

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF MONTANA-MISSOULA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at the University of Montana-Missoula. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2011 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The University of Montana-Missoula was chartered in 1893 and is a public unit of the Montana University System which also includes: the University of Montana Western located in Dillion, Montana Tech in Butte and the University of Montana-Helena College of Technology. The University of Montana-Missoula is located at the base of Mount Sentinel and is next to the Clark Fork River. The institution offers associate, bachelors, masters, first-professional and doctoral degrees and technical certificates and as of 2010 had nearly 15,000 students enrolled.

The MPH program, which is offered in a full distance-based format, was approved by the Montana Board of Regents in March 2005 and the program admitted its first class of students in fall 2006. The MPH program is housed in the School of Public and Community Health Sciences (SPCHS), which is located within the College of Health Professions and Biomedical Sciences (CHPBS).

The CEPH Board of Councilors approved the University of Montana-Missoula's application for accreditation on June 20, 2009. This is the program's first review for accreditation.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the University of Montana-Missoula MPH program. The University of Montana-Missoula is accredited by the Northwest Commission on Colleges and Universities (NWCCU). The university has been accredited since 1932. The MPH program has the same rights, privileges and status as other professional programs in the university. The generalist MPH degree is structured with an ecological perspective. The program's on-line format, multidisciplinary faculty, experienced public health students and community engagement are evidence of the program's aims to promote multidisciplinary collaboration and foster professional public health values. The program currently receives funding from tuition, fees, state appropriations, college/university funds, grants/contracts, indirect cost recovery and gifts. The program continues to develop and implement new evaluation methods to ensure the professional preparation of its graduates. The existence and on-line format of the MPH program is paramount to improving public health education and practice in the frontier state of Montana.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The program has a mission statement encompassing three aspects of public health education: instruction, research and service. The mission statement of the MPH program is as follows:

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

The mission of the MPH program aligns with the mission of the Montana University System, the University of Montana and CHPBS.

The mission, goals and objectives of this program were created by consensus through a series of retreats, meetings and committee work involving MPH program faculty. The mission and goals were reviewed in 2009, resulting in slight revisions, and were reviewed once again as part of the self-study process, during which further revisions were made. The first point of commentary is that the mission statement had not been updated on the program website at the time of the site visit.

Goals are in place for each major function: instruction, research and service, and provide a context for the program's activities. The goals reflect a commitment towards instruction that prepares public health practitioners with sound knowledge and skills based on the core public health disciplines.

In regard to research, the goal reflects an academic environment that encourages both faculty and students to conduct research aligned with their individual interests. Through the course of the program, MPH faculty integrate research methodology, scholarship, quantitative skills and data collection and interpretation into their instruction. Goals around commitment to service outline an expectation and opportunity for students and faculty to engage with the local community through collaboration, consultation and continuing education. This also extends throughout Montana, the intermountain west and other rural areas.

The self-study indicates that targets are created to be fluid to easily adapt to changing circumstances in the field. The second point of commentary is that there is no scheduled process currently in place to review and revise these goals involving a broader committee outside of the core faculty.

1.2 Evaluation and Planning.

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

This criterion is partially met. The self-study demonstrates and the site visit confirms that the program has a clear commitment to evaluative processes and to integrating findings into program design and offerings. The Steering Committee is responsible for managing and incorporating evaluation data for the program, working with both the school chair – who is also chair of the Steering Committee – and other governance committees, as determined by their mandates. While some evaluative mechanisms are still in the planning stages (eg, alumni, employer and preceptor surveys, as well as post-practicum evaluations), program leaders described understanding of and value for the information and perspectives those key stakeholders will offer.

The self-study describes a thorough process of online course evaluations, with ultimate responsibility for remediable action generally lying along reporting-line authority, ending with the school chair. The program's course evaluation review also includes unique processes that have been established for the evaluation of secondary faculty who reside in academic units other than CPHS and for whom such data would normally not be available for the school chair's review. Courses are evaluated by students and reviewed by the chair at the end of each semester, and both faculty and students were able to provide specific examples of student feedback having influenced course conduct and/or content.

Other formal evaluation mechanisms include an annual strategic planning retreat for MPH faculty, monitoring course enrollment, assessing applicant and enrollee data and tracking student progress toward degree. Program leaders also rely on informal mechanisms of data collection, including employer and alumni feedback and information gathered as a result of faculty participation on local and national committees and/or as a function of ongoing relationships between faculty and the public health community. The self-study provided examples of these informal mechanisms resulting in changes to the range of course offerings made available as well as to scheduling of classes across the academic year.

The program provides a series of evaluation domains and data sources reflecting multiple measures for instruction and research. However, no domain or data source is identified for faculty or student service. One source of concern relates to the absence of a service evaluation domain given that service is a specified part of the program's tripartite mission. Further, among those data sources cited in this table, preceptors, alumni and employers are not currently formally surveyed. While plans are at varying stages

to integrate formal data collection from these key constituencies, another source of concern relates to the absence of such mechanisms at this time. Additional concern relates to the need for the program to integrate all of the proposed evaluation measures for key constituents, once developed, into the program objective structure.

The program maintains a matrix of program objectives articulated to program goals. These include objectives and measures for each goal including instruction (n=7), research (n=3), and service (n=2). A source of concern relates to some objectives incorporating multiple outcomes, while only one of these outcomes includes specific measures and data. For example, objective 1.3 states: "We will enroll approximately 12 qualified new student applicants each year. Fifty percent or more will be mid-career professionals or multicultural individuals," however only outcomes for the number of new enrollees is presented.

The program has met the majority of program objective targets, missing targets for minimum GRE score, and enrollment of students of color and/or Hispanic origin – both of which had been met in prior years. Some targets have not yet been measured, either because of the schedule of measurement interval or because, as in the case of employer surveys, the evaluation has not yet been implemented.

The self-study provides, and the site visit confirms, a reflective and realistic assessment of program strengths and weaknesses. Strengths include the program's innovative dual focus on rural and international health; a student-centered culminating experience process involving demonstrable products the student can use in early career to demonstrate proficiency; and an active governance structure that incorporates a breadth of participants across this small and young program. Strengths also include thorough and creative use of technology to deliver content and facilitate participation among students in this distance program. The site visit team observed, and both faculty and students attested to, the program's prioritization in this area.

Weaknesses noted by the program include a need to improve recruitment and retention of minority students, electronic platforms that are not yet functioning adequately for international students and a decision to move away from planned formal international practicum sites due to resource constraints at this time.

The self-study presents a thorough recounting of the program's self-study process. Alumni, students, and public health community members confirmed that the self-study was made available, via the program website, for review.

1.3 Institutional Environment.

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

This criterion is met. The University of Montana-Missoula is accredited by the Northwest Commission on Colleges and Universities (NWCCU). The university has been accredited since 1932. The university was chartered in 1893 and is a public unit of the Montana University System. The University of Montana-Missoula is located at the base of Mount Sentinel and is next to the Clark Fork River. The institution offers associate, bachelors, masters, first-professional and doctoral degrees and technical certificates and as of 2010 had nearly 15,000 students enrolled. Figure 1 presents the University of Montana-Missoula organizational structure.

The Montana University System is governed by the Montana Board of Regents of Higher Education (Board of Regents), who are appointed by the governor of Montana. The Board of Regents approved the MPH program in March 2005. The first class of MPH students was formally admitted in fall 2006.

The MPH program is housed in the School of Public and Community Health Sciences (SPCHS), which is located within the CHPBS. The dean of the CHPBS administers four professional schools: the Skaggs School of Pharmacy, the School of Physical Therapy and Rehabilitation Science, the School of Social Work and the SPCHS.

The president is the university's chief executive and has responsibility for the operation of the university in conformity with the purposes and policies determined by the Board of Regents. All professional programs at the university are governed by the Collective Bargaining Agreement between the University of Montana University Faculty Association and the Montana University System. The full-time SPCHS faculty is recognized by the university as the primary unit to govern academic regulations for the SPCHS faculty. The full-time faculty are accountable to the SPCHS chair, who is accountable to the dean of the CHPBS, who is accountable to the provost and vice-president of academic affairs, who is accountable to the president of the university.

The SPCHS chair works with the dean of the CHPBS annually to negotiate and establish the budget and resource allocation.

All faculty and staff at the University of Montana-Missoula are recruited using processes and procedures of the Office of Human Resources Services. However, since all faculty and staff are unionized, each academic unit operates via its own individualistic and unit specific standards for hiring, promotion and tenure actions. Unit standards differ for academic units within a college and across colleges at the university. Hence, the academic units that contribute faculty to the MPH program have varying sets of unit standards that set the expectations for research, instruction and service expectations.

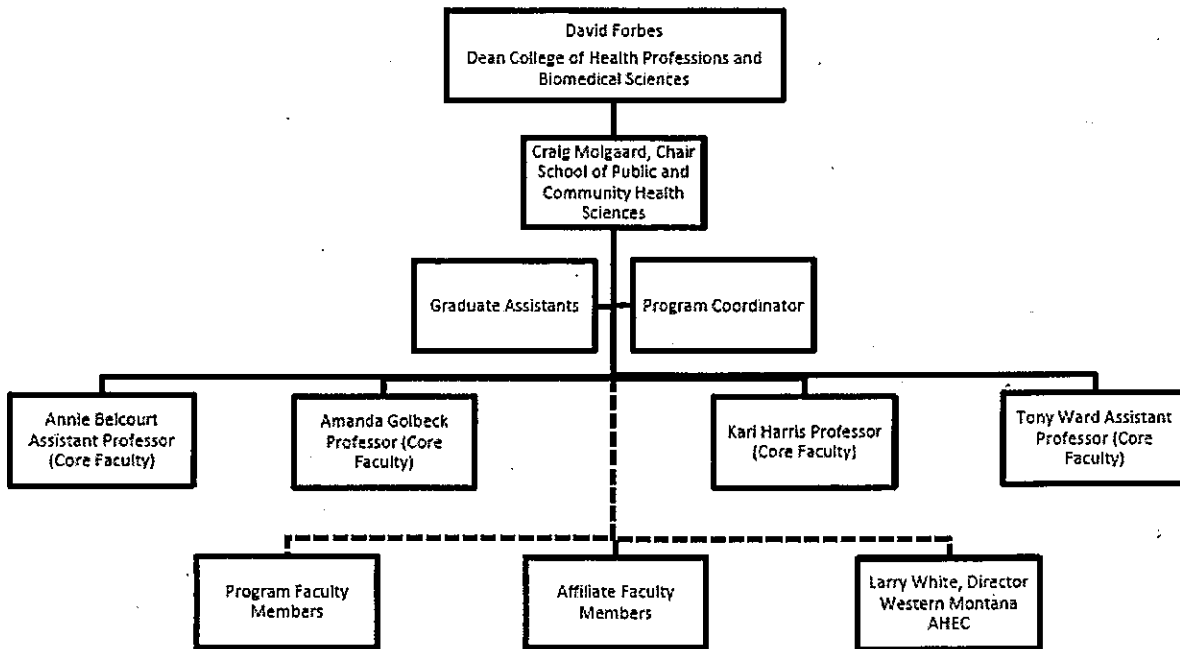
A standard system regarding MPH curriculum design, content and changes allows for both faculty and student input. Faculty input takes place through the Curriculum Committee, which contains both core and other program faculty. Student input comes from course evaluations and student representatives on the research, curriculum and admissions committees. All initial course proposals are submitted to the Curriculum Committee for review and approval and then passed to the Steering Committee for review and approval and finally chair approval. All significant curriculum changes are reviewed and approved by the dean of the CHPBS, University Graduate Council and Faculty Senate. All major programmatic changes are also reviewed and approved by the provost and Board of Regents.

1.4 Organization and Administration.

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

This criterion is met. Figure 2 shows the organizational chart of the MPH program. The chair of the SPCHS has direct access to the dean of the CHPBS. The chair of the SPCHS has direct contact with core, program and affiliate faculty and administrative staff. The chair of the SPCHS works with the dean and within established policies and procedures to organize and implement program structure, collaborate with community partners, oversee the program budget and manage the day-to-day operations.

Figure 2. University of Montana MPH Program Organizational Structure



Interdisciplinary coordination and collaboration are supported. Three colleges (the CHPBS, the School of Education and the College of Arts and Sciences) three centers (Center for Environmental Health Sciences, Western Montana Area Health Education Center and Native American Center for Excellence) and one institute (the Rural Institute at the University of Montana) are involved in the program. The Center for Environmental Health Sciences is tasked with investigating mechanisms of pulmonary and cardiovascular diseases, immune and autoimmune disorders, developmental effects, neurodegenerative diseases, genetic susceptibility and the impacts that environmental factors have in causing or exacerbating these conditions. The Western Montana Area Health Education Center focuses on connecting students to careers, professionals to communities and communities to better health. The Native American Center for Excellence facilitates the identification, recruitment, retention and professional

development of American Indian/Alaskan Native students who are interested in pursuing careers in health care delivery or research. Finally, the Rural Institute at the University of Montana works to address the needs of persons with disabilities in Montana via interdisciplinary training, community services and supports, training and information dissemination, services and applied research.

In addition to serving on program committees, MPH students may participate in the Graduate Student Association (GSA). The GSA is an organization tasked with improving the quality of education for graduate students, facilitating interdisciplinary interaction and supporting research interests of graduate students and advocating graduate student concerns. Any graduate student enrolled in a degree-seeking program and registered for at least one credit per semester is an automatic member of the GSA. Currently no MPH students are involved in the leadership of the GSA, as the organization has a limited number of seats available.

Appropriate written policies exist to ensure fair and ethical dealings for faculty, staff and students. These policies are readily available online and in print form. A formal and structured process exists in which student grievances and complaints are addressed. There have been no formal grievances or complaints filed against the MPH program.

1.5 Governance.

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

This criterion is partially met. Both the University of Montana and the MPH program have a well-outlined, representative governance structure consisting of faculty, staff, and students and when appropriate, practitioners from community and governmental organizations. Most notable is the MPH curriculum approval process in which all decisions move through a series of committees before final decisions are adopted and implemented. Each of the four distinct committees has a clear line to the program chair and steering committee and common representation; further providing continuity between the groups.

The MPH program has four standing committees:

- Steering Committee – tasked with providing strategic planning and program evaluation and assessment for the MPH program, day-to-day guidance and oversight to the MPH program and advice to the chair of the SPCHS. The committee is composed of seven members with no term limits and is headed by the chair of the SPCHS. Due to sensitive student issues and finance matters being discussed during committee meetings, student membership is not included.
- Curriculum Committee – tasked with developing and maintaining a curriculum that is rigorous, current and capable of producing graduates who are prepared to contribute positively to public health institutions and efforts. The committee is composed of four members and a chair and includes one student member and there are no term limits for serving on the committee.

- Admissions Committee - tasked with recruiting, reviewing and admitting qualified applicants to the program who can successfully carry out public health activities and practices for the population of Montana. The committee is composed of a chair, three faculty members and two student representatives and there are no term limits for serving on the committee.
- Research Committee – tasked with documenting the scholarly research activity of faculty and students, promoting research opportunities and disseminating information to public health constituencies and presenting annual research awards to students and faculty. The committee is composed of four members including the chair and includes one student representative and there are no term limits for serving on the committee.

Students hold seats in three of the four committees and each graduate student is automatically a member of the GSA. With the program being online and the vast distance between students, no MPH student association currently exists, and attempts at creating such a group at this time have been unfruitful.

While the processes outlined in the self-study are aligned with the ideal structure of a represented group conducive to a well-organized checks-and-balances structure, the concern relates to the role of the External Advisory Committee. It was indicated that the committee has not been able to meet due to challenges with location of its members, and thus individuals have instead been used as an ad hoc advisory group. This leaves a void where this type of group can be of assistance to the program. The site visit team was unable to communicate with a key individual of the External Advisory Committee who the chair of the SPCHS had mentioned acts as a key advisor due to the loss of the telephone connection during the site visit session.

Site visitors note that committees create a checks-and-balances system in the governance of the program as a whole, however it is of concern this process can be diluted when the chair of the SPCHS sits on each committee thus limiting any checks-and-balances.

1.6 Resources.

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

This criterion is met with commentary. The program has adequate resources to meet its mission, with a total budget for 2011-2012 projected at \$677,217. The self-study describes a variety of funding streams, including legislative appropriations; a university “base plus increment” funding equation that program leadership reports currently serves program needs; indirect cost recovery sharing that involves the college, school chair, and principal investigator; a tuition surcharge in the form of “supertuition” returned to the school chair for meeting instructional needs; student fees supporting the application process, technology, and other campus/program resource use; and a structure for faculty merit awards and promotion-related salary increases. State appropriations comprise 56.7% of the program’s projected budget for fiscal year 2011-2012.

Currently, the program reports 4.0 primary faculty FTE comprised of five individuals. This includes three faculty who are full-time dedicated to the program, supported by state general funds. Additional junior faculty appointments totaling .50 FTE, also supported by legislative funds, are identified as shared appointments from within the CHPBS and are allocated to the program by the dean.

Commentary relates to the nature of these two newest appointments, each identified in the self-study with MPH effort at .50 FTE. According to the faculty members, their actual appointments at the college level to the MPH program are .25 and .40 FTE respectively. These two tenure lines reside in Pharmacy and Biomedical/Pharmaceutical Sciences respectively. University officials confirmed that it would be possible for these appointments to be a true "50/50" split, with tenure through one of the appointing departments. Both faculty members described appointments comprised of a multitude of responsibilities across the two academic units in which they are appointed. Commentary reflects the need for particular attention to these positions to ensure that these junior faculty are balanced across the two academic units with appointments that do not functionally exceed 1.0 FTE, that they maintain stability in their appointments, and foster strong identities as public health faculty.

The school chair has discretion over the program budget, within university and collective bargaining guidelines. The last point of commentary refers to the fact that the University of Montana's "supertuition" is returned at a rate of \$450 per MPH student per three-credit course, and its use is at the chair's sole discretion for support of a breadth of instruction-related activities. This fee is not, however, permitted for use by non-MPH students enrolled in MPH courses. This is identified by program leadership as a disadvantage if they receive pressure from university officials to increase enrollment by providing additional course sections to accommodate students from other programs on campus resulting in operating such courses at a deficit for the MPH program. Indeed, students also specifically requested that required courses be offered more than one term per year, which could then place greater emphasis on non-MPH students enrolled in those classes, should the census of MPH students, alone, not be sufficient to fill two complete course sections.

The self-study reports that in the 2009-2010 fiscal year, the program generated approximately \$62,000 of supertuition funds that were used to support a program coordinator position, as well as a number of part-time faculty. Other sources of revenue include research contracts and grants awarded to core program faculty. In addition, the ICR model at University of Montana allows for one third of ICR funds received for a grant or contract-funded project to be returned to the college. This share is subsequently and equally divided among the dean, project principal investigator and school chair, and may be used to cover conference travel expenses, as well as funding for pilot projects and other project expenses.

Decreases in overall program funding and expenditures between 2009 and the present, primarily reflected in grants and contracts, are attributed to the conclusion of one large funded research project. University funds to the program have decreased over the past few years, as they initially included “start up” monies that are no longer needed; continued revenues from the university result from the program’s participation in teaching summer school courses. Tuition and fees and state appropriations have steadily increased from the program’s inception, and program leadership reports that these primary sources of funding are adequate to meet program needs, in combination with the ICR model and access to supertuition. Without the latter two sources, program leadership said that it would be “tough to meet” expenses in the current model. The college currently has a Health Resources and Services Administration (HRSA) grant, with funds made available to the program, to provide scholarships to full-time MPH students from disadvantaged backgrounds. In AY 2011-2012, six MPH students will be supported by these resources.

Table 1 presents the program’s budget for FY 2006 – FY 2011.

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

Note: the operations budget line decreased in 2009-10 because a large NIH R01 grant from a faculty member ended.

The program currently supports 5.45 faculty FTE, including the 4.0 FTE of primary faculty. This represents a steady incremental increase since the program was founded and notably reflects the addition of two core faculty positions (.50 FTE, each) in 2010. The complement exceeds that which is

required for an MPH program, and with a student-to-faculty ratio of 2.30 faculty resources are more than adequate to support the number of students enrolled (AY 2010-2011 mean student head count 26.5, 15.3 FTES). The program also has one full-time program coordinator, and occasional work-study student administrative assistance.

The program is housed in the Skaggs building, which provides generally sufficient faculty office space and meeting rooms, save for the absence of a larger more private space for the chair to meet with students and/or faculty on sensitive issues. Given that this is a distance program, classroom and laboratory space are generally not a factor, other than during the one-week onsite intensive course and new student orientation, both of which are currently placed in a classroom of 1,080 square feet. Technology resources geared toward distance learning, which are of greater relevance to this program and include instructional design support, are provided by the Office of Continuing Education. This support will be particularly important for both students and faculty as the university transitions distance learning platforms from Blackboard to Moodle during AY 2011-2012. Electronic library resources are made available to distance students through the holdings of the University of Montana instructional and research libraries. These include extensive access to databases, electronic journals, ebooks, government documents, and other media, all which are accessible through the University of Montana library website. Interlibrary loan is also available, free of charge, to students and faculty. Students reported to the site visit team that library resources are adequate to meet their instructional needs as distance learners, and that library staff have made themselves available beyond the traditional schedule to accommodate online students' evening and weekend hours.

Community resources for student placements and other learning opportunities are primarily available through informal relationships between the program or individual faculty and local agencies and organizations. The site visit team confirmed with faculty that such networks are sufficiently established in a state with as small a population as Montana, and students further confirmed that such opportunities have been sufficiently available to provide them with a diversity of learning and practice experiences, even for the more distant students. Formal memoranda of agreement exist between the MPH program and the Northwest Center for Public Health Practice at the University of Washington, as well as with the Western Montana Area Health Education Center, both for purposes of enhancing student instruction and workforce development opportunities.

Outcome measures by which the program judges its adequacy of resources include student-to-faculty ratio, institutional expenditures per student FTE and total research dollars per faculty FTE. Student-to-faculty ratio dropped from 4.09 in fall 2008 to 3.30 in fall 2010, while instructional expenditures per student FTE have remained relatively stable if not increasing modestly from \$28,542 in AY 2008-2009 to \$29,913 in AY 2010-2011. Research dollars per faculty FTE have dropped by nearly two-thirds over the

past three-year interval, a phenomenon attributed to the AY 2009-2010 conclusion of one large funded research project. The site visit team did note particularly conservative program target values for research dollars, research dollars per FTE, extramural funding, and total budget, as compared with actual values and even value trends over the past three years. Program leadership responded that these estimates were deemed most “realistic,” based on conservative assessments of trends.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program currently offers a generalist MPH concentration. The program is fully online. A review of the curricular requirements shows a sufficient depth and level of required coursework for the concentration. The curricular requirements include: 18 credits of core public health courses, nine credits of required courses in ethics, program evaluation and research methods and rural and global health, six credits of electives, three credits of practicum experience and six credits of culminating experience.

Table 2. Degrees Offered		
	Academic	Professional
Masters Degrees		
Generalist		MPH

2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. The program of study for the generalist MPH requires the completion of 42 credit hours.

The program defines one semester hour credit as one hour of lecture each week for the fifteen week-long semester (autumn and spring). The MPH program, in addition to the autumn and spring semesters, offers a three week-long winter session held between autumn and spring semesters and two five-week long summer sessions. MPH students are expected to devote at least three hours of “learning activity” per week for every semester hour of credit for didactic online courses.

The MPH program allows students to transfer a maximum of six graduate-level credits from another MPH program. Approval for transfer credits is given by the student's advisor and the department chair, and the majority of approved credits are elective credits. Site visitors learned that in the last three years eight students received approval to transfer a total of 48 credits.

The MPH program has transitioned from 36 credit hours to 39 credit hours, to 42 credits. In 2006-2007 the MPH program required 24 core credits and 12 elective credits (36 credits). A total of four students graduated under the 36-credit program, and two students remain who will complete this program. In 2007-2008 the MPH program required 24 core credits, 12 elective credits and a three-credit practicum experience. A total of three students graduated under this credit requirement, and site visitors learned that three students remain who will complete the 39 credit requirement. All students enrolling in the program from 2008-2009 forward are required to complete the 42 credit requirement.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. Students enrolled in the MPH program are required to complete six core courses. The core courses address core knowledge in public health and total 18 credits. These courses are the following:

- PUBH520 Fundamentals of Biostatistics
- PUBH510 Introduction to Epidemiology
- PUBH560 Environmental and Rural Health
- PUBH535 Health Policy
- PUBH530 Administration and Management in the US Health Care System
- PUBH540 Social and Behavioral Sciences in Public Health

No waivers are given for core courses due to the importance of public health knowledge that is found in the core courses, which all MPH students must attain to complete the program and retain for their careers in public health. PUBH535 Health Policy and PUBH530 Administration and Management in the US Health Care System are the two classes for the health services administration core requirement.

2.4 Practical Skills.

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

This criterion is partially met. The MPH program requires a field experience that places students in a practice-based situation. Sites for practicum experiences include state health departments, local hospital centers and non-profits. Students are responsible for finding and arranging a practicum site. Faculty members may assist students in finding practicum sites but students maintain final responsibility for

locating and establishing a practicum site. Students have access to a list of previously utilized practicum sites with mentor contacts and the UM internship services office provides assistance with developing practicum sites. The MPH program has established nine characteristics that a location must have to be an approved practicum site.

Students may perform a practicum in their regular place of employment if the practicum is above and beyond their normal work duties. Permission to do so must be negotiated with the practicum faculty mentor at the University of Montana, and permission is neither automatic nor guaranteed. MPH students are required to complete a 200-hour (three-credit) practicum experience. All practicum requirements are explained in the Practicum Guidelines for Master of Public Health Degree Candidates Guide that all students receive. These requirements include selection of a practicum academic mentor; establishment of a practicum review committee; identification of three to five learning objectives and identification of the MPH program competencies which will be addressed in these objectives; preparation and approval of the practicum proposal from; a written report detailing practicum activities and demonstration of public health competencies and oral defense of practicum to the practicum review committee. Detailed guidelines for the written report and presentation are communicated to all MPH students in the Practicum Guidelines. No students receive waivers for the practicum experience.

Practicum preceptors are approved by faculty members based on their current position, work history and educational background. When the practicum preceptor does not have an MPH degree, the practicum academic mentor provides guidance to link the practicum experience to the public health concepts that students have learned in coursework.

In academic years 2007 – 2011 twenty students completed practicum experiences at twenty practicum sites.

The first concern relates to the lack of a standard rubric for the evaluation of the components of the practicum experience. The second concern relates to the lack of a standard evaluation form for the preceptor to use to evaluate student performance. The third concern relates to the lack of a post-practicum student evaluation of the practicum site and preceptor, which is paramount in deciding to place or not place another student in the practicum site with the same preceptor. The final concern relates to the preceptors' advance understanding of what students must accomplish during their practicum experience. Site visitors learned that one student approached a community member to be a preceptor and both the student and preceptor were unsure of the requirements of the student practicum, as well as the responsibilities of the preceptor. Site visitors learned that preceptors would find it beneficial if the program provided guidance about the role and responsibilities of preceptor requirements of students to complete the practicum and background information for the individual students.

Although not of concern regarding the evaluation of this criterion, site visitors noted that the Practicum and Portfolio Defense Checklist needs to be updated. The current form lists a contact person who is no longer with the MPH program, which could be very confusing to students if they email or phone this individual for assistance.

2.5 Culminating Experience.

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

This criterion is partially met. The culminating experience has two components. First, students must complete PUBH599, the professional paper for three credits. The paper must be an original analysis, synthesis, application or presentation that is based on existing knowledge, and attempts to extend, enhance or clarify existing knowledge. It may emerge from a data-driven research project, a practicum experience or an independent project developed with a faculty advisor in a mutual academic or professional interest. The modality of the professional paper may take various forms (ie, research paper submitted to professional journal for peer review and possible publication, conference paper or poster submitted and accepted at professional meeting and delivered by the student and a policy paper to a health agency). Students work with an advisor for this requirement; the advisor may be a core MPH faculty member or an affiliated faculty member.

Second, students must complete PUBH593, the professional portfolio for three credits. Students are required to create a portfolio review committee, complete a MPH portfolio and defend the portfolio to the portfolio review committee. Students reflect on their training for and ability to engage in the Ten Essential Services of Public Health and where possible demonstrate their proficiency in the UM MPH competencies. Evidence of mastery is detailed in descriptions of coursework and practicum experience. Students are required to prepare and give a 45-60 minute presentation of their portfolio to the three-member portfolio review committee and answer questions from the review committee in an additional hour-long session. The presentation and question and answer period may be done on campus or at a distance.

The concern relates to the fact that the current design of the culminating experience lacks a consistent process for assuring standard mastery of programmatic competencies in the culminating experience. This results from the design of the portfolio where the emphasis of mastery is placed on the Ten Essential Services instead of programmatic competencies. This occurs since students are instructed to only demonstrate their proficiency of competencies where possible instead of an all inclusive demonstration of competencies.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

This criterion is partially met. The MPH program outlines 72 competencies in seven domains of public health, including: basic epidemiology and biostatistics; basic sciences practical skills; leadership and communication skills; cultural competency and professionalism skills; policy development, systems thinking and management skills; community practice, program planning and program assessment skills; and rural and global public health skills. Each competency was identified using a blend of the Association of Schools of Public Health competency domains, the Ten Essential Services for Public Health, and competencies specific to the program focus in Rural and Global Health.

Initially, the program's Steering Committee adopted the twelve competency domains from the Association of Schools of Public Health. The program's Curriculum Committee, comprised of faculty, staff and students, then developed the competencies in the domain of public health in rural settings. Since then, the MPH program Self-Study Committee reviewed the competency areas and developed seven domains in the 2010-2011 academic year. Competencies were vetted through a series of evaluation and approval processes. Faculty validation of the competencies across the practicum and portfolio began in the 2011-2012 academic year using a master checklist. The faculty intend to measure competency attainment within each course, but at the time of the site visit the checklist process was not complete.

Students receive a checklist of the competencies at the beginning of their program and then again at the completion of the program. This provides students with an opportunity to review the course of their studies and then to evaluate and reinforce the competencies they acquire in the program. The MPH program is adopting a component in which the students will have an opportunity to use a working checklist which will be reviewed throughout the program. The competency checklist allows students to record their perceived levels of competency and experience in each MPH program competency area and compare it to their competency level at the end of the term.

The first concern relates to the fact that students reported receiving the checklist and doing their self-assessment, but only one student recalled being asked to return it to the MPH program faculty, and only one student reviewed the checklist with her advisor before the end of the program. Site visitors heard mixed reactions from the students in regard to the competency checklist. Some students felt overwhelmed by the number of competencies and other students felt that the checklist provided a clear road map to the program. For competency self-assessment to be useful, it must be consistently applied and systematically collected.

The second concern relates to the total number of competencies (72) and the ability to clearly trace the stated competency from the matrix, to the syllabi and then to the culminating experience and portfolio. It is difficult, at best, to assure that competency mastery can be adequately measured when the competencies are so numerous.

The final concern relates to some faculty members' lack of familiarity with the competencies. During the site visit faculty members seemed unsure of the number of competencies and domains contained with the MPH program.

In an effort to stay abreast of the changing needs of public health practice, the MPH program actively participates in and with major public health focused organizations including APHA, NACCHO, the Council of Graduate Programs, NIH, CDC, HRSA, and state-based organizations including the Montana Public Health Association, Montana Environmental Health Association and Montana Health Association. Identified needs then are reviewed by faculty and staff and integrated into the competency list and the appropriate courses. The self-study reports that the MPH program keeps up with the demands of the public health workforce by conducting a workforce survey and using the same methods in adopting recommendations in the competencies. To date, the initial workforce survey was conducted but future plans to gather information and systematically incorporate such findings into the competency areas have not been clearly defined.

As a new program, this was the MPH program's first attempt at reviewing the competencies. Future plans outline revisiting the competencies every other year as part of the Curriculum Committee platform. There are also plans to review reports from alumni regarding their mastery of the competencies with hopes that this data will further enhance the program's definition of competencies.

2.7 Assessment Procedures.

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

This criterion is partially met. The program uses various methods of assessing student performance: oral presentations, written reports, discussion board postings, exams, custom interactive online activities written in Visual Basic, professional paper, professional portfolio and defense, practicum activity and defense, faculty observation and review of students with academic problems by the SPCHS chair and MPH coordinator. MPH students are required to maintain an overall grade point average of 3.0 on a four-point scale. Site visitors learned that in the last three years no students have been placed on academic probation and no students have been expelled from the program.

Faculty advisors monitor student progress. Students are assigned a primary academic advisor upon admission into the MPH program. Faculty advisors are assigned by the SPCHS based on the faculty member and student's mutual interests, as well as faculty teaching load, additional duties, experience and availability.

The program assesses student progress in achieving competencies during coursework, during the practicum experience, professional paper and professional portfolio.

The self-study does not contain degree completion rates since students first enrolled in the MPH program in spring 2006 and the target for degree completion is "80% within six years of matriculation." Hence, the first degree completion rates for students admitted 2006-2007 will be calculated in 2012. To date there have been 16 graduates.

The self-study presents summaries of graduate employment data for the last three years. The top three destinations for MPH graduates during this time period were government, nonprofit and university research.

Surveying MPH graduates is a multi-step process at the University of Montana. First, MPH alumni complete a survey for the University of Montana's Office of Career Services. The first cohort of UM MPH alumni were surveyed in summer 2008 – spring 2009, and were asked questions regarding job placement and starting salaries. This survey is currently undergoing major revisions with additional content being added, and at the time of the site visit was not finalized. When complete, the survey will be delivered online to MPH alumni for their completion. MPH graduates also complete the SPCHS alumni survey which site visitors learned will be modified to include more detailed questions about the alumni's ability to effectively perform the competencies of the MPH program in a practice setting.

The concern relates to the lack of a system to perform a periodic assessment of employer feedback on graduates' ability to effectively perform the competencies in a practice setting. Site visitors learned that an employer survey will be drafted during academic year 2011-2012 and will be administered in summer 2012. Employer feedback is critical information for the program because it informs changes and improvements in both content and method.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is met. The MPH program is a distance learning curriculum in which all courses, with the exception of one, in-person intensive course, are offered through an online format. This format was adopted to meet the program's mission of serving mid-career professionals, in particular, those currently serving in Montana's public health workforce. Classes are asynchronous in that students and instructor may log on and participate at different times, although courses run within the confines of the same standard semester as the rest of the university. The program serves a student population from across the state and beyond, with roughly half of current students residing in the greater Missoula area. All core faculty members and most secondary faculty (18 of 29) currently hold positions at University of Montana, while the remaining secondary faculty are from universities and agencies throughout the country.

The single onsite course, PUBH580 Rural Health Issues in a Global Context, is taught during the summer, fulfills the university's residency requirement, and was universally regarded by both students and alumni as an extremely valuable academic experience. Indeed, several students and alumni expressed an interest in additional coursework in this same format or other experiences that bring students together in a "face to face" environment. This was reinforced by community partners who expressed an interest in more face-to-face interaction among students during their training, to allow both for more spontaneous exchange and to practice oral communicating – and defending – public health issues in a more natural context. For all other required coursework, students participate via the online

system (currently transitioning from Blackboard to Moodle), by posting their contributions in moderated forums and online discussions, participating in graded and ungraded online learning activities (eg, exercises, problem sets, videos), and taking exams and submitting assignments electronically. One example of faculty innovation in online instruction is an interactive internet-based biostatistics question-and-answer database to which students contribute; currently this system has grown to feature over 200 question and answer sets. University officials indicated that they envisioned the MPH program serving as a campus-wide model for innovative online learning as additional programs and degrees integrate such technology in the future. The MPH online classes currently have an average enrollment of approximately 10 students, each, with maximum course size limits held at 15 students. Program leadership indicated this maximum reflects both the demands of instruction in this format, as well as a desire to maintain a more traditional graduate seminar size.

Faculty demonstrated and students confirmed that there were multiple opportunities to participate in class activities each week, that course faculty were highly engaged and participatory, and that students received both group and individualized feedback on skill development. Those students in proximity to the university have the option of taking additional electives from throughout the campus in traditional classroom settings. Two students reported that they had done so, including courses in medical anthropology and grant writing.

Students in this distance program are expected to spend the same amount of time in online courses as they would have had the program been offered in a classroom format. The program reported that individual course evaluation data indicated this was the case. At present, the web platform used for online learning is not functioning adequately for students outside the country. Thus, the program has suspended recruitment of international students, and although faculty leadership are considering options to meet this need in future, at present the program has no clear plan for providing services to students in other countries. The program has been able to support the two existing international students enrolled in the program as they are currently living in the United States.

Program events, such as the brown bag seminars, are hosted on campus and are made available to students through distance learning technologies. Some of the alumni indicated they had participated in these seminars both in-person and online. Students living at a greater distance also have the opportunity to participate in program governance committees through conference calls, email, web conferencing and/or other meeting technology, although none onsite reported that they had done so. Similarly, students can engage in non-practicum faculty research through distance technology, although again, no students who met with site visitors reported that they personally had done so.

Because the program is embedded in the university, administration and support services are the same as for classroom-based programs. In addition, the program receives particular support from the School of Extended and Lifelong Learning, Extended Learning Services (XLS). This unit supports distance programs campus-wide in operations, technical support, and instructional design assistance, via one-on-one consulting, workshops, and training. Students are oriented to the online learning platform during new student orientation and may receive individualized technical support through the Tech Support Desk's toll-free number. Online technical support databases and tutorials are also accessible at any time.

Similarly, university library and student writing support are also available to students online, through instant messaging, email and a toll free number. Students reported that they had adequate opportunities for assistance through these formats. Students also have email and phone access to their academic advisors, and report that they generally do not have difficulty contacting their advisor within a day or so.

The program maintains academic rigor through compliance with University of Montana and accreditation guidelines, hiring faculty who meet the qualifications set forth by the program, oversight of courses and syllabi by standing program governance committees, regular evaluation of courses and advising and unit standards that specify expectations for the conduct of distance learning programs in the college. For example, all faculty and courses are evaluated online by students, using the same instruments as is applied to courses elsewhere in the university. Faculty are evaluated according to the same academic unit standards as for the other programs in which they participate, with the exception that the MPH program chair also reviews and acts upon course evaluations for faculty whose primary appointments are in units outside the school.

The college and program maintain an expectation that "courses be executed with considerable [faculty and student] interaction." Program leadership reported an average of six posts per week per student across a 16-week term, and while faculty posts are not specifically counted, students and alumni reported frequent input by faculty in courses. Faculty, in turn, reported reading each of the student posts contributed and also discussed the specific rubrics and metrics they use in assessing online student performance.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. The program has clearly articulated research goals and objectives for both faculty and students. Research is an integral part of the culture within the program, codified by

its inclusion in pay, promotion and tenure guidelines, and is a basic expectation of the program for both faculty and students. The program has funds to support faculty travel to research meetings and presentations, and the university provides annual merit awards for faculty who distinguish themselves through scholarship. The university additionally encourages faculty research through an ICR-sharing model that returns a portion of funds to the principal investigator and to his/her college and home academic unit, for purposes of supporting ongoing research capacity. Faculty reported that these ICR funds are of great use in supporting pilot projects and other research expenses, as other forms of "seed money" are generally in short supply.

The Research Committee is the MPH program's standing governance committee dedicated to fostering and accounting for scholarship. The committee's mandate includes monitoring and documenting student and faculty research productivity through the Annual Research Report, disseminating research opportunities among faculty and students, recognizing excellence within the program with annual student and faculty research awards, and collecting and analyzing data for program accreditation. The committee also organizes the brown bag research colloquia.

In 2008, the program assessed faculty research expectations and resources of secondary MPH faculty whose home academic units were other than SPCHS, in order to determine that standards were comparable with those against which core MPH faculty are held. Faculty reported a "moderately strong" research culture and the potential to advance along promotion and/or tenure lines based on research productivity. About half of the faculty respondents reported access to dedicated librarians, as well as funds for new faculty start-up, travel, books, professional memberships, course buy-outs, technology and graduate student assistants.

The self-study reported 30 core faculty research projects during the accreditation interval, of which two were collaborative efforts among program faculty. The program encourages and acknowledges community-based research, and all core faculty reported research partnerships with community groups or local agencies. A number of these projects are in partnership with local tribes and include research focusing on youth suicide prevention, diet and exercise, tobacco cessation and air quality related to woodstoves.

Commentary relates to MPH student participation in faculty research. While the self-study specifies a number of UM students involved in faculty research projects, the program does not track how many of these students are enrolled in the MPH program. When asked, none of the students or alumni who met with site visitors reported that they, personally, had worked with faculty on public health research projects outside of the required practicum experience. None of the faculty onsite reported that the students currently working on their research projects were MPH students, although some were aware of students

who had worked on faculty projects in the past. Indeed, faculty stated that unless a project was specifically located near where a distance student lived, students residing away from the Missoula area would likely not be practical or desirable research hires. Moreover, one faculty member stated that “unless the program creates incentives to use MPH students, they [would not be] as attractive as doctoral students” who would remain on campus and with the project for longer periods of time.

Of sample student research projects provided in the self-study, only one was not also a practicum and thus a curricular experience; however, three of these student practicum research experiences resulted in professional papers. The self-study reported that five of the 16 graduates co-authored publications or conference presentations. Students and alumni reported that while they had seen announcements for research opportunities come across student listservs, the greatest barrier for most of these non-traditional students had been a lack of discretionary time to dedicate to an additional experience.

3.2 Service.

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

This criterion is met with commentary. In alignment with Goal 3, “to provide service to help meet the public health needs of Montana, the intermountain West, and rural areas beyond through consultation, collaboration and continuing education,” faculty have demonstrated a commitment to service at the department, university, community, state and national levels. The MPH program creates a culture of service by incorporating service expectations into faculty contracts, annual reviews and promotion deliberations. Each faculty member has a target of participating in at least one service activity per year. Additionally at the University of Montana, community service is a part of faculty members’ contractual obligation. University leadership confirmed that promotion or merit cannot be achieved without evidence of service.

One example of faculty service is a project establishing tobacco cessation programs among American Indians through the Salish Kootenai Community College health educators. Faculty members are also encouraged to collaborate with local and regional partners, such as the Northwest Center for Public Health Practice, where one faculty member, the department chair, sits on the steering committee and assists in coordinating the interface with all MPH programs in Washington, Alaska, Idaho, Wyoming, Oregon and Montana. Many faculty members also serve at the national level, participating in activities with the Caucus for Women in Statistics, the CDC, the NIH and the Ford Foundation, to name a few.

Faculty members are encouraged to provide service to the profession by actively participating in public health-related professional organizations, such as the American Public Health Association, the Montana Public Health Association and the Montana Environmental Health Association.

Students are also encouraged to participate in service, and the site visit report indicates that 100% do so in various ways, most commonly as part of their practicum project. They are able to apply their public health skills and meet their practicum requirement while furthering the health of their community. The commentary refers to the fact that students fail to include their service on their resumes since their understanding is only paid positions should be listed on their resumes.

Service opportunities are encouraged and publicized through standing committee meetings, the MPH newsletter, the program website and the public health broadcast system. Students and alumni recall seeing emails with these opportunities, but none reported having taken advantage of these opportunities either because of time constraints or because the location was not convenient for them.

3.3 Workforce Development.

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

This criterion is partially met. The program actively contributes to workforce development through its partnership with the Statewide Task Force on Public Health, in which it has played a pivotal role in coordinating policies, procedures, practices, and evaluation on an ongoing basis. The MPH program also directly contributes to the training of the public health workforce through its public health certificate program. This certificate program allows those interested in public health to build their skills by taking 12 units of classes alongside students in the 42 unit MPH program. This benefits both certificate program participants as well as MPH students, as all of the students bring various levels of experience to the virtual classroom, furthering the amount of sharing and learning which takes place. Certificate program students have the option of applying for the MPH program following completion of their certificate, and all 12 units they have completed directly apply to the program requirements. To date, two students have taken advantage of this opportunity.

The MPH program has a policy of actively supporting the workforce through professional development. In fact, much of the service work faculty conducts is directly related to workforce development. The MPH program has a formal memorandum of understanding with the University of Washington's Northwest Center for Public Health Practice to conduct a wide array of workforce development programs and activities across the region. The group also sponsors a journal called Northwest Public Health in which the chair of the SPCHS is a member of the editorial board.

In Montana, the chair of the SPCHS serves on the statewide Public Health Task Force and its workforce development subcommittee. In order to maintain a competent and qualified public health workforce, the task force focuses on two goals: recruiting, hiring and retaining a qualified diverse public health workforce and assessing staff competencies and addressing gaps through organizational and individual training. In

order to succeed in these goals, basic infrastructure needs to be addressed so that job postings and position descriptions include the competency areas of the program as well as the education and experience needed to successfully do the job. Workforce surveys then measure the extent to which these systems work. Variances identified in the data can then be used to create educational opportunities and can be directly adopted into the MPH curricula.

A workforce survey was recently conducted by two MPH students, one of whom was from the UM, which outlines the distribution and professional backgrounds of those working in public health across the state. The concern relates to the fact that plans on next steps in expanding this survey to assess training needs or targeting these groups have not been developed or implemented to date. It was noted by community partners that the summer institutes have been useful in providing this service. Next year's Summer Institute will be help on the University of Montana's campus.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has a defined, multidisciplinary faculty complement that includes five primary faculty, three of whom hold terminal degrees in public health with emphases in biostatistics, social and behavioral science, or epidemiology. Of the 10 secondary instructional faculty, four have training in public health subdisciplines (eg, global health, epidemiology, environmental health, nutritional science), while the remainder are trained in a range of disciplines associated with public health (eg, ethics, hospital and pharmacy administration, medicine). All primary faculty and all but seven of the 39 HC secondary faculty are doctorally-prepared, and three of the remaining seven secondary faculty hold MPH degrees or other masters degrees in a public health sub-discipline. This breadth of training is appropriate to providing a generalist MPH degree.

Three of the five primary faculty are tenured senior faculty, and the remaining two are tenure-track assistant professors. In addition, five of the 10 instructional secondary faculty hold tenured positions at the university, specifically four associate professors and one professor. Public health practice perspectives in the program are primarily drawn from secondary faculty members' experience and professional roles, as none of the primary faculty have direct professional experience as public health practitioners. Two of the 10 (20%) secondary instructional faculty are currently in public health practice positions, both outside the state of Montana.

Secondary faculty are drawn from a range of University of Montana academic units and centers -- including Psychology, Pharmacy, Political Science, Environmental Health Sciences, Social Work, Anthropology, AHEC and the UM Rural Institute -- as well as from agencies and organizations around the United States and Canada. These include the CDC, local and state health departments and laboratories, other universities, the National Rural Bioethics Project and the NIH.

The program has explicit outcome measures to assess qualifications of MPH program faculty. These include indicators of doctoral preparation, public health training, and extramural research funding. The program exceeded target values for each of these indicators during the three years reported.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program adheres to faculty recruitment, appointment and promotion guidelines established by the University of Montana, the university's collective bargaining agreement and subsequent academic unit standards of SPCHS.

Both the college and SPCHS assure faculty development through funding for faculty travel to meetings, conferences and trainings, as well as other opportunities that can be supported by the ICR sharing model at University of Montana. Junior faculty are mentored by senior SPCHS faculty and the college dean, and start-up funding is provided to help support establishing teaching and research agendas. Faculty may also apply for sabbatical leaves through the university.

Tenured and tenure-track faculty are reviewed on a schedule of every one to three years, rank-dependent, to assess performance in teaching, research and service. A Student Evaluation Committee (SEC) participates in these reviews by assessing the faculty member's performance record and making a recommendation to the Faculty Evaluation Committee (FEC); one student who met with the team onsite had served in this capacity. The school chair and the faculty member being reviewed identify the members of these two committees. The college dean makes the final performance recommendation to the UM provost based on the faculty member's record and committee assessments; the provost determines whether the faculty member performed at a below-normal, normal or merit level. Those judged to have performed at the merit level received salary supplements. All three of the senior core MPH faculty have received merit awards for an overall portfolio of teaching, research and service.

Students evaluate all MPH courses through an online instrument. Each evaluation is reviewed and acted upon by the SPCHS chair irrespective of the course instructor's primary academic unit. Student satisfaction with course instruction is a determining factor in faculty course assignments. The self-study

cited an example of one instructor who had not received favorable reviews for a particular class and subsequently who was reassigned to a better-suited offering. As a result, both courses are now earning positive student evaluation ratings.

Faculty community service is considered in promotion and tenure decisions, and each faculty member's service requirement is negotiated independently. On average, program leadership estimated that core faculty are assigned 20% FTE for service activities. Depending on the nature of the project or effort, "service" and "research" are not necessarily distinguished in faculty assessments, and service to the university in addition to broader professional contributions -- is counted toward each faculty member's service commitment.

4.3 Faculty and Staff Diversity.

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

This criterion is partially met. The MPH faculty represent adequate gender balance. Three of the five primary faculty are female (60%), while 21 of the 39 secondary faculty (54%) are female. One of the five (20%) primary faculty members is from an underrepresented ethnic or racial group as are three of the 39 (8%) secondary faculty. There is one staff member for the program, and she is not from an underrepresented ethnic or racial group.

Faculty and staff are recruited according to UM Human Resources and Equal Employment Opportunities Office guidelines. Both the university in general, and SPCHS, in particular, maintain express non-discrimination statements, and faculty and staff applicants are considered regardless of background or personal status. The university complies with the Americans with Disabilities Act. Faculty searches draw from a national pool, while the program reports that staff searches tend to recruit from the immediate area.

While the program has been in existence since 2006, the first program faculty diversity outcome measures are yet only proposed and are scheduled to be approved and ultimately assessed later in AY 2011-2012. At the time of the site visit, the program did not have a stated diversity indicator for program staff. The concern relates to the delayed implementation of, and thus lack of data for, faculty diversity objectives, as well as the absence of even proposed objectives or measures for staff diversity. Without data for such indicators, then, there is also not yet a formal program plan for increasing diversity among faculty and staff. Importantly, one of the two recent faculty searches did result in attracting a faculty member of American Indian descent, a population the MPH program expressly aims to serve through instruction, research and service activities. Her recruitment was facilitated by the University of Montana's new (2009) Payne Family Native American Center of Excellence. In addition, one of the External Advisory

Council members is Executive Director of the Montana-Wyoming Tribal Leaders Council, and reportedly provides guidance to the program in terms of recruitment and retention of both American Indian faculty and students. Program leadership acknowledged both in the self-study and in meeting with the site visit team the need to develop a plan to recruit faculty from underrepresented populations, although they also acknowledged that no plan had yet been devised.

The program fosters diversity beyond its faculty through curricular offerings that focus on rural and international health. For example, faculty noted that the program is developing a new course in Native American Health that is scheduled to launch in fall 2012. The program also cites core faculty research with express foci in health disparities and identified both established and developing professional relationships with groups and organizations dedicated to the health of American Indians in Montana and beyond.

4.4 Student Recruitment and Admissions.

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

This criterion is met with commentary. Utilizing a variety of recruitment strategies, the MPH program has succeeded in identifying individuals who are qualified for graduate-level education. The program bases acceptance on both qualitative and quantitative measures. Taking first the quantitative measures, 70% of students must demonstrate a previous undergraduate GPA exceeding a 3.0. The program has met their goal for the past three academic years with 73% in 2008, 73% in 2009 and 88% in 2010. Additionally, 80% of students must have scored 399 on each component of the GRE exam. Again, the program has met their goal in this area in the past three years, except for this previous year in which only 64% of students received a score over 399 on the verbal section of the GRE.

The program also evaluates applicants qualitatively, assessing their letters of recommendation, volunteer experience, experience related to public health and demonstration of potential for excellence. If a student scored low in one area, the other criteria are closely evaluated and can compensate for the areas with deficiencies. All applicants are then ranked accordingly and recommendations are considered by the Admissions Committee as a whole. In order to maintain a certain level of student body diversity, the MPH program defines success as having at least 50% of mid-career professional students. To achieve this, much of the recruiting for admissions is conducted at the local and state health departments, other universities and state colleges, hospitals and other places employing professionals interested in public health.

New enrollment in the MPH program ranged from 14 in 2008, to 17 in 2009 and 10 in 2010. Although not formally assessed, anecdotally the program understands that common reasons why admitted applicants choose not to enroll include that they were accepted into other programs or that cost was a barrier.

Program information, application requirements and procedures, as well as student information are all available on the University of Montana's website. Applications are accepted for fall, spring and summer semesters. The site visit team heard from several individuals that the GRE requirement was often a barrier to recruiting diverse students, especially those in the Native American population. University officials confirmed that the GRE requirement can be waived as long as there is an alternate means for measuring potential success in the MPH program.

The program noted onsite that student scholarship funding from the Indian Health Services is available only after a program has been accredited. This can be a tool both for increasing the number of applicants as well as diversifying the student body.

The commentary refers to the disconnect between the international mission and the expressed intent of the MPH program and its ability to implement the program in an international setting or to support international students. The program promotes itself as being an international program and extends itself to an international audience, but the program faces challenges with their technology in other countries, especially those with limited connectivity. The program does not currently have a plan to resolve the connectivity challenges and currently has two applicants from Africa awaiting admission decisions. International recruitment, as a result, has been terminated.

4.5 Student Diversity.

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

This criterion is partially met. Policies and procedures governing student diversity are outlined and guided by the university. These same policies and guidelines are also being implemented in the MPH program. Although attention to diversity was mostly limited to professional experience and gender in the past, the first annual diversity report for the UM as a whole began in the spring of 2011. As a result, new goals, strategies and guidelines have been outlined to further diversify the student body, highlighting the university's commitment to diversity and equity. These steps will assist the university and the MPH program in fully meeting the requirements for diversity. Evaluation of these new policies will take place in three years to measure success.

While Montana is predominantly Caucasian, new program goals were created to mirror the demographics of the state, incorporating the 6% of American Indians and 3% of students of color and Hispanic/Latinos.

Students and faculty are also encouraged to meet diversity measures by working with protected or vulnerable populations in their research, in service and in student culminating experiences. These efforts will better prepare the workforce in working with the population of Montana.

The concern relates to the fact that the university has not made plans to act on its findings of the diversity report, and although the MPH program has crafted measures to institute a plan and begin data collection, implementation had not occurred at the time of the site visit.

4.6 Advising and Career Counseling.

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

This criterion is met. Students are assigned a faculty advisor upon admission; advisors can assist them with any questions or concerns they have about the program and can assist students in successfully navigating through the program. The advisor and student are paired based upon similar experiences and interests as well as the faculty member's work load and seniority in the department. Students have the option to change advisors if they do not feel it is an appropriate fit. If a student is not comfortable in bringing a concern to his or her advisor, students also have the option to take their concerns to the program coordinator or chair of the department as well as to the dean. Further inquiry on program satisfaction is also incorporated into the portfolio defense process. This has been important feedback and has resulted in the addition of a dedicated practicum coordinator position, additional epidemiology courses and a course in public health leadership.

Students also receive a student handbook, training on library resources, use of the web-based platform and an introduction to each faculty member and their research and activities. All this information is also available on the website, which proves to be a valuable resource for both prospective and current students. Career counseling occurs throughout the program and after, as alumni are encouraged to stay in touch with their faculty advisor and network through the Montana Public Health Association events and activities. Both students and alumni also stay connected and involved with the university and program through their research, email notifications and workforce survey.

The site visit team learned from students and alumni that they found the in-person orientation to be useful and important in creating a linkage to the department and their cohort and was a highlight of the program. They also recommended incorporating more opportunities for in-person or webinar-style opportunities for interaction. The self-study noted that student orientation in 2011 was offered both electronically and at the annual fall Montana Public Health Association meeting.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Montana MPH Program

October 17-18, 2011

Monday, October 17, 2011

- 8:00 am Site Visit Team Pick-Up from Hotel
Kathy Humphries
- 8:30 am Site Visit Team Request for Additional Documents and Resource File Review
Craig Molgaard
Kathy Humphries
Tony Ward
Larry White
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Craig Molgaard
Amanda L. Golbeck
Bill Granath
Kathy Humphries
Peter Koehn
Liz Putnam
Tom Schwan
Tony Ward
Larry White
- 11:00 am Break
- 11:15 am Meeting with Public Health Core Teaching Faculty
Annie Belcourt-Dittloff
Amanda L. Golbeck
Kari Harris
Tony Ward
- 12:15 pm Break
- 12:30 pm Lunch with Students
Erin Gael Chambers
Nedra Chandler
Emily Colomeda
Ellen Leahy
Deborah Gibson
Pam Goldberg
Niki Graham
Tracy Knoedler
Jennifer Rankosky
Julie Stevens
- 1:30 pm Meeting with Part-time/Adjunct Faculty
Ann Cook
Duncan Campbell
Jean Carter
Kathy Humphries
Curtis Noonan
Liz Putnam
Annie Sondag

Meg Traci
 Larry White
 2:00 pm Break
 2:10 pm Meeting with Craig Molgaard
 2:30 pm Meeting with Alumni
 Erin Bills
 Tara Callaghan
 John Felton
 Ruth Licitra
 Celeste Schoenthaler
 3:30 pm Break
 3:45 pm Meeting with Instructional Academic Leadership/University Officials
 Royce C. Engstrom
 Perry J. Brown
 Dave Forbes
 4:15 pm Resource File Review and Executive Session
 5:30 pm Adjourn

Tuesday, October 18, 2011

8:00 am Site Visit Team Pick-Up from Hotel
 Kathy Humphries
 8:30 am Meeting with Community Representatives and Preceptors
 Dianne Hansen
 Lindsey Krywaruchka
 Ellen Leahy
 Joan Miles
 Jim Murphy
 Joanne Oreskovich
 9:30 am Executive Session and Report Preparation
 11:30 am Working Lunch, Executive Session and Report Preparation
 12:45 pm Exit Interview
 Amanda L. Golbeck
 Kathy Humphries
 Craig Molgaard