REVIEW FOR ACCREDITATION

OF THE

MASTER OF PUBLIC HEALTH PROGRAM

AT

IDAHO STATE UNIVERSITY

SITE VISIT DATES:
October 29-30, 2015

SITE VISIT TEAM:
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) program at Idaho State University (ISU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. 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 2015 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 in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Idaho State University was founded in 1901 as the Academy of Idaho and currently operates across campuses in Pocatello (the main campus), Meridian, Idaho Falls and Twin Falls. Serving nearly 14,500 students, ISU offers 285 degrees and certificate programs. The university is organized into ten colleges and schools, including those dedicated to arts and letters, business, education, science and engineering and technology. The colleges and schools of pharmacy, health professions, medical and oral health, nursing and rehabilitation and communication sciences form the Division of Health Sciences (DHS). The Kasiska School of Health Professions (KSHP) houses departments in counseling, dietetics, healthcare administration, medical laboratory science, emergency services, radiographic science and community and public health.

The MPH program is located in the Department of Community and Public Health, along with undergraduate and graduate health education (eg, MHE) programs that are not included in the unit of accreditation. In support of online course delivery, daily operations take place in Meridian and Pocatello. The program director, who also serves as the department chair, reports to the associate dean and director of the KSHP. The associate dean reports to the vice provost and executive dean of the DHS, who reports to the provost and vice president of academic affairs. The provost reports to the university president. Ultimately, the Board of Trustees is the highest authority in the chain of governance.

The program has been accredited by CEPH since 2002. The most recent review, in 2008, resulted in a term of seven years. The Council accepted the program's interim reports in 2009, 2010 and 2012.
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 or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

The aforementioned characteristics are evident in the MPH program. The program is located in a regionally accredited university and has the same rights and privileges as other professional programs on campus. The program has a planning and evaluation process that is inclusive and focused on public health research, teaching and service.

Faculty are trained in a variety of disciplines, and the program's environment supports interdisciplinary collaboration. Faculty and student connections with public health practitioners and local community members ensure that the program fosters the development of professional public health concepts and values. The program has a clearly defined mission, with supporting goals and objectives, and adequate resources to offer the generalist MPH degree in an online format.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

This criterion is met with commentary. The program is guided by a clear and concise mission statement: to improve the health and well-being of human populations through the application of the essential services of public health by excellence in instruction, community service, research and continuing professional education.

The mission statement is supported by a set of goals related to instruction, research, service and workforce development: 1) deliver an evidence-based academic program that prepares students for public health practice, 2) promote and support public health research and scholarly endeavor, and provide leadership in public health priorities, 3) support students and faculty in demonstrating public health leadership and contributing to public health at the local, state and national levels and 4) strengthen the existing public health workforce by providing advanced skills, knowledge and professional learning opportunities throughout Idaho. Each goal is linked to one to seven specific, measurable objectives, most of which are defined by quantifiable targets. Two objectives are process-oriented.

The mission, goals and objectives were originally developed with the guidance of an Advisory Board, comprised of faculty, students, institutional leaders, alumni and community partners. The mission, goals and value statements can be accessed on the program website and through links in university catalogs.

The commentary relates to the maintenance of the program’s guiding statements. The mission, goals and objectives were adopted in 2006, before the last accreditation review. Due to constant leadership turnover, these statements have not been regularly reviewed by faculty or program stakeholders, and no apparent revisions have been made since 2006 to ensure relevance and responsiveness to emerging health needs and demands. The objectives that are published in the student handbook differ from those presented in the self-study and appear to be even more outdated. The program director explained that she decided to postpone related discussions until all of the necessary faculty were hired—at which time a collective and all-inclusive strategic planning process could begin. Following the recruitment of a third primary faculty member in August 2015, the strategic planning process is scheduled to begin before the end of fall 2015. The Advisory Board will contribute to related discussions when it reconvenes in spring 2016.
1.2 Evaluation and Planning.

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

This criterion is met with commentary. The program has established an ongoing, systematic process to monitor and evaluate progress toward the achievement of its mission, goals and objectives.

The self-study outlines the processes used to measure program effectiveness, including data sources, responsible parties and the frequency with which these processes are conducted. Most data are collected annually via online surveys, meeting minutes, faculty reviews and other instruments and reporting mechanisms. The program director and her administrative assistant are responsible for monitoring and evaluating progress toward all objectives. The administrative assistant collects and analyzes the results of student course evaluations and exit surveys, for example, before compiling the data into a report submitted to the program director and all other faculty.

The self-study indicates that, due to frequent changes in leadership, data collection procedures have not been consistent or clear, and data sharing practices have dwindled over the years. The program director assured site visitors that, despite these challenges, data collection and evaluation have occurred regularly, as scheduled. In 2015-2016, the program plans to develop a manual that clearly defines all program monitoring and evaluation procedures. During faculty and Advisory Board meetings, faculty, students, community representatives and other constituents will have an opportunity to review resulting data and provide suggestions for improvement.

The self-study presents outcome data for the last three academic years. Most objectives (14 out of 17) have been achieved. Two objectives that were not met in 2014-2015 pertain to the level of faculty and student participation in specific research activities. Evaluation data are used for quality improvement and decision-making. Faculty and program administrators identify significant trends and variances in performance data, areas of success and opportunities for improvement. In response to evaluation results, the program has made revisions to the curriculum and course delivery format. A capstone project option, for example, is now offered as an alternative to a thesis.

The commentary pertains to limited constituent involvement in the development of the self-study document. The program director assumed the lead role in preparing the report. Drafts were also written by a secondary faculty member who has a long-standing history with the program. The program director reached out to other faculty, staff and alumni in the first stages of development, but students and community representatives were not invited to participate. Aside from the program director, faculty who
met with site visitors indicated that they had not been involved in the development of the self-study either. Copies of the final document were emailed to individuals who participated in the site visit. The program website features a public invitation to submit third-party comments.

1.3 Institutional Environment.

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

This criterion is met. Idaho State University has been accredited by the Northwest Commission on Colleges and Universities since 1918; the most recent review for reaccreditation occurred in 2014. The university responds to 15 specialized accrediting agencies in fields such as pharmacy, chemistry, nursing business and engineering.

Aside from the main campus in Pocatello, ISU maintains campuses in Meridian, Idaho Falls and Twin Falls. The university is organized into ten colleges and schools, including those dedicated to arts and letters, business, education, science and engineering and technology. The colleges and schools of pharmacy, health professions, medical and oral health, nursing and rehabilitation and communication sciences form the Division of Health Sciences. The Kasiska School of Health Professions houses departments in counseling, dietetics, healthcare administration, medical laboratory science, emergency services, radiographic science and community and public health.

The MPH program is located in the Department of Community and Public Health, along with undergraduate and graduate health education programs that are not included in the unit of accreditation. MPH operations take place in Meridian and Pocatello. The program director, who also serves as the department chair, reports to the associate dean and director of the KSHP. The associate dean reports to the vice provost and executive dean of the DHS, who reports to the provost and vice president of academic affairs. The provost reports to the university president. Ultimately, the Board of Trustees is the highest authority in the chain of governance.

As confirmed in on-site discussions with the program director, the MPH program enjoys the same level of autonomy and authority accorded to other professional programs on campus. Fiscal planning is conducted by the DHS University Business Officer, in consultation with the program director. Funds are allocated by the school to each department and program. As chair, the program director is responsible for managing resources budgeted to the Department of Community and Public Health. The associate dean makes final hiring decisions. The Tenure and Promotion Committee votes on the portfolio review of every faculty member in the department. Following a review by the department chair and the associate dean, recommendations are reviewed by the DHS Executive Advisory Council, the DHS dean, the provost and, finally, the university president. Curricular revisions are submitted to the ISU Graduate Council for approval.
The dean of health sciences described the university’s efforts to raise the visibility of health sciences on campus. She assured the site visit team that the university remains in full support of the program and prioritizes its continued accreditation.

1.4 Organization and Administration.

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

This criterion is met. The program maintains an organizational structure with clear lines of authority and responsibility. The program director oversees all aspects of the program, from student admissions and faculty evaluations to budget expenses and curricular changes. She also maintains responsibility for advising students.

The program’s organizational setting is conducive to interdisciplinary collaboration. MPH faculty collaborate on research and service projects with their peers throughout the department and across university. They also serve as guest lecturers for the College of Technology and other programs and departments. Others have written grant proposals and served as principal investigators (PIs) or co-PIs on grants and contracts with faculty from nursing; pharmacy; the Institute of Rural Health; other universities, such as the University of South Carolina and Brigham Young University-Idaho; and a number of community-based organizations, including the Southeastern Idaho Public Health District and HealthWest, a federally qualified health center. MPH faculty serve on committees throughout the health sciences and the health professions, including search committees for Pharmacy Health Outcomes and Quality faculty positions.

Guest lecturers include faculty and professionals from a variety of disciplines. Opportunities for students in other departments and programs (eg, medical lab science, dental hygiene, public administration, nursing, physician assistant, biology and health education) to enroll in MPH courses increases students’ exposure to other disciplines. Elective courses are available in anthropology, philosophy, business and other relevant fields. During the internship experience, students have worked with a variety of sites, including healthcare facilities and nonprofit organizations. External faculty in pharmacy, anthropology and nursing have served on thesis and capstone committees. Annual geriatric seminars and Graduate Research Days join students throughout the health sciences in presentations and interdisciplinary roundtables, in which they discuss case studies from the perspective of their own disciplines.

During the current academic year, the program plans to promote more interdisciplinary experiences through the posting of relevant upcoming events and webinars on the Student Resources Moodle site. The program will continue to encourage student attendance and participation.
1.5 Governance.

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

This criterion is partially met. Although faculty, staff and students are involved in decision making, the program lacks a well-defined governance structure that supports the involvement of community representatives.

Faculty participate in pertinent functions such as planning and evaluation, policy and curriculum development and faculty recruitment. The program director also discusses recruitment plans, strategies and admissions issues with other faculty. Faculty recruitment, tenure and promotion are addressed by the following ad hoc committees:

- The Tenure and Promotion Committee is responsible for the establishment and periodic review of departmental promotion and tenure policies and for the preliminary review of faculty against established standards. MPH students and faculty, with the exception of the program director, serve as voting members.
- The Faculty Search and Selection Committee, which includes faculty and staff representation, determines departmental resource needs and conducts faculty searches. Although they do not officially serve on the committee, MPH students and alumni are given an opportunity to interview candidates and provide feedback.

Community partners are not formally represented in the program’s governance structure. The Advisory Board, comprised of MPH faculty, students and alumni, institutional leaders and community partners, has not convened since 2007. The committee was originally charged with reviewing the mission, goals and objectives, suggesting curricular changes and providing insight into workforce development needs. In the context of such a high rate of faculty turnover and her expanding workload, the program director admitted that the Advisory Board has not been a high priority. In an effort to expand and increase the variety of constituent involvement, the program director has invited students, alumni, employers and other public health professionals to serve on the Advisory Board when it reconvenes in spring 2016. In the meantime, community members have informal opportunities to provide input on the daily operation of the program and contribute to related conversations.

Seventy-five percent of faculty hold appointments on departmental, school and/or division-level committees, including the KSHP Administrative Council, the DHS Executive Advisory Committee, the DHS Research Committee and the Graduate Council. No faculty currently serve on university-level committees.
The Public Health Student Association (PHSA) serves as a forum for MPH students and those from other disciplines to provide feedback to the program director and other faculty members. The organization connects students across campus to important services and development opportunities and works with university and community partners—including other student groups, advisors, alumni and national organizations—to encourage personal growth and promote civic responsibility. Meeting minutes and opportunities to provide written comments are available to students who are unable to attend campus-based meetings. Over the last few years, the PHSA organized a public screening of films on public health issues, facilitated expert roundtables and assisted in the planning of the annual Chamber Wellness 5K Walk. Each spring, the organization hosts a Red Cross Blood Drive on the Pocatello campus. Since the MPH program does not currently have its own exclusive student-led organization, however, students who met with site visitors reported that they do not feel united. Engaging students in program governance and supporting peer interaction is especially important in an online setting. A program-specific student organization may help foster a sense of community among MPH students.

The concern relates to the lack of a well-defined governance structure. Formal standing committees are not in place. Group meetings are not scheduled regularly either. As a result, the rights and responsibilities concerning the involvement of constituents—other than the program director—in routine operating procedures are not clearly defined. The program director explained that most decisions are made via informal telephone conversations between individual faculty members and her. Potential implications include an increased risk for miscommunication, misinterpretation and a lack of cohesion among faculty, which site visitors observed during on-site discussions. Such practices also appear to hinder the program’s progress and success in areas such as competency and workforce development and diversity promotion.

1.6 Fiscal Resources.

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

This criterion is met. The program’s fiscal resources have gradually expanded over the last six years and continue to support its mission, goals and objectives.

The program is primarily funded through state appropriations received by the KSHP. Funds are used for operating costs and faculty and staff salaries and benefits. Other sources of funding include grants and contracts awarded to program faculty and online course fees. Budgets include few discretionary funds. Indirect costs are shared across various units within the university: Finance and Administration (30%), the library (5%), the DHS (5.5%) and the Office of Research (35%). The remaining 24.5% is returned directly to the department of grant origination. As chair of the Department of Community and Public Health, the program director is responsible for managing this income and determining how much to invest in the MPH
program. Such funds cover unplanned expenditures and start-up costs for new faculty. Faculty salary offsets from grants are used to hire adjunct faculty. Table 1, below, presents the program budget for the last six years.

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<td>Faculty Salaries and Fringe</td>
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<td>226,607</td>
<td>234,151</td>
<td>201,056</td>
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Total revenue has gradually increased over the last six years, with only a slight drop in 2012-2013. The program also demonstrates a record of success in obtaining extramural funding. Expenditures reserved for faculty salaries exhibited a downward trend due to open lines. Due to restrictions on the use of state-appropriated funds, the program has not been able to use remaining funds for other expenses.

Sufficient funding is received to support faculty travel, necessary equipment and one graduate research assistant per year. All faculty received conference travel support during each of the last three years. The program hopes to allow more MPH students the opportunity to work as graduate research assistants in the future.

State appropriations have remained stable and increase every year, despite fluctuations in the state budget. Conversations with the dean of health sciences revealed that the DHS infrastructure was originally established to alleviate the financial burden on all health science programs. She reflected on the program’s ability to survive a tumultuous economic climate and acknowledged that the sustainability of the program will be dependent on its continued growth—particularly with respect to student admissions. The university remains committed to marketing the program and increasing its visibility and viability.

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1 Operations expenditures in FY 14-15 included start-up costs for new faculty
1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program has adequate human resources and facilities to offer the MPH degree. As of August 2015, the program employed three primary faculty, each of whom is completely dedicated to the MPH program, and five secondary faculty. Student-faculty ratios do not exceed 8:1. Faculty support is supplemented by two part-time (0.5 FTE) administrative assistants—one on the Pocatello campus and the other on the Meridian campus.

Physical resources necessary to support online course delivery and daily operating procedures are abundant and growing. The program operates in multiple faculty offices, distance learning classrooms, conference rooms and computer labs on the main campus, in Pocatello, and the Meridian campus. Common space is available in the department, the Pocatello campus library, conference rooms on the Meridian campus, the Student Union Building and other facilities. The university library offers a wide variety of resources, including various collections of health science periodicals. Interlibrary loan services are available for distance-based students. The program does not require the use of laboratory space.

The commentary relates to faculty retention. With only two primary faculty, the program did not meet the standards of this criterion during the last three years. One primary faculty member came on board in August 2014, and the third primary faculty member was not hired until August 2015. The program has struggled to fill available faculty lines, and this track record threatens the program’s stability and potential for growth. The self-study attributes this weakness to persistent turnover and retirement, which has in turn resulted in fewer faculty available to advise students, direct thesis and capstone committees and teach core courses. Student frustrations with faculty turnover emerged during on-site discussions. According to program and university leaders, public health as a field of study has low visibility in the state, and the geographic location of the institution makes faculty recruitment challenging. Site visitors also grew concerned about the program director’s expanding workload. In addition to serving as department chair and program director, she teaches two core courses, leads several student thesis committees, conducts multiple research projects and serves on various program, university and community-based workgroups and committees. She may have reached her maximum capacity to effectively manage her responsibilities. The program director explained her efforts to "protect" the time of the two new primary faculty members and encourage their retention by limiting the extent of their responsibilities. While functional at this current point in time, the distribution of work may be unsustainable in the long term—especially as enrollment increases.

The program director hopes to increase faculty support in the future. The program cannot request additional faculty lines, however, until the demand for admission exceeds the number of available slots.
and remains above the threshold from year to year. The dean of health sciences has supported the program in conducting national searches for vacant positions and assured the site visit team that she remains committed to supporting its retention of quality faculty.

1.8 Diversity.

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

This criterion is partially met. The program complies with university policies and procedures that prohibit discrimination, harassment and retaliation. The Office of Equal Opportunity, Affirmative Action and Diversity investigates such complaints.

The program identifies women as underrepresented due to educational gaps within the state of Idaho, from which over 82% of the university’s students originate. Educational attainment rates among women across the state are far lower than their male counterparts. According to the self-study, 6.5% of women and 9.2% of men in Idaho hold a graduate or professional degree. At the time of the site visit, 63% of students, 67% of primary faculty and 71% of secondary faculty were female.

The program seeks to recruit a diverse faculty and staff through national searches and job announcements on career websites such as the Chronicle of Higher Education and the American Public Health Association Career Mart. The Office of Equal Opportunity oversees the recruitment and hiring process to ensure that candidates from underrepresented groups—specifically Latino/Hispanic and other non-white populations—are given due diligence and consideration. The Diversity Resource Center and the Janet C. Anderson Gender Resource Center sponsor training sessions and workshops on a variety of diversity-related topics.

Recruiting students from outside of the state is an important means to increase student diversity. The program’s theory is that the diversity of applicants will increase as the number of applicants from states outside of Idaho increases. In addition to a rotating banner on the American Public Health Association (APHA) website, the program’s designation as a Western Regional Graduate Program, which allows out-of-state students in multiple western states to qualify for the resident tuition rate, serves as a recruitment tool. The MPH program also collaborates with ISU’s Spanish for Healthcare Professionals Program, which offers an undergraduate major and undergraduate and graduate certificates, to jointly market the programs. Plans to develop a diversity-specific student recruitment plan, in consultation with the Advisory Board, the Graduate School and the Public Health Student Association, will be executed in 2015-2016.

Diversity and cultural competence are integrated into the curriculum. Internship opportunities allow students to enhance their knowledge and skills in developing culturally sensitive health promotion
programming. Two required courses, MPH 6604 Social and Cultural Perspectives in Public Health and MPH 6607 US and Global Health Systems, address cultural competency and diversity. MPH 6620 Health Program Planning, a core course, trains students on how to work with diverse communities when planning and evaluating health programs. Faculty plan to review syllabi to identify where cultural competency is being included in the curriculum and solicit input from the Advisory Board.

The first concern relates to the lack of established goals for achieving diversity and cultural competence within the program. Rather than define program-specific goals to support its underrepresented populations, the program simply refers to the ISU diversity statement and university-wide efforts to enhance the overall climate of diversity on campus.

The second concern relates to the program’s diversity-related focus areas, in the context of its environment. According to the self-study, Idaho is largely homogenous in terms of race and ethnicity, with over 89% of residents identifying as white. Only 12% of students in 2014-2015 were non-white, and no minority faculty or staff were affiliated with the program. The newest faculty member, who self-identifies as Asian, was hired in August 2015. Despite these disparities, the program does not prioritize the recruitment of minority faculty, staff and students. The outcome measure associated with minority staff recruitment, for example, is defined by 0%. No minority staff members were hired in the last three years. Several conflicting arguments were provided in on-site discussions to justify the absence of a minority-centric strategic plan. One faculty member stated that there is a 20% Latino population in Idaho that remains underserved, while another asserted that the state is very homogenous. A third faculty member stated that Idaho is rich in diversity, as it is home to several racial, ethnic and national groups. The fact that the site visit team could not elicit a clear or consistent understanding of diversity across faculty and program administrators appears to be a reflection of the lack of concerted attention to diversity.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. As illustrated in Table 2, the program offers a generalist MPH degree in a completely online format.

The curriculum prepares students to assess community health needs and available resources, assist in health policy development with a focus on prevention and promote the delivery of effective quality services. The program is designed to train students for careers in public health and meet the needs of
practicing health professionals who seek to enhance their skills to better implement health promotion strategies in their current work settings or communities.

| Table 2. Instructional Matrix |
|------------------------------|----------------|
| **Master's Degrees**        | Academic | Professional |
| Generalist                  |          | MPH*         |

*Online only

The curriculum prepares students to assess community health needs and available resources, assist in health policy development with a focus on prevention and promote the delivery of effective quality services. The program is designed to train students for careers in public health and meet the needs of practicing health professionals who seek to enhance their skills to better implement health promotion strategies in their current work settings or communities.

In addition to core coursework, students complete a seminar in public and community health, an internship, a thesis or capstone project and courses in national and global health systems and health research and writing. Elective courses, such as those in anthropology, philosophy and business, allow students to focus additional coursework in their chosen area(s) of interest. Site visitors reviewed the corresponding plan of study and agreed that the curriculum appears appropriate and reflective of graduate-level public health training.

The self-study describes future opportunities to expand the generalist program and offer areas of specialization, such as health promotion and education, or incorporate an undergraduate degree in health promotion and education into the unit of accreditation. The dean of health sciences alluded to considerations to consolidate the MPH and health education programs or eliminate the health education program altogether. The program is also exploring the possibility of offering joint degrees in dental hygiene, nursing, public administration, pharmacy and business.

### 2.2 Program Length.

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

This criterion is met. Students are expected to complete a minimum of 48 semester-credit hours. One semester credit is defined as 17 hours of classroom instruction. In addition to 24 credits of core coursework, all students attend a three-credit seminar and complete two additional three-credit concentration-specific courses, a three-credit internship, a six-credit thesis or capstone project and six credits of approved electives. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.
Based on feedback from stakeholders, the program plans to reduce the length of the program, from 48 credit hours to 42. Reducing the number of credits hours is expected to help students complete the program faster and with less financial burden, and facilitate the development of related joint degrees.

2.3 Public Health Core Knowledge.

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

This criterion is met. All students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion all courses identified in Table 3.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number and Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>MPH 6602: Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MPH 6608: Technological Applications in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>MPH 6601: Applications in Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>MPH 6606: Environmental and Occupational Health</td>
<td>3</td>
</tr>
<tr>
<td>Social and Behavioral Sciences</td>
<td>MPH 6660: Health Behavior Change Theory and Application</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MPH 6604: Social and Cultural Perspectives in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>MPH 6605: Leadership and Administration</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MPH 6620: Health Program Planning</td>
<td>3</td>
</tr>
</tbody>
</table>

All primary and secondary faculty teach core courses. Most of the corresponding syllabi outline the learning objectives associated with each course. Assignments reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas and provide a broad understanding of public health. Waivers are not permitted.

2.4 Practical Skills.

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

This criterion is met. All students are required to complete a structured, supervised and evaluated internship. Each internship must consist of at least 150 hours of fieldwork. Students must complete a minimum of 18 credits before being eligible to enter the field.

Students select placement sites in consultation with their faculty advisors. Students have worked with a variety of sites, including healthcare facilities, nonprofit organizations and regional and out-of-state public health agencies. Preceptors are approved based on their expertise, public health training and/or professional experience. Faculty may serve as preceptors or co-preceptors, as long as their assigned students still interact with and gain exposure to the community.
Internships involve three-way communication between the preceptor, the student and his or her faculty advisor. Students are expected to develop and implement an internship plan that is negotiated between and agreed upon by all parties. The internship plan outlines the scope and extent of work, learning objectives, the number of hours and an expected timeline. Meetings between preceptors, students and supervising faculty are scheduled at appropriate junctures throughout the internship. Communication occurs by email, over the phone or in person, when possible. A mid-point meeting is scheduled to monitor progress and ensure that expectations are being met. Additional meetings may be scheduled upon request. A final meeting is conducted at the end of the project.

Students and preceptors complete surveys through which they reflect on their satisfaction with the internship process. The preceptor evaluation form addresses student work habits, professional relationships and skills and general public health knowledge base. Student assessments include questions regarding the student's orientation to the organization, the effectiveness of his or her preceptor, including communication and supervisory skills, and the project experience within the internship site.

Waivers and exceptions are not permitted. Since most students are already working professionals, they are allowed to complete their internship at their current workplace, as long as the associated activities are not part of their regular duties. As with all internships, the internship site and plan must be approved by the student’s faculty advisor.

Students and alumni discussed the value of the internship as an opportunity to apply their knowledge and develop additional skills. Most students felt supported by faculty advisors and preceptors. One student, however, reported minimal contact with her faculty advisor and preceptor, leading to a less-than-satisfying internship experience. According to her, she did not receive much guidance and felt like she was left on her own. Preceptors spoke about the value, enthusiasm and skill that MPH students added to the community and workplace.

2.5 Culminating Experience.

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

This criterion is met. The culminating experience requirement can be fulfilled through the completion of a thesis or a capstone project in a student’s final year of study and after the completion of all core coursework. Both models incorporate a written proposal, a manuscript and an oral defense to a committee of three faculty members. Students who choose the thesis option are also required to defend their proposals orally. Regardless of student selection, the culminating experience is designed to assess and ensure students’ ability to integrate, synthesize and apply acquired skills.
The thesis is appropriate for students who intend to further their academic career by pursing a doctoral degree, those who plan to pursue a career in a research setting and those who seek more experience in research methods. Students who complete this option 1) design original research to answer specific questions identified through a thorough review of public health literature and 2) synthesize new information contributing to the understanding and solution of public health problems. Students may apply qualitative, quantitative or mixed methods approaches. Research proposals and final thesis documents, which can be submitted in article form for publication in academic journals, require the approval of the thesis committee.

The capstone project is appropriate for students who plan to work in public health practice settings and those whose project topics and formats do not align with traditional research methods. Students who complete the capstone project design an applied public health project that demonstrates their mastery of public health skills and concepts. Unlike the thesis option, project topics and formats vary and allow for flexibility in investigating salient public health topics under the guidance of a project committee chair. Examples of projects include a program evaluation plan, a research proposal, a systematic literature review or a policy analysis. Proposals and final documents require the approval of the student’s project advisor and the project committee, respectively.

Examining committees attend and question the defense of theses, proposals and capstone projects to assess students’ knowledge and skills. Faculty who met with the site visit team asserted that their line and quality of questioning are “extremely rigorous,” and that the culminating experience, as a whole, is the most demanding component of the curriculum. According to the self-study, the capstone project is typically more comprehensive and addresses more skills than the thesis. The program director and alumni who were interviewed agreed that the capstone project is more appropriate for and applicable to a professional degree.

Through their review of associated guidelines and a sample of theses, site visitors were able to validate that both forms of the culminating experience are integrative and provide an adequate level of rigor to evaluate students’ overall knowledge and skills. Site visitors, however, were unable to fully assess the implementation of the capstone project. No students have completed this option, which became available for the first time in spring 2015. The program plans to explore alternative forms of the culminating experience, such as an integrated internship-culminating experience project, in the near future.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify
competencies for specializations within the degree program at all levels (bachelor’s, master’s and doctoral).

This criterion is partially met. The Council on Linkages between Academic and Public Health Practice competencies were used to define overarching learning objectives in eight fundamental public health domains: analysis and assessment, policy development and program planning, communication, cultural competency, community dimensions of practice, basic public health sciences, financial planning and management and leadership and systems thinking. The domains are integrated into the framework of the curriculum and guide course development. As illustrated in the self-study, each domain is mapped to several required courses that either introduce, emphasize or reinforce the domain. Most course syllabi also outline the relevant learning objectives that are addressed in each course.

The concern relates to the lack of established core and concentration competencies. Rather than identify specific sets of competencies, the program relies on the eight domains referenced above and corresponding course learning objectives to guide the curriculum. The domains were originally adopted in 2007, before the last accreditation review, and with the guidance of the Advisory Board. Although faculty meet on an annual basis to review this content, no revisions have been made since then to ensure relevance. Site visitors questioned the overreliance on broad domains to provide students with specific knowledge and skills, but were unable to elicit a clear and justifiable explanation from faculty. The program’s interchangeable use of the words “competencies” and “learning objectives” in surveys, throughout the self-study and on the program website appears to cause further confusion among faculty and students. Those who met with site visitors were unable to clearly describe the distinction between competencies and learning objectives. Course learning objectives reflect specific instructional approaches, while competencies are statements that more broadly describe the general knowledge, skills and abilities a successful graduate will demonstrate at the conclusion of the program.

Faculty plan to review the Public Health Foundation’s Core Competencies for Public Health Professionals, in addition to those recommended by the Association of Schools and Programs of Public Health, before making revisions. This process is expected to launch in 2015-2016.

2.7 Assessment Procedures.

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

This criterion is partially met. Student progress is evaluated by the program director, course instructors and preceptors. Learning objectives are assessed through course evaluations and student exit surveys. Other mechanisms through which the program evaluates student success include the tracking of graduation rates, job placement data and feedback from alumni.
Job placement data is collected through regular email contact with graduating students and alumni. The program has been very successful in maintaining communication with students after graduation. All students who graduated over the last three years responded. Approximately 85% of those who graduated in 2012-2013 reported being employed or pursuing additional education. All who graduated during the following year, in 2013-2014, were employed. Although a full year has not passed since the 2014-2015 cohort graduated, all students belonging to that cohort reported employment or continuing education.

The first area of concern relates to procedures used to evaluate student progress in practice and culminating experiences. By design, these experiences are linked to curricular domains and learning objectives, rather than competencies. According to the internship evaluation form, however, preceptors evaluate students solely on their general knowledge, performance and professionalism. They are not instructed to perform assessments on specific learning objectives. Similarly, site visitors were told that there is no standardized format for assessing the oral defense of theses and capstone projects.

The second concern relates to the lack of data on alumni perceptions of their competence in the workplace. A separate alumni survey, which asks graduates to rate their proficiency in programmatic learning objectives, is administered every two years. Unfortunately, only one person responded to the 2015 and 2013 surveys. Those who met with the site visit team stated that they “found reassurance” in the workforce and felt qualified for a variety job announcements. Leadership, epidemiology and public speaking skills were identified, among other areas addressed in the curriculum, as helpful to alumni in their current positions. Others acknowledged the need for more grant writing and budget preparation experience, as well as a greater emphasis on environmental health and group facilitation. In an attempt to improve the response rate, future alumni surveys will be distributed online, rather than via electronic Word documents. The program will also strengthen its contact with graduates through LinkedIn.

The final concern relates to the lack of data on employer perceptions of graduates’ abilities to succeed in the workplace. Formal assessments of employers are not conducted. The program director has only had informal conversations with employers such as the local public health district. Employers who met with the site visit team appeared to be satisfied with the preparation of the program’s graduates. Individual suggestions for improvement focused on increasing training in conflict management, the use of Excel and GIS mapping. The Advisory Board, which will include alumni and employers, will be asked to provide additional feedback about graduates’ competence in the work setting.

Site visitors noted concerns about graduation rates, which, over the past seven years have been effected by a number of factors. The program attributes low graduation rates to a number of factors: 1) historically less stringent admission standards, which did not include a GRE requirement, 2) the previous hybrid format of the program, which became a barrier for out-of-state students who had to relocate, 3) faculty turnover, which has reduced the number of faculty available to advise students on thesis and capstone
committees and 4) university policies that allow students up to two years to enroll in classes once they have been admitted into a program. This practice, in particular, makes it difficult to track the time of enrollment. Alumni who met with site visitors also spoke of parental responsibilities and work-related obligations. The transition to an online format and, ultimately, a 42-credit curriculum are expected to have a positive impact on graduation rates.

2.8 Bachelor’s Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate 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.

2.10 Doctoral Degrees.

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

This criterion is not applicable.
2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree 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 learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is met. The program became an exclusively online program in fall 2014. As part of a university-wide initiative to increase enrollment, this transition increased access for Idaho residents, residents of rural areas and other states and mid-career professionals seeking to develop or enhance their training in public health.

Faculty record their lectures in distance learning classrooms on the Pocatello and Meridian campuses. Online courses are offered through the university’s Instructional Technology Resource Center (ITRC) and are available on an asynchronous and synchronous basis. Moodle, a platform for asynchronous learning, serves as the standard framework for online course delivery. The ITRC assists with the integration of technology in the learning environment, maintains the online learning platforms, provides technical assistance for students and faculty and trains faculty in online learning. Online tutorials and campus-based computer help desks are available. Course content, discussion boards, assignments and quizzes can all be posted and accessed by students 24 hours a day. Faculty are engaged through a variety of methods, including video instruction. Live audio, video, whiteboard and chat features are available through Collaborate, a web conferencing platform. Additional features include static and text content, video clips, podcasts, narrated PowerPoint slides and other rich media.

Online courses are developed and delivered with the same level of integrity, academic rigor, breadth and depth as a traditional classroom setting. Creating quality, interactive and robust educational opportunities via online mechanisms is a priority. Quality Matters is a faculty-centered, peer review program designed
to certify the quality of online and hybrid courses. Related workshops and resources introduce and train faculty to navigate Moodle and apply the Quality Matters rubric. Support staff have experience creating a dynamic and engaging online learning environment.

All student life and academic support services, including advising and tutoring, are available to students by phone, email, video conference and/or live chat. Faculty use the same technological resources, in addition to discussion boards, through which students post comments and questions and receive asynchronous feedback from their classmates and instructors. Regular interaction between faculty and students is required. Through the university’s web portal, BengalWeb, students may register and pay for classes, view their final grades and transcripts and access the library website and resources. Students can discuss writing issues and projects with a certified tutor in the Online Writing Lab.

Moodle requires both a username and a password in order to access online classes. Any changes to passwords require students to contact ISU Information Technology (IT) services by phone or in-person. Before changing a password, IT staff verify the identity of the student by asking him or her confidential information documented during the admissions process or when the student registers for his or her first classes.

The overwhelming majority of students who met with the site visit team were satisfied with the organization and delivery of their classes, the availability of their instructors and the ability to complete courses on their own time. Two students who entered the program early on and witnessed its transition from a hybrid format to an exclusively online format noticed an increase in the interaction between faculty and students. Some alumni expressed concern with this transition and the potential to lose opportunities for face-to-face interaction. A few current students noticed significant inconsistencies between the delivery of certain courses taught by different faculty members. According to their accounts, some professors are less interactive than others. Knowing that online course delivery does not suit every student’s learning style or needs, the program director expressed her preference to offer both online and traditional options in the future.

**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. The program is engaged in high-quality research, scholarly inquiry and the generation and dissemination of new knowledge.
The ISU president launched a major university-wide initiative to push faculty toward more research activities. The Office of Sponsored Programs provides training for faculty to improve related skills. The program expects faculty to engage in research and produce scholarly work in the field of public health. Although the college’s primary mission is teaching, faculty are encouraged to engage in scholarship. Faculty research is supported by release time from teaching, which allows more time for the preparation of funding proposals and the administration of awarded grants. Faculty salary offsets from grants are used to hire adjunct faculty, freeing primary faculty time to implement grant activities.

Over the last three years, the program received a total of $803,000 in extramural research funding. The annual average is $234,000. Fifty-seven percent of these research projects were community-based. In 2014-2015, all faculty delivered at least one peer-reviewed presentation. Half of them published at least one peer-reviewed article and/or secured at least one active grant or contract. The program director, who leads or contributes to most of the program’s research activities, is currently the principal investigator on three funded projects associated with the Idaho Department of Health and Welfare. The lack of productivity of the two newest primary faculty members is understandable, given their tenure. Research topics are varied and involve rural health networks, community health needs assessments, crime and addictions.

The importance of public health research is emphasized throughout the curriculum. In coursework, theses and internships, students are given the opportunity to apply research methodology to public health issues. Faculty are strongly encouraged to identify opportunities for student participation in their fields of interest. Over the last three years, 71% of all externally-funded faculty-led research projects involved students. Faculty also encourage students to submit their theses for publication and/or seek their own funding opportunities to continue their work. Aside from the culminating experience, between 10% and 33% of students and recent graduates deliver an oral presentation or submit a poster presentation, abstract or other scholarly work on an annual basis. Faculty and students present their research projects during the annual DHS Research Day. Alumni who were interviewed on site appreciated faculty for having made ample research opportunities and collaborations available to them. Faculty who met with site visitors confirmed that they try to involve students in all of their work.

### 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. Community service is an integral part of the program and supports its mission to improve the health and well-being of human populations.

ISU defines service at the program, department, college and university levels and for community-based organizations and agencies. The university requires service (typically 10% of faculty FTE) as part of
faculty assignments. Faculty service is a component of annual faculty evaluations, which are used in promotion and tenure decisions. Institutional, professional and community service are expected of tenured and tenure-track faculty. Service to the discipline is assigned more weight than service to the institution and the community. Targets for each category of service are set at 75% to allow new faculty the opportunity to devote their time to research and instruction. For the last three years, all faculty have participated in professional and community service activities. Faculty conducted numerous invited presentations, lectures, seminars and interviews throughout the state of Idaho. Several play active roles in national and statewide public health organizations, such as APHA, the Idaho Public Health Association (IPHA) and Gateway 2 Health.

During the site visit, faculty discussed the value of student involvement in community service. The program promotes student participation in local, state, national and international service activities, including membership and leadership in the Public Health Student Association, IPHA and APHA. Faculty post community and professional service opportunities on the Student Resources Moodle page. Opportunities include IPHA service projects and town hall meetings hosted by external organizations such as Healthy Eating, Active Living (HEAL) Idaho. The PHSA organizes local blood drives, anti-smoking campaigns and community health screening events. The self-study notes that more out-of-state opportunities should be identified for distance-based students. An estimated 10% of students are involved in service. Concrete data that capture the full extent of student service are not available.

Commentary pertains to the absence of specific objectives that focus on student service. Explicit expectations will demonstrate the value placed on service and facilitate data collection efforts.

3.3 Workforce Development.

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

This criterion is not met. As stated in the self-study and confirmed in on-site discussions, the program does not currently offer continuing education opportunities, including certificates and other non-degree programs. No formal needs assessments have been conducted by the program.

In spring 2015, the program director served on the Northwest Center for Public Health Practice (NWCPHP) Regional Network Steering Committee, which joined public health employers and programs in the northwest region in discussions on local workforce needs. Key focus areas include statistical analysis and evaluation. The program director recently began participating in the committee's development of trainings for local public health professionals. To improve access to continuing education opportunities, the program announces third-party webinars, town hall meetings, conferences and other professional
opportunities at both the regional and national level on the Moodle site. Access to these resources, however, is limited to current students and alumni who maintain access to the online learning platform.

The first concern relates to the absence of data pertaining to the continuing education needs and priorities of the public health workforce. As confirmed in on-site discussions with faculty, the program does not currently have a system in place or the faculty and staff resources to gather information on continuing education needs. The program plans to work with alumni and employers to identify specific training priorities. Those who met with site visitors reflected on their need for training in infection prevention and gap analysis.

The second concern relates to the lack of programmatic continuing education offerings. Faculty who met with site visitors described their individual participation in lectures, consultations and review panels—many of the same activities that were reported as forms of service. Faculty did not seem to have cultivated a mutual understanding of workforce development—particularly its distinction from service and student-oriented offerings—and the role of the program in related efforts. The program director plans to strengthen ties with the NWCPHP, which holds training sessions for public health professionals throughout the region, and develop a calendar of scheduled outreach opportunities to better serve the local workforce. The timeline for implementation extends through fall 2016. Additional faculty and fiscal resources will be needed for the program to develop its own training programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty compliment demonstrates adequate expertise to support the generalist track. Site visitors verified an appropriate range of experiences, research interests and depth of practice.

Primary faculty come from a variety of backgrounds in health promotion, global health and health behavior. All primary faculty have earned PhD degrees in a public health field of study. Research interests include underserved populations, health disparities, tobacco control, obesity prevention and access to health care. Secondary faculty are also drawn from a diverse background of public health and related fields. All of them hold a master’s degree in public health or a related field. One has a DrPH degree and two are in the process of completing coursework toward PhD degrees in biostatistics and instructional design, respectively. Other disciplines of study include statistics, mathematics, executive leadership and health economics.
Several faculty members are public health practitioners and demonstrate and maintain linkages to the field. One primary faculty member, for example, is an epidemiologist who has worked in tobacco control and policy and in both national and international settings. The newest primary faculty member is a quantitative researcher focused on obesity and physical activity interventions and has conducted research both in the US and in China. A secondary faculty member is a health economist and serves as the director of the Idaho Institute of Rural Health. Faculty incorporate their public health practice perspectives into the classroom.

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. Policies, procedures and operational guidelines related to conditions of employment are well established and available to all faculty. Procedures are provided for fair and equitable treatment of faculty and are consistently applied.

The Idaho University Faculty Handbook outlines faculty policies, procedures, rules and regulations and promotion and tenure guidelines. Faculty are provided a handbook upon employment. The handbook is also available by electronic access on multiple sites. Faculty are classified as instructor, assistant professor, associate professor or professor. Promotion and tenure are based on appropriate certification and recommendation from the department chair, mostly favorable student evaluations, continued professional growth, peer evaluation and other exemplary achievements.

Primary and secondary faculty are evaluated through the faculty appointment process. The Faculty Search and Selection Committee carries out the search and selection process in accordance with university hiring policies and procedures. Once hired, primary faculty are expected to devote 30% of their time to research, 10% to service and 60% to teaching and other instructional activities. Annual evaluations of primary and secondary faculty are conducted pursuant to college policy. The promotion and tenure process requires self-reflection and evaluation by peers and students. Students complete online course evaluations at the end of each semester and rate course content and delivery for each instructor. Evaluations are anonymous in nature, so as to encourage high levels of participation and honesty in responses. The program director uses the results to provide documentation of instructional effectiveness in the annual review. Following a review by the department chair and the associate dean, recommendations are reviewed by the DHS Executive Advisory Council, the DHS dean, the provost and, finally, the university president.

The university provides opportunities and mechanisms to enhance the teaching and research capabilities of faculty and support their professional growth and development. Resources include the Instructional
Technology Resource Center, the Office of Research and Sponsored programs, Information Technology Services, sabbatical and professional development leave, reduced teaching loads, seed funding and research training opportunities. The Office of Research and Sponsored Programs, for example, secures external resources through grants and contracts and provides financial and contractual stewardship of awards. The university is in the preliminary stages of developing a formal mentoring program.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program employs a variety of methods to identify and attract promising, highly-qualified candidates.

Students and applicants have noted that the MPH website was one source that helped them find out about the program. The DHS Facebook page keeps interested followers abreast of program activities. Handouts are kept in the program office and are mailed to students upon request. The program purchased a revolving banner advertisement on the APHA website in order to recruit additional students. The university hosts several recruitment expos during which the program staffs a table with displays, flyers and faculty available to answer questions. On behalf of the MPH program, Graduate School staff travel throughout the state to attend expos at other universities. The program’s designation as a Western Regional Graduate Program, which allows out-of-state students in multiple western states to qualify for the resident tuition rate, serves as an additional recruitment tool. The Graduate School offers financial resources to programs to support their recruitment efforts. The MPH program submitted an application in September 2015 for these funds.

The Graduate School sets general student recruitment and admission policies and procedures. The program director and other faculty discuss and vote on program-specific recruitment plans, strategies and admissions issues. The program website documents such policies and procedures. Admission requirements include a 3.0 GPA based on the last 60 hours of undergraduate coursework and average GRE scores in at least the 40th percentile when considering both quantitative and verbal sections—but not lower than the 20th percentile in either section.

Prospective students are expected to submit their transcripts directly to the Graduate School. Other application materials, including two letters of recommendation and a personal statement, are submitted to the program. The program director makes admissions decisions based on the aforementioned requirements and requests feedback from faculty about the appropriateness of specific applicants.
Applicants are evaluated on an individual basis. Preferential consideration is extended to those with professional public health experience. A bachelor's degree in health or a health-related discipline may substitute for work experience. Over the last few years, the number of qualified applicants decreased and some were admitted with performance requirements, meaning that those who did not meet all of the entrance criteria had to increase their GRE scores and/or maintain at least a “B” average. Conditional admission requires students who are admitted without GRE scores to take the exam during their first semester of enrollment. Continuation in the program is contingent on the student meeting the above GRE score requirements. Since late 2013, only qualified applicants have been accepted into the program. The program escalated its marketing and outreach efforts and the number of qualified applicants increased with the transition to a fully online format. As the number of qualified applicants exceeds the number of openings for new students, all faculty will be involved in all admissions decisions.

An average of 53% of applicants are accepted into the program each academic year. Though the enrollment rate falls short of the program’s 80% target, nearly 60% of those accepted enroll. Approximately 36% of prospective students who applied to the program in fall 2015 qualified for admission, and 88% of those who were accepted followed through with enrollment. An average of eight to nine new students entered the program during each of the last three years. The total student headcount at the time of the visit was 32. The dean of health sciences acknowledged that the program does not have a huge applicant pool, which she believes is due to low visibility. Promoting and increasing the demand for the program and raising its visibility are priorities of the university, which has supported the program through its transition to an online format.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. Academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

The department regularly communicates with students, upon admission, via email. The program director designates and assigns primary faculty as advisors based on each student’s stated interests, when possible. Advisors are knowledgeable about the curriculum, specific courses and study plans. They contact incoming students via email, answer any program-related questions and guide students through curricular requirements, graduation prerequisites and other procedures. Individual appointments (in person, by phone or through video conference) are scheduled on an as-needed basis and at critical points in the student’s matriculation (eg, thesis topic approval, internship approval, semester prior to graduation). Despite the transition to an online format, the program expects to continue enrolling students who live within driving distance of one of the campuses and, therefore, have direct access to faculty. Students may request to change academic advisors and may choose a thesis or capstone committee
chair who is different than the assigned academic advisor. Although no formal orientation to the program is currently offered, the Graduate School facilitates a general online orientation. The program plans to develop an online orientation for incoming students in the 2016-2017 academic year. Feedback from current students will guide the content and method of delivery.

The number of students per faculty advisor varies, based on how long each faculty member has been employed by the university. Once a faculty member has completed his or her initial year, efforts are made to evenly distribute the number of students per faculty member. Faculty turnover in the last three years, however, has resulted in fewer faculty available to advise students and direct thesis and capstone committees. The largest burden on faculty has been with thesis advisement; faculty have served as the thesis advisor for as many as twelve students during a semester. To increase capacity and reduce the workload on each faculty member, the program director has recruited additional adjuncts to serve on thesis and capstone committees.

Student satisfaction with academic advising is reflected through annual exit surveys. The last three installments received response rates between 25% and 64%. Respondents agreed that most of their instructors were “consistently” or “always” available by appointment, email or phone. Although some students who graduated 2012-2013 reported that their academic advisors were “seldom” helpful, respondents who graduated over the last two years rated their academic advisors and their quality of advice as consistently “helpful, relevant, focused and timely.” On-site discussions with current students corroborate these findings. Those who met with site visitors believe that they receive sufficient support and appreciate the “immediate responses” they receive from their advisors. Several students and alumni, including an international student, commented on how “accessible,” “caring,” “engaged” and “dedicated” their professors are. Course scheduling, however, is not always clear. There was also a consensus that an orientation to introduce students to the MPH program would be helpful.

In addition to serving as academic advisors, the program director and other faculty advisors provide career counseling and meet with students upon request to discuss specific career-related questions. Faculty often take time to talk with students in class about career-related issues and post information about public health careers and job openings on the Student Resources Moodle site. Students also seek out faculty with similar areas of interest to solicit specific advice on careers and continuing education. The program identifies speakers and sponsors webinars during which students can interact with public health professionals and gain additional insight into career opportunities. The ISU Career Center provides a variety of resources and services, including job search databases, cover letter and resume writing guidance and professional networking opportunities.
Grievance procedures are articulated on the university website and published in the student handbook. Faculty are recommended points of contact. If differences remain unresolved, appeals may be made to the program director. Other concerns should be directed to the DHS associate dean of student services. Students retain the right to file a grievance with the university in the event that an issue is not satisfactorily addressed at the program or division level. No formal grievances were filed against the program in the last three years. The program director has received a few complaints about instructors, usually related to not grading assignments in a timely manner or to the change in course delivery method—from hybrid to fully online. Most complaints are submitted through anonymous course evaluations.

The first commentary pertains to the fact that the program does not collect student feedback on career counseling. The scope of the exit survey is limited to student satisfaction with academic advising.

The second commentary relates to the available information on the level of student satisfaction with career counseling. Most students who met with site visitors did not perceive a significant need for career counseling, due to the fact that they are currently employed. Those with less experience, however, identified the need for more formalized career counseling services within the program. One student, in particular, identified the need to raise awareness about university-level resources. Faculty could also be more proactive—especially in support of students who may be less assertive.
Agenda
COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT
Idaho State University
Master of Public Health Program
October 29-30, 2015

Thursday, October 29, 2015

8:15 am  Request for Additional Documents
Elizabeth Fore, PhD, MPH Program Director and Assistant Professor

8:30 am  Executive Session

9:00 am  Meeting with Academic Leadership
Margaret Johnson, PhD, Associate Vice President for Undergraduate Affairs
Linda Halzenbuehler, Ph.D., Vice Provost and Executive Dean, Division of Health Sciences

9:30 am  Break

9:45 am  Meeting with Program and Department Administration
Elizabeth Fore, PhD, MPH Program Director and Assistant Professor

10:45 am  Break

11:00 am  Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Ryan Lindsay, MPH, PhD, Assistant Professor, Public Health Program
Jingjing Niu, PhD, Assistant Professor, Public Health Program
Neill Piland, MPH, PhD, Research Professor, ISU Institute of Rural Health
Cyndy Kelchner, PhD, Research Assistant Professor, Institute of Rural Health
Rick Tivis, MPH, Research Associate Professor, Idaho Center for Health Research
Melissa Orgill, MHE, Instructor
Monica Mispireta, MD, PhD, Affiliate Faculty, Dietetics Program
Judy Thorne, MPH, HIV Viral Hepatitis Education Coordinator

12:00 pm  Break

12:15 pm  Lunch with Students
Wendy Loumeau—conference call
Cathleen Tarp—in person
Tai Crawford—in person
John Holmes—in person
Hayli Worthington—in person
David Flint—in person
Valerie Evans—in person

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Curriculum and Degree Programs
Elizabeth Fore, PhD, MPH Program Director and Assistant Professor
Ryan Lindsay, MPH, PhD, Assistant Professor, Public Health Program
Jingjing Niu, PhD, Assistant Professor, Public Health Program
Neill Piland, MPH, PhD, Research Professor, ISU Institute of Rural Health
Galen Louis, PhD, Retired Public Health Program Director and Current Adjunct
Janette Olsen, PhD, Associate Professor, Health Education
Rick Tivis, MPH, Research Associate Professor, Idaho Center for Health Research
Lisa Salazar, MPH, Adjunct, Public Health Program
Elizabeth Cartwright, PhD, Professor, Anthropology
Monica Mispireta, PhD, MD, Affiliate Faculty, Dietetics
Willis McAleese, PhD, Emeritus, Health Education

2:30 pm  Executive Session
4:00 pm  Meeting with Alumni, Community Representatives and Preceptors
Michael Wucinich, MPH, PA, 2013, alumni
Tina Ghirarduzzi, MPH, 2013 alumni
Nick Scarborough, MPH 2013 alumni
Femi Abimbade, MPH, 2014, alumni
Brooke Pollard Taylor, MPH, 2015 alumni
Laura McKnight, MPH, RD, LD, ISU Dietetics Program Director, preceptor
Tracy McCollough
Lora Whalen, M.Ed. District Director for Panhandle Health District, employer

5:00 pm  Adjourn

Friday, October 30, 2015

8:15 am  Executive Session and Report Preparation

11:30 pm  Exit Interview