MICHIGAN STATE
UNIVERSITY
Master of Public Health
Michigan State University
Master of Public Health Program
CEPH Accreditation
Self-Study Document
October 11, 2021

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List of Acronyms Used

ABRCMS	Annual Biomedical Research Conference for Minority Students
AY	Academic salary
AN	Annual salary
ANOVA	Analysis of variance
APA	American Psychological Association
APE	Applied Practice Experience
APHA	American Public Health Association
ASPPH	Association of Schools and Programs in Public Health
CBPR	Community-based participatory research
CC	Concentration Competencies
CEO	Chief Executive Officer
CEPH	Council on Education for Public Health
CHES/ MCHES	Certified Health Education Specialist/ Master Certified Health Education Specialist
CHM	College of Human Medicine
CM	Communications Manager
CPH	Certified in Public Health
D2L	Desire2Learn
DPH	Division of Public Health
DVM	Doctor of Veterinary Medicine
ERF	Electronic resource file
FCHES	Flint Center for Health Equity Solutions
FS	Fall semester
FT and PT	Full-time and part-time
FTE	Full time equivalent
FY	Fiscal year
HLC/NCA	Higher Learning Commission/North Central Association of Colleges and Schools
HM	Human Medicine
IAS	Initial Application Submission
ILE	Integrated Learning Experience
LMS	Learning Management System
LPC	Licensed Professional Counselor
MAIT	Master of Advanced Information Technology
MCUAAR	Michigan Center for Urban African American Aging Research
MDHHS	Michigan Department of Health and Human Services
MPH	Master of Public Health
MPPH	Michigan Premier Public Health Conference

MSU	Michigan State University
NACCHO	National Association of County and City Health Officials
PHP	Public health program
PH WINS	Public Health Workforce Interests and Needs Survey
PIF	Primary instructional faculty
QM	Quality Matters
RECAST	Resiliency in Communities After Stress and Trauma
REHS	Registered Environmental Health Specialist
RFA	Request for Applications
RHIA	Registered Health Information Administrator
SAB	MPH Student Advisory Board
SAC	Stakeholder Advisory Committee
SD	Standard deviation
SME	Small and medium-sized enterprises
SPH	School of Public Health
SS	Spring semester
UGPJ	University Graduate-Professional Judiciary
US	Summer semester

Introduction

1) **Describe the institutional environment, which includes the following:**

   a. **year institution was established and its type (e.g., private, public, land-grant, etc.)**

      - Michigan State University (MSU) was founded in 1855. A prototype for 69 land-grant institutions under the Morrill Act of 1862, MSU was the first institution of higher learning in the United States to teach scientific agriculture. MSU's main campus is in East Lansing, three miles east of Michigan's capital in Lansing. MSU Extension has a presence in every Michigan county, providing a range of agriculture and health services and programs. The College of Human Medicine (CHM) has seven medical campuses throughout the state. To learn more about MSU, visit https://msu.edu/about/thisismsu/facts.php

   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)**

      - MSU has more than 200 programs of undergraduate, graduate, and professional study in 17 degree granting colleges. MSU offers 391 different baccalaureate degree programs, 176 master's degree programs, and 162 doctoral programs (29 of which are professional), along with a range of concentrations, minors, specializations, and certificates. It has more than 275 education abroad programs in more than 60 countries on all continents and is the number 1 ranked public university for education abroad (US News and World Report).

      See **ERF** Intro-1b MSU DegGrantColl

   c. **number of university faculty, staff and students**

      - Students Fall 2020:
        - Approximately 49,695 in total: 38,491undergraduate, 11,204 graduate and professional
        - 25.3 percent students of color; 11.8 percent international students (https://oiss.isp.msu.edu/about/statistical-report/)
      - Faculty and academic and support staff: approximately 12,000; nearly one million alumni, 271,000 of whom live in the state of Michigan (https://msu.edu/about/facts)

   d. **brief statement of distinguishing university facts and characteristics**

      - MSU's main campus is in East Lansing, three miles east of Michigan's capital in Lansing. The main campus boasts a robust 5,300-acre campus, containing 566 buildings, including 110 with academic or instructional space. Approximately 19,600 acres throughout Michigan are used for agricultural and natural resources research and education. According to US News and World Report, MSU is ranked in the top 10 nationally for learning communities, study abroad, and service learning; 38 academic programs are ranked in the top 25 nationally; and MSU is ranked among the top 50 Best Global Universities. MSU has an outstanding record of students earning prestigious national and international scholarships: Goldwater, 47; Rhodes, 20; Churchill, 16; Truman, 16; Marshall, 20; Udall, 12; Hollings, 7; Gates, 4; and Mitchell, 5. (https://msu.edu/about/thisismsu/facts.php)

e. names of all accrediting bodies (other than the Council on Education for Public Health, CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

MSU has been fully accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools (HLC/NCA) since 1915. Every 10 years, the University voluntarily undergoes an institution-wide accreditation review. The next reaffirmation of accreditation is 2025 – 2026. See **ERF** Intro-1e MSU Accred Orgs and online at https://opb.msu.edu/functions/planning/agencies-accredit-msu.html

f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

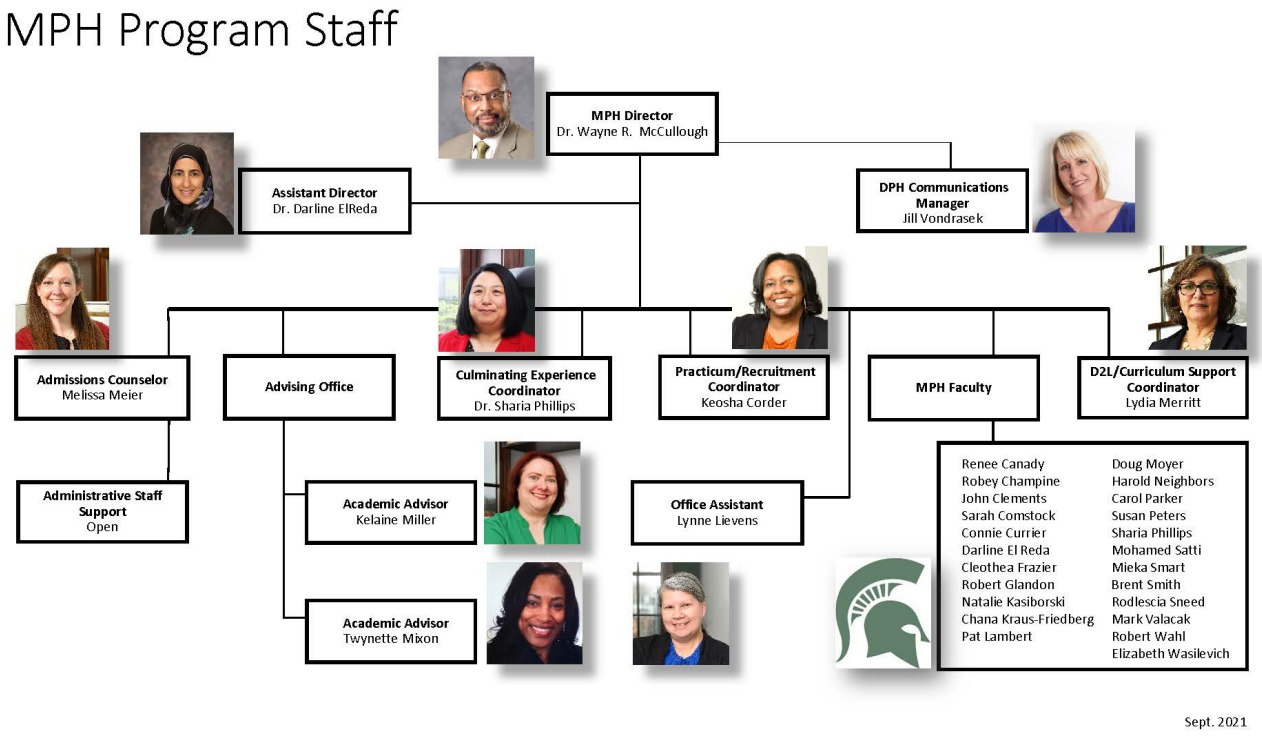
The Master of Public Health (MPH) program was developed to address the public health workforce shortage, to increase interest in public health careers among high school and undergraduate students, and to offer a highly applied, accessible, affordable, competency-based MPH degree. On February 26, 2008, the MSU Academic Council approved the Master of Public Health program's initial proposal, which then went to Statewide Academic Review in April 2008. The MPH Program admitted its first cohort of students at the end of the spring semester of 2008. Based in the College of Human Medicine, the MPH Program began with 18 students, 9 courses, and 16 faculty members. The Program has since grown to 164 current students, over 675 alumni, and 23 faculty members. In 2015, CHM introduced the Division of Public Health (DPH), a governing division encompassing four units, including the MPH Program. Soon after the creation of the DPH, the MPH Program moved its administrative offices to Flint, MI where they are housed in the restored Capitol Theater building.

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

a. the program's internal organization, including the reporting lines to the dean/director

The MPH Program is housed in the Division of Public Health (DPH) in the College of Human Medicine (CHM). The Program Director assumes primary administrative responsibility for curriculum development, admission standards, faculty selection and retention, and fiscal planning. The Program Director reports to the Associate Dean for Public Health Integration in the Division of Public Health, who reports to the CHM Interim Dean.

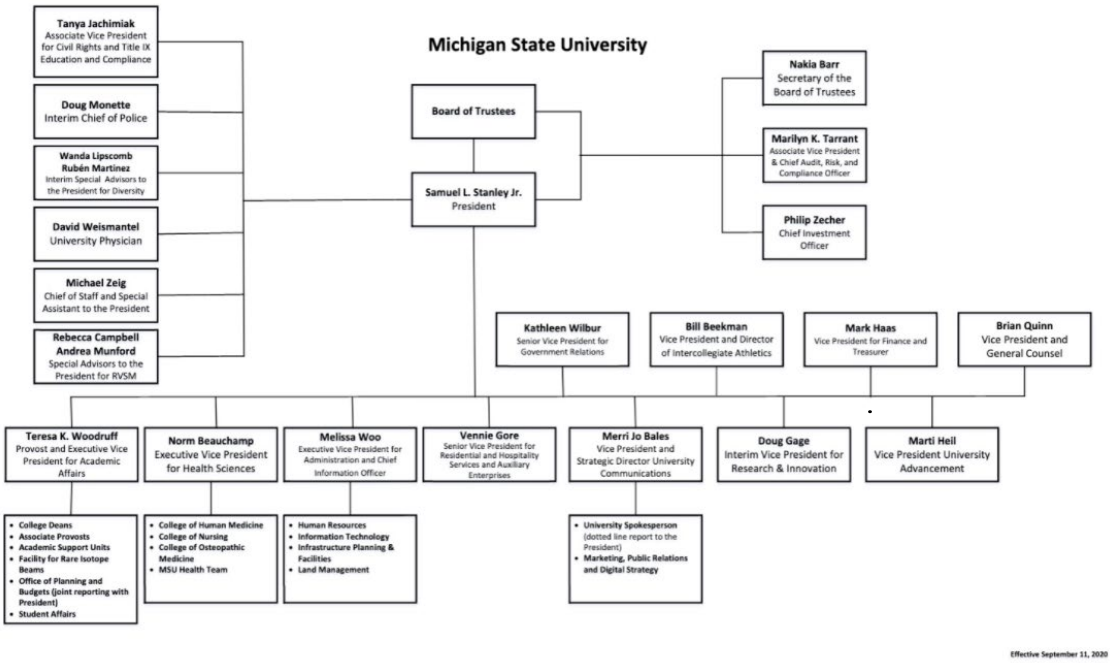
Figure I. Master of Public Health Program Internal Organizational Chart



See ERF Intro-2a MPH InterOrgChrt

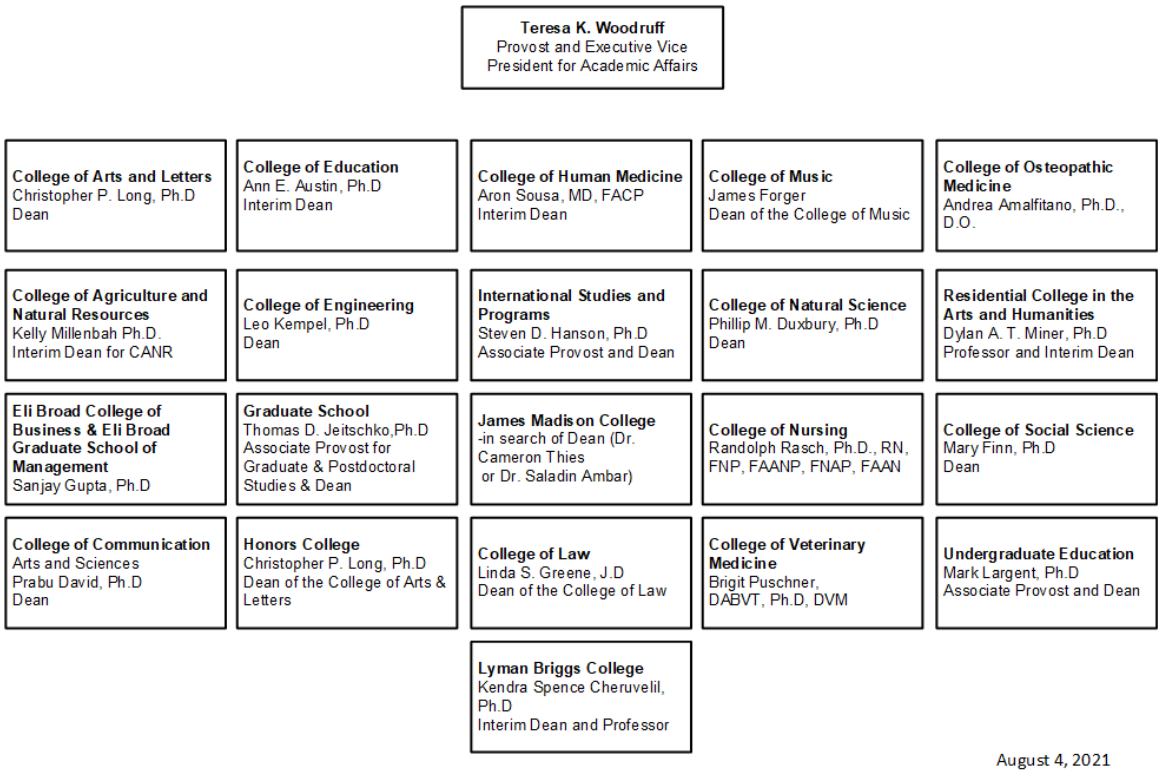
b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

Figure II. Michigan State University Central Administration & Academic Organization



The Master of Public Health Program is housed within the Division of Public Health, which is located within the College of Human Medicine as depicted in Figure III below.

Figure III. Michigan State University Colleges and Deans



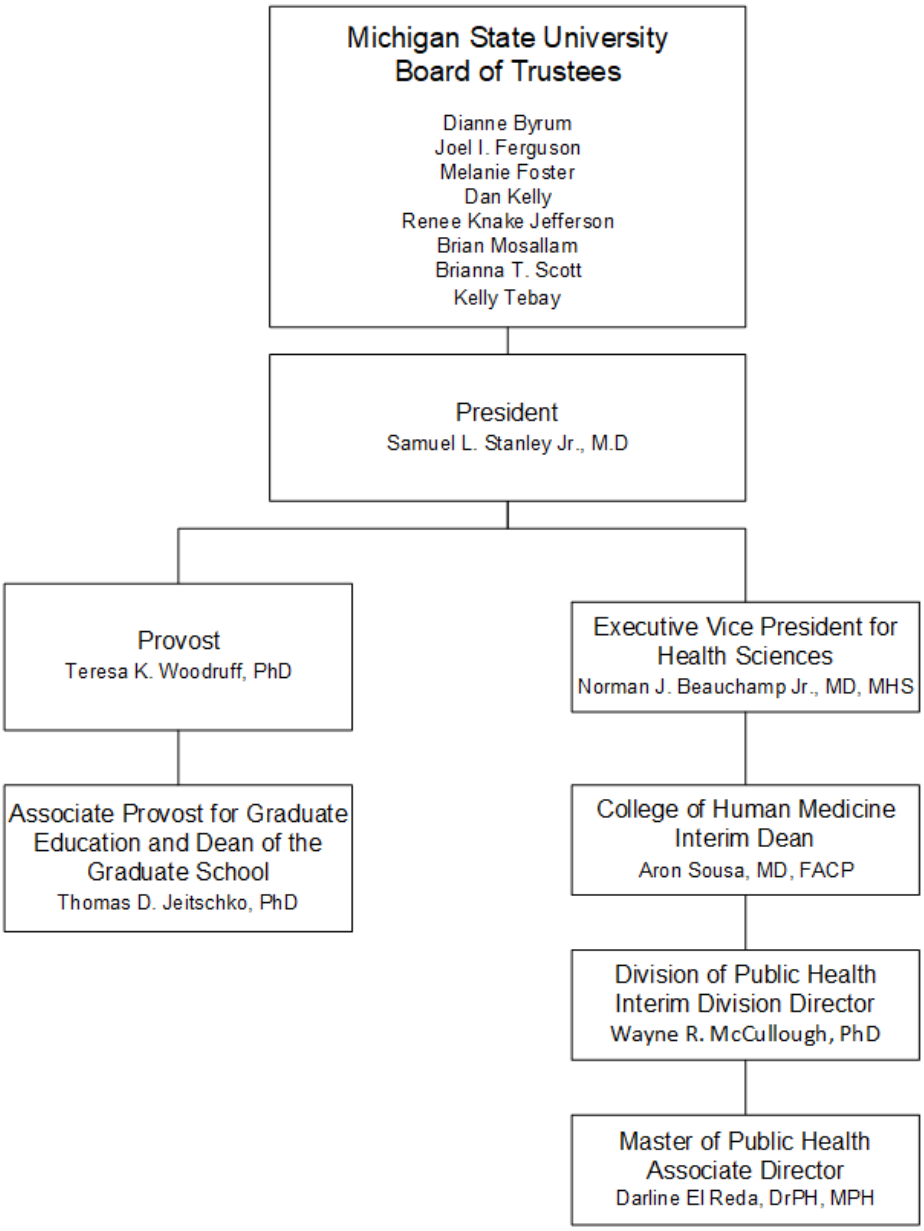
Note: All colleges and deans have a direct line of reporting and authority to the Provost and EVP for Academic Affairs.

See **ERF** Intro-2b MSU CAAO

c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

Figure III. Michigan State University Public Health Program's Lines of Authority

The Master of Public Health Program is housed within the Division of Public Health which is located within the College of Human Medicine.



See **ERF** Intro-2c MPH Program LOA

d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions.

Not applicable.

3) An instructional matrix presenting all of the program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

Table Intro-1. Instructional Matrix – Degrees and Concentrations

Instructional Matrix - Degrees and Concentrations			
			Distance-based
Master's Degrees	Academic	Professional	
Generalist Public Health		MPH	MPH

4) Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

Table Intro-2. Degrees and Current Enrollment

Degree		Current Enrollment
Master's		
	MPH	164*

*Current enrollment as of fall semester 2021

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A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) **List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members.**

   The Program has a standing, significant committee structure. Each committee and formula for membership is detailed below.

   Academic Standards Committee: considers recommendations for dismissal from the program and appeals submitted by students. The committee recommends conditions a student must adhere to if a recommendation for dismissal is not upheld. The committee, which is composed of six members appointed by the MPH Program Director, meets three times per academic year, if necessary. Membership includes one core-course faculty, one faculty representative from DPH, and four additional faculty members, each having one vote. Members without voting privileges include the MPH Program Director and the MPH academic advisors.

   Accreditation Committee: conducts periodic reviews of self-study progress and reporting, reviews data collection, and continues reviews following the initial self-study visit. The committee meets at least once a month. It is composed of seven faculty members, appointed by the MPH Program Director. Members include at least one MPH student representative, at least one MPH alumna/us, one admissions officer, one academic advisor, the Desire to Learn (D2L) & Curriculum Support Coordinator, the Culminating Experience Coordinator, and the MPH Program Director.

   Admissions Committee: reviews, discusses, and makes decisions regarding applications to the MPH and graduate certificate programs. The committee meets monthly and is composed of five members, appointed by the MPH Program Director. Members are selected based on their experience in one of the five core areas of public health: biostatistics, epidemiology, administration/policy, social and behavioral, and environmental. Representation by each area is not required but desirable. Members are not required to be MPH faculty. The MPH Program Director serves as an ex officio member of the committee. For example, current members include the following faculty: Cleothia Frazier (teaches 801, 804), Robert Glandon (teaches 806), Natalie Kasiborski (teaches HM 101), Sharia Phillips (teaches 825 and is the Culminating Experience coordinator), and Joshua Mayo, an MSU MPH alumnus who works for the Inter-Tribal Council of Michigan as an epidemiologist/associate evaluation manager. He was selected by the MPH Program Director to gain the perspective of a previous student in the Program who is now working in public health. Two past committee members who were on the faculty were Rafael Marinez and Bruce Bragg. At the time, Rafael Marinez was assistant to the Dean of Multicultural Advancement in the College of Human Medicine and manager of the Bridge Program. Students in the Bridge Program completed the MSU MPH prior to admission to the College of Osteopathic Medicine. Bruce Bragg was former director of the Ingham County Health Department and a member of the admissions committee while serving as Acting Director of the MSU Institute for Health Policy. Mr. Bragg also taught HM 804, so he was familiar with the Program and its students.

Course Directors Committee: addresses matters concerning horizontal and vertical integration of learning objectives and competencies across the MPH curriculum with associated assessments and rubrics. The committee meets monthly at a minimum and is composed of lead faculty from four Foundational courses, three Selective Courses, five Core Courses, and the lead instructor(s) for the Applied Practice Experience (APE) and Integrated Learning Experience (ILE), for a total of up to 14 members.

Curriculum Committee: serves as an advisory body in educational policy and examines/evaluates policies related to subject matter, methods of instruction, academic advising graduation requirements, and curriculum revision. The committee meets once a month and is composed of two core-course faculty, one faculty representative from the DPH, one MPH student representative, and four additional faculty members elected by their peers.

Stakeholder Advisory Committee: provides guidance and direction on matters concerning the overall operation of the MPH program, provides key information on developments in the field, ensures that the Program is current with and relevant to industry and professional development practices, and recommends program changes and proposals for the development of new engagement opportunities to the MPH Program Director. The committee meets once in person during the fall semester with updates communicated by email during each of the other academic semesters. It is composed of one MPH student representative, one MPH alumna/us, three to five community partner representatives, three to six faculty representatives from units external to CHM, one MPH division faculty, and two MPH Program faculty.

Workforce Development Committee: functions as an advisory body in workforce development and examines the broad workforce development needs affecting Michigan and graduates of the MSU MPH Program. The committee meets monthly and is composed of at least three MPH faculty and at least one of the following: a division representative, an MPH alumna/us, an MPH student representative, a community representative, and a staff representative—each with one vote.

See **ERF**-A1-1 List of MPH Committees

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

The MPH Curriculum Committee is responsible for making decisions related to degree requirements associated with the MPH Program. Any decisions related to the number of credits required for graduation, required or elective courses, creation of new courses, course revisions, grading standards, transfer credit, and time to graduation must be reviewed by the MPH Curriculum Committee. Once reviewed, major curricular decisions are brought before the CHM Graduate Studies Curriculum Committee for final review and approval.

b. curriculum design

The MPH Program Director, the MPH Curriculum Committee, and the MPH faculty are responsible for curriculum design and development. The MPH Program Director oversees the MPH curriculum and is responsible for ensuring that courses are appropriately designed and are consistent with the overarching goals and structure of the MPH curriculum plan. MPH faculty initiate changes to the curriculum in consultation with the MPH Curriculum Committee. Once approval is obtained from the Curriculum Committee, final approvals must be obtained through appropriate college and university channels, i.e., the CHM Graduate Studies Curriculum Committee and university governance.

c. student assessment policies and processes

The MPH Curriculum Committee is ultimately responsible for ensuring that policies are in place for the assessment of students and policy processes. The Culminating Experience Coordinator works with instructors of the APE and the ILE to define the assessment standards for their respective portions of the Program, and these, in turn, are approved by the MPH Curriculum Committee.

d. admissions policies and/or decisions

The MPH Admissions Committee reviews all applications submitted for admission to the MSU MPH Program. Completed applications are posted to a community in D2L for individual review by the committee members, who then submit preliminary recommendations for each applicant. If four out of five members reach consensus on an applicant's preliminary recommendation, an additional vote is not required. If no consensus is reached among the members, the applicant undergoes further deliberation followed by an additional vote at the Admissions Committee meeting. All applicants' qualifications are summarized at the meeting with In-depth discussions devoted to applicants for whom consensus was not achieved during the preliminary recommendation phase.

The MPH Admissions Committee also submits any suggestions for changes to application/admissions policies and procedures.

e. faculty recruitment and promotion

The MPH Program follows the standard recruitment, interview, and hiring processes put in place by the Human Resources group in the CHM. Each of the Program's full-time faculty members has a primary or "home" department (currently the Department of Family Medicine or the Office of Medical Education, Research and Development). Each of these departments has its own faculty promotion and tenure committee, which grants promotions and tenure to MPH full-time faculty.

f. research and service activities

Decisions to participate in research are fully owned by individual faculty. The CHM expects all full-time (FT) faculty to engage 10% of their time in research or scholarly activity. FT faculty are also expected to spend 10% of their time participating on program/department, division, college or university committees or making similar contributions to their departments.

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 program.

Copies of the bylaws and policy documents can be found in **ERF** A1-3 Bylaws and Policy Docs.

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.

All MPH primary faculty and instructors are members of the MPH Faculty Meetings and contribute to discussions and decision-making as a faculty body. In the broader institutional setting, all faculty are encouraged to contribute to the university community through service and committee memberships.

Examples of faculty who contribute to decision-making activities within MSU include:

- Dr. Susan Peters serves as a volunteer on the interview team for the College of Veterinary Medicine candidates.
- Dr. Wayne McCullough is a member on the following university and college committees: Graduate Program Directors Committee, University Healthcare Council, Division Faculty Recruitment Committee, and the College of Human Medicine Scholarship Committee.
- Dr. Robey Champine serves on the Department of Family Medicine Research Committee in the College of Human Medicine.
- Ms. Patricia Lambert serves on the Advisory Board of the Age Alive Program in the College of Osteopathic Medicine.
- Dr. Rodlescia Sneed is a research scientist with the Michigan Center for Urban African American Aging Research (MCUAAAR) and a Faculty Fellow in the MSU Center of Excellence Faculty Development program.

5) Describe how full-time and part-time (FT and PT) faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

All MPH faculty (FT and PT) are required to attend monthly faculty meetings either in person or via Zoom. If unable to attend, faculty are required to view the Zoom presentation of the missed meeting. The meetings update faculty on MPH Program committee activities, admissions policies and decisions, and relevant Program-related announcements, achievements, and issues. The December meeting provides an opportunity for the Program to recognize faculty contributions and achievements. Faculty who have made outstanding contributions during the year are recognized with teaching and service awards at this time. Other committee meetings allow for regular interaction. An in-person mini-retreat, originally scheduled for March 2020, was designed to provide an opportunity for all faculty to interact in person, engage in dialogues about the self-study process, and share ways to address the Program's challenges and opportunities. Due to the Covid-19 pandemic, this retreat has been postponed. The plan is to make it an annual event that faculty can look forward to attending.

See **ERF** A1-5 Faculty Interaction

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

Strengths

- None noted.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

A2. Multi-Partner Programs
(Applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

Not applicable.

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the program, and the program engages students as members on decision-making bodies whenever appropriate.

1) **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.**

The Program provides opportunities for student participation in policy- and decision-making at the program level. Table A3-1 below lists the committees in which student members are involved.

The MSU MPH Student Advisory Board (SAB) first convened in February 2020 with three students who were recruited through general emails to students and targeted emails distributed through courses. The Board's mission is to "increase student engagement and connectedness in the MPH Program by offering currently enrolled students opportunities to serve on Program committees and participate in collaborative communication efforts, such as a student-led Program newsletter." A faculty advisor (Connie Currier) and staff advisor (Sharia Phillips) support the Board. Since convening, SAB membership has expanded to 11 members. Members elect a President, Vice President, and Secretary and designate individuals to serve in the following positions: Social Media Coordinator, Newsletter Editor, Recruitment Coordinator, Volunteer Coordinator. The SAB meets biweekly by Zoom and produces a student newsletter at least once a semester. An SAB student representative participates on the following committees, attends meetings regularly, and provides student input on important Program issues: Accreditation Committee (Pavneet Banga); Curriculum Committee (Katelyn Massaria); Stakeholder Advisory Committee (Abhishek Sharma); Workforce Development Committee (Tamara Jordan). Student input is routinely sought. For example, Katelyn Massaria has frequently been asked to provide a student perspective on curriculum issues such as the APE (March 4, 2021 minutes) and input on recognition of students for community service (November 5, 2020 minutes).

Students are introduced to these opportunities through the Student Advisory Board newsletter, The Spartan Pulse, which is disseminated once or twice a semester, and through participation and interaction in the Student Advisory Board. Students are informed about the opportunities at the program level through email communications and postings to the online MPH Student Community.

Table A3-1. MPH Committees and Student Representation

Committee/Board	2018 Membership	2019 Membership	2020 Membership	2021 Membership
Student Advisory Board*	N/A	N/A	Pavneet Banga Alec Bennett Kristi Loadholdt Katelyn Massaria Amanda Moser Abhishek Sharma Brenden Smith Rachael Weisbrod	Pavneet Banga Alec Bennett Emily Faoro Robbie Ferrari Alex Haluska Kristi Loadholdt Katelyn Massaria Amanda Moser Abhishek Sharma Brenden Smith Rachael Weisbrod
Stakeholder Advisory Committee	Steven Foglesong	Steven Foglesong	Abhishek Sharma	Abhishek Sharma

Curriculum Committee	Jennifer Thompson	Jennifer Thompson	Katelyn Massaria	Katelyn Massaria
Workforce Development Committee*	N/A	N/A	Tamara Jordan	Tamara Jordan

*The Student Advisory Board and Workforce Development Committees were created in 2020.

See **ERF A3-1** MPH Student Newsletter

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

Strengths

- Students are actively engaged in the MPH Program with representation and voting rights on the Accreditation Committee, Curriculum Committee, Stakeholder Advisory Committee, and Workforce Development Committee.
- Student Advisory Board meetings provide opportunities for faculty and staff to solicit input from students about potential Program initiatives and activities.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) **A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.**

   The Program's guiding statements and evaluation practices reflect a shared commitment to practice-infused public health. The Program is dedicated to the delivery of innovative online instruction, scholarship, and service to effectively prepare future public health leaders who value health equity and community-based solutions. The vision, mission, goals, and core values statements as well as the Program's evaluation practices have been developed collaboratively, benefitting greatly from input from a cross-section of individuals: students, staff, faculty, and other stakeholders. The group began strategic planning sessions in 2017. From 2017 to the present, the articulation of the Program's guiding statements has undergone continued development and refinement based on feedback and reviews by the faculty, the Accreditation Committee, Curriculum Committee, and Stakeholder Advisory Committee.

   See **ERF** B1-1 Guiding Statements

   MPH Program Vision: eliminate health disparities and achieve health equity for diverse populations in local and global communities while attaining the highest level of health for all individuals and groups—especially our most vulnerable and at-risk.

   MPH Program Mission: advance the public's health through practice-infused instruction, research, and community partnerships that promote the attainment of health equity for all individuals, groups, and communities.

   MPH Program Values:
   Innovation and academic excellence: a commitment to continual improvement through ongoing, critical evaluation of our program, regular assessment of student needs, and the development of a responsive and quality online curriculum, scholarship, and service.

   Health equity and diversity: a dedication to respect human differences and advance health equity by treating all people equitably and addressing the underlying social determinants of health.

   Community partnership: a promise to partner with communities and develop collaborative community-based solutions to advance health equity.

   Leadership development: a responsibility to develop a diverse public health workforce by equipping them with essential leadership skills to improve health in all communities.

Global impact: a commitment to integrate public health skills and knowledge into evidence-based practice, policymaking, and advocacy, both locally and globally.

MPH Program Goals:
The goals guide the Program toward accomplishing its defined mission. The goals are aligned with three areas: education, research, and community engagement.

Education

- Goal #1: to cultivate a talented and diverse community of faculty members, students, and network of alumni.
- Goal #2: to foster a learning and working environment that is inclusive and encourages the free and respectful expression of ideas, opinions, and beliefs.
- Goal #3: to deliver a high-quality curriculum that is practice-infused and addresses issues related to health disparities and health equity.

Research

- Goal #4: to generate scholarship that informs public health programs, policies, and practices that strive to eliminate health disparities and promote health equity.

Community Engagement

- Goal #5: to support health equity through activities that engage communities, including workforce development and research collaboration.

2) If applicable, a program-specific strategic plan or other comparable document.

Currently, the accreditation process drives our strategic planning. After accreditation is achieved, the Program will consider new curricular endeavors and initiate a formal strategic planning process in the 2022-2023 Academic Year.

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

Strengths

- The mission, vision, goals and Program measures have been developed collaboratively with the broad participation of MPH faculty, staff, students, and other stakeholders
- The Program mission and vision align with the broader goals of the University to engage communities locally and globally.
- The online curriculum allows for expanded reach and increases educational opportunities for working professionals and other constituents of the State of Michigan and beyond.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) **Graduation rate data for each degree in unit of accreditation.**

Table B2-1. Graduation Rate Data

	Cohort of Students	2015	2016	2017	2018	2019	2020	2021
2015	# of Students Continuing at Beginning of Year (or # of students entered)	100						
	# of Students Withdrawn, Dismissed, Timed Out	3						
	# of Students Graduated	0						
	Cumulative Graduation Rate	0%						
2016	# of Students Continuing at Beginning of Year (or # of students entered)	97	53					
	# of Students Withdrawn, Dismissed, Timed Out	2	1					
	# of Students Graduated	19	0					
	Cumulative Graduation Rate	19%	0%					
2017	# of Students Continuing at Beginning of Year (or # of students entered)	76	52	38				
	# of Students Withdrawn, Dismissed, Timed Out	1	1	1				
	# of Students Graduated	42	8	0				
	Cumulative Graduation Rate	61%	15%	0%				
2018	# of Students Continuing at Beginning of Year (or # of students entered)	32	43	37	42			
	# of Students Withdrawn, Dismissed, Timed Out	0	2	1	3			
	# of Students Graduated	14	13	1	0			
	Cumulative Graduation Rate	75%	40%	3%	0%			
2019	# of Students Continuing at Beginning of Year (or # of students entered)	18	28	35	39	23		
	# of Students Withdrawn, Dismissed, Timed Out	0	0	0	6	0		
	# of Students Graduated	6	10	12	1	0		
	Cumulative Graduation Rate	81%	58%	34%	2%	0%		
2020	# of Students Continuing at Beginning of Year (or # of students entered)	12	18	23	32	25	32	
	# of Students Withdrawn, Dismissed, Timed Out	0	0	0	0	1	0	
	# of Students Graduated	6	5	12	13	3	0	
	Cumulative Graduation Rate	87%	68%	66%	33%	13%	0%	
2021	# of Students Continuing at Beginning of Year (or # of students entered)	6	13	11	19	22	32	85
	# of Students Withdrawn, Dismissed, Timed Out	5	1	0	0	1	0	0
	# of Students Graduated	2	3	3	8	3	0	0
	Cumulative Graduation Rate	89%	74%	74%	52%	26%	0%	0%

2) **Data on doctoral student progression in the format of Template B2-2.**

Not Applicable

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.**

Below are details for the fields in Table B2-1:

Number of Students Entered: shows the number of students admitted by the admissions committee during the specified academic year (we admit fall, spring, and summer semesters) and matriculated. A student is categorized by the semester for which they are initially admitted unless they defer admission to a later semester. If they defer, the deferred semester is used. A student

admitted provisionally is included in the initial admission semester—not in the semester when they move to regular status.

Number of Students Continuing: shows the number of students continuing in the Program as of the beginning of the specified calendar year. A student is counted as "continuing" if they do not fall into the following categories: "entered," "withdrawn," "dismissed," "timed out," or "graduated." A student considered "inactive" by the university (more than three semesters of non-enrollment) is counted as "continuing" until their six-year time limit expires.

Number of Students Withdrawn, Dismissed, or Timed Out:

- Withdrawn: a student who notifies MPH Program office that they want to withdraw from the MPH degree program is counted as "withdrawn" for the semester in which they contact the Program (or the upcoming semester if the contact occurs between semesters).
- Dismissed: a student who is no longer allowed to pursue the MPH degree due to a violation of MPH/MSU academic, behavioral, or professional standards is counted as "dismissed" in the semester following the semester of their dismissal (or the upcoming semester if the dismissal happens between semesters). A student admitted provisionally who fails to meet provisional requirements is counted as "dismissed" in the semester following the semester in which they fail to meet the provisional standards.
- Timed Out: a student who exceeds the six-year time limit to complete their degree requirements is counted as "timed out" in the semester after the time limit expires. For example, a student who must have requirements completed by the end of the summer semester 2018 (and doesn't have them completed) is counted as "timed out" in the fall semester 2018. This policy also applies to dual-enrolled students. A student who has an approved waiver to extend their time limit is not counted as "timed out" (see definition of Number of Students Admitted). When a student times out, the MPH Program sends a communication to inform them that they have reached their time limit and are being dismissed due to non-completion of the Program requirements within the specified time limit. They are given the opportunity to apply to confer the Core Disciplines graduate certificate if they have successfully completed the courses required.
    - Six-Year Time Limit: begins the semester in which the student first takes courses that count toward their MPH degree (even if those courses are taken prior to admission to the MPH degree) and ends before the start of the same semester six years later. For example, a student who began courses fall semester 2012 must have had all Program requirements completed by the end of the summer semester 2018.
- Time Limit Extensions: a student with an approved waiver to extend their time limit is not counted as "timed out."

Number of Students Graduated: A student is counted as "graduated" in the semester for which the University confers the degree, even if the semester in which the degree is conferred is after the last semester of enrollment.

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

Strengths

- None noted.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (e.g., BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Table B3-1.**

Table B3-1. Post-Graduation Outcomes

Post-Graduation Outcomes	2018		2019		2020		2021*	
	#	%	#	%	#	%	#	%
Employed	35	78%	26	76%	26	63%	12	66%
Continuing education/training (not employed)	0	0%	2	6%	8	20%	3	17%
Not seeking employment or not seeking additional education by choice	NA	NA	NA	NA	NA	NA	0	NA
Actively seeking employment or enrollment in further education	NA	NA	NA	NA	1	NA	0	NA
Unknown	10	22%	6	18%	6	15%	3	17%
Total graduates (known + unknown)	45	NA	34	NA	41	NA	18	NA

*Incomplete data for 2021 because only spring and summer semesters are included in the calculations.

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.**

In 2018, the Program began systematically engaging with alumni through a variety of mechanisms. Data for the above table have been collected from several sources: alumni and exit surveys, personalized phone calls and social media, specifically LinkedIn. In addition, four regional meet-and-greets with students and alumni were planned for summer 2020 but were cancelled due to the COVID-19 pandemic. Regional meet-and-greets will be rescheduled once it is feasible and safe to arrange in-person meetings.

Initial response rates to the alumni survey were lower than desired due to the size and complexity of the survey. The alumni survey was revised to remove unnecessary questions and reduce the time it takes to complete it before the survey was emailed in spring 2021 to our fall 2019 graduates.

Additional steps to improve the survey response and completion rate include the following:

- Sent reminders via email and conventional mail to encourage non-responders to complete the alumni survey.
- In the summer of 2021, graduates from 2019 and 2020 with an unknown employment status were contacted by e-mail and by phone, which resulted in years 2019 and 2020 meeting the

minimum threshold of 80% employment. The Program will continue to contact alumni in this manner each semester.

See **ERF** B3-2.**1** Alumni Survey and Doc
See **ERF** B3-2.2 Exit Survey and Doc

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

Strengths

- The Program has evolved from having little alumni information or contact information to having contact information for about two-thirds of all graduates.

Weaknesses

- None noted.

Plans for Improvement

- To decrease the percentage of graduates with unknown outcomes, the Program assigns faculty to contact alumni for whom the Program does not have employment information. This effort began in summer 2021 and will continue each semester thereafter. This summer's effort resulted in the years 2019 and 2020 meeting the minimum threshold of 80% employment.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) **Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.**

In the fall of 2019, the MPH Program surveyed (see **ERF** B4-2a) all alumni who graduated from the MPH Program between 2010 and up to and including 2019 (N=599) via electronic survey in Qualtrics and via a paper survey that was subsequently mailed to those who didn't respond to the electronic survey. A total of 179 responses were received for a response rate of 30%. Subsequently, the survey has been sent one year after graduation.

The survey (included questions regarding each of the MPH Foundational Competency domains: Evidence-Based Approaches to Public Health, Public Health and Health Care Systems, Planning and Management to Promote Health, Policy in Public Health, Leadership, Communication, Interprofessional Practice, and Systems Thinking. It also included questions about the General Concentration Competencies defined by our program. On a scale of 1 to 5 (with 5 being the highest), alumni were asked to rate how well they felt they achieved the competencies defined for each domain during their time in the Program. They were also asked to provide an example of how they have used competencies within a given domain in their professional life.

For each domain except Policy in Public Health, the average response fell between 4 and 5. See Table 4 in the Alumni Survey Analysis Related to Self-Study document in **ERF** B4-2a.2 for a summary of student-reported competency attainment by graduation year. Tabulated data and written responses can be found in **ERF** B4-2a.2 as well.

In addition to the alumni survey, each semester MPH students are invited to complete the MPH Exit Survey (see MSU MPH Exit Survey SS21 in **ERF** B4-2b.1). The MPH Exit Survey was formalized in spring semester of 2019 and is included as a regular component of the HM 893 Integrative Learning Experience. The survey asks students to rate their overall satisfaction with the education they received and to assess the degree to which they attained learning competencies. After providing definitions of the competencies, the Exit Survey asks graduates to rate their competency attainment using a Likert scale. The MPH Program uses the results to pinpoint areas where competency attainment can be improved.

The summary of the MPH Exit Survey conducted in Spring 2021 through Summer of 2021 can be found in Exit Survey Summary **ERF** B4-2b.2. Students reported high levels of satisfaction on a range of the Program's characteristics. Overall Program satisfaction for the most recent survey data from SS21 and US21 was rated 4.63 on a scale of 1 to 5 (with 5 being the highest). Students agreed they had attained MPH foundational competencies during the Program. Competencies ranged from interprofessional practice (average rating of 4.18) to evidence-based approaches to public health, public health and health care systems, planning and management to promote health, and systems thinking (all averaged 4.36). Components of online coursework that most enhanced student learning included Case studies, PowerPoint presentations, Videos (general), Personalized Videos by Instructor, and Group projects. Students described a variety of aspects of the Program that worked well for their career trajectory. The online course format was mentioned most frequently along with the applied practice experience.

To improve response rate, the Program added an automatic reminder to be e-mailed out to students in the course and an automatic reminder notification in the Welcome widget of the course. The survey was also moved into its own module so to make it more visible to students.

Table B4-1 The MPH Exit Survey completion rate is summarized in the table

Survey Semester	# Enrolled in HM 893	# Completed Survey	Response Rate
SS19	16	10	63%
US19	14	12	86%
FS19	10	5	50%
SS20	20	14	70%
US20	14	14	100%
FS20	5	5	100%
SS21	12	5	42%
US21	7	6	86%
Total	98	72	73%

2) Provide full documentation of the methodology and findings from alumni data collection.

Survey methodology and findings are documented in **ERF** B4-2a Alumni Survey and Doc and **ERF** B4-2b Exit Survey and Doc.

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

Strengths

- In spring 2021, the MPH Program revised the alumni survey to reduce the number of questions to improve response and completion rates.

Weaknesses

- COVID has interrupted efforts to collect additional qualitative data from program graduates.

Plans for Improvement

- During the four regional meet-and-greets scheduled for summer 2020, the Program planned to gain deeper insights into students' competency attainment and ability to apply competencies after graduation by collecting qualitative data via interviews, discussions, and focus groups. The meetings were canceled due to the COVID-19 pandemic but will be rescheduled once the pandemic recedes and it is possible to once again meet in public in large groups.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship, and service) and 2) promoting student success.

1) **Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods, and parties responsible for review. See Table B5-1.**

   The Program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. Table B5-1 presents the evaluation measures, data collection methods, and parties responsible for reviewing the essential components of the MPH Program's evaluation plan. The Program uses mixed methods to continually monitor progress toward the Program's five goals and mission.

   One key data source is the *MPH Teaching, Research, and Service Survey.* The MPH D2L & Curriculum Support Coordinator administers this survey annually to all faculty, and results are reviewed by the MPH Program Director and the Accreditation Committee. This survey asks faculty to list courses they have taught and to indicate how they integrate practice-based experiences, extramural service, research, and scholarly activities into their courses. Faculty are also asked to indicate how they include students in these activities. Consistent with the MPH Program's vision and mission statements, the MPH Program Director and Accreditation Committee discuss the extent to which faculty-reported activities aim to reduce health disparities and promote health equity.

   Other key data sources include those that assess faculty, staff, and student perceptions of the overall climate of the MPH Program. The MPH Data Analyst administers the MPH Program Climate Survey annually to all MPH faculty and staff . This survey is designed to collect information about respondents' perceptions of the extent to which the MPH Program promotes diversity, inclusion, and cultural responsiveness (e.g., through its leadership). These data are reviewed annually by the MPH Program Director, the MPH Data Analyst, and the faculty at large. Similarly, the MPH Student Course Evaluation Survey, MPH Academic Advising Survey, and MPH Faculty Mentor Survey ask students to share feedback about perceived inclusiveness of the learning environment and the extent to which they feel respected in their exchanges with Program advisors and mentors.

   Composite analyses of the data from these sources help the Program assess performance and progress toward advancing its mission and goals. The information is reviewed and used to inform future planning, helping to ensure it is evidence based.

Table B5-1. Evaluation Measures for MPH Program Evaluation Plan

Evaluation measures	*Identify data source(s) and describe how raw data are analyzed and presented for decision-making*	*Responsibility for review*
Goal 1: To cultivate a talented and diverse community of faculty members, students, and network of alumni.		
Measure 1.1: Faculty experience and expertise, including educational background and research and teaching competencies.	Faculty CVs: collected once a year by the MPH Program office assistant. Data compilation and analysis are completed by the MPH Program Director.	Reviewed annually by the MPH Program Director and Accreditation Committee.
Measure 1.2: Incoming student background information (e.g., demographic and community characteristics) and previous educational and work experience.	MPH Student Entrance Survey: administered, as needed, by the MPH Admissions Counselor to all incoming students at the time of enrollment in the MPH Program. Data compilation and analysis are completed by this Counselor and the MPH Recruitment and Practicum Coordinator.	Reviewed annually by the MPH Program Director and Stakeholder Advisory Committee.
Measure 1.3: Alumni post-graduation academic and employment information to understand the reach of the MPH Program.	MSU MPH Alumni Survey: administered by the MPH Admissions Counselor to alumni one year after graduating, followed by every three years. Data compilation and analysis are completed by the Admissions Counselor and Recruitment and Practicum Coordinator.	Reviewed annually by the MPH Program Director and Curriculum Committee.
Goal 2: To foster a learning and working environment that is inclusive and encourages the free and respectful expression of ideas, opinions, and beliefs.		
Measure 2.1: Faculty and staff perceptions of MPH Program climate, including perceptions of the Program's commitment to diversity, equity, and inclusion.	MPH Program Climate Survey: administered annually by the MPH Data Analyst to all MPH faculty and staff. Data compilation and analysis are completed by the MPH Data Analyst and the MPH Program Director.	Reviewed annually by the MPH Program Director, the MPH Data Analyst, and the faculty at large.
Measure 2.2: Student satisfaction with quality of instructors and courses, including perceived inclusiveness of the learning environment.	MPH Student Course Evaluation Survey: administered at the end of each semester by the MPH D2L & Curriculum Support Coordinator to all students enrolled in MPH courses. Data compilation and analysis are completed by this Coordinator, the MPH Data Analyst, and the Program Director.	Reviewed at the end of each semester by the MPH Program Director, Curriculum Committee, and the faculty at large. Each year, the MPH Program Director meets with each faculty member during an Annual Curricular Review to review their course evaluation data (based on three semesters); these data are summarized in a Faculty Course Evaluation Assessment.

Measure 2.3: Student satisfaction with quality of academic advising, including perceived respect and comfort in discussing Program-related issues and concerns.	MPH Academic Advising Survey: administered twice each year by the MPH academic advisors to all enrolled MPH students. Data compilation and analysis are completed by the academic advisors and MPH Program Director.	Reviewed annually by the MPH Program Director, academic advisors, and the faculty at large.
Measure 2.4: Student satisfaction with quality of faculty mentoring, including perceived respect and comfort in discussing Program-related issues and concerns.	MPH Faculty Mentor Survey: administered each semester by the MPH academic advisors to all enrolled students. Data compilation and analysis are completed by the academic advisors and MPH Program Director.	Reviewed each semester by the MPH Program Director and the faculty at large.
Measure 2.5: Student perceptions of MPH Program climate, including perceptions of the Program's commitment to diversity, equity, and inclusion.	MPH Student Exit Survey: administered by the Admissions Counselor to MPH students who exit the Program (e.g., due to graduation or withdrawal from the Program). Data compilation and analysis are completed by the MPH Data Analyst.	Reviewed each semester by the Admissions Counselor and MPH Program Director.
Goal 3: To deliver a high-quality curriculum that is practice-infused, and addresses issues related to health disparities and health equity.		
Measure 3.1: How MPH faculty integrate practice-based experiences into their courses.	MPH Faculty Teaching, Research, and Service Survey: administered each year by the MPH D2L & Curriculum Support Coordinator to all MPH faculty. Data compilation and analysis are completed by this Coordinator and the MPH Program Director.	Reviewed annually by the MPH Program Director and Accreditation Committee.
Measure 3.2: Description of courses that address CEPH Foundational Public Health Competencies 6, 14 and 15, and/or address MPH General Concentration Competencies 2 and 4. These competencies attend to issues of diversity, equity, and health disparities.	Administered each semester by the Chair of the Course Directors Committee to all faculty. Data compilation and analysis are completed by this Chair, the MPH Program Director, and the MPH D2L & Curriculum Support Coordinator.	Reviewed annually by the MPH Program Director, Curriculum Committee, and Course Directors Committee.
Measure 3.3: Employers' perceptions of importance of training MPH students to be able to identify and attend to structural bias, social inequities, and	MPH Alumni Employer Interview: conducted every two years by the MPH Recruitment and Practicum Coordinator with employers of MPH Program alumni. Data compilation and analysis are completed by this Coordinator, the MPH	Reviewed every two years by the MPH Program Director, Curriculum Committee, Course Directors Committee, and Workforce Development Committee.

racism in the public health workforce.	Data Analyst, and the MPH Program Director.	
Goal 4: To generate scholarship that informs public health programs, policies, and practices that strive to eliminate health disparities and promote health equity.		
Measure 4.1: Percentage of faculty research activities, including those involving students (such as publications and presentations), that address health disparities and/or health equity.	MPH Faculty Teaching, Research, and Service Survey: administered each year by the MPH D2L & Curriculum Support Coordinator to all MPH faculty. Data compilation and analysis are completed by this Coordinator and the MPH Program Director.	Reviewed annually by the MPH Program Director and Accreditation Committee.
Goal 5: To support health equity through activities that engage communities, including workforce development and research collaboration.		
Measure 5.1: How MPH faculty integrate extramural service (i.e., students are required to conduct service in external organizations or faculty use their own extramural service to highlight course topics) experiences into their courses.	MPH Faculty Teaching, Research, and Service Survey: administered each year by the MPH D2L & Curriculum Support Coordinator to all MPH faculty. Data compilation and analysis are completed by this Coordinator and the MPH Program Director.	Reviewed annually by the MPH Program Director and Accreditation Committee.
Measure 5.2: Faculty community-based research projects and extramural service projects, including those that engage MPH students.	MPH Faculty Teaching, Research, and Service Survey: administered each year by the MPH D2L & Curriculum Support Coordinator to all MPH faculty. Data compilation and analysis are completed by this Coordinator and the MPH Program Director.	Reviewed annually by the MPH Program Director and Accreditation Committee.
Measure 5.3: Workforce development needs and priorities of community stakeholders that are health equity focused.	Resilience in Communities after Stress and Trauma (ReCAST) Survey: administered annually by MPH Program faculty to members of the Workforce Development Committee. Data compilation and analysis are completed by these faculty and the MPH Program Director.	Reviewed annually by the Workforce Development Committee and Stakeholder Advisory Committee.
Measure 5.4: Delivery of accurate information about public health and COVID-19 to community members.	External Course Module Surveys: these optional surveys are available to users enrolled in the external-facing course on "Promoting Public Health in Michigan in the Face of COVID-19." The surveys ask users about the quality of their experiences in the course. Data compilation and analysis are completed by the lead instructor of the course (i.e., an Assistant Professor in the MPH Program).	Reviewed annually by the MPH Program Director, Curriculum Committee, Workforce Development Committee, and Stakeholder Advisory Committee.

2) **Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship, and service) and promoting student success.**

The MPH Program's goals, evaluation methods, and measures evolved from the broader Program's mission, vision, and values, and were developed through an iterative process in collaboration with faculty, students, staff, and stakeholders. They reflect the MPH Program's commitment to serve the Greater Flint community, the State of Michigan, and beyond by training a diverse and qualified cadre of public health leaders who are dedicated to advancing health equity and addressing determinants of health and health disparities. To accomplish these aims, the Program offers a high-quality, online public health curriculum that emphasizes practice-infused instruction, research, and community partnerships. Using real-world examples, the courses integrate current research and evidence-based practice into the curriculum, transforming the virtual learning environment into a relevant and authentic educational experience. Student success is supported through the MPH Program's "wrap-around" approach that is designed not only to meet students' academic and professional needs, but also to support their personal needs through highly accessible professional advising, mentoring, and curricular excellence. The wrap-around approach is described in detail in ERF **B5-2** High Touch Approach.

The goals and methods/measures the MPH Program uses to track progress are described below.

Goal 1: To cultivate a talented and diverse community of faculty members, students, and network of alumni.

The MPH Program strives to recruit and retain a pool of highly trained and talented faculty members with a broad range of expertise and skills. Consistent with this aim, once a year the MPH Program office assistant collects faculty CVs, which are reviewed by the MPH Program Director and Accreditation Committee. CVs provide information on faculty members' academic and professional backgrounds and scholarly and service activities. This information is used to help assign faculty to courses and to assess the Program's coverage about faculty expertise. In addition, demographic data on incoming MPH students provide a picture of the diversity of the student body from the perspective of racial/ethnic composition, rural/urban distribution, global reach, career stage, and academic/professional background. These data are collected via the MPH Student Entrance Survey, which the MPH Admissions Counselor administers to all incoming students when they enroll in the MPH Program. Annually, the MPH Program Director and the Stakeholder Advisory Committee review this information to assess the reach of the MPH Program. Finally, the MSU MPH Alumni Survey collects information from Program alumni on their post-graduation academic- and/or work-related experiences, including their perceptions of how well the Program prepared them to achieve public health competencies and success in their new ventures. The MPH Admissions Counselor administers this survey to alumni one year after graduation, and then every three years subsequently. The MPH Program Director and the Curriculum Committee review the survey data to assess diversity in alumni post-graduation placements.

Goal 2: To foster a learning and working environment that is inclusive and encourages the free and respectful expression of ideas, opinions, and beliefs.

Fostering an inclusive environment is conducive to student learning and future success in the workplace. The MSU MPH Program is committed to being respectful of and responsive to the unique backgrounds, identities, experiences, needs, and perspectives of all students, faculty, and staff. Consistent with this aim, the Program uses five measures to assess perceptions of the extent to which courses, activities, and interactions promote diversity and inclusion. Annually, the MPH Data Analyst administers the MPH Program Climate Survey to all MPH faculty and staff.

Respondents are asked to rate the extent to which they perceive the Program as valuing diversity and inclusion and encouraging the free and respectful expression of ideas, opinions, and beliefs. The findings are reviewed annually by the MPH Program Director, the MPH Data Analyst, and the faculty at large. The resulting discussions focus on ways to enhance the Program's efforts to promote an inclusive and respectful environment.

At the end of each semester, all students complete an MPH Student Course Evaluation Survey, which asks them to rate their satisfaction with the course, quality of instruction, and perceptions of the inclusiveness of the learning environment. These data are reviewed at the end of each semester by the MPH Program Director, Curriculum Committee, and the faculty at large. In addition, each year, the MPH Program Director meets with each faculty member to review their course evaluation data (based on three semesters) and their plans for improving their course(s) based on student feedback.

The MPH Program also assesses the quality of mentoring and advising provided to all students. All enrolled MPH students complete an MPH Academic Advising Survey (twice each year). They also complete an MPH Faculty Mentor Survey (each semester), which is administered by MPH academic advisors. Each survey measures students' perceptions of the frequency and quality of their interactions with their advisors and mentors, including the extent to which they feel listened to and respected. Advising survey data are reviewed annually, and Mentoring Survey data are viewed each semester (by the MPH Program Director, academic advisors, and faculty at large.

Students who exit from the MPH Program (e.g., due to graduation or Program withdrawal) complete an MPH Student Exit Survey, which is administered by the Admissions Counselor. The survey asks outgoing students to rate the quality of their experiences in the MPH Program, including the extent to which they feel that faculty creates a welcoming and inclusive environment and demonstrates cultural responsiveness.

Goal 3: To deliver a high-quality curriculum that is practice-infused, and addresses issues related to health disparities and health equity.

The MPH Program uses a variety of methods to evaluate the online curriculum to ensure quality and the integration of practice-based experiences, current research, and evidence-based practice that, in particular, emphasize the reduction of health disparities and promotion of health equity. Curriculum evaluation collects information used to determine whether the Program's courses, opportunities, and activities are producing the expected results and identifies areas for improvement. Each year, all MPH faculty complete an MPH Faculty Teaching, Research, and Service Survey, administered by the MPH D2L & Curriculum Support Coordinator. This survey asks faculty about the courses they teach and the extent to which they integrate practice-based experiences, extramural service, research, and scholarly activities into their teaching, including those that involve students. Each year, the MPH Program Directory and Accreditation committee review these data.

Each semester, the Chair of the Course Directors Committee compiles a Competency Attainment Summary based on individual meetings with faculty members in which they discuss which foundational and general learning competencies their courses address. The competencies include those that attend to issues of diversity, equity, and health disparities. The MPH Program Director, Curriculum Committee, and Course Directors Committee review this information annually to assess competency coverage, ensure reinforcement, and eliminate redundancy.

Every two years, representatives from employers that frequently hire MPH Program alumni participate in a one-hour interview with the MPH Recruitment and Practicum Coordinator. The

interview asks employers to describe the climate and culture of their respective work environments and skills needed to succeed in the workplace. The MPH Program Director, Curriculum Committee, Course Directors Committee, and Workforce Development Committee review these data every two years. These data inform Curriculum Committee discussions regarding ways to increase opportunities for students to strengthen skills in target areas in the curriculum.

Goal 4: To generate scholarship that informs public health programs, policies, and practices that strive to eliminate health disparities and promote health equity.

The MPH Program supports faculty and students' efforts to produce high-quality research that informs data-driven programs, policies, and practices that advance health equity. As noted under Goal 3, each year, all MPH faculty complete an MPH Faculty Teaching, Research, and Service Survey administered by the MPH D2L & Curriculum Support Coordinator. The survey asks faculty to describe their participation in research and scholarly activities (e.g., presentations and publications), including those that involve students. These data are reviewed each year by the MPH Program Director and Accreditation Committee, with special consideration given to activities that focus on reducing health disparities and promoting health equity.

Goal 5: To support health equity through activities that engage communities, including workforce development and research collaboration.

The MPH Program strongly values its partnerships with local, national, and global communities, including those that are research- and service-related. The MPH Faculty Teaching, Research, and Service Survey, as described under Goals 3 and 4, asks faculty whether they integrate extramural service experiences and community-based research projects, including those that involve students, into their courses. The MPH Program Director and Accreditation Committee review these data every year .

In addition, the Program formed a Workforce Development Committee to assess the public health workforce development needs of the Flint, MI community and the State of Michigan. The ReCAST (Flint Resiliency in Communities After Stress and Trauma) survey is used to assess the needs of local agencies in the Flint area. This survey asks respondents to indicate topics they are interested in learning more about (e.g., how to start a business, how to apply for grants, how to develop leadership skills). MPH faculty administer this survey annually to agencies in the Flint community, and the collected data are reviewed annually by the Workforce Development Committee and Stakeholder Advisory Committee. Additional data on workforce development needs are collected following professional development offerings such as the external COVID-19 course and Grants 101 Workshop.

3) **Provide evidence of implementation of the plan described in Table B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.**

The ERFs listed below (B5-3, B4-2, A1-5, and E1-3) include summaries, reports, and documentation that demonstrate implementation of the evaluation plan described in Table B5-1.

ERF B5-3 Evidence for Eval Plan
- B5-3a Student Entrance Survey
- B5-3b Climate Survey and Summary
- B5-3c Course Eval Survey, Smry

B5-3d Advising Survey, Summary
B5-3e Fac Mentor Survey, Sumry
B5-3f FacTeach,Rsrch,SvcSurvey
B5-3g Competency Attainment
B5-3h Alumni Employer Intvw
B5-3i Annual Teach Eval Form
B5-3j Student Exit Surv Sum
B5-3k Summary ReCAST Surv
B5-3l Program Dashboards
B5-3m Annual Curric Reviews
B5-3n Alumni Survey, Sumry

ERF B4-2 Data Collection Methodology

ERF A1-5 Faculty Interaction

ERF E1-3 Faculty CVs

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

Strengths

- The MPH Program has articulated a detailed plan to evaluate its mission and goals. A number of instruments (see documents in **ERF** B5-3 Evidence for Eval Plan) have been developed and implemented to continually assess Program outcomes.

Weaknesses

- None noted.

Plans for Improvement

- The MPH Program plans to implement an additional measure to assess Goal 3 (Measure 3.2) in Table B5-1. In Fall 2022, the Course Directors Committee will create a survey that asks faculty to report on the didactic content and assessment activities in their courses related to diversity, equity, and inclusion (DEI). They will administer the survey at the end of the Summer 2022 semester and will ask faculty to report on their courses for the previous three semesters (i.e., Fall 2021, Spring 2022, and Summer 2022). During the Fall 2022 semester, the Course Directors Committee will review these data and identify new strategies for implementation.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) **Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.**

   Programmatic Changes Related to Curriculum and Instruction:

   - Promote Student Achievement: the MPH Program is committed to providing high-quality, practice-infused instruction to all students. In 2019-2020, data collected from Student Course Evaluation Surveys (Table B5-1, Measure 2.2) for HM 893 (Public Health Integrative Learning Experience [ILE]) indicated that students needed more specific guidelines and increased one-on-one faculty mentoring while working on their ILE to produce a high-quality written Capstone product. Students also shared this information during meetings with their academic advisers who, in turn, shared this feedback with the HM 893 instructor. In response to this feedback, the instructor implemented several changes to the ILE, including the development of specific templates and expanded rubrics for each Capstone option, a revised timeline for the course with a key quality gate, a revised approach which pairs students with both a course Faculty Instructor/Mentor and a Capstone mentor who work one-on-one with students throughout the ILE course, and the provision of writing resources (if needed). As a result, student satisfaction with the ILE (as measured by the Student Course Evaluation Surveys) has increased.
   - Advance Diversity, Equity, and Inclusion: the MPH program is committed to advancing diversity, equity, and inclusion (DEI) through its curriculum and instruction. In Fall 2020, the MPH Program Director and the MPH Data Analyst developed and administered an MPH Program Climate Survey (Table B5-1, Measure 2.1) to all MPH faculty and staff. The purpose of the survey was to better understand faculty and staff perceptions of how the MPH Program promotes DEI throughout its courses and activities. The MPH Program Director presented aggregate findings during a faculty and staff meeting. Some respondents identified potential areas for improvement. For example, one respondent stated: *"I think we can always improve in implementing effective readings, discussions, and strategies related to diversity and equity in our courses and our lives. Staff/faculty discussions of racism and equity would be beneficial."* In response to these findings, the following programmatic changes occurred: a Curriculum Committee Spring 2021 meeting focused on engaging faculty and staff in a discussion of strategies for promoting DEI in teaching and mentoring. Faculty were then asked to share related changes they made to their course materials. Two faculty stated that they began to include diversity and inclusion statements in their courses, as shown below:
     - Statement #1: *"It is my intent that students from all diverse backgrounds and perspectives be well served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally or for other students or student groups. In addition, if any of our coursework conflicts with your religious events,*

please let me know so that we can make arrangements for you. Finally, if you have a name and/or set of pronouns that differ from what is listed in D2L, please let me know!"

- Statement #2: "*It's my goal to help you be successful in this course and to be as available to you as possible. The last year and a half have been difficult for all of us – some have gotten sick, some have had friends and family become ill, and others have lost loved ones. Many of you are working part-time or full-time, have families, or are caretakers of parents. I want to acknowledge the stress we've all been under and if you experience difficulty during the semester, I encourage you to contact me and I will do what I can to help you. I want you all to succeed! I respect the diversity of people, perspectives, and identities that are represented by the individuals in this course. We are shaped by our multiple identities: race, ethnicity, gender, age, sexual orientation, ability, socioeconomic status, religion, and others. I acknowledge intersectionality - where these identities overlap with each other and with systems of power and privilege – and everyone's individual experience of discrimination and the need to address it. This course is a place where we should feel free to express ourselves and our multiple identities, where mutual respect and a diversity of perspectives are essential to the generation of new ideas and critical thought. If anyone has any concerns about communication in this course – or anything else – please feel free to reach out to me."*

Programmatic Changes Related to Community Outreach and Engagement:

- Promote Community Engagement: the MPH Program continuously explores ways to strengthen its ties to communities throughout Michigan and strives to serve as a trusted source of reliable health information. As part of these efforts, in the Fall 2020, the MPH Program launched a free online course for the public on "Promoting Public Health in Michigan in the Face of COVID-19." The course consists of self-paced modules that address the history and foundations of public health; social determinants of health disparities; COVID-19 and its impacts in Michigan; health literacy and equity; and community engagement in public health. As of September 2021, over 200 users have enrolled in the course, including health professionals, retirees, consultants, and students. Users are asked to complete voluntary External Course Module Surveys (Table B5-1, Measure 5.4) and interviews that assess their satisfaction with the quality of the course. The lead instructor of the course, who is an Assistant Professor in the MPH Program, collects and analyzes this information. Preliminary survey data suggest, on average, improved understanding of learning objectives following completion of the course modules (e.g., improved understanding of public health concepts and social determinants of health disparities) and overall module satisfaction. Interviews also identified perceived strengths of the course and potential areas for improvement. During 2022, the lead instructor will continue to collect these data. In response to these findings to date, the following improvements are being made to the course by the instructional team: updated statistics related to COVID-19; introductory video added to help users navigate the course; inclusion of modules on rural health and trauma-informed practice; and inclusion of content specific to clinicians.

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

Strengths

- None Noted.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

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C1. Fiscal Resources

The program 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.

1) **Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:**

    a) **Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

    Primary faculty of the MPH Program who have both administrative and teaching responsibilities hold 12-month appointments with the Program. Their salaries are included in the Program's operating budget and are fully guaranteed. Instructors are contracted on a course-by-course basis. Their salaries are also calculated into the Program's operating budget.

    Annually, the Program Director develops the MPH budget in collaboration with the Division of Public Health fiscal officer and department administrator. Each January, the Program Director and Division of Public Health fiscal officer and department administrator meet to review the prior year's expenditures. To create a proposed budget, they consider program growth and other funding needed to support both the administrative staff and faculty.

    As the budget is developed, the Program Director consults with primary faculty, Admissions, and Advising to review enrollment numbers and future plans for course development. The outcomes of those discussions determine whether a request for funding for additional positions is made.

    Once the proposed budget is completed, it is submitted to the CHM Dean for review and approval. Then, for final review, it is sent to the Provost, the Senior Vice President of Finance and Administration, and the Director of Financial Planning. Finally, the budget is submitted to the university President and Board of Trustees for review and approval.

    The budget is considered a living document and can be modified to accommodate changes in student enrollment. Mid-year, the university provides an opportunity to request new funding, called "Fall Adjustments." During the adjustment period, the Assistant Dean of Finance and Strategy and the Program Director identify whether the Program's funding is sufficient for the remainder of the year.

    b) **Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.**

    If more faculty or staff resources are needed, a Position Request is submitted in conjunction with a request to increase the budget. (The request follows the same chain of approval described earlier. If increased student enrollment requires course sections to be added, the cost of providing those sections (i.e., instructor salaries and other support personnel time) is requested following the budget approval process.

    c) **Describe how the program funds the following:**

a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

Operational costs are the expenses related to the operation of the MPH program. These costs are funded by revenues generated by MPH undergraduate and graduate course offerings. The MPH Program's budget is based on a Revenue-Based Initiative (RBI). The College of Human Medicine allocates 75% of funds collected through MPH tuition directly back to the Program budget. The remaining 25% is indirectly used to support the Program by contributing to central HR, finances, and administrative support in the DPH.

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

From the revenue-based funds allocated to the MPH Program, monies are allocated for student support (e.g., practicum fellowships, graduate student assistants, student travel, conference registrations, and conference attendance fees). Targeted scholarships for MPH students from Flint are provided by Michigan State University's Division of Public Health.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples.

The MPH Program allocates funds on an annual basis to allow faculty to participate in professional development activities, research, conferences, and travel.

d) In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The Program requests additional funds for operational costs, student support, and faculty development expenses from the College of Human Medicine, Division of Public Health.

e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

As noted above, the RBI return to the Program is 75% of course tuition payments as determined by University Finance.

f) Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.

The Program is composed of primarily teaching faculty. Even though PIFs have 10% research in their contracts, this typically does not include applications that result in significant research funding. If the Program were to receive research dollars from the Government or foundations, those dollars would go through the normal Division and College funding mechanisms for grant applications and administration.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the public health program faculty appointed at any institution.

Not applicable.

2) **A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years**

Table C1-1. Sources of Funds and Expenditures by Major Category

Sources of Funds and Expenditures by Major Category, 2017 to 2021					
	2017	*2018*	*2019*	*2020*	*2021*
Source of Funds					
Tuition & Fees [RBI funding] [+ 25% tax]	*$2,993,356*	*$2,843,639*	*$2,966,745*	*$2,477,072*	*$2,488,291*
Total	*$2,993,356*	*$2,843,639*	*$2,966,745*	*$2,477,072*	*$2,488,291*
Expenditures					
Faculty Salaries ~~& Benefits~~*	*$949,281*	*$907,277*	*$1,010,732*	*$1,166,663*	*$1,187,984*
Staff Salaries ~~& Benefits~~*	*$285,897*	*$524,450*	*$526,207*	*$662,658*	*$648,671*
Operations	*$153.355*	*$194,948*	*$109,046*	*$59,506*	*$54,240*
Travel	*$18,607*	*$21,728*	*$10,341*	*$6,780*	*$16,474*
Student Support	*$35,736*	*$86,704*	*$100,652*	*$71,548*	*$109,570*
*University Tax [25% +250K CHM tax]***	*$998,339*	*$960,910*	*$991,686*	*$869,268*	*$872,073*
Other (Marketing & Recruitment)	*$4,229*	*$37,622*	*$31,962*	*$55,647*	*$10,899*
Other (Rent/Parking)	*$110,000*	*$110,000*	*$50,920*	*$45,710*	*$59,263*
Total	*$2,555,444*	*$2,842,089*	*$2,831,546*	*$2,937,780*	*$2,959,174*

*The Program pays salaries; benefits are paid by the University.

**The University takes a 25% tax off the of the top of total revenue generated by the MPH. Program each year. In 2017, CHM began taking an additional $250,000 tax each year.

Due to changes in leadership and a vacancy in the student recruitment position that began in 2016, the number of applications and admissions to the Program declined, which affected income from tuition. A new recruitment coordinator was hired in early 2019. Since then, applications and admissions have increased significantly. In fact, fall 2021 enrollment has more than doubled over fall 2020.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

Not applicable.

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

Strengths

- Program leadership works in collaboration with College and University leadership to ensure adequacy of fiscal resources for the unit. Targeted scholarships for MPH students from Flint are provided by Michigan State University's Division of Public Health.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) **A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.**

Table C2-1. Faculty Resources

	MASTER'S			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY
CONCENTRATION	PIF 1*	PIF 2*	PIF 3*	PIF 4*	PIF 5*	
Generalist MPH	John Clements (1.0)	Robey Champine (1.0)	Bob Wahl (1.0)	NA	NA	PIF: 3; Non-PIF: 17

TOTALS:

Named PIF	3
Total PIF	6
Non-PIF	17

2) **Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.**

All primary faculty, listed in Table E1-1, work full-time within the MPH Program. In addition to their administrative responsibilities, they teach regularly and dedicate time to research and service. They provide general career advising as part of the professional mentoring responsibilities. Primary faculty develop their courses as Subject Matter Experts (SME) in their field of study.

Instructors listed in Table E1-2 are contracted to teach courses that align with their expertise, based on a review of their educational degrees and work experience. Instructors teach one to six courses per year, depending on course needs and faculty availability. Instructors often have other obligations to their time outside of their MPH teaching commitments. They provide general career advising as part of the professional mentoring responsibilities.

Faculty appointments are either annual (AN) or academic (AY). Faculty are either offered a salary, which means they appointed for a full year and paid an equal amount over a twelve-month period

or an AY salary, which means they are paid over nine months (Aug 16 – May 15) or a semester (Aug 16 – Dec 31 or Jan 1 – May 15) at a time.

Faculty salary is determined by factors including rank (Instructor, Assistant/Associate Professor, Professor), prior salary, and experience. The percentage of employment (FTE) is calculated by factors including base salary and a predetermined amount to be paid during a specific period (three, nine, or twelve months).

AY salary calculations take into consideration full-time equivalents for teaching based on each circumstance and individual appointment.

Faculty who have taught for MPH since inception are, on average, paid a higher salary than newly hired instructors who are paid a flat rate of $10,000 per course with a base salary of $80,000.

Calculations of faculty salaries are detailed in the following documents:

ERF C2-2a Calculation Method
ERF C2-2b Faculty Assignments:
(Documents faculty teaching assignments for courses in Spring, Summer and Fall 2019, 2020). This information is used to calculate FTE for individual faculty.

C2-2b.1 FTS SS19
C2-2b.2 FTS US19
C2-2b.3 FTS FS19
C2-2b.4 FTS SS20
C2-2b.5 FTS US20
C2-2b.6 FTS FS20
C2-2b.7 FT SS21
C2-2b.8 FT US21
C2-2b.9 FT FS21

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 in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**

Table C2-2. Faculty Regularly Involved in Advising, Mentoring and the Integrative Experience

General advising (per academic advisor) *			
Degree level	Average	Min	Max
Master's	60	30	84

General career counseling (per faculty mentor) **			
Degree level	Average	Min	Max
Master's	7	1	15

Advising in MPH integrative experience		
Average	Min	Max
2	1	4

*General advising data was taken from US20, FS20, SS21, US21 and FS21 semesters of total advisees.
**General career counseling data was taken from US20, FS20, SS21, US21, and FS21 semesters of total advisees. Both PIF and non-PIF faculty provide career counseling to students.

Advising Ratios

There are two FTE specialist advisors who advise all MPH students. The average number of advisees is 60, with a minimum of 30 and a maximum of 84. In addition, PIF and non-PIF faculty serve as professional mentors who provide advice and career counseling. The average number of assigned mentees is seven, with a minimum of one and a maximum of fifteen.

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

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

Class size and its relation to the quality of learning was added to the 2020 end-of-course surveys. The mean scores of all courses on the survey question about class size ("I believe the current class size is conducive to my learning") were as follows:

Spring 20	4.1
Summer 20	4.2
Fall 20	4.1
Spring 21	4.2
Summer 21	4.3

b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

The mean score of all MPH courses on faculty availability ("the instructor was available to students") was 4.3 on a Likert scale of 1-5, beginning with our Spring 2020 end of semester surveys:

Spring 20	4.3
Summer 20	4.3
Fall 20	4.3
Spring 21	4.4
Summer 21	4.5

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

Overall student comments from the end-of-course surveys mentioned professor availability as one of the strengths of the courses (SS/US/FS 2020 student feedback). In general, students found instructors to be very helpful, always available, and very accommodating. Additionally, instructors communicated effectively, provided real-life and relevant current public health content, were

enthusiastic and passionate, and provided thorough feedback. Students felt that class size was the strength of the courses because it allowed for progressive weekly learning about other projects and greater opportunities for interactions with other students.

At an SAB meeting in May 2021, Student Advisory Board members were asked for qualitative input about their perceptions of class size and faculty availability. Students indicated they had never considered class size to be an issue given MPH courses are online. Once asked, however, students felt that larger classes allowed for a wider range of perspectives and varied discussion on discussion boards and greater opportunities for interaction. The downside of increased class size were delays experienced in receiving grades and feedback on assignments although students pointed out that delays may have been related more to the specific instructor than to the class size. Regarding faculty availability, students stated they had no problems communicating with faculty either by email or by Zoom. Faculty were easily accessible and responsive when students reached out with questions/concerns.

The Exit Survey, administered at the end of the Program in the HM 893 ILE course beginning summer 2021,included open-ended/qualitative questions to assess student perceptions of faculty availability and class. Responses can be found in **ERF** C2-6.2 QualDat aval ExSur.

ERF C2-6 Faculty Resrcs Qual Data

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

Strengths

MPH Program faculty, both PIF and non-PIF instructors, bring a wide range of public health experiences to the Program and to the online classroom. Students have positive perceptions of availability of faculty and class size.

Weaknesses

- None noted.

Plans for Improvement

- To meet the short-term needs of the Program's growth and to be responsive to curricular needs, the Program has offered one individual a position as a data analyst and epidemiology/biostatistics instructor and identified another individual to support nutrition electives.

C3. Staff and Other Personnel Resources

The program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) **A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.**

Table C3-1. Support Staff Role/Function

Role/function (2021)	FTE	Credentials
Accessibility Intern	0.375*	
Keosha Corder/Recruitment/Practicum Coordinator	1	MS
Lynne Lievens /Administrative Assistant	1	
Melissa Meier/Admissions Counselor	1	BS
Lydia Merritt/D2L & Curriculum Support Coordinator	1	MAIT
Kelaine Miller/Advisor	1	MA, LPC
Sharia Phillips/Culminating Experience Coordinator	1	D. Ed
Twynette Mixon/Advisor	1	MA, LLPC

*Dedicated effort to MSU MPH Program

2) **Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.**

Jill Vondrasek is the Communications Manager (CM) for the Division of Public Health. In her capacity as communications manager for the Division, she also supports the MPH Program with its marketing, recruitment, and communications activities. The CM is involved in strategic planning, creative direction, and budgeting for campaigns and initiatives across various marketing channels, including digital, email, print, and social media. In addition, the CM collaborates with the Program Director to produce web channels for the Program.

The MPH Program is assigned a health sciences librarian from the MSU Library. Chana Kraus-Friedberg is the liaison librarian for the MPH Program and the Department of Pharmacology and Toxicology. She also works with medical residents through CHM and COM. Students are encouraged to contact her for help with using library resources, citing sources, and searching for and identifying relevant literature for research. If necessary, five other health sciences librarians are also available at the East Lansing MSU library to assist MPH faculty, staff, and students. The library has a 24-hour distance learning hotline, specifically available for off-site and online faculty and students. Reference librarians are available via chat seven days a week.

Our previous data analyst, Dr. Binbin Zheng, an Office of Medical Education, Research and Development (OMERAD) faculty member, resigned. She is being replaced by a new data analyst/instructor who will work with faculty and staff to design, develop, and evaluate survey data as well as architect and implement our new database. Additionally, this individual will produce dashboards reporting program performance and perform other tasks associated with program evaluation. This individual is skilled in biostatistics and epidemiology and will be able to support the program's teaching mission.

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

The program has sufficient personnel for advising, admissions, and recruitment as well as other administrative staff to support program functions including communications and data analysis. Additional staff will be hired as needed.

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

Strengths

- The MPH Program has highly qualified staff with extensive experience in student affairs, advising and career counseling, development, marketing and communication, and information technology.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) **Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)**

- **Faculty office space**

  Because the Program is entirely online, faculty are not required to be on-site. However, if faculty choose to work on-site, office space is available across the street from MSU's Flint campus on the second floor of the Capitol Theatre Building where the MPH Program is housed. Generally, one PIF works on-site every day during the week, and another comes to Flint at least once a week. Other faculty visit occasionally for meetings, but do not remain on-site to work. There are three workstations available for faculty in the MPH workspace, which includes cubicles with a desk, chair, and internet access, as well as a small table with four chairs for meetings. However, if additional workspace is needed, it is available in the MSU Flint campus building across the street.

- **Staff office space**

  The MPH Program has an operational, on-site staff space that accommodates the following full-time staff: office assistant, two academic advisors, culminating experience coordinator, instructional design/curriculum support, admissions counselor, recruiter/practicum coordinator, communications manager, and Director. The MPH Program, housed on the second floor of the Capitol Theatre Building across the street from MSU's Flint campus, utilizes five offices and eight cubicles. In Flint, the Program has access to five conference rooms, four of which have full video-conference capability. On all MSU campuses, MSU faculty and staff have access to all conference rooms. Each staff member has a dedicated computer and printer and access to a centrally located multifunction printer/copier/fax machine.

- **Classrooms**

  All courses are asynchronous and offered through Desire2Learn (D2L), a cloud-based platform, and the Learning Management System (LMS) utilized for hybrid and online higher education at MSU. Initially, MPH courses were housed on the Angel LMS. Beginning in Spring 2013. courses were migrated to D2L, which allowed for a wider range of access and ease of use for students and faculty alike. D2L allows for faculty to incorporate video-based lectures, quizzes, and creative course content. Its built-in analytics enable faculty to identify at-risk students and help them improve. Students find D2L a valuable learning resource because of the ease of use and the simplicity of structured online courses. Students can visually track their course progression through access to grades and the completion of objectives, lectures, readings, discussions, assignments, and quizzes. Support for D2L is managed by MSU's general IT group, which provides 24-hour technical support.

- **Shared student space**

Shared student space is available online and on the Flint campus. The online MPH Student Community includes Program-relevant information, which is disseminated to all students. Students are not required to be on campus. In fact, current students are located in 11 states and two countries outside of the United States. If students come to campus, the Flint Journal Building campus has study rooms available to all students in the College of Human Medicine.

- **Laboratories, if applicable to public health degree program offerings**

  Not applicable.

2) **Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.**

Physical space available to the MPH Program in the Capitol Theatre Building is deemed sufficient for the size and needs of the Program. Additional faculty offices in the Flint Journal Building allow the Program room to grow in the future. In terms of capacity and resources, classrooms dedicated to public health are more than adequate to accommodate current and projected enrollment numbers.

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

Strengths

- Physical resources for the Program are sufficient for faculty and staff in the Capitol Theatre Building.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) **Briefly describe, with data if applicable, the following:**
   - **library resources and support available for students and faculty**

     The MPH Program is assigned a health sciences librarian from the MSU Libraries. This position provides library orientation, course-specific library guides, database searching, and assistance upon request to public health faculty, staff, and students. The MPH librarian is available via email, phone, and Zoom, and can meet with faculty, staff, and students in person in East Lansing and travel to Flint on occasion. If necessary, five additional health sciences librarians are available in the library in East Lansing to help MPH faculty, staff, and students. Library support for off-site and online faculty and students is also available via Discovery Services at the library and the MSU IT service desk. Reference librarians are available via chat seven days a week.

     The MSU library has a large collection of resources available to students:

     - 7,805,066 unique print and electronic titles
     - 7,267,012 print and electronic volumes
     - 2,144,905 e-books
     - More than 235,000 maps; 85,844 sound recordings and films/videos; and nearly 7,000,000 microfilm/microfiche

     In 2017 – 2018, MSU Libraries budgeted $3.2 million for the purchase of health sciences materials. Approximately 97% of these materials are available electronically (online). The current health sciences collection includes important journal index databases and journals for public health, including Global Health, Medline, Embase, Web of Science, Scopus, Psychiatry Online, Sociological Abstracts, and the International Bibliography of the Social Sciences. The library also provides access to over 35,000 medical eBooks and over 9,000 subscriptions to biomedical and clinical journals.

   - **student access to hardware and software (including access to specific software or other technology required for instructional programs)**

     MSU-licensed Spartan 365 Office Pro Plus software (including Word, Excel, PowerPoint, OneNote, Sway, and Outlook) is provided for student use by the MSU community at no added cost. This software is available for Mac, PC, and mobile devices. All students can access MSU Workspace ONE (vdi.msu.edu) and from there obtain access to a virtual desktop that is the same as what they would see if they were in an on-campus computer lab with SAS, SPSS, Qualtrics, Kaltura Media Space and other software solutions for students.

     Furthermore, departments often provide students with access to unique software applications that are tied to specific curricular needs. Through university licenses, MPH students can obtain virtually all the software they need.

At an enterprise level, the following applications are provided to all students and faculty to support instruction:

- Desire 2 Learn: campus-wide learning management system.
- Zoom Collaborate: campus-wide live meeting, web conferencing solution.
- Zoom Video Conferencing: enterprise-wide video conferencing solution for instructional video.
- Kaltura Media Space: lecture capture and desktop recording solution for enterprise video.
- Digication: electronic portfolio software for Program and professional student portfolios.
- Flipgrid: student engagement in course via video/audio production for discussions and reflections on coursework.
- Turnitin: promotes academic integrity, grading, and feedback; assists with ensuring originality of student writing by checking for plagiarism; and improves student outcomes through effective feedback.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional programs)**

  All MPH staff have cameras at their desks to video conference with students or faculty. Additionally, all staff have access to conference rooms, which are equipped with video-conferencing capability. All faculty and staff are provided with Zoom accounts to enable distance communication. The MPH Program's instructional design/curriculum support staff member assists all faculty with managing their courses in D2L. The MPH Program provides hardware and software to faculty upon request.

- **technical assistance available for students and faculty**

  MPH faculty and students have access to the 24-hour distance learning hotline. They also have access to two IT teams, one dedicated team on the Flint campus and another team located on the main campus in East Lansing, MI.

  The MPH Program faculty and staff also benefit from the dedicated support of the MPH D2L Curriculum Coordinator.

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

MSU technologies are effective, sufficient, and supported by the University IT team, which is available 24 hours a day 7 days a week. All faculty and students have opportunities to use technology to enhance research, collaboration, and classroom engagement. Table C5-8 lists the technologies available to the Program and user groups.

Table C5-8. University Technologies Available to the MPH Program

Technology or Service	Used By
Adobe Acrobat Pro	Staff
Campus Solutions	Faculty and Staff
Campus-wide WI-FI	Faculty, Staff and Students

Desire2Learn	Faculty, Staff and Students
Digication ePortfolio	Faculty, Staff and Students
Free Printing	Faculty and Staff
Helpdesk Support	Faculty, Staff and Students
Kaltura Mediaspace	Faculty, Staff and Students
MS Office Professional 2016	Faculty and Staff
MS OneDrive	Faculty, Staff and Students
MS Teams	Faculty, Staff and Students
Office 365	Faculty, Staff and Students
Qualtrics	Faculty, Staff and Students
Secure network storage space	Faculty and Staff
SPSS	Faculty, Staff and Students
Stuinfo	Students
TechSmith Camtasia	Faculty, Staff and Students
TechSmith Snagit	Faculty, Staff and Students
VPN Access off campus	Faculty and Staff
Zoom	Faculty, Staff and Students

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

Strengths

- The MPH Program is well supported by a dedicated IT staff and the college- and university-level Help Desk. Interactive technologies for use in course instruction are continually reviewed, piloted, evaluated, and implemented.

  An electronic portfolio is used to monitor progress and achievement of core competencies. Students can use the portfolio as a repository for resumes, documentation of community and professional service involvement, presentations and publications, and materials related to other Program or career-related activities.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

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D1. MPH & DrPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1) **Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.**

Table D1-1. Content Coverage for MPH Degree

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s)**
1. Explain public health history, philosophy, and values	HM 801: Introduction to Public Health
2. Identify the core functions of public health and the 10 Essential Services	HM 801: Introduction to Public Health
3. Explain the role of quantitative and qualitative method and sciences in describing and assessing a populations' health	HM 801: Introduction to Public Health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HM 801: Introduction to Public Health
5. Discuss the science of primary, secondary, and tertiary prevention in population health including health promotion, screening, etc.	HM 801: Introduction to Public Health
6. Explain the critical importance of evidence in advancing public health knowledge	HM 801 Introduction to Public Health
7. Explain effects of environmental factors on a population's health	HM 801: Introduction to Public Health
8. Explain biological and genetic factors that affect a population's health.	HM 801: Introduction to Public Health
9. Explain behavioral and psychological factors that affect a population's health	HM 801: Introduction to Public Health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HM 801: Introduction to Public Health

11. Explain how globalization affects global burdens of disease	HM 801: Introduction to Public Health
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	HM 801: Introduction to Public Health

2) **Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.**

   See **ERF D1-2** Supporting Documentation

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

Strengths

- The Program ensures that all MPH graduates are grounded in foundational public health knowledge. A standing item on the Core Course Directors meetings is cross-coverage of the foundational public health learning objectives. Core and Foundational course faculty meet monthly to discuss coverage of these objectives (as well as the Foundational competencies and General Concentration competencies) to determine vertical and horizontal coverage of topics across courses. Priority is given to those objectives and competencies that have been mapped to only one of the Core, Foundational and Selective courses.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to *perform* the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess all MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

1) **List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.**

   Requirements for the MPH degree are provided in Table D2-1 and are also available online at: https://mph.msu.edu/academics/new-master-of-public-health-program-requirements

   Table D2-1. Requirements for MPH Degree, Generalist Concentration

Requirements for MPH Degree, Generalist Concentration	
Course Number	**Course Name**
Foundational Courses (10 required credits)	
HM 801	Introduction to Public Health
HM 827	Principles of Public Health Leadership
HM 828	Community Engagement in Public Health Practice
HM 854	Health Equity Framework for Public Health Practice
Selectives (3 required credits - choose 1 course)	
HM 807	Practical Application and Critical Thinking Synthesis in Public Health
HM 853	Public Health Program and Intervention Evaluation
HM 880	Study Design and Research Methods for Public Health Practice
Core Courses (15 required credits)	
HM 802	Biostatistics for Public Health
HM 803	Epidemiology for Public Health

HM 804	Public Health Policy and Administration
HM 805	Social and Behavioral Aspects of Public Health
HM 806	Environmental Factors of Health
Elective Courses (9 required credits - choose 3 courses)	
Public Health Policy/Administration	
HM 833	Introduction to Pharmaceutical Counterfeiting and Public Health
HM 836	Comparative Global Healthcare Systems
HM 840	Public Health Finance
HM 841	Public Health Policy
Global and Cultural Public Health	
HM 832	Global Public Health
HM 837	Poverty and Public Health
HM 838	Cultural Aspects of Public Health Practice
HM 839	Water and Public Health: A Global Perspective
HM 873	Maternal and Child Health: A Global Public Health Perspective
Public Health Epidemiology/Biostatistics/Surveillance	
HM 808	Public Health Surveillance
HM 842	Introduction to Public Health Informatics
HM 845	Informatics and Information Technology
HM 878	Applied Biostatistics for Public Health Practitioners
HM 889	Applied Epidemiologic Methods for Public Health Practitioners
Infectious Disease and Public Health	
HM 831	Communicable Disease in Public Health
HM 852	Outbreak Investigations in Public Health
HM 863	Parasitic Diseases and Public Health in Developing Countries
HM 864	Intersections of Human and Animal Health
HM 871	Vaccine and Preventable Diseases of Public Health Importance
HM 881	Pathogenesis of Parasitic Infections Important to Public Health
Public Health Nutrition	
HM 861	Introduction to Public Health Nutrition
HM 865	Vitamins and Minerals: Risks to Public Health

HM 876	Nutrition and Chronic Diseases: Living Longer and Healthier
HM 877	Public Health Nutrition and the Life Stages
HM 882	Public Health Nutrition: Assessment and Development of Population-Based Interventions
Culminating Experience (6 required credits)	
HM 892	Public Health Applied Practice Experience (Practicum)
HM 893	Public Health Integrative Learning Experience (Capstone)

2) **Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.**

Foundational Competencies are assessed in the MPH Core (HM 802, 803, 804, 805, and 806), Foundational (HM 801, 827, 828, and 854), and Selective (HM 807, 853, and 880) courses. All Core and Foundational Courses are required. Students must select one course in the Selective courses group. Each course in this group assesses the same competencies. Copies of the assessments referred to in Table D2-2 are included in **ERF D2-3** Syllabi & Support Docs. In addition, a Table of Contents for the textbook (Textbook TOC) and learning materials from our course management system (Learning Matl) is included in course folders for HM 803, HM 805, HM 806, HM 827, HM 853, HM 854, and HM 880 in case the syllabus does not contain enough details about instruction.

Table D2-2. Assessment of Competencies for MPH (all concentrations)

D2-2 Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity[n]**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	HM 803: Epidemiology for Public Health	In these assignments, students apply epidemiological methods to a breadth of public health practices. These assignment worksheets require them to use various calculations, interpret results, and apply epidemiological methods to scenario-based public health problems. See **ERF D2-3.3a** Assignment 1 through **ERF D2-3.3h** Assign 1-6 Rubric.

2. Select quantitative and qualitative data collection methods appropriate for a given public health context	**Students choose one of the three selective courses**: HM 807: Practical Application and Critical Thinking Synthesis in Public Health	Assessment: Data Collection Plans (Due in Module 11): In this assignment, students choose and design quantitative and qualitative data collection methods, ultimately to be used in a Systematic Review Protocol as their final project. Instruction: inclusion/exclusion criteria (Module 4), and data extraction methods (Module 11). See **ERF D2-3.7b** DataCollectnInstr and **ERF D2-3.7c** Data Collectn Rub.
	Or HM 853: Public Health Program and Intervention Evaluation	Assessment: Qualitative/Quantitative Methods Description (Due in Module 11). Over the course of the semester, students develop different components of a program evaluation proposal. This assignment requires students to select and explain their choices of quantitative and qualitative data collection methods. Instruction: Evaluation designs and qualitative and quantitative data collection methods in Modules 6-8. See **ERF D2-3.9d** Methods Instructns and **ERF D2-3.9e** Methods Rubric.
	Or HM 880: Study Design and Research Methods for Public Health Practice	Assessment: Students write a methods section (Due in Modules 9 and 10) including appropriate selection of quantitative and qualitative methods as applicable for their chosen research topic as part of a semester-long activity to develop components of a research protocol. Instruction: Methods in Modules 9 (quantitative) and 10 (qualitative). See **ERF D2-3.11d** Qual Method Instr, **ERF D2-3.11e** Quan Method Instr, and **ERF D2-3.11f** WritingStandrdRub.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	HM 802: Biostatistics for Public Health	**Quantitative Assessment**: Final Project (Due Final Module): Students use SPSS statistical software and Microsoft Excel to conduct quantitative statistical analyses. Students are given a set of quantitative data for each project with corresponding research questions, and they must **choose, analyze** and interpret **appropriate statistical tests**. Instruction: Final - Modules 1-12. **Qualitative Assessment:** Problem Set 10 (Due Module 14): Project requires students to code interview transcripts and identify themes using Excel. Instruction in mixed methods and qualitative data analysis in Module 14. See **ERF D2-3.2a** Finl Proj, Rubric and **ERF D2-3.2b** HM802 Prob Set 10.
4. Interpret results of data analysis for public health research, policy, or practice	HM 803 Epidemiology for Public Health	Assessment: HM 803: Homework Assignments 1 (Module 2), 2 (Module 3), 3 (Module 4), 4 (Module 6), 5 (Module 9), 6 (Module 12), and 7 (Module 14). In these assignments, students apply epidemiological methods to a breadth of public health practices. These assignment worksheets require them to use various calculations, **interpret results**, **and apply epidemiological methods to scenario-based public health problems**. See **ERF D2-3.3a** Assignment 1 **through ERF D2-3.3h** Assign 1-6 Rubric.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health, and regulatory systems across national and international settings	HM 804: Public Health Policy and Administration	Assessment: Health Systems Comparison (Due in Module 2) requires students to compare the US health system to other countries by describing the organization, structure, financing, governance/regulation, resources, and services available to the population in both settings. Instruction: Topics covered in Module 2 include

		organization, financing, governance, resources, from course textbook and other required reading. See **ERF D2-3.4g** Hlth Syst Instr and **ERF D2-3.4h** Hlth Syst Rubric.
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	HM 854: Health Equity Framework for Public Health Practice	Assessment: Through a series of discussion posts through the first 8 modules of the course, students discuss various topics related to structural bias, inequities, and racism and how they create challenges to achieving health equity (Instruction on topics included in corresponding Modules 1-8). A journal summary assignment in Module 9 requires students to conduct a self-assessment and comprehensive personal reflection about their own personal change in knowledge, attitudes, beliefs, behaviors, and observations over the first eight journal reflections. See **ERF D2-3.10b** Journal Instructn and **ERF D2-3.10c** Journal Rubric.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HM 801: Introduction to Public Health	Assessment and Instruction: Community Health Assessment. This assessment is introduced in module 3 and further taught/assessed in six modules (4, 7, and 9-12) with corresponding assignments where students 1) assess the health of a community using data and statistics (Module 4), 2) participate in a discussion forum about health disparities (Module 7), 3) describe contributors to morbidity and mortality in a community (Module 9), 4) conduct a walkability/food survey of a community to assess the community's streets, safety, lighting, etc., and components related to food accessibility (Module 10), 5) Assess the community's assets and gaps (Module 11), and then 6) create a full community needs

		assessment (Module 12). See **ERF D2-3.1a** CHA Pres Instruct and **ERF D2-3.1b** CHA Pres Rubric.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HM 854: Health Equity Framework for Public Health Practice	Assessment: There are two parts to this assessment. First, in Module 10, students conduct interviews with 2-3 community leaders to assess how power, cultural, and community practices can be considered when designing and implementing programs and public health policies to achieve health equity. These are presented and discussed in a discussion forum. Second, students write a Transformation Paper (Due Final Exam Module). Students are required to develop a formal transformation paper that evaluates a public health policy's impact on public health and health equity using a health equity framework. The first part of the assignment is designed to demonstrate transformational thinking and integrate/apply a health equity lens to a public health program, which requires applications of levels of change, including personal, interpersonal, cultural, and institutional values as informed by their discussions with community leaders. Students also make recommendations about how to reconceptualize the program to better address root causes of disparities using a health equity framework. Instruction: Health Equity Framework (Modules 1-7), Transformative strategies (Module 8), and Information (Module 9), Community Engagement (Module 10), Policy (Module 11), Training (Module 12), as drivers of transformation. See **ERF D2-3.10k** EngageInterInstr, **ERF D2-3.10i** Engage Inter Rub, and **ERF D2-3.10j** Transfm PaperRub.

9. Design a population-based policy, program, project, or intervention	HM 805: Public Health Policy and Administration	Assessment: Final Project - Public Health Intervention and Policy Paper (Due in Module 14). Students design a health policy or program that they propose to create and implement. In their papers, students describe the target health problem, the major causes of the problem, relevant social/behavioral theories of health, the proposed program or policy (i.e., its format, structure, activities), who the proposed program or policy is expected to benefit, anticipated outcomes, and how the Program's or policy's effectiveness will be assessed. Instruction: Modules 2-13. See **ERF D2-3.5a** HM 805 IP Inst and **ERF D2-3.5b** HM 805 IP Rubric.
10. Explain basic principles and tools of budget and resource management	HM 804: Public Health Policy and Administration	Assessment: This competency is met through two assignments, 1) Budget Development and Justification assignment (Due in Module 4) requires students to use basic principles and tools of budget development to create a detailed budget and justification for a public health intervention. Instruction: Financing and Budgeting in Public Health includes reading materials that explain principles of budget development and justification for a public health intervention project in Module 4. 2) Group Resource Reallocation Assignment (Due in Module 5) is a group project in which groups are given a spending plan and each student is assigned a management role (e.g., IT, Epidemiology, etc.). The group is given a constrained budget which forces them to reallocate resources or implement cuts to resources and/or the budget. Instruction: Public Health Resource Management includes materials related to budget management and reallocation strategies in Module 5. See **ERF D2-3.4a** Budget Dev Instr, **ERF D2-3.4b** Budget Dev Rubric,

		ERF D2-3.4n Resrc Realloc Inst, and **ERF D2-3.4o** Resrc Realloc Rub.
11. Select methods to evaluate public health programs	HM 804: Public Health Policy and Administration	Assessment: Monitoring and Evaluation Plan (Due in Module 6). Based on feedback from the budget justification (Module 4) and reallocation (Module 5) assignments, students refine SMART goals and assumptions to apply these to select methods to evaluate the public health program. Students select monitoring and evaluation inputs, outputs, and outcomes using a logic model template to develop their monitoring and evaluation plan. Instruction: Monitoring and Evaluating Public Health Programs includes lecture content, text, and other readings related to evaluation strategies and methods in Module 6. See **ERF D2-3.4c** Budget Mon Instr and **ERF D2-3.4d** Budget Mon Rub.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HM 804: Public Health Policy and Administration	Assessment: Three assignments cover multiple dimensions of the policy-making process. A quiz assesses students' understanding of the entire process in Module 11. Students complete a policy analysis in Module 12 on a policy provided by the instructor. Finally, a Policy Statement (Due in Module 13) requires students to propose a policy that is ethical, feasible, and evidence-based and that considers social, political, and cultural factors. Instruction: Topics include ethics (Module 9), law (Module 10), policy tools and process (Module 11), policy evaluation (Module 12), and policy development (Module 12). See **ERF D2-3.4k** Policy Quiz, **ERF D2-3.4i** Policy Analys Inst, **ERF D2-3.4j** Policy Analys Rub, **ERF D2-3.4l** Policy State Inst and **ERF D2-3.4m** Policy State Rub.

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HM 806: Environmental Factors of Health	Assessment: Strategic plan for identifying and engaging stakeholders related to a Health Impact Assessment (HIA). This assignment requires students to propose different strategies to identify different stakeholders and build coalitions in a community that is concerned about a proposed major land-use project. Proposed strategies are within the context of a case study (urban development, transportation, construction project). (Due Final Module). Instruction: Concepts related to the community context and the built environment (Module 14). See **ERF D2-3.6f** Stakeholder Instr and **ERF D2-3.6g** Stakeholder Rub.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	HM 801: Introduction to Public Health	Assessment: Public Health Advocacy Assignment (Due in Module 6). This assignment requires students to advocate for a policy or program to improve health in diverse populations. The goal of the assignment is to identify, frame, and advocate for a public health problem. Part 1 requires students to identify a public health problem by writing a 3-5-page summary in which they frame the issue using a provided Advocacy Process. Part 2 requires advocacy by writing a letter, op-ed, or press release, using the APHA Advocacy for Public Health or Public Health Advocacy Toolkit. Instruction: Lectures and readings on health advocacy (Module 6). See **ERF D2-3.1e** PH Advoc Instruct and **ERF D2-3.1f** PH Advoc Rubric.
15. Evaluate policies for their impact on public health and health equity	HM 854: Health Equity Framework for Public Health Practice	Assessment: Policy Brief 2 (due in Module 13). Students write a policy brief to a Health Officer evaluating policy/program plans from the HHS Action Plan to Reduce Racial and Ethnic Health Disparities. Students critique the document and provide an evaluation of how the proposed plan addresses health equity versus disparities, how it

		can be strengthened using a health equity framework, levels of change, drivers of transformation, and how the policy/plan can transform public health practices and outcomes. Instruction: Topics include social determinants of policy, equity effectiveness, and policy implications of wealth in Module 11. See **ERF D2-3.10e** PolcyBrief 2Instr and **ERF D2-3.10f** PolcyBrief 2 Rub.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HM 827: Principles of Public Health Leadership	Assessment: Three assignments (Introduced in Module 7), and due in Modules 8-10: Create a three-step process that applies leadership principles by addressing an immunization improvement plan that starts with identifying the immunization status of the community; identification of gaps, resource deficiencies (Due in Module 8); how partnerships can be formed in the community through development of a community coalition (Due in Module 9); and how to work together in a collaborative fashion to develop an action plan to best allocate resources, foster collaborative efforts, and empower partners to improve community immunization rates (Due in Module 10). Instruction in leadership assurance (Module 7), negotiation and mediation skills to address challenges (Module 8), Collaborations (Module 9), and Interprofessional teams (Module 10). See **ERF D2-3.8b** CommImmPresInstr, **ERF D2-3.8a** Comm Imm Coalitn, **ERF D2-3.8c** Comm Imm Reflect, and **ERF D2-3.8d** Comm Imm Rubric.

17. Apply negotiation and mediation skills to address organizational or community challenges	HM 827: Principles of Public Health Leadership	Assessment: Facilitated Debate (Due in Modules 11-12). In a facilitated debate depicting a practice-based scenario, students will be assigned roles to negotiate the allocation of resources and funding for a state health department whose objective is developing a funding formula for local health departments to best prevent the spread of HIV. Instruction: Leadership assurance (Module 7), negotiation and mediation skills to address challenges (Module 8), Collaborations (Module 9), and Interprofessional teams (Module 10). See **ERF D2-3.8i** NegotiateFundInst and **ERF D2-3.8j** NegotiateFund Rub.
Communication		
18. Select communication strategies for different audiences and sectors	HM 806: Environmental Factors of Health	EH Tool: Risk Assessment, Management, and Communication (Due in Module 5). Students use a case study (New York Times: That Tap Water is Legal, but May be Unhealthy) to create a script for a 10-minute PowerPoint presentation that they would give as a public health professional to a diverse community audience regarding the questionable quality of their drinking water. The audience includes low-income community members, elected officials, and water company representatives and potential polluters. Students select different strategies that are appropriate for different segments of the audience, video record their presentation, and critique other students' presentations. Instruction: Information about presenting technical info to non-technical audiences and basics of making a video in Module 5. See **ERF D2-3.6a** Comm Strat Instr and **ERF D2-3.6b** Comm Strat Rubric.

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HM 804: Public Health Policy and Administration	Assessment: Mobilizing Communities: Health communication message (Due in Module 14). The assignment requires students to create written and oral presentations by developing a health communication message to a community through development of material that raises awareness and promotes action in a community. Students provide a written narrative and a 1-minute recorded PSA. Instruction: Lecture content, text, and other readings included in Module 14. See **ERF D2-3.4e** Com Mobil Instr and **ERF D2-3.4f** Com Mobil Rubric.
20. Describe the importance of cultural competence in communicating public health content	HM 801: Introduction to Public Health	Assessment: Discussion Forum: Cultural competency/humility (Due in Module 13). Using a case study: "Oral Health Messages for Low Income Families," students participate in a discussion forum describing the importance of cultural competence in public health communication. Instruction: Lecture and readings about cultural competency and humility, cultural appropriateness in health promotion in Module 13. See **ERF D2-3.1c** Cult Comp Instruc and **ERF D2-3.1d** Cult Comp Rubric.
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	HM 827: Principles of Public Health Leadership	Assessment: Leadership and outbreak investigation scenario (Due in Module 14). Public health students work collaboratively in an interprofessional team with medical students on a foodborne outbreak investigation scenario. Instruction: Topics found in Module 14 and build upon the material on fostering collaboration through interprofessional teams found in Module 9. See **ERF D2-3.8e** InterproTeam Instr, **ERF D2-3.8f**

		InterproTeamQuest, and **ERF D2-3.8g** InterproTeam Rub.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	**Students choose one of the three selective courses**: HM 807: Practical Application and Critical Thinking Synthesis in Public Health	Concept Map (Due in Module 7). Students apply systems thinking tools to a proposed research project by creating a concept map of their chosen research topic and presenting it to the class in an online synchronous Zoom class session. Instruction: Resources for creating concept maps in Module 7. See **ERF D2-3.7a** Conc Map Inst-Rub.
	Or HM 853: Public Health Program and Intervention Evaluation	Concept or Process map (Due in Module 5). Students build a process map as a precursor to developing a logic model for their evaluation plan. For the process map, students will be asked to develop an illustration of the sequence of actions for their proposed evaluation of a public health program or policy. As a systems thinking tool, the process map will then be used later in the course as a basis for their logic models. Instruction: Resources for creating systems thinking tools in Module 5. See **ERF D2-3.9a** Concept Map Instr and **ERF D2-3.9b** Concept Map Rub.
	Or HM 880: Study Design and Research Methods for Public Health Practice	Concept Map (Due in Module 6). Students apply systems thinking tools to a proposed research project by developing a concept map that details the research protocol they develop throughout the semester. Instruction: Resources for creating concept maps in Module 6. See **ERF D2-3.11a** Conc Map Instruct and **ERF D2-3.11b** Conc Map Rub.

3) **Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.**

All syllabi, assignments, and rubrics referred to previously are included in **ERF D2-3** Syllabi & Support Docs. In addition, a Table of Contents for the textbook (Textbook TOC) and learning materials from our course management system (Learning Matl) is included in course folders for HM 803, HM 805, HM 806, HM 827, HM 853, HM 854, and HM 880 in the event that the syllabus does not contain enough details about instruction.

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

Strengths

This table includes one example to illustrate how a Foundational competency is taught and assessed. Coverage of content related to these competencies is included across the curriculum. The Program maintains a competency map to identify how competencies are aggregated within courses. Fourteen of 22 Foundational competencies are included across more than one course. Course assignments are well developed with rubric-based methods for assessing students' attainment. A standing item on the agenda of the monthly Core Course Directors meetings is cross-coverage of the foundational public health learning objectives as well as the Foundational Competencies. Core and Foundational course faculty meet regularly to discuss coverage of the Foundational competencies and General Concentration competencies to determine vertical and horizontal coverage of competencies across courses.

Weaknesses

- None noted.

Plans for Improvement

- The program continues to discuss how the remaining eight Foundational competencies that are currently covered in only one course might be expanded into other Core, Foundational, and Selective courses. Once each semester, the Course Directors Committee collects/confirms information from each course director/instructor about the alignment of didactics, assessments, and competencies in courses. As we continue to discuss plans for ensuring more comprehensive inclusion of competencies across Core and Foundational courses, we will also discuss how we integrate competencies in our elective courses.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

1) **Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.**

Table D4-1. Assessment of Competencies for MPH/DrPH in Generalist Concentration

Assessment of Competencies for MPH in Generalist Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Design a program evaluation, systematic review, or research study to address a public health issue.		Students to design an empirical study to answer specific research questions by proposing one of three things: evaluation, systematic review, or research. The design of these studies requires students to design all components of their study from reviewing the literature, developing questions that guide their research, and describing their empirical (quantitative and qualitative) methods, among others. This is different from the assessment for Foundational Competency 9 where students design a policy, program, project, or intervention for a public health issue, while the assessments related to General Concentration Competency 1 require students to design a research-based, data-driven project requiring applications of research/evaluation methods, to specific research questions or evaluation goals.

	Students choose one of the three selective courses: HM 807: Practical Application and Critical Thinking Synthesis in Public Health	Systematic Review Research Protocol (Assigned Module 3, Due in Final Module). Students propose a systematic review protocol with specific milestones required throughout the semester. Instruction in topics in Modules 2-13 includes research questions, inclusion/exclusion criteria, search strategies, critical analysis, data collection design and methods, bias and error, and narrative and meta-analysis synthesis methods. See **ERF D4-3.2b** Sys Rev Prot Inst and **ERF D4-3.2c** Sys Rev Prot Rubric.
	Or HM 853: Public Health Program and Intervention Evaluation	Voice over PowerPoint Presentation of Evaluation Proposal (Due in Final Module). Over the course of the semester, students design various components of a public health program or policy evaluation culminating in a live Zoom presentation summarizing various components of the proposal. Instruction in Modules 2-13 includes ethics, SMART objectives, working with stakeholders, program theory, logic models, process, outcome, impact, and participatory evaluations, among others. See **ERF D4-3.4a** Final Present Inst and **ERF D4-3.4b** Final Pres Rubric.
	Or HM 880: Study Design and Research Methods for Public Health Practice	Research Protocol (due in Final Module). Students develop components of a proposed research study (primary or secondary data collection) throughout the semester. Instruction in Modules 2-13 includes study design, inferences and sources of bias, community participation, ethics, concept maps, research questions, hypothesis testing, surveys, measurement, sampling, and writing proposals. See **ERF D4-3.6b** Research Prop Inst and **ERF D4-3.6c** Research Prop Rub.
2. Conceptualize a program, service, or policy designed to prevent, reduce, and/or mitigate health inequities using a health equity framework.	HM 854: Health Equity Framework for Public Health Practice	Assessment: Transformation Paper (Assigned Module 13, Due Final Exam Module). Students are required to develop a formal transformation paper that evaluates a public health program's impact on public health and health equity using a health equity framework. The first part of the assignment is

		designed to demonstrate transformational thinking and integrate/apply a health equity lens to a public health program, part of which requires applications of levels of change including personal, interpersonal, cultural, and institutional values. In the second part of the assignment, students also make recommendations about how to reconceptualize the program to better address root causes of disparities using a health equity framework. Instruction: Health Equity Framework (Modules 1-7), Transformative strategies (Module 8), and Information (Module 9), Community Engagement (Module 10), Policy (Module 11), Training (Module 12), as drivers of transformation. See **ERF D4-3.5e** Transf Paper Inst and **ERF D4-3.5f** Transf Paper Rub.
3. Apply the principles of community engagement and associated methodologies to public health practice.	HM 828: Community Engagement in Public Health Practice	Community Engagement Grants (3-part assignment - Due in Modules 9, 9.2, 9.3 – Weeks 11-13). Over three modules, students apply community engagement principles to a grant proposal to implement a public health intervention that requires community collaborations. The first part of the assignment simulates the submission of a pre-proposal process for the funder. The second part of the assignment simulates acceptance of the pre-proposal and has students develop a more in-depth proposal. The final part of the assignment has the student consider how they are situated in the community - do they speak the language, have partnerships, have communication plans, how they are situated to lead and complete a project, or how to overcome barriers to their leadership. Instruction: Framework for community engagement (Module 9), Structural capacity needs in community engagement (Module 9.2), and Principles of community engagement (Module 9.3). See **ERF D4-3.3a** Engage Grnt1 Inst, **ERF D4-3.3b** Engage Grnt2 Inst, and **ERF D4-3.3c** Engage Grant Rub.

4. Investigate the relationship between environmental agents and adverse health outcomes with consideration of the social determinants of health and advancing health equity.	HM 806: Environmental Factors of Health	Mini research proposal (due in Module 12). Students write a mini research proposal to investigate local residents' concerns that local asthma rates result from emissions from the local auto plant. Instruction: Research proposals for environmental hazards, and environmental epidemiology in Module 2, and research proposal guides included in Module 12. See **ERF D4-3.1d** Mini-prop Instrct and **ERF D4-3.1e** Mini-prop Rubric.
5. Analyze the ethical assumptions and implications underlying decisions in public health practice.	HM 828: Community Engagement in Public Health Practice	Ethics Response Papers (x2) (Due in Modules 4 and 4.2). Students choose between one of three provided topical papers (e.g., about precision medicine, "best practices" as defined by funders, or health education in low-resource settings) and write two response papers about 1) the four ethical principles, and 2) frameworks for public health practice. Instruction: Resources about ethical theory and public health ethics in Modules 4 and 4.2). See **ERF D4-3.3d** Ethics Ppr 4 Inst and **ERF D4-3.3e** Ethics Ppr 5 Inst (rubrics are included in each).

2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.**

Not applicable.

3) **Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.**

Copies of the assessments referred to in Table D4-1 are included in **ERF D4-3** Syllabi and Support Docs. In addition, a Table of Contents for the textbook (Textbook TOC) and learning materials from our course management system (Learning Matls) are included in course folders for HM 806, HM 853, HM 854, and HM 880 in the event that the syllabus does not contain enough details about instruction.

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

Strengths

- Table D4-1 provides one example to illustrate how a General Concentration competency is taught and assessed. Coverage of content related to these competencies is included in

courses across the curriculum. The Program maintains a competency map to identify how competencies are aggregated within courses. Three of the five General Concentration competencies are included across more than one course. Course assignments are well developed with rubric-based methods for assessing students' competency attainment. A standing item on the agenda of the monthly Core Course Directors meetings is cross-coverage of the foundational public health learning objectives as well as the Foundational and General Concentration Competencies. Faculty who teach Core, Foundational and Selective courses meet regularly to discuss coverage of the Foundational competencies and General Concentration competencies to determine vertical and horizontal coverage of competencies across all courses.

Weaknesses

- None noted.

Plans for Improvement

- The Program continues to discuss how the two General Concentration competencies that are included in only one course right now (competencies 3 and 5) might also be included in other Core, Foundational, or Selective courses. Once each semester, the Course Directors Committee collects/confirms information from each course director/instructor about the alignment of didactics, assessments, and competencies in courses. As we continue to discuss plans for ensuring more comprehensive inclusion of competencies across Core and Foundational courses, we will also discuss how we integrate competencies in our elective courses.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

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

   The applied practice experience (APE) for all MPH students is an applied practice public health experience completed at a public health agency or other location that delivers public health services. The APE is a requirement for all MSU MPH students and is a three-credit course (HM892). The APE includes the following key elements:

   - Students must complete 180 practicum hours, 120 (the minimum) of which must be on-site/direct.
   - Students complete their APE after finishing their core courses.
   - The APE is typically completed in the last or second-to-last semester of MPH study; the APE can be completed across two semesters to accommodate student and/or practicum site needs.
   - Prior to enrolling in the APE course (HM 892), students must locate a practicum site and a site mentor based on their career interests, goals, and geographic location. Practicum sites are located via a variety of methods:
     - Students leverage their professional network to identify potential sites.
     - Faculty mentors connect students with sites (i.e., local health departments, community-based organizations, etc.)
     - The Culminating Experience Coordinator works with students to identify past practicum sites and mentors who have indicated willingness to host future practicum students and facilitates introductions.
     - Faculty and Staff post internship and volunteer job opportunities to MPH students in public health practice settings that are conducive to practicum assignments.
   - Using the APE proposal template, the student, practicum site mentor, and the Culminating Experience (CE) faculty member work together to develop the goals, objectives, proposed deliverables, and a student-selected competency**.**
   - All students must address and demonstrate attainment of five competencies during their APE; two competencies are required of all students (FC#19 and GC#1). Each student must select three additional competencies, two of which must be Foundational.
   - The practicum site mentor, CE faculty member, and the student approve and sign the proposal.

- After all parties sign the proposal, an academic advisor processes an override form to allow the student to enroll in APE (HM892).
- The APE Handbook and HM892 Course Syllabus describe additional requirements for APE (HM892).
- Based on the products developed during the practicum, the practicum course faculty assess each student's attainment of the five APE competencies. Each student must produce and APE final report. The APE final report contains at least two products for each student and allows for assessment of competency attainment. (See Table D5-1 for details on products used to assess competency attainment.)
- Upon completion of the APE, the practicum faculty assesses student performance using rubrics for each of the APE course requirements (i.e., Final Report, Journal, Presentation File, Oral Presentation). To earn a "Pass" in the course, a student must meet at least 85% of the rubric elements for each requirement. Students who meet less than 85% of rubric elements must revise and re-submit the assignment.
- Upon the completion of the APE, practicum site mentors receive a site mentor evaluation form to complete and submit to the practicum faculty.
- APE products are maintained in electronic form. For each student, completed products are stored in the D2L course in the semester/year in which they were completed.
- All students work with standard rubrics and templates for each APE course requirement.
- Each term, the Program conducts an APE Virtual Seminar to give students an opportunity to share their experiences with Program faculty, site mentors, and students. This change was implemented to address student feedback. These seminars are recorded and made available to students when they enter the Program.

Table D5-1. Practice-based Products that Demonstrate MPH Competency Achievement

Student #1

Template D5-1	**Applied Practicum Experience Competency Mapping**
Student Name:	Christina Darin
Semester:	FS2020
Practice-based products that demonstrate MPH competency achievement: Student #1 (see ERF D5-3a.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: Written summary report of findings from literature review	GC1. Propose a program evaluation, systematic review, or research study to address a public health issue. FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
Work Product #2: questionnaire	FC.2 Select quantitative and qualitative data collection methods appropriate for a given public health context. FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs.
Work product #3: analysis plan	FC.2 Select quantitative and qualitative data collection methods appropriate for a given public health context.
	FC21. Perform effectively on interprofessional team(s).

ERF Student 1 (D5-3a)

Student #2

Template D5-1	Applied Practicum Experience Competency Mapping
Student Name:	Larsa Esho
Semester:	FS2020
Practice-based products that demonstrate MPH competency achievement: Student #2 (see ERF D5-3b.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: survey/questionnaire	GC1. Propose a program evaluation, systematic review, or research study to address a public health issue. FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs.
Work Product #2: summary report of assessment findings; presented at site	FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
Work Product #3: stress management resources	FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
Work Product #4: survey individual evaluation tool	FC7. Assess population needs, assets, and capacities that affect communities' health
Work Product #5: analysis plan	FC.2 Select quantitative and qualitative data collection methods appropriate for a given public health context.
	FC21. Perform effectively on interprofessional team(s).

ERF Student 2 (D5-3b)

Student #3

Template D5-1	Applied Practicum Experience Competency Mapping
Student Name:	Lisa Peacock
Semester:	SS2020
Practice-based products that demonstrate MPH competency achievement: Student #3 (see ERF D5-3c.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: policy flier for advocacy support	GC1. Propose a program evaluation, systematic review, or research study to address a public health issue. FC 14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs.
Work Product #2: written opinion piece in local newspaper	FC 14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations
Work Product #3: written address presented to county officials to support advocacy activities	FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
	FC21. Perform effectively on interprofessional team(s).

ERF Student 3 (D5-3c)

Student #4

Template D5-1	Applied Practicum Experience Competency Mapping
Student Name:	Noel Pingatore
Semester:	US2020
Practice-based products that demonstrate MPH competency achievement: Student #4 (see ERF D5-3d.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: written report summary of COVID_19 ambulatory care clinical and community testing protocols	FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
Work Product #2: Powerpoint presentation for training Native-American tribal staff re: COVID protocols	FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs. GC1. Propose a program evaluation, systematic review, or research study to address a public health issue.
Work Product #3: sample monitoring forms	FC9. Design a population-based policy, program, project, or intervention.
	FC21. Perform effectively on interprofessional team(s).

ERF Student 4 (D5-3d)

Student #5

Template D5-1	Applied Practicum Experience Competency Mapping
Student Name:	Molly Stern
Semester:	US2020
Practice-based products that demonstrate MPH competency achievement: Student #5 (see ERF D5-3e.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: data collection tool	GC1. Propose a program evaluation, systematic review, or research study to address a public health issue. FC21. Perform effectively on interprofessional team(s). FC6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equality at organizational, community, and societal levels.
Work Product #2: Powerpoint logistics presentation for supervisor & staff, care team & family members of COVID patients	FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs. FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

ERF Student 5 (D5-3e)

Student #6

Template D5-1	Applied Practicum Experience Competency Mapping
Student Name:	Amanda Bierkamp
Semester:	FS2019
Practice-based products that demonstrate MPH competency achievement: Student #6 (see ERF D5-3f.)	
Specific work products in portfolio that demonstrate application and/or practice	**Competency**
Work Product #1: written report/manuscript draft	GC1. Propose a program evaluation, systematic review, or research study to address a public health issue. FC8. Apply awareness of cultural values and practices to design or implementation of public health policies or programs. FC21. Perform effectively on interprofessional team(s).
Work Product #2: Poster presentation for oral presentation at Symposium	FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
Work Product #3: updated data results/annual surveillance report	FC4. Interpret results of data analysis for public health research, policy, or practice

ERF Student 6 (D5-3f)

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

Current Program documents for the APE are in **ERF** D5-2 APE Requirements. The following materials are included:

ERF D5-2a APE Handbook
ERF D5-2b HM 892 Syllabus
ERF D5-2c HM892 Forms, Rubrics
ERF D5-2d Site Mentor Eval Form

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (i.e., Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.**

Samples of practice-related materials for individual students are in **ERF** D5-3 Student Samples. A completed set includes the following elements: (x= letter representing student in sequence of one though six, i.e., a through f).

D5-3x.1 APE Proposal
D5-3x.2 Final Report
D5-3x.3 Deliverables
D5-3x.4 Presentation
D5-3x.5 OralPresRubric
D5-3x.6 Mentor Eval
D5-3x.7 FinalReprtRub
D5-3x.8 Template D5-1

Student demonstration of competency attainment and the mutual benefit of deliverables are assessed via the following:

1) Prior to the start of a practicum, students and site mentors draft a proposed set of deliverables that are beneficial to the practicum site Once agreement is reached, the proposal is signed by student, site mentor, and Culminating Experience Coordinator.
2) Site mentor evaluation includes the following question: "Will you/your organization be able to benefit from the deliverables/work products created by the practicum student?"
3) APE faculty assess the extent to which deliverables (and process of creating them) demonstrate application and attainment of competencies; deliverables are considered beneficial to the student if they allowed application and attainment of competencies.

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

Strengths

- Through fellowship funds, the Program provides financial assistance to students pursuing an out-of-state and international practicum. These funds can be used to help with practicum-related travel and lodging expenses.
- The CE Coordinator helps students find a practicum site. This assistance is especially beneficial to students that have no prior public health experience.
- The Program offers an international experience in Ghana, designed to meet APE requirements. This experience is supervised by MPH faculty and is available every summer. In 2020 and 2021, the practicum in Ghana was canceled due to the COVID-19 but is expected to be offered again in 2022.

Weaknesses

- None noted.

Plans for improvement

- None noted.

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

1) **List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.**

   All MPH students are required to complete an integrative learning experience (ILE), which demonstrates their abilities, in written form, to synthesize and integrate knowledge acquired from their coursework and competencies developed during the Program. All MPH students have two options for the ILE, which are summarized in Table D7-1 below:

Table D7-1. Options for the MPH Integrative Learning Experience

Integrative Learning Experience Options	How competencies are synthesized & assessed
Research Study Option (product: paper)	
Option 1: Conduct a new study (primary data analysis)	These papers allow students to demonstrate their abilities to synthesize the following competencies: FC2, FC8, FC19, and GC1. Papers are assessed by ILE Course Faculty using option-specific rubrics designed to assess the individual student's ability to successfully synthesize these competencies via a comprehensive study or proposal.
Option 2: Conduct a new study (secondary data analysis)	
Option 3: Conduct a systematic literature review	
Research Proposal Option (product: proposal)	
Option 1: Proposal to develop a new public health program, intervention, or policy	
Option 2: Proposal to conduct a new study; primary or secondary data	
Option 3: Proposal to evaluate an existing health program, or intervention, or policy	

2) **Briefly summarize the process, expectations, and assessment for each integrative learning experience.**

   Administrative process and requirements

   The Student Handbook and the ILE Handbook (see **ERF** D7-3a ILE Handbook, **ERF** D7-3b Stud Handbook) describe the policies regarding the ILE. Both documents are available on the Online MPH Student Community and are introduced to students each semester at the new Student Orientation. The ILE is a requirement of the MSU MPH Program. Each student is required to enroll in a three-credit course, HM 893, to complete ILE requirements. HM 893 is usually completed during the student's last semester and after completion of core courses and the APE.

Three selective courses (i.e., HM 807 Practical Application and Critical Thinking Synthesis in Public Health; HM 853 Public Health Program and Intervention Evaluation; HM 880 Study Design and Research Methods for Public Health Practice) are also available for students to take prior to enrolling in the ILE. These courses provide additional methods training.

Throughout their course of study, students discuss ILE options (see Table D7-1) and ideas for their ILE with faculty mentors, course faculty, and the CE. When students are ready to begin their ILE, they consult with the CE Coordinator to discuss possible ILE topics, competencies, options, and expectations. ILE topics can be based on student interests or work they carried out at their APE site. After selecting a topic and option, the student and CE coordinator complete an override form for HM 893(see **ERF** D7-3c HM 893 Override Form) and submit it to the HM 893 course faculty for review and approval. After receiving approval for the override, the student enrolls in the course.

Timeline and Approach: HM 893 ILE course expectations and assessment

The HM 893 Course Syllabus (see **ERF** D7-3d HM 893 Syllabus) details the timeline and approach for the ILE. For all ILE options, students must produce a high-quality written product that demonstrates their ability to synthesize the following competencies at a minimum:

- FC2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
- FC8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
- FC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
- GC1. Propose a program evaluation, systematic review, or research study to address a public health issue.

During the HM 893 course, students develop their ILE using templates and rubrics provided for each ILE option (see **ERF** D7-4a ILE Templates and **ERF** D7-4b ILE Rubrics). At the start of the course, students are paired with a course faculty member (Faculty #1) to begin to work on their ILE product. Students consider how they will identify and synthesize competencies in the development of this product. Each student must submit iterative drafts to their assigned course faculty member at Week 3 and Week 6 of the course. Week 6 drafts are assessed using the option-specific rubric. Students with a successful Week 6 draft are then paired with an ILE mentor for continued mentoring. Students without a successful Week 6 draft are referred to an academic advisor to discuss alternate timing for the ILE course.

ILE Course Faculty pair students with ILE mentors based on the ILE topic, semester of ILE (faculty availability), and domains of expertise for faculty mentors. Students continue editing and improving their paper until their ILE Mentor is satisfied with the quality of the ILE written report. Final ILE written reports are due by Week 13 and are assessed by a second ILE course faculty member (Faculty #2) using the appropriate ILE option-specific rubric. For each option, a student must meet a minimum of 85% of the rubric elements to earn a passing grade. Students are given a revision week to make minor revisions, if needed.

3) Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

Required policies and procedures are presented to students during the New Student Orientation. The following documents are available to students from the start of the Program on D2L: Student Handbook, ILE Handbook, ILE templates and ILE rubrics.

Required documentation can be found in **ERF** D7-3d HM 893 Syllabus, **ERF** D7-3a ILE Handbook, and **ERF** D7-3b Stud Handbook.

4) **Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.**

As described previously, for each ILE option, students are required to use the course-provided template, which guides them through the preparation of their ILE paper. Each template is designed to allow students to demonstrate their ability to synthesize the required competencies into a high-quality research study or proposal. In addition, each ILE option has a specific rubric that outlines the expectations required to meet/exceed the assessment criteria. The ILE templates can be found in **ERF** D7-4a, and the corresponding grading Rubrics are in **ERF** D7-4b.

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

Samples of completed and graded ILEs are in **ERF** D7-5 Student Samples. ILE requirements outlined in this document became effective in Summer 2020. Summary of Abstracts of all ILE papers for each semester starting Summer 2020 are also included.

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

Strengths

- For each student, the Program requires an ILE in the format of a high-quality written product. Every student is aided and guided by ILE course faculty, CE Coordinators, and ILE mentors who work one-on-one with students to produce a high-quality ILE product. Because of the ILE options available, students can select one that matches their interests and goals. The standardized ILE options allow students to demonstrate their abilities to synthesize competencies covered in both core and selective courses during their program of study.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

Not applicable.

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

   To earn the degree, the MPH Program requires students to complete 43 credit hours (semester term).

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

   Non-Standard Contact Hours

   Non-standard course scheduling allows courses to be scheduled based on the credit and contact hours required for the course. The required total contact hours are computed by multiplying the approved course contact hours by 14. If a course has a period of concentrated classroom time followed by an unscheduled paper/project preparation period, the contact hour concentration calculation is based on the classroom period only. Courses meeting in non-standard time frames (less than a semester or half semester) MUST conform to the credit hour/contact hours/session length shown in Table D14-2 below:

   Table D14-2. Relationship Between Credits and Classroom/Contact Hours

4 credits	56 contact hours	10 class meeting days
3 credits	42 contact hours	7 class meeting days
2 credits	28 contact hours	5 class meeting days
1 credit	14 contact hours	3 class meeting days

   The maximum class hours/day in recitation/lecture courses is six. Labs and studio sessions may be expanded per catalog specification. Final examinations should be scheduled for the last class meeting. The following examples apply if using the six-hours-per-day maximum for abbreviated time frames:

   - 1 credit: 14 contact hours - 3 days (2 days x 6 hours per class meeting = 12 hours and the third day = 2 hours which = a total of 14 contact hours).

   - 2 credits: 28 contact hours - 5 class days (4 days x 6 hours per class meeting = 24 hours and the fifth day = 4 hours which = a total of 28 contact hours).

   - 3 credits: 42 contact hours - 7 class days (7 days x 6 hours per class meeting = 42 contact hours).

   - 4 credits: 56 contact hours - 10 class days (9 days x 6 hours per class meeting = 54 hours and the tenth day = 2 hours which = a total of 56 contact hours).

Strengths

- None noted.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

D15. DrPH Program Length

Not applicable.

D16. Bachelor's Degree Program Length

Not applicable.

D17. Academic Public Health Master's Degrees

Not applicable.

D18. Academic Public Health Doctoral Degrees

Not applicable.

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

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. Template Intro1 may be referenced for this purpose.**

   The College of Human Medicine, Division of Public Health offers a generalist Master of Public Health (MPH) degree delivered in a fully online model.

2) **Describe the public health distance education programs, including**

   a) **an explanation of the model or methods used,**

      The MPH Program is a fully online model consisting of synchronous and asynchronous courses. Courses are delivered via the D2L learning management system. Since the Program's inception, we have made the integration of innovative technologies a priority. Technologies include:

      - Kaltura (video cloud platform)
      - Flipgrid (video discussion software),
      - Slack (introductions in discussion boards)
      - Digication, (electronic ePortfolio),
      - SharePoint (web-based collaboration),
      - MSU Office 365 (cloud-based software), and
      - Zoom (synchronous meetings via video conferencing).

      The D2L and Curriculum Coordinator (Instructional Technology/Design Specialist-Instructional Designer) in coordination with the MSU Help Desk and the Web Accessibility team work with faculty responsible for course content to ensure that online students have access to current, innovative, and accessible content. The course analysis, design, development, implementation, and evaluation processes entail ongoing collaboration among faculty, MPH staff, MSU IT staff, library services, and the MPH Program Director.

      Courses are developed by faculty who have relevant education and field expertise in the specific content area. Supported by an Instructional Designer, faculty define objectives, learning outcomes, and assessment activities. Faculty consult with the Curriculum Committee and the Program Director to ensure that course content addresses MPH goals and public health competencies. During course development, MPH Program faculty, along with the Instructional Designer, review the course and provide additional comments for revision.

      Each faculty member is responsible for facilitating and providing structure to class discussions, giving substantive feedback on assignments, and answering students' questions on the course materials. Faculty are selected for their educational and

professional experience related to the course topic and are encouraged to capitalize on their experiences and insights as public health professionals in their instruction, mentoring, and advising relationships.

The D2L learning management system provides students with secure access to class materials, assignments, course calendars, syllabi, course content, and a host of other tools designed specifically to meet their learning needs.

All courses are offered asynchronously online, and needed materials are available for students to download. All courses have the same start date. However, within each class assignments have specific deadlines, and exams have specific times and dates. Some courses hold required synchronous virtual class meetings (via Zoom). All courses consist of 14 modules, each with a Special Topics module and a Final Exam module, which rounds out to a 16-week course period.

Students also have access to all meetings or presentations in class that are delivered online through meeting platforms, such as the Zoom collaboration tool. All sessions are recorded to allow 24/7 unlimited access.

Most courses in the MPH Program have weekly discussions. Students typically submit a post relevant to the topic of the week's lecture and then respond to their classmates' posts. Some classes require group work for research on topics such as health disparities, health equity, and social justice. Recently, many faculty have begun requiring that students discuss course topics in small groups via Zoom, which they post to a discussion board.

Faculty grade most discussion posts and assignments and provide substantive feedback using the feedback tools in Desire2Learn and the course rubrics. Faculty are required to hold virtual weekly office hours at a set time or by appointment.

In addition, every faculty member can post weekly announcements containing content that is personalized. These can include important announcements from the Program, learning tips for the week, general feedback on the previous week's assignment, trends and relevant resources from the field, University news, etc. Students can use Zoom for one-on-one meetings with faculty and other group activities. Zoom is a cloud-based platform for video and audio conferencing, mobile collaboration, and simple online meetings. Zoom's web-based conferencing uses high-quality video and audio and is accessible on MacOS, Windows, iOS, and Android mobile devices. Additionally, Zoom can be used with conventional phone lines for audio conferencing.

The MPH Program also utilizes technologies to enhance learning. Turnitin, for example, is an application used to check for plagiarism and correct grammatical usage in students' writing. Recently, the Program adopted the use of Flipgrid, a platform that allows for video-based discussion forums.

All the above components enable continuous and practical interaction among online students and faculty.

b) the program's rationale for offering these programs,

The MPH Program was developed to strengthen and expand the public health workforce. MPH students are non-traditional and working professionals from across the USA. The MPH online model is ideal for students that may otherwise have limited access to education

because they work and live in rural areas or outside of the US. Asynchronous classes allow many of our students who are working professionals to complete the education they need to enhance their public health skills and advance their careers.

c) the manner in which it provides necessary administrative, information technology and student support services,

The MPH Program is an entirely online program with an operational, on-site staff in Flint, Michigan. Program staff hold the following full-time positions: administrative assistant, academic advisor, culminating experience coordinator, instructional design/curriculum support, admissions counselor, recruiter/ communications manager, and director. Admission applications are handled by professional admissions staff working in collaboration with the MPH Program Director and the Admissions Committee. All online students have access to an academic advisor. Online students also have access to technical support 24 hours a day via the MSU IT Help Desk. They also have access to other electronic services, such as the MSU libraries and disability support services.

Administrative and student support teams and activities include:

Administrative Assistant: oversees the management of the MPH office and support of the MPH Program Director.

Accessibility Intern: serves the MPH Program by providing technical accessibility solutions and by advocating for the accessibility of digital materials. This individual works with web developers, content coordinators, and instructors/instructional designers. Their work has an impact on individuals with and without disabilities and enhances the accessibility of course content for our diverse learners.

Admissions Counselor: supervises the collection and maintenance of application documents and manages the MPH Admissions Committee meetings and policies. The admissions counselor is available to answer application and admissions questions from applicants and potential applicants. Additionally, the admissions counselor oversees the maintenance and retention of MPH student records, is responsible for student data collection, and functions as a back-up in registrar-related roles. This individual works closely with the MPH advising team to ensure that new students are ready to begin orientation.

Culminating Experience Coordinator: helps students with the Applied Practice Experience and the Integrative Learning Experience. The coordinator is also responsible for leading the Student Advisory Board and for helping students demonstrate mastery of the skills and knowledge acquired during their course of study in the MPH Program.

Library Services: - provides students with access to current research from major scholarly journals as well as to an extensive selection of current scholarly books, including many course textbooks offered electronically. In addition, a health sciences librarian is available to assist online faculty and students. All online students have full access to the MSU library and its holdings.

Instructional Design Specialist: works closely with faculty to develop academically sound course materials. During course development and while courses are in session, this individual also provides technical support with D2L LMS and Digication, the ePortfolio platform.

Academic Advisors: consult with new students and perform an initial learning assessment to identify potential risks (financial, personal, academic) so that adequate support can be provided throughout the Program. The advisors maintain close contact with students throughout their MPH studies, speaking by phone with them at least once during each term they are enrolled. Additionally, these individuals serve as a liaison between students and faculty and provide outreach services to support underperforming students.

Recruitment and Practicum Coordinator: focuses primarily on graduate student recruitment (locally, nationally, and internationally) and practicum site coordination. This individual also works with the Division communications director on marketing efforts for the MPH Program.

Technology Support: provides technology support for students and faculty from the MSU IT Help Desk 24 hours a day, seven days a week. Information on how to contact the Help Desk is included in every syllabus and course. The MSU IT Help Desk maintains logs to track any problems or concerns with D2L or other technology issues.

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

The online MPH degree is subject to the same oversight as any degree delivered at MSU. Courses are developed by PIF and non-PIF who are subject matter experts in their fields of study. Each course is approved through the MPH and CHM curriculum processes and undergoes the same evaluation and review process used for in-person courses.

The MPH Program adheres to academic standards set forth by MSU to ensure that the Program is comparable to other graduate degree programs offered by the University. For example, students must have a GPA of 3.0 or better to graduate. In addition, MPH students participate in the Responsible Conduct of Research, Scholarship, and Creative Activities educational modules, which are required of all graduate students. Another example is use of Turnitin, an application used to check for plagiarism and correct grammatical usage in students' writing.

e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

At the end of each semester, the Program administers course evaluation surveys to assess educational outcomes, course materials and content, and methods. Faculty regularly summarize and review the feedback from student course evaluations to address issues and propose improvements to their courses. The MPH Program Director conducts annual faculty reviews, and recommendations from reviews are used to improve course content and delivery. In addition, the MPH Program Director consults with faculty and the Curriculum Committee to regularly review the curriculum and course design.

Additional methods for evaluating the Program's educational outcomes include:

- Site mentors conduct individual APE student evaluations. Annually, the CE coordinator summarizes course evaluations and presents findings to the Curriculum Committee for review and recommendations.

- Reporting tools in ePortfolio are used to track students' attainment of competencies. For each Core, Selective and Foundational Course, students submit evidence of competency attainment to their ePortfolio. This information is reviewed annually (or more frequently as necessary) to determine rates of competency attainment across the entire Program by all students. The Curriculum Committee, the Program Director, and appropriate faculty members review competencies with low rates of attainment and then work together to develop plans to revise didactic learning opportunities and assessments to ensure high rates of competency attainment by the overall student body.

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.

MSU utilizes single sign-on technology across all university platforms, including the LMS. Single sign-on technology is an authentication technology that enables users to use a single username and password across multiple platforms. This technology also includes unique security prompts for password resets to ensure that the username is not compromised. Upon admission to MSU, students receive a unique student ID and NetID login, which allows them to securely log in to the systems.

Students in the MPH Program complete their coursework by logging into the LMS with their NetID and password. All official University communication is sent through the official University email service or LMS, which, for access, require the student's unique ID and password.

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

Strengths

- MSU's MPH is a fully online program that provides students the flexibility and convenience to take courses on their own schedule. This is particularly important for the many students who want or need to work full-time while to furthering their careers.
- The Program receives technical support from the College and the University for course delivery and program implementation.
- Having a dedicated Instructional Designer familiar with the MPH Program curriculum enables the Program to provide quick technical support to faculty, students, and staff.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

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E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) **Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.**

Table E1-1. Primary Instructional Faculty Alignment with Degrees Offered

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 Template C2-1
Robey Champine	Assistant Professor	Non-tenure	PhD, MPH	Tufts University, University of Connecticut	Child Study, Public Health	Generalist
John Clements	Assistant Professor	Non-tenure	PhD, MPA	Michigan State University, Grand Valley State University	Sociology and Environmental Science and Policy, Public Administration	Generalist
Connie Currier	Assistant Professor	Non-tenure	DrPH, MPH	University of Michigan	Health Policy, Public Health	Generalist
Darline ElReda	Instructor	Non-tenure	DrPH, MPH	University of Texas, California State University	Public Health, Community Health Education	Generalist
Sharia Phillips	Instructor	Non-tenure	D. Ed	Indiana University of Pennsylvania, Indiana, PA	Curriculum and Instruction	Generalist
Robert Wahl	Assistant Professor	Non-tenure	DVM, MS	Colorado State University	Veterinary Medicine, Environmental Health	Generalist

2) **Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.**

Table E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	Academ-ic Rank	Title and Current Employment	FTE or % Time Allocat-ed	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentra-tion affiliated with in Template C2-1
Renee Canady	Instructor	Assistant Professor, Michigan Public Health Institute, CEO	0.38	PhD, MPA	Michigan State University, Western Michigan University	Medical Sociology, Health Administration	Generalist
Sarah Comstock	Instructor	Assistant Professor Department of Food Science and Human Nutrition at Michigan State University	0.15	PhD	University of California Davis	Nutritional Biology	Generalist
Cleothia Frazier	Instructor	Instructor	0.75	MPH, MA	Michigan State University, Western Michigan University	Public Health, Anthropology	Generalist
Robert Glandon	Instructor	Instructor	0.38	PhD, MS	Michigan State University	Limnology, Aquatic Biology	Generalist
Natalie Kasiborski	Instructor	Instructor	0.5	PhD, MPH	Michigan State University	Social Work, Public Health	Generalist
Chana Kraus-Friedberg	Instructor	Instructor	0.125	PhD, MSLS	University of Pennsylvania University of North Carolina	Archaeology, Library Science	Generalist
Patricia Lambert	Instructor	Instructor	0.5	MSN, MSA	Madonna University, Michigan State University	Nursing Administration, Public Health, and Higher Ed	Generalist
Douglas Moyer	Instructor	Instructor	0.5	PhD, MS	Michigan State University, Eastern Michigan University	Packaging, Multidisciplinar y Technology	Generalist
Harold Neighbors	Professor	Professor University of Michigan School of Public Health	0.0	PhD	University of Michigan	Social Psychology	Generalist
Carol Parker	Instructor	Executive Director of Academic Affairs, MSU College of	0.25	PhD, MPH	Michigan State University, University of Michigan	Epidemiology, Public Health	Generalist

		Human Medicine					
Susan Peters	Instructor	Assistant Professor	0.25	DVM, MPH	Michigan State University, University of Minnesota	Veterinary Medicine, Public health	Generalist
Mohamed Satti	Instructor	Instructor	0.75	PhD, MS, Diploma (epidemiology)	Copenhagen University, University of Khartoum	Parasitology/ immunology of infectious diseases; Epidemiology	Generalist
Mieka Smart	Assistant Professor	Assistant Professor	0.0	DrPH, MHS	John Hopkins Bloomberg	Mental Health	Generalist
Brent Smith	Instructor	Instructor	0.13	MBA	University of Michigan Flint	Accounting Concentration	Generalist
Rodlescia Sneed	Instructor	Instructor	0.38	PhD, MPH	University of Pittsburgh, Pittsburgh, PA	Social Gerontology/Geriatric Mental Health	Generalist
Mark Valacak	Instructor	Instructor	0.38	MPH	University of Michigan	Public Health	Generalist
Elizabeth Wasilevich	Assistant Professor	Assistant Professor	0.0	PhD, MPH	Tulane University	Epidemiology	Generalist

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

CVs for all the above primary and non-primary faculty can be found in **ERF** E1-3 Faculty CVs.

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

The faculty in the MSU MPH Program are highly skilled in their respective areas of expertise. Collectively, they form a strong foundation to support the delivery of the curriculum and conduct community-engaged research and practice in support of students in the Program. Non-primary faculty, including individuals from diverse public health practice-based organizations throughout the state of Michigan, provide students with appropriate skills and training needed to achieve the goals and the objectives of this generalist MPH Program.

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

Strengths

- Cultivating a diverse community of faculty is a Program goal. The Program benefits from the broad perspectives of a diverse faculty. Collectively, faculty represent advanced academic training in 19 areas of public health practice and hold advanced degrees from 17 major universities. Each faculty member has a strong connection to public health theory and practice.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.**

   The public health faculty is a mix of academic researchers and experienced public health practitioners. Many faculty members have a combined academic and applied focus. Several faculty members have spent most of their careers working in the field (e.g., Michigan Department of Health and Human Services and the Ingham County Health Department). This blend of experiences provides a rich environment for students, enabling them to benefit from faculty expertise in applied aspects of public health. Faculty incorporate their practice experience and expertise in their courses through content areas covered, examples provided, and guest speakers from the domain of public health practice. Examples of faculty involvement in public health practice include:

   - Renee Canady specializes in Public Health Administration and health equity. She is CEO of the Michigan Public Health Institute, a broad network of partners which includes academia, government, community-based organizations, and healthcare providers. Prior to this role, she served as the appointed Health Officer and Director of the Ingham County Health Department, a progressive local health department, nationally known for its work in health equity and social justice. She incorporates a multi-sector approach to addressing health matters at the local and national levels in her course Health Equity in Public Health.

   - Connie Currier, a Global Public Health faculty member, has experience consulting in global health in Sub-Saharan Africa. She has coordinated and guided study abroad programs in Ghana for 15 years. She incorporates a range of real-world, field-based examples of public health in action from her work to illustrate global health concepts in her courses. Her practice experience is highly relevant to the Public Health in Ghana study abroad program, which serves as a practicum experience for MPH students.

   - Darline ElReda is an applied public health practitioner who brings significant practice experience in healthcare informatics, infectious disease, immunization, obesity, cancer, and maternal and child health from past experience working with the Michigan Department of Community Health and her current position as Director of Population Health Strategy and Analytics to her role as instructor for the Applied Practice Experience and Integrated Learning Experience.

   - Robert Glandon, an Environmental Factors of Health faculty member, has served on National Association of County and City Health Officials (NACCHO) workgroups for over 20 years. He has published and developed communication strategies on several issues, including ”built environment and public health” and ”climate change and health,” directed toward 3,000 local health departments in the United States. His experiences help students apply public health theory to public health practice. One product of his work with NACCHO

is a Rapid Health Impact Assessment tool that can help communities make choices that improve public health through community design. The tool is discussed in HM 806 lecture and is used by students in their final project for the course.

- Perspectives are integrated into MPH courses from the field of public health practice through videotaped interviews with outside experts who provide their views on particular aspects of course material. For example, in HM 806 (Environmental Factors of Health), several on-site interviews with content experts in areas of water treatment, land use, and health impacts of air pollution were taped and are included in the course.

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

Strengths

- Faculty members are engaged in collaborative work in strategic community partnerships. Faculty engage with community leaders and stakeholders for public health improvement at local, state, national, and international levels, and bring real-world knowledge and the voices of experts into the classroom to enrich students' educational experiences.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies, and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

1) **Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

   Faculty are informed and maintain currency in their areas of instructional responsibility through participation in professional development activities offered by the University and through activities offered by professional organizations, such as conferences, trainings, and professional memberships. All faculty are expected to maintain currency; therefore, participation in professional activities must be included in the portfolio of materials full-time faculty develop annually as part of their Annual Curricular Review. Part-time faculty are also expected to maintain currency in their areas of expertise, evidence of which is reviewed during the Annual Curricular Review with the Program Director. To support faculty, the program provides funds for professional development that can be used to attend public health and discipline-specific meetings and trainings. For example:

   - As part of an ongoing commitment to improving instructional effectiveness, the MPH Program provided support to six faculty to enable them to attend Applying the Quality Matters Rubric training held in the summer of 2020.
   - The Program provides financial support to three to four faculty each year to attend the APHA Annual Meeting.

2) **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.**

   Each semester, current students assess each course using Student Course Evaluations. A portion of the student course evaluation includes an assessment of the instructor and their effectiveness (accessibility, interest/enthusiasm, concern, ability to provide clear instruction, etc.). Faculty receive a summary of their end-of-course evaluations (Student Feedback Report) approximately one month after the semester ends from the D2L/Curriculum Support Coordinator. Faculty must then complete the Teaching Evaluation Summary form (see **ERF E3-2b)** which has been populated with the overall course mean score and overall ratings related to learning, the instructor, organization, and the online experience. The form requires faculty to critically review their performance in the course during the semester, assess their strengths and weaknesses, provide plans for improvement and analysis of previously set improvement goals. Faculty submit the completed forms to the MPH Program Director for review.

   Every year during their annual review with the Program Director, instructors must summarize student feedback from all courses taught throughout the year and provide highlights and suggestions for improvement on the Faculty Annual Performance Review form.

In the near future, the MPH Program plans to institute a peer course-review process that will supplement the faculty course self-review evaluation process. Currently six faculty have participated in a Quality Matters course on the application of the Quality Matters Rubric. These faculty are working to develop a short course on the application of the QM rubric ("QM Light") for the remaining MPH faculty. The QM Light training will focus on the concept of "alignment," which occurs when essential course components, including competencies, assessments, and course materials and activities, fit together for optimum learning. The training will also focus on accessibility standards. The remaining MPH faculty will take the "QM Light" short course in 2021-22. From 2022 to 2023, all core, foundational, and selective courses will undergo Major Self-Review using the elements in the "QM Light" short course. Between 2023 and 2026, all elective courses will undergo Major Self-Review using the "QM Light" short course. In 2024-2025 the core, foundational and selective courses will undergo Peer Review using QM light principles, and between 2026 and 2029, 60% of core courses will earn QM certification. Between 2027 and 2030, all the elective courses will undergo Peer Review using QM light principles. After receiving a Peer Review of their course, faculty will complete a self-evaluation/assessment that includes all course evaluation elements: student course evaluations, Major Self-Review, Peer Review, syllabus review, etc. Each faculty member will present this assessment to the Curriculum Committee. At that time, the chair of the Curriculum Committee will summarize all course evaluation elements present findings to the Program Director for discussion and decision making.

See **ERF** E3-2a Stud Course Eval
See **ERF** E3-2b Teaching Eval Sum
See **ERF** E3-2c Fac Performance Rvw
See **ERF** E3-2d Peer Eval Plan

3) **Describe available university and programmatic support for continuous improvement in faculty's instructional roles. 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.**

The university and MPH Program offer a range of opportunities to improve both PIF and non-PIF instructional practices. Examples include:

- MSU's Academic Advancement Network https://aan.msu.edu/events/ offers a variety of training opportunities. In May and June 2019, the MSU Academic Advancement Network offered a three-session online training program for all MPH faculty entitled 1) Alignment basics, competencies and learning objectives, 2) Teaching methods and assessment methods, and 3) Putting it all together.

- MSU Learning Communities provide opportunities for faculty to engage in discussions with colleagues across campus about curriculum and pedagogy. One faculty learning community, Advancing Online Graduate Programs, initiated with the help of MPH faculty, provides a forum to discuss common challenges online programs face and ways to collectively implement strategies to address them.

- To improve instructional delivery, Lydia Merritt, D2L/Curriculum Support Coordinator, routinely provides faculty in-service trainings related to the use of technology, such as D2L, Digication, and Camtasia.

- To support online instruction, several "self-registration" online trainings are available for faculty through D2L, for example, The Instructor – D2L Self-Directed Training; MSU Tools

and Technologies; Accessibilities & Universal Design for Learning; Best Practices for using D2lL to Delivery Quality Instruction; Teaching Online (Epigeum).

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

Each semester, the D2L coordinator sends each PIF and non-PIF faculty member a summary of their end-of-course student course evaluations. Annually, faculty must submit to the Program Director a summary of their end-of-course evaluations and descriptions of their responses and actions resulting from student feedback. At this time, the data analyst also provides the Director with a data summary of each faculty's end-of-course student evaluations. The Program Director reviews both the faculty student evaluation summaries and data, and then conducts an Annual Curricular Review with each faculty member. The outcome of this review directly impacts the faculty member's promotion potential. The faculty summary of student evaluations must be included in their promotion portfolio.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

The Program selected three indicators that reflect the most meaningful approach to assess instructional quality.

1. **Annual Curricular Review**
   The Annual Curricular Review has evolved since the current MPH Program Director was hired in 2018. Prior to 2018, faculty received semester course evaluations and used them to improve their courses over time. In 2018, the instructional evaluation was systematized when a new process was implemented that required faculty to summarize course evaluations after each semester, compile and review evaluations at the end of the year and provide annual recommendations for improvement. During their Annual Curricular Review with the Program Director, faculty must now present three full semesters of data that summarize their semester course evaluations, strengths, weaknesses and plans for improvement for the next year. During a review, faculty describe their teaching strategies and use of instructional materials/methods. They also explain how they integrate research, practice, and service into the curriculum, how they include material gleaned from professional development, and how they incorporate student feedback to improve student outcomes. This process has been useful in identifying strengths and weaknesses in faculty instruction across the Program. Based upon Annual Curricular Review, one faculty member's contract was not renewed in 2018. Data from the Annual Curricular Reviews are now used as the basis for the Annual MPH Excellence in Teaching Award, given each year at the final faculty meeting in December.

2. **Student Satisfaction with Instructional Quality**
   Instructional quality and student satisfaction go hand in hand. This is a common metric to assess teaching effectiveness. Instructional quality, as defined by the MPH Program end-of-course student evaluations, has 15 subdimensions with an overall mean of 4.19 (2019) (SD=1) on a scale of 1-5. This index is anchored by items at the lower extreme of 4.07 and at the upper end 4.25.

   All items are included in **ERF** E3-5.2a StudSatisQa and **ERF** E3-5.2b StuSatQaSS18-US21.

Lower extreme

- The instructor provided clear instructions on how to participate in course learning activities.
- The instructor effectively organized and facilitated learning activities.

Upper extreme

- The instructor showed interest and enthusiasm in teaching this course material.
- The instructor was available to students.
- The instructor provided feedback that helped me understand my strengths and weaknesses relative to the course's goals and objectives.

Over time, student satisfaction with instructional quality has remained constant between 4.2 and 4.3 on a 5-point scale. This measure is incorporated into the semester course evaluations and is, therefore, a component of the Annual Curricular Review. This measure is factored into faculty reappointment and recognition within the Program. An understanding of student satisfaction and quality of instruction aids the MPH Program's curricular strategic planning.

3. Implementation of Grading Rubrics

The MPH Program believes grading rubrics are a useful pedagogical tool to improve instructional effectiveness and is working to incorporate them into all courses. When given at the beginning of an assignment, rubrics clearly lay out expectations and help students plan and manage assignments. When used for assessment, rubrics allow for more objective grading on the part of the instructor, and they help students understand what quality entails and how to achieve it. Rubrics provide useful feedback and allow students to reflect critically on the different components of a completed assignment. Almost all foundational, core, and selective courses use rubrics to grade assignments. Students' final assignments associated with course competencies are uploaded to the student's portfolio together with the graded rubric. The Program has set a target to use rubrics in 75% of all courses (required and elective).

Percentages for use of grading rubrics represent the percentage usage in courses during that year (fall semester through summer semester). The first row represents use of grading rubrics in core, foundational, and selective courses only (required courses). The second row represents use of grading rubrics in elective courses only (courses that are not required). The Program is in the process of creating a compendium of rubrics for review and use by all instructors.

Table E3-1. Outcome Measures for Faculty Instructional Effectiveness

Outcome Measures for Faculty Instructional Effectiveness				
Outcome Measure	Target	2018 (SS18-US18)	2019 (FS18-US19)	2020 (FS19-US20)
Annual Curricular Review (FS, SS, US)*	100%	N/A	100%	100%
Student Satisfaction with Instructional Quality (FS, SS, US)	4.0 (scale of 1-5, 5 being highest)	4.31 (SS18-US18)	4.37 (FS18-US19)	4.26 (FS19-US20)

Implementation of Grading Rubrics*	75%** of courses 75%+ of courses	6/7 courses (86%) 16/18 courses (89%)	13/14 courses (93%) 16/20 courses (80%)	12/13 courses (92%) 23/25 courses (92%)

*2019 was the first year Annual Curricular Reviews were conducted. Only data from summer 2019 were included in the initial Annual Curricular Review in 2019.
**Row includes core, foundational, and selective courses only.
+Row includes elective courses only.
For accreditation reporting purposes, the Program considers a year to be January to December (spring semester through fall semester). However, in this table the year begins with fall semester and goes through summer semester to coincide with data from the Annual Curricular Review, which is conducted from fall semester to summer semester.
Data on implementation of grading rubrics are collected on an annual basis.

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

Strengths

- None noted.

Weaknesses

- None noted

Plans for Improvement

- None noted

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculties as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

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

   MSU defines research and scholarly activity as the "active and consistent dissemination of scholarship, such as the publication of articles, research reports, case studies and other observations in refereed journals, and by the publication of books, book chapters, and review articles in non-refereed journals." The College of Human Medicine, in which the MPH Program is resides, applies standards of instruction, research and scholarly activity, clinical service and administrative service to review faculty candidates for promotion and tenure (CHM Office of Faculty Affairs and Development).

   For fixed-term faculty in the MPH Program, academic criteria for research and scholarly activities that meet expectations for promotion include the following:

   - Evidence of participation in research or scholarly activities related to the mission of the unit and college.
   - Presentation of research, scholarly or developmental efforts to the education community, community of discipline, and/or professional community.
   - Participation in professional groups and/or organizations appropriate to the research.
   - Publication in journals.
   - Participation in the development of proposals for external funding.
   - As specified in contracts or appointment letters, full-time (PIF) faculty are expected to devote 10% of their effort conducting research activities. There is no expectation that part-time (non-PIF) faculty engage in research. For this reason, outcome measures for faculty research and scholarly activity for primary (PIF) and non-primary (non-PIF) instructional faculty are reported separately in Tables E4-1 and E4-2.

   The historic and current foundation of the MPH Program is to provide high-quality, practice-based instruction to develop the next generation of public health practitioners. The Program has recruited a strong teaching faculty of practice professionals. The PIF and non-PIF faculty are not tenure track. The Program is financially supported solely by tuition. This means that the resources and expectations for research are different from those for tenure-based faculty. Despite these realities, both PIF and non-PIF MPH faculty infuse their courses with research methods; students participate in research with faculty; and faculty disseminate research findings.

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

MSU is considered a world-class research institution, ranking in the top 100 research universities globally. Since 1961, the University has been a member of the American Association of Universities. Research is valued as a foundation for exceptional education. The Office of the Senior Vice President for Research and Innovation supports and promotes faculty research by providing such services as seed funding, coordination and support of grant proposals, training, facilities and infrastructure, and protection of intellectual property. This office also oversees ethical conduct of research, safety, and compliance with state and federal regulations.

The MPH Program allocates 10% of each full-time faculty member's appointment to research and scholarly activities. Further, the Program offers both full- and part-time faculty members annual funding to attend a conference or meeting to present research findings or to convene or participate in panel or educational presentations for public health professionals.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Dr. John Clements's recent research focuses on the association of race and disparities in diabetes outcomes. He is also conducting public opinion research on the COVID-19 pandemic. He presents work on study design and analysis within HM 802 - Biostatistics Public Health and HM 807 - Practical Application Critical Thinking in Public Health and uses his experience with data management and statistical analysis to inform his teaching. In addition, he provides students with opportunities to use his research data to practice statistical techniques. His experience as a biostatistician and knowledge of statistical theory allows him to enhance his discussion of statistical and research methods in the HM 802 – Biostatistics Public Health Methods course. His research efforts have led to a great deal of firsthand knowledge about study design, data analysis, and population surveillance.

Dr. Robey Champine studies how community-based programs can promote healthy development among youth and families that are exposed to potentially traumatic events, including poverty, crime, and violence. In HM 805 Social and Behavioral Aspects of Public Health and HM 853 Public Health Program and Intervention Evaluation, she supplements the lectures and readings with examples from her own research in partnership with a multilevel, trauma-informed initiative. For example, she shares information about the processes involved in local capacity building, adopting a community-based participatory approach, and logic model development.

Dr. Connie Currier co-leads the study abroad program: Public Health in Ghana: A One Health Perspective. MPH students conduct focus group discussions and one-on-one interviews in a small community in Ghana as part of their MPH practicum experience.

Dr. Bob Glandon is engaged with the National Association of County and City Health Officials (NACCHO) Global Climate Change Workgroup, which works with national partners to summarize population-based survey research on current public attitudes and perceptions about climate change. Activities include helping articulate climate change messages and assisting local health departments with educating local communities about climate change. Objectives include measuring local public health director attitudes across the country about climate change and creating a "climate change perception map" to help draft a national communication strategy. He utilizes the results of the "local perceptions of climate change" research to shape an assignment in his HM 806 Environmental Factors of Health course on climate change.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

In 2021, Dr. John Clements started a faculty/student collaborative research group that focuses on health outcomes/services research using secondary data sources from federal and state government programs. The main goal is to integrate students into his own research efforts while allowing students to develop their own interests and explore opportunities to obtain data to conduct their own research under mentorship from a wide array of faculty.

During an Independent Study course, Dr. Champine worked with a student to write a publishable manuscript based on analyses of data that the student collected as part of a study that aimed to reduce colon cancer disparities among American Indian communities in Michigan. The student worked with Dr. Champine to generate research questions for exploration in the dataset, conduct a relevant literature review, describe the study method, and analyze and interpret the results. This work culminated in a scholarly manuscript that was submitted to a community health and engagement peer-reviewed journal. Dr. Champine also mentored the student by providing guidance on how to receive and respond to feedback from peer reviewers on the manuscript.

Dr. Connie Currier is collaborating with two MPH students on a research study examining the motivation and impacts of student participation on a COVID-19 healthcare provider hotline in Michigan. Together they have submitted a manuscript for publication and will be presenting a poster of their research at the fall 2021 APHA meeting.

An MPH student is currently working with Dr. Rodlescia Sneed on the Church Challenge, a faith-based, multilevel research project designed to promote community health equity and chronic disease prevention. They are designing a health policy workshop series for Flint-area pastors that helps pastors develop health policy briefs and resolutions related to topics of relevance to their churches and/or communities. Together they are developing training and evaluation materials for the series. The student will also deliver components of the training, including a how-to guide on developing briefs and resolutions.

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

The College of Human Medicine and University require, that full-time faculty, as part of their contracts, engage in 10% research/scholarly activity. The contracts of part-time faculty contain no such expectations. Decisions regarding advancement related to research/scholarly activity are made based upon the contents of the portfolio the full-time faculty member presents for annual review to their home academic department.

6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

The MPH Program is fully online and historically has focused primarily on instruction. Only recently (beginning in 2019) has the Program hired full-time faculty with expectations for research/scholarly activity. Per their contracts, PIF faculty are required to conduct research; therefore, the number of community-based projects is selected as an outcome measure. Data for 2018 were collected by faculty survey. Starting in 2019, faculty included research and scholarly activity in their annual performance evaluation.

Table E4-1. Outcome Measures for Faculty Research and Scholarly Activities for PIF

Outcome Measures for Faculty Research and Scholarly Activities for PIF (n=6)				
Outcome Measure	Target	2018	2019	2020
Number of PIF participating in research activities (funded or unfunded)	3	2	2	3
Number of community-based research projects	3	3	3	3
Presentations at professional meetings	3	5	10	4

Table E4-2. Outcome Measures for Faculty Research and Scholarly Activities for Non-PIF

Outcome Measures for Faculty Research and Scholarly Activities for Non-PIF (n=18)				
Outcome Measure	Target	2018	2019	2020
Number of non-PIF participating in research activities (funded or unfunded) *	5	6	6	7
Number of community-based research projects	5	5	5	6
Presentations at professional meetings	5	20	10	24

*Research is currently not included in non-PIF contracts. However, many faculty pursue research and scholarly activity as part of professional interests.
*Three PIF were newly hired in 2019.
Years (2018, 2019 and 2020) include fall, spring, and summer semesters of the same year. Data for these tables are collected annually.

See **ERF** E4-6 FacPubs,PresentsList

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

Strengths

- Non-PIF faculty participate in research and scholarly activities but are not required to do so.
- Modest professional development funds are available to all faculty members to support travel to conferences to present research and research projects.

- Strong connections between Division of Public Health researchers and the MPH Program provide opportunities for students to pursue research activities that enrich learning and integrate research experiences into their coursework.

Weaknesses

- PIFs are appointed to different home academic units within the University for promotion and tenure. Criteria for promotion and tenure is inconsistent among departments.
- The MPH Program is principally focused on instruction.

Plans for Improvement

- The MPH Program and Division of Public Health are pursuing department status within the College of Human Medicine. This will allow for assessment of faculty for promotion and tenure with criteria that more closely align with their appointments.
- The MPH Program is pursuing additional sources of support to allow for increased capacity to modify non-PIF contracts to include research and to allow more time for PIF faculty to engage in research and scholarly activities.
- The MPH Program has worked to forge awareness and potential partnerships with DPH research faculty for collaborations. Some faculty have started research conversations with faculty within other CHM departments.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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

   The MPH Program values the contributions faculty make outside MSU. Extramural service provides a significant contribution to the professional community or to an organization that represents the interests of a community. Extramural service is consistent with the Program's values of innovation, academic excellence, and community partnership. Full-time faculty contracts or appointments include the expectation that 10% of workload time should be devoted to service activities. Part-time faculty are not required to participate in extramural service, but many do because of a personal commitment to the public health profession and dedication to community, especially communities with disproportionate health challenges.

   Examples of extramural service include:
   - Instructional activities, including taking non-credit courses and attending/participating in conferences, seminars, workshops for external audiences.
   - Significant contributions in support of scholarly and professional organizations, including holding elected and appointed offices, serving on committees, writing and submitting reports, holding editorial positions, planning and organizing conferences, and serving on panels or chairing conference sessions.
   - Technical assistance, awards, presentations that include outreach, international studies, and clinical programs.
   - Significant contributions that provide support or mentorship to a community-based organization.

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

   Full-time faculty are expected to devote 10% of time to service activities. The Program also supports extramural activities by funding travel to professional meetings. Neither the Program nor the University provide additional support for extramural service activities.

3) **Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.**

   Dr. Connie Currier is a member of the Lansing Sugar Smart Coalition. One goal of the Coalition is to inform low-income and SNAP ED communities through a public awareness campaign about the health effects of sugar-sweetened beverages and encourage people to choose healthier drinks. Based upon her experiences with the Coalition, she has shared practical applications of health belief models, cultural competence, and the development of public health content with students in HM 801 Introduction to Public Health.

As a member of the United Way Community Investment Committee, Dr Bob Glandon is involved in an initiative to assess the measurable benefits of services provided by United Way funded human service organizations in the Greater Lansing area. He has identified areas in which services/activities overlap and proposed ways to encourage collaboration among various groups to improve outcomes and efficiency. He incorporates examples of this work into the Health Impact Assessment module and assignments in his course HM 806 Environmental Factors of Health.

Ms. Patricia Lambert teaches Health and Culture of Japan, an annual, four-week program in Shiga Prefecture. She incorporates examples from Japanese healthcare and public health into HM 836 Global Comparative Healthcare Systems.

Dr. Mieka Smart serves as a member of the Flint Center for Health Equity Solutions (FCHES). FCHES is a Community Based Participatory Research (CBPR) center serving the Greater Flint community. In her Community Engagement for Public Health Practice course, Dr. Smart uses examples from her FCHES work, provides students with recorded brief interviews with FCHES partners, and includes products from FCHES (e.g., manuscripts, data summaries, and policy briefs) for students to read.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Dr. John Clements is collaborating with District Health Department #10 in Cadillac, MI which serves 10 districts in northern Michigan. He plans to reach out to high-performing MPH students to engage them in research on projects that serve the needs of District Health Department #10. Due to the COVID-19 pandemic, these activities have been temporarily suspended.

Dr. Connie Currier serves as a board member of the Lansing Latino Health Alliance. To support the health needs of the greater Lansing community, she has invited Latino MPH Program students to also serve as board members.

Following Dr. Darline ElReda's announcement about the need for volunteers early in the pandemic, several MPH students and faculty volunteered to participate on the Michigan Department of Health and Human Services (MDHHS) COVID-19 Healthcare Provider Hotline.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

Table E5-1. Outcome Measures for Faculty Extramural Service for PIF (n=6)

Outcome Measures for Faculty Extramural Service				
Outcome Measure	Target	2018	2019	2020
Number of faculty participating in extramural service activities	4	6	5	6
Number of faculty-student service collaborations	4	2	0	1

Number of community-based service projects	4	2	3	3

Table E5-2. Outcome Measures for Faculty Extramural Service for non-PIF (n=18)

Outcome Measures for Faculty Extramural Service				
Outcome Measure	Target	2018	2019	2020
Number of faculty participating in extramural service activities*	N/A	17	15	3
Number of faculty-student service collaborations*	N/A	0	1	1
Number of community-based service projects*	N/A	19	17	14

*Service is not included in non-PIF contracts; however, many faculty pursue service as part of professional interests.
Data for these tables are collected annually.

As shown in Tables E5-1 and E-5-2, MPH faculty demonstrate commitment to serving their communities by participating in extramural service activities and community-based projects. While service is included in PIF contracts, the commitment to service is evidenced by the number of non-PIFs who are involved in service activities even though their employment contracts do not require participation. This is consistent with MSU's land grant mission and the Program's values and commitment to community partnership. In 2020, the COVID-19 pandemic hampered participation in extramural service activities. Volunteering in person was impacted, which explains the drop in numbers in 2020 across all indicators.

The MPH Program has a professional development fund that can be used to support and encourage faculty involvement in service activities. Service contributions among the faculty are acknowledged at each faculty meeting and through faculty and student profiles that are posted on the MPH Program website and through social media. Additionally, at the end of each year, a faculty member is recognized with the MPH Service Award. This determination is made by the Program Director.

Faculty-student service collaborations was selected as an indicator because other indicators are not relevant to the Program. As an online program, it can be challenging to engage students in service collaborations because many students and faculty do not reside in similar or nearby locations. The COVID pandemic, however, has provided several opportunities for remote faculty-student service collaborations that would not have occurred otherwise, for example, participating in contact tracing efforts, working healthcare provider hotlines, and encouraging the community to get a COVID-19 vaccine, and helping individuals obtain vaccination appointments.

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

The College of Human Medicine and the University require that 10% of a full-time faculty member's time be dedicated to service both within and outside of the University. The contracts of part-time faculty do not stipulate a service requirement. However, as a professional obligation, the MPH Program expects all faculty to engage in extramural service. Along with documentation of professional accomplishments, research, and student evaluations, documentation of service is a

required element in the annual review materials presented to the Program Director and in the portfolio submitted to the faculty member's home department for promotion and tenure review. Through these reviews, FT faculty have opportunities for advancement. PT faculty do not have such opportunities for advancement as they are hired to teach on a per-course basis.

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

Strengths

- The MPH Program is fully online and focused primarily on instruction. Faculty and students are dispersed geographically. Nevertheless, many PIF and non-PIF MPH faculty are involved in service activities. To reinforce the importance of professional service, it is included as a standing agenda item for all faculty meetings. This focus makes clear Program expectations regarding service to the profession and integration of that service experience into instruction. in their Annual Curricular Review
- The Program has initiated an annual survey to collect and systematically catalog information about faculty service.
- The integration of service into instruction is included as an evaluation element in the Annual Curricular Review.

Weaknesses

- Resources to support extramural service as a component of faculty contracts for non-PIF faculty are not provided by the Program or the University.
- In 2020, the COVID pandemic prevented in-person engagement/interaction, which reduced service outcome measures.
- The online format and geographic dispersion of students make it challenging for faculty and students to engage in collaborative service activities.

Plans for Improvement

- The Program will solicit additional funding from the Division for non-PIF faculty to support their participation in service activities beginning in summer 2022.
- Extramural service, especially that which is community-based, will increase after the COVID-19 pandemic is over.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) **Describe any formal structures for constituent input (e.g., community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.**

   In February 2016, the MPH Program convened the Stakeholder Advisory Committee (SAC). The SAC is comprised of the MPH Program's current students and alumni, academic professors from the MPH Program and wider university, and community members. The SAC meets annually in person in November and committee members receive an email update about Program activities after the completion of the spring and summer semesters. The SAC provides valuable input and strategic advice to improve the quality of the Program and its effectiveness. The SAC has provided input and guidance in the following areas:

   - Workforce skills and competencies for public health students
   - Development for scholarships
   - Program mission, vision, and goals
   - Support for enhancing the diversity of students and faculty
   - Self-study drafts/content
   - Emerging trends in research and practice and direction for the Program
   - Opportunities for Program funding
   - Review of recommendations for professional workforce development activities in Flint and the State of Michigan

   Annual meetings are a focal opportunity for SAC members to meet as a group to provide feedback and input on the structure and function of the MPH Program. Each spring and summer, stakeholders receive Program updates by email in which their input and comments are solicited on various topics. Stakeholders are encouraged to reach out to the Program Director with questions and feedback whenever necessary.

   The SAC consists of members in various professions in the Greater Flint and East Lansing areas and from around the globe. Table F1-1 provides the most up-to-date list of 2021 SAC members.

   Table F1-1. Stakeholders Advisory Committee Members for 2021

Name	Title/Institution/Agency	Email
Bryan O. Buckley, DrPH, MPH	MPH alumni, MSU College of Human Medicine; Research Fellow, MedStar Health Institute for Quality and Safety	bryanobuckley@gmail.com
John Clements, PhD	Assistant Professor, MPH Program, MSU College of Human Medicine	clemen69@msu.edu

William Cunningham, DO, MHA	Director, IGH and Asst. Dean for W Mich., MSU College of Osteopathic Medicine	cunni164@msu.edu
May Darwish-Yassine, PhD, MS	Chief Program Officer, Michigan Public Health Institute	myassine@mphi.org
Claudia Holzman, DVM, MPH, PhD	Professor, Dept. of Epidemiology and Biostatistics, MSU College of Human Medicine	holzman@msu.edu
E. Yvonne Lewis, BBA, BS	Founder/CEO National Center for African American Health Consciousness; Director of Outreach, Genesee Health Plan; Co-Director, Healthy Flint Research Coordinating Center (HFRCC)	eyvonlewis@gmail.com
Harold Neighbors, PhD	C.S. Mott Endowed Professor of Public Health, MSU College of Human Medicine	neighbor@msu.edu
Kathleen Oberst, RN, PhD	Director, MSU Institute for Health Policy	oberstka@msu.edu
Randolph Rasch, PhD, RN, FNP, FAANP, FNAP, FAAP	Dean and Professor, MSU College of Nursing	raschr@msu.edu
Suzanne Selig, PhD	Professor, U of M Dept. of Public Health & Health Sciences, Flint Campus	sselig@umflint.edu
Abhishek Sharma, MD	Student, MPH Program, MSU College of Human Medicine	sharm147@msuedu
Thomas Simmer, MD	Senior VP and Chief Medical Officer, Blue Cross Blue Shield of Michigan	TSimmer@bcbsm.com
Mieka Smart, DrPH, MHS	Asst. Professor, Dept. of Epidemiology & Biostats, MSU College of Human Medicine	smartmie@msu.edu

2) 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.

The Program employs a variety of methods to engage external constituents in ongoing, systematic assessments of the content and currency of public health curricula and their relevance to current practice and future directions.

The Program regularly and systematically reaches out to external constituents to obtain their assessments of the content and currency of the Program's curriculum and its relevance to current

public health practice and future directions. Annually, the Program administers a survey to alumni asking them to assess the adequacy of their academic and professional preparation for the workforce in which they are engaged. Likewise, every two years, the MPH Recruitment and Practicum Coordinator formally solicits information from interviews with employers of our alumni to explore the skills and competencies required for MPH students to be successful in their respective organizations. The employers invited to interview are those who have hired the largest number of MPH graduates

The alumni survey is in **ERF** F1.2a, and the employer interview protocol is in **ERF** F1-2b. The data collected from these instruments is used by the Curriculum Committee, Course Directors Committee, and Workforce Development Committee to assess the Program's course offerings and make modifications, if necessary.

ERF F1-2a Alumni Survey
ERF F1-2b Employer Interview

The MPH Program planned to annually host four regional meet-and-greet events in the state of Michigan, starting in summer 2020. The purpose of the meetings was to provide community partners, MPH students, alumni, faculty, and staff with opportunities to network, evaluate the curriculum, and identify workforce needs. Due to the COVID-19 pandemic, the meetings were canceled. The Program still intends to host four regional meet and greet events. As soon as COVID-19 is sufficiently under control to allow for large, mask-free, in-person gatherings, these events will be planned.

During the APHA annual conference, the MPH Program hosts a professional networking event, which provides opportunities for networking. Community partners, alumni, current students, faculty, and staff attend and engage with public health colleagues throughout the United States and beyond. However, in fall 2020 due to the COVID-19 pandemic, this was not possible. To bring stakeholders together, the Program sponsored an online panel discussion entitled "Health Equity, Racism and Health Disparities During a Pandemic." At the conclusion of the session, stakeholders provided input on the Program's structure and quality and suggested changes for improvement.

As mentioned previously, the Stakeholder Advisory Committee is another external constituent group that provides regular input into the assessment of the curriculum and future direction of the Program.

3) Describe how the program's External partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

The Stakeholder Advisory Committee (SAC), composed of external partners who support and inform the development of the MPH Program, has been involved in the development of the Program's vision, mission, values, goals, and evaluation measures from the beginning. In February 2016, a strategic planning meeting was held, during which we began the process of drafting the vision, mission, values, and goals statements. These important Program elements were reaffirmed by committee members at regular SAC meetings held in the fall of 2017, 2018, 2019 and 2020. In January 2021, we revised the most current mission, vision, values, and goals statements and presented the updated versions to the SAC at the spring semester meeting in March 2021. SAC members were

given a summary of the MPH Program's response to the CEPH consultation site visit in February 2021. The SAC provided valuable input for revision of the Program's mission, vision, and goals.

In 2018, we began to develop Program evaluation measures. Developing these measures has been a dynamic and iterative process, involving MPH staff, faculty, and the Program Director. Once drafted, the Curriculum Committee reviewed and provided feedback on each evaluation measure. Following Curriculum Committee review, the Accreditation Committee further refined the measures to ensure that both the goals and measures were concise and consistent with the mission, vision, and values of the Program. The SAC reviewed and discussed goals and measures again at the November 2020 meeting.

b) Development of the self-study document

External partners/stakeholders have been involved in the self-study process. In November 2018, the SAC reviewed the IAS. The self-study process, progress, and timeline were discussed during November 2019 and 2020 SAC meetings. At the fall 2020 meeting, an overview of the progress to date of the self-study was presented by the Program Director and endorsed by the SAC. Results of the February 2021 CEPH consultation site visit were shared with the SAC on March 11, 2021. Members were asked to provide feedback and recommendations on the final draft before the June 2021 submission.

c) Assessment of changing practice and research needs

Based upon their individual backgrounds and practice experience in a range of settings, our external SAC members deliver advice and expert input to the MPH Program about emerging public health research and practice trends. Their support, insights, and guidance help to inform curriculum development, research agendas, and the creation of course offerings to address the needs of the public health workforce in Flint and the State of Michigan more broadly.

Employer interviews also contribute information about emerging practice trends, research needs, and gaps that the Program needs to address.

d) Assessment of program graduates' ability to perform competencies in an employment setting

Annually, the MPH Program surveys alumni to assess perceptions of their ability to perform the competencies required to be successful within their current employment setting.

In August 2020, interviews were conducted with six employees from four organizations that have hired MPH Program alumni (i.e., Henry Ford Health System, MDHHS, MPHI, and MSU Extension). (Employer interviews are located in **ERF** F1-2b). The purpose of the interviews was to better understand their work environments and the key skills and competencies that need to be fostered in MPH students for them to be successful. Overall, findings indicated that we are preparing our students well for entrance into the public health workforce. The interviews elucidated important skills and competencies that we need to foster for MPH students' professional growth and development. Key skills include enhancing student understanding of principles of health equity, using research to inform policy, and writing skills. In response, the Course Directors Committee is surveying MPH faculty to assess the extent to which they cultivate and emphasize these skills in their teaching. As noted earlier, the Program conducts interviews with alumni employers

every two years. Interview data are evaluated by the Coordinator, MPH Program Director, Curriculum Committee, Course Directors Committee, and Workforce Development Committee.

4) **Provide documentation (e.g., minutes, notes, committee reports, etc.) of External contribution in at least two of the areas noted in documentation request 3.**

ERF F1-4a Committee Minutes; **ERF** F1-4b External Contribution

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

Strengths

- Program stakeholders are deeply invested in the success of students, alumni, and the Program. They demonstrate that investment by their continued commitment to the Program and unwavering support of the accreditation process.
- The Program provides sufficient opportunities for student, alumni, and faculty engagement.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

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

   As an online program, the MSU MPH Program actively works to encourage students to participate in community and professional service opportunities. Students are introduced to the importance and benefits of contributing to the community and to the field of public health at several specific touchpoints throughout the Program: 1) during student orientation, 2) in the admissions/welcome flyer, 3) in HM 801 Introduction to Public Health, and 4) in the career module of HM 827 Leadership and Public Health. Students are also introduced to service and community engagement opportunities by MPH professional mentors who meet regularly with mentees. Community and professional service is a routine topic of conversation during these meetings, and students are encouraged to participate.

   The Program removes barriers to participation in professional development activities by providing financial support to students who need it. Students can apply for travel funds to attend local, regional, state, and national conferences. The MPH Program automatically enrolls students in APHA for two years as student members.

   Each year at APHA, a professional networking event is offered to provide students with opportunities to network with MSU faculty and colleagues from other academic institutions and public health agencies. The newly convened MPH Student Advisory Board provides an opportunity for students to support the MPH Program by serving on standing committees. In addition, the SAB has a standing section in the student newsletter, The Spartan Pulse, that describes available student service opportunities led by the Volunteer Outreach Coordinator, a role held by a student. To promote awareness of service activities, the SAB also advertises on social media (Instagram and Facebook) and on the new SAB site, created in the online MPH Student Community.

   The Desire2Learn management system offers the MPH Program an opportunity share information about community service and professional development activities via the online MPH Student Community. MPH Staff continuously update the online MPH Student Community with announcements regarding engagement and service-learning opportunities, such as those available through the University Outreach and Engagement office at MSU, including MSU's annual Global Day of Service and information about conferences held at the local, state, and national levels such as the Annual Graduate Academic Conference. Students receive information on career service workshops, volunteer and job opportunities related to public health, and lunch-and-learn sessions offered by the College of Human Medicine and the Division of Public Health.

   The information shared in the online MPH Student Community is also available on the official MPH LinkedIn page. Students are encouraged to create their own personal LinkedIn profile during orientation and then connect with the MPH LinkedIn page to stay up to date with upcoming opportunities.

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

MPH students are engaged in a number of community service and professional development opportunities. Examples include:

- MDHHS COVID-19 Healthcare provider hotline volunteer
- Meals on Wheels volunteer
- Shopper for at-risk people during the COVID-19 pandemic
- Contact tracing volunteer during the COVID-19 pandemic
- Stomping Out Hunger Can Food Drive volunteer
- Swim for Success tutor
- Drive a Senior volunteer
- Austin-Travis County Sexual Assault Response and Resource team member
- Michigan Cancer Consortium Board of Directors member
- APHA student liaison
- MPH Student Representative on:
    - MPH Accreditation Committee
    - MPH Stakeholder Advisory Committee
    - MPH Curriculum Committee
    - MPH Workforce Development Committee

ERF F2-2a Koelsch Equal Walk US21
ERF F2-2b SAB Newsletters
ERF F2-2c Student Advisory Board
ERF F2-2d SAB FS21 Welcome Event

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

Strengths

- The Digication ePortfolio, available to all MPH students, is a tool students can use to showcase their professional and academic achievements, including involvement in professional and community service activities.
- Faculty and student profiles highlighting volunteer work, professional service, and community engagement activities are created with the assistance of the DPH Communications Manager. Profile highlights are posted to the MPH Program website and disseminated via social media to provide encouragement to others to become engaged.

Weaknesses

- None noted.

Plans for Improvement

- The Program has begun working with MSU extension offices throughout the state to identify potential community service opportunities for students.
- An Outstanding Student Service Award and service cords recognizing various levels of community service will be offered to graduating students by spring 2022.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) **Define the program's professional community or communities of interest and the rationale for this choice.**

   The MPH Program's professional communities of interest consist of partners that play an integral role in the education and professional development of our students. These communities include our stakeholders, community partners, local organizations, academic partners, and our university partners.

   As a land-grant institution, MSU serves the needs of the state of Michigan. This historical background and the state-wide MSU extension network allow the MPH Program to support the needs of the public health workforce in urban, suburban, and rural locations throughout the state.

2) **Describe how the program periodically assesses the professional development needs of its priority community or communities and provide summary results of these assessments. Describe how often assessment occurs.**

   The MPH Program has convened a Workforce Development Committee and charged it with identifying the needs of the public health workforce of our priority communities, Greater Flint community and the State of Michigan, and developing and implementing activities in response to those needs. The Committee uses a variety of methods to annually assess the workforce development needs of these communities. The MPH Stakeholder Advisory Committee (SAC) includes members who represent the health-related interests of our priority communities. Discussion of the professional development needs of our priority communities was recently added as a standing item on the SAC agenda. Ideas generated from SAC meetings will be considered by the Workforce Development Committee in the annual development of seminars, short courses, and workshops to benefit our priority communities.

   In 2019, MPH faculty in conjunction with ReCAST (Flint Resiliency in Communities After Stress and Trauma) conducted an ad-hoc survey to understand the capacity building and strengthening needs of community organizations in Flint. This assessment effort has been supplemented with data from PHWINS, a survey of the US public health workforce interests and needs, conducted periodically by the de Beaumont Foundation. (The last survey conducted in 2017, and the next survey was delayed due to COVID-19). Survey results have revealed a range of needed topics, particularly focused on improving financial literacy and skills, such as, how to seek funding, how to develop and manage a budget, and how to research grants and write grant proposals. (See **ERF** F3-2.1 SumRes ReCAST Surv)

   Results of the ReCAST survey have been distributed and reviewed by members of the Workforce Development Committee, MPH faculty, the MPH Stakeholders Advisory Committee, and the Community Based Organization Partners (CBOP), an umbrella organization comprised of more than 40 community-based organizations. Committee co-chairs attended meetings of all of these groups and gave formal presentations of findings. Co-chairs then solicited feedback regarding plans to move ahead in committee activities.

   After reviewing workforce needs, we evaluated the extent to which desired topics already mapped into courses currently being taught by our faculty. For example, some ReCast survey respondents mentioned data collection as a topic of interest. To address this need, we offered a workshop on

data collection and obtained assistance from a faculty member with skills in this area who was currently teaching our Epidemiology course. For topics not currently being taught by our faculty or for which we had no internal expertise, we sought additional support from faculty within the MSU community or externally to make a learning component available within the Program. The Grants 101 Workshop held on September 17, 2021, and attended by students, faculty, and community members is an example of how we delivered a successful learning experience to the community by drawing upon the experience and skills of individuals both inside and outside of the Program.

In the future, we will monitor community needs in several ways. First, we will ask about future professional development needs in evaluation forms completed by participants after all of our webinars – as was done following the Grants 101 Workshop, see **ERF** F3-2.2 Sum Grants101 Surv. Second, we will administer a survey every two years to local public health workers to gauge their ongoing professional development needs. As needed, we will convene additional meetings with our Stakeholder Advisory Committee and CBOP to collaboratively assess public health workforce development needs.

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

Strengths

- The MPH Workforce Development Committee benefits from the strong leadership of SAC membership, which represents both the Flint community and state-wide workforce needs. Strong faculty relationships with the Flint community ensure that ongoing assessment of community needs is assured.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

F4. Delivery of Professional Development Opportunities for the Workforce
The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

   The Program's process for developing and implementing professional development activities for the workforce involves responding to the annual assessment and ongoing, emergent needs. Faculty are actively engaged with the Flint community to address the water crisis, reduce health disparities, and restore trust in academic institutions. The COVID-19 pandemic has presented additional opportunities for the Program to support and implement professional development activities that can help support and build trust with the community.

   In response to the need for accurate and timely information about COVID-19, faculty from the MPH Program and the Division of Public Health have convened over 47 weekly webinars on COVID-19 for the Flint community, which are continuing through the pandemic. The community includes both lay members and Flint's traditional public health workforce. Webinar participants can include local pastors, social workers, physicians, community health workers, and the general lay community. Additionally, some public health workers (e.g., community health workers) can earn continuing education credits by participating. Also in fall 2020, faculty developed and delivered a free online course on COVID-19 to educate the Flint community about public health and the coronavirus.

   As mentioned previously, data from the ReCAST survey and PHWINS have been utilized to identify content in existing MPH courses that can be used to develop short courses/seminars to meet the needs of community organizations in Flint. If relevant course content is not available, additional external support will be sought from individuals with relevant expertise. This is an ongoing process. The first workshop, "Grants 101," was offered on Friday, September 17, 2021, capitalizing on expertise from both within and outside the MPH Program. The workshop evaluation gathered responses to a question about the kinds of professional development offerings participants wanted to see in the future. This information has already informed the development of a subsequent offering, Grants 101: Developing Program Logic Models to be offered on October 15, 2021. (See **ERF** F4-2a WD Comm Sep 2021 Mtg, **ERF** F4-2b for the Grants 101 Flyer and **ERF F4-2c** for the Dev Logic Mod Flyer).

2) **Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of External participants served (i.e., individuals who are not faculty or students at the institution that houses the program).**

   In March of 2020, in collaboration with a range of partners from the community and across the state, , the Healthy Flint Research Coordinating Center began offering weekly community webinars to address questions and concerns about the COVID-19 pandemic. To date, over 60 community webinars have been offered, attended by numerous community members, university faculty and staff, city and non-governmental agencies, and service providers. A link to the YouTube channel for the weekly videos can be found at: Community Webinars – Healthy Flint Research Coordinating Center (hfrcc.org)

In September 2020, the MPH Program began offering a free online course on public health and COVID-19 to interested learners in the MSU and outside communities. As of January 2021, 123 individuals have enrolled in the course. They include students and staff from MSU as well as parents of MSU students and community health professionals (e.g., a retired nurse, a manager of a local public health office, a pharmacist, a safety/security/transportation manager, a public health consultant, and a COVID-19 worksite supervisor). Preliminary course evaluation data from a sample of users indicate improved understanding of the course content following completion of the modules and overall course satisfaction. Interviews with a sample of users are in the process of being conducted. (See **ERF** F4-2d COVID19 Course Flyer; **ERF** F4-2e Ext Course Survey Proto**;** **ERF** F4-2f CV19 CourseDataSum).

On September 17, 2021, we offered Grants 101, a two-hour workshop that was attended by 17 students, faculty, community organizations and individuals. Workshop evaluations indicated that participants found the content relevant and well-presented and obtained the knowledge the workshop sought to convey. Additional professional development opportunities were identified in the evaluations, specifically the need for a workshop on analyzing and interpreting data, understanding the differences between profit vs. non-profit agencies, and developing and writing effective grant proposals. To address the ability to respond effectively to grant proposals, Grants 101: Developing Program Logic Models will be offered by Zoom on October 15, 2021, from 9:30-11:00 am.

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

Strengths

- Weekly seminars represent an ongoing commitment to advancing public health and addressing the expressed needs of the Flint community and health stakeholders.
- The publicly available COVID-19 course is an example of a rapid response to the community's need for accurate and up-to-date information about public health and the pandemic.
- The Grants 101 workshop was successful and additional workshops like the Grants 101: Developing Program Logic models will be planned that are shorter in duration (90 minutes) and cover fewer topics in more detail, such as developing a budget and creating a logic model.

Weaknesses

- None noted.

Plans for Improvement

- Beginning in fall 2021, information from SAC meetings will be used to inform the creation of new professional development offerings that meet the needs of our priority communities.

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G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

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). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.**

Being part of a land grant, regional institution, our primary mission centers upon meeting the public health needs of the State of Michigan. The MPH Program has identified African American, Hispanic/Latino, American Indian, and rural populations as our priority populations. We seek to meet or exceed the comparable composition of the demographic distribution of these groups in the population of the State of Michigan to enhance community engagement and reduce health disparities. Table G-1 below provides a snapshot of the racial/ethnic, gender, and urban/rural background of our enrolled and matriculated students, our faculty, and the State of Michigan.

Table G1-1. Demographic Data for the MPH Program and the State of Michigan

	Male	Female	White	African American	Asian	Hispanic or Latino	American Indian	Hawaiian Pacific Islander	Urban	Rural
MPH Students Calendar Year 2021+	23%	77%	65%	13%	9%	6%	<1%	<1%	58%*	18%*
MPH Faculty Total: 24 Spring 2020	42%	58%	67%	25%	None Reported	None Reported	None Reported	None Reported	Not Reported	Not Reported
Michigan Total**: 10,077,331	49%	51%	75%	14%	3%	5%	1%	Not Reported	82%	18%

*Only 77% responded to this question on their application.
**2020 Race/ethnicity data obtained from the U.S. Census Bureau (https://www.census.gov/quickfacts/fact/table/MI/POP010220); 2019 rural/urban population (https://data.ers.usda.gov/reports.aspx?StateFIPS=26&StateName=Michigan&ID=17854)

+Reported for spring semester and summer semester of 2021. Will be updated with fall semester when available.

In accordance with the philosophy of MSU and the College of Human Medicine, we do not set specific under-represented targets for the enrollment of our faculty, staff, and students; rather, as stated earlier, our goal for under-represented priority populations is defined by identifying gaps in representation between the state of Michigan and our program enrollment. As shown in Table G1-1, the MSU MPH Program defines the program's priority under-represented populations for students and faculty as: Hispanic/Latino, American Indian, African American, and rural.

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 Program-specific goals aim to:

1. Create an inclusive environment for faculty and students.
2. Recruit students and hire faculty from diverse backgrounds that meet or exceed the distribution of the State of Michigan's population.
3. Provide opportunities in the curriculum for students and faculty to reflect and discuss issues of diversity and inclusion.

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.

1. Inclusive environment for faculty, staff, and students: students complete a Program exit survey, which includes questions specific to the inclusivity of the learning environment and behaviors of Program faculty. Faculty and staff also complete a Program climate survey which asks them to reflect on Program diversity, equity, and inclusion. MSU's Office of Inclusion and Intercultural Initiatives offers several workshops and webinars to the MSU community, designed to offer strategies for creating an inclusive environment. Sections 2 – 4 below provide examples of strategies used to foster and facilitate inclusion.

2. Marketing and recruitment: the Program participates in a variety of venues designed to recruit students and faculty from diverse backgrounds. Marketing is shaped to showcase the diversity within the Program's faculty and students. For example:
    - The Program attends the Annual Biomedical Research Conference for Medical Students where there is a high population of under-represented minority populations.
    - The Program brochure was redesigned to illustrate the diversity of the Program's students and faculty in terms of race and gender.
    - The Program has submitted a funding request to the C.S. Mott Foundation through the CHM to support endowed MPH student scholarships for the Flint area. Scholarship opportunities will help increase African American and Hispanic interest in our program. The Division of Public Health will provide two scholarships for Flint-area students. In addition to the Flint Spartan MPH scholarship, the Program has secured three years of funding for application fee waivers through the Graduate School. The main purpose of the application fee waivers is to remove the barrier of cost when applying to the Program

3. Opportunities in the Curriculum: Most of the core and foundational courses and many elective courses provide students with opportunities to discuss, reflect, and apply their knowledge about cultural diversity and inclusion. Listed below are courses that include topics related to diversity and integrate opportunities to learn about diversity-related issues throughout the course or in an activity or assignment.

   The courses listed below have cultural diversity and inclusion opportunities as a **central component:**

   - HM 828 Community Engagement
   - HM 854 Health Equity Framework for Public Health Practice
   - HM 838 Cultural Aspects of Public Health Practice
   - HM 847 Public Health in Ghana
   - HM 805 Social and Behavioral Aspects of Public Health

   The following courses have cultural diversity and inclusion **integrated** into learning activities within the course:

   - HM 801 Introduction to Public Health
   - HM 806 Environment Factors of Public Health
   - HM 837 Poverty and Public Health
   - HM 832 Global Public Health
   - HM 853 Public Health Program and Intervention Evaluation
   - HM 892 Applied Practicum Experience
   - HM 841 Public Health Policy

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.

MSU's Office of Inclusion and Intercultural Initiatives serves as the hub for information, resources, and activities related to diversity issues and plans. Committed to diversity and inclusion, this office sponsors activities and offers opportunities for students to be exposed to diverse people and perspectives via the following:

- MSU Dialogues: bring students, faculty, and staff from diverse backgrounds together to discuss a variety of topics around diversity, equity, and inclusion.
- Learn at Lunch Seminars: focus on ways to build and engage in an inclusive learning environment.
- Sponsored Events: provide an array of cultural experiences (ranging from one to three events a month) for the campus community throughout the academic year.

The Program provides additional opportunities to further expose students to a diverse faculty through our electives, which vary in focus based on curriculum needs, student and employer feedback, and discipline demands to keep the Program aligned with the changing needs.

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.

To promote retention and success for under-represented students, the Program incorporates an early-alert system to identify potential students who might be at-risk (provisional admits). The Program also matches students with a faculty mentor based on career or program interest. The following table (G1-5) reports the academic progress and admissions for the targeted populations.

Table G1-5. Outcome Measures for Recruitment and Admissions

Table G1-5 shows the cumulative GPA scores for newly matriculated students in the program as well as the admission rates into the program. The priority populations are shown by race.

Outcome Measures	2019			2020			2021 (SS and US)		
Undergrad-uate cumulative GPA for newly matricula-ting students	3.25			3.21			3.28		
	Hispanic	African Ameri-an	Native American	Hispanic	African Ameri-can	Native American	Hispanic	African Ameri-can	Native American
Undergrad-uate cumulative GPA for priority under-represent-ed newly matricula-ting students	2.84	3.13	NA	3.31	2.74	NA	3.06	2.79	NA
% of priority under-represent-ed students offered admission (out of total completed applicants)	4.76	9.52	0.00	5.55	14.80	3.70	2.7	15.2	0.00

% of priority under-represent-ed students accepting offers of admission (out of total offers of admission)	2.43	7.31	0.00	5.55	12.96	1.85	2.7	15.2	0.00
% of priority under-represent-ed students matricula-ting into the program (out of total newly matricula-ted students)	4.16	12.5	0.00	9.37	12.50	0.00	3.6	14.5	0.00

In addition, the Student Advisory Board meets to gather qualitative information regarding ways to promote persistence and encourage the success of the MPH Program's priority populations. The SAB has put forward the following recommendations:

- Collaborate/connect students with other relevant units on-campus, e.g., Chicano/Latino Studies, African American and African Studies
- Students from rural communities often do not have access to good internet services. Provide students with support to purchase 5G hotspots to improve access.
- Ensure students have information about available scholarships and grants.
- Provide more scholarships for vulnerable/low-income students.
- Provide laptops for vulnerable/low-income students.
- Establish a student book exchange.

The Program will respond by taking into consideration recommendations that are within our capability and that can be addressed quickly.

6) Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.

In Fall 2019, the Program added questions about diversity and cultural competence to the student exit survey. For the first time, MPH faculty and staff were asked to complete a climate survey. Table G1-6.1 shows survey results from the student exit survey, which includes three questions about students' perceptions of diversity and cultural competence. Table G1-6.2 shows results from the faculty climate survey.

ERF G1-6 Prog ClimSur Res

Table G1-6.1 shows survey results from the Student Exit Survey (2019, 2020, 2021). The survey includes the three survey questions pertaining to the climate of the Program. Overall, students reported that the faculty create an inclusive environment (70-100%) and demonstrate cultural competence in their teaching (70-100%).

Table G1-6.1. 2019, 2020 and 2021 Program Climate Questions from Student Exit Surveys

Exit Survey - Student Questions	Fall 2019 Results N =6	Summer 2020 Results N= 14	Fall 2020 Results N= 5	Spring 2021 N= 14
1 Faculty create a welcoming and an inclusive environment	83% Strongly agreed. 17% Somewhat agreed.	71% Strongly agree. 29% Somewhat agree.	100% Strongly agree.	71% Strongly agree. 21% Somewhat agree 7% Neither agree nor disagree.
2 Faculty welcome different opinions and perspectives	100% Strongly agreed.	79% Strongly agree. 14% Somewhat agree 7% Neither agree nor disagree.	100% Strongly agree.	79% Strongly agree. 21% Somewhat agree.
3 MPH faculty demonstrate cultural competence through their teaching and interactions with students.	100% Strongly agreed.	86% Strongly agree. 14% Somewhat agree.	100% Strongly agree.	71% Strongly agree. 29% Somewhat agree.

Table G1-6.2 shows survey results from the 2019 Program climate survey of faculty and staff. This survey did not separate faculty from staff responses.

Faculty and staff reported that the Program highly values diversity, inclusion, and cultural competence (95-100%).

Table G1-6.2. Fall 2019 Program Climate Combined Survey Results from the Program (Faculty and Staff Combined Results).

Program Climate Survey - Faculty and Staff Questions	Faculty and Staff

	Fall 2019 Results N= 20
• The MPH Program values diversity and inclusion and cultural competence.	100% agreed.
• Diversity, equity, and inclusion are implemented by leadership and faculty and staff interact with individuals effectively across cultures.	95% agreed.
Qualitative Questions: **Q3 - Please share any other thoughts, comments, or suggestions you may have on the topics covered in this survey** Please share any other thoughts, comments, or suggestions you may have on the topics covered in this survey. I cannot speak as to how other faculty/staff interact with students or applicants. The environment within the MPH program is overall very positive and student centric. Staff feel free to express themselves and have autonomy over their work.	

Table G1-6.3 shows 2020 climate survey responses from faculty and staff which were independently reported.

Table G1-6.3. Fall 2020 Program Climate Survey Independent Faculty and Staff Results.

Program Climate Survey - Faculty and Staff Questions	Faculty and Staff Fall 2020 Results Total: Faculty: N=16 Total Staff = N=5
• The MPH Program values diversity and inclusion and cultural competence,	Staff: 100% agreed Faculty: 97% agreed
• Diversity, equity, and inclusion are implemented by leadership and faculty and staff interact with individuals effectively across cultures	Staff: 100% agreed Faculty: 100% agreed
Qualitative Questions: **Faculty.** **Q3 - Please share any other thoughts, comments, or suggestions you may have on the topics covered in this survey** - The environment in the Program has improved dramatically over the last few years. Tons of credit go to leadership and the staff. It is a lot more fun to teach for the MPH Program than ever before. - The current leadership of the Program has created a friendly and productive atmosphere among faculty and staff. I am seeing the Program moving forward with clear objectives and determination.	

- The increased collaboration across faculty and staff over the last few years have greatly enhanced the climate. **Staff: No comments**	

Once again, faculty and staff reported that the Program highly values diversity, inclusion, and cultural competence (97-100%). Faculty credited leadership with boosting collaboration and improving the work environment.

The MPH Program incorporated an open-ended question on the Student Exit Survey that allows students to provide written feedback about Program climate (related to faculty creation of a welcoming and inclusive environment, faculty welcome different opinions and perspectives, and faculty demonstrate cultural competence in their teaching and interactions with students) beginning summer 2021.

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

Strengths

- Michigan State University strongly supports diversity, equity, and inclusion efforts at all levels. This is reflected in the items below located in the ERF.

  ERF G1-7a CHM Div & Incl.url
  ERF G1-7b MSU Div & Incl.url
  ERF G1-7c MSU EVP Ppt HeaScie
  ERF G1-7d MSU Web Incl Inter.url

Weaknesses

- None noted.

Plans for Improvement

- As noted, the Program will follow up on the SAB recommendations and take into consideration those that are within our capability and that can be addressed most quickly.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) **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.**

   The MPH Program provides a wrap-around approach to student support, exemplified by the advising and mentoring services students receive. At the time of admission, each MPH student is assigned an academic advisor. The advisor works with their advisee throughout their time in the Program. The relationship begins with an introductory email from the advisor that supplies students with tools they need for registration and instructions on how to begin the online new student orientation. Three times each semester the advisor delivers important information to students to keep them up to date with current semester deadlines, announcements, and future course enrollments so that each student is well informed, accurately advised, and academically successful. In addition, all newly admitted MPH students are required to submit a completed program of study as part of the online orientation. The program of study is used to evaluate a student's academic progress towards completion of their graduate degree requirements. Each year, the MPH advisor conducts an annual review of all continuing MPH students' submitted programs of study. The review is considered a living document that students can alter throughout the Program in consultation with their assigned advisor. Finally, the advisor is responsible for guiding students to more successful academic outcomes when they encounter difficulties along the way.

   MPH faculty are also actively involved in academic advising. During the first semester of the Program, students are assigned a Professional Faculty Mentor. that the mentor provides academic, career, and personal support throughout the student's time in the MPH Program. Students complete a survey in which they select their area(s) of public health interest. Academic advisors then assign a faculty mentor with expertise in the student's chosen public health area(s) of interest.

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

   The MSU Master of Public Health hires professional advisors with a minimum of a Master level of education in a public health, public health administration or related disciplines, or equivalent post-baccalaureate experience working with graduate students. One of the academic advisors in the Program has over 15 years of advising experience, a Master of Arts in Professional Counseling, and is Licensed Professional Counselor. The other advisor has a Master of Arts in Professional Counseling and is a Limited License Counselor. Both advisors are from the Greater Flint area. Advisors hired by the university are given the title of Specialist Advisor. Specialist Advisors are given a handbook of resources for proper advising and are encouraged to attend campus-wide trainings.

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

   See **ERF** H1-3 Sample Advising Matls

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

The Academic Advising Student Satisfaction Survey was developed during the summer of 2019 and initiated in the fall 2019 semester. The survey is sent out to all active MPH students during fall and spring semesters.

Twenty-nine respondents completed the spring 2021 academic advising satisfaction survey with a response rate of 28%. Results indicate that overall, students feel their advisor is prepared for advising appointments, provides reliable assistance selecting appropriate courses, and provides satisfactory and complete answers to questions. Further, students feel that their advisor listens and respects them as an individual and offers helpful suggestions when they have scheduling issues or problems. Finally, the majority of students were satisfied with their academic advising experience (rating of 6.15 on a scale of 1 to 7 with 1 = strongly disagree, 7 = strongly agree).

The document located in **ERF** H1-4a summarizes the fall 2019, Spring 2020, fall 2020 and spring 2021 survey findings pertaining to student satisfaction with MSU MPH academic advising.

ERF H1-4a Satis Surv
ERF H1-4b Stu Adv Db

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

The MPH Program created an online new student orientation "course." The goal of the course is to welcome students to the Program, acquaint them with Program expectations, and provide them with helpful information about key services and resources available to support their journey toward a Master of Public Health degree. Students complete the orientation prior to the start of their first semester in the Program.

During the orientation, students are acquainted with their rights and responsibilities as a graduate student within the University. They are also made aware of services that support their educational and personal goals (e.g., library services, informational technology, and academic and student services). Students also learn names of key people in the Program, including faculty and support staff, and become familiar with the D2L online platform and its various functions. The purpose of the orientation is to help students feel more comfortable and connected to the Program and to begin to develop a sense of autonomy and ownership of their Program goals and academic progress. Each student has access to orientation course content while enrolled in the Program.

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

Strengths

- The MPH Program's wrap around approach to student support, which includes the assignment of an experienced full-time advisor who meets with them regularly, facilitates successful Program navigation and completion.

Weaknesses

- Low response rate to the optional Academic Advising Student Satisfaction surveys.

Plans for Improvement

- In the past, the Academic Advising Student Satisfaction Survey link has been sent out in the mid-semester strategic communication email along with other information. In an effort to increase the response rate, a separate email with just the survey information and link will be sent to students beginning October 20, 2021.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

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.**

   Students in the MPH Program have access to a variety of career counseling services. For example, a student's career aspirations are often discussed during advising in elective courses, and attempts are made to be strategic with regard to the selection of the applied practicum experience site.

   New MPH students are assigned an MPH faculty mentor to help guide them throughout their time in the Program. Mentor assignments are made using information obtained from the personal statement submitted with the student's application. An attempt is made to match each student's interests with a faculty member who has experience in related public health areas. The faculty mentor is available to offer academic and career guidance, end-of-program Practicum and Capstone preparation, portfolio guidance, research-related information, and more as it applies to the student's area of public health interest. Faculty mentors begin reaching out to students during their first semester.

   Early in the Program, all students are required to complete HM 827 – Principles of Public Health Leadership. In this course, students identify, research, and investigate career opportunities and potential employers in public health. One of the course assignments is to develop a public health career plan.

   Students receive a complimentary annual American Public Health Association student membership, which gives them access to resume critique, career coaching, reference verification, and other career services through the Career Development Center and public health job postings through the CareerMart.

   Every student is required to develop an e-Portfolio that reflects the student's learning experiences and accomplishments during their time in the Program. The portfolio serves a variety of purposes, including a collection of student work, documentation of activities related to professional development and service to the profession, evidence of competency attainment, and assessment of educational outcomes associated with the student's program of study.

Part of the MSU Graduate School and the Career Services Network, PhD Career Services provides a variety of online resources, as well as workshops and one-on-one advising. Their website includes sections on career exploration, career path planning, and job search skills, including resume and cover letter writing and interviewing tips: grad.msu.edu/PhDCareers.

Current students have access to the online MPH Student Community, which has job posting announcements and public health job posting boards.

Alumni of the Program are encouraged to join the MSU MPH LinkedIn group, which has public health job postings. In addition, the Program emails job postings to available alumni. Also, alumni have access to the MSU Career Services Alumni Network: https://careernetwork.msu.edu/resources-tools/alumni/index.html

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

MPH academic advisors have experience providing career development services to college students. Students can connect with the Career Services Network on-campus, which provides a range of resources for students and alumni, including career fairs, online tools, and workshops on resume and cover letter writing.

MPH Faculty serve as professional mentors for MPH students. They offer career advice based upon their own experiences in the public health field and refer students to relevant contacts for additional networking and advice. The MSU Graduate School provides guidelines for graduate student mentoring and advising as well as a series of in-person and asynchronous online workshops (https://grad.msu.edu/mentor-mentee-workshops)

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.

- During the Annual APHA meeting, the MSU MPH Program holds a networking event for current students, alumni, faculty, and community members. At the 2018 event, two current students, three alumni, three faculty members, and three stakeholders were in attendance. At the 2019 event, there was one current student, two alumni, four faculty members and one stakeholder in attendance. This event provides an opportunity for students to speak informally with faculty and alumni to obtain advice about their career aspirations and potentially make important networking contacts while at the conference.
- Students are provided unlimited access to MSU's Virtual Career Center, which provides one-on-one appointments for current students and alumni (up to two years post-graduation).
- The MSU Career Services Network offers virtual career fairs and provides resources to help students write cover letters and resumes and prepare for interviews.
- MPH faculty mentors typically offer to meet with their student mentees three times a semester. Faculty mentors see between 1 and 15 students.

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.

Starting in fall 2019, the MPH student exit survey included a question asking students to assess their satisfaction with career advising during their time in the Program. All students are required to complete this survey upon Program completion.

Starting in spring 2020, the MPH academic advising survey includes questions regarding career advising satisfaction for current students. The survey is sent out to all current students in the fall and spring semesters. In Spring 2021, 9 of 25 students (36%) had a discussion with their advisor about career advising, and 17 (68%) felt their advisor was meeting their career advising needs. In Fall 2020,13 of 25 (52%) had had a discussion with their advisor about career advising, and 19 (76%) felt their advisor was meeting their career advising needs.

See **ERF** H1-4a.1 Advisor surv res

An MPH faculty mentor survey was initiated in summer 2020 and included questions regarding career advising satisfaction. The survey will be sent out to all student mentees once a year during the summer semester. Seventeen of 29 students responded in summer 2020 for a response rate of 59%. Thirteen of 73 students participated in the survey in US21 for a response rate of 18%. Thoughtful and beneficial career guidance was provided to 94% (16/17) of 2020 respondents and 67% (8/12) of 2021 respondents. Overall, in summer 2020 students agreed that they were satisfied with their mentoring relationship (6.06 on a scale of 1 to 7); in summer 21 students were somewhat satisfied with their mentoring relationship (5.54 on a scale of 1 to 7).

See **ERF** H2-4a US20 Faculty Ment Sur
See **ERF** H2-4b US20-US21 Faculty Ment Sum

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

Strengths

- The Program advisors have significant experience providing career services to college students. In addition, the faculty is able to provide more in-depth career guidance regarding the public health profession.
- The Program provides several networking opportunities for current students and alumni.
- The Program gives all new students a complimentary APHA student membership.
- The Program plans to develop online career workshops via Zoom, tailored specifically to our student population.
- MPH Advising will offer resume critique services to students.

Weaknesses

- The response rate to the US21 Faculty Mentoring survey was lower than desired.
- Satisfaction with the mentoring experience declined from US20 to US21.

Plans for Improvement

- To improve response rates to the Faculty Mentor Survey, beginning in summer 2022 advisors will no longer send the survey to students. Instead, a third party, the MPH Program Data Analyst, will be responsible for sending out the survey. In addition, mentoring will be emphasized in the MPH Program Orientation, and through specific messaging by the MPH Program Director and the Student Advisory Board in early fall.
- The MPH mentoring program is new and developing. Some faculty have a significant number of mentees, while others have relatively few. COVID has interfered with the development of significant relationships in some instances. The Program Director will

assess the Distribution of mentees among faculty, and the Student Advisory Board will be engaged to gain feedback/suggestions for improvement.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) **Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.**

   The procedures for students to communicate formal complaints and/or grievances to Program officials are described in the student handbook (under grievances):

   https://mph.msu.edu/images/MPH_Student_Handbooks/16_Rev_14_-_Master_of_Public_Health_Student_Handbook_Fall_2020_081820_A11y.pdf

   As communicated on page 31 in the MPH Student Handbook, when a conflict arises between a student and an instructor, the student must first attempt to resolve the problem with the instructor. If the student remains dissatisfied with the results of this discussion, the student must consult with the MPH Program director who will advise the student about potential courses of action. This may include filing a request for an academic grievance hearing. A student can always reach out to the CHM student resolution advocate or the university ombudsperson at any point during this process.

2) **Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.**

   Procedures for Adjudication of Academic Grievances at MSU:

   http://splife.studentlife.msu.edu/medical-student-rights-and-responsibilites-mssr/article-5-adjudication-of-cases

   As communicated on pages 31 - 32 in the MPH Student Handbook, if the student is still aggrieved after attempting a resolution with the MPH Program director, they can file a request for an academic grievance hearing with the CHM hearing board.

   As communicated in Article 5 of the MSU Medical Student Rights and Responsibilities (MSRR) document, to initiate a grievance hearing request, the student must submit a written, signed statement that contains the specific information noted in section 5.3.1 of the MSRR document to the designated administrator of the CHM. If the respondent admits his/her violation, there is an opportunity to resolve the grievance through administrative action.

   If the respondent denies his/her violation, a hearing is requested. The designated administrator must then forward the complaint to the chair of the hearing board members and to the respondent. The hearing board shall review the request for a hearing to determine if it meets the requirements of the university.

   If the hearing request is approved, the hearing is scheduled and both parties are given the opportunity to present their cases. The hearing board shall render a decision and prepare a written report of its findings and supporting rationale. As part of the decision, the hearing body shall determine what, if any, redress or sanction should be implemented.

If the hearing request is rejected, the hearing body issues an explanation to the parties.

Either party may request an appeal within 14 days of the decision with the University Graduate-Professional Judiciary (UGPJ) board. Appeals to the college hearing body must be filed with the designated college administrator. Appeals to the UGPJ must be filed with the Dean of the Graduate School.

The UGPJ shall review the appeal and forward a copy of the appeal to the other party and invite a written response. After considering the appeal and response, the UGPJ may decide that sufficient reasons for an appeal do not exist, and that the decision of the hearing body shall stand; may direct the hearing body to rehear the case or to reconsider or clarify its decision; may decide that sufficient reasons exist for an appeal and schedule an appeal hearing in a timely manner.

Following an appeal hearing, the UGPJ may affirm, reverse, or modify the decision of the hearing body. The UGPJ may also direct the hearing body to rehear the original complaint/grievance.

At any point during the hearing or appeal process, the parties may consult with the university ombudsperson.

See **ERF** H3-2 StuComProc

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.**

In the past three years, no formal complaints have been submitted by MPH students to MSU College of Medicine Hearing Board about the Program.

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

Strengths

- None noted.

Weaknesses

- None noted.

Plans for Improvement

- None noted.

H4. Student Recruitment and Admissions

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

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.**

   A primary goal of the MPH Program's recruitment is to recruit and retain well-qualified, diverse students who are prepared to successfully navigate the Program. The land grant mission of MSU to serve the needs of the state are reflected in the demographics of the student body, as a significant majority are from the state of Michigan and remain in Michigan after graduation to serve the public health needs of their communities.

   The MPH Program's recruitment efforts are organized by the recruitment coordinator, the Program Director, and the communications manager. The Program's advisors, admissions counselors, faculty, alumni, and current students also support the Program's efforts. Examples of MPH recruitment activities include:

   - Formal attendance at annual professional public health and health care meetings, including the American Public Health Association (APHA), the Michigan Public Health Association (MPHA) Epidemiology Conferences, and the Michigan Premiere Public Health Conference (MPPHC).
   - Tables at MSU- sponsored events.
   - Attendance at graduate school and career fairs .
   - Membership and participation in Association of Schools and Programs in Public Health (ASPPH).
   - Faculty participation in student panels focused on public health.
   - Use of faculty profiles on social media, (Facebook, Twitter, and Instagram) to promote faculty engagement in public health and community engagement.
   - Use of alumni profiles on social media, (Facebook, Twitter, and Instagram) to highlight the work of our alumni post-graduation from the Program.
   - Recruitment at the This is Public Health Virtual Fair event hosted by CareerEco for programs with memberships in the Schools of Public Health Application Service (SOPHAS).
   - Launch of the new MSU Online website, designed strictly for online and hybrid programs.
   - Host weekly Master of Public Health Virtual Webinars. Faculty who typically participate are recommended by the Program Director and include Drs. Connie Currier, John Clements, and Bob Glandon. However, additional MPH faculty participate in recruitment efforts.
   - Targeted webinars that introduce upcoming events and Program requirements; for example, the Program is introducing a Division of Public Health Flint scholarship in February 2021. The launch will include a webpage dedicated to the scholarship and outreach to community-eligible members through SAC and community partners in FCHES (Flint Center for Health Equity Solutions). See **ERF** H4-1 Recruit Activities.

2) **Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.**

   Applicants are encouraged to reach out to the MPH admissions counselor with questions regarding the application/admissions process. The MPH admissions counselor manages each step of the application and admissions process.

Applications to the MSU MPH Program are accepted for admission each semester of the year: spring, summer, and fall.

The MPH Admissions Committee meets monthly to review completed applications. Once the committee has made their recommendations regarding each applicant, the applicants are contacted and asked to accept or decline the recommendation. Once the Program receives notice of acceptance, the recommendations are processed through the Graduate Admissions Management System where they must be approved by the MPH Program Director, followed by the appropriate CHM associate dean. Finally, the recommendations are sent to central MSU Office of Admissions for final approval of transcripts and admission processing.

Applicants are required to submit the following in order to complete their application:

1. Application for Graduate Study at Michigan State University (with associated application fee). Applicants must have earned a bachelor's degree from an accredited college or university.
2. Official transcripts from each post-secondary institution attended, including MSU. The MPH Admissions Committee prefers to see an undergraduate cumulative GPA of a 3.0 or above but will not discount applications based solely on GPA.
3. Three letters of recommendation from professional or academic references; no personal references are accepted.
4. Personal statement describing the applicant's interest in public health, how their experiences have influenced that interest, and how their career goals align with public health.
5. Resume or CV.
6. (Waived Indefinitely Due to Covid-19 Pandemic) Test scores from a standardized graduate or professional school test (e.g., GRE, GMAT, MCAT, LSAT, DAT, etc.). The MPH Admissions Committee prefers to see scores in the 50th percentile or higher but will not discount applications based solely on their failure to fall into preferred range.
7. Academic statement (optional).
8. Application fee waivers are granted upon request.

Additional requirements for MSU undergraduates applying for dual undergraduate enrollment:

1. Request for Dual Enrollment Status Form

Additional requirements for international applicants:

1. Official test scores from an English language proficiency exam
    a. Test scores must meet the minimum score requirements set out by the university.

3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

Table H4-1. Outcome Measures for Recruitment and Admissions

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	2019	2020	2021 (SS and US)
Percent of newly matriculating students with an undergraduate GPA of 3.0 or better	75%	66.6%	69.7%	69%

Percent of priority under-represented students (as defined in Criterion G1) accepting offers of admission	25%	25%	29%	30%

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

Strengths

- On a semester basis, the MPH Admissions Committee invites MPH academic advisors to share updates on newly admitted students to obtain feedback regarding their decisions as a committee. The advisors also discuss the performance of admitted students who were assigned to an "at risk" group.
- To gain new insights from new members and to maintain consistency with continuing members, the MPH Admissions Committee roster is up for change every academic year.
- The Program has implemented an admissions communications plan to standardize the information applicants receive and when they receive it.

Weaknesses

- Data on student admissions, academic progress, and alumni is maintained by using spreadsheets. The data itself is gathered from siloed source systems and manually entered. These processes are time consuming and prone to human error. The data requires additional validation with each reporting request to ensure it is as up to date as possible.
- Because of federal restrictions governing student visas and online learning, the MPH Program, as a fully online program, is unable to offer international students I-20s to study in the US on a student visa. As a result, we do not attract many international applicants as most of them wish to study in the US.

Plans for Improvement

- CHM and MPH leaders have partnered with MSU IT's Analytics and Data Solutions team to develop a data integration plan that will bring siloed data together to enhance program and student reporting and evaluation. Data will be compiled and updated nightly from the systems of record for each area (admissions, registrar, alumni, and exit surveys). Certain data points will continue to live outside this curated area, such as recruitment events, course loads, workforce development. and teaching evaluation summaries.
- This integrated database is due to be tested by mid October 2021. The data team had to push our project back while they completed the Campus Solutions launch. As of Friday, Sept. 24, 2021, our data will be uploaded to the Campus Solutions Test server in the next week; it will then move to the QA server and then to production. We will be testing our software package to query the data by mid-October.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) **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, academic integrity standards and degree completion requirements.**

   http://mph.chm.msu.edu/master-of-public-health-home

   Information and Descriptions of All Degree Programs
   https://reg.msu.edu/AcademicPrograms/ProgramDetail.aspx?Program=2837
   https://mph.msu.edu/academics/new-master-of-public-health-program-requirements
   https://reg.msu.edu/AcademicPrograms/ProgramDetail.aspx?Program=2844
   https://mph.msu.edu/academics/core-disciplines-of-public-health-graduate-certificate

   MSU Academic Calendar
   https://reg.msu.edu/ROInfo/Calendar/Academic.aspx

   Grading Policies
   https://reg.msu.edu/AcademicPrograms/Print.aspx?Section=521
   https://mph.msu.edu/images/MPH_Student_Handbooks/16_Rev_14_-_Master_of_Public_Health_Student_Handbook_Fall_2020_081820_A11y.pdf (pgs. 28-29)

   Integrity of Scholarship and Grades
   https://reg.msu.edu/AcademicPrograms/Print.aspx?Section=534
   https://mph.msu.edu/images/MPH_Student_Handbooks/16_Rev_14_-_Master_of_Public_Health_Student_Handbook_Fall_2020_081820_A11y.pdf (pgs. 24-25)

   Degree Completion
   http://mph.chm.msu.edu/students/apply-for-graduation
   https://mph.msu.edu/academics/new-master-of-public-health-program-requirements

   Application/Admissions
   http://mph.chm.msu.edu/prospective-students/application-information