Project 2 (dataset in R, list of tasks / questions); Assignments 7-10; final exam. **PUBH 540:** Final paper. **PUBH 580:** Week 4 discussion forum and reflection related to global health information. **PHAR 550:** Quizzes; drug information consult project. **PHAR 559:** Week 7 Epi homework (analytical epidemiology (case-control); food poisoning / disease surveillance, pharmacoepidemiology).
Public Health and Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international setting.	**PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 560:** Week 2 discussion forum on ecology, ecosystems, One Health, and systems thinking; Week 3 discussion forum on sustainability and health. **PUBH 580:** Week 5 discussion forum and reflection related to the global health landscape: players, policies, and priorities.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels.	**PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 560:** Week 7 discussion forum on environmental justice. **PUBH 580:** Week 10 discussion forum and reflection related Stigma reduction, harm reduction, and 'undesirable' populations.
Planning and Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 550:** Program Evaluation and Research Methods **PUBH 580:** Rural Health Issues in a Global Context **PHAR 559:**	**PUBH 540:** Journals (health behavior theories that focus on individuals, Integrated Behavioral Model). **PUBH 550:** Create a community needs assessment plan**.** **PUBH 580:** Week 8 discussion forum and reflection related to evidence-based global health practice part 1: perception, representation and measurement. **PHAR 559:** Population health research outline, weekly discussions (Week 3 FQHCs and innovations in population health; Week 5 population health and pharmacy practice).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Public Health and Pharmacoeconomics	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	**PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 540:** Discussion forums and journals (theorizing culture-centered and cultural sensitivity approaches)**.** **PUBH 560:** Week 7 discussion forum on environmental justice; midterm. **PUBH 580:** The importance of awareness of cultural values and practices is present throughout every module of the course.
9. Design a population-based policy, program, project or intervention.	**PUBH 510:** Introduction to Epidemiology **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health	**PUBH 510:** Study design paper. **PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Project paper focused on solutions to a variety of environmental issues.
10. Explain basic principles and tools of budget and resource management.	**PHAR 506:** Pharmacy Management	**PHAR 506:** Weeks 8 (human resources) and 9 (pharmacy finance) discussion; Project 3. Week 11 (pharmacy finance, cont.) discussion; Project 4.
11. Select methods to evaluate public health programs.	**PUBH 550:** Program Evaluation and Research Methods	**PUBH 550:** Create a plan to evaluate a public health program in final project.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.	**PUBH 535:** Public Health Policy **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Case studies (Schneider and Ingram's Social Constructions theory and who gets the benefits vs. who gets the burdens). **PUBH 580:** Week 6 discussion forum and reflection related to the global burden of disease: HIV, tuberculosis, and malaria.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	**PUBH 540:** Social and Behavioral Science in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums (introduction to Community and Group Models of Health Behavior Change; improving health through community engagement, community organization, and community building); final paper. **PUBH 560**: Discussion forum in Week 3 (sustainability and health) and Week 16 (communicating environmental health).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	**PUBH 535:** Public Health Policy **PUBH 580:** Rural Health Issues in a Global Context **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 535:** Final project (students create an issue brief and presentation). **PUBH 580:** Week 10 discussion forum and reflection related to stigma reduction, harm reduction, and 'undesirable' populations. **PHAR 559:** Population health research outline; weekly discussions (Week 3 FQHCs and innovations in population health; Week 5 population health and pharmacy practice). .
15. Evaluate policies for their impact on public health and health equity.	**PUBH 535:** Public Health Policy **PUBH 580:** Rural Health Issues in a Global Context **PHAR 514:** Pharmacy Ethics	**PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 580:** Week 3 discussion forum and reflection related to health systems in a biosocial context. **PHAR 514:** Final paper (Ethical question: Ought a pharmacist be allowed to abstain from dispensing Mifeprex if it goes against their personal beliefs or is the patient's right to receive prompt medical care override personal belief?); final exam.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.	**PUBH 540:** Social and Behavioral Sciences in Public Health	**PUBH 540:** Discussion forums (social support and health, community and group models of health behavior change, improving health through community engagement, community organization, and community building); quizzes**.**
17. Apply negotiation and mediation skills to address organizational or community challenges.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums (community and group models of health behavior change, improving health through community engagement, community organization, and community building); quizzes**.** **PUBH 560:** Week 16 discussion forum on risk assessment and communicating environmental health.
Communication		
18. Select communication strategies for different audiences and sectors.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health **PHAR 506:** Pharmacy Management	**PUBH 520:** Project 2 (dataset in R, list of tasks / questions). **PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how students got from step 1 to step 8). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam. **PHAR 506:** Week 2 discussion: effective communication.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	**PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 595:** Applied Practice Experience **PUBH 559:** Public Health and Pharmacoecomonics	**PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how students got from step 1 to step 8). **PUBH 540:** Discussion forums (introduction to models of interpersonal influences on health behavior and interpersonal communication in health and illness). **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation. **PHAR 559:** Population health research outline; weekly discussions (Week 3 FQHCs and innovations in population health; Week 5 population health and pharmacy practice). .
20. Describe the importance of cultural competence in communicating public health content.	**PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Week 16 discussion forum on communicating environmental health. **PUBH 580:** The importance of cultural competence in communicating public health content is presented throughout the course.
Interprofessional Practice		
21. Perform effectively on interprofessional teams.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. An event is provided each semester. Upon completion of the event, students submit a three page reflection paper.
Systems Thinking		
22. Apply systems thinking tools to a public health issue.	**PUBH 550:** Program Evaluation and Research Methods **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 550:** Draw a causal loop diagram to visualize the system of a public health problem. **PUBH 560:** In the Week 1 discussion forum on ecology and human impacts on ecosystems, students must include either a process map or a causal loop to support their response to the discussion question. **PUBH 580:** Systems thinking as related to global health priorities and practice is present in all modules of the course.

Table 39. Assessment of competencies for the DPT / MPH program.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Evidence-Based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics	**PUBH 510:** Assignment #2 (measures of disease frequency). **PUBH 520:** Assignments 2 (study design and bias); 3 (summarizing data and variables); and 4 (descriptive epidemiology).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	**PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**PUBH 520:** Assignment 2 (study design and bias); midterm; final. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Specify data collection methods appropriate for a public health program evaluation in final project**.**
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 550:** Program Evaluation and Research Methods	**PUBH 510:** Assignments #2 (measures of disease frequency) and #5 (causal inference; bias, confounding and interaction); study design paper. **PUBH 520:** Assignments 1-10; Projects 1 and 2 (dataset in R, list of tasks / questions); midterm; final. **PUBH 550:** Conduct a content analysis of qualitative data; conduct descriptive data analysis.
4. Interpret results of data analysis for public health research, policy or practice.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 540:** Social and Behavioral Science in Public Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 510:** Assignments #4 (cohort studies) and #5 (causal inference; bias, confounding and interaction); midterm. **PUBH 520:** Project 2 (dataset in R, list of tasks / questions); Assignments 7-10; final exam. **PUBH 540:** Final paper. **PUBH 580:** Week 4 discussion forum and reflection related to global health information.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
Public Health and Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international setting.	**PUBH 530:** Public Health Administration and Management **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context **PT 503:** Physical Therapy and Health Care System **PT 570:** Psychosocial Aspects of Health and Wellness **PT 572:** Practice and Administration	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 560:** Week 2 discussion forum on ecology, ecosystems, One Health, and systems thinking; Week 3 discussion forum on sustainability and health. **PUBH 580:** Week 5 discussion forum and reflection related to the global health landscape: players, policies, and priorities. **PT 503:** Quizzes; professions presentation; and final exam (history of physical therapy, the American Physical Therapy Association, and the healthcare system). **PT 570:** Online forum and weekly reflection (intersectionality; disability in culture and society). **PT 572:** Business model canvas assignment.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels.	**PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context **PT 503:** Physical Therapy and Health Care System	**PUBH 560:** Week 7 discussion forum on environmental justice. **PUBH 580:** Throughout the course, in particular in Week 10 discussion forum and reflection related to Stigma reduction, harm reduction, and 'undesirable' populations. **PT 503:** Quizzes; professions presentation; final exam (professions, professional behaviors, and PT / PTA relationship; ethical and legal practice).
Planning and Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	**PUBH 530:** Public Health Administration and Management **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 550:** Program Evaluation and Research Methods **PUBH 580:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 540:** Journals (health behavior theories that focus on individuals, Integrated Behavioral Model). **PUBH 550:** Create a community needs assessment plan**.** **PUBH 580:** Week 8 discussion forum and reflection related to evidence-based global health practice part 1: perception, representation and measurement.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Rural Health Issues in a Global Context	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context **PT 503:** Physical Therapy and Health Care System **PT 570:** Psychosocial Aspects of Health and Wellness	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 540:** Discussion forums and journals (theorizing culture-centered and cultural sensitivity approaches)**.** **PUBH 560:** Week 7 discussion forum on environmental justice; midterm. **PUBH 580:** Awareness of the importance of cultural values and practices to the design or implementation of public health policies or programs is a consistent theme in all modules of the course. **PT 503:** Quizzes; professions presentation; final exam (ethical and legal practice). **PT 570:** Online forums; weekly reflections; and final project (fatness / fitness - bias in exercise professions; disability in culture and society; LGBTQIA+/PT Proud).
9. Design a population-based policy, program, project or intervention.	**PUBH 510:** Introduction to Epidemiology **PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health **PT 570:** Psychosocial Aspects of Health and Wellness	**PUBH 510:** Study design paper. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Project paper focused on solutions to a variety of environmental issues. **PT 570:** Final project (engage with the emotional and empathetic content of a chosen topic).
10. Explain basic principles and tools of budget and resource management.	**PUBH 530:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Public Health Administration and Management **PT 572:** Practice and Administration	three stages: assessment, planning, and implementation). **PT 572:** Accounting and finance quiz.
11. Select methods to evaluate public health programs.	**PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Create a plan to evaluate a public health program in final project.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 570:** Ethics in Public Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Case studies (Schneider and Ingram's Social Constructions theory and who gets the benefits vs. who gets the burdens). **PUBH 570:** Case studies discussion questions each week. **PUBH 580:** Week 6 discussion forum and reflection related to the global burden of disease: HIV, tuberculosis, and malaria.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	**PUBH 530:** Public Health Administration and Management **PUBH 540:** Social and Behavioral Science in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 540:** Discussion forums **(**introduction to Community and Group Models of Health Behavior Change; improving health through community engagement, community organization, and community building**)**, final paper. **PUBH 560**: Discussion forum in Week 3 (Sustainability and Health) and Week 16 (Communicating Environmental Health).
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	PUBH 580: Rural Health Issues in a Global Context **PH 520:** Geriatric PT **PT 570:** Psychosocial Aspects of Health and Wellness	**PUBH 535:** Final project (students create an issue brief and presentation). **PUBH 580:** Week 10 discussion forum and reflection related to stigma reduction, harm reduction, and 'undesirable' populations. **PT 520:** Quiz #1 (differentiate the various roles of the interdisciplinary team for the prevention and treatment of osteoporosis). **PT 570:** Online forums and weekly reflections. (bias in exercise professions; disability in culture and society; LGBTQIA+/PT Proud).
15. Evaluate policies for their impact on public health and health equity.	**PUBH 535:** Public Health Policy **PUBH 570:** Ethics in Public Health **PUBH 580:** Rural Health Issues in a Global Context **PT 503:** Physical Therapy and Health Care System	**PUBH 535:** Deliverable #4 (combines three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs). **PUBH 570:** Final project includes evaluating policies with regards to ethics and equity. **PUBH 580:** Week 3 discussion forum and reflection related to health systems in a biosocial context. **PT 503:** Quizzes; professions presentation; and final exam (patient / client management model and interprofessional education).
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.	**PUBH 530:** Public Health Administration and Management **PUBH 540:** Social and Behavioral Sciences in Public Health **PT 572:** Practice and Administration	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 540:** Discussion forums (social support and health, community and group models of health behavior change, improving health through community engagement, community organization, and community building); quizzes. **PT 572:** Marketing plan proposal; final project.
17. Apply negotiation and mediation skills to address organizational or community challenges.	**PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540:** Discussion forums (community and group models of health behavior change, improving health through community engagement, community organization, and community building); quizzes**.** **PUBH 560:** Week 16 discussion forum on risk assessment and communicating environmental health.
Communication		
18. Select communication strategies for different audiences and sectors.	**PUBH 520:** Fundamentals of Biostatistics	**PUBH 520:** Project 2 (dataset in R, list of tasks / questions).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	PUBH 530: Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health	**PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how you got from step 1 to step 8). **PUBH 560:** Week 16 discussion forum on communicating environmental health; final exam.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	**PUBH 530:** Public Health Administration and Management **PUBH 535:** Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 595:** Applied Practice Experience	**PUBH 530:** Presentation Deliverable #3 (selecting stakeholders and strategies to present the Community Action Plan to). **PUBH 535:** Final presentation (explains the policy issue and the recommendations/outcomes and how students got from step 1 to step 8). **PUBH 540:** Discussion forums (introduction to models of interpersonal influences on health behavior and interpersonal communication in health and illness. **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation.
20. Describe the importance of cultural competence in communicating public health content.	**PUBH 535:** Public Health Policy **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 535:** Deliverable #3 (constructing the alternatives, creating a comprehensive list of policy solutions to student topics). **PUBH 560:** Week 16 discussion forum on communicating environmental health. **PUBH 580:** Present across all modules of the course but in particular can be found in Week 9 discussion forum related to evidence-based global health practice part 2: developing and implementing interventions in low resource settings; health capacity strengthening.
Interprofessional Practice		
21. Perform effectively on interprofessional teams.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. Upon completion of the event, students submit a three page reflection paper.
Systems Thinking		
22. Apply systems thinking tools to a public health issue.	**PUBH 530:** Public Health Administration and Management **PUBH 550:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Program Evaluation and Research Methods **PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 550:** Draw a causal loop diagram to visualize the system of a public health problem. **PUBH 560:** In the Week 1 discussion forum on ecology and human impacts on ecosystems, students must include either a process map or a causal loop to support their response to the discussion question. **PUBH 580:** Week 14 discussion forum related to emerging global health priorities.

4) Include the most recent syllabus from each course listed in Tables 35-39.

All of the Public Health (PUBH) course syllabi are presented in the **ERF: D. Masters syllabi, MPH.** For MPH-CHPS concentration-specific courses, syllabi are presented in the **ERF: D. Masters syllabi, CHPS.** For the MPA, PharmD, and DPT concentration-specific classes, the syllabi are presented in the **ERF D. Masters syllabi** folder (**MPA, PharmD, and DPT folders** respectively).

5) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. For each of our Masters programs (MPH, MPH-CHPS, MPH / MPA, PharmD / MPH, and DPT / MPH), we address each of the 22 competencies in our courses. We also require an assessment activity for each competency, during which instructors validate the student's ability to perform the competency.

Weaknesses. None noted.

D3. DrPH Foundational Competencies.

Not Applicable.

D4. MPH Concentration Competencies.

1) Provide a matrix that lists at least five competencies in addition to those defined in Criterion D2.

Five unique competencies specific to the MPH program, including assessments, are presented in **Table 40**.

Table 40. Assessment of MPH specific competencies.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Gather, integrate and analyze descriptive health data from rural or frontier settings.	**PUBH 510:** Introduction to Epidemiology **PUBH 520:** Fundamentals of Biostatistics **PUBH 530:** Public Health Administration and Management **PUBH 550:** Program Evaluation and Research Methods	**PUBH 510:** Study design paper; Assignment #3 (experimental epidemiology; randomized trials); final exam. **PUBH 520:** Assignment 2 (study design and bias); midterm; final. **PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 550:** Specify data collection methods appropriate for a public health program evaluation in final project**.**
2. Identify the common demographic characteristics of rural or frontier areas and their implications for provision of public health services.	**PUBH 560:** Environmental and Rural Health **PUBH 580:** Rural Health Issues in a Global Context	**PUBH 560:** Week 7 discussion forum on environmental justice; midterm; final exam. **PUBH 580:** Week 10 discussion forum and reflection related to stigma reduction, harm reduction, and 'undesirable' populations.
3. Explain the challenges associated with provision of environmental health services in the context of rural or frontier areas.	**PUBH 560:** Environmental and Rural Health	**PUBH 560:** Week 9 discussion forum on healthy communities; midterm.
4. Demonstrate basic understanding and respect for a multiplicity of values, beliefs, traditions and experiences and feelings of satisfaction or distress stemming from social determinants in rural or frontier settings.	**PUBH 530:** Public Health Administration and Management **PUBH 535:**	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PUBH 535:** Deliverable #4 (three steps in the Eightfold Path, selecting criteria, projecting the outcomes, and confronting the trade-offs).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
	Public Health Policy **PUBH 540:** Social and Behavioral Sciences in Public Health **PUBH 560:** Environmental and Rural Health	**PUBH 540: Week 7** discussion forum and journal (stress, coping, and health behavior). **PUBH 560:** Week 7 discussion forum on environmental justice; midterm.
5. Utilize basic statistical skills to reason about problems associated with the populations of low density and widespread geographic dispersion.	**PUBH 510:** Introduction to Epidemiology	**PUBH 510:** Assignment #3 (experimental epidemiology; randomized trials).

Seven unique competencies specific to the MPH-CHPS program, including assessments, are presented in **Table 41**.

Table 41. Assessment of MPH-CHPS specific competencies.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Assess needs, resources, and capacity for health education / promotion.	**CHTH 485:** Theories of Community Health Promotion **PUBH 550:** Program Evaluation and Research Methods	**CHTH 485:** Final paper and presentation. Students select a public health issue and describe the social and structural determinants of that issue. Students also identify and describe two different public health interventions for this issue. **PUBH 550:** Create a community needs assessment plan.
2. Plan health education / promotion.	**PUBH 544:** Community-Based Participatory Research Methods for Health **PUBH 550:** Program Evaluation and Research Methods	**PUBH 544:** Create a plan in the final project to implement a CBPR study that begins with establishing a Community Advisory Board and Memorandum of Understanding and ends with community participation in data collection, analysis and dissemination. **PUBH 550:** Create a logic model for program planning.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
3. Implement health education / promotion.	**PUBH 542:** Theoretical Foundations of Community Health	**PUBH 542:** Student-led weekly facilitation activities related to health education, health promotion, and public health.
4. Conduct evaluation and research related to health education / promotion.	**PUBH 550:** Program Evaluation and Research Methods	**PUBH 550:** Design and implement qualitative (interview) and quantitative (survey) program evaluations.
5. Administer and manage health education / promotion.	**PUBH 550:** Program Evaluation and Research Methods	**PUBH 550:** Identify potential partners and stakeholders as part of creating a community needs assessment plan.
6. Serve as a health education / promotion resource person.	**CHTH 485:** Theories of Community Health Promotion **PUBH 542:** Theoretical Foundations of Community Health	**CHTH 485:** Timed writing prompts; final paper and presentation. **PUBH 542:** Professional philosophy paper.
7. Communicate, promote, and advocate for health, health education / promotion, and the profession.	**CHTH 485:** Theories of Community Health Promotion	**CHTH 485:** Final paper and presentation. Students select a public health issue and describe the social and structural determinants of that issue. Students also identify and describe two different public health interventions for this issue.

Five unique competencies specific to the MPH / MPA program, including assessments, are presented in **Table 42**.

Table 42. Assessment of MPH / MPA specific competencies**.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. To understand the nature, context, dilemmas, and foundations of public administration.	**PUAD 501:** Public Administration	**PUAD 501:** Week 2 connections discussion, Assignment #1. Students evaluated on laying the foundation to effectively work with teams; politics-administration dichotomy; and historical debates underpinning public administration and how we collectively address them.
2. Apply conceptual frameworks within which to examine your role as public servants (theory to practice).	**PUAD 501:** Public Administration	**PUAD 501:** Week 5 SECA, Assignment #1. Students evaluated on representative bureaucracy; managing internal and external dynamics; and organizational obstacles.
3. Advance our understanding of *cultural awareness*: what it means to be conscious of our own biases, and how we can de-center our own privileges through the examination of diversity of thought and unpacking systematic norms.	**PUBH 560:** Environmental and Rural Health **PUAD 501:** Public Administration **PUAD 503:** Policy Analysis	**PUBH 560:** Week 7 discussion forum on environmental justice; midterm. **PUAD 501:** Week 4 connections discussion, Assignment #1. Students evaluated on understanding public administration in an environment of separation of powers; power of decision making; assessing hierarchical structures. **PUAD 503:** Week 6 discussion forum on cost-benefit analysis and race analysis.
4. Select and apply policy analysis techniques, with consideration of given policy problems, contexts, and goals with an emphasis of understanding on cultural awareness.	**PUBH 570:** Ethics in Public Health **PUAD 503:** Policy Analysis	**PUBH 570:** Case studies discussion questions each week. **PUAD 503:** Week 2 discussion forum on "What is Policy Analysis?"; final project.
5. Effectively communicate, in written and spoken forms through different means of technology to more fully understand policy analysis procedures.	**PUBH 560:** Environmental and Rural Health **PUBH 595:** Applied Practice Experience **PUAD 503:** Policy Analysis	**PUBH 560:** Week 16 discussion forum on communicating environmental health. **PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation. **PUAD 503:** White paper project presentations.

Five unique competencies specific to the PharmD / MPH program, including assessments, are presented in **Table 43.**

Table 43. Assessment of PharmD / MPH specific competencies**.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity[n]
1. Understand administrative procedures and policies as they relate to public health and pharmacy practice.	**PUBH 580:** Rural Health Issues in a Global Context **PHAR 506:** Pharmacy Management **PHAR 514:** Pharmacy Ethics **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 580:** Week 3 discussion forum and reflection related to health systems in a biosocial context. **PHAR 506:** Project #1A: Team Building/Planning Layout; Project #1B: Operation Unit Plan (Budget). **PHAR 514:** Final paper related to Mifeprex, personal beliefs, and patient's right to receive prompt medical care. **PHAR 559:** Population health research outline.
2. Apply ethical theory to analyze ethical dilemmas in health care and pharmacy practice scenarios.	**PUBH 580:** Rural Health Issues in a Global Context **PHAR 514:** Pharmacy Ethics	**PUBH 580:** Week 6 discussion forum and reflection related to the global burden of disease: HIV, tuberculosis, and malaria. **PHAR 514:** Final paper related to Mifeprex, personal beliefs, and patient's right to receive prompt medical care.
3. Recognize opportunities for pharmacist involvement in public health systems and population health initiatives.	**PUBH 550:** Program Evaluation and Research Methods **PUBH 580:** Rural Health Issues in a Global Context **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 550:** Create a community needs assessment plan. **PUBH 580:** Week 8 discussion forum and reflection related to evidence-based global health practice part 1: perception, representation and measurement. **PHAR 559:** Population health research outline.
4. Identify priority issues in public health and their connections to pharmacy practice.	**PUBH 550:** Program Evaluation and Research Methods **PHAR 559:** Public Health and Pharmacoeconomics	**PUBH 550:** Create a community needs assessment plan**.** **PHAR 559:** Population health research outline.
5. Describe biological, social, environmental, and economic determinants of health and systemic issues that contribute to health inequities.	**PUBH 510:** Introduction to Epidemiology **PHAR 550:** Drug Literature Evaluation **PHAR 559:**	**PUBH 510:** Assignments #4 (cohort studies) and #5 (critical review of epidemiological studies); midterm. **PHAR 550:** Quizzes; drug information consult project. **PHAR 559:** Week 7 Epidemiology homework (disease surveillance).

Competency	Course number(s) and name(s)	Describe specific assessment opportunity[n]
	Public Health and Pharmacoeconomics	

Five unique competencies specific to the DPT / MPH program, including assessments, are presented in **Table 44.**

Table 44. Assessment of DPT / MPH specific competencies**.**

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Describe the core competencies of interprofessional collaborative practice.	**PUBH 594:** Integrative Learning Experience	**PUBH 594:** All students must attend one Interprofessional Education event hosted by UM and turn in an assessment of their ability to perform effectively on interprofessional teams. Upon completion of the event, students submit a three page reflection paper.
2. Describe general ethical theory and principles.	**PUBH 570:** Ethics in Public Health **PUBH 580:** Rural Health Issues in a Global Context **PT 503:** Physical Therapy and Health Care System	**PUBH 570:** Case studies discussion questions each week. Final project includes evaluating policies with regards to ethics and equity. **PUBH 580:** Week 3 discussion forum and reflection related to health systems in a biosocial context. **PT 503:** Quizzes and professions presentation related to ethical and legal practice (appreciate the duties articulated in the American Physical Therapy Association Code of Ethics).
3. Understand the sociocultural, psychological and economic influences on health behavior and responses to disability, acute, chronic and terminal health conditions, and disability, and the implications for practice.	**PUBH 530:** Public Health Administration and Management **PT 503:** Physical Therapy and Health Care System **PT 570:** Psychosocial Aspects of Health and Wellness	**PUBH 530:** Deliverable #2, creation of a Community Action Plan (addressing all aspects of the ROMA cycle, the Plan will focus on the first three stages: assessment, planning, and implementation). **PT 503:** Quizzes and professions presentation related to disability and health; final exam. **PT 570:** Online forums, weekly reflections, and final project all related to responses of the PT, individual/client, family, and support network to the stress of terminal, chronic, and acute illness and disability.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
4. Demonstrate effective communication in situations that are stressful, difficult or emotionally complex, given a health care problem or case study.	**PUBH 595:** Applied Practice Experience **PT 570:** Psychosocial Aspects of Health and Wellness	**PUBH 595:** The final product is a portfolio that includes at least two distinct written products, as well as an oral presentation. **PT 570:** Project presentation at the conclusion of the semester.
5. Identify the political, economic, and societal trends that are currently influencing the healthcare system and the practice of PT.	**PT 520:** Geriatric PT **PT 572:** Practice and Administration	**PT 520:** Comprehensive final exam. **PT 572:** Value proposition Canvas assignment.

2) For degrees that allow students to tailor concentration coursework and / or competencies at an individual level in consultation with an advisor, the program must present evidence that demonstrate that each student and advisor create a matrix for the plan of study.

Not Applicable.

3) Include the most recent syllabus for each course listed in Tables 40-44.

All of the Public Health (PUBH) course syllabi are presented in the **ERF: D. Masters syllabi, MPH.** For MPH-CHPS concentration specific courses, syllabi are presented in the **ERF: D. Masters syllabi, CHPS.** For the MPA, PharmD, and DPT concentration specific classes, the syllabi are presented in the **ERF D. Masters syllabi** folder (**MPA, PharmD, and DPT folders** respectively).

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. For each of our Masters programs (MPH, MPH CHPS, MPH / MPA, PharmD / MPH, and DPT / MPH), we have identified program specific competencies that are in addition to the 22 foundational competencies. We also require an assessment activity for each program specific competency, during which instructors validate the student's ability to perform the competency.

Weaknesses. None noted.

D5. MPH Applied Practice Experiences.

1) Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

All students in the MPH programs are required to take PUBH 595, Applied Practice Experience (APE). Per the APE Guidelines, the student, APE academic advisor and site mentor (referred to as the APE team) identify at least five competencies related to the student's APE. A least three must be foundational competencies and at least two must be drawn from the concentration-specific areas of the student's program. These competencies are listed in the student's APE proposal, and also communicated in the student's final presentation at the conclusion of the semester.

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

The following website contains the information for the APE: https://www.umt.edu/public-community-health-sciences/graduate/masters/mphcapstones/default.php

In the **ERF**, the following documents related to the APE are presented:

- **22. D5.2 PUBH 595 APE syllabus**
- **23. D5.2 PUBH 595 APE guidelines**
- **24. D5.2 PUBH 595 APE proposal**
- **25. D5.2 PUBH 595 APE grading rubric**
- **26. D5.2 PUBH 595 APE student site assessment**

3) Provide samples of practice-related materials for individual students.

In Tables **45 and 46** below, we provide examples of APE products for both the MPH and MPH-CHPS programs, respectively, from the last three years. In the **ERF**, complete sets of materials are provided for each of the students (**D5. PUBH 595 APE examples**).

Table 45. Examples of MPH APE products.

MPH Student 1: Specific products	Competencies
1. Abstract. 2. Poster Data Analysis. 3. BioBank Application.	1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate.
	4. Interpret results of data analysis for public health research, policy or practice.
	10. Explain basic principles and tools of budget and resource management.
	*1. Gather, integrate and analyze descriptive health data from rural or frontier settings.
	*5. Utilize basic statistical skills to reason about problems associated with the populations of low density and widespread geographic dispersion.

*Master's generalist concentration-specific competencies.

MPH Student 2: Specific products	Competencies
1. Cooking class curriculum. 2. Recipe book that includes "fun facts" pertaining to the ingredients and their nutritional and cultural significance as well as food sovereignty concepts. 3. Collaboration with Confederated Salish and Kootenai Tribe tribal health staff and Boys' & Girls' Club staff.	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
	9. Design a population-based policy, program, project, or intervention.
	21. Perform effectively on interprofessional teams.
	*2. Identify the common demographic characteristics of rural or frontier areas and their implications for provision of public health services.
	*4. Demonstrate basic understanding and respect for a multiplicity of values, believes, traditions and experiences and feelings of satisfaction or distress stemming from social determinants in rural or frontier settings.

*Master's generalist concentration-specific competencies.

MPH Student 3: Specific products	Competencies
1. Powerpoint presentation of results to Open Aid Alliance Board and Pharmacy School students. 2. Report for the Open Aid Alliance: Vaccination in Missoula; an analysis of vaccination among PWID from a local SSP.	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate.
	4. Interpret results of data analysis for public health research, policy or practice.
	7. Assess population needs, assets and capacities that affect communities' health.
	*4. Demonstrate basic understanding and respect for a multiplicity of values, believes, traditions and experiences and feelings of satisfaction or distress stemming from social determinants in rural or frontier settings.
	*5. Utilize basic statistical skills to reason about problems associated with the populations of low density and widespread geographic dispersion.

*Master's generalist concentration-specific competencies.

MPH Student 4: Specific products	Competencies
1. Video focused on Interprofessional Hotspotting, upstream healthcare, and social determinants of health. 2. Introductory presentation on hotspotting, upstream healthcare, and social determinants of health to the new student hotspotters.	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.
	14. Advocate for political, social and economic policies and programs that will improve health in diverse populations.
	21. Perform effectively on interprofessional teams.
	*3. Explain the challenges associated with provision of environmental health services in the context of rural or frontier areas.
	*4. Demonstrate basic understanding and respect for a multiplicity of values, believes, traditions and experiences and feelings of satisfaction or distress stemming from social determinants in rural or frontier settings.

*Master's generalist concentration-specific competencies.

MPH Student 5: Specific products	Competencies
1. Design of a survey to be administered to sanitarians across Montana. 2. Gather and analyze survey results to develop a comprehensive report to the Montana Environmental Health Association.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate.
	4. Interpret results of data analysis for public health research, policy or practice.
	*1. Gather, integrate and analyze descriptive health data from rural or frontier settings.
	*3. Explain the challenges associated with provision of environmental health services in the context of rural or frontier areas.

*Master's generalist concentration-specific competencies.

Table 46. Examples of MPH-CHPS APE products.

MPH-CHPS Student 1: Specific products	Competencies
1. Educational material for Bat Box educational event – best practices. 2. Educational material for mosquito control. 3. Pre-survey designed to understand the attitudes, beliefs, and perceptions towards bats and mosquito control.	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
	18. Select communication strategies for different audiences and sectors.
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
	*1. Assess needs, resources, and capacity for health education / promotion.
	*2. Plan health education / promotion.

*MPH-CHPS concentration-specific competencies.

MPH-CHPS Student 2: Specific products	Competencies
1. Produce a mixed methods survey tool to collect qualitative data and quantitative data. 2. Develop an evaluation report of the COVID Support Program and provided to All Nations.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	4. Interpret results of data analysis for public health research, policy or practice.
	11. Select methods to evaluate public health programs.
	*1. Assess needs, resources, and capacity for health education / promotion.
	*4. Conduct evaluation and research related to health education / promotion.

*MPH-CHPS concentration-specific competencies.

MPH-CHPS Student 3: Specific products	Competencies
1. Standardized Occupational Classification (SOC) Code Document. 2. Input Salary Data on Excel Spreadsheet. 3. Confluence Presentation: "Preliminary Findings of the Montana Public Health Workforce Salary Study". 4. Excel Pivot Tables for each SOC Classification.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software as appropriate.
	4. Interpret results of data analysis for public health research, policy, and practice.
	*1. Assess needs, resources, and capacity for health education / promotion.
	*7. Communicate, promote, and advocate for health, health education / promotion, and the profession.

*MPH-CHPS concentration-specific competencies.

MPH-CHPS Student 4: Specific products	Competencies
1. Literature review. 2. Secondary data analysis report on relationships between health status and food security among urban American Indian populations.	4. Interpret results of data analysis for public health research, policy, or practice.
	6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels.
	21. Perform effectively on interprofessional teams.
	*1. Assess needs, resources, and capacity for health education / promotion.
	*4. Conduct evaluation and research related to health education / promotion.

*MPH-CHPS concentration-specific competencies.

MPH-CHPS Student 5: Specific products	Competencies
1. Semi structured and remote interviews of up to 20 participants. 2. Creation of a white paper for participants. 3. Presentation at the 2022 Center for Population Health Research symposium and the 2022 Rocky Mountain Regional Wildfire Smoke Symposium.	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate.
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
	*1. Assess needs, resources, and capacity for health education / promotion.
	*7. Communicate, promote, and advocate for health, health education / promotion, and the profession.

*MPH-CHPS concentration-specific competencies.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, we have a very strong APE infrastructure in place that serves students from our MPH, MPH-CHPS, MPA / MPH, MPH / PharmD, and MPH / DPT programs. Led by Ms. Leigh Taggart, our students have conducted APE projects in support of multiple public health / healthcare sites throughout our region. In 2023, we received funding from Montana DPHHS to provide $500 stipends for eight students annually in the APE program. We have also seen several of our students turn an APE project into a longer-term employment opportunity with their sites. Overall, site mentors have been extremely positive to have our students work at their sites.

Weaknesses. Up until 2021, each of our faculty served as advisors for the APE class (PUBH 595). Although the APEs were successfully completed by our students, there was a lack of consistency in product expectations. To address this, we hired Ms. Leigh Taggart to run the APE class. This has resulted in a streamlined process for all students in our MPH and MPH-CHPS programs. Another weakness is that occasionally we have students that do not complete their APE responsibilities within a single semester. To address this, we have been more proactive in

encouraging students to meet with Ms. Taggart before the start of the semester. This has reduced the amount of incompletes, but this still remains a minor issue that we continue to address.

D6. DrPH Applied Practice Experience.
Not Applicable.

D7. MPH Integrative Learning Experience (ILE).

1) List the ILE for each MPH concentration, generalist degree, or combined degree option that includes the MPH.

Table 47. MPH ILE summary.

Integrative learning experience	How competencies are synthesized
All students in the MPH, MPH-CHPS, MPH / MPA, MPH / PharmD, and MPH / DPT take the PUBH 594 Integrative Learning Experience class. Final written products may include program evaluation reports, training manuals, policy statements, and legislative testimony with accompanying supporting research.	Students consult with their ILE academic advisor for guidance on the format of their written product. Students in consultation with their ILE academic advisor select four or more competencies and demonstrate how the ILE facilitates the integration of the selected competencies through the written product. The selected competencies must include at least one foundational competency and at least one concentration-specific competency.

2) Briefly summarize the process, expectations, and assessment for each ILE.

As part of PUBH 594, students consult with their ILE academic advisor for guidance on the format of the written product. Overall, the format should be determined by the requirements of the specific product and take into account the needs of the end user. The ILE is envisioned as an opportunity for the student to receive direct mentoring while in the public health program. As such, one faculty member serves as the primary academic advisor for the ILE. This faculty member can be either a core faculty member in the student's area of concentration or an affiliated faculty member, giving the student a wide range of potential exposure to professional activities across faculty supporting the public health programs at UM. The ILE academic advisor may be, but does not need to be, the student's primary academic advisor assigned to the student upon admission to the program. The ILE academic advisor works closely with the student to develop an ILE proposal. One additional faculty member serves as a reader and grader of the ILE. The faculty reader / grader is selected by the student in consultation with the ILE academic advisor. Students may also select an expert in their field of study outside UM as their second reader.

ILE Proposal form. The proposal form requires the student and the ILE academic advisor to detail the project's approach, associated public health foundational and concentration-specific competencies, and evidence of synthesis of competencies. The proposal form is located on the SPCHS website and should be completed prior to the start of the ILE.

Final written product and grading. The student submits the final written product to the ILE academic advisor and the reader / grader. The ILE academic advisor and the reader / grader complete a grading rubric to evaluate the ILE with regard to the student's demonstration of the selected competencies. After making any required changes, the student must submit a copy of their final, approved IPE written product to the SPCHS department office, where it will be kept on file.

As part of PUBH 594, public health students also must attend one Interprofessional Education (IPE) event. Events are hosted by the UM's IPE Committee each semester, and are attended by students from Physical Therapy, Pharmacy, Social Work, Speech and Communication, and Montana State University's Nursing program. Dates are posted on the public health capstone information page each semester, and sent out to students via email by Mr. Dye. At these four hour events (which also have a zoom option), students receive an introduction to the Interprofessional Education Collaborative competencies, a discussion of ethics and values in the health professions, and an experiential team-based activity. The faculty-facilitated experiential small group activity involves students from multiple disciplines working together to develop a plan of care, with the goal of all students learning more about different health-related fields and perspectives. Following the IPE event, ILE students submit a three page paper to the ILE academic advisor for grading.

3) Provide documentation that communicates ILE policies and procedures to students.

The following website contains the information for the ILE:
https://www.umt.edu/public-community-health-sciences/graduate/masters/mphcapstones/default.php

In the **ERF**, the following documents fully describe the requirements of PUBH 594, Integrative Learning Experience:

- **27. D7.3 PUBH 594 ILE syllabus**
- **28. D7.3 PUBH 594 ILE IPE description**
- **29. D7.3 PUBH 594 ILE guidelines**

4) Provide documentation that explains the methods through which faculty and/or other qualified individuals assess the ILE with regard to students' demonstration of the selected competencies.

The ILE proposal form is completed before the student begins the project. This form includes a description of the project, and a listing of the competencies that the student will address in their ILE project. After completion of the ILE, the advisor and second reader / grader evaluate the project using a standardized grading rubric. Examples of the student's IPE proposal form and grading rubric are provided in the **ERF:**

- **30. D7.3 PUBH 594 ILE proposal**
- **31. D7.3 PUBH 594 ILE grading rubric**

5) Include completed, graded samples of deliverables associated with each ILE option from different concentrations, if applicable. The SPCHS must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

In the **ERF**, examples of ILE products can be found in the **D7. PUBH 594 ILE examples** folder. These include four examples of ILE proposals / products for MPH students, one example of a MPH-CHPS ILE, one example of a MPH / MPA ILE, one example of a MPH / PharmD ILE, and one example of a MPH / DPT ILE.

6) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Similar to our PUBH 595 APE program, our ILE program (PUBH 594) is working very well. This class is also led by Ms. Leigh Taggart since Fall 2021, and serves students across all of our MPH programs. To meet the IPE requirement, any student that registers for PUBH 594 must also attend an IPE event hosted by the College of Health each semester. This has proved to be a great experience for our public health students to work with other professional school students in our College, including students from the Social Work, Physical Therapy, Speech and Communication, and Pharmacy programs. Overall, PUBH 594 ILE has been successful in facilitating the synthesis of foundational and concentration competencies for our students.

Weaknesses. Up until 2021, each of our faculty served as advisors for the ILE class (PUBH 594). Although the IPEs were successfully completed by our students, there was a lack of consistency in product expectations. Similar to PUBH 595 (APE), we also hired Ms. Leigh Taggart to run PUBH 594 (ILE), and now we have consistent expectations for all of the PUBH 594 students. Finally, we occasionally have students that do not complete their ILE responsibilities within a single semester. We have encouraged students to meet with Ms. Taggart prior to the start of the semester so they can get an early start on planning out their projects. For those students that do not complete their projects within the semester for which they have registered, they are assigned an incomplete grade and they complete the project in the following semester.

D8. DrPH Integrative Learning Experience.

Not Applicable.

D9. Public Health Bachelor's Degree Foundational Domains.

1) Provide a matrix that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated.

Table 48 presents our core public health classes across the generalist, community health, and global health concentrations. For reference, I = Introduced: Students gain knowledge through instructor delivery of content, instructional material, and/or other course-related materials. Introduced content may not be directly assessed; it may support rather be central to the content of the course. C = Covered: Students are assessed on the concept through homework, quizzes, projects, essays, or exams. Covered content is directly assessed in the course and is central to the course content.

Table 48. Mapping of public health bachelor's domains

Public Health Domains		PUBH 101S Introduction to Public Health	PUBH 225 Public Health Policy	PUBH 325 Environmental and Occupational Health	CHTH 355 Theory and Practice of Health Education and Health Promotion	CHTH 491 Principles of Epidemiology	PUBH 475E Issues in Medical and Public Health Ethics
1. Math / Quantitative Reasoning: Identify and apply the concepts and applications of basic statistics							
	Concepts of basic statistics	I		I		I, C	
	Applications of basic statistics	I		I		I, C	
2. Science: Address the foundations of biological and life sciences							
	Foundations of biological & life sciences	I, C				I	
3. Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society							
	Public health history	I, C	I, C	I, C	I	I, C	I
	Public health philosophy	I, C	I, C	I, C	I	I, C	I, C

Public Health Domains		PUBH 101S Introduction to Public Health	PUBH 225 Public Health Policy	PUBH 325 Environmental and Occupational Health	CHTH 355 Theory and Practice of Health Education and Health Promotion	CHTH 491 Principles of Epidemiology	PUBH 475E Issues in Medical and Public Health Ethics
	Core PH values	I, C	I, C	I, C	I, C	I, C	I, C
	Core PH concepts	I, C	I, C	I, C	I, C	I, C	I, C
	Global functions of PH	I, C	I, C	I, C	I	I, C	I, C
	Societal functions of PH	I, C	I, C	I, C	I, C	I, C	I, C
4. Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice							
	Basic concepts of data collection	I, C	I, C	I	I, C	I, C	
	Basic methods of data collection	I, C	I, C	I	I, C	I, C	
	Basic tools of data collection	I, C	I, C	I	I, C	I, C	
	Data usage	I, C	I, C	I	I, C	I, C	
	Data analysis	I	I	I	I, C	I, C	
	Evidence-based approaches	I, C	I, C	I	I, C	I, C	
5. Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations							
	Population health concepts	I, C	I, C	I, C	I, C	I, C	I, C
	Introduction to processes & approaches to identify needs & concerns of populations	I, C	I, C	I, C	I, C	I, C	I, C

Public Health Domains		PUBH 101S Introduction to Public Health	PUBH 225 Public Health Policy	PUBH 325 Environmental and Occupational Health	CHTH 355 Theory and Practice of Health Education and Health Promotion	CHTH 491 Principles of Epidemiology	PUBH 475E Issues in Medical and Public Health Ethics
	Introduction to approaches & interventions to address needs & concerns of populations	I, C	I, C	I, C	I, C	I, C	I, C
6. Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course							
	Science of human health & disease	I, C		I, C	I	I, C	I
	Health promotion	I		I, C	I, C	I, C	I
	Health protection	I, C		I, C	I, C	I, C	I
7. Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities							
	Socio-economic impacts on human health & health disparities	I, C	I, C	I, C	I, C	I, C	I, C
	Behavioral factors impacts on human health & health disparities	I, C	I, C	I, C	I, C	I, C	I, C
	Biological factors impacts on human health & health disparities	I, C	I, C	I, C	I	I, C	I, C
	Environmental factors impacts on human health & health disparities	I, C	I, C	I, C	I	I, C	I, C

Public Health Domains		PUBH 101S Introduction to Public Health	PUBH 225 Public Health Policy	PUBH 325 Environmental and Occupational Health	CHTH 355 Theory and Practice of Health Education and Health Promotion	CHTH 491 Principles of Epidemiology	PUBH 475E Issues in Medical and Public Health Ethics
8. Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation							
	Introduction to planning concepts & features	I, C			I, C	I	
	Introduction to assessment concepts & features	I			I, C		
	Introduction to evaluation concepts & features	I			I, C		
9. Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries							
	Characteristics & structures of the U.S. health system	I, C	I, C	I	I	I	I
	Comparative health systems	I, C	I, C		I	I	I
10. Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government							
	Legal dimensions of health care & public health policy	I	I, C		I		I, C
	Ethical dimensions of health care & public health policy	I	I, C		I		I, C

Public Health Domains		PUBH 101S Introduction to Public Health	PUBH 225 Public Health Policy	PUBH 325 Environmental and Occupational Health	CHTH 355 Theory and Practice of Health Education and Health Promotion	CHTH 491 Principles of Epidemiology	PUBH 475E Issues in Medical and Public Health Ethics
	Economical dimensions of health care & public health policy	I	I, C		I		I, C
	Regulatory dimensions of health care & public health policy	I	I, C		I		I, C
	Governmental agency roles in health care & public health policy	I	I, C		I		I, C
11. Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology							
	Technical writing	I, C	I, C	I, C	I, C	I, C	I, C
	Professional writing	I, C	I, C	I, C	I, C	I, C	I, C
	Use of mass media	I, C	I, C	I, C	I	I, C	I, C
	Use of electronic technology	I, C	I, C	I, C	I	I, C	I, C

Table 48, cont. Mapping of Public Health Bachelor's Domains.

Public Health Domains		CHTH 414 Health and Culture: A Global Perspective	PUBH 155 Reimagining Global Public Health	CHTH 445 Program Planning in Community Health	CHTH 485 Theories of Community Health Promotion	HTH 370 Peer Health Education
1. Math / Quantitative Reasoning: Identify and apply the concepts and applications of basic statistics						
	Concepts of basic statistics		I	I	I	
	Applications of basic statistics		I	I	I	
2. Science: Address the foundations of biological and life sciences						
	Foundations of biological & life sciences			I, C	I	
3. Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society						
	Public health history	I, C	I, C	I, C	I, C	
	Public health philosophy	I, C	I, C	I, C	I, C	
	Core PH values	I, C	I, C	I, C	I, C	I
	Core PH concepts	I, C	I, C	I, C	I, C	I
	Global functions of PH	I, C	I, C	I, C	I, C	
	Societal functions of PH	I, C	I, C	I, C	I, C	
4. Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice						
	Basic concepts of data collection	I	I, C	I, C	I	I
	Basic methods of data collection		I	I, C	I	I
	Basic tools of data collection		I	I, C	I	I
	Data usage		I, C	I, C	I	I
	Data analysis		I	I, C	I	I

Public Health Domains		CHTH 414 Health and Culture: A Global Perspective	PUBH 155 Reimagining Global Public Health	CHTH 445 Program Planning in Community Health	CHTH 485 Theories of Community Health Promotion	HTH 370 Peer Health Education
	Evidence-based approaches		I, C	I, C	I	I, C
5. Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations						
	Population health concepts	I, C	I, C	I, C	I, C	I, C
	Introduction to processes & approaches to identify needs & concerns of populations	I, C	I, C	I, C	I, C	I, C
	Introduction to approaches & interventions to address needs & concerns of populations	I, C	I, C	I, C	I, C	I, C
6. Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course						
	Science of human health & disease		I, C	I, C	I, C	I, C
	Health promotion		I, C	I, C	I, C	I, C
	Health protection		I, C	I, C	I, C	I, C
7. Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities						
	Socio-economic impacts on human health & health disparities	I, C	I, C	I, C	I, C	I, C
	Behavioral factors impacts on human health	I, C	I, C	I, C	I, C	I, C

Public Health Domains		CHTH 414 Health and Culture: A Global Perspective	PUBH 155 Reimagining Global Public Health	CHTH 445 Program Planning in Community Health	CHTH 485 Theories of Community Health Promotion	HTH 370 Peer Health Education
	& health disparities					
	Biological factors impacts on human health & health disparities	I, C	I, C	I, C	I, C	I, C
	Environmental factors impacts on human health & health disparities	I, C	I, C	I, C	I, C	I, C
8. Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation						
	Introduction to planning concepts & features	I	I, C	I, C	I, C	I, C
	Introduction to assessment concepts & features	I	I, C	I, C	I, C	I, C
	Introduction to evaluation concepts & features	I	I, C	I, C	I, C	I, C
9. Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries						
	Characteristics & structures of the U.S. health system	I, C	I, C	I, C	I, C	
	Comparative health systems	I, C	I, C	I, C	I, C	

Public Health Domains		CHTH 414 Health and Culture: A Global Perspective	PUBH 155 Reimagining Global Public Health	CHTH 445 Program Planning in Community Health	CHTH 485 Theories of Community Health Promotion	HTH 370 Peer Health Education
10. Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government						
	Legal dimensions of health care & public health policy	I, C	I, C	I, C	I, C	
	Ethical dimensions of health care & public health policy	I, C	I, C	I, C	I, C	
	Economical dimensions of health care & public health policy	I, C	I, C	I, C	I, C	
	Regulatory dimensions of health care & public health policy	I, C	I, C	I, C	I, C	
	Governmental agency roles in health care & public health policy	I, C	I, C	I, C	I, C	
11. Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology						
	Technical writing	I, C		I, C	I, C	
	Professional writing	I, C		I, C	I, C	
	Use of mass media	I, C		I, C	I, C	I, C
	Use of electronic technology	I, C		I, C	I, C	I, C

2) Include the most recent syllabus from each course listed in Table 48.

All of the syllabi for the BS in Public Health program are found in the **ERF: D. Undergraduate Syllabi.**

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. As evidenced in **Table 48**, our undergraduate classes have been developed to meet each of the 11 bachelor's degree foundational domains.

Weaknesses. None noted.

D10. Public Health Bachelor's Degree Foundational Competencies.

1) Provide a matrix that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.

Table 49. Mapping of public health bachelor's foundational competencies.

Competencies		Course number and name	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	**PUBH 101S:** Introduction to Public Health **PUBH 225:** Public Health Policy **PUBH 325:** Environmental and Occupational Health **CHTH 355:** Theory and Practice of Health Education and Health Promotion **CHTH 491:** Principles of Epidemiology **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**PUBH 101S:** Two in-class "Picture of Health" presentations. **PUBH 225:** Client calls class presentation; Assignment 4 class presentation. **PUBH 325:** Case study presentations to class. **CHTH 355:** Week 10 communicating health information quiz. **CHTH 491:** Study design presentation. **CHTH 445:** Program plan oral class presentation. **CHTH 485:** Final paper class presentation.
	Written communication	**PUBH 101S:** Introduction to Public Health **PUBH 225:** Public Health Policy **PUBH 325:** Environmental and Occupational Health **CHTH 414:** Health and Culture: A Global Perspective **CHTH 355:** Theory and Practice of Health Education and Health Promotion **PUBH 475E:** Issues in Medical and Public Health Ethics **PUBH 491:** Principles of Epidemiology **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**PUBH 101S:** Morbidity and mortality weekly report essay. **PUBH 225:** Mini-assignments 3-5. **PUBH 325:** Written reports on case studies and movie reviews. **CHTH 414:** Book review summary. **CHTH 355:** Week 7 writing of intervention plan. **PUBH 475E:** Term paper. **PUBH 491:** In-class writing exercises; study design written summary. **CHTH 445:** Program plan written product. **CHTH 485:** Writing prompts and final paper.

Competencies		Course number and name	Specific assessment opportunity
	Communicate with diverse audiences	**CHTH 355:** Theory and Practice of Health Education and Health Promotion **CHTH 414:** Health and Culture: A Global Perspective **PUBH 475E:** Issues in Medical and Public Health Ethics **CHTH 445:** Program Planning in Community Health	**CHTH 355:** Week 7 writing of intervention plan. **CHTH 414:** Book review summary. **PUBH 475E:** Term paper. **CHTH 445:** Program plan written product.
	Communicate through variety of media	**CHTH 355:** Theory and Practice of Health Education and Health Promotion **CHTH 445:** Program Planning in Community Health	**CHTH 355:** Week 11 group process assessment. **CHTH 445:** Program plan written product oral presentation.
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information			
	Locate information	**PUBH 225:** Public Health Policy **PUBH 325:** Environmental and Occupational Health **CHTH 355:** Theory and Practice of Health Education and Health Promotion **PUBH 475E:** Issues in Medical and Public Health Ethics **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**PUBH 225:** Assignment 2, policy scan and analysis. **PUBH 325:** Case study group assignments. **CHTH 355:** Week 4 quiz and group process assessment. **PUBH 475E:** Term paper. **CHTH 445:** Program plan written product. **CHTH 485:** Final paper and oral presentation.
	Use information	**PUBH 225:** Public Health Policy **PUBH 325:** Environmental and Occupational Health **CHTH 355:** Theory and Practice of Health Education and Health Promotion **PUBH 475E:** Issues in Medical and Public Health Ethics **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**PUBH 225:** Assignment 2, policy scan and analysis. **PUBH 325:** Case study group assignments. **CHTH 355:** Week 4 quiz and group process assessment. **PUBH 475E:** Term paper. **CHTH 445:** Program plan written product. **CHTH 485:** Final paper and oral presentation.
	Evaluate information	**PUBH 225:** Public Health Policy **PUBH 325:** Environmental and Occupational Health **CHTH 355:** Theory and Practice of Health Education and Health Promotion	**PUBH 225:** Assignment 2, policy scan and analysis. **PUBH 325:** Case study group assignments. **CHTH 355:** Week 4 quiz and group process assessment. **PUBH 475E:** Term paper.

Competencies		Course number and name	Specific assessment opportunity
		PUBH 475E: Issues in Medical and Public Health Ethics **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**CHTH 445:** Program plan written product. **CHTH 485:** Final paper and oral presentation.
	Synthesize information	**PUBH 225:** Public Health Policy **CHTH 355:** Theory and Practice of Health Education and Health Promotion **PUBH 475E:** Issues in Medical and Public Health Ethics **CHTH 445:** Program Planning in Community Health **CHTH 485:** Theories of Community Health Promotion	**PUBH 225:** Assignment 2, policy scan and analysis. **CHTH 355:** Week 4 quiz and group process assessment. **PUBH 475E:** Term paper. **CHTH 445:** Program plan written product. **CHTH 485:** Final paper and oral presentation.

2) Include the most recent syllabus from each course listed in Table 49.

All of the syllabi for the BS in Public Health program are found in the **ERF: D. Undergraduate Syllabi.**

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. As illustrated in **Table 49**, we provide numerous opportunities for undergraduate students to communicate public health information in both oral and written forms. Students also have opportunities to locate, use, evaluate, and synthesize public health information. Finally, we implement assessment activities in our undergraduate classes where instructors validate the student's ability to perform the respective competencies highlighted in **Table 49**.

Weaknesses. None noted.

D11. Public Health Bachelor's Degree Cumulative and Experiential Activities.

1) Provide a matrix that identifies the cumulative and experiential activities through which students integrate, synthesize, and apply knowledge as indicated.

Table 50. Cumulative and experiential activities for the Bachelor's degree.

Cumulative and Experiential Activity / Class	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
PUBH 225: Public Health Policy	As part of our Academic Health Department arrangement with Missoula Public Health, students are working on a project in Spring 2024 related to houselessness in Missoula. Students select a topic related to houselessness / encampments and will be creating a presentation with three components 1) research and overview of their topic, 2) reviewing policies related to their topic, 3) developing recommendations for Missoula Public Health.
PUBH 325: Environmental and Occupational Health	As part of our Academic Health Department arrangement with Missoula Public Health, students are working on a project in Spring 2024 related to houselessness in Missoula. Through guest presentations, students are exposed to other stakeholders in Missoula (including the local health department) that are addressing urban camping. As part of class discussions, students will identify and discuss the potential effects of urban camping in our community.
PUBH 498: Internship	As a requirement for the BS in Public Health degree, this class offers extended classroom experiences that provides practical application of classroom learning during job placements off campus.
CHTH 355: Theory and Practice of Health Education and Health Promotion	This course is designated as a service learning course. Service learning sites for this course include: Missoula Food Bank, Soft Landing Missoula, All Nations Health Center, Missoula County Suicide Prevention, and Drive Safe Missoula. Service learning is a method of teaching and learning in which students, faculty and community partners work together to enhance student learning by applying academic knowledge in a community-based setting. Student work addresses the needs of the community, as identified through collaboration with community or tribal partners, while meeting instructional objectives through faculty-structured service work and critical reflection meant to prepare students to be civically responsible members of the community.
HTH 370: Peer Health Education Peers Reaching Out (PRO) Training	The purpose of this course is to provide students with the opportunity to gain insight into student well-being and college health promotion strategies, then prepare them to be culturally informed peer health educators. Instruction is designed to meet two primary goals: 1) help students evaluate their personal and their peers' well-being; and 2) increase participants' knowledge and build the skill set necessary to develop and implement health promotion and trauma-informed prevention programming for fellow UM students.
HTH 395: Peer Health Education Practicum	The goal of the class is to give students professional, hands-on experience in the field of Health Promotion / Prevention and Wellness. This includes working towards improving the health of

Cumulative and Experiential Activity / Class	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
	students and of the campus community. Students lead individual, group, and population-based health promotion activities for UM students, including campus-wide prevention programming.

2) Include examples of student work that relate to the cumulative and experiential activities.

Three examples of final products from the PUBH 498 Internship class can be found in the **ERF (D11. PUBH 498 internship examples)**. These students built on the knowledge they learned through their coursework by participating in experiential learning activities in different professional settings.

3) Briefly describe the means through which the program implements the cumulative experience and field exposure requirements.

Our internship class (PUBH 498) is the primary way that our undergraduate students receive exposure to cumulative and experiential activities. PUBH 498 is offered in fall, spring, and summer, with students following the specific steps below when participating in the class:

- Complete application paperwork and submit to the Internship Coordinator during the last weeks of the current semester. The internship begins at the start of the next semester.
- Obtain the internship Job Description from the Site Supervisor.
- Develop and discuss Learning Objectives / Goals with the Internship Coordinator and Site-Supervisor. Collaborate with the Site Supervisor on at least one goal.
- Complete the online official Learning Agreement contract with Experiential Learning and Career Success. The Agreement will be formally approved by both the Site Supervisor and the Internship Coordinator before the internship begins.
- Perform the responsibilities outlined in the Job Description and engage professionally.
- Regularly meet with the Site Supervisor to gather feedback, discuss ideas, present questions, and if needed, note concerns.
- Maintain an Hour and Journal Log that is reviewed and signed by the Site Supervisor.
- Submit an evaluation from Experiential Learning and Career Success during the final weeks of the internship. Results will be shared with the Internship Coordinator for grading.
- Submit a four-part final portfolio to the Internship Coordinator at the end of the semester.

4) Include documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online.

Below are all of the supporting documents for Additional forms related to PUBH 498 are located in the **ERF**:

- **32. D11.4 PUBH 498 syllabus**
- **33. D11.4 PUBH 498 application**
- **34. D11.4 PUBH 498 checklist**
- **35. D11.4 PUBH 498 roles and responsibilities**
- **36. D11.4 PUBH 498 learning agreement fields**
- **37. D11.4 PUBH 498 journal and hours log**

Finally, we list internship opportunities for our students (both undergraduate and graduate students) on our Montana Public Health Training Center webpage:

https://www.umt.edu/mt-public-health-training/workforce-program/student_internships.php

D12. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences.

1) Briefly describe the manner in which the curriculum and co-curricular experiences provide opportunities for exposure to the identified concepts.

Table 51. Bachelor's degree cross-cutting concepts and experiences.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
1. Advocacy for protection and promotion of the public's health at all levels of society.	Our student-run Public Health Student Association focuses on advocacy both locally and statewide. Our School also provides numerous volunteer opportunities for students to promote public health in the community.
2. Community dynamics.	**CHTH 355** (Theory and Practice of Health Education and Health Promotion): This class has a service learning component where students can be involved with the following sites: Missoula Food Bank, Soft Landing Missoula, All Nations Health Center, Missoula County Suicide Prevention, and Drive Safe Missoula. **CHTH 485** (Theories of Community Health Promotion): Students learn to identify and assess the relevance of diverse theories for various public health issues, and to use theory to guide the design, implementation, and evaluation of health promotion interventions.
3. Critical thinking and creativity.	**PUBH 475E** (Issues in Medical and Public Health Ethics): Critical thinking skills are enhanced by participating in ethical analyses of case studies. **CHTH 491** (Principles of Epidemiology): Students develop skills to interpret and critically evaluate epidemiologic information from both media sources and published public health reports.
4. Cultural contexts in which public health professionals work.	**CHTH 414** (Health and Culture: A Global Perspective): This course focuses on various cultural, social, and behavioral aspects of local community health projects in the context of global health. This includes examination of a variety of different cultural conceptions, popular health cultures, health-related behaviors, and social representations.
5. Ethical decision making as related to self and society.	**PUBH 475E** (Issues in Medical and Public Health Ethics): Students gain familiarity with a broad range of ethical issues pertinent to health care and public health in the United States and abroad. **CHTH 485** (Theories of Community Health Promotion): Students are exposed to ethical considerations for health promotion initiatives with a focus on social justice and health equity.
6. Independent work and a personal work ethic.	In all of our classes, students are expected to work independently. Each instructor as well as the Undergraduate Advisor (Aimee Elliott) stresses the importance of having a strong personal work ethic in order to be successful in their program.
7. Networking.	**PUBH 498** (Public Health Internship): Students have the opportunity to build their professional network as they work on internships off campus. **CHTH 355** (Theory and Practice of Health Education and Health Promotion): This class has a service learning component that introduces students to individuals in the industry and provides introductory networking opportunities in a classroom setting as well as within the organizations participating in the service learning component. Students are invited to participate in quarterly community service activities that expose students to public health professionals, in addition to fellow peers, faculty, and alumni.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
8. Organizational dynamics.	**CHTH 445** (Program Planning in Community Health): Students are provided with an overview of planning, implementing, and evaluating health promotion programs, including conducting a health needs assessment and plan.
9. Professionalism.	In each of our syllabi, we highlight UM's Student Code of Conduct. This Code embodies and promotes honesty, integrity, accountability, and duties associated with citizenship as a student in our community at UM. The Code exists to protect the interests of the community and dignity of its members, and to challenge those behaviors which are not in accordance with our policies. This Code describes expected standards of behavior for all students, including academic conduct and general conduct, and it outlines students' rights, responsibilities, and the campus processes for adjudicating alleged violations. **PUBH 498** (Public Health Internship): Students have the opportunity to participate in internships in professional settings.
10. Research methods.	Led by our faculty, students have opportunities to work with research groups within our School. Numerous undergraduate students have taken advantage of these opportunities to learn the process of doing research.
11. Systems thinking.	**PUBH 101S** (Introduction to Public Health): Students learn about the fundamental characteristics and organizational structures of the United States health system as well as the differences between systems in other countries. **PUBH 155** (Reimagining Global Health: Biosocial Perspectives): Students learn about human biological and sociocultural systems and core components of health systems, including etiology, diagnosis, help-seeking, treatment, prevention, evaluation of efficacy and effectiveness, and health care traditions and sectors in several different sociocultural settings. **PUBH 225** (Public Health Policy): Students learn about the historical reference of the healthcare system and related public health policies in the United States. **PUBH 325** (Environmental and Occupational Health): Students learn about the interrelated components of our ecosystem.
12. Teamwork and leadership.	**PUBH 475E** (Issues in Medical and Public Health Ethics): Students work in group projects in discussions related to specific ethical issues. **CHTH 355** (Theory and Practice of Health Education and Health Promotion) Students participate in small-group service learning projects. **CHTH 445** (Program Planning in Community Health): Students work in group projects related to planning, implementing, and evaluating health promotion programs.

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above.

The syllabi for each of the classes referenced in **Table 51** are provided in the **ERF: D. Undergraduate syllabi.**

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. We believe that the classes and experiences listed in **Table 51** illustrate how we provide opportunities for our undergraduate students to learn cross-cutting concepts and experiences. Our curriculum exposes students to concepts and experiences necessary for success in the workplace, further education, and lifelong learning.

Weaknesses. In an effort to improve our academic offerings at the undergraduate level, we are interested in doing away with our Community Health and Global Health concentrations. Based on conversations with students with their advisor (Ms. Aimee Elliott), students are often confused about the different concentrations, and primarily focus on taking classes in our General Public Health concentration. We would like to get through accreditation and the site visit before submitting any substantive change forms to CEPH, but this is something we would like to pursue in the future. Having just one program (BS in Public Health – generalist) allows us to offer core classes in a more focused and sustainable fashion, and will improve the overall quality of our undergraduate offerings.

D13. MPH Program Length.

1) Provide information about the minimum credit-hour requirements for all MPH degree options.

Minimum degree requirements for the MPH, MPH-CHPS, MPH / MPA, and MPH / PharmD degrees are 42 credit hours. The MPH / DPT program is 43 credit hours.

2) Define a credit with regard to classroom / contact hours.

A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

1. One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester;

or

2. At least an equivalent amount of work for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. The one hour of work referred to above is approximate and may be reasonably met within a 50-60 minute time period.

D14. DrPH Program Length.

Not applicable.

D15. Bachelor's Degree Program Length.

1) Provide information about the minimum credit-hour requirements for all public health bachelor's degree options.

The BS in Public Health degree is 120 credits in length.

2) Define a credit with regard to classroom/contact hours.

A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

1. One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester;

or

2. At least an equivalent amount of work for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. The one hour of work referred to above is approximate and may be reasonably met within a 50-60 minute time period.

3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.

All college-level undergraduate credits earned at regionally accredited colleges or universities will be considered for transfer. UM Enrollment Services-Admissions determines whether or not courses are college level, the appropriate grading and credit conversion, and the applicability of transfer credit toward UM's general education requirements. Only admitted students will receive a credit evaluation. Courses that do not have an equivalent at UM will be accepted as elective credit. Credits from remedial, technical, or continuing education courses or from non-accredited schools are not accepted for transfer. Transfer courses taken for quarter credit will be converted to semester credits upon evaluation (1 quarter credit = 0.66 semester credits).

Per BOR 301.5, students have the right to appeal their official evaluation by contacting the Admissions Office. If a student exercises the appeal rights set out in this policy, the review and a final decision must be completed by the class pre-registration date for the following academic term. The student must initiate the appeal process, in a timely manner, in order to give the institution time to complete its review before the deadline described in the preceding sentence. UM accepts Associate of Arts and Associate of Science Degrees from US colleges and universities accredited by regional accrediting agencies recognized by the US Department of Education. A completed Associate of Arts and Associate of Science degree satisfies UM's lower-division General Education requirements; students must still complete the advanced

writing course and are encouraged to explore lower-division language courses to enhance their major. Since Associate of Applied Science Degrees focus on technical skills, the degree does not necessarily satisfy all lower-division General Education requirements at UM.

An evaluation will not be done for students who have previously earned a United States baccalaureate degree. General Education requirements are considered complete for these students.

4) Provide articulation agreements with community colleges that address acceptance of coursework.

Salish Kootenai College (SKC) is a private tribal land-grant community college in Pablo, Montana. It serves the Bitterroot Salish, Kootenai, and Pend d'Oreilles tribes. SKC's main campus is on the Flathead Reservation. We have developed a Memorandum of Understanding with SKC where students graduating from their Health Promotion Practices Associate of Arts degree program can enroll in our BS in Public Health degree program as an upper-division student (junior standing). This transfer will facilitate their further study of behavioral health promotion and public and community health / prevention sciences. In the **ERF** is both the MOU (**38. D15.4 SKC MOU**) and degree plan (**39. D15.4 Degree plan**) for these transferring SKC students.

5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.

A minimum of 120 credits is required for graduation with a bachelor's degree in most academic programs offered at the University of Montana. For comparison, the BS in Chemistry is 122 credits, and the BS in Biology is a minimum of 120 credits.

D16. Academic and Highly Specialized Public Health Master's Degrees.

Not Applicable.

D17. Academic Public Health Doctoral Degrees.

1) List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation.

The PhD in Public Health is a 60-credit program, and has been developed to prepare the next generation of public health research scientists who will collaborate across disciplines to produce new knowledge that contributes to solving complex health problems of local, regional, and global significance. The PhD in Public Health program is a research-oriented doctoral degree, appropriate for training aspiring public health professionals, tenure-track faculty, and researchers. **Table 52** presents the courses within the PhD program.

Table 52. Curricular requirements for the PhD in Public Health degree.

Course number	Course name	Credits
STAT 451 & 457*	Statistical Methods I (with lab)	4
STAT 452 & 458*	Statistical Methods II (with lab)	4
BMED 605	Biomedical Research Ethics	1
PUBH 525	Multi-Cultural Public Health	3
PUBH 612**	Neuroepidemiology	3
PUBH 613**	Spatial Epidemiology and Public Health Applications in GIS	3
PUBH 614**	Environmental and Occupational Epidemiology	3
PUBH 615**	Infectious Disease Epidemiology and Control	3
PUBH 620	Advanced Quantitative Research Methods I	3
PUBH 621	Advanced Quantitative Methods in Public Health II	3
PUBH 640	Qualitative Research in Public Health	3
PUBH 690 / 699	Research / Dissertation	At least 18
PUBH 694***	Seminar	3
	Electives	12
		Total required credits: 60

*To meet the statistics and programming requirements for the program, students have the option to enroll in PUBH 520: Fundamentals of Biostatistics (3 credits) and PUBH 610: Data Science and Research Methods using R (3 credits) instead of STAT 451, STAT 457, STAT 452, and STAT 458. Students who choose this option will take additional Research and Dissertation or Electives credits to meet the required 60 credits for the program.
** Students are required to take 6 total credits of epidemiology electives.
*** Students enroll in 1 credit for each semester when presenting their Informational Seminar, Research Progress Update, and Final Dissertation Presentation (3 credits total).

2) Provide a matrix that indicates the required assessment opportunities for each of the defined foundational public health learning objectives.

Table 53. Content coverage for the PhD in Public Health degree.

Content	Course number(s) and name(s)	Describe specific assessment opportunity
1. Explain public health history, philosophy, and values	**PUBH 615:** Infectious Disease Epidemiology and Control **PUBH 640:** Qualitative Research in Public Health	**PUBH 615:** Assessed in Assignment 1 (historical perspectives on infectious diseases) and Assignment 5 (vaccine safety). **PUBH 640:** Mini ethnography assignment; Photovoice assignment; final exam.
2. Identify the core functions of public health and the 10 Essential Services	**PUBH 525:** Multi-Cultural Public Health **PUBH 613:** Spatial Epidemiology **PUBH 614:** Environmental and Occupational Epidemiology **PUBH 615:** Infectious Disease Epidemiology and Control	**PUBH 525:** Week 2 journal (Health of Native Populations and Indian Health Service). **PUBH 613:** Week 1 assignments (Introducing GIS and health applications) and case study. **PUBH 614:** Midterm and final. **PUBH 615:** Assignment 2; Discussion Forum 3; Assignment 3; Assignment 4 (Apply epidemiological methods to the breadth of settings and situations in public health practice); midterm; final.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	**PUBH 610:** Data Science and Research Methods Using R **PUBH 612:** Neuroepidemiology **PUBH 613:** Spatial Epidemiology **PUBH 614:** Environmental and Occupational Epidemiology **PUBH 620:** Advanced Quantitative Research Methods I **PUBH 621:** Advanced Quantitative Methods in Public Health II **PUBH 640:** Qualitative Research in Public Health	**PUBH 610:** Development of a codebook; homework assignments; midterm; final. **PUBH 612:** Midterm including information on measurement and analysis; systematic review presentation; systematic review paper. **PUBH 613:** Week 3 Map outputs for GIS health projects assignment; final project. **PUBH 614:** Review paper and oral presentation. Review paper focuses on the role of epidemiology and environmental contributors to global burden of disease. **PUBH 620:** Problem set 4 (measuring associations between exposures and outcomes); midterm; final exam. **PUBH 621:** This content is covered in most of the weekly discussions throughout the semester, and assessed through homework assignments and midterm. **PUBH 640:** Assignment 3: Conduct and reflect on a Qualitative Interview; final exam.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	**PUBH 613:** Spatial Epidemiology	**PUBH 613:** Week 2 (Map design for health data) and Week 3 (Map outputs for GIS health projects) assignments; final project.

Content	Course number(s) and name(s)	Describe specific assessment opportunity
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	**PUBH 620:** Advanced Quantitative Research Methods I	**PUBH 620:** Problem set 1 (measures of disease occurrence); midterm; final exam.
6. Explain the critical importance of evidence in advancing public health knowledge	**PUBH 612:** Neuroepidemiology **PUBH 620:** Advanced Quantitative Methods I **PUBH 640:** Qualitative Research in Public Health	**PUBH 612:** Midterm including bias in epidemiological research / study design and measures; systematic review presentation; systematic review paper. **PUBH 620:** Problem set 1 (measures of disease occurrence); midterm; final exam. **PUBH 640:** Assignment 5: Nvivo coding and preliminary analysis; final exam.
7. Explain effects of environmental factors on a population's health	**PUBH 614:** Environmental and Occupational Epidemiology	**PUBH 614:** Journal article discussion on how environmental factors contribute to global burden of disease; midterm; final.
8. Explain biological and genetic factors that affect a population's health	**PUBH 612:** Neuroepidemiology **PUBH 613:** Spatial Epidemiology	**PUBH 612:** Midterm including introduction to neurobiology; systematic review presentation; systematic review paper. **PUBH 613:** Week 3 Map outputs for GIS health projects assignment; final project.
9. Explain behavioral and psychological factors that affect a population's health	**PUBH 525:** Multi-Cultural Public Health **PUBH 640:** Qualitative Research in Public Health	**PUBH 525:** Health disparity educational project where students develop and create a community outreach project or educational proposal that communities could partner with to help address or define a health issue affecting a specific diverse community or health topic. **PUBH 640:** Assignment 4: Photovoice analysis / reflection written assignment; final exam.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	**PUBH 525:** Multi-Cultural Public Health **PUBH 640:** Qualitative Research in Public Health	**PUBH 525:** Essay 2 addressing a prevention or intervention proposal concept related to a health disparity within a tribal / Native American population or diverse population. **PUBH 640:** Assignment 4: Photovoice analysis / reflection written assignment; final exam.
11. Explain how globalization affects global burdens of disease	**PUBH 614:** Environmental and Occupational Epidemiology	**PUBH 614:** Journal article discussion on how environmental factors contribute to global burden of disease; midterm; final.
12. Explain an ecological perspective on the connections among human health,	**PUBH 613:** Spatial Epidemiology	**PUBH 613:** Assessed in final project that includes (1) topic selection, (2) GIS 6 Proposal or specific aims page, (3) GIS Projects and log file, and (4) final report and Story Map.

Content	Course number(s) and name(s)	Describe specific assessment opportunity
animal health, and ecosystem health (e.g., One Health)		

3) Provide a matrix that lists competencies for the PhD program. The matrix indicates how each competency is covered in the curriculum.

Table 54. Competencies for academic doctoral degrees in public health.

Competency	Describe how this competency is covered
1. Convey and apply deep knowledge of public health principles, including conceptual underpinnings, philosophy and history.	**PUBH 525** (Multi-Cultural Public Health): covered through lectures, assigned essays, and health disparity educational project. **PUBH 614** (Environmental and Occupational Epidemiology): covered through lectures and assigned readings. **PUBH 640** (Qualitative Research in Public Health): covered through lectures, assigned readings, and application of course material.
2. Understand current issues and debates in public health research, including multi-cultural dimensions and ethical conduct of public health research.	**PUBH 525** (Multi-Cultural Public Health): covered through lectures, assigned essays, and health disparity educational project. **PUBH 610** (Data Science and Research Methods Using R): covered by conducting activities using the R programming language (cleaning, manipulating, and analyzing data in class assignments). **PUBH 613** (Spatial Epidemiology): covered through a case study and project. **PUBH 614** (Environmental and Occupational Epidemiology): covered through lectures and journal article discussions. **PUBH 615** (Infectious Disease and Epidemiology and Control): covered through lectures and assigned readings. **PUBH 640** (Qualitative Research in Public Health): covered through lectures, assigned readings, and application of course material.
3. Understand and apply a range of study designs, research methods, and approaches to data management and analysis commonly used in public health and in one's specialized focus area.	**PUBH 610** (Data Science and Research Methods Using R): covered by conducting activities using the R programming language (cleaning, manipulating, and analyzing data in class assignments). **PUBH 612** (Neuroepidemiology): covered through lectures, assigned readings, and journal discussions. **PUBH 620** (Advanced Quantitative Research Methods I): covered through lectures and working through problem sets. **PUBH 621** (Advanced Quantitative Methods in Public Health II): covered through lectures and homework assignments. **PUBH 640** (Qualitative Research in Public Health): covered through lectures, assigned readings, and application of course material.

Competency	Describe how this competency is covered
4. Design and conduct independent research in a specialized focus area within public health.	**PUBH 610** (Data Science and Research Methods Using R): covered by conducting activities using the R programming language (cleaning, manipulating, and analyzing data in class assignments). **PUBH 613** (Spatial Epidemiology): covered through a GIS project. **PUBH 640** (Qualitative Research in Public Health): covered through a qualitative research proposal, photovoice. **PUBH 690 / 699** (Research / Dissertation): students sign up for these credits when they are carrying out their PhD-level research projects.
5. Critically evaluate scientific literature and research gaps in a specialized focus area within public health.	**PUBH 612** (Neuroepidemiology): covered through assigned readings and journal discussions. **PUBH 614** (Environmental and Occupational Epidemiology): covered through lectures and journal article discussions. **PUBH 615** (Infectious Disease and Epidemiology and Control): covered through lectures and assigned readings. **PUBH 640** (Qualitative Research in Public Health): covered through discussion of assigned readings.
6. Disseminate effective and substantive public health-related research through presentations and manuscripts for publication in peer-reviewed scientific journals.	**PUBH 613** (Spatial Epidemiology): covered through a GIS project focused on rural health of populations. **PUBH 690 / 699** (Research / Dissertation): students generating research results while participating in these credits work with their research advisors on presentation of findings and submission of manuscripts to peer-reviewed scientific journals. **PUBH 694** (Seminar): The student enrolls in 1 credit for each semester when presenting their Informational Seminar, Research Progress Update, and Final Dissertation Presentation.

4) Briefly explain how the program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.

When PhD students are admitted to our program, the Director of the PhD Program evaluates their transcripts to ensure that they have the appropriate foundational public health knowledge to start the program. Specifically, students are required to have prior coursework that addresses the competencies and content areas addressed in these four MPH courses: PUBH 510 (Introduction to Epidemiology), PUBH 520 (Fundamentals of Biostatistics), PUBH 540 (Social and Behavioral Science in Public Health), and PUBH 560 (Environmental and Rural Health). Since PhD students are required to have a master's degree, many students admitted to our program have typically gained this foundational knowledge by previously taking graduate-level coursework (for example, in an MPH program). If not, the student is required to take coursework at the 500-level to ensure mastery of the foundational public health learning objectives.

5) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

PhD candidates are expected to develop and conduct novel research as part of their dissertation requirement for the program. To support students in developing their research projects, we provide both coursework training and more individualized support through faculty research advisors. The primary coursework we administer that trains students on how to develop their quantitative and qualitative skills includes the following classes:

- **PUBH 620:** Advanced Quantitative Research Methods I
- **PUBH 621:** Advanced Quantitative Methods in Public Health II
- **PUBH 640:** Qualitative Research in Public Health

While students are focusing on their coursework, they also begin to develop their research interests and start to assemble their research support network. PhD students are encouraged to meet with each core SPCHS faculty member during the first semester to learn more about their respective research interests and opportunities. Students then select a Research Advisor by the end of the second semester, and form a five-member Advisory Committee prior to the third semester. With the help of their Advisor and Committee, they propose a research proposal by the middle of the fifth semester. While developing and then working on their research projects, students take PUBH 690 (Research) credits.

By the end of the sixth semester, students take their Comprehensive Exams, which consists of both a written and oral component. As part of these exams, students are evaluated on their knowledge of core content and competencies related to the field of public health. Starting in the 2023 / 2024 academic year, we have implemented an evaluation rubric to track how each program content area is assessed during the Comprehensive Exams. It is expected that each PhD program content area is assessed at least once during either the written or oral component of the Comprehensive Exams. See the **ERF** for an example of this assessment form (**40. D17.5 PhD comprehensive exam assessment form**). Once students pass these exams, they enroll in PUBH 699 (Dissertation) as they work on their research projects. Students must take at least 18 credits (but not more than 34 credits) of PUBH 690 and PUBH 699 as they carry out their research activities.

Students also have opportunities to translate public health knowledge and research findings to different audiences, primarily through our 3-credit PUBH 694 seminar program. The student enrolls in 1 credit for each semester when presenting their Informational Seminar, Research Progress Update, and Final Dissertation Presentation, respectively.

Finally, students are required to complete the on-line Collaborative Institutional Training Initiative (CITI) Program modules on ethical conduct of human subjects' research before starting their research. In addition to the Biomedical Research Human Subjects course, students

complete the Good Clinical Practice course and the Responsible Conduct of Research course. These trainings are kept up to date throughout the student's course of study.

6) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Within the **ERF**, please see all of the syllabi for classes in the PhD program: **D. PhD syllabi.** Please note that PUBH 690 / 699 (Research / Dissertation) and PUBH 694 (Seminar) are not formal classes compared to the rest of the 600-level classes listed in **Tables 53 and 54**, therefore they do not have syllabi.

7) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

Students develop their dissertation while taking PUBH 699 (Dissertation) credits. Student work very closely with their Research Advisor and five-member Advisory Committee in developing their final product. We do not have a set format or template for the final product, but it typically includes the following sections: introduction (including a literature review of their field of science); three publishable manuscripts including methods and results from the research; and discussion. Students also typically include their published manuscripts as part of the different chapters. Drafts of the dissertation are sent to their Committee at least two weeks prior to their oral defense, but frequently Committee members are involved in the development of the drafts. Committee members then provide constructive feedback on these written drafts of the dissertation, and any requested changes are made following the completion of the oral defense and prior to official graduation.

8) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program.

The following website lists guidelines / deadlines related to the PhD dissertation: https://www.umt.edu/public-community-health-sciences/graduate/resources/phd-student-handbook.php

9) Include completed, graded samples of deliverables associated with the advanced research project. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

We provide eight examples of PhD dissertations in the **ERF: D17. PhD dissertation examples.**

10) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Our PhD in Public Health program has been designed to immerse the student in the 12 foundational public health learning objectives and six competencies for academic doctoral degrees in public health. Students gain knowledge by taking courses in a structured curriculum, while also leading novel research projects as part of their independent dissertation research. Furthermore, by requiring courses in both quantitative and qualitative research, our PhD students learn a range of methodologies to apply in their independent research.

Weaknesses. Our PhD in Public Health program was originally intended to be an in-person program. However, as a result of COVID-19 and a desire to open up our 600-level classes to our online MPH students, we are exploring ways to offer our PhD-level classes in a hybrid and / or remote format. This also opens up the possibility of admitting more PhD students into our program that live outside of Missoula. We are currently offering some of our 600-level classes in this new hybrid (Zoom for distance students) format, while still maintaining in-class instruction. If successful over the course of a few semesters, we intend to submit a substantive change form to reflect the emerging hybrid nature of our program.

D18. All Remaining Degrees.

Not Applicable.

D19. Distance Education.

1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education.

Our MPH degree is completely online, as is the MPH / MPA degree. Several classes within the MPH-CHPS, MPH / PharmD, and MPH / DPT programs are also online. We have also started offering some of our PhD classes via hybrid (synchronous) methods.

2) Describe the public health distance education programs, including the following:

a. An explanation of the model or methods used.

Currently our campus-wide learning management system for distance instruction is Moodle. Moodle supports student-content, student-student, and student-instructor interactions through a suite of communication and learning tools including asynchronous threaded discussions, synchronous chat rooms, and learning units. Moodle is maintained by UMOnline.

b. The program's rationale for offering these programs.

As a regional university, one of UM's prime directives is to address the workforce needs of our rural region (Northern Rocky Mountains). As many of our students are working public health professionals with full time jobs, our distance-based learning program has been a successful platform to reach these regional students. Because the majority of our masters- level classes are online, it allows for greater flexibility for students and thus attracts a diverse student body.

For our PhD program, we learned during COVID-19 that we could deliver many of our PhD classes in a distance format. In an effort to open up many of these classes to our distance-based MPH students so they can take these courses as electives, we have started offering synchronous, hybrid versions of our PhD classes. Students join in-person classes remotely via Zoom.

c. The manner in which the program provides necessary administrative, information technology, and student support services.

The UMOnline Technical Support Team provides support for students and faculty working with Moodle. SPCHS faculty have available to them an extensive array of services provided by UMOnline to support our online course design, development, and implementation. Individual public health faculty members, supported by UMOnline, have developed strong expertise in computer-assisted learning and continue to upgrade their skills. As public health faculty teach courses, UMOnline provides assistance and information about Moodle through their website "Learning Guide for Instructors." Our SPCHS faculty also benefit from UMOnline consulting, workshops and events related to design and development of new courses or redesign of existing online courses. Support topics typically include policies and procedures, barrier-free learning, online pedagogy, technology-enhanced learning, and Moodle instruction tools.

UMOnline provides extensive support for distance-based students. After logging in to Moodle using their NetID and password at http://umonline.umt.edu/, students may follow the link entitled "online Moodle Assistance Form" to get help on a variety of topics. Information about how to contact the HelpDesk is included in every online course syllabus. If our students are having trouble with technology, they can get help from the UMOnline 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. They can even use instant messaging, available on the Student tab of the UMOnline website.

If our students need assistance with their writing, they can get help from UM's Writing and Public Speaking Center (http://www.umt.edu/writingcenter/). The Writing and Public Speaking Center helps students in all disciplines become more independent, versatile, and effective writers, readers, and thinkers. Students are provided a distance-based environment where they can engage in supportive conversations about their writing and receive feedback on their works in progress. Their professional tutors help students at any point during the writing process and with any writing task.

d. The manner in which the program monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university.

To sustain the academic rigor of our program, our School is frequently evaluated through different mechanisms. Each December, we submit an annual report to CEPH. In the **ERF**, we present the CEPH reviews of our annual reports for each year since our last accreditation self-study and site visit conducted in 2017:

- **41. D19.2.d. CEPH annual report summary 2016_2017**
- **42. D19.2.d. CEPH annual report summary 2017_2018**
- **43. D19.2.d. CEPH annual report summary 2018_2019**
- **44. D19.2.d. CEPH annual report summary 2019_2020**
- **45. D19.2.d. CEPH annual report summary 2020_2021**
- **46. D19.2.d. CEPH annual report summary 2021_2022**
- **47. D19.2.d. CEPH annual report summary 2022_2023**

In addition to the CEPH annual reports, there are other assessments that are conducted at the University of Montana to evaluate the quality of our program offerings. In 2019, the UM Graduate Council conducted a review of our program, with the results of this evaluation presented in the **ERF (48. D19.2.d. 2019 Graduate Council evaluation)**. This review noted that "Our overall sense is that SPCHS is doing very well in carrying out its mission and serve its graduate programs."

Every two years, the Provost's Office at the University of Montana leads an external assessment of our program. The purpose of the biennial assessment report is to 1) evaluate the learning outcomes in our curriculum; 2) plan improvements where needed; and 3) evaluate the effects of any changes made since the last assessment report was written. In the **ERF** we provide the results of the last three Provost's assessments:

- **49. D19.2.d Provosts office assessment 2018**
- **50. D19.2.d Provosts office assessment 2020**

- **51. D19.2.d Provosts office assessment 2022**

Please note that for all of the internal (University of Montana) and external (CEPH) reviews, we ranked very highly in all categories. Overall, these internal and external evaluations speak to the high quality of our program, and continued excellence in supporting our students.

e. The manner in which the program evaluates the educational outcomes, as well as the format and methods.

Educational outcomes in our online classes are monitored and evaluated to ensure student acquisition of core competencies and programmatic success through curriculum, comprehensive examination, and culminating experiences. Program faculty, appropriate committees, and the ALT routinely monitor student progress towards achieving the outcomes established for the program and each course.

At the end of each semester, the Chair works with the Program Manager to identify any students that have low grades in their courses. If a student is struggling with the program, the Chair will work with that student's advisor to engage that student, and put into a place a plan of action towards adequate student progress towards degree completion. Courses are also evaluated by students each term through student evaluations, with the data collected anonymously. Provost Office staff compile the electronic results and sends the evaluations to the course instructor as well as the Chair. If problems are identified, the Chair determines the best course of action, including revising learning activities and / or assessment strategies for courses.

The SPCHS Chair, the Curriculum Committee, and the ALT have the primary responsibility of identifying the courses that are taught (and who teaches them) each semester, ensuring the currency of our program, courses and course materials. The SPCHS Chair ensures that instructor credentials are appropriate, and that the subject matter and outcomes meet the accreditation requirements of our program.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

Our program has taken measures to verify student identity for our distance-based programs, including the following:

A secure UserID login and password: Students must authenticate themselves by entering their unique UserID and password combination in order to access University information systems such as email, library databases, and related academic services such as logging into classes through Moodle. Students are responsible for maintaining the security of their usernames, passwords, and any other access credentials assigned to them. These may not be shared or given to anyone other than the user to whom they were assigned.

Administrative Procedures: As a student progresses through the admissions, registration, and payment processes of the University, personally identifiable information is used to verify the identity of the student.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Our online academic programs are guided by clearly articulated student learning outcomes that are rigorously evaluated, while always considering the needs of our online learners. Our academic programs are subject to the same quality control processes that other degree programs are held to at UM.

We believe that online learning is a strength for our program and for the University. It allows us to engage students in areas outside of Missoula, providing them with opportunities to continue their education from afar. As many of our students are working professionals, this gives our program a unique character and technical quality. As online and distance learning is becoming more and more popular at the University of Montana, our Administration has invested resources into our UMOnline program. This has enabled UMOnline to have the outstanding technical staff and training programs needed to fully support online programs such as our graduate level academic offerings.

From the numerous internal and external evaluations of our School conducted since our last CEPH self-study in 2017, results have shown that we have a rigorous, high quality, and impactful program.

Weaknesses. Likely similar to other online programs throughout the United States, there is sometimes a disconnect when students are not in the same classroom. However, we strive to engage students through live presentations (where students can log on at the same time or attend the seminar in person), group projects, and field trips in communities where more than one student resides. For example, the PUBH 560 Environmental and Rural Health class has an annual field trip to the wastewater treatment plant that typically brings 10+ students together each spring. Students outside Missoula also organize together when possible to conduct their field trips, specifically in Kalispell, Helena, and Bozeman. We are always striving to engage our students in meaningful ways that eliminate the disconnects of online learning.

Even though our internal and external evaluations have always been extremely positive, the CEPH review for 2021/2022 highlighted “the Council noted that the program’s 50% graduation rate for PhD students does not meet the established threshold of 60%; however, Council determined that it does not require any further information or action from the program at this time based on the explanation provided in the annual report. Specifically, it appears that the program is not reporting graduation rates in accordance with CEPH guidance.” After working with CEPH staff to update the way we calculate graduation rates for our PhD students, the issue was resolved and we continue to be in compliance with CEPH standards.

E1. Faculty Alignment with Degrees Offered.

1) Provide a table showing the program's primary instructional faculty. The identification of instructional areas must correspond to the data presented in Table 24.

Table 55. Primary instructional faculty alignment with degrees offered.

Name	Title / Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Table 24
Claire Adam	Assistant Professor	Tenure-track	1. DPT 2. PhD	1. University of Washington 2. University of Montana	1. Physical Therapy 2. Public Health	Generalist Public Health
Annie Belcourt	Professor	Tenured	PhD	University of Montana	Clinical Psychology	Generalist Public Health
Blakely Brown	Professor	Tenured	1. PhD 2. RD	University of Minnesota	Nutritional Biochemistry	Community Health and Prevention Sciences
James Caringi	Professor	Tenured	1. MSW 2. PhD	1. Boston University 2. The State University of New York Albany	Social Work	Community Health and Prevention Sciences
Kari Harris	Professor	Tenured	1. MS 2. MPH 3. PhD	1. Central Washington University 2. University of Kansas School of Medicine 3. University of Kansas	1. Organization Development 2. Public Health 3. Behavioral Psychology	Community Health and Prevention Sciences
Erin Landguth	Associate Professor	Tenured	1. MS 2. PhD	1. South Dakota School of Mines and Technology 2. University of Montana	1. Atmospheric Science 2. Mathematical Ecology	Generalist Public Health

Name	Title / Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Table 24
Kimber McKay	Professor	Tenured	1. MA 2. PhD	1. University of California Davis 2. University of California Davis	Anthropology	Global Health
Sophia Newcomer	Associate Professor	Tenured	1. MPH 2. PhD	1. George Washington University School of Public Health 2. University of Colorado School of Public Health	Epidemiology	Generalist Public Health
Curtis Noonan	Professor	Tenured	1. MA 2. PhD	1. George Washington University 2. Colorado State University	1. International Health and Development 2. Environmental Health / Epidemiology	Global Health
Maja Pedersen	Assistant Professor	Tenure-track	1. MS 2. PhD	1. University of Montana 2. University of Montana	1. Health and Human Performance with a Concentration in Community Health 2. Public Health	Community Health and Prevention Sciences
Rachel Peterson	Assistant Professor	Tenure-track	1. MA 2. MPH 3. PhD	1. University of Wyoming 2. Des Moines University 3. University of Arizona	1. International Studies 2. Generalist Public Health 3. Health Behavior Health Promotion	Community Health and Prevention Sciences
Gilbert Quintero	Professor	Tenured	1. MA 2. PHD	1. Northern Arizona University 2. University of Arizona	Cultural Anthropology	Global Health

Name	Title / Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Table 24
Erin Semmens	Associate Professor	Tenured	1. MPH 2. PhD	1. University of Washington 2. University of Washington	1. Environmental & Occupational Health Sciences 2. Epidemiology	Generalist Public Health
Ethan Walker	Assistant Professor	Tenure-track	1. MPH 2. PhD	1. Colorado School of Public Health 2. Colorado State University	1. Epidemiology 2. Environmental Health / Epidemiology	Generalist Public Health
Tony Ward	Professor	Tenured	1. MS 2. PhD	1. University of Houston – Clear Lake 2. University of Montana	1. Environmental Science 2. Chemistry	Generalist Public Health

2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table 56. Non-primary instructional faculty regularly involved in instruction.

Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in C2-1
Damian Chase-Begay	Research Associate Professor	Research faculty	0.1	1. MS 2. PhD	1. University of California, San Francisco 2. University of Montana	1. Healthcare Administration & Interprofessional Leadership 2. Public Health	Generalist Public Health
Trish Miller	Adjunct Instructor	Teaching faculty	0.5	PhD	Claremont Graduate University	1. Political Science 2. Public Policy 3. Public Administration	Generalist Public Health
Jeff Peterson	Research Professor	Research faculty	0.5	1. MA 2. PhD	1. California State University Chico 2. University of New Mexico	1. Intercultural Communication 2. Health Communication Studies	Community Health and Prevention Sciences
Leigh Taggart	Adjunct Instructor	Teaching faculty	0.3	MPH	University of Montana	Public Health	Global Health

3) Include CVs for all individuals listed in the templates above.

Please see all of the curriculum vitae (CV) in the **ERF: E1. Curriculum Vitae.**

4) Provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Table 55 presents the primary instructional faculty in the SPCHS. We also utilize the personnel listed in **Table 56** to teach several of our classes:

- **Damian Chase-Begay:** PUBH 591 (Social Epidemiology).
- **Trish Miller:** PUBH 530 (Public Health Administration and Management), PUBH 535 (Health Policy), PUBH 550 (Program Evaluation and Research Methods), and PUBH 570 (Ethical Issues in Public Health).
- **Jeff Peterson:** PUBH 475E (Public Health Ethics) and PUBH 640 (Qualitative Research in Public Health).
- **Leigh Taggart:** PUBH 545 (Maternal and Child Health), PUBH 594 (Integrative Learning Experience), and PUBH 595 (Applied Practice Experience).

5) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, we have a very strong and diverse faculty that has expertise in the five primary disciplines of public health: 1) Biostatistics, 2) Epidemiology, 3) Environmental Health, 4) Health Policy, and 5) Social and Behavioral Sciences. We have a good mix of tenure-track Assistant Professors, Associate Professors, and Full Professors that all teach, conduct research, and participate in service activities. We also have highly experienced instructional faculty that have worked in our program for many years.

Weaknesses. Our teaching adjuncts (Damian Chase-Begay, Trish Miller, Jeff Peterson, and Leigh Taggart) are valuable members of our teaching faculty. Ideally we would hire them as Tenure-Track faculty in our School, but our College does not have the resources for this request. We will continue to look for opportunities in the future to bring them on as Tenure-Track faculty. It should be noted that both Dr. Chase-Begay and Dr. Peterson are Research faculty, but expressed interest in more teaching opportunities. We value the experience that they bring to our classes.

E2. Integration of Faculty with Practice Experience.

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, other than faculty members' participation in extramural service, as discussed in Criterion E5.

We are fortunate that we have close relationships with practitioners throughout the state. Our students and alumni are employees in local, tribal, and state health departments, as well as clinical sites throughout our region. This has built up a significant professional network in our state that benefits our students and faculty. Below we list specific ways in which the SPCHS is able to integrate perspectives from the field of practice into our School:

Academic Health Department: The purpose of Missoula's Academic Health Department (AHD) is to enhance public health education and training, research, and community service by collaborating among academic and practice spheres. Building on years of organic collaborations, the SPCHS and Missoula Public Health entered into a formal partnership agreement in March of 2019 to deliberately advance its mutual aims. Missoula's AHD is Montana's first such partnership fashioned on a national template set forth by the Council on Linkages Between Academic and Public Health Practice. Missoula's AHD holds an annual conference where joint projects of the previous year are featured, and collaborations between students, faculty and practitioners are proposed for the upcoming year.

Within the context of the AHD, our School and Missoula Public Health have collaboratively addressed wildfire smoke exposure, analyses of Montana's statutes and regulations for delivering essential public health services, Native American health, houselessness in Missoula County, and assessing training needs of the public health workforce. The AHD also played a large role in the response to the COVID-19 pandemic at local, state, and University levels. The established partnership allowed for efficient response to the rapidly growing pandemic and served as a platform for local experts in public health, epidemiology, and data analysis to share ideas and resources that benefited the community and strengthened the AHD.

Weekly SPCHS seminar program. Our SPCHS seminar program is also co-hosted with Missoula Public Health, providing opportunities for practitioners to speak to our students, staff, and faculty. Held Mondays from 2-2:50pm during the fall and spring semesters, we invite public health practitioners from local / tribal / state health departments to give seminars in our program. Below are just a few of the practitioner based seminars held over the last year:

- B-Rad Applegate (Missoula Public Health): From the Other Direction: Extending Newman's Nursing Theory of Health as Expanding Consciousness to Inform Public and Community Health.
- Shannon Theriault and Jeanna Miller (Missoula Public Health): Public Health Response to Urban Camping: Regulatory Complexities.
- Cinnamon Salway (Browning Public Schools): Browning (Blackfeet Indian Reservation) Public Schools Prevention Projects.
- Rachel Hinnenkamp (Montana DPHHS) and Heather Demorest (Gallatin County Health Department): Morel Mushrooms: Foodborne Illness Outbreak Investigation.

- Kristi Aklestad (Montana DPHHS): The Great Imitator: Syphilis, Historical and Current Perspectives.
- Julia Goar (Missoula Public Health): An Introduction to PHEP: Public Health Emergency Preparedness.

Guest instructors and lecturers. Over the last five years, both Directors of Missoula Public Health have taught classes within our MPH program. Former Director (and MPH alumni) Ms. Ellen Leahy has taught PUBH 510 Introduction to Epidemiology on two occasions, as well as PUBH 445 Program Planning in Community Health. The most recent Director (and now a Research Associate Professor in our School) Dr. Damian Chase-Begay is teaching PUBH 591 Social Epidemiology in our program in Spring 2024. In addition to these guest instructors, we frequently have guest lecturers from public health practice settings give talks within our classes. For example, Ms. Sarah Coefield is an environmental specialist at Missoula Public Health, and has given numerous lectures related to forest fire smoke exposures in several classes within our programs. Also, Ms. Julia Goar (Missoula Public Health) has guest lectured on the topic of emergency preparedness for PUBH 101 Introduction to Public Health.

Montana Public Health Training Center and Workforce Needs Assessment. With funding from Montana DPHHS, our Training Center conducted a workforce needs assessment in 2022. The goal of this assessment was to gather knowledge on the current state of the public health workforce across Montana, and identify areas where our School can be proactive in providing professional development trainings. The results of this needs assessment has provided excellent information on the status of the current Montana public health workforce, as well as what types of trainings and modalities the workforce is interested in attending. For example, high priority topics for trainings included cultural competency, leadership, and data analysis. The public health workforce is also interested in more wellness-related activities in their workplaces. Please see the workforce report in the **ERF (52. E2.1. Montana public health workforce assessment).**

2) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, our School regularly involves public health practitioners and other individuals involved in public health through our AHD, our seminar program, and having practitioners teach classes and give lectures with our program. Many of the public health employees throughout the state are either our alumni or current students. This has resulted in a rich professional network, allowing for opportunities to hear directly from public health practitioners on current and emerging public health issues in our state. With this knowledge and feedback, our program is always updating our course content so that our educational offerings are current and relevant.

Weaknesses. Though we do have very strong collaborations with our local (Missoula Public Health) and state health departments (Montana DPHHS), we would like to foster stronger relationships with rural and Tribal health departments. Our experience is that many employees in these areas are often understaffed and overworked, so don't have the luxury of developing

new initiatives similar to what we have through our AHD. We have made progress through our Montana Public Health Training Center, supporting them in their workforce development needs by posting jobs on our website, and providing professional development trainings. There is potential to grow the AHD arrangement beyond Missoula, further supporting public health in our state. For example, the Gallatin County Health Department has expressed interest in an AHD collaboration. We will continue to explore ways to support our rural counties, whether that be through trainings, seminars, or DPHHS scholarships through our Certificate programs.

E3. Faculty Instructional Effectiveness.

1) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Faculty instructional effectiveness is evaluated through student surveys and through our annual faculty review process. Online student course evaluations are carried out electronically by the Provost's Office through Qualtrics. Anonymous student evaluation is required for all courses during each offering and for each section, and consists of students rating items related to teaching effectiveness and overall quality of the class. Availability of this form is announced to the students via an email from the Provost's Office towards the end of the semester that includes instructions on how to complete the survey. Final survey results are provided to the instructor under review. The Chair is provided with a copy of all evaluations, and follow-up discussions are held with the instructor if necessary. Our unit standards also discuss the option of having teaching peer reviewed by a fellow faculty member **(see 3. A1.3. SPCHS unit standards 2019 in the ERF)**. Faculty are also evaluated for teaching effectiveness as part of the Faculty Evaluation Committee (FEC) reviews described above in section A1. As part of the formal faculty review process, each faculty under review forwards their course evaluations to a Student Evaluation Committee (SEC). The students evaluate the teaching evaluations and summarize their findings. These SEC summaries are provided to the FEC for consideration of teaching effectiveness for faculty under review.

2) Describe available university and programmatic support for continuous improvement in teaching practices and student learning. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

Before the start of each semester, SPCHS teaching faculty meet via zoom to discuss best practices in their classes. We began doing this several years ago, and it has proven to be a very effective strategy in sharing best practices and addressing any challenges that our instructors have experienced in previous classes. It is also an excellent opportunity for mentorship of our new teaching instructors. At the College of Health level, our January 11, 2023 College Retreat had a training on "Backwards Design and Interdisciplinary Pedagogy" that most of our faculty attended.

Campus-wide, the University of Montana has numerous opportunities for campus faculty to participate in trainings and workshops related to improving teaching effectiveness. UMOnline and the Office of Organizational Learning and Development typically are the leaders on campus for providing trainings on instruction. For example, during the Fall 2023 semester, UMOnline hosted the following trainings:

- Moodle Basics for Faculty
- Using Panopto to Share & Record Videos
- Moodle Gradebook Setup & Grading
- Alternative Assessments

- Moodle Advanced Grading Tools
- Creating Quizzes and Exams in Moodle

Trainings offered by the Office of Organizational Learning and Development during Fall 2023 included:

- Accountability, Authorship, and Writing Assessments in the Age of AI
- Igniting Creativity
- Navigating AI in the Classroom: Faculty Conversations

Our faculty have been proactive in attending these trainings, as well as trainings that were taken off campus. Below are some examples of how our faculty have utilized these resources.

1. Numerous faculty have taken advantage of Moodle Trainings (Moodle Basics for Faculty, Creating Quizzes, Moodle Gradebook, Introduction to Panopto, Moodle Gradebook Troubleshooting, Engaging Teaching Practices for Accessibility).

2. Our faculty have taken trainings outside of the University of Montana. These trainings include:

- University of Washington, Summer Institute in Statistics for Clinical and Epidemiological Research, "Analyzing Data from Complex Surveys" and "Introduction to Missing Data Methods for Observational Studies".
- High Impact Practices Summer Design Sprint.
- Mobile Summer Institute on Scientific Teaching (MIST).

3. One of our faculty participated in the Engaging Teaching Practices (self-paced course) as part of the University of Montana Teaching Excellence Initiative in Spring 2023.

4. Two of our faculty have worked closely with UMOnline in developing online courses (PUBH 101S, Introduction to Public Health and PUBH 475E, Public Health Ethics), working very closely with an instructional designer and pedagogy specialist in the process.

3) Describe means through which the program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current.

Instructors are only assigned classes in which they have the technical expertise needed to teach that course. Faculty are encouraged to stay current in disciplinary knowledge by attending conferences, of which there is $1,000 provided annually to tenure-track faculty by the CoH Dean's Office to support professional development. All instructors (both core faculty and adjuncts) are highly encouraged to participate in the numerous trainings related to increasing teaching effectiveness that are offered on campus each year. Most faculty maintain active research programs, which provides another avenue for maintaining currency in the topics they are instructing on.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Evaluations of instructional effectiveness are a primary component when considering faculty advancement. Formal procedures for evaluating faculty competence and performance are clearly described in the SPCHS Unit Standards and UM Collective Bargaining Agreement **(see 2. A1.3. CBA 2017-2025 and 3. A1.3. SPCHS unit standards 2019 in the ERF).** Briefly, 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 the areas of teaching, service and research. As part of the formal faculty review process, each individual under review forwards their course evaluations to the SEC. The students evaluate the teaching evaluations and summarize their findings for each faculty under review, with these summaries forwarded to the 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 meritorious level. Recommendations regarding faculty tenure and promotion can also be made at this time. The Dean then makes a recommendation to the Office of the Provost for normal, below normal, or merit (or faculty tenure and promotion).

5) Provide quantitative and / or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.

From the comprehensive list of Indicators provided by CEPH, our Academic Leadership Team chose the ones presented below to track instructional effectiveness of our faculty. Through a survey to our faculty, feedback was collected and then summarized to address specific indicators related to 1) faculty currency, 2) faculty instructional technique, and 3) program-level outcomes.

1). Faculty currency

Indicator: *Annual or other regular reviews of faculty productivity, relation of scholarship to instruction*. Each of our faculty are regularly reviewed in accordance with our University CBA and our School's Unit Standards. As part of this review, instructional effectiveness is carefully evaluated. **Table 57** presents the most recent reviews of each of our core faculty.

Table 57. Faculty reviews in the past three years.

Name	Title / Academic Rank	Reviewed in AY 2020 / 2021	Reviewed in AY 2021 / 2022	Reviewed in AY 2022 / 2023
Claire Adam	Assistant Professor			X
*Annie Belcourt	Professor	X		
Blakely Brown	Professor	X		
**James Caringi	Professor	X		
Kari Harris	Professor	X		
Erin Landguth	Associate Professor	X		X

Name	Title / Academic Rank	Reviewed in AY 2020 / 2021	Reviewed in AY 2021 / 2022	Reviewed in AY 2022 / 2023
***Kimber McKay	Professor			
Sophia Newcomer	Associate Professor	X	X	
Curtis Noonan	Professor		X	
****Maja Pedersen	Assistant Professor			
Rachel Peterson	Assistant Professor			X
Gilbert Quintero	Professor		X	
Erin Semmens	Associate Professor	X	X	
Ethan Walker	Assistant Professor			X
Tony Ward	Professor			X

*Reviewed by the School of Pharmacy AY 2020 / 2021. **Reviewed by the School of Social Work AY 2020 / 2021. ***Reviewed by the Department of Anthropology AY 2018 / 2019. ****Hired in August 2023, no classes taught yet. Please note that our instructional faculty (Dr. Trish Miller and Ms. Leigh Taggart) are evaluated at the end of each semester that they teach, with the SPCHS Chair reviewing their student evaluations. Research faculty (Dr. Damian Chase-Begay and Dr. Jeff Peterson) are formally reviewed by the FEC each year, but only as it relates to scholarly activities. Similar to instructional faculty, the Chair also reviews their student evaluations at the conclusion of each semester they teach.

2). Faculty instructional technique

Indicator: *Participation in professional development related to instruction.*

After polling our faculty, 15 of 18 (83%) of our core faculty and adjunct instructors have participated in professional development related to instruction within the last three years (including participation in the trainings listed in **section E3.2** above).

3). Program-level outcomes

Faculty surveys conducted in late 2023 also revealed the following important information about our classes as well as instructors:

Table 58. Program-level outcomes for instructional effectiveness.

Indicators	Number of unique classes	Percent of total classes
Courses that are team-taught with interprofessional perspectives	5	16%
Courses that integrate technology in innovative ways to enhance learning	24	75%
Courses that involve community-based practitioners	19	59%
Courses that integrate community-based projects	24	75%
Courses that employ active learning techniques	29	91%

Indicators	Number of unique classes	Percent of total classes
Implementation of grading rubrics	30	94%

6) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Our School has policies and available resources in place that ensures that our faculty are current in their areas of instructional responsibility and in pedagogical methods. Further, our program applies procedures for evaluating faculty competence and performance in instruction through our student course evaluations and annual faculty reviews. As noted above, there are numerous opportunities available to our faculty for professional development and advancement in instructional effectiveness.

Faculty surveys revealed that many of our classes / faculty utilize technology, community-based practitioners, integrate community-based projects, active learning techniques, and utilize grading rubrics. However, only five unique classes (16%) are team-taught with interprofessional perspectives. We have already discussed plans to offer additional team-taught courses in our program, including PUBH 614 (Environmental and Occupational Epidemiology) which will be offered in Fall 2024.

Weaknesses. Even though opportunities to evaluate courses and instructors are provided to students each semester, our response rate is frequently below 50%. To increase student feedback, we can encourage the following strategies to our faculty and adjunct instructors:

- Consider a mid-term class evaluation in addition to the survey at the end of the semester. This would provide information to instructors on ways to improve their classes earlier in the semester.
- Stress to the student that the information collected from evaluations will remain anonymous, and that their feedback will be used to improve the class in future semesters.
- Encourage instructors to remind students about the surveys two weeks in advance of the scheduled evaluations and during the survey period.

Another weakness is that the amount of money we can provide to faculty for professional development related to instruction is fairly low. Given our budget projections for the University of Montana for the next several years, our Dean's Office will likely not be able to increase the $1,000 professional development stipends in the near future. However, numerous training opportunities already exist on campus, including those that can be tailored to our specific program. We will be more diligent in advertising campus-wide instructional trainings, as well as schedule professional development opportunities during faculty meetings. This is something that we have done in the past with both UMOnline and with Experiential Learning and Career Services.

E4. Faculty Scholarship.

1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.

In 2022, UM was named a top-tier "R1" research institution by the Carnegie Classification of Institutions of Higher Education organization. This achievement was facilitated by the high expectations for faculty to engage in research and creative activities that result in published works and presentations. UM encourages and supports research through their strategic plans, mission and value statements. For example, the UM 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 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 SPCHS Unit Standards in teaching competence, research and scholarship, creative activity, and service. However, no faculty member may be promoted to Full Professor on the basis of teaching and service alone.

2) Describe available university and program support for research and scholarly activities.

At the University level, the Office of Sponsored Programs administers institutional external funding (contracts, grants, cooperative agreements, etc.) and ensures that such sponsored projects comply with internal controls and applicable policies and regulations (https://www.umt.edu/sponsored-programs/). Responsible for the lifecycle of sponsored programs, the Office of Sponsored Programs activities include proposal development, proposal submission, award negotiation, and award management and closeout, as well as mitigation of audit risk. Additional pre- and post-award support is provided within the SPCHS by Ms. Aimee Elliott (for non-CPHR grant applications) and Ms. Desirae Ware (for CPHR-affiliated grant applications).

3) Describe and provide examples of student opportunities for involvement in faculty research and scholarly activities.

Throughout the years, several of our students have been actively involved in faculty-led research projects. This provides first-hand experience to those students interested in pursuing careers in research, as well as provides additional background information for those students who also work as public health professionals throughout Montana and our region. Many of these students work in paid roles on research projects as Research Assistants. Four recent examples of students getting involved in research include the following:

1. Dr. Erin Semmens. Four doctoral students (Claire Adam, Helen Russette, Elizabeth Williams, and Diane Brown) have worked on Dr. Semmens' NIH research grants. Claire Adam examined predictors of frailty and falls in older adults in the Gingko Evaluation of Memory Study. Helen Russette worked on a project investigating factors that provide resilience to the impact of neonatal opioid withdrawal syndrome in children residing in tribal communities in Montana. Elizabeth Williams is evaluating the impact of wildfire-season air pollutant exposures on hypertensive disorders of pregnancy, and Diane Brown is researching the intersection of heat and wildfires and their contribution to pregnancy complications.

2. Dr. Kari Harris. Two MPH-CHPS students (Alexis Schmierer and Portia O'Connell) assisted with the development and implementation of a public health workforce salary study. Students presented their findings at the Montana Public Health Confluence conference and a state-wide training administered through the Montana Public Health Training Center.

3. Dr. Blakely Brown. During the past years, Dr. Brown has worked with four graduate students on her research projects, including 1) a Robert Wood Johnson Foundation research study exploring food access and security for urban Native Americans, 2) evaluation activities for the National Native Children's Trauma Center's Substance Abuse and Mental Health Services Administration grant, and 3) evaluation activities for the United States Department of Agriculture-funded Montana Double SNAP Dollars program. Two of these students are / were in the MPH-CHPS program, one is in the PhD in Public Health program, and one student is in the master's program for Social Work at UM.

4. Dr. Sophia Newcomer. Multiple students have been funded to work on Dr. Newcomer's NIH grants and subawards from Montana DPHHS, including Juthika Thaker (PhD student who graduated Summer 2023), Alexandria Albers (former MPH-CPHS student and current PhD student with expected graduation in Spring 2025), and Sheylee Stowers (current undergraduate public health student). Both Dr. Thaker and Ms. Albers have first-authored publications in peer-reviewed journals, with Dr. Newcomer serving as mentor and senior author.

4) Describe and provide examples of faculty integrating research and scholarly activities and experience into their instruction of students.

Our faculty frequently leverage their research activities to enhance learning in their classes. Five examples are as follows:

1. Dr. Claire Adam. One area of Dr. Adam's research focuses on falls in older adults, using secondary data analysis from a randomized controlled trial. She uses this research in her PUBH 520 Fundamentals of Biostatistics course to provide examples of study design, exposures and outcomes of interest, and R code, specifically for data visualization.

2. Dr. Ethan Walker. Dr. Walker developed a new course called Data Science and Research Methods Using R (PUBH 610). The course is specifically designed to integrate hands-on work with data and research practices into the classroom setting. The course is formatted as a "lab", with no lectures or slides, but instead the class periods consist of hands-on coding in R software using real-world data. Dr. Walker gives examples of data management from his own research throughout the course.

3. Dr. Rachel Peterson. Dr. Peterson's current research focuses on understanding lifecourse risk and protective factors that hinder/promote late-life brain health and cognitive wellbeing, with an emphasis on addressing disparities in late-life brain health, cognition and dementia. Examples from her work have been presented during class discussions of social / structural determinants of health and lifecourse theory at the graduate and undergraduate level through guest lectures (PUBH 542 – Applied Theoretical Foundations of Community Health) and as the lead instructor for CHTH 485 (Theories of Health Behavior).

4. Dr. Curtis Noonan. Dr. Noonan frequently uses findings from current research projects as part of his instruction in undergraduate courses. Two recent examples in undergraduate courses are: For PUBH 101 (Introduction to Public Health), Dr. Noonan used research data to support the section on Environmental Health. Specifically, he shared data analysis findings from his research on ambient and indoor exposures from wildfire smoke. For CHTH 491 (Principles of Epidemiology), Dr. Noonan used research data as part of the section on disease surveillance, sharing recent findings on cardiovascular health from an active surveillance program among wildland firefighters employed through the US Department of Interior.

5. Dr. Kimber McKay. Dr. McKay's research on the diffusion and uptake of innovation in the maternal, newborn and child health space in rural and remote global health settings figures prominently in her global health course (PUBH 580, Rural Health Issues in a Global Context). Her particular area of expertise is in the water, sanitation and hygiene sector, and in studying and improving the various ways that global health non-profits and government entities alike have worked to improve conditions in rural and remote communities. The ways in which the uptake of innovations varies both within and between communities has been poorly understood, and a lot of her teaching focuses on this dilemma, and the role of social scientists such as herself (medical anthropologist) in improving these kinds of projects and their impacts on health outcomes.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

The UM CBA specifies the role of being "a scholar" as an aspect of academic responsibility. At the SPCHS level, examples of scholarly activities are clearly laid out as they relate to promotion and tenure. The following language is used in our unit standards to describe Research and Scholarly Activity (**ERF, 3. A1.3. SPCHS unit standards 2019**): "Each faculty member is expected to make continuous effort toward development of knowledge in their area of specialization. Faculty members are encouraged to identify and communicate their intermediate-to-long term research goals and their trajectory toward these goals in their Individual Performance Record. Value is placed on research and scholarly activity with societal and public health benefits. The efforts of the faculty member should include some tangible results in a form accessible for departmental review. Any research or creative work which is related to the field of public health in the broadest sense can be used to demonstrate research and scholarly activity. Interdisciplinary work bridging public health and other academic fields is encouraged."

Along with teaching and service, scholarly activities are carefully reviewed by the FEC during the annual faculty evaluations. The FEC evaluates the faculty member's IPR 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 meritorious level. Recommendations regarding faculty advancement can also be made at this time. The Dean then makes a recommendation to the Office of the Provost for normal, below normal, or merit (or faculty advancement). No faculty member may be promoted to Full Professor on the basis of teaching and service alone.

6) Provide quantitative data on the unit's scholarly activities from the last three years, with the unit's self-defined target level on each measure for reference.

From the comprehensive list of Indicators provided by CEPH, our Academic Leadership Team chose the ones presented in **Table 59** to track scholarly activities of our faculty. Our faculty were then polled on their productivity related to research and scholarly activities, with the results presented in **Table 59**. Targets were set prior to the 2017 accreditation process, and informed by our SPCHS Unit Standards.

Table 59. Outcome measures for faculty research and scholarly activities.

Outcome Measure	Target	2020 / 2021	2021 / 2022	2022 / 2023
Percent of faculty participating in research activities	100% of core faculty reporting at least one research/scholarly activity per year	100% of faculty participated in research	100% of faculty participated in research	100% of faculty participated in research
Number of articles published in peer-reviewed journals	≥75% of core faculty will publish at least one manuscript per year	100% of faculty published at least one manuscript Avg articles: 3.5 Max articles: 8 Min articles: 1	100% of faculty published at least one manuscript Avg articles: 3.4 Max articles: 6 Min articles: 1	93% of faculty published at least one manuscript Avg: 4.1 Max articles: 13 Min articles: 0
Presentations at professional meetings	≥75% of core faculty with at least one conference research poster or presentation per year	85% of faculty gave at least one presentation Avg presentations: 2.5 Max presentations: 7 Min presentations: 0	92% of faculty gave at least one presentation Avg presentations: 2.8 Max presentations: 9 Min presentations: 0	93% of faculty gave at least one presentation Avg presentations: 2.5 Max presentations: 12 Min presentations: 0
Number of grant submissions	≥50% of core faculty submitting grants per year	69% of faculty submitted grants Avg submissions: 1.9 Max submissions: 12 Min submissions: 0	77% of faculty submitted grants Avg submissions: 1.8 Max submissions: 6 Min submissions: 0	86% of faculty submitted grants Avg submissions: 2.9 Max submissions: 10 Min submissions: 0

7) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. A deeply rooted belief within the SPCHS is that strong, active faculty scholarship is integral to a high quality educational program in public health. Many of our faculty work on numerous research grants across a variety of disciplines and funding agencies. As illustrated in **Table 59**, our core faculty are very active in publishing articles, giving presentations at professional meetings, and submitting grant proposals. Faculty are encouraged to include

students in their research activities, as well as bring examples of their research into instructional activities whenever possible. To support our research programs, both UM and our School have strong pre- and post-award policies, practices, and staff support in place. Overall, the University and our School provide for a supportive atmosphere that encourages research activities.

Weaknesses. Our PhD students will all be actively engaged in research during their graduate careers. However, we do not currently engage a large amount of undergraduate or masters-level students in our research, though we do have a modest amount of grant funding in the SPCHS. To address this issue, we will actively advise undergraduate and masters students about opportunities for research within the SPCHS, and across our campus. Students are welcome to get involved with research on a volunteer basis, or receive credit for their efforts by signing up for an Internship (PUBH 498) or Independent Study (PUBH 596). There are even numerous paid opportunities to work on faculty research grants. Finally, we will continue to encourage our faculty to write students into proposals when they submit grant applications. This is especially true for PhD students who will be on-campus at the University for four to five year periods.

E5. Faculty Extramural Service.

1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate / compare to university definitions and expectations.

SPCHS 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 considered in faculty annual reviews, and is a component of promotion deliberations. Service is part of most faculty members' contractual obligations, with service a part of faculty performance for continuation and Promotion and Tenure.

SPCHS faculty members provide educational service 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. For faculty to fulfill their university roles, they must participate in their fields on a national level. Per our SPCHS unit standards, faculty must have national recognition in their discipline to be promoted to full professor. Our faculty members (and students) serve on a number of coalitions, administrative task forces and committees of local and regional agencies. Our faculty are sought out by the local health departments, agencies, and the state health department (Montana DPHHS) 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. Finally, faculty members are encouraged to serve their profession through active membership in their local, national, and/or international professional organizations. Our faculty are also encouraged to provide professional service as reviewers of manuscripts and grants.

2) Describe available university and program support for extramural service activities.

At the SPCHS level, we offer numerous opportunities for our faculty to serve on committees or other leadership activities. Within Missoula, we are proactive in offering volunteer and service events that impact our community. In the past, this has included events like volunteering at the Missoula Food Bank, the Ronald McDonald House, and the Clark Fork River Cleanup. Our goal is to have at least one volunteer event each month throughout the academic year, often in collaboration with the Public Health Student Association. At the University level, there are a variety of opportunities to serve on committees. Outside UM, we highly support our faculty members serving on grant review panels and as manuscript reviewers. Our Montana Public Health Training Center also provides opportunities to our faculty to deliver technical trainings to public health practitioners throughout the state and region.

3) Describe and provide examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students

Below are some examples of how our faculty incorporate service into the instruction of students:

1. Dr. Erin Landguth. Dr. Landguth has devoted a significant amount of time towards service for Montana DPHHS and other local Montana jurisdictions. This has been particularly true over the last two years in response to the novel coronavirus pandemic. For Spatial Epidemiology and Public Health Applications in GIS (PUBH 591 and PUBH 613), she integrated service projects in collaboration with DPHHS. For example, students Emily Coyle, Elizabeth Williams, and Tara Christensen joined efforts to not only complete course requirements for this class, but also support the DPHHS Public Health System Improvement Office's efforts to respond to COVID-19. Their successful online Zoom group project produced a preliminary analysis and maps for 32 hospital service areas for Montana. The hospital service area maps were used during the pandemic on many COVID-19 response fronts, including to aid Incident Command planners and refine modeling projections for hospitalizations, Intensive Care Units, and ventilation needs.

2. Dr. Kari Harris. Dr. Harris is the instructor for Theory and Practice of Health Education and Health Promotion (CHTH 355), a required core course for all undergraduate public health students. This is a University-designated service learning course. Students are paired with a community organization and devote 20 hours over the semester providing service to the organization. Students use this organization as the basis for their coursework, including the design and implementation of a health promotion project.

3. Dr. Blakely Brown. For the past five years, Dr. Brown has served on the Missoula All Nations Health Center Board of Directors. Dr. Brown has integrated her service experience on the Board into her instruction of students by providing examples of culturally relevant health care strategies and activities for the urban Native American population. She also gained knowledge about how the national Indian Health Service funds and supports the work of Urban Indian Health organizations, and shared this knowledge and information with students in her PUBH 544 (Community Based Participatory Research Methods for Health) and PUBH 380 (Public Health Nutrition) classes.

4. Dr. Curtis Noonan. Dr. Noonan is a member of the Scientific Advisory Group, Center for Asbestos Related Disease Healthcare & Research Center of Excellence. This group advises the clinic that is treating individuals that have been exposed to amphibole asbestos in Libby, Montana. When discussing Environmental Health in his Introduction to Public Health course (PUBH 101S), he talks about the experience of the Libby population, including the public health surveillance response.

5. Dr. Kimber McKay. Dr. McKay is Senior Advisor for the international non-government organization Adara Development, and has involved a number of our students in both volunteer and paid internships for this organization. Students work on developing policy and literature reviews for the organization, and have assisted in research, monitoring and evaluation data analysis for its programs.

4) Provide quantitative and / or qualitative information that characterizes the unit's performance over the last three years on the self-selected indicators of extramural service, as specified below:

From the comprehensive list of Indicators provided by CEPH, our Academic Leadership Team chose the ones presented in **Table 60** to track service activities of our faculty. Our faculty were

then polled on their productivity related to service, with the results presented in **Table 60**. Targets were set prior to the 2017 accreditation process, and informed by our SPCHS Unit Standards.

Table 60. Outcome measures for service activities.

Outcome Measure	Target	2020 / 2021	2021 / 2022	2022 / 2023
Percent of faculty participating in extramural service activities	100% of core faculty reporting at least one service activity per year	100% of faculty participated in service activities	100% of faculty participated in service activities	93% of faculty participated in service activities
Number of faculty-student service collaborations	>50% of core faculty per year	85% of faculty with collaborations Avg collaborations: 3.1 Max collaborations: 21 Min collaborations: 0	92% of faculty with collaborations Avg collaborations: 3.2 Max collaborations: 20 Min collaborations: 0	86% of faculty with collaborations Avg collaborations: 3.6 Max collaborations: 22 Min collaborations: 0
Public/private or cross-sector partnerships for engagement and service	>50% of core faculty per year	85% of faculty with partnerships Avg partnerships: 1.8 Max partnerships: 6 Min partnerships: 0	85% of faculty with partnerships Avg partnerships: 1.9 Max partnerships: 5 Min partnerships: 0	79% of faculty with partnerships Avg partnerships: 2.0 Max partnerships: 6 Min partnerships: 0

5) Describe the role of service in decisions about faculty advancement.

The percentage of time that a faculty member devotes to service is considered in faculty annual reviews, and is a component of promotion deliberations. At the SPCHS level, examples of service activities are clearly laid out as they relate to promotion and tenure. The following language is used in our unit standards to describe Service (**3. A1.3. SPCHS unit standards 2019**): "All tenurable and tenured faculty members have the obligation and responsibility to engage in meaningful professional service. In carrying out the School's mission, faculty members are expected to engage in service activities related to the 1) School, 2) College, 3) University, 4) community, or 5) professional organizations."

Service activities are carefully reviewed by the FEC during the annual faculty evaluations, and are considered when determining normal, below normal level, or meritorious performance. Service is also considered by the FEC when considering faculty advancement for those faculty applying for promotion. No faculty member may be promoted to Full Professor on the basis of teaching and scholarly activities alone. Research Assistant Professors and adjunct teaching faculty are not evaluated on service.

6) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. As noted in the examples above, our faculty are committed to conducting service that benefits the greater society. Our faculty are all engaged with multiple service activities, including service at the local community level in Missoula, as well as involvement with regional, national, and international service activities. As presented in **Table 60**, our core faculty

prioritize faculty-student service collaborations and public / private partnerships. Our faculty are also active in providing service for grant / manuscript review activities at both the national and international levels.

Weaknesses. Overall, our faculty are very active in service activities, so no major weaknesses were identified.

F1. Community Involvement in Program Evaluation and Assessment.

1) Describe any formal structures for constituent input.

There are two formal ways that we receive formal input on our program from constituents. The first is through our Academic Health Department arrangement with Missoula Public Health. The second process is through our biweekly meetings with the Public Health System Improvement Office of Montana DPHHS.

Academic Health Department (AHD). As described in **section E2**, the purpose of Missoula's AHD is to enhance public health education and training, research, and community service by collaborating among academic and practice spheres. Given that many of the employees at Missoula Public Health are current students and alumni of our program (including former Directors Ellen Leahy, MPH and Damian Chase-Begay, PhD), the AHD partnership provides important feedback on the types of research initiatives and class offerings that regional practitioners would like to see our School focus on. Regarding teaching and service learning, we have partnered during the Fall 2023 and Spring 2024 semesters to identify opportunities for our classes and students to assist Missoula Public Health in addressing the houselessness issue here in Missoula.

Missoula Public Health's feedback on our course offerings has identified specific topic areas they would like our program to teach, including social epidemiology. To address this, former Missoula Public Health Director Dr. Damian Chase-Begay is teaching this class (PUBH 591 Social Epidemiology) in our program during the Spring 2024 semester. They have also helped inform our seminar program (PUBH 694) and our MPH program capstones (PUBH 594 Integrative Learning Experience and PUBH 595 Applied Practice Experience). Regarding service, many of our faculty and staff were involved as technical advisors for their COVID-19 response throughout the pandemic, with many of the resulting experiences / findings incorporated into our course lectures. Regarding research, specific research topics they would like our program to address (in partnership with Missoula Public Health) relate to wildfire smoke exposure and houselessness. The most recent Memorandum of Understanding for this AHD partnership is provided in the **ERF** (**53. F1.1 Academic Health Department MOU**).

Montana DPHHS, Public Health System Improvement Office (PHSIO). Our School has a very close working relationships with the state health department. In fact, many of their employees are our students and alumni. For the last six years, they have provided substantial funding to our School to support our Montana Public Health Training Center in providing professional / workforce development opportunities for public health employees throughout the state. Importantly, they have also provided scholarships for about 75 local / tribal / state health department employees to attend our Certificate in Public Health programs. About half of these Certificate students have gone on to get their MPH within our program.

Given their support of the scholarships, they have informed our academic offerings by requesting that the PHSIO-funded students' plan of study include PUBH 510 (Introduction to Epidemiology) or PUBH 550 (Program Evaluation and Research Methods). Regarding research, they frequently approach our faculty to conduct research on topics of interest to DPHHS. Most recently, this included research projects on a salary study (Dr. Kari Harris and Leigh Taggart,

MPH), vaccine hesitancy in Montana (Dr. Sophia Newcomer), and a public health law study (Dr. Anthony Johnstone in the Law School).

As a result of this close working relationship, we have a biweekly meeting set up with Ms. Allison Scheeler (Public Health Workforce Program Manager). Mr. Terry Ray MPA, CPM (Public Health System Improvement Coordinator) and Mr. Todd Harwell, MPH (DPHHS Administrator for the Public Health and Safety Division) also frequently attend these meetings, providing overall feedback to our program as to how we can best support local, state, and tribal health departments throughout our state.

2) Describe any other groups of external constituents (outside of formal structures mentioned above) from whom the unit regularly gathers feedback.

We gather feedback from our external constituents in several ways. The Chair of SPCHS (Dr. Ward) serves on advisory committees for other public health entities in the state. This includes the DPHHS Public Health System Improvement Task Force, the Montana DPHHS Montana Public Health Workforce Development Group, and the Montana Public Health Workforce Advisory Council. Dr. Ward was also on the Board of Directors for the Montana Public Health Institute from 2020-2023. These roles have helped not only identify emerging issues in the state, but helps us understand how our School can better support public health in the state.

Secondly, our Montana Public Health Training Center was tasked with conducting a workforce survey in Montana in 2023. The Montana Public Health Workforce Assessment (see **52. E2.1 Montana public health workforce assessment in the ERF**) has provided us with invaluable information on the current demographics and current professional development needs of the public health workforce in Montana. Identifying strategies to promote public health as a career of choice in high schools was identified as a top priority, as was proactively engaging inexperienced members of the public health workforce through hybrid / remote professional development trainings.

Finally, many of our students in the graduate programs are employees in local, state, and tribal health department in Montana. Through informal discussions with students in our classes, or through other engagement activities such as advising or committee service, we receive critically important feedback that enable us to continually improve the offerings of our School.

3) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

We gather feedback from our constituents in three ways. The first way is by doing an alumni survey (see **section B5**). The second way is by doing an employer survey every couple of years to better understand how well prepared our students are to meet the needs of the workforce (see **section F1.6**). Finally, we receive formal feedback from our public health partners throughout the state through mechanisms such as the Academic Health Department and our biweekly meetings with Montana DPHHS (Public Health System Improvement Office) described in **F1.1.** above.

4) Describe how the program's external partners contribute to the ongoing operations of the program, including the development of the vision, mission, values, goals, and evaluation plan and the development of the self-study document.

As described in **F1.1.** above, Missoula Public Health and Montana DPHHS have active roles in informing our ongoing operations. Regarding our vision, mission, values, and goals, we had several external partners (including DPHHS and Missoula Public Health) review and approve our working statements in 2018. At the time, no changes were proposed. Prior to submission of this self-study, staff from Missoula Public Health and Montana DPHHS were provided opportunities to comment on our guiding statements, as well as review and comment on our self-study document and evaluation plan. Please see the letters of support from Ms. Shannon Therriault (Director of Missoula Public Health) and Mr. Todd Harwell (Administrator for DPHHS) in our **ERF (54. F1.4. Missoula Public Health letter and 55. F1.4. Montana DPHHS letter)**.

5) Provide documentation of external contribution in at least two of the areas noted in documentation requests 3 and 4.

Please see all of the examples in the **ERF:**

- **16. B4.2. 2024 alumni survey**
- **17. B4.2. 2022 alumni survey**
- **54. F1.4. Missoula Public Health letter**
- **55. F1.4. Montana DPHHS letter**
- **56. F1.5. 2018 employer survey results**
- **57. F1.5. 2021 employer survey results**
- **58. F1.5. 2024 employer survey results**
- **59. F1.5. PHISIO meeting notes 121823**
- **60. F1.5. 2022 AHD Symposium agenda**
- **61. F1.5. 2023 AHD Symposium agenda**

6) Summarize the findings of employers' assessments of program graduates' preparation for post-graduation destinations and explain how the information was gathered.

Since our last re-accreditation effort in 2017, we have been diligent about surveying employers of our graduates to ensure we are producing high quality graduates, and that they are meeting the needs of their respective workplaces. Qualtrics employer surveys were sent out by email in 2018, 2021, and March 2024. Ten employers filled out the 2018 employer survey (**56. F1.5. 2018 employer survey results**), with 80% noting that the students' training was relevant to their position. Results also showed that employers felt our graduates were prepared for a career in their organization, and were prepared to apply competencies in their workplace setting.

For the 2021 employer survey (**57. F1.5. 2021 employer survey results**), we had 14 employer respondents. Of the 14, 85.7% felt that the training of our MPH graduates were relevant to their position. For the question regarding "how well was our graduate(s) prepared for a career in your

organization", 92.3% responded "very well". Nearly 85% felt that our graduates were very well prepared to apply competencies in their workplace setting.

We also conducted an employer survey in March 2024 (**ERF, 58. F1.5. 2024 employer survey results**), where we had 11 employer respondents. **Table 61** summarizes overall perceptions about the quality of our graduates.

Table 61. Overall employer perceptions of our graduates.

	Yes	**Somewhat**	**No**	
*Is the training of our MPH graduate(s) relevant to her/his position?	10 (100%)	0 (0%)	0 (0%)	
	Very well	**Well**	**Not so well**	**Not at all**
**Overall, how well was our graduate(s) prepared for a career in your organization?	9 (90%)	1 (10%)	0 (0%)	0 (0%)
	Very well	**Well**	**Not so well**	**Not at all**
***Overall, how well was our graduate(s) prepared to apply competencies in your workplace setting?	8 (80%)	2 (20%)	0 (0%)	0 (0%)

*For the question "*Is the training of our MPH graduate(s) relevant to her/his position?*", the following comment was provided: For some epidemiologist positions, the student's ability to manipulate data using SAS or R is not that strong.

**For the question *"Overall, how well was our graduate(s) prepared for a career in your organization?"*, the following comment was provided: Very well, but also worked for us before getting an MPH.

**For the question *"Overall, how well was our graduate(s) prepared to apply competencies in your workplace setting?",* the following comment was provided: Some of these competencies are not directly related to the job, so I didn't know how to evaluate them.

We also asked employers to evaluate our graduates' skill as related to each MPH program competency, with **Table 62** summarizing these results.

Table 62. Employer perceptions of employee skills.

Competency	**Exemplary**	**Proficient**	**Marginal**	**No skill**
Competency 1: Apply epidemiological methods to the breadth of settings and situations in public health practice	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 2: Select quantitative and qualitative data collection methods appropriate for a given public health context	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate	3 (30%)	7 (70%)	0 (0%)	0 (0%)
Competency 4: Interpret results of data analysis for public health research, policy or practice	7 (64%)	4 (36%)	0 (0%)	0 (0%)

Competency	Exemplary	Proficient	Marginal	No skill
Competency 5: Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	3 (33%)	6 (67%)	0 (0%)	0 (0%)
Competency 6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	6 (55%)	5 (45%)	0 (0%)	0 (0%)
Competency 7: Assess population needs, assets and capacities that affect communities' health	8 (73%)	3 (27%)	0 (0%)	0 (0%)
Competency 8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 9: Design a population-based policy, program, project or intervention	6 (55%)	5 (45%)	0 (0%)	0 (0%)
Competency 10: Explain basic principles and tools of budget and resource management	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 11: Select methods to evaluate public health programs	4 (36%)	7 (64%)	0 (0%)	0 (0%)
Competency 12: Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	7 (64%)	4 (36%)	0 (0%)	0 (0%)
Competency 14: Advocate for political, social and economic policies and programs that will improve health in diverse populations	6 (55%)	5 (45%)	0 (0%)	0 (0%)
Competency 15: Evaluate policies for their impact on public health and health equity	4 (36%)	7 (64%)	0 (0%)	0 (0%)
Competency 16: Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	8 (73%)	3 (27%)	0 (0%)	0 (0%)
Competency 17: Apply negotiation and mediation skills to address organizational or community challenges	4 (36%)	7 (64%)	0 (0%)	0 (0%)
Competency 18: Select communication strategies for different audiences and sectors	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation	9 (82%)	2 (18%)	0 (0%)	0 (0%)
Competency 20: Describe the importance of cultural competence in communicating public health content	5 (45%)	6 (55%)	0 (0%)	0 (0%)
Competency 21: Perform effectively on interprofessional teams	8 (73%)	3 (27%)	0 (0%)	0 (0%)
Competency 22: Apply systems thinking tools to a public health issue	7 (64%)	4 (36%)	0 (0%)	0 (0%)

Some comments from the 2024 employer survey included:

- SPCHS graduates are wonderful!
- The MPH degree education has helped Ms. Cox-McClure advance her career and assume leadership positions within our research network. She has effectively used communication, organization, and analytic skills to help conduct multi-site clinical research.
- Our staff that have received their MPH degrees and those that have completed the certificate program are well prepared and trained for PH positions here at the state health department.

- The technical expertise and knowledge was definitely all there. We're distinct in that our organization is population-specific, so we definitely needed to provide some support and guidance around cultural competence. We haven't asked our MPH graduate to do any policy interpretation work, but I believe they would be proficient.

7) Provide documentation of the method by which the program gathered employer feedback.

We used a similar Qualtrics survey for our three employer surveys. Results can be found in the **ERF**:

- **56. F1.5. 2018 employer survey results**
- **57. F1.5. 2021 employer survey results**
- **58. F1.5. 2024 employer survey results**

8) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, we feel we have effective strategies to get feedback from our constituents. This has been facilitated by the formation of our Academic Health Department, as well as frequent meetings with Montana DPHHS, and more specifically with PHSIO. These strong relationships with Missoula Public Health and Montana DPHHS have helped inform assessments of the content and currency of our public health curricula and their relevance to current practice. We also serve on several state-level advisory committees with other high-level public health leaders in the state, providing additional mechanisms to receive feedback on our program and graduates.

Our Employer Surveys are another tool we use as a way of assessing the ability of our program's graduates to perform competencies in an employment setting. Of the employers that responded to our 2024 survey, 100% felt that the training of our MPH graduate(s) was relevant to their position. For the question regarding "how well was our graduate(s) prepared for a career in your organization", 90% responded "very well", and 10% (n=1) responded "well". And, for the question regarding applying competencies in their workplace setting, 80% responded "very well", and 20% (n=2) responded "well). Overall, the feedback that we are getting from our constituents is helping us ensure the high quality of our graduates that are entering the workforce. Employer perceptions of employee skills were all "exemplary" or "proficient".

Weaknesses. Although we have attempted to disseminate surveys to our employers in past years, we have typically received a poor response rate on these evaluation surveys. Perhaps the low response rate was due to the cumbersome survey methods in which we sent surveys out. Following our 2017 accreditation self-study and site visit, we have been more deliberate with our employer surveys, while also investing more effort to engage stakeholders (including employers of our students) through different forums (AHD and PHSIO). We will continue sending out employer surveys in the future, but will also continue to look for alternative strategies to solicit feedback from our constituents.

F2. Student Involvement in Community and Professional Service.

1) Describe how students are introduced to service, community engagement, and professional development activities and how they are encouraged to participate.

Within the SPCHS, student service activities include serving on standing committees such as the Admissions, Curriculum, Faculty Evaluation, and Student Evaluation Committees. Faculty have also made a concerted effort to explore ways of including more service opportunities for students in the program. One example at the MPH level is the PUBH 560 Environmental and Rural Health class taught by Dr. Ward during each Spring. A requirement for this course is to identify and conduct a service opportunity as part of their grade (5%). Coupled with the service requirement for the APE (PUBH 595), all students in our MPH programs participate in some type of service event while in the program. At the undergraduate level, PUBH 355 (Theory and Practice of Health Education and Health Promotion) has service learning opportunities with the Missoula Food Bank, Soft Landing Missoula, All Nations Health Center, Missoula County Suicide Prevention, and Drive Safe Missoula. Community engagement is also a topic that is covered in many of our classes.

Regarding professional development, all students are invited to trainings hosted through our Montana Public Health Training Center. Prior to each training, a flyer is sent out to our student listserv. A listing of the upcoming trainings can be found here: https://www.umt.edu/mt-public-health-training/trainings/

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

We try to have at least two service events for our students, staff, and faculty each semester. Examples of past service events attended by students in Missoula include the annual Clark Fork River Cleanup, cooking dinner at the Ronald McDonald House, and volunteering at the Missoula Food Bank. Students in other communities have conducted trash pickups, volunteered at community health fairs, or events such as fun runs or at local “Hazardous Waste Days”.

3) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Within the SPCHS, we provide numerous opportunities for students to serve on committees. Community and professional development service opportunities are also available to all students, and required in some classes. These experiences help students gain an understanding of the contexts in which public health work is performed outside of the SPCHS, and the importance of learning and contributing to professional advancement in the field.

Weaknesses. Having an online program limits the amount of service opportunities we can facilitate for students outside of Missoula. Though we do have an active student / alumni association, most of the active members participating in PHSA live in Missoula. We sometimes have challenges in recruiting students on our SPCHS committees. We will continue to advertise committee service opportunities when they become available, and actively recruit students.

F3. Delivery of Professional Development Opportunities for the Workforce.

1) Provide two to three examples of education / training activities offered by the program in the last three years in response to community-identified needs.

With funding from Montana DPHHS, we have created the Montana Public Health Training Center. One of the primary activities of the Training Center is to deliver trainings that support the state's public health workforce. Here is a link to the Training Center schedule of trainings: https://www.umt.edu/mt-public-health-training/trainings/

Table 63 provides three examples of trainings that have been delivered through the Training Center in the past. Please note that Montana DPHHS (PHSIO) identified the trainings to be delivered as part of the contract we have with them.

Table 63. Professional development opportunities for the workforce.

	Education / training activity offered	How did the unit identify this educational need?	External participants served
Example 1	Health in All Policies	Identified by DPHHS	36 registered, 23 attended
Example 2	Intro to Data: Community Health Improvement Planning	Identified by DPHHS	64 registered, 23 attended
Example 3	Public Health and Mental Health Collaboration	Identified by DPHHS	107 registered, 65 attended

2) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Our Montana Public Health Training Center is a leading source of public health / healthcare professional development in the state. Our trainings are informed by not only Montana DPHHS, but also the public health workforce assessment we conducted in 2023 (**52. E2.1 Montana public health workforce assessment**).

Weaknesses. None noted.

G1. Diversity and Cultural Competence.

1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s).

The under-represented populations we serve include 1) rural students and 2) Native American populations in Montana. Geographically, Montana is the fourth largest state in the US, yet one of its most rural. It is the third least densely populated state at 7.3 people per square mile. The majority of Montana's geographic area is defined by the Census Bureau as "rural", meaning most of the population centers have fewer than 2,500 people.[1] Of the 1.1 million people who live in Montana, about 64.1% live in nonmetro areas.[2] The majority of the population is white (87%), yet there are seven Reservations in Montana, with Native Americans accounting for a little over 6% of our population. The poverty rate in rural Montana is 12.7%, compared with 11.6% in urban areas.[2] Rural areas face unique challenges including significant health disparities, social and healthcare barriers, and limited access to specialty care.[3] The 2017 Montana State Health Assessment[4] identified significant health disparities in our rural areas, particularly among Native American communities. American Indians in Montana have higher mortality rates for many of the leading causes of death, significantly higher premature mortality, and higher prevalence rates for many risk factors and diseases compared to our non-Native populations.[5]

1. Montana State Legislature, Census 2020, 2023. https://leg.mt.gov/information-legislators/census-2020/#:~:text=About%2044%20percent%20or%20470%2C000,have%20fewer%20than%202%2C500%20people, accessed October 22, 2023.

2. Rural Health Information Hub, 2023. https://www.ruralhealthinfo.org/states/montana, accessed October 22, 2023.

3. National Institute of Mental of Mental Health, 2023. Mental health information, mental illness, http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml, accessed October 20, 2023.

4. Montana Department of Public Health and Human Services, 2019. Montana State Health Assessment: A Report on the Health of Montanans 2017.

5. Montana Department of Public Health and Human Services, 2021. Montana State Health Improvement Plan. Healthy Living...Healthy Futures for Montana 2019–2023.

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

The University of Montana understands that success as an excellent institution of higher education requires a culture that encourages and supports diversity. The University also recognizes that, as citizens in the global community, we must foster a greater understanding of cultures and perspectives different from our own. As a living document, UM's Diversity Plan

(see 62. G1.2 UM Diversity, Equity, and Inclusion Plan in the ERF) provides ongoing guidance to the University and SPCHS as it continues to embrace and enhance diversity in the student population; among faculty, staff, and administrators; in educational and cultural programming; and in every activity on campus.

UM seeks to enhance diversity by recognizing and embracing the differences in age, ideas and perspectives, disabilities, creed, ethnicity, gender identity, gender expression, veteran status, national origin, race, religious and spiritual beliefs, sex, sexual orientation, and the socioeconomic and geographic composition of its faculty, administrative professionals, staff, and students. In its effort to enhance diversity, UM recognizes that focused effort must be placed on members of groups who have historically been subject to discrimination and are still underrepresented in the campus community.

The SPCHS has adopted UM's Objectives to ensure diversity within our program:

Objective 1.1: Retain and support a diverse student population through strategic planning and assessment.
Objective 1.2: Retain and support a diverse student population through enhanced training and clear reporting options.
Objective 1.3: Retain and support a diverse student population through targeted achievement opportunities and hardship mitigation efforts.
Objective 1.4: Retain and support a diverse student population through inclusive community-building and identity-based resources.
Objective 2.1: Encourage diversity, equity, and inclusion in teaching practices, classroom management, and University citizenship.
Objective 2.2: Encourage diversity, equity, and inclusion through research and creative scholarship.
Objective 3.1: Increase diversity of employee population through strategic recruitment, hiring, and professional opportunity.
Objective 3.2: Retain a diverse employee population by creating a culturally competent and supportive workplace environment.
Objective 4.1: Increase access to programs and activities for historically underserved populations in the region.
Objective 4.2: Deepen, strengthen, and elevate preexisting partnerships with regional Indigenous communities.
Objective 4.3: Partner with local and regional Diversity, Equity, and Inclusion (DEI)-focused organizations to connect and support underrepresented individuals within and between UM and in the community.
Objective 4.4: Partner with local and regional employers to provide mutually beneficial professional opportunities for underrepresented students.
Objective 5.1: Tell the UM story to recruit underrepresented students through strategic outreach and marketing.
Objective 5.2: Tell the UM story to recruit underrepresented students by cultivating, elevating, and celebrating UM's diversity.
Objective 5.3: Recruit underrepresented students through targeted barrier mitigation.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

The University's commitment to supporting a climate for working and learning in a diverse setting is evidenced by the Diversity Advisory Council, who's charge is to encourage, advocate, and facilitate communication, education, and relations among persons of various races, physical conditions, religions, national origins, citizenship, genders, ages, socio-economic backgrounds, and sexual orientation. The UM Diversity, Equity, and Inclusion Plan is the backbone of our commitment to diversity.

Our faculty have been proactive in identifying strategies to address DEI in our program. We discuss this topic at faculty meetings, in our committees, and as part of our Academic Leadership Team. Below are just some of the examples of things we do to support our rural and Native American students in our program, as well as raise awareness about DEI in our School.

Students

- Many of our classes within our undergraduate and graduate programs cover DEI topics. For example, we offer CHTH 414 (Health and Culture: A Global Perspective) at the undergraduate level, and PUBH 525 (Multi-Cultural Public Health) at the graduate level.
- We have an American Indian Student Services program at the University of Montana that supports Native American students. Their website is: https://www.umt.edu/american-indian-student-services/.
- We offer a pathway program with Salish Kootenai College (SKC) where students graduating from SKC's Health Promotion Practices AA degree program can enroll in our BS in Public Health degree program as an upper-division student (junior standing) to further study behavioral health promotion and public and community health/prevention sciences.
- We have a Research Assistant position for one student annually supported by All Nations Health Center in Missoula.
- Many of our Applied Practice Experience (PUBH 595) students have conducted their APE rural and / or Native American sites. For example, in Fall 2023, Ms. Bailey Chalfant carried out her APE at Indian Health Services in Billings, Montana.

Staff and Faculty

- We have had numerous seminars in our SPCHS seminar program focusing on DEI issues. For example, during the Fall 2023 semester, we had the following presentations:
  - Amy Stiffarm, PhD, MPH (Native American Initiatives Manager, Health Mothers, Healthy Babies-MT), "Perinatal Mental Health and Indigenous Birthing People".
  - Browning Public Schools Spookinaapi (Good Health) Staff, "Browning Public Schools Prevention Projects".
  - Maegan Rides At The Door, PhD, LCPC (National Native Children's Trauma Center, College of Education, University of Montana), "Healing from Trauma: Moving Toward Meaningful Life Longevity".
- Dr. Annie Belcourt provided a training to our faculty in Spring 2023 related to cultural competency and equity. Dr. Belcourt advises our program on diversity strategies, and is also actively involved across campus in this role. She has provided many trainings to campus and

our School on cultural diversity, cultural competency, historical trauma, mental health, compassion fatigue, and trauma informed educational strategies for teaching and practice.
- We hired Dr. Damian Chase-Begay as a Research Associate Professor in February 2024.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

The majority of the activities listed above address this question. Specifically, we are proactive in offering classes, trainings, and support services for our students, staff, and faculty.

5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

When considering our rural students in Montana, we evaluated the number of students that have been accepted and graduated from metro areas of Montana compared to those living in more rural areas of Montana. We define Metropolitan Statistical Areas as a county that contains a city of 50,000 or more inhabitants, of which Montana has three: Billings, Missoula and Great Falls. To provide a better understanding of how well we serve our rural students, **Table 64** presents the number of Masters students from Fall 2018-Summer 2023 that have been admitted and graduated from Metro counties compared to the remainder of the rural counties throughout Montana.

Table 64. Students from rural areas in Montana.

	Admitted (Metro)	Graduated (Metro)	Admitted (All Others)	Graduated (All Others)
Fall 2018	7	1	11	4
Spring 2019	2	3	5	3
Summer 2019	1	0	1	2
Fall 2019	5	2	10	0
Spring 2020	5	5	4	2
Summer 2020	1	2	0	1
Fall 2020	6	4	6	9
Spring 2021	2	5	3	5
Summer 2021	5	2	5	3
Fall 2021	6	4	14	1
Spring 2022	4	3	9	4
Summer 2022	2	1	4	1
Fall 2022	7	6	4	8
Spring 2023	3	5	3	9
Summer 2023	1	0	2	1
Totals	**57**	**43**	**81**	**53**

As presented in **Table 65**, we also determined the amount of Native American students that have entered and graduated from our Masters programs since Fall 2018. Students represented in **Table 65** were from the following tribes and tribal affiliations: Crow, Northern Cheyenne, Blackfeet, Nakota / Assiniboine, Salish, Kootenai, Aaniih, Gros Ventre, Assiuiboino, Mandan, Hidatsa and Arikara Nation, Nakoda Nations, Chippewa-Cree, and Mandan.

Table 65. Native American students entering and graduating from our program.

	Admitted (Masters)	Graduated (Masters)
Fall 2018	5	0
Spring 2019	2	1
Summer 2019	0	2
Fall 2019	3	0
Spring 2020	1	0
Summer 2020	0	1
Fall 2020	0	0
Spring 2021	1	1
Summer 2021	1	4
Fall 2021	4	1
Spring 2022	0	1
Summer 2022	0	0
Fall 2022	1	1
Spring 2023	1	1
Summer 2023	0	0
Totals	19	13

Note that during this period of time, one Native American PhD student was admitted and two graduated from our PhD in Public Health program. Two additional undergraduate Native American students graduated during this time period as well.

6) Provide student and faculty perceptions of the program's climate regarding diversity and cultural competence.

Student perceptions

As part of our survey to students in March 2024 (**18. B5.5. 2024 student survey**), we asked students the following open-ended question:

Please describe your perception of the program's climate regarding diversity and cultural competence.

Following are the comments we received from student responses:

- I think that the climate is generally very good and have had only one class that I felt handled it poorly.
- There has been a great initiation of understanding and implementation. As a student of color, I can only hope for an increase in the school's capacity to address these topics.

- I have unfortunately experienced some of the professors disregard or blatantly insult (albeit implicit) Native American heritage or culture.
- Not very diverse at all.
- I enjoy it.
- I think its okay.
- The program works hard to promote diversity, but cultural competence is lacking for some faculty. They utilize cultural issues as teaching material without considering how those issues might impact their students with cultural ties. There is also an overall lack of understanding in the students regarding AI/AN populations.
- Comments were still made in discussion boards regarding AI/AN populations with disregard to massive disparities that these communities face. Somewhat disheartening to see those comments and lack of interest to learn more competency in students is disheartening to know that some of those folks are already working at the state level or looking to work within IHS or urban clinics.
- Personally, I am very impressed. The inclusion and understanding, but also the education of cultural competence has been amazing.
- I feel like the program did a great job teaching me and others about diversity and cultural competency
- Tolerant.
- I felt very welcomed and appreciated being a Native American student.
- The foundation of my work has included community and cultural competence, and as a minority I have appreciated the attention given to this matter.
- Many classes are available with these topics and values in mind. I learned way more than expected around other cultures and other communities.
- It’s great!
- Montana itself is not very diverse, however the program is amazing at incorporating all aspects of both global/nation ethnicity and culture as well as local indigenous culture.
- Diversity and cultural competence are integrated into decisions regarding all aspects of the program. You feel it as an action not just words.
- Very accepting and inclusive.
- I thought they were culturally appropriate and felt that diversity was approached well.
- This program has taught me so much about diversity and cultural competence- I must say that they take special efforts at ensuring that every student-student and student-teacher interaction, is made with utmost respect and dignity. I have never had any negative experiences in class till date.
- In general, the program's culture aligns with the University and promotes inclusion and diversity.
- Great.
- All of the staff are very friendly and helpful and overall, in tune regarding diversity.
- Culturally inclusive and prioritizes diversity and sensitivity.
- The climate in regard to diversity and cultural competence is one of my favorite aspects of this MPH program. I very much appreciate the opportunity to learn about public health from different cultural perspectives, and I feel that all of my professors have been inclusive and welcoming in terms of diversity.
- Professors were great about bring in diversity and cultural perspectives into class discussions or reading.

- In my courses, I have found classes to have solid representation from American Indian and LGBT+ communities. There seems to be a good cross section of new-to-the-field and experienced public health folks. Not sure about class, geography, etc.
- Diversity and cultural competence is a large part of the programming especially considering the impact on public health.
- I think the climate for diversity and cultural competence was excellent.
- All my courses have encouraged participants to consider cultural competence and inclusion in how we approach the themes we are studying. In some classes, this is actually a large portion of the overall class focus.
- Very supportive of diversity and cultural awareness.
- The program seemed devoted and effective in embracing diversity and cultural competence.
- I'm an online student, so I am removed from the Missoula campus, but I have been impressed by what I have seen and experienced.
- Diversity and culture are incorporated and balanced.
- It is incredibly inclusive.
- The MPH program is very open to cultural and differing opinions, I applaud that the program has made a safe platform for all students to present thoughts and information. I also appreciate that the program fosters a very open approach to presenting differing opinions or new information that may bring a change of opinion. I would love to encourage the program to open the dialogue to include disabilities, note I am not saying there is any discrimination of people with disabilities. I think that including the resources the university has about discussing the effects of disability in the current classes would bring another dimension to the discussion as well as to encourage inclusive study.
- The program seems to have an accepting culture. I do not have anything negative to say on this topic.
- I thought it was great and always sensitive to the populations that we were working or talking about.
- I don't think I fully understand this question.. But I think the instructors that I've had in this program have emphasized the importance of cultural competence.
- I think the program is culturally competent. I haven't noticed much diversity within my classes.
- I feel like the program is open and welcoming to all students. The acknowledgement of our native American ancestors on syllabus is appreciated.
- I think its okay.
- I feel there should be Cultural competency training for all staff and for the Native American staff as well regarding bias and lateral violence with other Native American staff and students within the program and campus.
- I think they do a good job at this. But I also don't have lived experience with diversity so I don't think I can truly speak to the programs climate.
- Overall, the climate regarding diversity and cultural competence was good.
- My perception is that diversity and competence is up to par. I notice that the graduate work is being done in my Native American communities so makes it very relevant to me. Also, it's nice to know that the professors have hands on experience in working in my community as they will teaching students and come from an ally perspective.
- The MPA program is always bringing in a DEI perspective. Shockingly so far it has not been a component brought into the coursework in the classes I've had so far in the MPH program. Thank goodness for my public health undergrad coursework.

- Excellent
- Very accepting and inclusive.
- I feel our program does a good job being inclusive and encouraging diversity and cultural competence. I really enjoyed this in my environmental and social behavioral courses.
- This is a core value of the program and it shows.
- Great! You can see a real effort is made to address this. Greatly appreciated!
- Excellent climate
- It's a mixed bag: some faculty are responsive and incorporate the topic into courses and learning modules, others less so.
- Its been great and welcoming of students from different backgrounds and with multiple interests.
- One of the program's core courses addresses diversity and cultural competence and it was a great class. I think the program does a great job getting us thinking about and prepared to address topics related to diversity and culture. That can be tough in Montana and with distance education because many of us live in pretty geographically and culturally isolated areas.
- High.
- Faculty and staff have been very welcoming and sensitive to diversity and cultural competence.
- I believe our program is strong regarding its climate of diversity and cultural competence, however, I would love to see more qualitative researchers and additional faculty that currently engage in global health research, as the majority of faculty have a quantitative expertise.
- I view the program as open and accepting of diversity and cultural humility. However, I also don't see much representation of students who are diverse or of research topics that center diversity. I also feel like course content may sometimes "add on" cultural humility instead of considering a multitude of perspectives throughout.
- The program addresses the concepts of diversity and cultural competence in course work and seminars.

Faculty perceptions

At our faculty retreat on January 17, 2024, we spent time discussing diversity in our program. We polled our faculty to get a better understanding of their receptions regarding diversity. **Table 66** presents their responses.

Table 66. Faculty perceptions related to diversity in the SPCHS.

	Excellent	Good	Average	Not Good	Poor	Total
What is your perception of how well the SPCHS supports diversity for students?	0 (0%)	4 (36%)	6 (55%)	1 (9%)	0 (0%)	11
What is your perception of how well the SPCHS supports cultural competence for students?	0 (0%)	5 (45%)	3 (27%)	3 (27%)	0 (0%)	11

	Excellent	Good	Average	Not Good	Poor	Total
What is your perception of how well the SPCHS supports diversity for staff and faculty?	1 (9%)	3 (27%)	5 (45%)	2 (18%)	0 (0%)	11
What is your perception of how well the SPCHS supports cultural competence for faculty?	0 (0%)	5 (45%)	2 (18%)	4 (36%)	0 (0%)	11

7) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Results from our student and faculty surveys show that perceptions related to diversity are generally positive, especially among our students. As part of the 2024 survey, students were asked to respond to this open-ended question: *Please describe your perception of the program's climate regarding diversity and cultural competence.* Out of the numerous responses to this question, there were a handful of comments expressing concerns about how our School supports DEI. Though overall responses were very favorable, even having a few students expressing concerns is a strong reminder of the importance of continuing to prioritize DEI in our School.

The SPCHS adheres to all diversity policies and programs established by UM. We offer classes and support internship / capstone opportunities that expose students to diversity and cultural competence. The SPCHS 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 recruitment, retention and degree completion of minority graduate students focuses mainly on American Indian students, our largest minority in Montana. However, given the rural nature of our state, students from rural areas are also a major focus of our program. We will continue recruiting diverse student candidates at national meetings, regional public health entities such as the annual Confluence meeting (professional organization for public health in Montana), and through constant contact and networking with our local, state and tribal health departments throughout the state of Montana. Once in the program, a commitment to effective advising and mentoring will help retain and graduate these diverse student populations.

Finally, we have prioritized increasing diversity among our faculty by hiring a Native American faculty member in Spring 2024. We will continue to prioritize diversity in future faculty hires.

Weaknesses. Faculty responses presented in **Table 66** provided somewhat lower scores related to supporting diversity and cultural competence among our students and overall program. We have made a committed effort to host trainings for our faculty and provide numerous seminars on diversity within our seminar series, but we will do a better job in communicating these opportunities to all students / staff / faculty in the future. We will also better advertise any university-wide professional development trainings related to DEI to our faculty as they become available.

H1. Academic Advising.

1) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

When MPH and PhD students enter the program, they participate in a programmatic orientation prior to the start of the Fall semester. The orientation includes introductions to faculty, an overview of advising, course sequencing, student services, and an introduction to the Public Health Student Association. Please see the **ERF** for a copy of the Fall 2023 Orientation Agenda **(63. H1.1 Fall 2023 orientation agenda).** For those students who join the program in Spring or Summer semesters, they are provided with a copy of the orientation recording to view.

For undergraduate students, students meet individually with our Advisor / Undergraduate Director Aimee Elliott at the start of their program. It should also be noted that the University of Montana has the Big Sky Experience of which all first year and transfer students are encouraged to attend. For the Fall semester, this event is held the week before the official start of the semester. For Spring, the Big Sky Experience is condensed into a 1-day event. Numerous other opportunities for orientation to the University of Montana are provided on the orientation website: https://www.umt.edu/orientation/default.php.

UMOnline provides an orientation on the Moodle system at the beginning of each semester that are open to students across the university. Ongoing support for the Moodle platform is also available throughout the semester.

2) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

Upon admission to our Masters programs, students receive a welcome letter from the Department Chair, which includes assignment of an academic advisor. Each SPCHS faculty has between 10 and 15 advisees. Advising assignments are made based on the interests of the student and the overall availability (advisee load) of the advisor. Student advising takes place either by video conference, email, phone or for local students, in person. These advising activities may be initiated when the student reaches out to the faculty member, or the faculty member reaches out to the student.

For the PhD program, students are initially assigned to the PhD Program Coordinator (Dr. Sophia Newcomer) upon entry into the program. By the end of the first year, students will choose a Research Advisor, and then form a five-person committee that advises the student for the duration of their PhD program.

For the BS in Public Health program, Ms. Aimee Elliott serves as the advisor for all of our undergraduate students. In this role, Ms. Elliott meets with each student when they enter the program, and then each semester they are in the program.

3) Explain how advisors are selected and oriented to their roles and responsibilities.

For the Masters programs, advisors are assigned by the SPCHS Chair in consultation with Program Manager Dye. For the PhD program, initial advising is provided by the PhD Director Dr. Newcomer before they transition to their research advisor. All undergraduate students are assigned to Ms. Elliott. For new faculty just starting out with advising, we have had a mentorship model in place where new faculty co-advise a student or observe advising interactions before becoming independent. Our new advisors are also encouraged to ask questions to more senior faculty at any time to get advice on specific advising questions.

4) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

Students in the undergraduate programs at the University of Montana use a software support program called DegreeWorks. This program gives a personalized overview of the catalog requirements and tracks the students in their respective programs. Within our SPCHS, the following advising materials for the undergraduate program are provided in the **ERF:**

- **64. H1.4 Undergraduate general advising sheet**
- **65. H1.4 Undergraduate community health advising sheet**
- **66. H1.4 Undergraduate global health advising sheet**

For our MPH and PhD programs, the following advising materials are provided in the **ERF:**

- **67. H1.4 MPH advising sheet**
- **68. H1.4 MPH / CHPS advising sheet**
- **69. H1.4 MPH / MPA advising sheet**
- **70. H1.4 MPH / PharmD advising sheet**
- **71. H1.4 MPH / DPT advising sheet**
- **72. H1.4 PhD advising sheet**

5) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

In our student survey that was sent out in March 2024 (**18. C2.5. 2024 student Survey** in the **ERF**), we asked students about their perceptions related to academic advising. **Table 67** presents their responses.

Table 67. Student perceptions related to quality of academic advising.

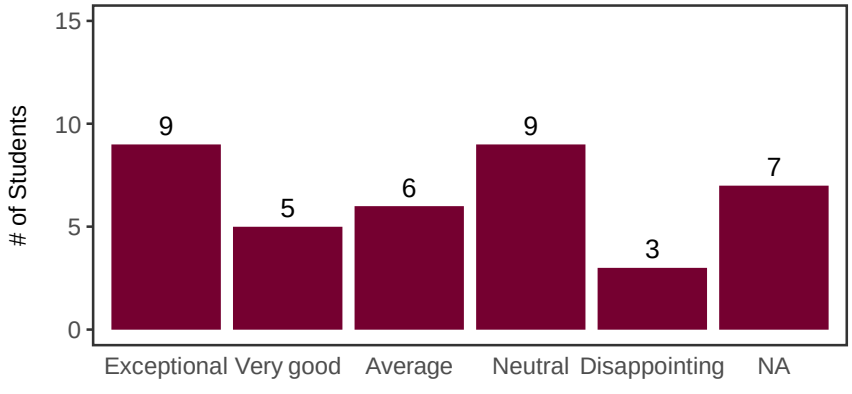
	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	n
BS	0 (0%)	5 (71%)	0 (0%)	2 (29%)	0 (0%)	7
MPH	2 (5%)	5 (12%)	4 (10%)	5 (12%)	25 (61%)	41
MPH-CHPS	2 (20%)	4 (40%)	0 (0%)	1 (10%)	3 (30%)	10
PhD	0 (0%)	0 (0%)	0 (0%)	2 (18%)	9 (82%)	11
MPA / MPH	0 (0%)	1 (10%)	1 (10%)	3 (30%)	5 (50%)	10

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	n
MPH / PharmD	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
MPH / DPT	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0

Overall, this survey was sent out to 153 students, with 79 students responding to the survey. Therefore we had a 52% response rate. In addition to the March 2024 student survey, our Public Health Student Association (PHSA) conducted a survey in Spring 2023 that evaluated the overall quality of our program from the students' perspective **(ERF, 8. A3.1. PHSA survey 2023)**. Thirty-nine (39) SPCHS students completed a Qualtrics survey and the results were summarized and provided to our faculty at both an ALT meeting and a biweekly faculty meeting.

For the 39 students participating in the PHSA survey, they were in the following programs: MPH (17), MPH-CHPS (9), PhD (8), Other (3), and Undergraduate (2). **Figure 4** summarizes the student perceptions related to quality of advising.

Figure 4. Student perceptions on advising.



Below are direct quotes from the PHSA report as they relate to advising:

- The biggest frustrations and disappointments centered around advising experiences.
- Some students' advising experiences have been disappointing, with students reporting that they have had little engagement and direction from their advisors. They also reported that if they could change anything within the program it would be their advising experience.
- Advising experiences have been disappointing, with students not getting the direction they need, guidelines changing or unclear, and graduations being delayed.

6) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. To date, we have had a structured advising process within the SPCHS. Each student in our program is assigned an advisor when they start their program, and we encourage students to actively engage with their advisor throughout the duration of the program. At the very minimum, we encourage that the students and advisors meet each semester. We provide an orientation for all MPH and PhD students entering our program, and undergraduates have a

support system in place (not only within the SPCHS but also at the institutional level) as they start at UM and throughout their academic career. As presented in **Table 67**, students in our MPH, MPA / MPH, and PhD programs were generally satisfied with their advising experiences.

Weaknesses. One of the drawbacks of our online programming is that our students are not on campus. Therefore, students do not always take advantage of their advising opportunities, no matter how often they are encouraged. To address this weakness, we offer students the opportunity to meet with their advisor at the new student orientation held in September each year. Our goal is to facilitate a personal connection between the student and their advisor early in the student's program. Additionally, some of our faculty proactively reach out to all the students they advise to schedule advising meetings at the beginning of each semester. This strategy has worked well in engaging with students in the program, however only a few students respond to emails regarding setting up advising appointments each semester.

Table 67 also points to some of our shortcomings in our advising activities, especially for the undergraduate and MPH-CHPS programs. For the undergraduate program, we have had three different advisors in the past three years. However, Ms. Aimee Elliott has stabilized our advising efforts, including meeting with each undergraduate student at the start of each semester. We will also be exploring linking up undergraduate students with faculty mentors beginning in AY 2024 / 2025 to better support Ms. Elliott with the career advising aspects of our program. We have also had some faculty turnover for the MPH-CHPS advisors, with one of our primary advisors (Dr. Annie Sondag) retiring at the conclusion of AY 2021 / 2022. During this transition, our faculty assigned to these students have been more proactive in meeting with them, and we are confident these efforts will be improving MPH-CHPS student advising into the future.

In their report, the PHSA recommended that a student-faculty committee be formed to discuss how advising can be improved among students. We have engaged students with the advising discussion not only in our Curriculum Committee, but also on the Academic Leadership Team. Further, our faculty have addressed advising concerns numerous times in both faculty meetings and our Annual retreat on January 17, 2024, and we feel we are making good strides in improving our academic offerings. We have started including a standing agenda item in our faculty meetings called "student-related issues". This is a good opportunity to identify and discuss issues related to students (or specific students), and provides for more impactful advising as a result of data sharing. The faculty also agreed to make our advising outreach efforts standardized and consistent across advisors. We will continue to engage the PHSA and individual students in prioritizing the improvement of our advising support.

H2. Career Advising.

1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

At the University of Montana, there is a formal mechanism for students to receive career advising through TRIO Student Support Services (https://www.umt.edu/triosss/Services/career-advising.php). There they can receive help to enhance and draft effective resumes, cover letters and CVs; develop effective job search strategies; identify and articulate their skills, values, and expertise; and build competence and confidence for job interviews.

Through multiple mechanisms, career counseling also occurs within the SPCHS. Formal (and informal) student advising is a primary way that students can receive counseling on career opportunities. In addition, the MPH and PhD advisors frequently send information about job and training opportunities to the entire student body via email. Students also have opportunities for career counseling when they attend the annual meeting of Confluence (the professional public health organization in the state).

Through the Montana Public Health Training Center, we have developed a Workforce Development program: https://www.umt.edu/mt-public-health-training/workforce-program/default.php. This site includes internship and the latest public health job postings in Montana, as well as numerous other resources for students / alumni looking for public health employment. Finally, career advising occurs through our undergraduate internship (PUBH 498) and MPH capstone courses (PUBH 594 ILE and PUBH 595) given that these "classes" occur at practitioner sites that frequently turn into permanent employment opportunities.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

For our undergraduate students, staff within the University of Montana's TRIO Student Support Services are formally trained and have the appropriate backgrounds to provide support to our students. Within the SPCHS, we do not have a formal coordinator for career advising of our graduate students, but our faculty all informally serve as career advisors in some capacity. We do frequently remind our faculty advisors about the Montana Public Health Training Center jobs board so they can highlight this resource to their advisees.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Following are four examples of our faculty providing career advising services to students:

Example 1: The faculty member provided career advising to a PhD student who was nearing graduation and debating between accepting a senior position within a state health department or pursuing an academic research path. In this advising, which lasted over many months during

weekly check-ins, the faculty member asked about the student's career goals and what they wanted their work-life balance to be. The faculty member shared what they viewed to be the pros and cons of different career paths for individuals with PhD degrees in Public Health. Two people (the faculty member and the student) participated in these discussions.

Example 2: The faculty member met with a student in the MPH-CHPS program. In the student's second year of the program, the faculty member met with the student four times to discuss her career options, how to best prepare for job searching, and the types of positions for which they had the most interest. The student applied to a number of programs and positions, and the faculty member wrote a number of reference letters and also provided potential employers with verbal references. Two people (the faculty member and the student) participated in these discussions.

Example 3: Another faculty member provided one-on-one mentoring of MPH-CHPS students on different career paths within the field of health education/health promotion. Further, this faculty member helped organize a gathering of MPH-CHPS students on November 2, 2022 where they invited MPH-CHPS alumni to speak about their current careers and potential opportunities with local agencies. Between 10-15 students and the faculty member participated in these discussions.

Example 4: Following is a testimonial of how one of our faculty provided career advising to an alumna: "Over the summer, one of my previous students, who graduated in 2022, contacted me to discuss some ideas she had with her career. I had stayed in touch with this student since her graduation, and knew she was challenged in her new job. This summer I connected her with some peer support groups for new epidemiologists across Montana. She wrote back to tell me that this connection has vastly improved her work environment, and allowed her to feel more connected in her job." Two people (the faculty member and the alumni) participated in these discussions.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

As part of our 2024 student survey (**18. B5.5. 2024 student survey** in the **ERF)**, we also asked students about their satisfaction related to career advising. **Table 68** presents their responses.

Table 68. Student perceptions related to career advising and services.

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	n
BS	0 (0%)	4 (57%)	1 (14%)	2 (29%)	0 (%)	7
MPH	1 (2%)	3 (7%)	8 (20%)	9 (22%)	20 (49%)	41
MPH-CHPS	1 (10%)	4 (40%)	1 (10%)	1 (10%)	3 (30%)	10
PhD	0 (0%)	0 (0%)	4 (36%)	2 (18%)	5 (45%)	11
MPA / MPH	0 (0%)	1 (10%)	3 (30%)	1 (10%)	5 (50%)	10
MPH / PharmD	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
MPH / DPT	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0

5) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. We strive to provide supportive career advising services for our students. All students, including those who may be currently employed, have access to qualified faculty and / or staff who are actively engaged, knowledgeable about the workforce, and sensitive to their professional development needs. Informal discussions with students have been the most effective way of getting feedback from students regarding their advising / career counseling needs. This is not really a measurable strategy, but it is an effective strategy nonetheless. As presented in **Table 68**, students in our MPH, MPA / MPH, and PhD programs were generally satisfied with their career advising experiences. To further improve our career advising activities, we have brought in UM's Experiential Learning and Career Services (ELCS) to talk to our faculty in Spring 2024. This allowed us to become more familiar with the services that ELCS provides so we can further highlight ELCS to our students. We have also been proactive in promoting our Workforce Program through our Montana Public Health Training Center. Finally, Mr. Patrick Dye also frequently sends out job announcements to all of our students through email.

Weaknesses. Results from **Table 68** suggest that we can be doing a better job to provide career advising to our undergraduate and MPH-CHPS students, which is consistent with results from student survey responses to the academic advising question (see **Table 67**). This speaks to the need of further promoting our Montana Public Health Training Center jobs board, while also connecting students in a more strategic way with the University of Montana's ELCS program. ELCS (https://www.umt.edu/experiential-learning-career-success/) does a wonderful job in supporting students as they enter the workforce, and is an underutilized program at our University. We will make a concerted effort in advertising ELCS and our jobs board towards the middle of each semester, rather than just highlighting these services at Orientation which is held at the beginning of the Fall semester.

To address this weakness, we have sent out an email to our students in Spring 2024 specifically promoting the ELCS resources and the Montana Public Health Training Center jobs board, and encouraging students to engage with these resources. Our faculty advisors have also been made aware of the ELCS and Training Center job board services, and will be highlighting their services when advising students in the future.

H3. Student Complaint Procedures.

1) Describe the procedures by which students may communicate complaints and/or grievances to program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.

Students can communicate their concerns at both the School and the University levels. At the University-level, students have access to the formal campus complaint / grievance process further described in **H3.2.** below. However, our experience has been that the primary way that students communicate their concerns is through their assigned advisor, or an instructor they are close to within our program. Students also frequently reach out to our Program Coordinator Patrick Dye, or directly to the Chair. The College of Health Director of Student Affairs (Dr. Donna Beall) may also be consulted if needed. If the situation is not resolved informally, then the formal process for student complaints can be initiated. The SPCHS policy for student complaints is fully described on our website:
https://www.umt.edu/public-community-health-sciences/graduate/resources/code-of-conduct.php

Student course evaluations are another way we get feedback regarding student complaints. As part of our course evaluations, students in every course have the opportunity to anonymously evaluate both the course and the instructor. These evaluations go to the course instructor and also to the SPCHS Chair for review. The Chair will then follow up with the instructor as needed to address any complaints or major concerns regarding the class.

2) Briefly summarize the steps for how a formal complaint or grievance filed through official university processes progresses. Include information on all levels of review / appeal.

At the university level there is a formal process administered through the Provost's Office that addresses student complaints and grievances: Student Concerns (umt.edu).

For non-academic concerns, there are several points of contact:
- For concerns about safety: UM Police Department at (406) 243-6131.
- For concerns about campus life: Office of Student Affairs at (406) 243-5225.
- For concerns about student conduct and for general assistance: Sandy Curtis at (406) 243-2611.
- For concerns about discrimination or protected-class harassment: Title IX Coordinator/Equal Opportunity and Affirmative Action Office at (406) 243-5710.

For concerns about academic policies, students are encouraged to contact their respective Dean.

For concerns that affect the student's academic performance, the process is:
- First, attempt to resolve the issue directly with their professor.
- If resolution is not possible or their professor is unresponsive to their requests within a week, contact the Chair of the Department.
- If the Chair is unable to resolve the matter or is unresponsive to their requests within a few days, contact the Dean of the College.

- If the Dean is unable to resolve the matter or is unresponsive to their request, contact the Office of the Provost at (406) 243-4689.

If their professor, the Chair, the Dean, and the Provost's Office have not addressed the matter to the student's satisfaction, contact the ASUM Student Resolution Officer (243-6213, asumlegal@mso.umt.edu). The student grievance procedure requires that such grievances be brought to the Student Resolution Officer within 30 days of the act or omission that caused the grievance or after the date that the student knew or should have known of such an act or omission (see CBA Section 21.500). Students are encouraged to chronologically organize all documentation of interactions between them and the faculty, staff, and administrators that have interacted with in trying to resolve your academic issue.

Additional resources provided by UM include the following:
- Formal Grievance Procedure—CBA Section 21.500
- Formal Grievance with an adjunct, instructor or lecturer who works less than half time (0.5 FTE) and therefore is not a member of the University Faculty Association or held to the procedures described in the CBA.
- Student Conduct Code—Covers expectations and campus procedures for general conduct and academic conduct
- Notification of Montana University System Complaint Process

3) List any formal complaints and / or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

We have not had any formal complaints following the process described above within the last three years.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. The University of Montana and our School have clear policies and procedures that govern formal student complaints / grievances. This information is communicated to students in their course syllabi, and information is also provided on our SPCHS website.

Weaknesses. No concerns.

H4. Student Recruitment and Admissions.

1) Describe the program's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The SPCHS website (http://health.umt.edu/publichealth/) serves as the face of our program, and is in many ways the first contact that prospective students have with our program. Under the direction of Mr. Patrick Dye, we prioritize keeping our website up to date. Prospective students will frequently send inquiries through the website contact email asking questions about our program. These emails are responded to first by Mr. Dye, and then a follow up email is sent by Dr. Tony Ward (Program Chair). For inquiries about the PhD program, Dr. Sophia Newcomer (PhD Program Director) is looped into the emails to answer any questions the potential applicant may have.

For our undergraduate program, we rely on existing University of Montana recruitment strategies to bring students to campus. Once students are on campus, we participate in recruitment events such as the annual Bear Fair and other campus-wide recruitment events focused on undergraduate students. We frequently have social events for our undergraduates, providing opportunities to recruit through word of mouth. We also have a focus on exposing high school students to public health. This has included an annual public health class for high school students led by Dr. Ward through the University of Montana's Summer Exploration program, as well as numerous presentations to high school classrooms throughout our state. Also, in Fall 2023, Aimee Elliot, undergraduate program director/advisor, and Rachel Peterson, MPH-CHPS Director, presented to UM's undergraduate recruitment team to educate recruiters on our BS in Public Health program and public health career options.

For our graduate programs, our recruitment strategies have focused on the public health professionals in our region. Given that many of our MPH students are working professionals throughout the state, we are proactive in marketing our graduate programs by sending out flyers and announcements through the Montana Public Health Training Center. We also recruit at the annual Confluence conference, held in various locations throughout Montana. Confluence is the professional organization that includes public health and environmental health employees throughout our state. Another successful way we have recruited for the MPH program is through our DPHHS scholarship program focused on providing scholarships for public health professionals to attend our Certificate programs. About half of the ~75 Certificate students have gone on to get their MPH in our program. We also recruit within our own university. Specifically, we give presentations on our MPH program to incoming Pharmacy and Physical Therapy School students annually.

As presented in the **ERF**, we utilize different flyers for recruitment that are adapted for different audiences. These flyers are used to recruit for the undergraduate, masters, and PhD programs respectively.

- **73. H4.1 Undergraduate recruitment flyer**
- **74. H4.1 Masters recruitment flyer**
- **75. H4.1 PhD recruitment flyer**

2) Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

BS in Public Health

Students submit a completed undergraduate admission application to Online application and pay the $30 application fee. There is no application fee for residents of Montana. Students must also submit a final high school transcript to be sent upon high school graduation. The transcript must include their date of graduation and final GPA. For admission requirements**,** students must meet at least one primary requirement and complete the college preparatory requirements to be admitted to the University of Montana. Primary requirements include a 2.50 cumulative grade-point average, or a class rank in the upper half of their high school graduating class.

Masters programs.

For our Masters programs, students apply to our program through an online system maintained by our UM Graduate School Office (https://www.umt.edu/public-community-health-sciences/graduate/masters/mph/apply.php). The overall application includes a completed online application form, three letters of recommendations, a personal statement, CV or resume, official transcripts from all colleges and universities attended, and official TOEFL, IELTS, or MELAB scores for international students. Student applications are reviewed by our SPCHS Admissions Committee using both qualitative and quantitative measures. The Committee evaluates the applicants' potential for a career in public health practice, and ranks the applicants in terms of their potential for success in our Masters programs. The deadline for admissions is March 1 for Summer and Fall admissions, and September 1 for Spring admissions.

MPH and MPH / MPA applicants are evaluated by two members of the Admissions Committee for objective and subjective criteria, while the Chair of the Admissions Committee also reviews each application, and provides additional feedback to the Committee when necessary. All materials for consideration in the application process are considered confidential and are not discussed or disseminated for review with anyone outside the program. The applicant is evaluated on their letters of recommendation, noteworthy volunteer or professional employment 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. Following a discussion of each applicant, the Admissions Committee makes its final selections.

Applications for the MPH-CHPS program are sent to MPH-CHPS core faculty who review and send recommendations for acceptance/non-acceptance to the Admissions Committee. Applications to the MPH / MPA program are also sent to the Department of Public Administration and Policy's Admissions Committee. Students must be accepted by both programs to be formally admitted to the MPH / MPA program. On occasions when students have been admitted for one program but not the other, students have pursued either the MPH or MPA independently. Students already admitted to UM's PharmD and DPT programs who apply to the MPH program are automatically accepted based on the academic rigor required for acceptance into these doctoral-level professional programs.

All decisions regarding acceptance are conveyed to the applicants in writing by the Graduate School Office. Students who are not offered admission into the Master's program can choose to discuss with the Chair of the Admissions Committee the rationale for being declined. These students are sometimes offered an opportunity to begin our Certificate of Public Health program, with transfer of their credits into the MPH program upon completion of the 12-credit Certificate.

PhD in Public Health

PhD students can start the program during the Fall or Spring semesters. For the Fall semester, the application deadline is January 15. For the Spring semester, the application deadline is September 1. Late applications may be submitted after the deadlines. However, they may not be considered if available positions have been filled. Applicants must have a Master of Public Health degree, or another related master's degree, and apply through our online application form: https://gradapply.umt.edu/register/gradapply

The PhD application consists of three letters of recommendations, a personal statement, a CV or resume, official transcripts from all colleges and universities attended, and official TOEFL, IELTS, or MELAB scores for international students. There is a separate SPCHS Admissions Committee set up for PhD applicants for each review cycle. The PhD Program Director meets with the Admissions Committee initially to reviews all applications, and then the committee determines which applicants to interview. Interviews are held via Zoom, which not only gives the committee an opportunity to assess the candidate, but also allows the applicant an opportunity to ask questions and learn more about the program. Following the interviews, the PhD Admissions Committee makes its final selections.

3) Provide quantitative data on the unit's student body from the last three years, with the unit's self-defined target level on each measure for reference.

Our Academic Leadership Team was responsible for identifying the measures presented in **Table 69**.

Table 69. Outcome measures for recruitment and admissions.

Outcome Measure	Target	2021 / 2022	2022 / 2023	2023 / 2024
Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission	90%	94%	100%	100%
Percentage of newly matriculating students with previous health- or public health-related experience	90%	100%	100%	100%

For the 2021 / 2022, 2022 / 2023, and 2023 / 2024 academic years, we admitted 56, 31, and 36 total students into our graduate programs, respectively. Only 8 (2021 / 2022), 4, (2022 / 2023), and 2 (2023 / 2024) declined their offer of acceptance over this period of time. For 2022 / 2023 and 2023 / 2024, none of the students that declined were Native Americans or students from

rural areas of Montana. For 2021 / 2022, two students that declined were from non-metropolitan areas of Montana.

4) Assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths. Overall, our graduate-level Admissions Committees do an excellent job of equitably reviewing each of our applicants. They maintain consistent admissions policies and procedures that select qualified individuals to attend our academic offerings. For our undergraduate program, we rely on UM Admissions to admit undergraduates to our campus who then then self-select themselves into our public health program.

Results from **Table 69** show that almost 100% of the graduate students we make offers to end up entering our Masters and PhD programs, especially our under-represented students (Native Americans and students from rural areas of Montana). Further, all of the students admitted into our program have health- or public health-related experience.

Weaknesses. Although we are active in marketing our program and recruiting students on the UM campus, we have a limited budget and capacity to engage in recruitment opportunities outside of Missoula. For our undergraduate program, we rely on the UM recruitment strategies. Our undergraduate program is still very new on campus, and UM is still trying to optimize how they advertise and recruit students to our program. At the graduate levels, we have been more proactive in recruiting at the annual Confluence conference each year, as well as highlighting our School in training flyers that are sent out through the Montana Public Health Training Center listserv.

H5. Publication of Educational Offerings.

Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies.

The following website links highlight all of our degree programs:

BS Public Health - https://www.umt.edu/public-community-health-sciences/undergraduate/bachelors.php

Master of Public Health (MPH) - https://www.umt.edu/public-community-health-sciences/graduate/masters/mph/default.php

Master of Public Health with Community Health & Prevention Sciences (MPH-CHPS) - https://www.umt.edu/public-community-health-sciences/graduate/masters/mph-chps/default.php

Master of Public Health and Public Administration (MPH / MPA) - https://www.umt.edu/law/mpa/academics/joint-degrees.php

PhD in Public Health - https://www.umt.edu/public-community-health-sciences/graduate/phd-public-health/default.php

Our website is publicly available, and also describes the following:

- program policies: https://www.umt.edu/public-community-health-sciences/graduate/program-policies.php
- student resources: https://www.umt.edu/public-community-health-sciences/graduate/resources/default.php
- prospective students FAQs: https://www.umt.edu/public-community-health-sciences/graduate/prospective-students-faqs.php