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HAROLD M. AND BEVERLY MAURER
CENTER FOR PUBLIC HEALTH



SELF - STUDY REPORT

Prepared for the Council on
Education for Public Health



COLLEGE
OF PUBLIC HEALTH

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Select List of Abbreviations and Acronyms

AAC: Accreditation and Assessment Coordinator

ADAA: Assistant Dean of Academic Affairs

ADF: Assistant Dean of Finance

ADO: Assistant Dean of Operations

ADP: Assistant Dean of Public Health Practice

ADR: Associate Dean of Research

ADSA: Assistant Dean of Student Affairs

APEX: Applied Practice Experience

APHA: American Public Health Association

APM: Applied Practice Manager

APSS: Academic Program Support Specialist

BoR: Board of Regents

CEPH: Council on Education for Public Health

COPH: UNMC College of Public Health

COPHSA: College of Public Health Student Association

CPERS: Center for Preparedness and Emergency Response Solutions

CRHD: Center for Reducing Health Disparities

CS-CASH: Central States Center for Agricultural Safety and Health

CSM: Culture and Sustainability Manager

D&CH: Diversity & Cultural Humility

DCS: Director of Career Services

DDP: Director of DrPH Program

DEI: Diversity, equity, and inclusion

DHHS: Department of Health and Human Services

DMP: Director of Master's Program

DTL: Director of Teaching and Learning

DPP: Director of Professional Programs

EC: Evaluation Committee

GDS: Grants Development Specialist

GPC: Graduate Program Committee
HLC: Higher Learning Commission
HRSA: Health Resources and Services Administration
IDI: Intercultural Development Inventory
ILE: Integrative learning experience
LMS: Learning management system
MPHTC: Midwestern Public Health Training Center
MTTG: Maximum Time To Graduation
NEDHHS: Nebraska Department of Health and Human Services
NIH: National Institutes of Health
NRI: Nebraska Research Initiative
NU: University of Nebraska
OCE: Office of Community Engagement
OCS: Office of Career Services
OES: Office of Educational Services
OME: Office of Metrics and Evaluation
OPHP: Office of Public Health Practice
OTL: Office of Teaching and Learning
PHIRE: Public Health Innovation and Research Expo
PIF: Primary instructional faculty
POE: Programs of Excellence
POA: Panel of Advisors
RDS: Research Development Services
RQR: Research Quarterly Report
RSC: Research Support Coordinator
SAC: Student Affairs Coordinator
SLIDO: Student Life, Inclusion, and Diversity Office
SSC: Student Success Coordinator
UNMC: University of Nebraska Medical Center
UNO: University of Nebraska at Omaha



Introduction

Introduction

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

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

Founded as a land-grant institution in 1869, the University of Nebraska has more than 49,000 students and 16,000 employees; the 4 universities included in the system are an R1 flagship land-grant university, the University of Nebraska-Lincoln; an academic medical center, the University of Nebraska Medical Center (UNMC); a metropolitan university, the University of Nebraska at Omaha (UNO); and a regional undergraduate university, the University of Nebraska at Kearney. UNMC houses the College of Public Health (COPH). UNMC was founded in 1880 as the Omaha Medical College and joined the University of Nebraska in 1902.

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

UNMC comprises six colleges: College of Public Health, College of Allied Health Professions, College of Dentistry, College of Medicine, College of Nursing, and College of Pharmacy.

UNMC College	Bachelor’s Degree	Master’s	Doctoral	Certificate
College of Public Health		8	8	5
College of Allied Health Professions	5	8	3	4
College of Dentistry	1		1	
College of Medicine			1	
College of Nursing	3	1	2	1
College of Pharmacy			2	1

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

2023–2024	University of Nebraska Medical Center
Faculty	1,936
Staff	4,397
Students	4,555

- d. brief statement of distinguishing university facts and characteristics

UNMC was founded in 1880 as the Omaha Medical College and joined the University of Nebraska in 1902. What began as the state’s first medical college expanded and grew to incorporate a dental college, a pharmacy college, a nursing college, and many more areas of study. Today, UNMC works to [educate](#) and build a 21st century healthcare workforce. Led by Interim Chancellor H. Dele Davies, M.D., UNMC’s six colleges and two institutes, in partnership with Nebraska Medicine, not only educate future healthcare providers but generate an annual economic impact of \$5.9 billion for the state of Nebraska. UNMC serves more than 4,000 students in more than two dozen programs. Approximately half of Nebraska’s physicians, dental professionals, pharmacists, bachelor-prepared nurses, and allied health professionals have graduated from UNMC.

As Nebraska's only public academic health science center, UNMC is committed to meaningful, transformative [engagement](#) efforts that improve the lives and health of local, national, and global communities. On the international level, UNMC's world-renowned scientists and healthcare providers are leading the fight against emerging infectious diseases and pandemic threats; these efforts continue to advance the care and treatment of patients worldwide. UNMC upholds its responsibility for providing services on the local and national levels as well; building a cutting-edge cancer research center, for example, has benefitted patients and families from Nebraska and across the nation.

Locally, UNMC works tirelessly to reach out to all Nebraskans in myriad ways. UNMC includes campuses throughout Nebraska, including Omaha, Lincoln, Kearney, Norfolk, and Scottsbluff, all of which have unique outreach programs and opportunities that stretch across Nebraska to help eliminate healthcare disparities, including addressing the shortage of healthcare providers and services available in rural areas. UNMC consistently upholds its mission to create a healthier future for all people and communities through education, groundbreaking research, and exceptional patient care.

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

UNMC is accredited through the Higher Learning Commission (HLC) and recognizes that the university maintains high standards for its graduates, either to gain admission to other institutions of higher learning or to achieve credentials for professional practice in a chosen field. <https://www.unmc.edu/academicaffairs/institutional/accreditation-assessment/accreditation.html>

Institutional accreditation validates the quality of all UNMC academic programs and the institution, including student services, financial stability, governance, institutional integrity, and mission and strategic planning. UNMC will undergo its next comprehensive HLC evaluation site visit in 2026–2027. In addition to HLC, UNMC has 18 program and college-specific accreditors. More information can be found at <https://www.unmc.edu/academicaffairs/institutional/accreditation-assessment/program-accreditation.html> and is also located in the ERF: ERF->Intro->Specialized Accreditations at UNMC.

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

Until 2001, only 22 of Nebraska's 93 counties had access to local health department services. Providing efficient public health services, education, and training is challenging in this geographically large, sparsely populated state.

Public health in Nebraska has made great strides in the last two decades. A Robert Wood Johnson Foundation grant enabled stakeholders to develop a strategic plan and secure the passage of state legislation that provided millions of dollars annually for public health services. This plan, entitled "Turning Point: Nebraska's Plan to Strengthen and Transform Public Health," documented the need for formal workforce education and training and outlined a strategic plan for creating health departments. Tobacco settlement funds provided incentives for establishing 16 new public health districts in 2002 that, together with the already established health departments, now cover all 93 counties in Nebraska. The creation of new district health departments greatly expanded the public health workforce and the need for formal training in public health.

In response to these changes, UNMC and UNO, with support from the Nebraska Minority Public Health Association, established a Master of Public Health (MPH) program and secured accreditation by the Council on Education for Public Health (CEPH) in 2004. CEPH reaccredited the joint program in 2009. A

memorandum of understanding signed June 22, 2010, by the UNO and UNMC chancellors detailed the relationship between the two campuses and dissolved the joint status of the MPH program, which formalized the change to a stand-alone program in the COPH at UNMC.

The success of the MPH program—and the recognition by UNMC and University of Nebraska leadership of the importance of public health training and scholarship—led the University of Nebraska Board of Regents (BoR) to establish the COPH. The MPH program migrated as a professional program to the COPH with the approval of the BoR in 2010.

The COPH designs its educational programs for students who wish to pursue different levels and approaches to public health education, ranging from certificate to doctoral programs. We also offer dual degree programs with other colleges within and outside the University of Nebraska system. We tailor our programs' curricula to balance the critical areas of education, research, and practice to meet the professional development needs of our students. Graduates from our programs become leaders in their chosen fields in research, academia, or as public health practitioners across the public and private sectors.

The COPH offers professional and academic master's and doctoral degrees across five departments. The COPH offers [master's certificates](#) in Applied Biostatistics, Occupational Safety and Health, Public Health, Emergency Preparedness, and Maternal and Child Health. The COPH offers seven [concentrations](#) in Biostatistics, Emergency Preparedness, Environmental and Occupational Health, Epidemiology, Health Promotion, Maternal and Child Health, and Public Health Administration and Policy.

Our [dual degree](#) programs offer students the unique opportunity to integrate their training from another degree program with a population-based MPH degree. The primary goal is to prepare professionals to assess, understand, and address health concerns that impact the well-being of individuals, populations, and communities.

The [Doctorate of Public Health](#) (DrPH) degree at the COPH includes three concentrations: Advocacy and Leadership, Emergency Preparedness, and Epidemiology. Finally, the COPH also administers the [Master of Health Administration \(MHA\) degree, a non-public health degree.](#)

We design our [academic degrees](#) (MS and PhD) to prepare students for academic and research roles and settings. These programs emphasize students' understanding of theoretical issues and the application of disciplinary methods to studying public health. Academic degrees are offered and administered by each individual department and the University of Nebraska Graduate College. The academic degrees include an MS in Biostatistics and PhD degrees in Biostatistics, Environmental and Occupational Health, Toxicology, Epidemiology, Health Promotion and Disease Prevention, and Health Services and Policy Research.

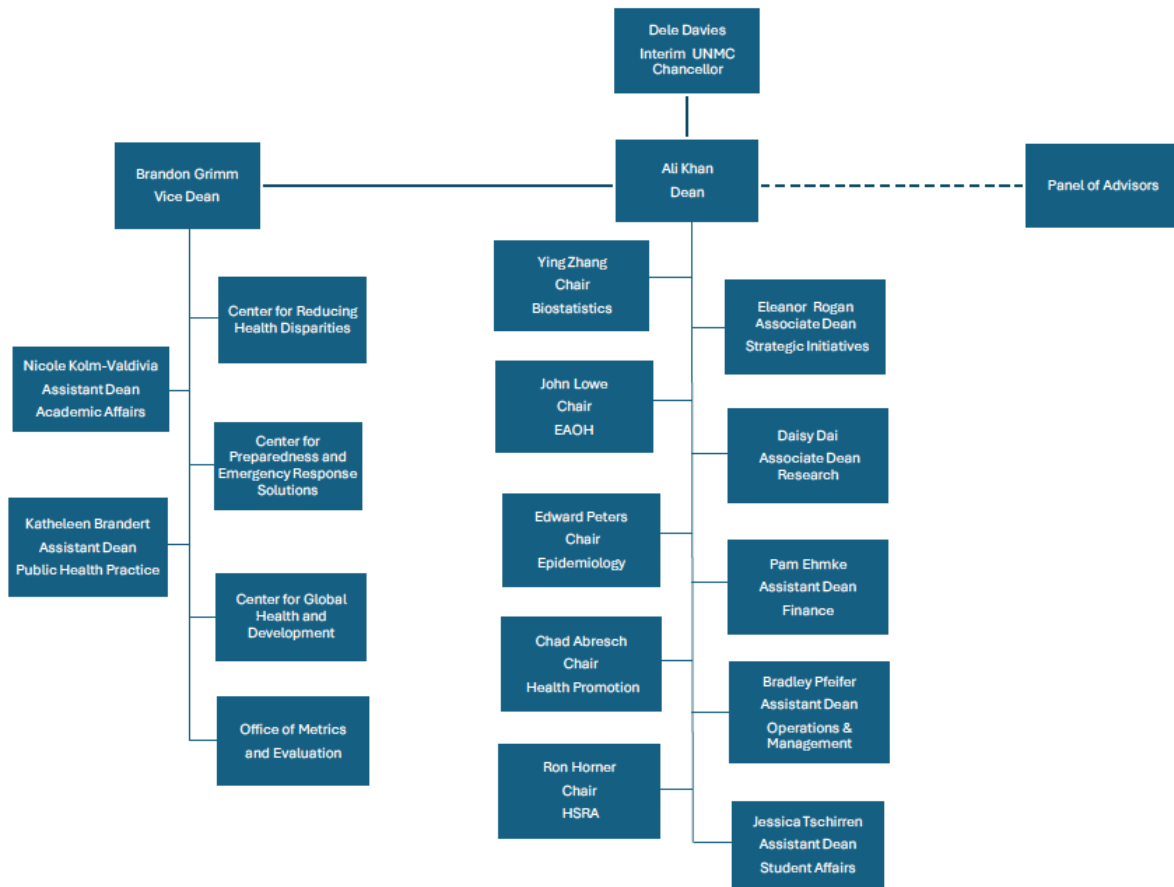
In addition to the five departments, the COPH includes a range of centers focusing on emergency preparedness, research design and analysis, global health, health policy, health disparities, environmental health, and agriculture safety and health. The COPH also has five offices: the Office of Educational Services (OES), the Office of Career Services (OCS), the Office of Public Health Practice (OPHP), the Office of Teaching and Learning (OTL), and the Office of Metrics and Evaluation (OME).

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

- a. the school's internal organization, including the reporting lines to the dean

The UNMC COPH internal organizational chart is shown in Figure 2a.1. It can also be found in the ERF at ERF->Intro->COPH Organizational Chart. This figure illustrates that department chairs, associate and assistant deans, and center directors have a direct reporting line to the dean and vice dean.

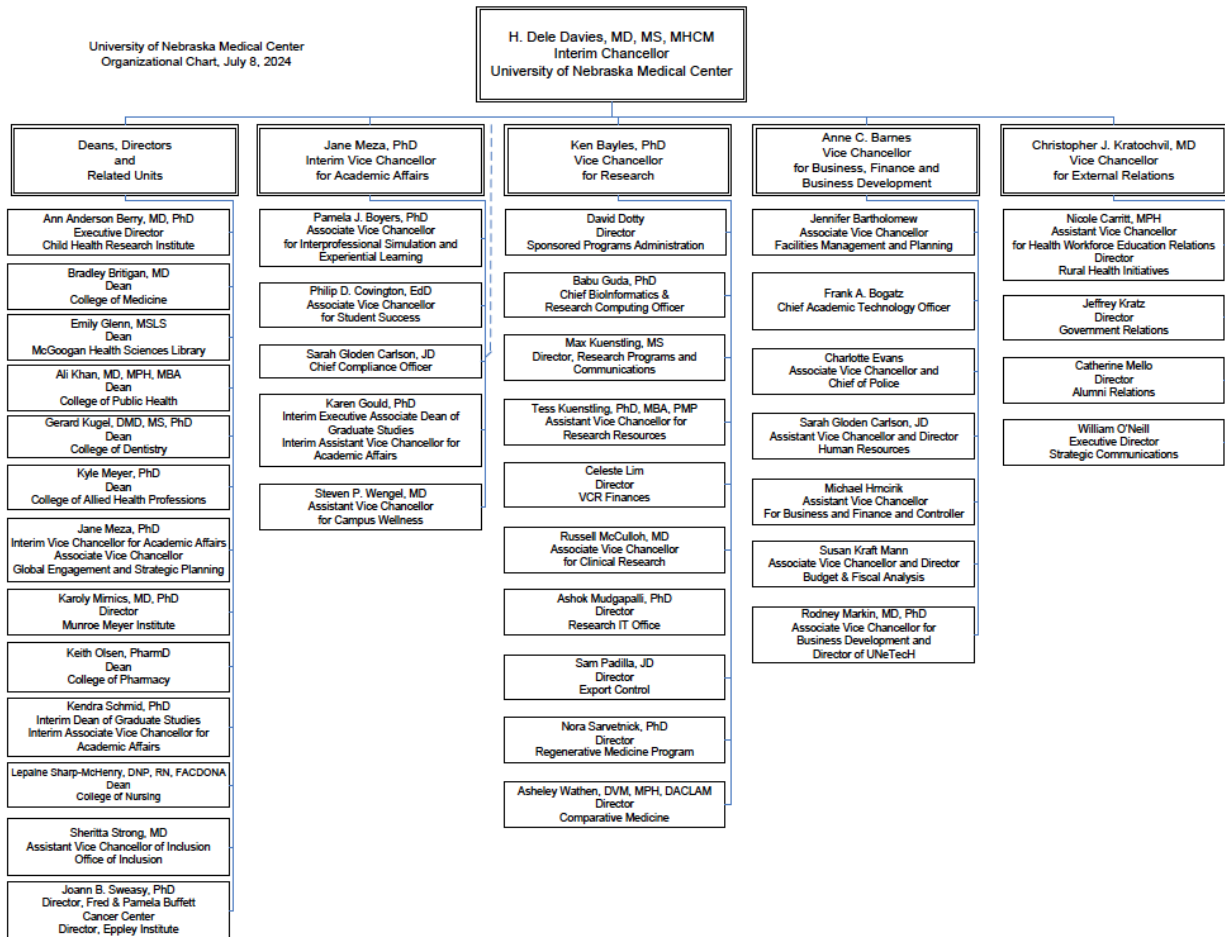
Figure 2a.1 UNMC COPH Internal Organizational Chart



- b. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

The UNMC organizational chart shown in Figure 2a.2 illustrates the reporting lines and relationships the COPH has with the other colleges and chancellor's office. This can also be found in the ERF at ERF->Intro->UNMC Organizational Chart.

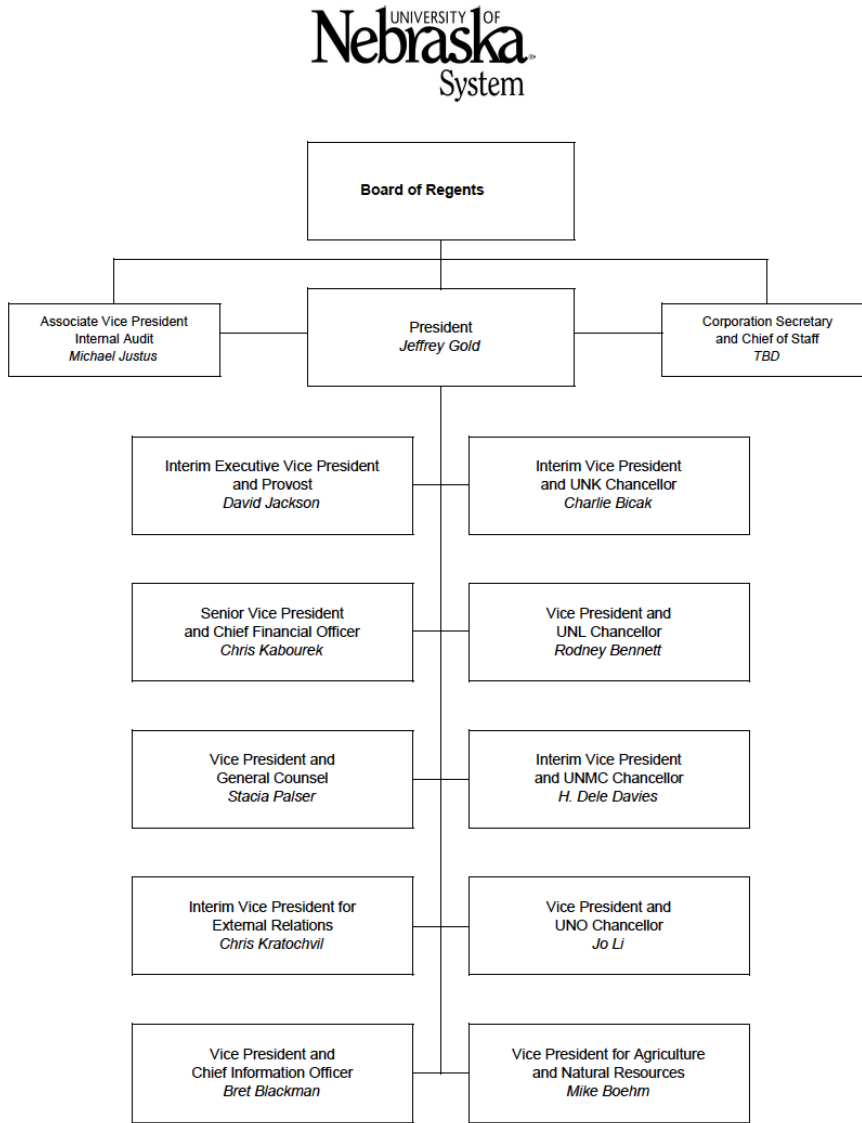
Figure 2a.2 UNMC Organizational Chart



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

The system-wide organizational chart in Figure 2a.3 illustrates the direct line the UNMC chancellor has to the University of Nebraska president. A copy of this can also be found in the ERF at ERF->Intro->NU Organizational Chart.

Figure 2a.3 University of Nebraska System Organizational Chart



August 15, 2024

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

Not Applicable

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

The COPH offers master's and doctoral professional degrees, academic degrees, and dual degrees. The instructional matrix is presented below.

Template Intro-1: Instructional Matrix – Degrees and Concentrations

Master's Degrees		Academic	Professional	Categorized as public health	Place-Based	Distance-Based
Biostatistics		MS	MPH	X	X	X
Emergency Preparedness			MPH	X	X	X
Environmental and Occupational Health			MPH	X	X	X
Epidemiology			MPH	X	X	X
Health Promotion			MPH	X	X	X
Maternal and Child Health			MPH	X	X	X
Public Health Administration and Policy			MPH	X	X	X
Health Administration			MHA			X
Doctoral Degrees		Academic	Professional	Categorized as public health	Place-Based	Distance-Based
Biostatistics		PhD		X	X	
Environmental Health, Occupational Health, and Toxicology		PhD		X	X	
Epidemiology		PhD		X	X	
Health Promotion and Disease Prevention Research		PhD		X	X	
Health Services and Policy Research		PhD		X	X	
Advocacy and Leadership			DrPH	X		X
Emergency Preparedness			DrPH	X		X
Epidemiology			DrPH	X		X
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional	Categorized as public health	Place-Based	Distance-Based
2nd Degree Area	Public Health Concentration					
DO	All Concentrations		MPH	X		X
MBA	Biostatistics; Epidemiology; Emergency Preparedness; Public Health Administration and Policy		MPH	X	X	X
MCRP	All Concentrations		MPH	X	X	X

MD	All Concentrations		MPH	X	X	X
MSW	Public Health Administration and Policy		MPH	X	X	X
PharmD	All Concentrations		MPH	X	X	X
BSBio-MPH	Environmental Health		MPH	X	X	X
Under-graduate to MPH (U2MPH)	All concentrations		MPH	X	X	X
BSES-MPH	Environmental Health		MPH	X	X	X

- 4) Enrollment data for all of the school's degree schools, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D18) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.

Template Intro-2: Enrollment Spring 2025

Degree		Current Enrollment
Master's		
	MPH - Biostatistics	20
	MPH - Emergency Preparedness	19
	MPH - Environmental & Occupational Health	29
	MPH - Epidemiology	52
	MPH - Health Promotion	37
	MPH - Maternal & Child Health	37
	MPH - Public Health Administration & Policy	41
	MS - Biostatistics	15
	Non-public health master's degrees (MHA)	13
Doctoral		
	DrPH - Advocacy & Leadership	15
	DrPH - Emergency Preparedness	21
	DrPH - Epidemiology	24
	PhD - Biostatistics	16
	PhD - Environmental & Occupational Health ¹	9
	PhD - Environmental Health, Occupational Health, and Toxicology ¹	0
	PhD - Epidemiology	13

	PhD - Health Promotion & Disease Prevention Research	18
	PhD - Health Services & Policy Research	7
	PhD – Toxicology ¹	3
<p>1. The PhDs in Environmental & Occupational Health and Toxicology accepted their last students in Fall 24. The new Environmental Health, Occupational Health, and Toxicology PhD will admit its first students in Fall 2025. A substantive change has been processed by CEPH.</p>		



CRITERIA A:

Administration & Organization

CRITERIA A:

A1. Organization & Administrative Processes

A1. Organization and Administrative Processes

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

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

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

Additionally, the school makes efforts to include diverse voices and perspectives in decision-making structures.

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

The COPH's administrative processes presented are detailed in the COPH bylaws (ERF->A->A1->COPH Bylaws) and the COPH policies and procedures (ERF->A->A1->COPH Policies and Procedures).

UNMC COPH Governing Faculty

The governing faculty shall be the major body charged with fulfilling the mission of the COPH. Voting members of the governing faculty are those COPH faculty with at least a 50% FTE appointment at the University of Nebraska. Non-voting governing faculty are those COPH faculty who do not hold at least a 50% FTE appointment at the university. The duties and responsibilities of the governing faculty include the following:

- Propose and promote programs and activities of the COPH.
- Study and/or refer to the COPH Leadership Council issues and problems affecting academic and professional policies.
- Consider and provide advice and recommendations on academic and professional policies as presented by the dean.
- Receive reports from standing committees and non-standing committees.
- Promote good relationships with state agencies, with the health professions of the state, and with the citizens of Nebraska.
- Promote good relationships with federal agencies, national professional agencies, and international and global health agencies to support the mission of the COPH and the public health profession.

Name	Academic Rank	Voting Status
Jesse Bell	Professor	Non-Voting
David Brett-Major	Professor	Voting
Ward Chambers	Professor	Voting
Hongying 'Daisy' Dai	Professor	Voting
David Dzewaltowski	Professor	Voting
Brandon Grimm	Professor	Voting
Gleb Haynatzki	Professor	Voting
Ronnie Horner	Professor	Voting

Ali Khan	Professor	Voting
Deborah Levy	Professor	Non-Voting
John-Martin Lowe	Professor	Voting
Jane Meza	Professor	Non-Voting
Matthew Nonnenmann	Professor	Voting
Edward Peters	Professor	Voting
Hilary 'Abbie' Raikes	Professor	Voting
Risto Rautiainen	Professor	Voting
Eleanor Rogan	Professor	Non-Voting
Kendra Schmid	Professor	Non-Voting
Dejun Su	Professor	Voting
Shinobu Watanabe-Galloway	Professor	Voting
Todd Wyatt	Professor	Non-Voting
Fang Yu	Professor	Voting
Ying Zhang	Professor	Voting
Chad Abresch	Associate Professor	Voting
Cheryl Beseler	Associate Professor	Voting
Eric Carnes	Associate Professor	Voting
Su Chen	Associate Professor	Voting
Wael ElRayes	Associate Professor	Voting
Yeongjin Gwon	Associate Professor	Voting
Regina Idoate	Associate Professor	Voting
Jungyoon "JY" Kim	Associate Professor	Voting
Keyonna King	Associate Professor	Voting
Kristina Kintziger	Associate Professor	Voting
Abigail Lowe	Associate Professor	Voting
JoEllyn McMillan	Associate Professor	Non-Voting
Sharon Medcalf	Associate Professor	Voting
David Palm	Associate Professor	Voting
Shireen Rajaram	Associate Professor	Voting
Athena Ramos	Associate Professor	Voting
Ariane Rung	Associate Professor	Voting
Lauren Sauer	Associate Professor	Voting
Brian Sims	Associate Professor	Voting
Lynette Smith	Associate Professor	Voting
Terry Stentz	Associate Professor	Non-Voting
Melissa Tibbits	Associate Professor	Voting
Hongmei Wang	Associate Professor	Voting
Siobhan Wescott	Associate Professor	Voting
Christopher Wichman	Associate Professor	Voting
Aaron Yoder	Associate Professor	Voting

Cheng Zheng	Associate Professor	Voting
Jerrod Anzalone	Assistant Professor	Voting
Kevin Bagley	Assistant Professor	Non-Voting
Erin Biggs	Assistant Professor	Non-Voting
Anthony Blake	Assistant Professor	Voting
Kathleen Brandert	Assistant Professor	Voting
Melanie Cozad	Assistant Professor	Voting
Kaitlyn Crosby	Assistant Professor	Voting
Shaun Cross	Assistant Professor	Voting
Ran Dai	Assistant Professor	Voting
Michael Demman	Assistant Professor	Non-Voting
Brittney Dickey	Assistant Professor	Voting
Jianghu "James" Dong	Assistant Professor	Voting
Jamie Dowling	Assistant Professor	Voting
Joseph Fauver	Assistant Professor	Voting
Macarena Garcia	Assistant Professor	Non-Voting
Carol Gilbert	Assistant Professor	Voting
Jocelyn Herstein	Assistant Professor	Voting
Yunju Im	Assistant Professor	Voting
Madhav KC	Assistant Professor	Non-Voting
Nicole Kolm Valdivia	Assistant Professor	Voting
Emily Kraus	Assistant Professor	Non-Voting
Rachel Lookadoo	Assistant Professor	Voting
Patrick Maloney	Assistant Professor	Voting
Shannon Maloney	Assistant Professor	Voting
Analisa McMillan	Assistant Professor	Voting
Abraham Mengist	Assistant Professor	Voting
Tzeyu Michaud	Assistant Professor	Voting
Julie Peterson	Assistant Professor	Voting
Julie Ann Pierson Casani	Assistant Professor	Voting
Kendra Ratnapradipa	Assistant Professor	Voting
Ann Rogers Essay	Assistant Professor	Voting
Aislinn Rookwood	Assistant Professor	Voting
Marisa Rosen	Assistant Professor	Voting
Mystera Samuelson	Assistant Professor	Voting
Sarah Scales	Assistant Professor	Voting
Ron Shope	Assistant Professor	Non-Voting
Michelle 'Shelley' Strong	Assistant Professor	Voting
Hyo Jung Tak	Assistant Professor	Voting
Megan Tesar	Assistant Professor	Non-Voting
Dana Verhoeven	Assistant Professor	Voting

Patrina 'Trina' White	Assistant Professor	Voting
Ellen Duysen	Research Assistant Professor	Voting
Babak Jalalzadeh-Fard	Research Assistant Professor	Voting
Marcus Waldman	Research Assistant Professor	Voting
Muhammad Zahid	Research Assistant Professor	Voting
Keith Hansen	Instructor	Voting
Wendi Jensen	Instructor	Voting
Ishrat Kamal-Ahmed	Instructor	Non-Voting
Leo Louis II	Instructor	Non-Voting
Elizabeth Lyden	Instructor	Voting
Stephen Peters	Instructor	Voting
Leslie Scofield	Instructor	Voting
Laura Vinson	Instructor	Voting
Paul Weishapl	Instructor	Voting

Committees of Governance

There are two types of committees of governance: standing committees and non-standing committees.

Standing Committees

The three standing committees are the Curriculum Committee, the Promotion and Tenure Committee, and the Research and Development Committee.

All chairs of standing committees shall be full-time governing faculty in the Copenhague and shall be nominated and elected by the voting governing faculty of the Copenhague. Only a full-time tenured professor in the Copenhague will qualify for the Promotion and Tenure Committee chair position. All chairs will serve three-year terms. All chairs report to the governing faculty and the dean quarterly.

Committee members are chosen from the voting governing faculty and appointed by the chair of the respective standing committee in consultation with the department chairs and/or dean. Each standing committee shall have no fewer than five members, including the chair, generally with at least one member from each department. Appointments to the Promotion and Tenure Committee should include at least three tenured professors from the voting governing faculty. Two Promotion and Tenure Committee members may be chosen from the voting governing faculty tenured associate professors. A faculty member under consideration for promotion may not simultaneously serve on the Promotion and Tenure Committee. All committees, except the Promotion and Tenure Committee, may include student members following each committee's guidelines.

Faculty membership is for a term of three years. A member may be appointed for a second three-year term, after which at least one year must elapse before a member is eligible to be a member of the committee. The dean or associate or assistant deans may serve as ex officio, nonvoting members.

Students are voting members of the Curriculum Committee and the Research and Development Committee. Students on these committees serve a one-year term, must be in good academic standing and enrolled in a Copenhague degree program. The student membership for the Curriculum Committee is determined through an open call nomination process to the student body. The election is a majority vote and is determined through an online voting process. Student membership for the Research and Development Committee is an open call nomination process. Nominees are then reviewed and selected by the membership of the Research and Development Committee.

Curriculum Committee

The Curriculum Committee has formal bylaws (ERF->A->A1->COPH Curriculum Committee Bylaws) and meets monthly. The charge of the committee includes:

- Recommend to the COPH faculty policies and plans regarding student curriculum, in consultation with the appropriate department(s).
- Develop and implement a system for curriculum evaluation.
- Recommend curriculum changes.
- Develop and recommend policies relating to the continuing education programs of the COPH.
- Provide guidance to students requesting evaluation and approval of their remediation plans in order to regain good academic standing.
- Evaluation and judgment of student-related academic issues, to include but not be limited to transferring credit, policy exceptions, and dismissals.
- Dutifully accomplish any additional responsibilities as outlined in the COPH student handbook.
- Review and approve all newly developed courses and any newly developed areas of specialization at the master's and doctoral levels.

Table A1.2 Curriculum Committee Membership	
Voting Members	Names
Health Promotion faculty	Michelle “Shelley” Strong (chair)
Epidemiology faculty	Sharon Medcalf
Environmental, Agricultural, and Occupational Health faculty	JoEllyn McMillan
Biostatistics faculty	Yeongjin Gwon
Health Services Research and Administration faculty	Steve Peters
Professional (MPH, MHA, DrPH) student representative	Uzo Chukwuma
Graduate (MS, PhD) student representative	Ikenna Orji
Nonvoting Members	
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Assistant Dean of Student Affairs	Jessica Tschirren
Director of DrPH Program	Anthony Blake
Director of Master’s Program	Laura Vinson
Accreditation and Assessment Coordinator	Lacey Merica
Director of Educational Design and Development	Analisa McMillan
Coordinator, Office of Educational Services	Hillary Peshek
Pathways Program Coordinator	Ron Glenn
Culture and Sustainability Manager	Stacey Coleman

Promotion and Tenure Committee

The Promotion and Tenure Committee meets annually to review policies and guidelines and evaluate recommendations for promotion and/or tenure of internal candidates. Additionally, the committee communicates throughout the year and meets on special occasions as needed, for example, to conduct an expedited review of an external candidate or new hires. The duties and responsibilities of the promotion and tenure committee include:

- Recommend to the governing faculty policies and guidelines pertaining to COPH faculty promotion and/or tenure.
- Receive recommendations for promotion and/or tenure of COPH faculty members.
- Evaluate and submit to the dean recommendations on promotion and/or tenure of specific COPH faculty members.

Table A1.3 Promotion and Tenure Committee Membership		
Role	Department	Names
Tenured Professor	Health Promotion	Dejun Su (chair)
Tenured Professor	Environmental, Agricultural, and Occupational Health	Matthew Nonnenmann
Tenured Professor	Epidemiology	Shinobu Watanabe-Galloway
Associate Professor	Health Services Research and Administration	David Palm
Associate Professor	Biostatistics	Lynette Smith

Research and Development Committee

The Research and Development Committee meets monthly, and its duties and responsibilities include:

- Assist the dean and the associate dean for research (ADR) in developing a strategic plan to promote the growth and productivity of research in the COPH.
- Assist the dean and the ADR in special initiatives to develop new COPH research and development programs, including joint programs with other University of Nebraska colleges.
- Monitor the initiatives within the COPH to recruit and support student participation in ongoing research activities.
- Provide opportunities for students within the COPH to develop and present research to peers and colleagues.

Table A1.4 Research and Development Committee Membership	
Voting Members	Names
Epidemiology faculty	Joseph Fauver (chair)
Biostatistics faculty	Su Chen
Environmental, Agricultural, and Occupational Health faculty	Jesse Bell
Health Promotion	Shannon Maloney
Health Services Research and Administration faculty	Melanie Cozad
MPH student	Nicole Sletten
PhD student	TBD (will be elected in Spring 2025)
Nonvoting Members	
Associate Dean of Research	Daisy Dai
Research and Grants Development Specialist	Wendi Chiarbos Jensen

Non-standing and Advisory Committees

Deans and Chairs Committee

The COPH Deans and Chairs Committee meet bimonthly. The purpose of the Deans and Chairs Committee meeting is to:

- Discuss the policies and procedures of the COPH.
- Discuss new and potential programs, funding, and strategic directions of the COPH.
- Provide a dialogue between the departments and the dean’s office.
- Discuss the annual budget and funding allocations to the departments.
- Address any concerns and recommendations of the departments.

Role	Name
Dean	Ali S. Khan
Vice Dean	Brandon Grimm
Associate Dean of Research	Daisy Dai
Associate Dean of Strategic Initiatives	Elli Rogan
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Assistant Dean of Student Affairs	Jessica Tschirren
Assistant Dean of Public Health Practice	Katie Brandert
Assistant Dean of Operations and Management	Bradley Pfeifer
Assistant Dean of Finance	Pam Ehmke
Chair, Department of Biostatistics	Ying Zhang
Chair, Department of Health Services Research and Administration	Ronnie Horner
Chair, Department of Health Promotion	Chad Abresch
Chair, Department of Environmental, Agricultural, and Occupational Health	John Lowe
Chair, Department of Epidemiology	Ed Peters

UNMC COPH Leadership Council

The COPH Leadership Council comprises the dean, vice dean, associate and/or assistant deans, directors of the master's and doctoral programs, chair of the governing faculty, department chairs, and directors of all offices, centers, and dean's office programs within the COPH. The Leadership Council meets at least six times per year. Special meetings may be called by the dean. The duties and responsibilities of the Leadership Council include the following:

- Consider any matters pertaining to governance or administration brought before it by the governing faculty, the dean, a standing or non-standing committee, or by one of the members of the Leadership Council.
- Recommend administrative policies and procedures to the dean and coordinate their implementation.
- Recommend administrative and management long-range plans and objectives for the COPH to the dean, especially regarding organization, programs, and facilities.
- Advise the dean on establishing institutional policies and procedures for managing departmental budgets.
- Coordinate and implement institutional policies recommended by the governing faculty and approved by the dean.

Role	Name
Dean	Ali S. Khan
Vice Dean	Brandon Grimm
Associate Dean of Research	Daisy Dai
Associate Dean of Strategic Initiatives	Elli Rogan
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Assistant Dean of Student Affairs	Jessica Tschirren
Assistant Dean of Public Health Practice	Katie Brandert
Assistant Dean of Operations and Management	Bradley Pfeifer
Assistant Dean of Finance	Pam Ehmke
Chair, Department of Biostatistics	Ying Zhang
Chair, Department of Health Services Research and Administration	Ronnie Horner
Chair, Department of Health Promotion	Chad Abresch
Chair, Department of Environmental, Agricultural, and Occupational Health	John Lowe
Chair, Department of Epidemiology	Ed Peters
Chair, Governing Faculty	Aaron Yoder

Director, Doctoral Programs	Anthony Blake
Director, Masters Programs	Laura Vinson
Director, CityMatCH	Denise Pecha
Co-Directors, Center for Preparedness and Emergency Response Solutions	Keith Hansen and Rachel Lookadoo
Director, Center for Collaboration on Research Design and Analysis	Fang Yu
Director, Office of Metrics and Evaluation	Brian Sims
Director, Center for Global Health and Development	Abbie Raikes
Director, Center for Health Policy	Dave Palm
Director, Center for Reducing Health Disparities	Elli Rogan (Interim)
Director, Teaching and Learning	Analisa McMillan
Director, Career Services	Brenda Nickol
Director, Information Systems	Justin Obermeier
Culture and Sustainability Manager	Stacey Coleman
Marketing and Communications Specialist	Melissa Gaj
Director, Center for Environmental Health and Toxicology	TBD

COPH Panel of Advisors

The COPH Panel of Advisors (POA) serves as an advisory body to the dean of the COPH. The POA provides broad information, ideas, and insights to the COPH leadership that help the COPH achieve its mission and guide its successful growth and development as a leading school of public health in the region, the nation, and the world. POA membership is by invitation from the dean and the POA chair. The POA chair is determined by the membership and serves a three-year term. The membership represents diverse sectors of the community. In addition to the community and practice members, the deans and chairs of the COPH are ex officio members of the POA.

The POA meets at least twice per year, and meetings are hosted by the dean. An agenda is developed by the chair with input from POA members in consultation with the dean. The meetings are focused on receiving input and guidance from the POA to improve the success of the COPH and its impact on the communities served.

Table A1.7 UNMC COPH Panel of Advisors	
Role	Name
Director of Major Gifts, The Nature Conservancy of Nebraska	Sarah McClure (chair)
Executive Director, Building Bright Futures	John Cavanaugh
Founding Executive Director, Omaha Creative Institute (retired); Omaha Community Leader	Susan Thomas (past chair)
President, Weitz Family Foundation	Katie Weitz
Health Director, Douglas County Health Department	Lindsay Huse,
Managing Partner, Clairrant Partners	Laura Schabloske
Douglas County Board of Commissioners; Director of Community and Government Relations at Creighton University	Chris Rodgers
Senator, Nebraska District 8; Small Business Owner (Shop Five Nine and Ceremony)	Meghan Hunt
Associate Vice Provost, Health Sciences, Creighton University	Sade Kosoko-Lasaki
Associate Dean, School of Health and Kinesiology	Jason Coleman
Associate Professor, School of Health and Kinesiology; Co-Director, Midlands Sexual Health Research Collaboration	Sofia Jawed-Wessel
Ex Officio	
Dean	Ali Khan

Vice Dean	Brandon Grimm
Associate Dean of Research	Daisy Dai
Associate Dean of Strategic Initiatives	Elli Rogan
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Assistant Dean of Student Affairs	Jessica Tschirren
Assistant Dean of Public Health Practice	Katie Brandert
Assistant Dean of Operations and Management	Bradley Pfeifer
Assistant Dean of Finance	Pam Ehmke
Chair, Department of Biostatistics	Ying Zhang
Chair, Department of Health Services Research and Administration	Ronnie Horner
Chair, Department of Health Promotion	Chad Abresch
Chair, Department of Environmental, Agricultural, and Occupational Health	John Lowe
Chair, Department of Epidemiology	Ed Peters

Diversity and Cultural Humility Council

The purpose of the Diversity and Cultural Humility Council (open to all COPH faculty, staff, and students) is to cultivate structures, processes, and resources throughout all facets of the COPH, centered in unity, so that all faculty, staff, and students are welcomed, listened to, included, and valued, allowing us to thrive individually and collectively. As of August 2024, there are approximately 25 Council members representing COPH faculty, staff, students, and alumni. Each member is asked to participate for at least one year but may extend their participation if they desire to do so.

Table A1.8 Diversity and Cultural Humility Council Membership	
Role	Names
Culture and Sustainability Manager	Stacey Coleman (chair)
Associate Dean of Strategic Initiatives	Elli Rogan
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Associate Dean of Research	Daisy Dai
Assistant Dean of Student Affairs	Jessica Tschirren
Chair, Department of Environmental, Agricultural, and Occupational Health	John Lowe
Environmental, Agricultural, and Occupational Health faculty	Myстера Samuelson
Environmental, Agricultural, and Occupational Health staff	Haiyue “Arianna” Li
Environmental, Agricultural, and Occupational Health faculty	Matthew Nonnemann
Health Services Research and Administration faculty	Ward Chambers
Health Services Research and Administration faculty	Trina White
Health Services Research and Administration faculty	Steve Peters
Director, Office of Teaching and Learning	Analisa McMillan
Project Coordinator, CityMatCH	Lauren Garcia
Epidemiology Project Coordinator	Sierra Garth
Statistician	Kaeli Samson
Assistant Director, Recruitment and Admissions	Eric Brabb
Office of Public Health Practice Project Coordinator	Jessica Chavez-Thompson
MPH Student – Health Promotion	Julia Quigley
Director of Master’s Programs	Laura Vinson
Accreditation and Assessment Coordinator	Lacey Merica
PhD student – Health Promotion	Naveta Bhatti

Evaluation Committee

The Evaluation Committee designs and administers the assessments needed for the CEPH self-study, annual reports, and strategic planning. Appointed members include faculty, staff, and students. Student selection is done through an open call for self-nomination and then current committee membership selects from the nominees. The Evaluation Committee works with the COPH standing committees and administrators to collect data, assess outcomes, and communicate results to stakeholders. The Evaluation Committee meets monthly during the fall and spring semesters and as needed during the summer session.

Role	Name
Health Promotion faculty	Marisa Rosen (co-chair)
Accreditation and Assessment Coordinator	Lacey Merica (co-chair)
Assistant Dean of Academic Affairs	Nicole Kolm Valdivia
Director, Office of Teaching and Learning	Analisa McMillan
Biostatistics staff	Harlan Sayles
Environmental, Agricultural, and Occupational Health faculty	Myстера Samuelson
Epidemiology faculty	Dana Verhoeven
Health Promotion faculty	Brian Sims
Health Services Research and Administration faculty	Ward Chambers
Office of Educational Services representative	Hillary Peshek
Doctoral student representative	Charles Gregory
Master's student representative	TBD (Will be elected Spring 2025)

COPH Scholarship Committee

The purpose of the COPH Scholarship Committee is to:

- Annually determine the process of awarding student scholarships.
- Make selections and ensure compliance with requirements of student scholarship awards.

Voting Members	Names
Assistant Dean of Student Affairs	Jessica Tschirren
Biostatistics faculty	Gleb Haynatzki
Epidemiology faculty	Sharon Medcalf
Environmental, Agricultural and Occupational Health faculty	Jocelyn Herstein
Health Promotion faculty	Erin O. Schneider
Health Services Research and Administration faculty	Melanie Cozad

Professional Programs Admissions Committee

The purpose of the Professional Programs Admissions Committee is to:

- Develop, implement, and review admissions practices and procedures for the professional programs.
- Recommend admissions policies and procedures for professional programs to the COPH.

Table A1.11 Professional Programs Admissions Committee	
Voting Members	Names
Assistant Dean of Student Affairs	Jessica Tschirren
DrPH Program Director	Anthony Blake
Director of Master’s Programs	Laura Vinson
Assistant Director of Recruitment and Admissions	Eric Brabb
Biostatistics faculty	Chris Wichman
Environmental, Agricultural, and Occupational Health faculty	JoEllyn McMillan
Epidemiology faculty	Sharon Medcalf
Epidemiology faculty	Ariane Rung
Health Promotion faculty	Shelley Strong
Health Services Research and Administration faculty	JY Kim

Graduate Program Directors

The graduate program directors oversee the PhD program for their departments. They guide the curricular process, promote the quality and currency of the curriculum, develop and lead the program assessment procedures, oversee admissions review and acceptance, coordinate advisement of students, and coordinate and oversee program policies, procedures, and guidelines.

Table A1.12 Graduate Program Directors	
Members	Names
Biostatistics faculty	Chris Wichman
Environmental, Agricultural, and Occupational Health faculty	JoEllyn McMillan
Epidemiology faculty	Ariane Rung
Health Promotion faculty	Tzeyu Michaud
Health Services Research and Administration faculty	Hongmei Wang

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

Each department identifies proposed degree requirements for existing and new degree programs and submits them to the Curriculum Committee. Through the Curriculum Committee, governing faculty, UNMC Graduate Council, the BoR, and the Nebraska Coordinating Commission for Postsecondary Education, the faculty have set standards for coursework, assuring that it represents rigorous, graduate-level work and set the minimum GPA. The Curriculum Committee has full authority over the degree requirements for the MPH, MHA, and DrPH degrees, referred to as the professional degrees. For the academic degrees (MS and PhD), the COPH Curriculum Committee and UNMC Graduate Council have full authority over the degree requirements. The University of Nebraska Graduate College confers the MS and PhD degrees.

The deans for academic and student affairs monitor students’ progress, including maintenance of a 3.0 GPA, probationary procedures, and continuing enrollment. For the MS and PhD programs, the Graduate School monitors progress, in addition to the deans for academic and student affairs in the COPH. For any new degree, the COPH must submit a proposal that includes degree requirements for approval by the COPH Curriculum Committee (professional degrees) and the UNMC Graduate Council (academic degrees). Approval is also needed by the vice chancellor for academic affairs. After internal approval is granted, the proposed program will then go through the University of Nebraska system’s [approval timeline and process](#) that ultimately ends with approval by the university president, BoR, and Nebraska Coordinating Commission for Postsecondary Education.

b. curriculum design

The Curriculum Committee and the OTL are responsible for developing academic standards and policies, as well as the overall design, implementation, evaluation, and ongoing development of the COPH curriculum. Proposed new curricula and curriculum changes originate at the department level and are reviewed and approved by the Curriculum Committee. The Curriculum Committee is also charged with ensuring that any new curriculum or changes go through the correct university system approval process described in section A1.2a. For the MS and PhD programs, COPH graduate program directors, in partnership with the Graduate School, perform the curriculum review.

c. student assessment policies and processes

The faculty and departments, through the Curriculum Committee and Evaluation Committee, have final authority over academic standards, policies, and processes.

d. admissions policies and/or decisions

Policies and requirements for admission are determined by faculty in each department in consultation with the assistant dean of student affairs (ADSA). Each department chair appoints an Applicant Review Committee for each program or concentration to review applicants for program admittance.

e. faculty recruitment and promotion

Faculty recruitment, retention, promotion, and tenure are subject to UNMC and the University of Nebraska policies and procedures. The COPH adheres to UNMC policy No. 1004, 5.1 regarding equal employment opportunity and is committed to creating a diverse and inclusive work and learning environment free from discrimination and harassment. The policy states that “UNMC does not discriminate on the basis of race, ethnicity, color, national origin, sex (including pregnancy), religion, age, disability, sexual orientation, gender identity, genetic information, veteran status, marital status, and/or political affiliation in its educational programs, activities, and employment.”

The department chair is responsible for hiring any new faculty member in their department. In consultation with departmental faculty, the chair is responsible for determining the need for a new faculty member. The chair is responsible for authorizing a search committee and appointing its members. Search committees are all provided resources and training through the UNMC [Office of Faculty Development](#). The search committee will make a recommendation to the chair. Initial recommendation for appointment, promotion, or award of tenure of faculty members rests with department chairs and the dean. All hiring decisions that include tenure, regardless of rank, require the approval of the department chair and dean. Newly hired faculty members are assigned mentors or are mentored by the chair to help them stay on course for future promotion. The promotion and tenure chair provides a yearly “Promotion 101” seminar for faculty at all levels and tracks.

The Promotion and Tenure Committee determines promotions. The UNMC COPH Promotion and Tenure Guidelines include the process, promotion, and tenure review criteria (ERF->A->A1->COPH Promotion and Tenure Guidelines). The COPH includes three appointment types: (1) Health Professions (tenured leading), (2) Special Appointment (nontenure leading), and (3) Continuous (tenured). Each faculty considering promotion and/or tenure must first receive approval from their department chair; next, the Department Promotion and Tenure Committee reviews the applicant’s materials (if available, based on the appropriate number of senior faculty).

Each department will establish a Department Promotion and Tenure Committee when a critical mass of departmental senior faculty exists. This committee, appointed by the department chair, must consist of three or more departmental faculty at or preferably above the candidate’s present academic rank. Having tenured faculty serve on the Department Promotion and Tenure Committee is also preferred. The department chair may not serve on the Department Promotion and Tenure Committee.

The Department Promotion and Tenure Committee (or department chair in the absence of a committee) will review a complete file of materials required by the Copenhague Promotion and Tenure Committee. It is the responsibility of the chair of the Department Promotion and Tenure Committee to inform each candidate for promotion and/or tenure that the candidate is responsible for providing the necessary information for assembling a complete portfolio. The Department Promotion and Tenure Committee will set a deadline for receiving the candidate's materials, allowing sufficient time to complete its review and provide the department chair's letter of recommendation before the Copenhague Promotion and Tenure Committee's deadline. The Department Promotion and Tenure Committee will meet to review the candidates' finalized materials and recommend them to the department chair in time for the department chair to meet the deadline for their nomination letter.

As stated in [UNMC Guidelines for Submitting Promotion and Tenure Recommendations](#), "[a] negative decision at the department level may be appealed within the college/institute. An individual wishing to appeal a department-level decision must present his/her arguments in writing to the Dean within 15 days after receiving written notification of the department chairperson's decision."

After the department review, the complete application is sent to the Copenhague Promotion and Tenure Committee for full consideration and review. The Copenhague Promotion and Tenure Committee is a standing committee). This committee reviews the application materials for each candidate and makes a recommendation to the dean regarding promotion and/or tenure. The Copenhague Promotion and Tenure Committee also communicates its recommendation to the candidate's department chair. The dean decides on each candidate's application for promotion and tenure and provides written notification to the candidate and their chair of the recommendation. The dean then forwards this recommendation to the chancellor for final review.

In the event of a negative decision by the Copenhague Promotion and Tenure Committee, the department chair or the candidate can request a reconsideration of a Copenhague Promotion and Tenure Committee recommendation. A written request for reconsideration must be submitted to the dean within 15 days after written notification of the recommendation by the Copenhague Promotion and Tenure Committee. The dean will act on the appeal within 30 days of the request for reconsideration or before the deadline for submission to the chancellor, whichever is earlier. Decisions by the dean to deny promotion and/or tenure will normally be considered final for that year, with the exception that an individual who alleges that the decision of denial of promotion and/or tenure was prejudiced or capricious may submit a written appeal to the chancellor within 15 days after receiving written notification of the dean's decision.

f. research and service activities

The Copenhague requires faculty members (assistant professor and above) in all tracks to conduct research and perform service-based activities to maintain their faculty status and/or be considered for promotion. The Copenhague faculty set the standards for performance in these areas through the development and approval of the Copenhague Promotion and Tenure Guidelines. The Copenhague has clearly defined the expectations for research, service, and other scholarly activities.

- Definition of research and other scholarly activities. Research and other scholarly activities are the process of investigation or inquiry that leads to the acquisition of new knowledge and the synthesis of new ideas.
- Definition of academic public health practice activities. Academic public health practice is the applied interdisciplinary pursuit of scholarship in the field of public health—specifically, developing and applying new knowledge to improve population-specific public health through practice in public health agencies and community, medical, and other public health organizations.
- Definition of practice-based research. Practice-based research is the systematic inquiry into the systems, methods, policies, and programmatic applications of public health practice. Ernest Boyer's four dimensions of scholarship conceptualize practice-based research within (1) the scholarship of discovery describes the generation of new knowledge for enhancing public health practice; (2) the scholarship of teaching includes the transmission of knowledge; (3) the scholarship of integration describes research efforts that draw upon the methods, insights, perspectives, and results from multiple disciplines to address problems of practice; and (4) the scholarship of

application emphasizes the two-way communication between researcher and practitioner through the implementation of results in the field; that is, within an interactive relationship of research and practice, each one informs, invigorates, and improves the other.

- Team-based research and scholarly activities. The COPH acknowledges the value of team-based research and other scholarly activities that focus on interdisciplinary approaches, either across or within department areas, to facilitate and support the overall research mission of the COPH and University of Nebraska. Candidates engaged in team-based research are strongly encouraged to identify team members in their narrative, highlight their unique skill sets and contributions, and document collaborative publications in which authorship is not first/senior. The evaluation process will highly regard team-based science contributions.
- Community-engaged research. Community-engaged research is the process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations with respect to the investigation and resolution of issues affecting their well-being. It is a powerful vehicle for bringing about environmental and behavioral changes to improve the community's and its members' health. It often involves partnerships and coalitions that help mobilize resources and influence systems; change relationships among partners; and serve as catalysts for changing policies, programs, and practices.
- Definition of service and administrative activities. Service for higher education institutions is the act of faculty providing their time or resources to the university, student body, local community, or an external organization. When faculty participate in academic service, they are going beyond their teaching and scholarship requirements. Through service, educators can help improve the institution and offer their expertise to other communities that can benefit from it.

- 3) Briefly describe how the school makes efforts to include diverse voices in decision-making.

The COPH includes faculty, staff, students, and community members in many internal decision-making committees. The diversity of the internal COPH team and external community members provides a wide range of voices and experiences that enhance and shape important decisions. In addition, the COPH strategic planning process included input from faculty, staff, students, and community members, which proved invaluable for the COPH leadership as it set the college's five-year strategic outlook. Additionally, the COPH holds meetings both in-person and online to allow for more participation in the decision-making process.

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

A Bylaws Revision Committee is currently proposing revisions to the COPH bylaws. For the current version, please see ERF->A->A1->COPH Bylaws.

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

COPH faculty contribute to decision-making through membership and leadership on institutional committees at UNMC. One extremely important way is through the UNMC Faculty Senate. The UNMC Faculty Senate is a group of faculty members elected from each major academic unit with responsibilities defined by the bylaws of the BoR (ERF->A->A1->NU Board of Regents Bylaws). The UNMC Faculty Senate serves as the governing body empowered to represent the UNMC faculty.

Table A1.13 UNMC Faculty Senate, CPH Representatives		
Position	Names	CPH Affiliation
Faculty Senator and Executive Committee Member	Sharon Medcalf	Epidemiology, Associate Professor
Faculty Senator and Honorary Degrees and Awards Committee	Rachel Lookadoo	Environmental, Agricultural, and Occupational Health, Assistant Professor
Faculty Senator and Information and Technology Committee	Aaron Yoder	Environmental, Agricultural, and Occupational Health, Associate Professor

A sample of additional leadership and committee membership service to the institution are listed in Table A1.14.

Table A1.14 Sample of Leadership and Committee Membership Service to UNMC and University of Nebraska			
Group Committee	Position	Names	CPH Affiliation
UNMC Chancellor's Council	Council Member	Ali Khan	CPH Dean
UNMC Deans and Directors Committee	Committee Member	Ali Khan	CPH Dean
UNMC Department Administrative Roundtable Committee	Committee Members	Pam Ehmke Brad Pfeifer	Assistant Deans, Finance and Operations
UNMC Education Council	Council Member	Nicole Kolm Valdivia	Assistant Dean, Academic Affairs
UNMC Interprofessional Education Curriculum Committee	Committee Member	Nicole Kolm Valdivia	Assistant Dean, Academic Affairs
UNMC Graduate Council	Council Member	Nicole Kolm Valdivia	Assistant Dean, Academic Affairs
UNMC Policy Committee	Committee Member	Jessica Tschirren	Assistant Dean, Student Affairs
UNMC Student Affairs Committee	Committee Member	Jessica Tschirren	Assistant Dean, Student Affairs
UNMC Assessment Committee	Committee Member	Lacey Merica	Accreditation and Assessment Coordinator
UNMC e-Learning Committee	Committee Member	Analisa McMillian	Director, Office of Teaching and Learning
University of Nebraska Council of Online Learning Excellence	Council Member	Analisa McMillian	Director, Office of Teaching and Learning
UNMC Engagement Council	Council Member	Stacey Coleman	Culture and Sustainability Manager

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

The COPH uses shared governance between faculty and leadership. As noted above, our bylaws outline the role of the standing and non-standing faculty committees. In addition to the committees, faculty department meetings are integral to the COPH's governance, processes, and faculty interactions within the COPH. Department meetings are open to all full-time, part-time, adjunct, and courtesy faculty. For documentation of recent meetings of the governing faculty and the corresponding subcommittees, agendas, attendee lists, and minutes, see ERF->A->A1->Fac Interaction.

In addition to committee meetings, faculty also interact with several college-wide activities. The COPH has two "all hands" meetings each year, held in August and February. The August all-hands event is open to all faculty, staff, and students and includes food, activities, and a celebration to kick off the school year. The February all-hands meeting wraps up the calendar year with updates from the dean and a celebration. In addition, all faculty, staff, students, and family members are invited to fall activities to build an inclusive and supportive culture. Past events have included an evening event at a local pumpkin patch with dinner and activities. In 2024, more than 200 faculty, staff, students, and families attended the event, fully supported by the COPH.

The COPH dean also sends a monthly electronic "Random Musings" newsletter that highlights events; celebrates faculty, staff, and student achievements; recognizes new hires; and provides college-wide and university-wide updates.

Another opportunity for interaction is through the COPH Wellness Council, which organizes events including a book club, ice cream socials, produce exchanges, and other events to highlight wellness.

Other interaction opportunities include the Public Health Innovation and Research Expo (PHIRE). PHIRE is a day-long event that allows faculty, students, and stakeholders to meet collaborators and community and clinical partners, showcase their research, hear updates from COPH Innovation Fund investigators, and brainstorm innovative ideas for federal funding.

The Nebraska Public Health Conference is another excellent opportunity for faculty to interact and learn about practice initiatives. The COPH supports any faculty who would like to attend the annual conference.

Finally, faculty can interact through COPH research, practice, and community engagement offices and centers. In 2023, several centers were moved from departments to the dean's office to foster more interdepartmental collaboration. One example is the Center for Global Health and Development, which includes faculty members from three departments. In a recent student experience trip to Rwanda, there were students from all five departments and faculty from three departments.

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

Strengths:

- Our bylaws provide a framework and process for governance, administration, and decision-making.
- We have strong, dedicated groups of interdepartmental faculty, staff, and students serving on internal workgroups and decision-making committees.
- We have extensive representation on multiple university-wide decision-making committees.

Weaknesses: None identified.

Plans for Improvement:

- We are in the process of updating our bylaws, policies, and procedures.

- We will continue to review our decision-making committees to ensure we include faculty, staff, and students with a variety of perspectives from all COPH departments and degree programs.

A2. Multi-Partner Schools

Not Applicable

CRITERIA A:

A3. Student Engagement

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the school, and the school engages students as members on decision-making bodies whenever appropriate. The school makes efforts to include diverse voices and perspectives in these decision-making structures.

- 1) Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs.

The UNMC CPH intentionally and actively encourages students to be engaged participants in the CPH policy and decision-making processes to ensure that their needs, experiences, and perspectives have influence. A document identifying student members of school committees can be found in the ERF at ERF->A->A3->CPH Student Committee Members.

Student Senate

The UNMC Student Senate comprises elected members from each of the academic units and is charged by the BoR bylaws with developing regulations for student self-government. The president of the Student Senate also serves as a nonvoting member of the BoR. The UNMC Student Senate operates under a constitution that lays out the responsibilities of the senate to formulate recommendations and resolutions regarding issues that affect UNMC students and serve as a liaison between students and administrators and governing bodies. The public meetings of the UNMC Student Senate are held twice a month, and agendas and minutes are posted publicly. The CPH has senators that represent the CPH professional programs, and the CPH PhD and MS students are represented by the Graduate Studies senators.

CPH Student Association

The CPH Student Association (COPHSA) maintains its own bylaws (ERF ->A->A3->COPHSA Bylaws) and represents the CPH student body to the college leadership and external entities in its efforts to secure a more significant and meaningful voice in the essence of CPH students' respective disciplines and programs. The membership of the COPHSA includes all doctoral, master's, and certificate students enrolled in a graduate or professional program of the CPH. The CPH ADSA serves as the advisor for the COPHSA and meets at a minimum once a month with the full executive committee to give updates and receive feedback.

Representation on CPH Decision-Making Committees

The CPH has student representation on the CPH's decision-making committees: the Curriculum Committee; Research Committee; Evaluation Committee; and Diversity and Cultural Humility Council. Students are either elected or nominated to their respective committees by self-nomination or peer nomination. Students are considered voting members on each of these committees. At the department levels, students serve as members of curriculum and admissions committees.

Town Hall Meetings

The COPHSA hosts a town hall meeting at least once per academic year but generally in both the fall and spring semesters. Additional town hall meetings can be scheduled on an ad hoc basis if topics or issues arise for which a town hall would benefit the student body.

Dean's Forum

In the fall and spring terms of every academic year, the CPH SA hosts the Dean's Forum in collaboration with the CPH dean. The Dean's Forum and the topics covered are planned by the COPHSA executive board and include a feedback and discussion portion in each forum. These forums are offered both in-person and virtually to be inclusive and accessible to all students.

Strategic Planning

COPH students were involved in and played an essential role during the development and execution of the COPH strategic plan. Students were invited to the two-day strategic planning retreat and served as members of the initiative's implementation teams.

Student Surveys and Course Evaluations

Students engage through the formal mechanisms such as course evaluations, COPH student experience surveys, and campus student experience surveys. These evaluations and surveys provide valuable feedback that allow the COPH to make the changes needed to improve the student experience, curriculum, and services provided.

Additional Student Engagement

The COPH offers student interest groups on topics like healthcare leadership and global health for students to engage with each other and with faculty. COPH students may also engage and hold formal positions in a broad array of interprofessional student organizations sponsored by the UNMC Student Life Inclusion and Diversity Office (SLIDO).

- 2) Briefly describe how the school makes efforts to include diverse voices and perspectives. Include examples as appropriate.

The COPH provides numerous elected, volunteer, and feedback-based opportunities for students to share their voice and perspectives. A large percentage of students in the COPH are enrolled in online programs or have work and life demands that limit their ability to travel to campus; the COPH ensures that virtual options are available to engage these students in formal meetings and/or in student feedback sessions. Additionally, meetings, feedback sessions, and COPHSA activities are held at a variety of times during the day. An ASL interpreter is also invited as needed. The COPHSA also includes online and first-year student representatives, elected annually by their peers, on the executive board to bring forward concerns and challenges of those student populations.

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

Strengths:

- Formal inclusion of students in governance within the COPH and at the campus level that includes curriculum, research, evaluation, policies, and services.
- Students are involved in the COPH strategic planning process, self-study, and ad hoc opportunities.
- Virtual options are available for students to engage and join the governance opportunities, which provides the opportunity for students to be active participants without being physically present on campus.

Weaknesses:

- The COPH has large cohorts of online and full-time working students who reside across many time zones. Finding ways to engage this segment of the student population can be challenging.

Plans for Improvement:

- The COPH leadership continues to encourage student and committee leaders to consider the needs and timing constraints experienced by online and full-time working student populations when scheduling meetings and events.

CRITERIA A:

A4. Autonomy for Schools of Public Health

A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures, and practices.

- 1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.

As seen in the organizational charts, the dean of the UNMC COPH (Ali Khan, MD, MPH, MBA) reports to the interim UNMC chancellor. The interim UNMC chancellor reports to the president of the university system. As highlighted in Table A1.14, Dr. Khan is a member of the UNMC Chancellor's Council and the UNMC Deans and Directors Committee. The Chancellor's Council and Deans and Directors Committee are responsible for setting strategy and providing input to the chancellor regarding significant decisions at the university.

- 2) Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.

UNMC comprises six colleges: College of Allied Health Professionals, College of Dentistry, College of Medicine, College of Nursing, College of Pharmacy, and the COPH. All colleges have the same degree of autonomy and responsibility for decision-making, and all report to the UNMC senior vice chancellor.

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

Strengths:

- The UNMC reporting structure gives the dean direct access to the senior vice chancellor for academic affairs. Additionally, the COPH dean has direct access to the UNMC chancellor through individual meetings and the Chancellor's Council. The access for the COPH dean is comparable to that for the deans of other colleges.

Weaknesses and Plans for Improvement: None identified.

CRITERIA A:

A5. Degree Offerings in Schools of Public Health

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (e.g., MPH) in at least three concentrations representing at least three distinct sub-disciplinary areas in public health and public health doctoral degree programs (academic or professional) in at least two concentrations representing at least two distinct sub-disciplinary areas in public health. A school may offer more degrees or concentrations at either degree level.

- 1) Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.

The COPH offers MPH degrees in seven concentrations and nine dual-degree concentrations; DrPH degrees in three concentration areas; an MS degree and an MHA; and a PhD degree in six areas. A list of all UNMC COPH degrees is available in the Instructional Matrix table in the Introduction.

- 2) An official catalog or bulletin that lists the degrees offered by the school.

The COPH degrees and programs are listed on the COPH website: <https://catalog.unmc.edu/public-health/>



CRITERIA B:

Guiding Statements, Data, & Evaluation

CRITERIA B:

B1. Guiding Statements

B1. Guiding Statements

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

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

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

The school defines a statement of *values* that describes its core principles, beliefs, and priorities.

The guiding statements may derive from the purposes of the parent institution but also reflect the school's own aspirations and respond to the needs of the communities the school intends to serve.

Together, the school's guiding statements must address the unit's approaches and aspirations for each of the following:

- advancing the field of public health through instruction, scholarship, and service
- promoting student success through instruction, scholarship, and service
- preparing students to work with diverse populations and communities

The guiding statements are sufficiently specific to allow the school to rationally allocate resources and to guide evaluation of outcomes.

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

Vision: Healthiest people & places worldwide.

Mission: Collaboratively and relentlessly seek new and creative solutions to the most challenging problems in public health while working to prevent them from happening in the first place.

Values:

Health Equity: We believe everyone should have a fair and just opportunity to attain their highest level of health.

Diversity: We believe embracing the diversity of people and ideas is the healthiest and best way to achieve common goals.

Knowledge: We believe high-quality education, research, and partnerships are key to discovering public health solutions that work.

Collaboration: We believe working together with communities in Nebraska, across the country, and around the world is powerful.

Innovation: We believe that constantly seeking new and creative approaches raises the bar for public health and best practices.

Goals:

- (1) Provide an innovative graduate-level public health education program that empowers students to become leaders who excel in diverse fields.
- (2) Foster a collaborative research environment that generates impactful discoveries to fully understand and address public health challenges.
- (3) Cultivate and sustain a culture of excellence and equity within the College
- (4) Leverage expertise and resources to engage with local and global communities through service and practice.

- 2) A brief narrative explanation of how the guiding statements address each of the following:
 - a) advancing the field of public health through instruction, scholarship, and service

- b) promoting student success through instruction, scholarship, and service
- c) preparing students to work with diverse populations and communities

The guiding statements of the COPH address the advancement of public health through instruction, scholarship, and service, and promote student success by identifying goals that focus on education, research, service, and practice. These guiding statements demonstrate the COPH's commitment to developing students' technical and professional skills needed to excel in their chosen fields. By identifying goals with these focus areas, we guide our students to practice the tenets of public health that lead to student success in the field. Also, our values address knowledge and innovation, which are key components of promoting success in instruction and scholarship. Because our values also include diversity and collaboration, we prioritize preparing our students to work with diverse populations and communities throughout the world.

- 3) If applicable, a school-specific strategic plan or other comparable document.

The COPH Strategic Planning document can be found in the ERF at ERF->B->B1.

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

Strengths:

- The COPH engaged in an inclusive process to revise the vision, mission, values, and goals, as well as develop a strategic plan. A consultant was hired to facilitate the strategic planning process, and a consulting firm was hired to facilitate the development of the mission, vision, and values. Both processes included multiple opportunities for faculty, staff, and students to provide feedback, and the POA was consulted, provided feedback, and approved the guiding statements. This led to a stronger overall strategic plan and more engagement and buy-in to the creation of these guiding statements.
- This process also resulted in the final products of the mission, vision, values, and goals truly representing the COPH. In addition, once strategic plan goals were identified, COPH leadership allocated significant monetary resources to meet the goals identified. Resources have been used to carry out the goals, including providing all staff training and development opportunities, a consulting contract for creating new language for the COPH website and recruitment materials, and hiring an additional instructional designer for the OTL.

Weaknesses and Plans for Improvement:

- Although the purpose of this strategic plan was to develop the mission, vision, values, and goals of the COPH, there were likely missed opportunities to further involve external partners.
- As we implement the strategic plan, we are being mindful of improving our efforts to include external partners and other stakeholders.
- Starting in calendar year 2025, the COPH will use the Leadership Council as the body to monitor progress of meeting the goals of the strategic plan.

CRITERIA B:

B2. Evaluation & Quality Improvement

B2. Evaluation and Quality Improvement

The school defines and consistently implements an evaluation plan that fulfills the following functions:

- includes all measures listed in Appendix 1 in these Accreditation Criteria
 - provides information that allows the school to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)
 - Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.
 - defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications
 - allows the school to make data-driven quality improvements e.g., in curriculum; preparing students to work with diverse populations; student services; advising; faculty functions; research and extramural service; and operations, as appropriate
- 1) Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:
- a. the specific data source(s) for each listed element (e.g., alumni survey, student database)
 - b. a brief summary of the method of compiling or extracting information from the data source
 - c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable
 - d. the timeline for review (e.g., monthly, at each semester's end, annually in September)

Template B2-1

Measure	Criteria or Template	Data source & method of analysis (Bolded Data sources located in ERF)	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?	Does it measure Goal 4?
Student enrollment	<i>Intro-2</i>	Student enrollment data is maintained by the Office of the Registrar in a student database (PeopleSoft). This information is tracked and monitored by OES and the AAC. Trend information is analyzed by department chairs and program directors each semester. The information is shared out to the college through the Dean's Report (given at Governing Faculty and State of the College meetings) and at Deans & Chairs Meetings	ADSA ADAA SAC Department Chairs Program Directors	X		X	
<i>Unit-defined measure 1: Participation in professional development related to instruction</i>	<i>B2-1</i>	Faculty are asked to report their participation in professional development related to instruction and pedagogical techniques in our annual COPH faculty survey . These data are reviewed at Deans and Chairs Meetings annually. The OTL also provides professional development opportunities to faculty and routinely tracks the faculty members who participate in training. These data are reviewed annually by Chairs during performance evaluations. UNMC also has a robust faculty development team that offers professional development for faculty and staff. Participation in these opportunities is tracked by the campus office and self-reported by faculty through annual evaluations	Deans and Chairs Committee ADAA DTL	X		X	

<p><i>Unit-defined measure 2: Practice partner engagement in curricular development</i></p>	<p>B2-1</p>	<p>The ADAA and DTL facilitate most curricular revisions for academic programs. These revisions typically strive to include a comprehensive group of faculty, current students, alumni, and practice partners. Starting in Fall 2024, this information was reported as part of the new or revised course or program proposals that are submitted to Curriculum Committee. The DTL and ADAA review all new or revised course or program proposals to ensure practice partners were engaged in curricular development. This information is shared through Academic Affairs team meetings and through Deans meetings, where regular curricular updates occur.</p>	<p>ADAA DTL ADP DDP DMP DCS</p>	<p>X</p>		<p>X</p>	<p>X</p>
<p><i>Unit-defined measure 3: Number of students who participate in faculty-sponsored research</i></p>	<p>B2-1</p>	<p>This information is collected annually as part of our COPH student survey. The information is analyzed by the AAC and Evaluation Committee.</p>	<p>Dean ADAA ADR Department Chairs Program Directors</p>	<p>X</p>	<p>X</p>	<p>X</p>	
<p><i>Unit-defined measure 4: Number of students who receive travel awards to present their research at conferences</i></p>	<p>B2-1</p>	<p>The COPH frequently provides travel awards to students to present their work at regional or national conferences, such as the American Public Health Association conference and the Midwest PHIRE. This information is collated by the Assistant Dean of Finance and reviewed annually by the ADSA and ADR.</p>	<p>ADSA ADR</p>	<p>X</p>	<p>X</p>	<p>X</p>	

<i>Unit-defined measure 5: Number of strategic practice partnerships to support student experiences</i>	B2-1	This information is compiled by the APM , DDP, and DMP by monitoring established affiliation agreements on an ongoing basis. It is analyzed by these individuals and the ADP and ADAA on a regular basis to identify new potential partners.	ADP APM DMP DDP ADAA	X		X	X
<i>Unit-defined measure 6: Number and percentage of students who present their work or scholarship</i>	B2-2	This information will be collected annually starting in the 2024–2025 academic year (AY) as part of our COPH student survey. The information is analyzed annually by the AAC and Evaluation Committee.	ADAA ADR		X		
<i>Unit-defined measure 7: Number and percentage of students who publish their work or scholarship</i>	B2-2	This information will be collected annually starting in the 2024–2025 AY as part of our COPH student survey. The information is analyzed annually by the AAC and Evaluation Committee.	ADAA ADR		X		
<i>Unit-defined measure 8: Number of students who are currently employed in public health who receive scholarships</i>	B2-2	This information is managed and reviewed annually by the ADSA . The COPH continually seeks funding for scholarships for students or prospective students already working in public health settings.	ADSA	X			X

At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum (e.g., research, community engagement). Additional examples may relate to any component of the evaluation plan.	B2-2						
Graduation rates (Approach 1)	B3-1	Student enrollment data are maintained by the Office of the Registrar in a student database (MyRecords). Students are also required to fill out a graduation application during their final semester. OES maintains a list of students planning to graduate based on these applications and updates it at the end of each semester. The graduation rate information is then tracked by the OES and AAC each semester. The graduation rate information is analyzed by COPH leadership annually and shared during Dean's & Chairs Meetings .	Dean ADAA ADSA Department Chairs Program Directors AAC	X		X	
Graduation rates (Approach 2)	B3-2 (if applicable)						
Graduation rates (Approach 3)	B3-3 (if applicable)						

Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1	Information is gathered from exit surveys , recent graduate surveys, and individual follow-up, which includes emails, LinkedIn, and social media. The information is tracked by AAC and DCS and annually analyzed for trends.	DCS AAC ADAA Program Directors	X		X	
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5	Information is collected bi-annually from recent alumni surveys and individual alumni follow-ups and focus groups. This information is analyzed by the ADAA, ADP, and DCS to identify potential program updates or changes. The information is also shared with the CPH and UNMC alumni groups.	DCS ADAA ADP COPH Alumni Council UNMC Alumni Association	X		X	X
Budget table	C1-1						
Student perceptions of faculty availability	C2	This information is collected annually as part of our COPH student survey . The information is analyzed by the AAC and Evaluation Committee.	ADAA OTL Department Chairs Evaluation Committee	X		X	
Student perceptions of class size and relationship to learning	C2	This information is collected annually as part of our COPH student survey . The information is analyzed by the AAC and Evaluation Committee.	ADAA Department Chairs Evaluation Committee	X		X	

List of all faculty, which concentrations they support, and their FTE allocation to the unit as a whole	C2-1, E1-1, E1-2						
Ratios for student academic advising (all degree levels)	C2-2	This information comes from our My Records and Seguidor data sources. The ratios are tracked by the AAC and analyzed by the ADAA, Department Chairs, and Program Directors. The information is reviewed periodically alongside student survey results related to advising.	ADAA Department Chairs Program Directors	X		X	
Ratios for supervision of MPH ILE	C2-2	This information is tracked by the DMP through a spreadsheet. The ratios are tracked by the AAC and analyzed by the DMP, ADAA, and Department Chairs. The information is reviewed annually and shared with Chairs by the DMP each semester.	ADAA Department Chairs DMP	X		X	
Ratios for supervision of bachelor's cumulative/experiential activity	C2-2						
Ratios for DrPH ILE advising	C2-2	This information is tracked by the DDP using a spreadsheet. The ratios are tracked by the AAC and analyzed by the ADAA, Department Chairs, and Program Directors and reviewed on an ongoing basis.	ADAA Department Chairs DDP	X		X	
Ratios for PhD dissertation advising	C2-2	This information is pulled from Seguidor. The ratios are tracked by the AAC and analyzed by the Department Chairs and Program Directors and reviewed on an ongoing basis. The information is reviewed periodically alongside student survey results related to advising.	Department Chairs Program Directors	X	X	X	

Ratios for MS final project advising	C2-2	This information is pulled from MyRecords. The ratios are tracked by the AAC and analyzed by the Department chair and Program Director on an ongoing basis. The information is reviewed periodically alongside student survey results related to advising.	Department Chair Program Director	X		X	
Count, FTE (if applicable), and type/categories of staff resources	C3-1						
Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3	Faculty are asked to report their participation in professional development related to instruction and pedagogical techniques in our annual COPH faculty survey . These data are reviewed annually at Deans and Chairs meetings . The OTL also provides professional development opportunities to faculty and routinely tracks the faculty members who participate in training. These data are reviewed annually by Chairs during performance evaluations. UNMC also has a robust faculty development team that offers professional development for faculty and staff. Participation in these opportunities is tracked by the campus office and self-reported by faculty as part of annual evaluations.	Deans and Chairs Committee ADAA OTL	X		X	
Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.	E3	This is accomplished through our COPH course review process . Members of the Evaluation and Curriculum Committees participate in this process, which is organized through the OTL. The OTL and ADAA analyze the results of the course reviews quarterly.	OTL ADAA Department Chairs	X		X	

Student satisfaction with instructional quality	E3	This information is gathered through the course and instructor evaluations that students are asked to complete each semester. At the end of each academic year, the quantitative results from each semester are combined to form a yearly score. The information is analyzed by the AAC and Evaluation Committee after each semester concludes.	Dean ADAA OTL Department Chairs Evaluation Committee	X		X	
Implementation of grading rubrics	E3	The implementation of grading rubrics is tracked and analyzed by the OTL and Curriculum Committee on an ongoing basis.	OTL ADAA Department Chairs Curriculum Committee	X		X	
Faculty research/scholarly activities with connections to instruction (maintain ongoing list of exemplars)	E4	Faculty are asked annually to submit information on how they bring their research and service activities into their classroom instruction on the COPH Faculty Survey . These data are then analyzed and tracked through the ADR and OTL.	ADR ADAA	X	X	X	
Number of articles published in peer-reviewed journals	E4-1	This number is tracked and analyzed by the ADR. Information on the number of articles being published is distributed through monthly COPH newsletters .	ADR Dean Vice Dean		X		
Total research funding	E4-1	Research funding is tracked and analyzed by the ADF and ADR annually, and shared in the Dean's annual state of the college address .	ADR Deans and Chairs Committee Dean		X		

			Vice Dean				
			ADF				
Number of grant submissions	E4-1	Grant submissions are tracked and analyzed by the OR and ADF. New awards are shared in the monthly COPH newsletter .	ADF		X		
			ADR				
			Department Chairs				
			Dean				
			Vice Dean				
Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5	This information is collected annually via the COPH faculty survey . These data are analyzed by the AAC and Evaluation Committee. The OPHP also maintains this information.	OPHP				X
			Department Chairs				
Percent of faculty participating in extramural service	E5	This information is collected annually via the COPH faculty survey . These data are analyzed by the AAC and Evaluation Committee.	Department Chairs				X
Number of community-based service projects	E5	This information is collected annually via the COPH faculty survey . These data are analyzed by the AAC and Evaluation Committee. Information is also tracked within each department.	Department Chairs				X
Public/private or cross-sector partnerships for engagement and service	E5	Information on these types of partnerships is tracked and analyzed by the OPHP and SPA .	ADP				X
			Department Chairs				
Actionable data (quantitative and/or qualitative) from employers on graduates'	F1	This feedback is obtained through focus groups held with employers of UNMC COPH alumni. These focus groups are organized by the DCS. These data are analyzed by the DCS and ADAA.	DCS	X			X
			ADAA				
			ADP				

preparation for post-graduation destinations			Department Chairs Program Directors				
Feedback from external partners on changing practice and research needs that might impact unit priorities and/or curricula	F1	The APM collects feedback from practice partners who serve as preceptors for internships and practicums. The Alumni Council, POA, and DCS also receive and share feedback and information with the COPH. The OPHP also receives feedback through informal mechanisms. This feedback is analyzed by the ADAA and ADP.	ADAA ADP APM DCS Program Directors Deans and Chairs Committee	X	X	X	X
Feedback from external partners on guiding statements and ongoing self-evaluation data	F1	Feedback on guiding statements and evaluation data is solicited from the Alumni Council and POA . This feedback is analyzed by the COPH Dean and Vice Dean.	Dean Vice Dean	X	X	X	X
Professional and community service activities that students participate in (maintain ongoing list of exemplars)	F2	This information is collected via the annual student survey . The COPHSA also maintains a list of their yearly activities. UNMC SLIDO also maintains a list of students who participate in campus wide professional and community service activities. The information is analyzed by the AAC and ADSA.	OPHP OES	X		X	X

Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3	Information about these needs is tracked and analyzed by the OPHP , CS-CASH, CPERS, and CRHD, as they are all engaged in providing training activities to the public health workforce. Information is gathered via feedback at training sessions, surveys, and at information booths at community/professional events. Additionally, OPHP assesses and/or analyzes data from workforce competency assessments completed by state, local, and tribal public health departments.	OPHP CS-CASH CRHD CPERS				X
Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	F3-1	Information about these events and their attendance is tracked by the OPHP , CS-CASH, CPERS, and CRHD, as they are all engaged in providing training activities to the public health workforce. The information is analyzed by the respective groups following their events.	OPHP CS-CASH CRHD CPERS Vice Dean				X
Evidence of the unit's approaches, successes, and/or challenges in advancing diversity and cultural humility	G1	This information is gathered, tracked, and analyzed by the AAC, D&CH Council , and CSM.	Dean Leadership Council CSM D&CH Council	X	X	X	X
Student and faculty (staff, if applicable) perceptions of unit's climate regarding diversity and cultural humility	G1	This information is tracked through the annual student survey and annual faculty survey . An annual staff survey is currently under development. The campus does conduct a campus climate survey , but the response rate is extremely low. The survey responses are analyzed by the AAC and ADAA to provide to other members of COPH leadership.	Dean CSM D&CH Council Leadership Council			X	

			Deans and Chairs Committee				
Student satisfaction with academic advising	H1	This information is collected annually as part of our COPH student survey . The information is analyzed by the AAC and Evaluation Committee and shared with Deans and Chairs.	ADAA Department chairs	X		X	
Student satisfaction with career advising	H2	This information is collected annually as part of our COPH student survey . The information is analyzed by the AAC and Evaluation Committee, and shared with Deans and Chairs	ADAA DCS Department Chairs	X		X	
Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni (maintain ongoing list of exemplars)	H2	A list of events and services is maintained and analyzed by the DCS and OPHP .	DCS OPHP	X		X	
Number of student complaints filed (and info on disposition or progress)	H3	This information is tracked by the ADSA . Complaints are reviewed per policy discussed in Criteria H3 as they are received. Trends are analyzed by the ADSA and shared with other members of COPH leadership.	Dean Vice Dean ADSA ADAA	X		X	

Quantitative score (GPA) for newly matriculating students	H4	This information is tracked by ADSA and the admissions team. It is analyzed at the end of each admissions cycle.	Dean ADSA Deans and Chairs Committee	x		x	
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- 2) Provide evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc.

Evidence of implementation can be found in the ERF at ERF->B->B2.

- 3) Provide at least three specific examples of improvements undertaken in the last three years based on the evaluation plan in the format of Template B2-2. At least one of the changes must relate to an area other than the curriculum (e.g., research, community engagement). Additional examples may relate to any component of the evaluation plan.

	Measure (copied from Column 1 of Template B2-1) That Informed the Change	Data That Indicated Improvement was Needed	Improvement Undertaken*
Example 1	Student satisfaction with academic advising (non-curriculum)	Data from the annual student survey as well as anecdotal feedback from students indicated that students were not receiving the attention they needed related to course planning and academic advising.	In November 2021, COPH created a new position dedicated to course planning and academic advising for MPH and certificate students. Student survey data since implementing this new position indicates students are now very satisfied with the academic advising services they receive.
Example 2	Student satisfaction with instructional quality	Data from course evaluations administered after each semester and from the annual student survey indicated the need for improvement in instructional quality, particularly for online courses.	The Director of Teaching and Learning (DTL) developed a course titled "Teaching Online" for faculty. The course is recommended for all faculty but required for new faculty or faculty who receive course evaluations below 3.5 on a 5.0 scale. Course evaluations have improved significantly since implementing this course, and scores for online courses are now often higher than for on-campus courses.
Example 3	Number of grant submissions	The COPH continually strives to increase the number of grant submissions from faculty, and this metric is shared annually at the Dean's " State of the College " presentation.	The COPH hired staff whose responsibility is to support faculty and students in grant submissions. This support has led to steady annual increase in the number of grant submissions and the number of grants successfully funded.

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

Strengths:

- The Copenhague Evaluation Committee is an inclusive committee with representatives from each Copenhague department, Academic Affairs, and Student Affairs, and is responsible for monitoring the evaluation plan. In addition, the Copenhague is preparing to launch an Office of Metrics and Evaluation, which will provide additional support.

Weaknesses:

- Through the self-study process, we identified areas of our work that we are not measuring routinely, such as external partner involvement in curricular development, the number of students who publish their work, and the number of students who present their work.

Plans for Improvement:

- We have added evaluation measures based on areas of work we have identified, as described above. The Copenhague continues to build mechanisms for consistent reporting, such as adding questions to faculty and student surveys to ensure all needed information is collected regularly. We will also use the university-sponsored evaluation system to monitor and track all evaluation measures.

CRITERIA B:

B3. Graduation Rates

B3. Graduation Rates

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

The school demonstrates compliance with this criterion through one of three approaches (defined in the criteria document). Units may use different approaches for different degrees (e.g., approach 1 for MPH and approach 3 for DrPH) when there are multiple degrees in the unit of accreditation.

Schools must use approach 1 if possible, then must attempt to demonstrate compliance via approach 2; approach 3 is available when compliance with the other approaches is not possible.

Schools calculate all graduation rates based on the maximum time to graduation.

Schools calculate bachelor’s degree graduation rates only for students who have declared the major and completed at least 75 semester-credits or equivalent, unless the school can consistently comply with approach 1 based on tracking students from entry and prefer to do so.

- 1) Graduation rate data for each public health degree in unit of accreditation. See Template B3-1 (Approach 1).

Students in MPH Degree, by Cohorts Entering Between 2017–2018 and 2023–2024								
*Maximum Time to Graduate: 7 years (2017–2018 cohort only); 5 years (2018–2019 cohort forward)								
	Cohort of Students	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
2017–2018	# Students entered	65						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	1						
	Cumulative graduation rate	2%						
2018–2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	64	60					

	# Students withdrew, dropped, etc.	3	4					
	# Students graduated	19	2					
	Cumulative graduation rate	31%	3%					
2019–2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	42	54	56				
	# Students withdrew, dropped, etc.	3	2	0				
	# Students graduated	17	27	1				
	Cumulative graduation rate	57%	48%	2%				
2020–2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	22	25	55	189			
	# Students withdrew, dropped, etc.	6	4	3	4			
	# Students graduated	8	11	23	1			
	Cumulative graduation rate	69%	67%	43%	1%			

2021– 2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	10	29	184	89		
	# Students withdrew, dropped, etc.	0	1	2	10	4		
	# Students graduated	5	4	16	37	0		
	Cumulative graduation rate	77%	73%	71%	20%	0%		
2022– 2023	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	5	11	137	85	97	
	# Students withdrew, dropped, etc.	1	3	1	18	6	3	
	# Students graduated	0	2	7	47	23	1	
	Cumulative graduation rate	77%	77%	84%	45%	26%	1%	

2023–2024	# Students continuing at beginning of this school year (or # entering for newest cohort)	2		3	72	56	93	101
	# Students withdrew, dropped, etc.	1		0	5	0	3	3
	# Students graduated	1		3	24	27	27	2
	Cumulative graduation rate	78%		89%	58%	56%	29%	2%

Students in MS Degree, by Cohorts Entering Between 2021–2022 and 2023–2024				
*Maximum Time to Graduate: 5 years				
	Cohort of Students	2021–2022	2022–2023	2023–2024
2021–2022	# Students entered	5		
	# Students withdrew, dropped, etc.	0		
	# Students graduated	1		
	Cumulative graduation rate	20%		
2022–2023	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	5	
	# Students withdrew, dropped, etc.	0	1	
	# Students graduated	2	1	
	Cumulative graduation rate	60%	20%	
2023–2024	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	3	10
	# Students withdrew, dropped, etc.	0	0	0
	# Students graduated	1	2	2
	Cumulative graduation rate	80%	60%	20%

Note: There is one public health MS degree program in the COPH (MS in Biostatistics). This program enrolled their first cohort in Fall 2021. Therefore, no cohort has yet reached their maximum time to graduate.

Students in PhD Degree, by Cohorts Entering Between 2017–2018 and 2023–2024								
*Maximum Time to Graduate: 7 years								
	Cohort of Students	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
2017–2018	# Students entered	14						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2018–2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	14	11					
	# Students withdrew, dropped, etc.	1	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2019–2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	13	11	14				
	# Students withdrew, dropped, etc.	1	0	1				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				

2020–2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	12	11	13	12			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	1	0	0	0			
	Cumulative graduation rate	7%	0%	0%	0%			
2021–2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	11	11	13	12	18		
	# Students withdrew, dropped, etc.	0	0	1	1	0		
	# Students graduated	4	0	1	0	0		
	Cumulative graduation rate	36%	0%	7%	0%	0%		
2022–2023	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	11	11	11	18	3	
	# Students withdrew, dropped, etc.	0	0	0	2	0	0	
	# Students graduated	7	6	2	1	0	0	
	Cumulative graduation rate	86%	55%	21%	8%	0%	0%	

2023–2024	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	5	9	8	18	3	18
	# Students withdrew, dropped, etc.	0	0	0	1	0	0	0
	# Students graduated	0	0	4	1	0	0	0
	Cumulative graduation rate	86%	55%	50%	17%	0%	0%	0%

Students in DrPH Degree, by Cohorts Entering Between 2020–2021 and 2023–2024					
*Maximum Time to Graduate: 7 years					
	Cohort of Students	2020–2021	2021–2022	2022–2023	2023–2024
2020–2021	# Students entered	6			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2021–2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	11		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	0	0		
	Cumulative graduation rate	0%	0%		
2022–2023	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	11	17	
	# Students withdrew, dropped, etc.	0	0	1	
	# Students graduated	0	0	0	
	Cumulative graduation rate	0%	0%	0%	
2023–2024	# Students continuing at beginning of this school year (or #	6	11	16	14

	entering for newest cohort)				
	# Students withdrew, dropped, etc.	0	0	1	0
	# Students graduated	2	2	0	0
	Cumulative graduation rate	33%	18%	0%	0%
Note: The DrPH program enrolled their first cohort in Fall 2020. Therefore, no cohort has yet reached their maximum time to graduate.					

- 2) *Not applicable if documentation request 1 demonstrates compliance:* Graduation rates for the three most recent cohorts that have reached the maximum time to graduation and a calculation of the average rate across these three years in the format of Template B3-2 (Approach 2).

Not Applicable

- 3) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Graduation rates for students in at least two comparable degree programs in the same institution in the format of Template B3-3 (Approach 3). This template should also include a succinct narrative explanation for why these degree programs are comparable and how these degree programs calculate their graduation rates.

Not Applicable

- 4) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A hyperlink demonstrating that the unit discloses its current graduation rates within one click of the unit's homepage.

Not Applicable

- 5) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct narrative summary of the unit's approach to ensuring that recruitment and admissions processes accurately present the program of study, including time, effort, and other commitments necessary for success.

Not Applicable

- 6) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Evidence of the unit's approach to ensuring that recruitment and admissions processes accurately present the program of study, including time, effort, and other commitments necessary for success (e.g., communications with prospective students).

Not Applicable

- 7) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct narrative description of the means through which the unit provides proactive advising and support for student completion.

Not Applicable

- 8) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A summary of the unit's analysis of factors that depress graduation rates, including specific reasons for students' noncompletion.

Not Applicable

- 9) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A summary of the unit's interventions designed to address the factors and reasons noted in documentation request 9.

Not Applicable

- 10) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct analysis of the effectiveness of the interventions described in documentation request 10.

Not Applicable

- 11) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Documentation and evidence of the unit's analysis of factors contributing to graduation rates, the development of interventions to address these factors, and the effectiveness of those interventions. Documentation may include data, reports, notes documenting faculty discussions or meetings, etc.

Not Applicable

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

Strengths:

- Students in all degree programs are meeting expected completion rates.

Weaknesses and Plans for Improvement: None identified.

CRITERIA B:

B4. Post-Graduation Outcomes

B4. Post-Graduation Outcomes

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

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

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B4-1.

Master of Public Health Degree Post-Graduation Outcomes	2020–2021 Number and percentage	2021–2022 Number and percentage	2022–2023 Number and percentage
Employed	47 (94%)	55 (86%)	64 (80%)
Continuing education/training (not employed)	1 (2%)	4 (6.2%)	11 (14%)
Not seeking employment or not seeking additional education by choice	0	1 (1.6%)	0
Actively seeking employment or enrollment in further education	0	0	1 (1%)
Unknown	2 (4%)	4 (6.2%)	4(5%)
Total graduates (known + unknown)	50	64	80

Master of Science Degree Post-Graduation Outcomes	2020–2021 Number and percentage	2021–2022 Number and percentage	2022–2023 Number and percentage
Employed	1 (100%)	1 (100%)	2 (67%)
Continuing education/training (not employed)	0	0	0
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	0	0
Unknown	0	0	1 (33%)
Total graduates (known + unknown)	1	1	3

PhD Degrees Post-Graduation Outcomes	2020–2021 Number and percentage	2021–2022 Number and percentage	2022–2023 Number and percentage
Employed	11 (92%)	6 (100%)	8 (44%)
Continuing education/training (not employed)	0	0	8 (44%)
Not seeking employment or not seeking additional education by choice	1 (8%)	0	1 (5%)
Actively seeking employment or enrollment in further education	0	0	0
Unknown	0	0	1 (5%)
Total graduates (known + unknown)	12	6	18

The DrPH degree had its first graduates during the 2023–2024 AY, so the graduates have not yet had one full year since graduation to report their employment information.

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

The COPH has been quite successful in collecting data on post-graduation outcomes. There are very few graduates for whom we do not have outcome data. In addition, employment rates are incredibly high, indicating that graduates are effectively gaining employment.

Near the end of each semester, the COPH director of career services (DCS) sends an email to students who have applied for graduation that semester. The email provides students with information about their continued access to COPH career services after graduation and includes a link to a survey where we ask if they are continuing employment in their same position, have obtained a new position they will start after graduation, are continuing their education, are actively seeking new employment, or are not sure of their plans yet. For students who indicate they are staying at their same position or have accepted a new position, we ask them the name of their employer, their job title, and employment sector information. If students indicate they are continuing their education, we ask them what field they will be studying. If students respond they are job searching or are unsure, we follow up with them through their personal email for three additional semesters or until they indicate they have found employment. We also follow up with nonrespondents for three additional semesters or until they indicate they have found employment.

If a graduate does not respond to these surveys, we use other avenues of communication. This may include asking their faculty advisor or mentor if they know the alumni's status and/or if they can reach out to follow up, or examining the alum's LinkedIn or social media profiles for updates and information. We will also use online search engines like Google to find information, if needed. In past years, we have been able to follow up with some alums by searching the internet using their name, UNMC, and information about their field of expertise.

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

Strengths:

- The DCS has a positive relationship with students, which has helped facilitate the collection of these data. She has been very successful in building lasting relationships with graduating students. The DCS serves alumni by frequently sharing job tips and postings. In addition, the OPHP provides opportunities for professional development with alumni, which has helped increase engagement and may improve employment outcomes. These are discussed in greater detail in Criterion F.

Weaknesses and Plans for Improvement: None identified.

CRITERIA B:

B5. Alumni Perceptions of Curricular Effectiveness

B5. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school collects information on alumni perceptions of their preparation for the workforce (or for further education, if applicable). Data collection must elicit information on the following:

- **what skills are most useful and applicable in post-graduation destinations**
- **areas in which graduates feel well prepared**
- **areas in which graduates would have benefitted from more training or preparation**
- **perceptions of their preparation to work in diverse environments and/or with diverse populations**

The school defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. “Useful information” refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc.

The school documents and regularly examines its methodology, making revisions as necessary, to ensure useful data.

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

The COPH conducted its most recent alumni survey and follow-up process during the Summer of 2024. As part of this, the COPH gathered quantitative and qualitative data from alumni for the purpose of improving curricular effectiveness. This survey results only include MPH and PhD graduates, as there were no DrPH graduates yet when the survey was most recently administered. There were no MS graduates who responded to the survey. Students were assessed on skills that are useful in post-graduation destinations, areas in which they feel well-prepared, areas in which they would have benefitted from more training, and perceptions of their preparation to work in diverse environments.

Overall, alumni perception of their preparation for the field of public health were positive. MPH alumni were asked to rate their preparation on specific public health competencies. Survey questions varied based on degree program.

MPH Program Alumni Survey Results (n=18)

Alumni indicated that they felt well-prepared with their skills in several areas, including the ability to analyze quantitative and qualitative data, the ability to discuss challenges to health equity, like structural bias and social inequities, the ability to assess a population’s needs, and the ability to apply epidemiological methods to different public health settings.

Alumni responding to the survey provided qualitative feedback about areas in which they would have benefitted from more training. Themes included course content related to budgeting and grant writing, advanced epidemiology courses, public health law training, and more integration of social sciences. Technical skills and tools that alumni wanted more training on included statistical software for data analysis, such as Python and R. They also indicated wanting more training on using artificial intelligence for data interpretation and communication, which less focus on coding and more on interpretation. Finally, alumni shared that they would have benefitted from training on communication skills and emotional coping mechanisms for public health professionals and

Alumni were surveyed on whether their education at the COPH prepared them to work with diverse populations. Overall, 85% somewhat or strongly agreed that it did. In addition, 83% of respondents perceived the climate of the COPH to be moderately or very inclusive.

PhD Program Alumni Survey Results (n=2)

There were only two PhD program alumni who responded to the survey, so our ability to make conclusions is limited.

Alumni indicated they had the skills and were well-prepared in their ability to foster collaboration and cooperation among groups, prepare and assess qualitative and quantitative information, and design and assess interventions strategies and policies,

Students desired more preparation related to research activities throughout the program, as well as more integration of social sciences and population health concepts.

Overall, the PhD alumni somewhat agreed that their educational experience at COPH effectively prepared them to work with diverse populations. One student indicated the COPH could improve in presenting content through a health disparities lens.

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

This documentation can be found in the ERF at ERF->B->B5.

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

Strengths:

- The feedback from our most recent alumni survey provided useful quantitative and qualitative information about our academic programs and the needs of our graduates in the public health workforce. Alumni were willing to provide their honest feedback and to be contacted post survey to provide additional information to the COPH.

Weaknesses and Plans for Improvement:

- The alumni survey was historically sent out every two to three years but was paused in 2020 due to COVID-19 placing an increased burden on the public health workforce. The COPH decided not to distribute to the survey to avoid adding to the burden of our alumni who were actively engaged in COVID-19 response. The survey was not sent out again until Spring 2024, which led to a larger than normal gap. Moving forward, the alumni survey will be sent out every other year.
- The response rate for the most recent alumni survey was low, but higher than surveys conducted prior to the COVID-19 pandemic. There were not any DrPH graduates during this timeframe, so they were not included in the survey. There were not any M.S. graduates who completed the survey.
- The Evaluation Committee will engage with the DCS and OPHP to brainstorm ways to increase the response rate to ensure results are representative of the views of the alumni. Also, the ADAA met with the Alumni Council to discuss ways to increase engagement, including for the alumni survey. In the meantime, the ADAA and Evaluation Committee will review the information received through the student survey and identify opportunities to make curricular changes and improvements to better prepare graduates for their careers.



CRITERIA C:

Resources

CRITERIA C:

C1. Fiscal Resources

C1. Fiscal Resources

The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

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

The COPH maintains an annual balanced budget to ensure sufficient resources to fulfill our mission and goals. We use a responsibility center management budget model. Funds are currently received for budgetary support through tuition and fees and state appropriations (tax dollars), the Nebraska Research Initiative (NRI), and Programs of Excellence (POE). In addition to these funds, the COPH relies on extramural funding from grants and contracts, indirect cost return from extramural awards, auxiliary funding, and Nebraska University Foundation funds.

The assistant dean of finance (ADF) is responsible for the overall management of the COPH budget. This individual and the financial administrator's team work with the department chairs and center directors to ensure appropriate use of funding. Annual budget guidance is provided by the university's Budget and Fiscal Analysis Office. The university operates on a fiscal year basis starting July 1 and ending June 30. The budget is discussed at the Deans and Chairs Committee meetings, and decisions are passed along at the Leadership Council meetings and in the dean's Random Musings newsletter. The dean also updates the COPH at all-hands meetings held at the beginning of the fall and spring semesters.

- a) Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.

Faculty salary support comes from several sources: tuition and fees, state appropriations, NRI, POE, extramural funding from grants and contracts, indirect cost return from extramural awards, auxiliary funding, and Nebraska University Foundation funds. Faculty salaries are negotiated at the time of hire based on available funding, the applicant's credentials, experience, comparison to peers, and equity within the department. The breakdown of individual faculty salary coverage is determined by their time dedicated to research activities, teaching administrative duties, and service. Faculty salaries constitute the most significant portion of the overall operating budget.

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

New faculty or staff positions are typically identified and discussed with the appropriate chair, center director, or dean. Financial administrators for the department review all requests to identify and confirm appropriate funding sources are available. The request for a new hire is done through the completion of a new hire form, which identifies key information to start the process. The hiring supervisor then creates a position description to reflect the appropriate duties and responsibilities. Once the position description is finalized, a formal position requisition is made to the university's HR Compensation Department for staff positions or UNMC Academic Services for faculty positions. HR Compensation reviews the position description and provides a recommendation as it relates to title and compensation. If the hiring supervisor agrees with the recommendation, the position is sent to the chancellor for approval. UNMC Academic Services reviews faculty position requisitions and approvals are obtained from the chancellor's office. Once the faculty or staff positions are approved, they are posted to the following websites:

- **UNMC's Applicant Portal**
- **Careerlink** (scrapes from UNMC jobs page)
- **HERC** (scrapes from UNMC jobs page)
- **NE Works** (scrapes from UNMC jobs page)

- **Indeed** (scrapes from UNMC jobs page)
- **LinkedIn** (scrapes from Careerlink)
- **Facebook** (full site scrapes from Careerlink)
- **Glassdoor** (scrapes from Indeed)
- **National Labor Exchange (NXL)** (scrapes from UNMC jobs page)
- **Google Jobs** (scrapes from UNMC jobs page and other sources)

If additional advertising is requested, Greystone Advertising is contacted to place additional advertising per an approved budget. Applications are reviewed by the hiring manager and the selection committee (if applicable) to determine which candidates will advance to the interviewing process. Applicants for faculty, chair, and dean positions typically make college-wide presentations for broader evaluation by the college. Surveys are used by the Selection Committee and COPH to gather input regarding the candidates. Once a candidate is selected, an offer of employment is made.

- c) Describe how the school funds the following:
- a. operational costs (schools define “operational” in their own contexts; definition must be included in response)

Operational costs are made up of non-personnel costs, such as materials, supplies, consulting services, equipment, travel, and student expenses, which are funded by annual operating revenues from state funding, tuition and fees, grants and contracts, and indirect cost return from extramural awards.

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

Scholarships offered by the COPH are provided by the University of Nebraska Foundation’s fundraising efforts, federal grant funds (Health Resources and Services Administration [HRSA]), and a variety of private donors. Most awards are made based on merit or financial need. The COPH has a scholarship committee to make recipient selections. Applications are done on an annual basis. Eligibility is determined each year based on the student’s prior year academic performance, leadership skills, and donor-specific criteria.

Student support is offered as hourly student worker positions and graduate assistantships at all student levels. Students can work up to 20 hours per week and are selected based on their education, knowledge, and skills to meet departmental and program research and teaching objectives. Graduate assistant positions are offered tuition remission (up to 12 credit hours per semester), coverage of some of their student fees, and provided a stipend. The renewal of the graduate assistantship position is based on the availability of funds, the student’s work and academic performance, and adherence to the Student Code of Conduct.

The COPH provides the COPHSA with funding of \$2,000 each fiscal year for their various activities to support the COPH, community, and profession. The COPHSA provides numerous social and networking opportunities for students.

Students are encouraged to work with their mentors regarding conference travel and other support.

Each year, the COPH is awarded five student slots to support participation in experiential learning in a public health setting. Through this program, students are awarded a \$3,500 stipend to participate in 175-300 hours of public health practice work in support of their degree program. Eligible students must be engaging in partnerships with an entity that prioritizes underserved and/or rural populations in Nebraska. In the summer of 2023, the Midwestern Public Health Training Center (MPHTC) partnered with an outside entity, the Frameworks Institute, to provide an additional two funded spots around a specific public health topic. Over the last 3 years, the COPH has been able to support 16 students through this program.

For more than three years, the COPH has supported its students to attend the Nebraska Public Health Conference through registration stipends. The conference offers keynotes and breakout sessions highlighting nationwide public health modernization efforts, as well as local examples of public health in action. Additionally, the conference includes networking events for students and professionals. In 2022, the conference began offering virtual attendance options, which has allowed online COPH students to also attend this conference at a reduced cost. The student fee for the last 3 years has been \$175, and the college has paid \$150 of this cost for up to 40 students through the OPHP.

For more than three years, CPERS has offered free admission to students at the annual Preparedness Symposia Series. A few students have participated each year; the feedback from students on the value of the experience has been overwhelmingly positive.

For more than three years, the COPH has funded awards to students who have an accepted abstract for the American Public Health Association (APHA) Conference. The dean's office is committed to funding a select number of awards at \$1,000 minimum each for students selected to give an oral presentation, and a select number of awards at \$500 minimum each for students selected to present a poster or participate in a round table presentation. Students apply for these competitive awards each year. Awards are available for any student from any COPH program, and both on-campus and online students are eligible.

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

All faculty receive development funds in the form of startup funds, indirect cost return funds, and/or awards, which are to be used to advance career or educational goals and must be used for professional purposes related to their position. Items that may be purchased using these funds include books or journal subscriptions related to their area of research or position; professional memberships related to their area of research or position; training costs for business-related purposes; equipment purchases with approval of the COPH's information systems team; and travel and associated expenses to professional meetings related to their area of research or position, or whose which may be of benefit to the COPH. The amount of funding varies based on need and availability of funds. Faculty are encouraged to use their own professional development funds before asking the chair and/or dean's office for funding.

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

The university system president authorizes the campus' annual salary increase or decrease pool of funding. The salary pool is to be used at the discretion of the chancellor for the purpose of providing competitive compensation to recruit and retain top talent. When employees offset their salaries with extramural grant and contract funding, this allows for additional funds to be used toward operational costs, student support, and faculty development. Another way the COPH obtains additional funds is by increasing student enrollment and the indirect cost return from extramural funding. The dean can also work directly with the chancellor to negotiate additional support.

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

The COPH receives tuition from the chancellor's office based upon a funding formula established when the COPH was founded. Each year, the COPH's base tuition funding is determined by comparing it to the prior year. For either an increase or decrease, the funding is passed along to the COPH and distributed among the dean's office and five departments based on various methods approved by the deans and chairs.

The COPH receives fees paid by students the month the fees are paid.

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

UNMC's Financial Compliance and Cost Analysis unit within the university Business and Finance office negotiates the campus' indirect rate annually. Monthly, the campus distributes to the COPH 21% of the indirects generated the previous month from sponsored projects. The portion kept by the campus is used for sponsored projects' infrastructure. The COPH Office of the Dean keeps 25% of the 21% received and distributes the rest to the various units based on the principal investigators (PIs) of the sponsored project. Chairs and directors determine how the indirect funds are distributed to the PIs on a project-by-project basis. Indirect funds may be spent on any university-approved business expense that supports and furthers research and education.

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

Not Applicable

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

Source of Funds	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024
Tuition & Fees	2,754,574	3,303,928	4,349,323	4,656,209	5,652,577
State Appropriation	2,908,751	1,903,372	1,843,458	2,205,538	1,106,280
University Funds	8,959,144	9,785,304	10,790,112	11,095,727	11,001,387
Grants/ Contracts (Direct Only)	12,726,654	14,592,030	14,159,220	17,422,945	23,389,944
Indirect Cost Recovery	2,719,580	2,686,941	3,163,154	3,411,200	4,769,791
Gifts	2,553,773	4,757,100	7,024,451	8,332,172	8,742,517
Other	6,520,492	7,927,566	10,421,493	12,305,082	15,845,124
TOTAL REVENUE	39,142,968	44,961,241	51,751,211	59,428,873	70,507,621

Expenditures	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024
Faculty Salary & Benefits	13,784,485	12,949,390	14,050,475	15,788,278	18,034,689
Staff Salaries & Benefits	6,391,851	6,163,470	6,424,096	7,867,921	9,434,077
Operations	5,721,714	7,623,309	8,323,660	10,057,062	14,408,376
Travel	416,413	37,926	271,401	567,224	793,480
Student Support	2,062,086	2,424,268	2,495,644	2,641,087	3,462,698
University Tax	2,105,957	2,089,440	2,477,496	2,694,848	3,768,135
TOTAL EXPENDITURES	30,482,507	31,287,804	34,042,772	39,616,420	49,901,454

BALANCE	8,660,461	12,673,437	17,708,439	19,812,452	20,606,167
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If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget.

Not Applicable

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

Strengths:

- The COPH continues to grow at a fast rate in student enrollment, extramural funding, and charitable contributions. This allows us to not only meet our budget but to increase recruitment; offer competitive compensation packages; and support our faculty, staff, and students in their various activities and programs. This could not be done without the continued financial support from the chancellor, University of Nebraska president, and the state of Nebraska.

Weaknesses and Plans for Improvement:

- During the COVID-19 pandemic, the COPH had an increase in student enrollment. We must continue to find innovative ways to keep the visibility of public health in the forefront of prospective students' minds to not only maintain the current level of enrollment but to increase it.
- There is an ongoing need to sustain extramural grant and contract funding. Assistant professors are required to support 31% of their salary, while associate professors and professors are required to support 50%.
- The COPH will develop additional programs to increase student enrollment.
- The COPH will continue to seek out additional development and alumni activities to support our mission and goals. One goal is to have an endowed chair and two professorships for each department.

CRITERIA C:

C2. Faculty Resources

C2. Faculty Resources

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

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

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

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

Template C2-1: Faculty Resource Adequacy

CONCENTRATION	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY*
	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	PIF 5*	
Advocacy and Leadership	Katie Brandert 1.0	Nicole Kolm Valdivia 1.0	Ariane Rung 1.0	NA	NA	PIF: 1 Non-PIF: 4
DrPH						
Biostatistics	Chris Wichman 1.0	Gleb Haynatzki 1.0	Fang Yu 1.0	Jianghu "James" Dong 1.0	NA	PIF: 8 Non-PIF: 5
MPH						
MS PhD						
Emergency Preparedness	Leslie Scofield 1.0	Rachel Lookadoo 1.0	Julie Casani .55	Sharon Medcalf 1.0	NA	PIF: 1 Non-PIF: 2
MPH DrPH						
Environmental and Occupational Health	Matthew Nonnenmann 1.0	Eric Carnes 1.0	JoEllyn McMillan .35	NA	NA	PIF: 2 Non-PIF: 5
MPH						
Environmental Health, Occupational	Matthew Nonnenmann 1.0	Risto Rautiainen 1.0	JoEllyn McMillan .35	NA	NA	PIF: 2 Non-PIF: 4

Health, and Toxicology						
PhD						
Epidemiology						
MPH	Ed Peters	Kendra Ratnapradipa	Shinobu Watanabe-Galloway	Abraham Mengist	NA	PIF: 4 Non-PIF: 5
PhD	1.0	1.0	1.0	1.0		
DrPH						
Health Promotion						
MPH	Shelley Strong 1.0	Marisa Rosen 1.0	Dejun Su 1.0	NA	NA	PIF: 3 Non-PIF: 1
Health Promotion and Disease Prevention Research						
PhD	Keyonna King 1.0	David Dzewaltowski 1.0	Tzeyu Michaud 1.0	NA	NA	PIF: 1 Non-PIF: 3
Health Services and Policy Research						
PhD	Hongmei Wang 1.0	Jungyoon "JY" Kim 1.0	Hyo Jung Tak 1.0	NA	NA	PIF: 0 Non-PIF: 2
Maternal and Child Health						
MPH	Shannon Maloney 1.0	Carol Gilbert 1.0	Melissa Tibbits 1.0	NA	NA	PIF: 1 Non-PIF: 2
Public Health Administration and Policy						
MPH	Trina White 1.0	Dave Palm 1.0	Wael EIRayes 1.0	NA	NA	PIF: 3 Non-PIF: 2
TOTALS:	Named PIF	32				
	Total PIF	58				
	Non-PIF	35				

- 2) All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.

The method for calculating FTE for non-primary instructional faculty (non-PIF) is based on the COPH FTE policy as identified in the following chart:

Table C2.1 - COPH FTE policy	
Courses (online and in-person)	
Lecture course:	Four percent per credit hour (multiple sections taught by the same faculty in the same series [1, 2, 3 OR 80, 81, 82] receive 2% per credit hour for additional section)
Course cap:	40 students
Other educational methods:	Two percent per course (i.e., seminar, directed readings, independent study). Course must be approved by department chair, FTE not negotiable.
New course development:	Additional 10% per course (new catalog number). New course must be approved by department chair.
Major course redesign:	Additional 5% per course (course review required by COPH and GPC curriculum committees). Major redesign must be approved by department chair.
Course transition:	Additional 5% per course (max one time per course, moving course from in-person to online or vice versa). Must be approved by department chair.
Teaching assistant (TA) assignment:	All MPH core courses. All other TA requests must be approved by department chair.
Advising	
Capstone chair (MPH and MHA):	Two percent per term (max two terms based on CPH 529 or CPH 586 registration) per student
Supervisory committee chair (DrPH):	Two percent per term (based on based on formal appointment of Supervisory Committee Chair)
Thesis chair (MS):	Two percent per term (max two terms based on [DEPT] 899 registration) per student.
Supervisory committee chair (PhD):	Two percent per term (based on formal appointment of supervisory committee chair in Seguidor).

FTE allocation for teaching and advising scenarios not described above need to be discussed with the department chair.

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

All primary instructional faculty (PIF) in the COPH are employed full-time and have primary appointments in the college. Non-PIF fall into one of two categories:

- 1) Faculty with a primary appointment in the COPH who do not have any teaching responsibilities.
- 2) Faculty with a primary appointment in another UNMC college or at another University of Nebraska campus.

- 4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

Template C2-2. Faculty Regularly Involved in Advising, Mentoring, and the Integrative Experience, 2023–2024

General Advising and Career Counseling			
Degree Level	Average	Min	Max
Master's (Academic Program Support Specialist)	159	159	159
Master's (Faculty)	4.23	1	14
- PIF Faculty	4.81	1	14
- Non-PIF Faculty	2.2	1	5
Doctoral (DrPH)	3.75	1	11
- PIF Faculty	3.82	1	11
- Non-PIF Faculty	3	3	3
Doctoral (PhD)	1.67	1	6
- PIF Faculty	1.68	1	6
- Non-PIF Faculty	1.63	1	3

Advising in MPH Capstone/Integrative Learning Experience (ILE)		
Average	Min	Max
Non-PIF: 1	1	1
PIF: 1.6	1	11

Mentoring/Primary Advising on Thesis, Dissertation or DrPH Integrative Project			
Degree	Average	Min	Max
DrPH	1	1	1
PhD	1	1	1
Master's other than MPH (MS Biostatistics only)	1	1	1

- 5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.
- a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

This information is collected via our annual CPH student survey that is distributed electronically by email and through Canvas. A copy of this survey and its results are available in the ERF at ERF->C->C2. All students are asked to rate the statement “Please indicate your level of agreement with the following statement: The class sizes in CPH are conducive to my learning experience” using one of these options: Strongly Disagree (1), Disagree (2), Agree (3), or Strongly Agree (4).

The following results are from the last four most recent academic years.

- 2023–2024 (53% response rate): 95% said agree/strongly agree
- 2022–2023 (72% response rate): 94% said agree/strongly agree
- 2021–2022 (31% response rate): 86% said agree/strongly agree

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

This information is collected via our annual CPH student survey that is distributed electronically by email and through Canvas. All students are asked to respond to the question “As a student of CPH, please indicate how satisfied you are with: Availability of faculty” using one of these options: Very Dissatisfied (1), Somewhat Dissatisfied (2), Somewhat Satisfied (3), Very Satisfied (4).

The following results are from the last four most recent academic years.

- 2023–2024 (53% response rate): 94% said somewhat/very satisfied
- 2022–2023 (72% response rate): 93% said somewhat/very satisfied
- 2021–2022 (31% response rate): 89% said somewhat/very satisfied

- 6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.

This information is collected via our annual CPH student survey that is distributed electronically by email and through Canvas. A copy of the survey and results are available in the ERF at ERF->C->C2. All students are provided the opportunity to give open-ended feedback regarding class size and faculty availability. Themes identified in the survey in the last three academic years are summarized below.

2023–2024 (53% response rate):

Online students tended to state they do not feel class size affects the online student experience. There was a trend of students stating that some online classes, specifically the MPH core classes, felt too big and that it tends to take longer to get grades back in these classes. Some on-campus students felt that upper-level classes with four to five students are a good size, but some said it was too small.

2022–2023 (72% response rate):

The most frequent comment we received was that class size does not seem to be an issue for students in online programs. On-campus students felt that, overall, classes were a good size. Some students felt online classes could be smaller, especially the core classes; they said that grading and feedback takes longer in larger online classes.

2021-2022 (31% response rate):

Students tended to say one of three things: (1) that class size does not matter in online classes, (2) that classes were currently a good size, or (3) that classes were too big. There were several comments that said larger online classes seem to affect professors more than students, in terms of turnaround times for feedback and grading.

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

Strengths:

- Because of changes made to how the student survey is distributed, we have experienced a high rate of participation over the past two years. When the survey results are analyzed, the population of students who participate in the survey is statistically similar to the full student body.
- According to data from these surveys, students are generally satisfied with class sizes and availability of faculty. We attribute this satisfaction to changes made over the last few years, including encouraging faculty members to host virtual office hours and the implementation of Bookings, a Microsoft tool that gives students the opportunity to schedule appointments based on faculty calendars.

Weaknesses and Plans for Improvement:

- We receive very limited qualitative input from students regarding faculty availability. We speculate this may be due to the wording of the question and because the question is included with the qualitative question regarding class size. Going forward, we plan to split this into two questions to draw out more student responses.
- As our online degree programs have grown, we have seen an increase in the number of students stating that they perceive their online core classes to be too big. To address this, faculty have been trained in and are encouraged to use our Canvas LMS tools to create sections within their larger courses, giving students a smaller class feel despite being enrolled in a large course.

CRITERIA C:

C3. Staff & Other Personnel Resources

C3. Staff and Other Personnel Resources

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

- 1) A table defining the number of the school's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. Individuals whose workload is primarily as a faculty member should not be listed.

Role/Function	Headcount	FTE
Academic Affairs	5 (unshared) 3 (shared)	5 (unshared) 0.3 (shared)
Accreditation/Evaluation	1	1
Admissions	2	2
Alumni Relations	1 (shared)	0.5 (shared)
Career Services	1	1
Development	1 (unshared) 2 (shared)	1 (unshared) 0.45 (shared)
Diversity and Inclusion	1	1
Financial and Administration	5 (unshared) 8 (shared)	5 (unshared) 0.80 (shared)
Human Resources	1 (unshared) 4 (shared)	1 (unshared) 0.2 (shared)
Institutional Research and Effectiveness	3 (shared)	0.2 (shared)
Information Technology	3	3
Marketing/Communications	3	3
Other Non-Instructional Staff	32 (unshared) 1 (shared)	24.40 (unshared) 0.05 (shared)
Public Health Practice and Training	12	11.45
Research – Pre-Award	1	1
Research – Support	40	37.75
Student Affairs	2 (unshared) 5 (shared)	2 (unshared) 0.3 (shared)

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

Other personnel within the COPH include PhD graduate assistants, PhD research assistants, PhD teaching assistants, MPH and MS research assistants, and student workers.

Student employees contribute through focused research activities (PhD research assistants), teaching and tutoring activities (PhD teaching assistants and MPH and MS research assistants), or a mix of teaching and research activities and other administrative tasks (PhD graduate assistants). Additionally, student workers contribute to specific research or teaching activities and provide administrative support to offices within the COPH.

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

The CPH is sufficiently staffed to provide a full range of support services to faculty, students, and alumni. Faculty and students are supported by staff in all areas of the CPH. UNMC and the University of Nebraska system provides support to all members of the school community in areas of leadership, operations, and academic and research support toward achieving the mission and goals of the CPH and UNMC.

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

Strengths:

- The CPH is flexible and adapts to the changing needs of faculty, staff, students, and alumni.
- In the summer of 2024, the Academic Affairs team reorganized by separating the director of professional programs (DPP) position into two, a Director of Master's Programs (DMP) and a Director of DrPH Program (DDP) to increase specific leadership and management of the DrPH and MPH programs.
- We have added additional staff in several areas to support our growth as a college.

Weaknesses and Plans for Improvement: None identified.

CRITERIA C:

C4. Physical Resources

C4. Physical Resources

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

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

- Faculty office space

The COPH has established guidelines for the allocation of space for faculty, staff, and students. Full-time faculty at the rank of instructor and above are allocated a single office. Adjustments to this are based on the frequency with which the faculty is physically present during a normal business week. Faculty presenting to the office less than three days per week may be required to share an office with another faculty. Drop-in space is made available to faculty who do not have an office assignment. All faculty have access to locked or secured space for their research and any necessary storage needs or requirements.

- Staff office space

The COPH has established guidelines for the allocation of space for faculty, staff, and students. Full-time administrative staff who are directors or student-facing are allocated a single office. All other staff are required to share an office with another staff member. Staff presenting to the office less than three days per week must share an office with another staff member. All staff have access to locked or secured space based on their needs and requirements.

Carrels are made available to all students who are PhD graduate assistants, MPH and MS research assistants, and student workers.

Administrative assistants are assigned a cubicle in the main area of the departments they serve.

- Classrooms

Classroom space is equipped with the latest technology and consistent with classrooms on the rest of campus. A computer lab with 30 computers is available for student or classroom needs. There is one main auditorium for large lectures or events and seven additional classrooms of various sizes based on enrollment.

Due to high enrollment for our online programs, the COPH offers a specific space dedicated to our online curriculum development and production. Faculty can record lectures in this space and in other areas on campus.

- Shared student space

In addition to the carrels available for employed students, the COPH offers three private rooms for studying as well as several commons throughout the building. Students have access to a break room, which includes a microwave, coffee pot, vending machines, and an area where they can eat. Additional student space is available in various other colleges and buildings on campus.

- Laboratories, if applicable to public health degree school offerings

The COPH maintains several laboratories located in other buildings on campus. The COPH has one dry lab for students specific to a particular faculty program.

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

Feedback from faculty and students indicate that our physical space is sufficient. From our 2024-2025 Copenhaven faculty survey (85% response rate), 96% of respondents indicated satisfaction with the quality of the classrooms in which they teach. As part of the annual Copenhaven student survey (53% response rate in 2023–2024), students enrolled in on-campus programs were asked about their satisfaction with several areas of our building:

- Satisfaction with quality of classrooms: 98%
- Satisfaction with availability of study rooms: 86%
- Overall satisfaction with physical learning space: 96%

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

Strengths:

- One of our greatest strengths is that our building is relatively new and is equipped with the latest technology.
- We have several conference rooms of various sizes available for faculty and staff use.
- We can adapt our space to the Copenhaven's needs. For example, in 2021, spaces were remodeled to add a gender-neutral restroom and a lactation room. Bottle-refilling stations have also been added per the request of faculty, staff, and students. A faculty and staff lounge has been renovated to make it a more useful and friendly environment.

Weaknesses and Plans for Improvement:

- Our enrollment growth has resulted in the need for additional faculty and staff, requiring us to revisit how space is allocated. Because of this, the Copenhaven is evaluating how to better use our existing space, including a locker room area to be remodeled for Student Affairs offices, making it more convenient for students to access student services staff members.
- Shared office space, particularly for staff, has presented challenges, especially related to conducting and participating in virtual meetings. We are continually evaluating our guidelines for the allocations of office space based on our faculty and staff growth.
- We currently have limited dry lab space for faculty. However, the Copenhaven is being considered for additional community space and dry labs located in a new shared building that will be adjacent to Copenhaven.

CRITERIA C:

C5. Information & Technology Resources

C5. Information and Technology Resources

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

1) Briefly describe, with data if applicable, the following:

- library resources and support available for students and faculty

Providing state-of-the-art resources for teaching and learning is critical to UNMC's mission to provide premier educational experiences. Significant investments have been made to ensure that students and teachers have access to cutting-edge technology.

The UNMC campus is home to the McGoogan Health Science Library. The library was recently renovated, focusing on infrastructure improvement based on student feedback. Notable changes included:

- 50 new individual and group study rooms
- The removal of two concrete exterior panels, significantly increasing natural light
- Expanded e-learning lab
- Expanded writing center
- Conference and classrooms with distance education technology

A dedicated faculty commons space was also added to the library to serve as a designated hub for collaborative faculty offices and activities, including:

- Office of Faculty Development
- Interprofessional Academy of Educators
- Education technology workspace
- Meeting spaces
- Faculty hoteling space

The renovated library offers access to more than 16,000 e-journals, 13,000 e-books, 80,000 print books, 110,000 print serials, 580 media resources (audiovisual and anatomical models), and more than 38,000 items in its special collections.

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

Students enrolled in college academic programs have access to Microsoft 365. Several courses that require SAS use SAS OnDemand for Academics. A computer lab on campus is preloaded with SPSS and other statistical and survey software. Additionally, students can purchase various software packages at a discounted price through other University of Nebraska campuses, including MATLAB, SAS, SPSS, and Adobe Professional.

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

Faculty are also provided with free access to Microsoft 365. The university provides a wide range of Microsoft, VMware, IBM, and Oracle software products for faculty use at little to no cost. If faculty need to purchase additional hardware or software, they can work with the internal COPH information technology (IT) team for procurement. Faculty can also purchase software packages at a discounted rate through the other University of Nebraska campuses.

- technical assistance available for students and faculty

UNMC has an IT group that designs and deploys innovative technology solutions for the campus and provides comprehensive infrastructure services. The IT group staffs an IT Helpdesk that can be reached by phone or email.

In addition to the core IT on UNMC's campus, the COPH offers additional support from two employed staff. This support includes collaboration with core IT to assist faculty and students with software and hardware requests or purchasing, along with robust desktop and conference room support.

The COPH's growth in online enrollment has required several additions to staff related to instructional design. In addition, the newly created OTL provides support and training related to curriculum, instruction, and the tools used to deliver online education, including Canvas, Yuja, Tidy-up, and many other options available in Canvas.

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

From our most recent 2024-2025 COPH faculty survey (85% response rate), 90% of faculty indicated satisfaction with technology in the classroom, and 96% were satisfied with online technology and support. When asked for qualitative feedback regarding technology in the COPH, the large majority who responses reported no issues, and the few technology concerns that were expressed were issues specific to individual classrooms.

As part of our annual student survey, students are asked numerous questions related to IT resources. A summary of the 2023–2024 COPH student survey follows and is included in the ERF (ERF->C->C2):

- Satisfaction with availability of public health-related reference material through UNMC's library (texts, journals, etc.): 94%
- Satisfaction with availability of and access to software for course specific requirements: 90%
- Satisfaction with availability of technical and computer support: 96%
- Satisfaction with Canvas (COPH's LMS): 97%
- Satisfaction with the overall use of technology: 96%

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

Strengths:

- A major strength in this area is the support and resources available through the McGoogan Library. The library provides the COPH with a dedicated liaison to help students, faculty, and staff fully access the library's resources. This liaison frequently holds office hours in the COPH building to meet with students, faculty, and staff and is available virtually for online students and faculty.
- Additionally, the McGoogan Library works cooperatively with the other University of Nebraska system libraries to strategically purchase and provide access to e-journals and other resources. Students, faculty, and staff can take advantage of interlibrary loans to obtain materials from other campuses without leaving UNMC or their homes.
- Another strength is the instructional design services and support provided by our new OTL.
- Finally, having IT support available within the COPH is a significant benefit for our students, faculty, and staff.

Weaknesses and Plans for Improvement:

- Our weakness in this area is the time and process needed for new hardware and software to be reviewed and approved. As we are part of a medical center campus, this process runs through the core IT, which can cause significant delays. To help remedy this, we are working with faculty and staff to plan and anticipate their technological needs in advance. We are also collaborating with the chief academic technology officer, a newly created position at UNMC.



CRITERIA D:

Academic/Instructional Programs

CRITERIA D:

D1. MPH & DrPH Foundational Public Health Knowledge

D1. MPH & DrPH Foundational Public Health Knowledge

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

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

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

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	Course Number and Name
1. Explain public health history, philosophy, and values.	CPH 500/HPRO 830 – Foundations of Public Health
2. Identify the core functions of public health and the 10 Essential Services*	CPH 500/HPRO 830 – Foundations of Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.	CPH 500/HPRO 830 – Foundations of Public Health
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.	CPH 500/HPRO 830 – Foundations of Public Health
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	CPH 500/HPRO 830 – Foundations of Public Health
6. Explain the critical importance of evidence in advancing public health knowledge.	CPH 500/HPRO 830 – Foundations of Public Health
7. Explain effects of environmental factors on a population's health.	CPH 500/HPRO 830 – Foundations of Public Health
8. Explain biological and genetic factors that affect a population's health.	CPH 500/HPRO 830 – Foundations of Public Health
9. Explain behavioral and psychological factors that affect a population's health.	CPH 500/HPRO 830 – Foundations of Public Health
10. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities.	CPH 500/HPRO 830 – Foundations of Public Health
11. Explain how globalization affects global burdens of disease.	CPH 500/HPRO 830 – Foundations of Public Health
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	CPH 500/HPRO 830 – Foundations of Public Health

- 2) Provide supporting documentation that clearly identifies how the school ensures grounding in each area. Documentation may include detailed course schedules or outlines to selected modules from

the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc. For non-course-based methods, include web links or handbook excerpts that describe admissions prerequisites.

Documentation can be found in the ERF at ERF->D->D1->CPH 500 Syllabus.

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

Strengths:

- The CPH 500 Foundations of Public Health course was designed to ground students in foundational public health knowledge. The course was developed by a multi-disciplinary team and is assessed regularly to update content, as appropriate.
- The CPH 500 Foundations of Public Health course was “blueprinted” in 2023, which means that the content and assessments remain the same, no matter which faculty member teaches the course and no matter if it is taught online or on-campus. This ensures the high quality of the course and content cannot be changed at will by faculty. Students are not allowed to waive the course based on public health practice experience.

Weaknesses and Plans for Improvement: None identified.

CRITERIA D:

D2. MPH Foundational Competencies

D2. MPH Foundational Competencies

The school documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., teaching assistants or other similar individuals without official faculty roles working under a faculty member's supervision) validate the student's ability to perform the competency.

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

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects. Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur outside of the integrative learning experience (see Criterion D7), which is designed to integrate previously attained skills in new ways.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

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

Part A: Foundational Requirements for MPH Degree		
Course Number	Course Name	Credits (if applicable)
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
	TOTAL FOUNDATIONAL CREDITS	15

Part B: Concentration Requirements for MPH Degree in Biostatistics		
Course Number	Course Name	Credits (if applicable)
Applied Practice Experience (APEX) and Capstone/Integrative Learning Experience (ILE) Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3

CPH 529	MPH Capstone Experience	3
Concentration Courses for Biostatistics Concentration		
CPH 517	Design of Medical Studies	3
CPH 651	Introduction to SAS Programming	3
CPH 652	Biostatistical Linear Models: Methods and Application	3
CPH 653	Categorical Data Analysis	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	9
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Emergency Preparedness		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Emergency Preparedness Concentration		
CPH 550	Emergency Preparedness: Prevention	3
CPH 553	Emergency Preparedness: Response	3
CPH 554	Emergency Preparedness: Respond and Recovery	3
CPH 631	Emergency Preparedness: Protection	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	9
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Environmental and Occupational Health		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Environmental and Occupational Health Concentration		
CPH 503	Public Health, Environment, and Society	3
CPH 590	Elements of Industrial Safety	3
CPH 594	Environmental Exposure Assessment	3
CPH 597	Principles of Toxicology	3
CPH 598	Fundamentals of Industrial Hygiene	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	6
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Epidemiology		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Epidemiology Concentration		
CPH 621	Applied Epidemiology	3
CPH 628	Epidemiologic Methods	3
CPH 650	Biostatistics II	3
CPH 651	Introduction to SAS Programming	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	9
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Health Promotion		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Health Promotion Concentration		
CPH 501	Health Behavior	3
CPH 505	Applied Research in Public Health	3
CPH 534	Interventions in Health Promotion	3
CPH 545	Health Disparities and Health Equity	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	9
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Maternal and Child Health		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Maternal and Child Health Concentration		
CPH 505	Applied Research in Public Health	3
CPH 546	Introduction to Maternal and Child Health	3

CPH 547	Maternal and Child Health Theories and Interventions	3
CPH 548	Life Course Health	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	9
TOTAL CONCENTRATION CREDITS		27

Part B: Concentration Requirements for MPH Degree in Public Health Administration and Policy		
Course Number	Course Name	Credits (if applicable)
APEX and Capstone/ILE Courses (as applicable)		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Concentration Courses for Public Health Administration and Policy Concentration		
CPH 502	Health Services Administration	3
CPH 562	Human Resources Management in Health Organizations	3
CPH 565	Health Care Finance	3
CPH 566	Health Policy	3
CPH 580	Health Care Organizational Theory and Behavior	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	6
TOTAL CONCENTRATION CREDITS		27

- 2) List the required curriculum for each combined degree option in the same format as above, clearly indicating (using italics or shading) any requirements that differ from MPH students who are not completing a combined degree.

The COPH offers six graduate dual-degree options for the MPH program, plus three undergraduate to MPH 4+1 programs. In each of these combined graduate degree programs, students must complete the core curriculum of the MPH, the MPH concentration courses, the applied practice experience (APEX), and the capstone/integrative learning experience (ILE).

Undergraduate to MPH 4+1 Programs:

Bachelor of Science in Biology (BSBio) – MPH: This 4+1 dual degree is in partnership with the University of Nebraska at Omaha. As of this writing, students must select the Environmental and Occupational Health concentration, but the COPH is working with UNO to expand to all concentration options for fall 2025. In this program, students complete three years of their bachelor's degree, apply for the MPH program, and then during the fourth year of their bachelor's degree they concurrently take MPH courses. A maximum of 18 MPH credits (of the required 42 graduate credits for the MPH degree) will be counted toward the undergraduate degree. Students complete the full MPH degree, including APEX and Capstone. Upon graduation, the student will receive a BS in Environmental and Sustainability Studies with an emphasis area in Public Health and an MPH with a concentration in Environmental and Occupational Health.

Bachelor of Science in Environmental Studies (BSES) – MPH: This 4+1 dual degree is in partnership with the University of Nebraska at Lincoln. Students must select the Environmental and Occupational Health concentration. In this program, students complete three years of their bachelor's degree, apply for the MPH

program, and then during the fourth year of their bachelor's degree they concurrently take MPH courses. A maximum of 18 MPH credits (of the required 42 graduate credits for the MPH degree) will be counted toward the undergraduate degree. Students complete the full MPH degree, including APEX and Capstone. Upon graduation, the student will receive a BS in Environmental and Sustainability Studies with an emphasis area in Public Health and an MPH with a concentration in Environmental and Occupational Health.

Undergraduate to MPH (U2MPH): This 4+1 dual degree is in partnership with University of Kearney and Wayne State College. Students must select the Environmental and Occupational Health concentration. In this program, students complete three years of their bachelor's degree, apply for the MPH program, and then during the fourth year of their bachelor's degree they concurrently take MPH courses. A maximum of 18 MPH credits (of the required 42 graduate credits for the MPH degree) will be counted toward the undergraduate degree. Students complete the full MPH degree, including APEX and Capstone. Upon graduation, the student will receive a BS in Environmental and Sustainability Studies with an emphasis area in Public Health and an MPH with a concentration in Environmental and Occupational Health.

Doctor of Osteopathic Medicine (DO)/MPH: The DO/MPH combined degree is open to any concentration of the MPH. As of this writing, the COPH has memoranda of understanding in place to offer this combined degree with osteopathic medical programs at Kansas City University (Kansas City, MO); Marian University (Indianapolis, IN); and Noorda College of Osteopathic Medicine (Provo, UT). Students must complete the certificate in public health (15 credit hours) before applying to the MPH program. Students complete all concentration courses of the MPH. The elective course credit hours (six or nine, depending on concentration) transfer from the DO program toward the MPH's required 42 credit hours. Students are also required to complete the APEX and Capstone. For the capstone, students are encouraged to choose a project that integrates both degree programs. For the DO/MPH, the plan of study is variable only for the number of concentration and elective credit hours, which are dependent on the specific concentration. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi.

DO/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Concentration courses		
<i>Number of credit hours depends on concentration</i>		12 to 15 credit hours
APEX and Capstone		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Elective courses (transfer toward MPH from DO program)		
IDIS 115	Basic Intro to Research Methods	1

MED 119	Mechanisms of Disease	4
MED 121	Medical Informatics and Info Literacy	0.5
MED 122	Medical Informatics and Info Literacy	0.5
MED 123	Bioethics I	1
IPE 112	Collaborative Care through Art	0.5
MED 223	Bioethics II	1.5
	Total transfer credits from DO program <i>Number of elective courses transferred toward MPH depend on concentration</i>	6-9 credit hours

Master of Business Administration (MBA)/MPH: The MBA/MPH combined degree is in partnership with UNO and is open to four of the MPH concentrations: Public Health Administration and Policy, Emergency Preparedness, Biostatistics, and Epidemiology. Students complete all concentration courses. The elective course credit hours (six or nine, depending on concentration) transfer from the MBA program toward the MPH. Students are also required to complete the APEX and Capstone. For the capstone, students are encouraged to choose a project that integrates both degree programs. For the MBA/MPH, the plan of study is variable only for the number of concentration and elective credit hours, which are dependent on the specific concentration. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi from the MBA program.

MBA/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Concentration courses		
<i>Number of credit hours depends on concentration (Public Health Administration and Policy; Emergency Preparedness; Biostatistics; Epidemiology)</i>		12 to 15 credit hours
APEX and Capstone		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Elective courses (transfer toward MPH from MBA program)		
BSAD 8060	People: Cultivating Skills for Leadership	2
BSAD 8250	Organizational Behavior: Enhancing Human and Organizational Capabilities	2
BSAD 8150	Economics: Essential Concepts for Managers	2
BSAD 8720	Strategic Financial Management	2
BSAD 8630	Financial Management	2
	Total transfer credits from MBA program <i>Number of elective courses transferred toward MPH depend on concentration</i>	6-9 credit hours

Master of Social Work (MSW)/MPH: The MSW/MPH combined degree program is in partnership with UNO and is available for one MPH concentration, Public Health Administration and Policy. Students complete four of the five concentration courses. The CPH 566 Health Policy course is waived as part of the MPH concentration curriculum, as the MSW course SOWK 8650 Health/Mental Health Policies for Social Work has been assessed to meet the competencies covered in CPH 566 and transfers in towards the MPH degree. In addition, students do not register for APEx or Capstone/ILE courses (CPH 528 and CPH 529.) However, students must still complete the requirements, which they integrate into their SOWK 8160/8170 Social Work Practicum I and II experiences. To ensure students meet the expectations of APEx and Capstone, the Director of the Master's Program meets with the students to discuss expectations, and then manually adds them to the Canvas course to participate in the same way as other students. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi from the MSW program.

MSW/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Public Health Administration and Policy courses		
CPH 502	Health Services Administration	3
CPH 562	Human Resources Management in Health Organizations	3
CPH 565	Health Care Finance	3
CPH 580	Health Care Organizational Theory and Behavior	3
CPH 566	<i>Health Policy (the course SOWK 8650 Health/Mental Health Policies for Social Work) meets the requirements for this course)</i>	0
APEx and Capstone		
CPH 528	Applied Practiced Experience for MPH Students <i>Students do not register for CPH 528, but must still meet the requirements of the APEx.</i>	0
CPH 529	MPH Capstone Experience <i>Students do not register for CPH 529, but must still meet the requirements of the Capstone.</i>	0
Elective courses (transfer toward MPH from MSW program)		
SOWK 8260	Social Work Practice in Health and Mental Health	3
SOWK 8540	Planning for Social Change	3
	Total transfer credits from MSW program <i>Number of elective courses transferred toward MPH</i>	6 credit hours

Doctor of Medicine (MD)/MPH: The MD/MPH program is offered with the UNMC College of Medicine and available for all concentrations. The current format of the program is structured so that students complete three years of medical school, then complete the MPH program in one year (Fall, Spring, and Summer terms), then finish the fourth year of medical school. Students complete all MPH core and concentration courses and the APEx and Capstone experience. The elective course credit hours (six or nine, depending on concentration) transfer from the MD program toward the MPH. Students are also required to complete the APEx and Capstone. For the capstone, students are encouraged to choose a project that integrates both degree programs. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi from the MD program.

MD/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Concentration courses		
<i>Number of credit hours depends on concentration</i>		12 to 15 credit hours
APEx and Capstone		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Elective courses (transfer toward MPH from MD program)		
M-ID 501	Fundamentals	5
M-ID 532	Acute Care and Clinical Transitions	5
	Total transfer credits from MD program <i>Number of elective courses transferred toward MPH depend on concentration</i>	6-9 credit hours

Doctor of Pharmacy (PharmD)/MPH: The PharmD/MPH program is offered in collaboration with the UNMC College of Pharmacy and is available for all concentrations. Students complete all core and concentration courses. The elective course credit hours (six or nine, depending on concentration) transfer from the PharmD program toward the MPH. Students are also required to complete the APEx and Capstone. For the capstone, students are encouraged to choose a project that integrates both degree programs. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi from the PharmD program.

PharmD/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3

CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Concentration courses		
<i>Number of credit hours depends on concentration</i>		12 to 15 credit hours
APEX and Capstone		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience	3
Elective courses (transfer toward MPH from PharmD program)		
PHPR 562	Pharmacy and Health Care	3
PHSC 550	Introduction to Pharmaceutical Sciences	4
PHPR 550	Legal and Ethical Principles I	2
Total transfer credits from PharmD program <i>Number of elective courses transferred toward MPH depend on concentration</i>		6-9 credit hours

Master of Community and Regional Planning (MCRP)/MPH: The MCRP/MPH combined degree is in partnership with the University of Nebraska - Lincoln and open to all seven concentration options. Students complete all core and concentration courses. The elective course credit hours (six or nine, depending on concentration) transfer from the MCRP program toward the MPH. Students are required to complete CPH 528 APEX and CPH 529 Capstone Experience requirements; however, students do not register for CPH 529 MPH Capstone Experience in the MPH program. In the MCRP program, students can choose a completion track (such as a professional project or master's thesis) that best aligns with their career goals. MCRP/MPH students must choose a project that integrates public health competencies. Three credit hours from the completion track course of the MCRP transfer to the MPH to fulfill the requirement for CPH 529 MPH Capstone Experience. To ensure students meet the expectations of Capstone, the Director of the Master's Program meets with the students to discuss expectations, and then manually adds them to the Canvas course to participate in the same way as other students. The capstone project must integrate public health with community and regional planning and must receive joint approval from both programs. The courses which transfer toward elective credit in the MPH program have been pre-determined and are listed below based on a review of syllabi from the MCRP program.

MCRP/MPH Dual Degree		
Course Number	Course Name	Credits
Foundational courses for all MPH students, regardless of concentration		
CPH 500	Foundations of Public Health	3
CPH 504	Epidemiology in Public Health	3
CPH 506	Biostatistics I	3
CPH 514	Planning and Evaluation	3
CPH 539	Leadership and Advocacy	3
MPH Concentration Courses		
<i>Number of credit hours depends on concentration</i>		12-15 credit hours

APEX and Capstone		
CPH 528	Applied Practiced Experience for MPH Students	3
CPH 529	MPH Capstone Experience <i>Students do not register for CPH 529, but must still meet the requirements of the MPH Capstone through the completion track of their MCRP program: CRPL 899 Master's Thesis; CRPL 984 Professional Project; or CRPL 895 Capstone Studio</i>	0
Elective courses (transfer toward MPH from MCRP program)		
CRPL 810	Qualitative Techniques for Planners	3
CRPL 830	Planning with GIS	3
CRPL 840	Planning Methods and Analysis	3
	Total transfer credits from MCRP program <i>Number of elective courses transferred toward MPH depend on concentration</i>	6-9 credit hours

3) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the school must present a separate matrix for each combined degree. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Assessment of Competencies for MPH (all concentrations and all combined degrees)		
Competency	Course Number and Name	Describe Specific Assessment Opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	CPH 504/EPI 820 – Epidemiology in Public Health	CPH 504: Case Study Discussions and Write-Ups. Five case studies based on real-life outbreaks and public health problems will be completed throughout the course to teach and reinforce epidemiologic principles and practices. Students will answer questions based on the practices and principles applied to the topic under consideration.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	CPH 506/BIO 806 – Biostatistics I	CPH 506: Case study Each student will individually find, review, and discuss an article, formulating a hypothesis and determining appropriate design, study population, data collection methods, variables, analysis methods, and appropriate figures and tables.

	CPH 504/EPI 820 – Epidemiology in Public Health	CPH 504: Descriptive Epidemiology Project. Each student will select a public health issue, find appropriate data from existing data sources, look for trends, and then write the descriptive epidemiology information in a PowerPoint format.
	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 3: Qualitative Analysis. Students will use a focus group transcript to practice coding and identifying themes and categories. They will then write a summary sharing how they obtained their themes and other major findings.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.	CPH 506/BIO 806 – Biostatistics I	CPH 506: Weekly Quizzes. Each week, students will individually answer questions in multiple formats that focus on data analysis and statistical reasoning.
	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 3: Qualitative Analysis. Students will use a focus group transcript to practice coding and identifying themes and categories. They will then write a summary sharing how they obtained their themes and other major findings.
4. Interpret results of data analysis for public health research, policy, or practice.	CPH 506/BIO 806 – Biostatistics I	CPH 506: Weekly Quizzes. Each week, students will individually answer questions in multiple formats that focus on data analysis and statistical reasoning. Students are provided a dataset and use SAS Studio to analyze data for the quiz.
	CPH 504/EPI 820 – Epidemiology in Public Health	CPH 504: Case Study Discussions and Write-Ups. Five case studies based on real-life outbreaks and public health problems will be completed throughout the course to teach and reinforce epidemiologic principles and practices. Students will answer questions based on the practices and principles applied to the topic under consideration
Public Health & Health Care Systems		
5. Compare the organization, structure, and function of healthcare, public health, and regulatory systems across national and international settings.	CPH 500/HPRO 830 – Foundations in Public Health	CPH 500: Discussion Boards. Following class lectures on the structure and function of healthcare, public health, and regulatory systems, each student will read the paper “Mirror, Mirror 2017: International Comparison,” pick one performance indicator, and compare the United States with one other country discussed in the article. They will also address how the United States can improve its performance on that indicator.

6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels.	CPH 500/HPRO 830 – Foundations in Public Health	CPH 500: Implicit Association Assessment and Reflection. Each student will complete at least three implicit association assessments. After completion, each student will complete a reflection on their results and how the issues of bias, inequities, and racism have negative impacts on health and health equity.
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 1: Infographic. Students develop a one-page infographic on a chosen public health topic and population that highlights the magnitude, seriousness, and economic impact of the selected public health issue. Students will include potential questions that would need to be answered to address the public health issue.
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Discussion Board on Culturally Adapted Interventions. Students write a paragraph with a detailed description of their priority population for their proposed program/intervention that includes information on demographics, geographics, community and culture. They must identify three adaptations necessary for their proposed program or intervention to meet the needs of their population.
9. Design a population-based policy, program, project, or intervention.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 2: Planning Model. Students will use an established public health planning model to develop a plan to address their topic of interest and population. They will describe the steps or phases of the model specific to their topic.
10. Explain basic principles and tools of budget and resource management.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 7: Developing a Budget. Students will use a template to create a budget for their proposed intervention that reflects the proposed activities and inputs. The budget will include a narrative justification. In addition to the budget, students will develop a brief resource management plan to address how funds and resources will be allocated, monitored, and managed after funding is secured. This plan should include strategies for tracking expenses and ensuring funds are used efficiently, a description of roles and responsibilities for budget oversight, approaches to managing unexpected costs or resource shortages, consideration of sustainability and how resources will be managed beyond the funding period, if applicable.
11. Select methods to evaluate public health programs.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 6: Evaluation Plan. Students will write evaluation questions and create an evaluation plan using a template, describing their chosen intervention's

		formative, process, outcome, and impact evaluation components.
Policy in Public Health		
12. Discuss the policymaking process, including the roles of ethics and evidence.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Dimension of Policy and Testimony on Local/State/ Federal/International Levels. Students will identify a legislative bill being proposed, debated, or implemented and write a summary of it, including how the bill was developed and introduced, what evidence and data were used, where the bill is in process, and how the bill or policy would impact public health. Students will also write a letter to an elected official sharing their viewpoints and testimony on the bill.
13. Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Stakeholder Analysis Assessment. After learning about the importance and methods of stakeholder analysis, students will complete a stakeholder analysis template looking at the impact, influence, and contributions or detriments of a potential stakeholder, as well as strategies for engaging stakeholders.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Dimension of Policy and Testimony on Local/State/ Federal/International Levels: Students will identify a legislative bill being proposed, debated, or implemented and write a summary of it, including how the bill was developed and introduced, what evidence and data were used, where the bill is in process, and how the bill or policy would impact public health. Students will also write a letter to an elected official sharing their viewpoints and testimony on the bill.
15. Evaluate policies for their impact on public health and health equity.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Dimension of Policy and Testimony on Local/State/ Federal/International Levels - Bill Summary & Position Statement - Students will write a two-page summary/description of a public health bill, detailing who introduced it, when it was introduced, and when a public hearing is scheduled. The summary must evaluate the bill's potential impact on public health and health equity, discussing how it addresses or exacerbates disparities. Students will state their position (opponent/proponent) and how they would testify, incorporating evidence from relevant literature to support their position and testimony.
Leadership		

16. Apply leadership and/or management principles to address a relevant issue.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539 Leadership Assessments and Reflections assignment. Students complete several leadership and/or management assessments and write a reflection applying their results to a specific scenario.
17. Apply negotiation and mediation skills to address organizational or community challenges.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Leadership Assessments and Reflections. Students write a conflict style reflection paper. Following a Thomas-Kilmann Instrument (TKI) workshop, students will write a reflection on their conflict style and how they can use that information in various situations. Students also identify a current or past workplace or school conflict and write a brief description of the conflict and the other person involved in the conflict, with a highlight of relevant personality and conflict mode preferences for themselves and the other person involved in the conflict. Describe how this information may be used to manage the conflict effectively and how they may need to flex to ensure resolution. They plan for a difficult conversation using the conflict scenario identified above and taking into consideration the information regarding personality and conflict modes, plan for a difficult conversation using the seven steps outlined in Crucial Conversations with actions they would take in each step.
Communication		
18. Select communication strategies for different audiences and sectors.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Final Project: Policy Brief and Infographic. Each team of students will select a bill or legislation and develop a high-caliber two-page policy brief and a one-page infographic, each intended for a different audience. Each team will provide information to explain how their infographic is usable across cultures. Students will also develop and produce a professional caliber oral presentation.
	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Final Project: Mini Poster. Students will use their prior course assignments to create a mini poster describing their project plan, intervention, and evaluation methods. Students will present the information in a way that is appropriate and accessible for all stakeholders.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation, to a non-academic, non-peer audience with	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Final Project: Policy Brief and Infographic. Each team of students will select a bill or legislation and develop a high-caliber two-page policy brief and a one-page infographic, each intended for a different audience. Teams will provide data to help explain how their infographic is usable across cultures. Students will also develop and produce a professional-level oral presentation.

attention to factors such as literacy and health literacy.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Assignment 1: Infographic. Students develop a one-page infographic on a chosen public health topic and population that highlights the magnitude, seriousness, and economic impact of the selected public health issue. Students will include potential questions that would need to be answered to address the public health issue.
20. Describe the importance of cultural humility in communicating public health content.	CPH 539/HPRO 895 – Leadership and Advocacy	CPH 539: Discussion board – Danger of a Single Story. Students reflect on how single stories and stereotypes affect how we understand and communicate public health issues, particularly in diverse cultural contexts.
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health.	Required University Interprofessional Education (IPE) Activities	IPE Days: Each student is invited to attend an institution-wide IPE Day. Students first learn about the importance of interprofessional teamwork from a team of healthcare professionals representing multiple fields who discuss an actual adverse outcome that resulted because of communication breakdowns. Students then work in small groups representing multiple fields on case studies focused on group communication, teamwork, and interprofessional practice while being evaluated by healthcare professionals. Students meet again the next semester to discuss assumptions about healthcare professions, interview professionals, and develop a code of ethics regarding professional behavior. More information is available at https://www.unmc.edu/academicaffairs/educational/ipe/ipe-days.html .
Systems Thinking		
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative.	CPH 514/HPRO 814 – Planning and Evaluation	CPH 514: Discussion Board: Systems Thinking Concept Map. Each student will develop original posts where they are tasked with applying a systems thinking tool to develop a concept map. Additionally, students must respond to at least two of their peers' original posts.

4) Provide supporting documentation for each assessment activity listed in Template D2-2. Documentation should include the following, as relevant, for each listed assessment:

- assignment instructions or guidelines as provided to students
- writing prompts provided to students
- sample exam question(s)

These materials can be found in the ERF at ERF->D->D2.

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

These materials can be found in the ERF at ERF->D->D2.

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

Strengths:

- COPH maps competencies to learning objectives and assessments in each course syllabus so they are easy to identify. The course assessments are designed with the framework of public health practice as much as possible. Each course includes multiple assessments designed for adult learners.
- COPH core courses were “blueprinted” in 2023 and 2024, which means that the content and assessments remain the same, no matter which faculty member teaches the courses and no matter if they are taught online or on-campus. This ensures the high quality of the courses, and that content cannot be changed at will by faculty.

Weaknesses:

- The current structure of IPE Days excludes online students since it is based on campus.
- COPH students struggle with understanding the purpose of their involvement with the IPE Days.

Plans for Improvement:

- To address the challenges with IPE, COPH has been collaborating with Tulane University (New Orleans, LA) and the University of Texas Medical Branch (Galveston, TX) since 2021 to develop IPE e-learning modules that will be required of all COPH MPH students in the 2025–2026 AY. These modules are based on the Interprofessional Education Collaborative core competencies: (1) values and ethics, (2) roles and responsibilities, (3) communication, and (4) teams and teamwork. These modules are designed to educate students on how to meaningfully engage in interprofessional teams and understand the role of public health on the teams. Students must complete the modules as part of a zero-credit hour curriculum through Canvas. The modules are approximately 10 minutes each and include opportunities to reflect on the content. A pilot of the modules will occur in Fall 2025. After completing the modules, students must participate in an interprofessional team and provide documentation and reflection of the experience. Participation and progress of students will be monitored by the academic program support specialist (APSS).

CRITERIA D:

D3. DrPH Foundational Competencies

D3. DrPH Foundational Competencies

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

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* DrPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc.

- 1) List the coursework and other learning experiences required for the school’s DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree.

Part A: Foundational Requirements for DrPH Degree – Students Entering 2024–2025 and Forward		
Course Number	Course Name	Credits (if applicable)
Foundational Courses for All DrPH Students Regardless of Concentration		
CPH 700	Health Equity and Community Engagement	3
CPH 704	Advocacy and Policy Engagement	3
CPH 705	Public Health Teaching and Training	3
CPH 707	Advanced Public Health Leadership and Management	3
CPH 711	Communication for Public Health Leaders	3
CPH 712	Systems and Strategic Thinking	3
TOTAL FOUNDATIONAL CREDITS		18

Part B: Concentration Requirements for DrPH Degree in Advocacy and Leadership		
Course Number	Course Name	Credits (if applicable)
APEX and ILE Courses (as applicable)		
CPH 798	DrPH Practicum	6
CPH 799	DrPH Integrative Learning Experience	6
Concentration Courses for Advocacy and Leadership Concentration		
CPH 718	Leadership Theory and Practice	3
CPH 730	Advanced Evaluation and Quality Improvement	3
CPH 731	Community Organizing and Advocacy	3
CPH 757	Survey Research Methods	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	12
Requirements for Degree Completion Not Associated With a Course (if applicable)		
	Digital Portfolio	
TOTAL CONCENTRATION CREDITS		36

Part B: Concentration Requirements for DrPH Degree in Emergency Preparedness Students Entering 2024–2025 and Forward		
Course Number	Course Name	Credits (if applicable)
APEX and ILE Courses (as applicable)		
CPH 798	DrPH Practicum	6
CPH 799	DrPH Integrative Learning Experience	6
Concentration Courses for Emergency Preparedness Concentration		
CPH 729	Disaster Law and Policy	3
CPH 726	Exercise Design	3
CPH 727	Managing Complex Disasters	3
CPH 732	Research Methods for Advanced Public Health Practice	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	12
Requirements for Degree Completion Not Associated With a Course (if applicable)		
	Digital Portfolio	
	TOTAL CONCENTRATION CREDITS	36

Part B: Concentration Requirements for DrPH Degree in Epidemiology		
Course Number	Course Name	Credits (if applicable)
APEX and ILE Courses (as applicable)		
CPH 798	DrPH Practicum	6
CPH 799	DrPH Integrative Learning Experience	6
Concentration Courses for Epidemiology Concentration		
CPH 621	Applied Epidemiology	3
CPH 626	Health Information and Surveillance for Public Health Practice	3
CPH 746	Epidemiology in Public Health Practice	3
CPH 757	Survey Research Methods	3
Electives (as applicable)		
Electives	<i>Insert total number of credits in the last column</i>	12
Requirements for Degree Completion Not Associated With a Course (if applicable)		
	Digital Portfolio	
	TOTAL CONCENTRATION CREDITS	36

2) Provide a matrix, in the format of Template D3-2, that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.

Assessment of Competencies for DrPH (all concentrations) – Students Entering 2024–2025 and Forward		
Competency	Course Number and Name	Describe Specific Assessment Opportunity
Data and Analysis		
1. Explain qualitative, quantitative, mixed methods, and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community, and population) levels	CPH 711/ENV 911 – Communication for Public Health Leader	CPH 711: Communication Case Analysis. Students will select a good and bad example of public health communication. They will complete a case analysis of each example by: identifying the public health message, including an explanation of the underlying qualitative, quantitative, or mixed methods data used to support the message, an analysis of the policy driving the message or how it could be used to influence policy gaps, how the public responded to the message, and an after-action review with an evaluative assessment of how the language could be improved.
	CPH 712/HSRA 912 – Systems and Strategic Thinking	CPH 712: Case Studies. Students will participate in three group discussion boards and discuss case studies, including challenges and barriers to implementation planning, policy implications, using CHNA data for planning, and systems thinking/data-driven decision-making. Students will be divided into small group discussions to address the case study prompts. Each student will develop an original post and respond to their peers. Each student will be individually assessed based on the quantity of discussion posts, synthesis of learning, and the relation of the learning content to the case study.
2. Design a qualitative, quantitative, mixed methods, policy analysis, or evaluation project to address a public health issue.	CPH 712/HSRA 912 – Systems and Strategic Thinking	CPH 712: Project, Part 1: Identify and Survey Stakeholders. Students will identify the organization and key stakeholders to include characteristics, evaluate accessible data (external/internal), survey the key stakeholders, and write a three-page report.
3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring, and evaluating policies and programs and to address a population's health.	CPH 712/HSRA 912 – Systems and Strategic Thinking	CPH 712: Project Part 6: Stakeholder Report. Students will combine and synthesize project parts 1-5 and create a stakeholder report that includes the identity and survey of stakeholders, the environmental assessment, the strategic plan with at least three goals, the implementation plan and performance measures, and the business plan/budget.
Leadership, Management, and Governance		

<p>4. Propose strategies for health improvement and elimination of health inequities by organizing partners, including researchers, practitioners, community leaders, and others.</p>	<p>CPH 700/HPRO 900 – Health Equity and Community Engagement</p>	<p>CPH 700: Project, Part 4: Community Organization Paper. Students will choose a specific health topic and population and create a concept map demonstrating how these concepts interact, influence one another, and contribute to health outcomes within the chosen population. The map should consider direct and indirect relationships, multilevel factors, and align with the conceptualized community organization.</p>
<p>5. Communicate public health science to diverse audiences, including individuals at all levels of health literacy, for purposes of influencing behavior and policies.</p>	<p>CPH 711/ENV 911 – Communication for Public Health Leaders</p>	<p>CPH 711: Written Communications for the Public. Students will create a public health memo or press release on a public health topic that could be deemed controversial. The memo or press release must convey clear and credible messaging with at least two actionable items for the public using transparent communication strategies.</p>
<p>6. Integrate knowledge, approaches, methods, values, and potential contributions from multiple professions, sectors, and systems in addressing public health problems.</p>	<p>CPH 704/HPRO 904 – Advocacy and Policy Engagement</p>	<p>CPH 704: Policy Assessment Project, Part 1: Policy Analysis. Students will identify a policy and provide a two- to three-page analysis. In the analysis, students will integrate knowledge and approaches from multiple fields to demonstrate how collaboration and input from diverse stakeholders enhance the policy’s development and effectiveness.</p>
	<p>CPH 707/HPRO 907: Advanced Public Health Leadership and Management</p>	<p>CPH 707: Implementing Organizational Change Paper. Students will write a 12- to 15-page paper on implementing organizational change within a public health organization. The paper will discuss the importance of change management in public health organizations and offer insights into the potential benefits achieved through successful change implementation.</p>
<p>7. Create a strategic plan.</p>	<p>CPH 712/HSRA 912: Systems and Strategic Thinking</p>	<p>CPH 712: Project, Part 3: Create a Strategic Plan With at Least Three Goals. Students will create a three-page strategic plan for three goals based on the stakeholder survey and environmental scan that enables the organization to determine the path forward.</p>

8. Facilitate shared decision-making through negotiation and consensus-building methods.	CPH 707/HPRO 907 – Advanced Public Health Leadership and Management	CPH 707: Implementing Organizational Change Paper. Students will select their current organization or another active organization and write a 12–15-page paper on implementing organizational change in a public health organization. In this paper, students will work with leadership on change management strategies that include shared-decision making, negotiation, pilot testing, training programs, performance monitoring, and consensus-building methods.
9. Create organizational change strategies.	CPH 707/HPRO 907 – Advanced Public Health Leadership and Management	CPH 707: Implementing Organizational Change Paper. Students will select their current organization or another active organization and write a 12–15-page paper on implementing organizational change in a public health organization. In this paper, students will work with leadership on change management strategies that include shared-decision making, negotiation, pilot testing, training programs, performance monitoring, and consensus-building methods.
10. Propose strategies to promote inclusion within public health programs, policies, and systems.	CPH 700/HPRO 900 – Health Equity and Community Engagement	CPH 700: Conceptualize a Community Organization that Addresses Social Determinants of Health, Parts 1–5. Throughout the course, students will develop a comprehensive concept for a community organization that addresses social health determinants. Projects include a concept map, community asset map, community organization paper, and a public service announcement video.
11. Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency.	CPH 700/HPRO 900 – Health Equity and Community Engagement	CPH 700: DEI Statement. Students will use guided worksheets throughout the semester to craft a DEI statement. After completing the two guided worksheets to determine the content for their statement, students will complete a draft version. Once the draft version has been graded and feedback has been received, the students will use that feedback to write a final version to be included in their portfolio.
	CPH 707/HPRO 907 – Advanced Public Health Leadership and Management	CPH 707: Leadership Philosophy Statement. Students will write a one-page (both a draft and a final version) personal leadership philosophy statement. The statement must present the student’s

		leadership style and beliefs, include examples that illustrate their philosophy, and explain how their philosophy will guide their future leadership development.
12. Propose human, fiscal, and other resources to achieve a strategic goal.	CPH 712/HSRA 912 – Systems and Strategic Thinking	CPH 712: Project, Part 5: Write a Business Plan With a Supporting Budget. Students will write a 3-page business plan for the organization and create a budget for the implementation and execution of the strategic goals. The plan will identify specific funders, grant opportunities, or fundraising mechanisms to support the implementation of strategic goals. Include potential partnerships with stakeholders or sectors that can provide additional resources or funding.
13. Cultivate new resources and revenue streams to achieve a strategic goal.	CPH 712/HSRA 912 – Systems and Strategic Thinking	CPH 712: Project, Part 5: Write a Business Plan with a Supporting Budget: Students will write a three-page business plan for the organization and create a budget for the implementation and execution of the strategic goals. The plan will identify specific funders, grant opportunities, or fundraising mechanisms to support the implementation of strategic goals. Include potential partnerships with stakeholders or sectors that can provide additional resources or funding.
Policy and Programs		
14. Design a system-level intervention to address a public health issue.	CPH 700/HPRO 900 – Health Equity and Community Engagement	CPH 700: Conceptualize a Community Organization that Addresses Social Determinants of Health, Parts 1–5. Throughout the course, students will develop a comprehensive concept for a community organization that addresses social health determinants. Projects include a concept map, community asset map, community organization paper, and a public service announcement video.
15. Integrate community-informed knowledge, such as cultural values and practices, in the design of public health policies and programs.	CPH 700/HPRO 900 – Health Equity and Community Engagement	CPH 700: Conceptualize a Community Organization that Addresses Social Determinants of Health, Parts 1–5. Throughout the course, students will develop a comprehensive concept for a community organization that addresses social health determinants. Projects include a concept map, community asset map, community organization paper, and a public service announcement video.

	CPH 704/HPRO 904 – Advocacy and Policy Engagement	CPH 704: Group Case Study, Health Equity. Students will participate in three group discussion boards focusing on approaches to policy engagement, policies impacting health equity, and relationships with elected officials.
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks, and varied stakeholder interests in policy development and analysis.	CPH 704/HPRO 904 – Advocacy and Policy Engagement	CPH 704: Policy Assessment Project. Throughout the semester, each student will complete various components of a policy assessment to culminate in a policy paper (Part 4) and a policy brief (Part 5) that includes a full analysis and recommendations. Students may select the policy of their choice to assess; this may be an organizational policy or one at the local, state, or federal level.
17. Propose interprofessional and/or intersectoral team approaches to improving public health.	CPH 704/HPRO 904 – Advocacy and Policy Engagement	CPH 704: Legislative Testimonial. Students will select a legislative bill (the bill can be past or current, at any level) and provide an oral testimony in support of or opposition to the bill. The three- to five-minute video will cover the purpose of the testimony, background information, statement of position, evidence, and recommendations. Students will discuss how team-based approaches from various sectors and professions could enhance the implementation, impact, or sustainability of the legislation
Education and Workforce Development		
18. Assess an audience's knowledge and learning needs.	CPH 705 – Public Health Teaching and Training	CPH 705: Needs Assessment. Students will conduct a needs assessment for the proposed public health training project outlined in the module plan using the four phases: planning, collecting data, analyzing data, and identifying/recruiting participants.
19. Deliver training or educational experiences that promote learning in academic, organizational, or community settings.	CPH 705 – Public Health Teaching and Training	CPH 705: Teaching/Training Project: Students will use the overarching public health teaching/training module designed in Week 4 to complete a needs assessment, evaluation plan, three teaching/training modules, and build content (assessment, presentation, and activity) in addition to an evaluation assessment of their modules. Students will design and submit a PowerPoint, session outline, student/trainee handout, assessment, and session evaluation.

20. Use best practice modalities in pedagogical practices.	CPH 705 – Public Health Teaching and Training	CPH 705: Teaching/Training Project. Students will use the overarching public health teaching/training module designed in Week 4 to complete a needs assessment, evaluation plan, three teaching/training modules, and build content (assessment, presentation, and activity) in addition to an evaluation assessment of their modules. They will design and submit a PowerPoint, session outline, student/trainee handout, assessment, and session evaluation.
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- 3) Provide supporting documentation for each assessment activity listed in Template D3-2. Documentation should include the following, as relevant, for each listed assessment:
- assignment instructions or guidelines as provided to students
 - writing prompts provided to students
 - sample exam question(s)

This documentation can be found in the ERF at ERF->D->D3.

- 4) Include the most recent syllabus from each course listed in Template D3-1, or written guidelines, such as a handbook, for any required elements listed in Template D3-1 that do not have a syllabus.

This documentation can be found in the ERF at ERF->D->D3.

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

Strengths:

- The DrPH core curriculum is the same for all concentrations to ensure that students have appropriate grounding in foundational public health knowledge. The DrPH program matriculated its first cohort in Spring 2021. After receiving feedback from these first groups of students, program administration quickly recognized the need to update the core curriculum. From August 2022 through June 2023, a comprehensive and inclusive process was used to update the DrPH core curriculum.
- In August 2022, we held an initial meeting, organized as a focused conversation, where we discussed what general skills were needed by graduates of a DrPH program. We included several external partners who serve in leadership positions in local and state health departments. Current students in the DrPH program, all of whom work in various sectors of public health, were also included. Using this feedback and the de Beaumont Foundation’s strategic skills guidance as a framework, a revision to the core curriculum was proposed and then shared back with the group for additional feedback. This led to the identifications of skills that DrPH graduates need to be successful leaders in public health. These skills were used as a framework to establish program course concepts and competencies. Current DrPH students were included in the process. Once it was decided which courses were to be included in the revised core curriculum, workgroups were established to develop the syllabi for each course. External partners and current DrPH students participated in these workgroups. The revised DrPH core curriculum was implemented in the Fall 2024 semester.

Weaknesses and Plans for Improvement: None identified.

CRITERIA D:

D4. MPH & DrPH Concentration Competencies

D4. MPH & DrPH Concentration Competencies

The school defines at least five distinct competencies for each concentration or generalist degree at each degree level. These competencies articulate the unique set of knowledge and skills that justifies awarding a degree in the designated concentration (or generalist degree) and differentiates the degree offering from other concentrations offered by the unit, if applicable.

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D2 and D3.

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

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

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

Assessment of Competencies for MPH in Biostatistics Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Employ effect size, sample size, and power calculations in the design or interpretation of studies as appropriate for the specific research questions and hypotheses.	CPH 517/BIOS 835 – Design of Medical Health Studies	CPH 517: Homework 1–4. Students will complete written critiques of the design, analysis, and interpretation of published articles in medical or public health literature. Also, students will complete assignments to calculate sample size and randomization schedules.
2. Apply appropriate statistical methods of estimation and inference using a software package for data management, statistical analyses, and data presentation.	CPH 652/BIOS 818 – Biostatistical Linear Models: Methods and Application	CPH 652: Mini Projects 1–4. Students will complete mini projects throughout the semester that cover linear regression, inference, model fit, ANOVA, ANCOVA, inference, prediction, diagnostics, and mixed effects linear models. All projects will be completed in SAS or R.
	CPH 651/BIOS 810 – Introduction to SAS Programming	CPH 651: Final Project. Students will complete a final data analysis project in SAS where they apply the programming and analysis methods covered in class to a public health dataset and write up a summary of the analysis findings.

3. Apply statistical methods for quality control and data cleaning to already collected data, verify assumptions of statistical tests and models, and implement appropriate methods to address any issues discovered.	CPH 652/BIOS 818 – Biostatistical Linear Models: Methods and Application	CPH 652: Final Exam. Students will complete a final exam where they apply the statistical methods taught throughout the course.
	CPH 651/BIOS 810 – Introduction to SAS Programming	CPH 651: Homework Assignments 1–10: Students will complete weekly assignments that cover reading in data, formatting data, cleaning data, IF-THEN statements, PROC statements, exporting data, and statistical testing.
4. Develop written and oral presentations based on statistical findings for both public health professionals and lay audiences.	CPH 517/BIOS 835 – Design of Medical Health Studies	CPH 517: Grant Proposal and Presentation. Students will work in groups to write a grant proposal that includes the study design, study conduct, data management procedures, data analysis plan, specific aims, background, significance, methods, and human subjects. Additionally, students will orally defend their proposals during a mock site visit. Students are responsible for individual portions of the group project, and so are assessed individually on those portions.
	CPH 653/BIOS 823 – Categorical Data Analysis	CPH 653: Journal Club. Students will sign up for a journal club week and present one article from their own field of study or area of interest that is related to recent course materials.
5. Evaluate the strengths and limitations of study design and statistical analyses of public health and biomedical studies.	CPH 517/BIOS 835 – Design of Medical Health Studies	CPH 517: Homework 1–4. Students will complete written critiques of the design, analysis, and interpretation of published articles in medical or public health literature. Students will also calculate sample size and randomization schedules.
	CPH 652/BIOS 818 – Biostatistical Linear Models: Methods and Application	CPH 652: Article Critique. Students will select a recent original research article on a public health or medical research topic that uses a linear model to help in drawing their conclusion. The critique must be in the form of a rebuttal suitable for publication.
6. Communicate ethical consideration in research, study design, and data handling, analysis, and interpretation.	CPH 517/BIOS 835 – Design of Medical Health Studies	CPH 517: Ethics Quiz. Students will complete a clinical research ethics quiz that is combined with their homework grade.

Assessment of Competencies for MPH in Emergency Preparedness Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Identify adverse events and coordinate responses within the scope of authority and chain of command.	CPH 554 – Emergency Preparedness: Respond and Recovery	CPH 554: FEMA Incident Command Certification: International Disaster Review Paper. Student will select and research a disaster that happened in the last 15 years. Students will write a five-page paper that describes the event and discusses the successes and gaps in the response.
	CPH 631 – Emergency Preparedness: Protection	CPH 631: Critical Infrastructure Paper. Students will choose an area of interest and write a five-page paper detailing both how preparedness planning will assist the sector and how vulnerable a community is to a disruption in service from this infrastructure.
2. Recognize protective behaviors in responders' actions during disasters and recommend appropriate adjustments.	CPH 554 – Emergency Preparedness: Respond and Recovery	CPH 554: Psychological First Aid course – students complete the online psychological first aid course and upload the certificate of completion.
3. Research and analyze epidemiological, environmental, or health data from previous and current disaster responses.	CPH 554 – Emergency Preparedness: Respond and Recovery	CPH 554: Peer-Reviewed Article Critique. Students will write a five-page critical review of an article published in a peer-reviewed journal.
	CPH 631 – Emergency Preparedness: Protection	CPH 631: Emerging Infections Paper/Presentation: Student Paper. Students will act as a local emergency response coordinator and write a five- to seven-page paper that describes their plans for responding to an emerging infectious disease. They will describe disease transmission, treatment options, isolation guidelines, vaccination, nonpharmaceutical interventions, and how the community will respond, given the guidance.
4. Summarize, coordinate, and direct the management of information for incident action planning.	CPH 550 – Emergency Preparedness: Prevention	CPH 550: ESF Recorded Presentation. Students will select any Emergency Support Function (ESF) from the National Response Framework and record an 8- to 10-minute lecture highlighting the key components of the ESF (e.g., activities, governing/partner agencies, examples of when utilized, etc.).
5. Research and implement organizational capabilities for disaster	CPH 550 – Emergency Preparedness: Prevention	CPH 550: Training and Exercise Plan. Students will develop a comprehensive training and exercise plan for a hypothetical entity.

preparedness and response.	CPH 554 – Emergency Preparedness: Respond and Recovery	CPH 554: Mass Dispensing Plan Paper. Students will be assigned a hypothetical site in their neighborhood and must plan for their site to become a mass dispensing clinic for an anthrax event. Students are required to write a 10-page paper on the topic.
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Assessment of Competencies for MPH in Environmental and Occupational Health Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Analyze sources of exposure in the workplace and the environment that can cause health risks to humans or degradation of ecosystems.	CPH 503 – Public Health, Environment, and Society	CPH 503: Research Paper. Students will write a paper on a topic of their choice. Suggested topics are provided, but other topics are also acceptable within the environmental and occupational health discipline. All topics includes the analysis of environmental and workplace exposures and their impact on human health.
2. Examine exposures and pathways for environmental and occupational agents associated with human injuries and diseases.	CPH 594 – Environmental Exposure Assessment	CPH 594: Presentation. Students will conduct in-depth research from a list of topics provided by the instructor that examines exposures and pathways associated with human injuries and diseases. Students will then formally present their findings to the class.
3. Compare and contrast specific symptoms and health outcomes associated with occupational and environmental exposures.	CPH 597 – Principles of Toxicology	CPH 597: Exam 2. The students' second exam will cover physiological symptoms and health hazards associated with specific occupational and environmental exposures.
4. Apply genetic and physiological factors that affect susceptibility to adverse health outcomes following exposure to environmental and occupational hazards.	CPH 503 – Public Health, Environment, and Society	CPH 503: Assignment 3. This assignment will cover toxicology and carcinogenesis.
	CPH 597 – Principles of Toxicology	CPH 597: Exam 3. This exam will cover numerous topics related to toxicology, including carcinogenesis, metabolism of chemicals, and how genetic polymorphisms can affect this and alter a person's response to a chemical.
5. Apply the dose-response principle in assessing risk from occupational and environmental exposures.	CPH 503 – Public Health, Environment, and Society	CPH 503: Quiz 2. This quiz will cover topics related to toxicology that include the dose-response principle related to occupational and environmental exposures.
	CPH 597 – Principles of Toxicology	CPH 597: Student Presentation. At the end of the semester, students are asked to prepare and give a 10-minute PowerPoint presentation about a toxin that is related to their own life experience (e.g., work, household, environment, academia).

6. Develop and implement methodologies for measurement and estimation of workplace and environmental exposures.	CPH 590 – Elements of Industrial Safety	CPH 590: Assignment 1 Job Hazard Analysis- Students are tasked with developing a job hazard analysis that includes the methodologies and measurement of workplace and environmental hazards.
7. Employ measures to control workplace injury and illness, including engineering, education, regulations, incentives, and best practices.	CPH 590 – Elements of Industrial Safety	CPH 590: Assignment 2 Site Visit. Students will visit a local facility in industry and record detailed observations and reactions related to occupational safety and health controls.
	CPH 598 – Fundamentals of Industrial Hygiene	CPH 598: Exam 2. Students will be assessed on all topics throughout the course, including engineering controls, personal protective equipment, and biological hazards.
8. Examine information sources and public health indicators in occupational and environmental health.	CPH 503 – Public Health, Environment, and Society	CPH 503: Second Presentation. Each student will give a five-minute PowerPoint presentation to the class about a news article covering an environmental or occupational health problem from an English language news media source published within the past six months.
	CPH 598 – Fundamentals of Industrial Hygiene	CPH 598: Student Presentation. Students are expected to conduct in-depth research from a list of topics provided by the instructor in combination with a site visit that they arrange. Students will distill their findings into a 15- to 20-minute presentation that they record on PowerPoint or Zoom.

Assessment of Competencies for MPH in Epidemiology Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Determine strengths and weaknesses of the scientific literature and synthesize the evidence to inform public health practice.	CPH 628 – Epidemiologic Methods	CPH 628: Paper Critiques. Throughout the semester, students will be responsible for completing five epidemiology paper critiques. Students will assess the strengths and weaknesses of epidemiological literature to inform public health practice.
2. Apply appropriate study designs and data collection methods to answer specific epidemiologic questions and address public health issues.	CPH 628 – Epidemiologic Methods	CPH 628: Homework Assignment 3. This assignment covers measures of association, Cohort, cross-sectional, and case-control studies.
3. Analyze datasets using computer software.	CPH 651 – Introduction to SAS Programming	CPH 651: Final Project. Students will complete a final project in SAS that requires students to apply the programming and analysis methods covered in class to a public health dataset. Students will also write a summary of the analysis findings.

4. Utilize analytical approaches to describe, summarize, and interpret epidemiologic data.	CPH 628 – Epidemiologic Methods	CPH 628: Midterm and Final Exams. Students will be assessed on their ability to describe, summarize, and interpret epidemiological data.
	CPH 621 – Applied Epidemiology	CPH 621: Exams. Each exam will address learning objectives covered in the lectures. The exams include analysis of data in SAS and interpretation of output or published studies, calculations, or SAS analyses and multiple choice, true-false, short-answer questions.
5. Apply principles of ethical conduct, cultural sensitivity, and social justice to public health research and practice.	CPH 628 – Epidemiologic Methods	CPH 628: Paper Critiques. Throughout the semester, students will be responsible for completing five epidemiology paper critiques. These article critiques will cover ethical conduct in research, cultural sensitivity, and social justice in public health research and practice.

Assessment of Competencies for MPH in Health Promotion Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Apply scientific theories and models in planning health promotion programs, policy, systems, and environmental change strategies.	CPH 501 – Health Behavior	CPH 510: Paper 1. Students will select one of the four major individual theories of health behavior (TRA or TPB, SCT, HBM, IBM) and analyze the selected behavior in terms of that theory.
	CPH 505 – Applied Research in Public Health	CPH 505: Article Reviews. Students will read and review four separate articles throughout the semester. Students will critically analyze each article's methodology and design. Additionally, students will participate in group discussions with classmates to further explore the articles' content and implications.
	CPH 545 – Health Disparities and Health Equity	CPH 545: Reflection Paper. Students will write a reflection paper on the epidemiological profile of racial and ethnic groups and the theories of racial and ethnic differences in health. The paper should be no more than 500 words.
2. Analyze and address context and key factors relevant to the implementation of evidence-informed health promotion strategies.	CPH 534 – Interventions in Health Promotion	CPH 534: Final Paper. Students will write an 8- to 10-page paper reflecting on their volunteer experience and detailing the intervention they supported. The paper will detail how the intervention and experience aligned with concepts covered in the course (e.g., level of intervention, theoretical underpinnings, frameworks, how public health ethics were applied). Students will use these concepts to explain the intervention's success or failure and make recommendations to improve the intervention.

	CPH 545 – Health Disparities and Health Equity	CPH 545: Reflection Paper. Students will write a reflection paper addressing disparities through resource allocation and practical solutions. The paper should be no more than 500 words.
3. Develop rigorous projects to improve public health outcomes, community wellbeing, and reduce health disparities.	CPH 505 – Applied Research in Public Health	CPH 505: Discussion Boards and Final Group Project. Students complete discussion boards individually throughout the course, which culminate in a research proposal including sections for introduction and background, methods, plan for disseminating the findings, and contribution to the field. Students will complete a formal peer evaluation that is a 5-question, 4-point numerical rating of team members' contributions.
4. Demonstrate skills needed to coordinate and facilitate community partnerships to prioritize community needs, identify community assets, and create action to improve public health outcomes and reduce health disparities.	CPH 534 – Interventions in Health Promotion	CPH 534: Midterm Paper. Students will volunteer at a local community organization that delivers health promotion programs and interview a leader within the organization. Students will use the information provided in Weeks 6 and 7 to develop a one- to two-page interview guide. Students will then write a three- to four-page reflection detailing the interview results. Required components of the paper are an overview of the organization, its target population(s), a short biography of the interview subject, and a summary of the interview findings.
5. Apply administrative and management plans for health promotion strategies using a systems approach.	CPH 545 – Health Disparities and Health Equity	CPH 545: Documentary. Students will develop a documentary that successfully analyzes successes and failures of major interventions aimed at reducing/eliminating health disparities or successfully proposes a multilevel intervention to address the health disparity.

Assessment of Competencies for MPH in Maternal and Child Health Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Examine the historical development of maternal and child health (MCH) public policies and practices in the US for federal, state, and local agencies and programs serving MCH populations and analyze the current gaps in MCH services and programs.	CPH 546 – Introduction to Maternal and Child Health	CPH 546: Paper series – Examining an MCH Issue/Topic and Prevention Strategies: students will focus on a single MCH issue for a specific population and geographic location. Each student will investigate the epidemiology of the issue, examine what is known about the issue (protective and risk factors), and identify resources (e.g., policies, practices, and/or programs) that exist. Components of both the Life Course Theory perspective and the ecological model will be used to frame the different components of the project and provide a comprehensive understanding of the MCH issue chosen. The project will be divided into 3 different papers (each worth 100 points), each of

		which build on the prior papers and contributes to the final project grade.
	CPH 547 – Maternal and Child Health Theories and Interventions	CPH 547: Local Expert Interviews Paper. Students will interview at least two local experts on their topic about the risk factors that are most relevant to their topic in the chosen city. The chosen experts will be familiar with policies and programs already in place, unmet needs, and characteristics of subpopulations of interest related to the student’s chosen topic.
2. Apply the life course perspective in addressing health, diseases, and behaviors of MCH populations.	CPH 546 – Introduction to Maternal and Child Health	CPH 546: Paper series – Examining an MCH Issue/Topic and Prevention Strategies: students will focus on a single MCH issue for a specific population and geographic location. Each student will investigate the epidemiology of the issue, examine what is known about the issue (protective and risk factors), and identify resources (e.g., policies, practices, and/or programs) that exist. Components of both the Life Course Theory perspective and the ecological model will be used to frame the different components of the project and provide a comprehensive understanding of the MCH issue chosen. The project will be divided into 3 different papers (each worth 100 points), each of which build on the prior papers and contributes to the final project grade.
3. Identify the key public health issues for MCH populations at the local, state, national, and global levels.	CPH 546 – Introduction to Maternal and Child Health	CPH 546: Op-Ed Presentation - For this assignment, students will select a relevant health topic in MCH that they consider 1) to be of social importance, 2) for which there is disagreement or more than one approach to a solution, and 3) for which some group will need to be convinced through persuasive argument. Students will make a policy argument in favor of a position. They must consider the health implications, tradeoffs, what populations are impacted by the different options, economic costs and benefits to society, and overall societal welfare in their Op-Ed. Students will present the op-ed on the MCH issue of their choice to the class in a 5-minute voice-over slide deck style presentation and post it on the Canvas discussion board for peer review/feedback. While grounded in opinion, the student’s opinion must be supported by scientific evidence.
4. Examine how the major determinants of health and disease affect the MCH populations at the local, state, national, and global levels.	CPH 548 – Life Course Health	CPH 548: Childhood Fact Sheet. Students will develop a childhood fact sheet that includes five major sections: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

5. Develop rigorous projects to improve the health and to reduce inequalities and inequities of MCH populations.	CPH 547 – MCH Theories and Interventions	CPH 547: Socioeconomic/Contextual Interventions Paper. Each student will write a paper relevant to their chosen topic and city. The paper should include two sections. The first section should include a table that summarizes four evidence-based or promising socioeconomic or contextual interventions most relevant to a student's selected topic and city. The second section should discuss the risk factors the student's socioeconomic and contextual interventions would reduce.
	CPH 548 – Life Course Health	CPH 548: Maternal and Child Health Agency Critique. Each student will pick a real agency that provides maternal and child health services and write a reflection paper that addresses several issues the agency faces. Examples of agencies include public health departments (or departments within public health departments), nonprofits, nongovernmental organizations, and clinics.

Assessment of Competencies for MPH in Public Health Administration and Policy Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Demonstrate the skills to analyze and resolve organizational issues through a multidisciplinary, systems-based approach.	CPH 502 – Health Services Administration	<p>CPH 502: SBAR Presentation - Students will create a 4 to 5-minute video presentation applying the SBAR (Situation, Background, Assessment, Recommendation) framework to a health services administration issue. Describe the current state or situation of the chosen issue, including relevant information and context.</p> <ul style="list-style-type: none"> • Background: Provide additional background information on the issue, such as relevant data, trends, or challenges. • Assessment: Analyze the issue critically, identifying key factors, stakeholders, and implications for healthcare delivery and organizational performance. • Recommendation: Offer strategic recommendations for addressing the issue effectively, considering best practices, evidence-based approaches, and potential barriers to implementation

2. Demonstrate the skills to evaluate financial and managerial performance, perform asset valuation, conduct operating and capital budget analysis, and undertake financial decision-making in public health and health services organizations.	CPH 565 – Health Care Finance	CPH 565: Case Studies. Students will complete two case study papers that review and apply concepts in healthcare finance. These case studies will evaluate financial, organizational, managerial, performance, and decision-making aspects of specific healthcare organizations.
3. Apply relevant theories and identify principles, best practices, and challenges of human resources management in health care organizations.	CPH 562 – Human Resources Management in Organizations	CPH 562: Human Resources Project. Students must complete an HR employee manual or conduct research with change recommendations. Each project will involve the application and understanding of relevant theories and principles related to human resources in healthcare organizations.
4. Summarize the legal, political, social, and economic issues that impact the structure, financing, and delivery of health services within health systems in the US.	CPH 580 – Health Care Organization Theory and Behavior	CPH 580: Macro Theory Paper. This assignment aims to assess students' understanding, application, and integration of macro-organizational theory's key terms, concepts, and applications within the context of healthcare.
5. Examine information about health policy issues and problems and evaluate alternative policy options for these issues.	CPH 566 – Health Policy	CPH 566: Policy Analysis/Review Paper. Students will identify a healthcare policy and discuss the merits of the policy, describe and explain the policy, and determine the stakeholders and those affected by the policy. Students will also assess and analyze the policy and evaluate alternative policy options for this issue.

Assessment of Competencies for DrPH in Advocacy and Leadership Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunityⁿ
1. Engage internal and external stakeholders to create, implement, and evaluate public health programs and policies.	CPH 731 – Community Organizing and Advocacy	CPH 731: Community Audit Project: Students will identify a community and complete an audit that identifies the key stakeholders, engages those stakeholders, and identifies community assets and resources, as well as cultural and social structures. The audit will also collect data on the community's health status, health behaviors, health services utilization, community resources, and environmental factors that affect health. Students will analyze the

		information gathered, identify priorities, include recommendations in a letter to a legislator, and create an action plan presented to classmates and the community. Students must get instructor approval of the organization they select before starting the project.
	CPH 730 – Advanced Evaluation and Quality Improvement	CPH 730: Program Evaluation Project, Part 4. Students will create a systematic process to monitor program activities, assess outcomes and make informed decisions for ongoing improvement. This will include key performance indicators, a data collection and monitoring plan, data analysis and reporting, stakeholder engagement, sustainability, etc., in a 4-page paper.
2. Examine approaches to the administration of public health interventions, policies, and programs and prioritize opportunities for improvement.	CPH 731 – Community Organizing and Advocacy	CPH 731: Community Audit Project, Part 3. Students will evaluate the strengths, assets, needs, and areas of improvement in their selected communities.
	CPH 730 – Advanced Evaluation and Quality Improvement	CPH 730: Program Evaluation Project, Part 3. Students will propose ethical design improvements for their selected program that incorporates key ethical considerations.
3. Analyze and evaluate public health systems for gaps and design improvements to ethical decision-making, diversity, and advocacy into leadership and practice.	CPH 731 – Community Organizing and Advocacy	CPH 731: Community Audit Project, Part 5. Students will write a one-page letter to a legislator advocating for the proposed intervention or recommendation for their selected community.
	CPH 730 – Advanced Evaluation and Quality Improvement	CPH 730: Program Evaluation Project, Part 4. Students will create a systematic process to monitor program activities, assess outcomes, and make informed decisions for ongoing improvement.
	CPH 718 – Leadership Theory and Practice	CPH 718: Reflection Assessments. Students will write short essays covering content from Weeks 8–15 that explore team leadership; leadership culture, ethics, and diversity; change management; and crisis leadership.
4. Analyze, evaluate, and translate research into public health practice and advocacy.	CPH 731 – Community Organizing and Advocacy	CPH 731: Community Audit Project, Part 4. Based on the audit of their selected community, students will develop an action plan that details the intervention, implementation, resources needed, communication strategies, and partnership required for success.
	CPH 730 – Advanced Evaluation and Quality Improvement	CPH 730: Discussion Board Posts. Students will engage in scheduled discussion board posts that cover evaluation, quality improvement, validity, advocacy, leadership, and data collection.
	CPH 757 – Survey Research Methods	CPH 757: Final Project. Students will select a research question, draft a survey questionnaire, pre-test the survey, and write a final survey protocol.

5. Build partnerships and organize stakeholders to advocate for communities to improve health equity.	CPH 730 – Advanced Evaluation and Quality Improvement	CPH 730: Program Evaluation Project. Students will work with a public health organization to identify a current public health program to evaluate. This will include the program’s purpose, objectives, target population, key interventions, stakeholders, and why they believe the program requires evaluation. In Part 3, Students will propose ethical design improvements for their selected program and develop a 3-page paper outlining proposed improvements incorporating principles and practices that prioritize key ethical considerations such as diversity, equity, social justice, beneficence, non-maleficence, transparency, and accountability.
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Assessment of Competencies for DrPH in Emergency Preparedness Concentration (Students Entering Program 2024–2025 and Forward)		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Analyze a public health emergency and coordinate a public health emergency response utilizing foundational theories, key crisis leadership, and crisis communications skills.	CPH 727 – Managing Complex Disasters	CPH 727: Students complete 3 discussion boards on directed reading, complete the crisis leadership self-assessment and write a reflection based on their results with personal insights for improvement, complete a scenario-based risk communications assignment including a Single Overriding Communication Objective (SOCO) and a message map, a case study analysis of a complex disaster focusing on emergency management principles and recovery/resiliency, complete a video briefing on their choice of either a public health strategy or healthcare system issue that describes the issue and proposes solutions, become certified in either FEMA’s ICS or WHO’s IMT system, and complete a virtual exercise with a hotwash and after action report.
2. Use scientific methodology to design, analyze, and evaluate emergency preparedness response solutions.	CPH 732 – Research Methods for Advanced Public Health Practice	CPH 732: Research Proposal Development - Students will develop a four-part comprehensive research proposal related to their concentration addressing a significant public health issue. The proposal will be developed throughout the course and includes four parts: 1. Research Question and Literature Review; 2. Methodology Section; 3. Data Management and Analysis Plan; 4. Final Proposal.
	CPH 727 – Managing Complex Disasters	CPH 727: Students will review and analyze a case study related to managing complex disasters. The case study analysis will focus on emergency management principles and recovery/resiliency. Students will evaluate management and communication methods used in the case studies and answer a series of prompts provided by the instructor.

<p>3. Recommend and integrate solutions for public health preparedness programmatic and policy development at the micro-community and macro-community levels.</p>	<p>CPH 729 – Disaster Law and Policy</p>	<p>CPH 729: Enacted Law Analysis Paper. Students will research and select an enacted law related to emergency preparedness (local, state, or Federal). Students will write an 8–10-page paper summarizing the law while analyzing and connecting the insights course materials. Students will discuss the constitutional implications, how the law works with or against emergency preparedness support frameworks, ethical considerations, the role of federal and state governments, the impact on emergency preparedness and response, and integrate solutions for preparedness programmatic and policy development at the micro and macro-community levels.</p>
<p>4. Analyze policies and laws to identify gaps and areas for improvement and recommend strategies that integrate inclusivity, advocacy, and sciences in public health preparedness and response.</p>	<p>CPH 729 – Disaster Law and Policy</p>	<p>CPH 729: State Legislation Bill Report. Students will research their state legislature and select a bill focusing on public health preparedness. They will create a 3–5-page report synthesizing the bill, the arguments for and against the bill, the impact of the bill, the role of inclusivity and advocacy, and whether the bill will restrict and/or change public health authority.</p>
<p>5. Select, assess, and produce preparedness-based evaluation tools to develop and implement quality and adaptive programs.</p>	<p>CPH 726 – Exercise Design</p>	<p>CPH 726: Hazard Vulnerability Assessment (HVA). Students will compare and contrast three HVAs and provide a recommendation as to which is the best evaluation tool for the organization.</p>
	<p>CPH 727 – Managing Complex Disasters</p>	<p>CPH 727: Final Project: OutbreakREADY! Digital Readiness and Response Simulation. Students will complete the OutbreakREADY! simulation online. In the simulation, the student will assume the role of an NGO team lead managing a multi-sectoral humanitarian program. Throughout the simulation, the learner will make decisions that determine how the NGO adapts and expands programs in response to a disease outbreak.</p>
<p>6. Use a systems approach to evaluate new information and technology for current and future preparedness threats.</p>	<p>CPH 727 – Managing Complex Disasters</p>	<p>CPH 727: Final Project: OutbreakREADY! Digital Readiness and Response Simulation. Students will complete the OutbreakREADY! simulation online. In the simulation, the student will assume the role of an NGO team lead managing a multi-sectoral humanitarian program. Throughout the simulation, the learner will make decisions that determine how the NGO adapts and expands programs in response to a disease outbreak. Students will write a reflection and after-action review paper evaluating their actions, decisions, and lessons learned.</p>

Assessment of Competencies for DrPH in Epidemiology Concentration		
Competency	Course Number and Name	Describe Specific Assessment Opportunityⁿ
1. Critically review and interpret scientific literature to synthesize evidence, identify gaps, and inform public health research and practice.	CPH 746 – Epidemiology in Public Health Practice	CPH 746: Epidemiologic Report. This assignment is divided into two parts: draft and final version and is designed to assess student’s ability to understand the complexities of a public health problem and develop evidence-based recommendations for public health policymakers and/or practitioners by analyzing and synthesizing information available in credible sources. Students will identify a public health problem (critically review and interpret scientific literature) and prepare a 2-3 page epidemiologic report in Word that includes: an abstract; an introduction summarizing the public health problem; data sources and methods of analysis applied to better understand the problem and identify the most vulnerable affected populations (synthesize evidence); a summary of findings; and a set of practical and feasible evidence-based recommendations that can be implemented immediately to address the public health problem (inform public health), yet include challenges and limitations (identify gaps). Although students will not perform data analysis, they should be able to explain the epidemiologic methods used by others (such as person, place, and time).
2. Use epidemiologic concepts and methods to design, implement, and evaluate research studies and public health programs	CPH 746 – Epidemiology in Public Health Practice	CPH 746: Epidemiologic Report. This assignment is divided into two parts: draft and final version and is designed to assess student’s ability to understand the complexities of a public health problem and develop evidence-based recommendations for public health policymakers and/or practitioners by analyzing and synthesizing information available in credible sources. Students will identify a public health problem and prepare a 2-3 page epidemiologic report in Word that includes: an abstract; an introduction summarizing the public health problem; data sources and methods of analysis applied to better understand the problem and identify the most vulnerable affected populations; a summary of findings; and a set of practical and feasible evidence-based recommendations that can be implemented immediately to address the public health problem, yet include challenges and limitation. Although students will not perform data analysis, they should

		be able to explain the epidemiologic methods used by others (such as person, place, and time).
	CPH 757 – Survey Research Methods	CPH 757: Final Project. The final project consists of approximately nine consecutive assignments that build on each other, culminating in a final survey protocol at the end of the semester (Assignments A-I). These assignments involve selecting a research question, drafting a survey questionnaire, pre-testing the survey, and writing a final survey protocol.
3. Select and utilize appropriate epidemiologic data and analytic methods, and interpret the results to inform public health research and practice	CPH 626 – Health Information and Surveillance for Public Health Practice	CPH 626: Labs. Students will complete hands-on activities using open-source software and web tools to download, manage, and analyze data. They will also design and create an online survey instrument.
	CPH 621 – Applied Epidemiology	CPH 621: Homework Assignments 1–4. Homework assignments will help students learn the processes of data cleaning, data management, data analysis, data interpretation, and dissemination of results.
4. Incorporate ethical principles and cultural sensitivity into the design, implementation, analysis, and dissemination for public health research and practice	CPH 746 – Epidemiology in Public Health Practice	CPH 746: Knowledge Transfer Prototype. This assignment aims to demonstrate the student’s ability to effectively communicate a public health problem (distinct from the one addressed in their epidemiologic report) by describing the issue and providing evidence-based recommendations for its resolution. Each student will design a knowledge transfer prototype tailored to a specific audience and outline the deployment strategy for their chosen product. Students must communicate the same public health problem to three distinct audiences (e.g., policymakers, the public/community, and funding agencies), adapting their messages to each group using principles of translational epidemiology, strategic communication, ethics, and cultural sensitivity.

5. Communicate epidemiologic concepts and findings orally and in writing in accordance with professional standards to professional audiences, policy makers, and the public	CPH 746 – Epidemiology in Public Health Practice	CPH 746: Knowledge Transfer Prototype. This assignment aims to demonstrate the student’s ability to effectively communicate a public health problem (distinct from the one addressed in their epidemiologic report) by describing the issue and providing evidence-based recommendations for its resolution. Each student will design a knowledge transfer prototype tailored to a specific audience and outline the deployment strategy for their chosen product. Students must communicate the same public health problem to three distinct audiences (e.g., policymakers, the public/community, and funding agencies), adapting their messages to each group using principles of translational epidemiology, strategic communication, ethics, and cultural sensitivity.
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- 2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not applicable. The COPH does not allow students to tailor their competencies.

- 3) Provide supporting documentation for each assessment activity listed in Template D4-1. Documentation should include the following, as relevant, for each listed assessment:
 - assignment instructions or guidelines as provided to students
 - writing prompts provided to students
 - sample exam question(s)

This documentation can be found in the ERF at ERF->D->D4. Each concentration has its own folder within D4.

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

Strengths:

- The MPH program and its applicable competencies are developed by faculty experts and offers students diverse opportunities that align with their public health interests. Since the last self-study, all MPH syllabi have been audited to ensure the applicable competencies are appropriately mapped to course learning objectives.
- Despite its infancy, our DrPH program now has three different concentrations that recruit highly trained public health professionals from around the world. All DrPH competencies are designed around the concepts of public health practice and implementation. The DrPH core curriculum was updated in 2023 to incorporate lessons learned from the COVID-19 response.
- We continue to work on incorporating the best available evidence-based practices in research and public health practice into each MPH and DrPH concentration.

Weaknesses and Plans for Improvement:

- For both the MPH and DrPH degrees, we are developing robust steering committees to help improve, guide, and inform each degree and their associated concentrations. An MPH Steering

Committee was established in 2020 but ceased meeting in 2022 because of staffing capacity. It was reestablished in Fall 2024.

- The faculty are currently working on updating and revising curriculum for the DrPH Epidemiology and Emergency Preparedness concentrations based on student feedback. These processes include a backward design approach that includes external partner feedback. These curricular revisions will be completed over the 2024–2025 AY with a goal to implement in 2025–2026.

CRITERIA D:

D5. MPH Applied Practice Experience

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

The school assesses each student's competency attainment in practical and applied settings through a portfolio approach, which reviews practical, applied work products that were produced for the site's use and benefit. Review of the student's performance in the APE must be based on at least two practical, non-academic work products AND on validating that the work products demonstrate the student's attainment of the designated competencies.

Examples of suitable work products include project plans, grant proposals, training manuals or lesson plans, surveys, memos, videos, podcasts, presentations, spreadsheets, websites, photos (with accompanying explanatory text), or other digital artifacts of learning. Reflection papers, contact hour logs, scholarly papers prepared to allow faculty to assess the experience, poster presentations, and other documents required for academic purposes may not be counted toward the minimum of two work products.

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

The APEX is supervised and supported by the director of master's program (DMP) and an applied practice manager (APM).

During the APEX planning phase, each student is required to assess and summarize the scope of the APEX partnership in an APEX learning contract (APEX LC). This LC template is housed on our public-facing website, easily accessible to students and preceptors. The LC provides step-by-step instructions, important considerations, and questions to prompt thoughtful discussion between students and their preceptors when planning the scope of the APEX. After its completion, this document acts as the roadmap for partnership for each student and their respective APEX. Within the APEX LC, students document the following:

- At least 5 activities that cumulatively contribute 100 hours of practical engagement.
- Two tangible products that respond to the organization's priorities.
- Self-selection of five foundational public health competencies, naming and describing the specific activity/application that will integrate the competency.

Affiliation agreements are required legal agreements between the COPH and all partner organizations with whom students are engaging to receive academic credit. These agreements are the mechanism that allows students to receive credit that counts toward their degree while engaging in applied public health work outside of an academic setting.

The APEX faculty and staff review the competency and activity/application selection and approve it in partnership with the APEX partner organization. Nearing the conclusion of the APEX partnership, the student completes a critical reflection assessment of each competency, and then the partner organization's preceptor and the APEX faculty assess the competency attainment level, also taking into consideration the APEX product deliverables. The tool used for competency assessment may be found in the APEX LC and is documented in the ERF at ERF->D->D5.

To ensure the goals of educational attainment and mutual benefit remain priorities throughout the partnership, there is a revision process to the APEX LC, when applicable. The policy, which is shared at the beginning and throughout the implementation of the APEX partnership, requires that if there are changes

in the scope of partnership, the products, or competency application, a request with justification must be shared with the APEX faculty and staff. Upon review and discussion, track changes are requested, and approval from the partner organization and APEX faculty is obtained. This ensures that activities and the scope of partnership are flexible, mutually beneficial, and stay in alignment with competency attainment.

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

This documentation can be found in the ERF at ERF->D->D5.

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

During the requested reporting period, there was no APEX course completions from the following dual degree programs: MBA/MPH, MD/MPH, and MCRP/MPH.

Please refer to the ERF for documentation of each concentration's examples, including an APEX Learning Contract (LC) and two product/deliverables, as well as template D5-1. Materials can be found at:

- ERF->D->D5->Biostatistics
- ERF->D->D5->Emergency Preparedness
- ERF->D->D5->Environmental and Occupational Health
- ERF->D->D5->Epidemiology
- ERF->D->D5->Health Promotion
- ERF->D->D5->Maternal and Child Health
- ERF->D->D5->Public Health Administration and Policy

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

Strengths:

- The APEX faculty and staff are committed to continuous quality improvement with the administration of the APEX course. Ongoing assessment, enhancement of successful infrastructure, and implementation of innovative approaches has helped our program respond to student needs and those of our partners.
- In response to student feedback addressing challenges in the APEX planning phase, we developed an APEX coaching video series and began hosting group-based APEX LC review meetings. In response to preceptor/partner organization feedback, we have created a Preceptor of the Year award and have been collaboratively working toward the goal of offering library services access to select preceptors/partner organizations. Seeking feedback from students and partner organizations has been a critical investment to advance the APEX.
- The APEX is supported through supplementary materials, including a one-page document, orientation, and professional modules. These are designed to act as a resource for students and partners in the APEX planning phase (prior to the official partnership kickoff and course registration). These resources are disseminated to the students at specific progression checkpoints during the planning phase.

- Another strength of the APEX is the individualized, one-on-one, and group-based support offered to all prospective APEX students during their APEX planning phase. Also, through outreach, networking, and relationship-building, the APEX staff and faculty have developed partnerships and student experiences from a diverse range of traditional and nontraditional public health partners, such as nonprofits, governmental entities, university-affiliated settings, and private businesses and industries, among others.

Weaknesses and Plans for Improvement:

- Recruitment of partner organizations/preceptors from a workforce that has continued to be stretched thin can be challenging. Additionally, recruitment of partners from private industry has presented some challenges, as the natural recruitment network has had fewer partnerships in that sector.
- There are several strategies identified to address this challenge. To increase student exposure to governmental public health partners, the Nebraska Department of Health and Human Services (NEDHHS) contracted with our OPHP to offer a stipend to 30 UNMC public health students between 2022 and 2024 whose work was impacting local public health practice. As part of this partnership, more dialogue was generated, and new preceptors within the state health department emerged.
- Another strategy for improvement has been the development of a Preceptor Toolkit for Success. This toolkit was designed to offer more support and resources to the preceptor, which can ease the perceived burden of engaging in an APEX partnership. One module in this toolkit is focused on communication, such as facilitating dialogue with the student, effective strategies and approaches for delivering feedback, and examples for framing feedback.

CRITERIA D:

D6. DrPH Applied Practice Experience

D6. DrPH Applied Practice Experience

The work product may be a single project or a set of related projects that demonstrate a depth of competence. It may be completed as a discrete experience (such as a practicum or internship) or integrated into school coursework. In either case, the deliverable must contain a reflective component that includes the student's expression of personal and/or professional reactions to the applied practice experience. This may take the form of a journal or other written product, a professional portfolio, or another deliverable as appropriate for the school.

The school identifies a minimum of five foundational and/or concentration-specific competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through application. The school may either choose at least one competency from the leadership, management, and governance domain in Criterion D3 or choose a concentration-specific competency identified in Criterion D4 if it relates to leadership skills. Competencies may differ from student to student.

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

All DrPH students are required to complete 6 credit hours of practicum, with at least 300 hours of experience. Most students complete these over 2 semesters, with 3 credit hours (150 hours of experience) per semester. Students work with their faculty mentor and the director of DrPH program (DDP) to identify an appropriate site for their practicum experience. They must choose a project that demonstrates leadership.

Students must integrate at least six foundational public health competencies into their practicum experience(s), including at least three leadership-related competencies from the leadership, management, and governance domain. Before registering for practicum experience, students complete a learning contract approved by their preceptor and the DDP. The learning contract includes information on their proposed practicum experience, including a description of the organization, description of the project and product(s), how the project will advance public health practice and the student's leadership skills, and a list of activities. The students also must list the six competencies and describe how they will be addressed in their experience.

Affiliation agreements are required legal agreements between the COPH and all partner organizations with whom students are engaging to receive academic credit. These agreements are the mechanism that allows students to receive credit that counts toward their degree while engaging in applied public health work outside of an academic setting.

At the end of their practicum experience, students submit their final product(s) and reflect on the alignment of their product with the demonstration of competencies. The preceptor and the DDP evaluate the student's demonstration and reflection of competencies. Lastly, students present a 15-minute live virtual presentation of their project, product, and competencies to faculty and DrPH students.

- 2) Explain, with references to specific deliverables or other requirements, the manner through which the school ensures that the applied practice experience requires students to demonstrate leadership competencies.

The process for registering for the DrPH practicum first requires students to complete a learning contract that describes the project and how the student will address at least three leadership competencies. The learning contract is reviewed by the preceptor and the DDP. Students must receive a permission code to register for practicum; they do not receive this code until the learning contract is complete.

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

This documentation can be found in the ERF at ERF->D->D6.

- 4) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The school must provide samples of complete sets of materials (ie, Template D6-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Please refer to the ERF for documentation of each concentration's examples, including, project deliverables and reflection components, as well as template D6-1. Materials can be found at:

- ERF->D->D6->Emergency Preparedness
- ERF->D->D6->Epidemiology

The DrPH Advocacy and Leadership concentration's first students matriculated in Fall 2024; thus, no students have yet completed their practicum.

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

Strengths:

- The DrPH APEX (practicum) is an opportunity for students to directly impact the health of the public through a diverse selection of activities and deliverables. Due to the asynchronous nature of our program, students from around the world participate in a wide range of experiences that directly benefit partner organizations and the populations they serve.
- An added benefit for our students is that they can complete their APEX at their place of employment; however, these activities must be outside their day-to-day work duties.
- In contrast to the MPH APEX, DrPH students must select and apply six foundational competencies, selecting three from the leadership, management, and governance domain. The selection of competencies from this domain ensures our DrPH students are engaging in advanced leadership and policy-related issues.

Weaknesses and Plans for Improvement:

- As more students matriculate through the practicum experience, evaluation data will be available to indicate any need for change.

CRITERIA D:

D7. MPH Integrative Learning Experience

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student’s educational and professional goals; demonstrating synthesis and integration requires more than one foundational and one concentration competency.

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

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

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

All MPH students (including those in combined degree programs) must complete a capstone/ILE at the end of their degree program. Biostatistics and Epidemiology MPH students can complete a capstone course option, which is structured more like a typical course with assignments and deadlines. All other concentrations complete an independent project under the direction of a three-member committee, of which the chair is a faculty member from the student’s concentration. Students in all concentrations must produce a written product and complete an oral presentation. All students must identify and demonstrate mastery of two foundational competencies and two concentration competencies.

MPH Integrative Learning Experience for Biostatistics Concentration	
Integrative learning experience (list all options)	How Competencies Are Synthesized
CPH 529 – Capstone Experience	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Biostatistics MPH students typically complete a data analysis with a report or a research project.</p> <p>Once a student identifies a committee, they complete a capstone proposal paper—which includes identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, students submit their proposal paper and approval form to Canvas.</p> <p>After successfully completing the final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student’s mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final</p>

	<p>paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>
<p>CPH 529 – Capstone Course for Biostatistics</p>	<p>This option is a course-based capstone in which students complete a replication study under the direction of one or more biostatistics faculty. All components of the project are completed during the academic semester.</p> <p>Students send their plan of study to the DMP for a permission code to register for CPH 529 Capstone Course for Biostatistics (three credit hours). Once enrolled, students must select a paper from a curated list to replicate. They develop a 4- to 10-page replication plan and identify two foundational competencies and two concentration competencies to be addressed by their project.</p> <p>Students meet regularly with the instructor while completing their project. Once complete, they schedule the oral presentation, which is open to all CPH faculty, staff, and students.</p> <p>After successfully completing the oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The instructor also assesses the student's mastery of competencies using the same form.</p> <p>Once students receive approval from their instructor, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>

<p>MPH Integrative Learning Experience for Emergency Preparedness Concentration</p>	
<p>Integrative learning experience (list all options)</p>	<p>How Competencies Are Synthesized</p>
<p>CPH 529 – Capstone Experience</p>	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Emergency Preparedness MPH students typically complete a policy analysis, program evaluation, or program plan.</p> <p>Once students identify a committee, they complete a capstone proposal paper—which includes identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing the final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student's mastery of competencies using the same form.</p>

	Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.
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MPH Integrative Learning Experience for Environmental and Occupational Health Concentration

Integrative learning experience (list all options)	How Competencies Are Synthesized
CPH 529 – Capstone Experience	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Environmental and Occupational Health MPH students typically complete a data analysis with report, research report, or program plan.</p> <p>Once students identify a committee, they complete a capstone proposal paper—which includes identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing the final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student’s mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>

MPH Integrative Learning Experience for Epidemiology Concentration

Integrative learning experience (list all options)	How Competencies Are Synthesized
CPH 529 – Capstone Experience	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Epidemiology MPH students typically complete a data analysis with a report or a research project.</p> <p>Once students identify a committee, they complete a capstone proposal paper—including identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience</p>

	<p>(three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing the final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student's mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>
<p>CPH 529 – Capstone Course for Epidemiology</p>	<p>This option is a course-based capstone in which students complete a data analysis and report using an assigned dataset under the direction of one or more epidemiology faculty. All components of the project are completed during one academic semester.</p> <p>Students send their plan of study to the DMP for a permission code to register for CPH 529 Capstone Course for Epidemiology (three credit hours). Once enrolled, students must select a research question that the assigned dataset could answer and identify two foundational competencies and two concentration competencies to be addressed by their project.</p> <p>Students communicate regularly with the instructors while completing their project. There are weekly or biweekly deadlines for each component of the project. In addition, live sessions may be held weekly to provide students the opportunity to ask questions. Once the project is complete, students develop a poster and record an oral presentation, which is available to all COPH faculty, staff, and students.</p> <p>After successfully completing the final paper and presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The instructor also assesses the student's mastery of competencies using the same form.</p> <p>Once students receive approval from their instructor, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas. The grade is received as Pass/Fail.</p>

<p>MPH Integrative Learning Experience for Health Promotion Concentration</p>	
<p>Integrative learning experience (list all options)</p>	<p>How Competencies Are Synthesized</p>
<p>CPH 529 – Capstone Experience</p>	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Health Promotion MPH students typically complete a policy analysis, program evaluation, comprehensive literature review, or program plan.</p>

	<p>Once students identify a committee, they complete a capstone proposal paper—including identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing their final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student’s mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>
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MPH Integrative Learning Experience for Maternal and Child Health Concentration	
Integrative learning experience (list all options)	How Competencies Are Synthesized
CPH 529 – Capstone Experience	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Maternal and Child Health MPH students typically complete a policy analysis, program evaluation, comprehensive literature review, or program plan.</p> <p>Once students identify a committee, they complete a capstone proposal paper—including identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing their final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student’s mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>

MPH Integrative Learning Experience for Public Health Administration and Policy Concentration	
Integrative learning experience (list all options)	How Competencies Are Synthesized
CPH 529 – Capstone Experience	<p>This option is an independent project that requires students to work under the direction of a three-member committee to produce a written product. Public Health Administration and Policy MPH students typically complete a policy analysis or comprehensive literature review.</p> <p>Once students identify a committee, they complete a capstone proposal paper—including identifying two foundational competencies and two concentration competencies to be addressed by the project—and send it to their committee for review. Once the committee approves, the student obtains signatures on the proposal approval form and sends it to the DMP for a permission code to register for CPH 529 Capstone Experience (three credit hours). Once enrolled, the student submits their proposal paper and form to Canvas.</p> <p>After successfully completing their final paper and oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student’s mastery of competencies using the same form.</p> <p>Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.</p>

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

MPH students are first introduced to the capstone experience during the MPH orientation held at the beginning of each semester when students are admitted. During this orientation, students receive very general information about the capstone, including what it is, why it is important, when to get started, and who to contact with questions. A separate capstone information session is held each semester by the DMP. This session presents significantly more information to prepare students to start their projects. Students are encouraged to talk with their faculty mentor about project ideas. The information presented is relevant to students who will complete the three-member committee capstone option or the course option.

In 2022, the Academic Affairs team recognized that students were struggling to complete their proposal paper, which is required before enrolling in CPH 529 Capstone Experience for students who are completing the option with the three-member committee. The Academic Affairs team developed a Canvas site with resources to guide students in developing their proposal. The DMP oversees the site, updates content, and answers questions in the discussion boards. Faculty members also have access to the site, so they can help mentor their students on preparing a capstone proposal.

For the three-member committee option, students often spend their second-to-last semester of the program preparing their proposal. Their capstone committee oversees this work. Once the proposal is complete and approved by the committee, the student enrolls in CPH 529 Capstone Experience. Students then work on their capstone project.

Students meet regularly with their capstone chair while completing their project. After their paper is complete, it must be approved by their committee. At that point, the student can schedule their oral presentation, which is open to all COPH faculty, staff, and students. After successfully completing the oral presentation, the student completes a competency assessment form. They must self-assess how they synthesized competencies in their project. The committee also assesses the student's mastery of competencies using the same form.

Faculty use a rubric to assess if the student has passed their capstone project. The rubric assesses sections of the paper, outcomes and results, quality of writing, synthesis of competencies, significance and scope of the project, the oral presentation, and professionalism.

Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral presentation, competency assessment form, and final approval form into Canvas.

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

Documentation can be found in the ERF at:

- ERF->D->D7->CPH 529 Capstone Experience
- ERF->D->D7->CPH 529 Capstone Course for BIOS
- ERF->D->D7->CPH 529 Capstone Course for EPI

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

Documentation can be found in the ERF at:

- ERF->D->D7->CPH 529 Capstone Experience
- ERF->D->D7->CPH 529 Capstone Course for BIOS
- ERF->D->D7->CPH 529 Capstone Course for EPI

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

Samples of deliverables can be found, organized by concentration, in the ERF at ERF->D->D7->Student Samples.

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

Strengths:

- The MPH ILE is a strength of the COPH, as students work closely with trained faculty in their respective concentrations to develop a comprehensive project that aims to advance public health knowledge and practice. In Summer 2023, we changed the requirement for the MPH ILE to meet one additional concentration-specific competency. This change has allowed for more robust final products related to a student's specific concentration.

Weaknesses and Plans for Improvement:

- Based on feedback from students and faculty that rigorous project identification was a challenge for some concentrations, as well as a rapid increase in student enrollment, we explored new options

for our ILEs. In Fall 2023, we piloted our new epidemiology and biostatistics integrative learning courses that guide students through developing a scientific product that may be submitted for publication. Through course surveys, we learned that students overwhelmingly rated their experiences in our new integrative learning course options as positive and worthy of their time. Most students said they would recommend this course option to future students. Moreover, one student was able to have her epidemiology capstone paper published in a peer-reviewed journal. The COPH is working with each department to assess their willingness to develop ILEs courses for each concentration.

CRITERIA D:

D8. DrPH Integrative Learning Experience

D8. DrPH Integrative Learning Experience

As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence schools, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration-specific competencies.

The integrative learning experience is completed at or near the end of the school of study. It may take many forms consistent with advanced, doctoral-level studies and university policies but must require, at a minimum, production of a high-quality written product.

- 1) List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration or generalist degree. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

DrPH Integrative Learning Experience	
Integrative learning experience (list all options)	How Competencies Are Synthesized
Dissertation Concentration: Epidemiology	<p>Through independent work under the guidance of their doctoral dissertation committee, DrPH students will prepare a dissertation demonstrating their ability to analyze and solve a complex, practice-based problem in public health. This dissertation is completed as a student's culminating integrated learning experience. The dissertation project can be completed at the student's worksite as part of their normal job responsibilities.</p> <p>Given that the DrPH program is a practice degree, the focus of the dissertation is to understand a current public health organizational, leadership, policy, or programmatic problem and identify a substantive solution that includes strategies to address that problem that are detailed in a "plan for change/implementation." This dissertation should be written through the lens of the student's DrPH concentration. The dissertation is expected to make a substantial contribution to the existing public health practice knowledge base and should inform best practice regardless of specific location or organization. The dissertation should rely on rigorous methodology that includes quantitative, qualitative, or mixed methods. The dissertation must address four foundational DrPH competencies and three concentration competencies.</p> <p>Students in the Epidemiology concentration must ensure their practice-based dissertation incorporates rigorous epidemiological methods and often includes original quantitative data collection and/or analysis.</p>
Dissertation Concentration: Emergency Preparedness	<p>Through independent work under the guidance of their doctoral dissertation committee, DrPH students will prepare a dissertation demonstrating their ability to analyze and solve a complex, practice-based problem in public health. This dissertation is completed as a student's culminating integrated learning experience. The dissertation project can be completed at the student's worksite as a part of their normal job responsibilities.</p>

	<p>Given the DrPH program is a practice degree, the focus of the dissertation is to understand a current public health organizational, leadership, policy, or programmatic problem and identify a substantive solution that includes strategies to address that problem that are detailed in a “plan for change/implementation.” This dissertation should be written through the lens of the student’s DrPH concentration. The dissertation is expected to make a substantial contribution to the existing public health practice knowledge base and should inform best practice regardless of specific location or organization. The dissertation should rely on rigorous methodology that includes quantitative, qualitative, or mixed methods. The dissertation must address four foundational DrPH competencies and three concentration competencies.</p> <p>Students in the Emergency Preparedness concentration often incorporate both quantitative and qualitative methods in their practice-based dissertations through the lens of preparedness, outbreaks, and management of complex disasters.</p>
<p>Dissertation Concentration: Advocacy and Leadership</p>	<p>Through independent work under the guidance of their doctoral dissertation committee, DrPH students will prepare a dissertation demonstrating their ability to analyze and solve a complex, practice-based problem in public health. This dissertation is completed as a student’s culminating integrated learning experience. The dissertation project can be completed at the student’s worksite as a part of their normal job responsibilities.</p> <p>Given the DrPH program is a practice degree, the focus of the dissertation is to understand a current public health organizational, leadership, policy, or programmatic problem and identify a substantive solution that includes strategies to address that problem that are detailed in a “plan for change/implementation.” This dissertation should be written through the lens of the student’s DrPH concentration. The dissertation is expected to make a substantial contribution to the existing public health practice knowledge base and should inform best practice regardless of specific location or organization. The dissertation should rely on rigorous methodology that includes quantitative, qualitative, or mixed methods. The dissertation must address four foundational DrPH competencies and three concentration competencies.</p> <p>To date, no students from the Advocacy and Leadership concentration have begun work on their practice-based dissertations. Nonetheless, students in this concentration will likely incorporate quantitative and qualitative methods emphasizing public health leadership, governance, and policy.</p>

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

The DrPH ILE (also referred to as the dissertation) is a chapter-based monograph. DrPH students are initially introduced to the dissertation during the DrPH orientation held at the beginning of each semester when students are admitted. During this orientation, they receive very general information about the

dissertation, including what it is, why it is important, when to get started, and who to contact with questions. A separate dissertation information session is held each semester by the DDP. This session presents significantly more information to prepare students to start their projects. Students who've completed practicum are also invited to attend and share what projects they completed, as well as tips and lessons learned. Students are encouraged to talk with their faculty mentor about project ideas.

Given that the DrPH program is a practice degree, the focus of the dissertation is to understand a current public health organizational, leadership, policy, or programmatic problem AND identify a substantive solution that includes strategies to address that problem that are detailed in a "plan for change/implementation." This dissertation should be written through the lens of the student's DrPH concentration. The dissertation is expected to make a substantial contribution to the existing public health practice knowledge base and should inform best practice regardless of specific location or organization. The dissertation should rely on rigorous methodology that includes quantitative, qualitative, or mixed methods. Students must also identify four foundational and three concentration-specific competencies to address in their dissertation project.

Students identify a dissertation committee that must include at least one member who works in a practice-based setting. Students meet regularly with their dissertation chair while completing their project. Students first complete a topic approval request (TAR) paper to ensure their chosen topic and proposed methods are appropriate for a practice-based dissertation. Once the dissertation committee has approved the TAR, it is sent to the DrPH program committee for review. Once the TAR has been fully approved, students develop and submit a completed, formal written dissertation proposal to their committee. The purpose of the written proposal is to develop in greater depth the themes identified in the TAR.

Once the written proposal is approved by the committee, the student must make an oral presentation (with both public and closed components) based on that proposal to their doctoral dissertation committee for final approval. Once the dissertation proposal is approved, the student should develop and receive approval for a communications plan and timetable for the dissertation committee members so they may review progress and provide continuous guidance throughout the project phase.

Upon completion of the dissertation project and paper, a formal oral defense occurs. Formal defense of the dissertation includes the student's public seminar presentation of no more than one hour, followed by an oral examination by the dissertation committee that may have both public and closed sessions, which must be completed within two hours. In their public seminar presentation, students will orally summarize the elements of their project and the practice implications. The public presentation should demonstrate the student's ability to work toward solving complex public health problems by applying public health scholarship and skills.

The dissertation committee determines the final oral dissertation defense outcome as:

- Pass, no revisions of the dissertation required.
- Pass, with revisions that must be approved by the dissertation chair.
- Pass, with revisions that must be approved by all dissertation committee members.
- Fail.

The dissertation committee will assess the student's performance during a formal presentation by the student in a public forum, evaluation of the written dissertation product, and through documentation of the student's dissertation experience as assessed by the following means:

- Overall assessment of the dissertation project based on the dissertation rubric.
- The student's mastery of at least seven competencies as demonstrated through the content of the dissertation and measured by DrPH dissertation rubric. This includes three concentration-specific competencies and four foundational competencies.
- Self-reflection of dissertation experience as measured by the DrPH dissertation rubric.

Once students receive approval from their committee, they route a final approval form for signature. Then, they submit their final paper, slides from the oral defense, competency assessment form, and final approval form into Canvas.

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

This documentation can be found in the ERF at ERF->D->D8.

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

This documentation can be found in the ERF at ERF->D->D8.

- 5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. If the school does not have five recent samples for an option, note this and provide all available samples.

Samples of all deliverables associated with the integrative learning experiences can be found, separated by concentration, in the ERF at ERF->D->D8->Student Samples.

As no DrPH students have yet completed the Advocacy and Leadership concentration ILE, there are no samples from this concentration.

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

Strengths:

- Due to the size of the DrPH program, the COPH is uniquely positioned to provide our DrPH students with trained faculty who match their concentration and research interests. Moreover, all DrPH students are required to identify a practice partner relevant to their projects who can serve on their dissertation committee. As the DrPH program continues to grow, the COPH will work to recruit and retain faculty with DrPH and practice experience.

Weaknesses and Plans for Improvement:

- Following the graduation of the first four DrPH students, the DDP plans to convene a focus group of the dissertation committee members of those students (Fall 2024). This focus group will give overall feedback on the process, as well as identify opportunities for improvement through the orientation and dissertation launch processes, including an orientation for dissertation committee members (including the practice-based members), clear guidance to differentiate PhD and DrPH dissertation products, and instructional guidelines for students (e.g., clarifying formatting rules). Additionally, the college is working to establish a mentor network to provide DrPH students with a practice-based mentor who can help guide students through their practice-based dissertations.

D9. Public Health Bachelor's Degree Foundational Domains

Not Applicable

D10. Public Health Bachelor's Degree Foundational Competencies

Not Applicable

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

Not Applicable

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

Not Applicable

CRITERIA D:

D13. MPH Program Length

D13. MPH Program Length

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

Schools use university definitions for credit hours.

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

The MPH program is a minimum of 42 credit hours for all concentration options. Students in combined degree programs add credit hours (6–15 hours, depending on program) from their other degree program to the MPH for a total of 42 credit hours. Credit hours transferred from other degree programs in the combined degrees have been approved by the COPH Curriculum Committee. Additional information about credits transferred in for combined degrees can be found in Criterion D2.2.

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

The COPH follows the university policy on credit-hour requirements. One credit hour is equivalent to 1 hour (50 minutes minimum) of lecture and 2 hours of out-of-class work each week. For all standard 15-week semesters of instruction and for non-standard (condensed) and online courses, the following contact times (minimums) are assigned for every 1 credit hour based upon the specific type of learning activity:

- **Lecture:** A course that disseminates cognitive knowledge (may be an oral presentation or other type of presentation). A lecture is synchronous learning, even if students are at multiple locations; one hour of contact time and two hours of out-of-class work for each week of instruction.
- **Research/Field Work:** Used for dissertation, capstone, thesis, or research other than thesis; two to four hours of contact time for each week of instruction.
- **Other Education Methods:** (simulation, directed studies, independent study, practicum, seminar, exam): three hours of contact time (exam time can be considered part of contact time if an instructor chooses to count time spent on assessment as part of contact time).
- **Online or Distance Learning:** All course activity is done online; there is no required face-to-face sessions within the course and no requirements for on-campus activity. Activities can be synchronous or asynchronous. Three hours of student work for each week; student work includes reading, research, online discussion, instruction, assigned group activities, and preparation of papers or presentations. (Exception: Courses requiring only one in-person practicum, with all other work completed online.)

The Curriculum Committee of each college approves the number of credit hours for all courses, regardless of mode of delivery. The determination and assignment of credit hours should reflect the educational content of the course, and the time required for a typical student to achieve the college's desired outcomes.

CRITERIA D:

D14. DrPH Program Length

D14. DrPH Program Length

The DrPH degree requires a minimum of 36 semester-credits, 48 quarter-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.

Schools use university definitions for credit hours.

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

The DrPH program is 54 credit hours for all concentration options, 42 credit hours not including the ILE or APEx. Students must have completed a master's degree prior to admittance to the DrPH program. If students do not have a master's degree from a CEPH-accredited institution, they must enroll in CPH 500 Foundations of Public Health to obtain the foundational learning objectives. The 3 credit hours for this course are in addition to the 54 credit hours of the DrPH program. Additionally, if students have not completed the required prerequisite courses for their program of study, the completion of these courses is not counted toward their credit hours for the DrPH program.

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

The COPH follows the university policy on credit-hour requirements. One credit hour is equivalent to 1 hour (50 minutes minimum) of lecture and 2 hours of out-of-class work each week. For all standard 15-week semesters of instruction and for non-standard (condensed) and online courses, the following contact times (minimums) are assigned for every 1 credit hour based upon the specific type of learning activity:

- Lecture: A course that disseminates cognitive knowledge (may be an oral presentation or other type of presentation). Is synchronous learning, even if students are at multiple locations; one hour of contact time and two hours of out-of-class work for each week of instruction.
- Research/Field Work: Used for dissertation, capstone, thesis, or research other than thesis; two to four hours of contact time for each week of instruction.
- Other Education Methods: (simulation, directed studies, independent study, practicum, seminar, exam): three hours of contact time (exam time can be considered part of contact time if an instructor chooses to count time spent on assessment as part of contact time).
- Online or Distance Learning: All course activity is done online; there is no required face-to-face sessions within the course and no requirements for on-campus activity. Activities can be synchronous or asynchronous. Three hours of student work for each week. Student work includes reading, research, online discussion, instruction, assigned group activities, and preparation of papers or presentations. (Exception: Courses requiring only one in-person practicum, with all other work completed online.)

The Curriculum Committee of each college approves the number of credit hours for all courses, regardless of mode of delivery. The determination and assignment of credit hours should reflect the educational content of the course, and the time required for a typical student to achieve the college's desired outcomes.

D15. Bachelor's Degree Program Length
Not Applicable

CRITERIA D:

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

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

Students enrolled in the unit of accreditation’s academic and highly specialized public health master’s degrees (e.g., MS in biostatistics, MS in industrial hygiene, MS in data analytics, etc.) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and engage in research at a level appropriate to the degree program’s objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and/or translation of public health knowledge.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic public health master’s students’ foundational public health knowledge through appropriate methods.

- 1) List the curricular requirements for each relevant degree in the unit of accreditation.

Requirements for MS Degree, Biostatistics		
Course Number	Course Name	Credit Hours
Core Courses (9 courses, 27 credit hours)		
BIOS 801	Biostatistics Theory I	3
BIOS 802	Biostatistics Theory 2	3
BIOS 810	Introduction to SAS Programming	3
BIOS 815	Biostatistical Computing	3
BIOS 818	Biostatistical Linear Models: Methods and Applications	3
BIOS 823	Categorical Data Analysis	3
BIOS 824	Survival Data Analysis	3
BIOS 829	Introduction to Biostatistical Machine Learning	3
HPRO 830	Foundations of Public Health	3
Non-Thesis Electives (9 credit hours – at least 6 credit hours in Biostatistics)		
BIOS 825	Correlated Data Analysis	3
BIOS 835	Design of Medical Health Studies	3
EPI 820	Epidemiology in Public Health	3
EPI 845	Epidemiologic Methods I	3
EPI 945	Analytical Epidemiologic Methods	3
Thesis Electives (6 credit hours – at least 3 credit hours in Biostatistics)		
BIOS 825	Correlated Data Analysis	3
BIOS 835	Design of Medical Health Studies	3
EPI 820	Epidemiology in Public Health	3
EPI 945	Analytical Epidemiologic Methods	3

Required for Thesis Track (in addition to 6 elective credit hours)		
BIOS 899	Master's Thesis	3
TOTAL CREDIT HOURS		36

- 2) Provide a matrix, in the format of Template D16-1, that indicates the assessment activity for each of the foundational public health learning objectives listed above (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for Academic Public Health Master's Degree (SPH and PHP, if applicable)		
Content	Course Number and Name	Describe Specific Assessment Opportunity
1. Explain public health history, philosophy, and values.	CPH 500/HPRO 830 – Foundations of Public Health	“What is Public Health?” video and discussion board Quiz
2. Identify the core functions of public health and the 10 Essential Services*	CPH 500/HPRO 830 – Foundations of Public Health	Quiz
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation and discussion board Quiz
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation and discussion board Quiz
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation Discussion board
6. Explain the critical importance of evidence in advancing public health knowledge.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
7. Explain the effects of environmental factors on a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
8. Explain biological and genetic factors that affect a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Public Health in the News report
9. Explain behavioral and psychological factors that affect a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
10. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities.	CPH 500/HPRO 830 – Foundations of Public Health	SDOH / Dr. Iton discussion board Quiz

11. Explain how globalization affects global burdens of disease.	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Sustainable development goals Discussion board
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Discussion board

3) Provide supporting documentation for each assessment activity listed in Template D16-1. Documentation should include the following, as relevant, for each listed assessment:

- assignment instructions or guidelines as provided to students
- writing prompts provided to students
- sample exam question(s)

This documentation can be found in the ERF at ERF->D->D1->CPH 500 Syllabus.

4) Provide a matrix, in the format of Template D16-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. Typically, the school will present a separate matrix for each concentration. NOTE: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

Competencies for Academic Master's Degree in Public Health (MS Biostatistics)	
Competency	Describe How This Competency is Covered
1. Demonstrate knowledge and skills necessary to conduct biostatistical research.	BIOS 801 – Biostatistics Theory I BIOS 802 – Biostatistics Theory II BIOS 810 – Introduction to SAS Programming BIOS 815 – Biostatistical Computing BIOS 829 – Introduction to Biostatistical Machine Learning
2. Think critically and creatively to solve problems in biostatistics.	BIOS 801 – Biostatistics Theory I BIOS 802 – Biostatistics Theory II BIOS 810 – Introduction to SAS Programming BIOS 815 – Biostatistical Computing BIOS 818 – Biostatistical Methods II BIOS 824 – Survival Data Analysis BIOS 829 – Introduction to Biostatistical Machine Learning
3. Effectively communicate biostatistical results.	BIOS 818 – Biostatistical Methods II BIOS 823 – Categorical Data Analysis BIOS 824 – Survival Data Analysis BIOS 829 – Introduction to Biostatistical Machine Learning
4. Apply appropriate statistical methods for estimation and inference using a software package for data management, statistical analyses, and data presentation.	BIOS 810 – Introduction to SAS Programming BIOS 815 – Biostatistical Computing BIOS 818 – Biostatistical Methods II BIOS 823 – Categorical Data Analysis BIOS 824 – Survival Data Analysis

5. Apply statistical methods for quality control and data cleaning to already collected data, verify assumptions of statistical test and models, and implement appropriate methods to address any issues discovered.	BIOS 810 – Introduction to SAS Programming BIOS 815 – Biostatistical Computing BIOS 818 – Biostatistical Methods II BIOS 823 – Categorical Data Analysis BIOS 824 – Survival Data Analysis
6. Evaluate the strengths and limitations for study design and statistical analyses of public health and biomedical studies.	BIOS 818 – Biostatistical Methods II BIOS 823 – Categorical Data Analysis BIOS 824 – Survival Data Analysis

- 5) Provide supporting documentation that clearly identifies how the school ensures that students complete a curriculum based on defined competencies. Documentation may include detailed course schedules or outlines to selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc.)

Documentation for this can be found in the ERF at ERF->D->D16.

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

The COPH requires all students to complete CPH 500/HPRO 830 Foundations of Public Health. All foundational learning objectives are mapped to this course, which ensures that students are receiving instruction in basic public health knowledge. The course is three credit hours.

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

Typically, the school will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

The MS in biostatistics curriculum includes 15 credit hours of core courses in principles and theories of biostatistics from a population health framework. Each course includes rigorous assessments that provide students the ability to demonstrate mastery of content. Students choose a thesis or non-thesis track.

Requirements for MS Degree, Biostatistics		
BIOS 801	Biostatistics Theory I	3
BIOS 802	Biostatistics Theory 2	3
BIOS 818	Biostatistical Linear Models: Methods and Applications	3
BIOS 823	Categorical Data Analysis	3
BIOS 824	Survival Data Analysis	3

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

Students pursuing a master's degree in biostatistics have the option of completing the thesis or non-thesis track. Students on the thesis track must complete either a traditional thesis or a publication-quality manuscript. Following completion of their core coursework and in the semester prior to completing the

thesis, students are encouraged to enroll in BIOS 896 Research Other Than Thesis hours with their thesis advisor, during which the student forms their advisory committee (consisting of at least three graduate faculty members) and prepares their research proposal. The following semester, students register for BIOS 899 Master's Thesis hours to complete the necessary research and prepare the thesis. The thesis is then presented in a public forum via seminar or oral defense, after which, in a private oral Q&A session, the committee determines whether the thesis is of appropriate rigor and quality for the awarding of a master's degree.

Students on the non-thesis track complete a comprehensive exam that covers theory and application of biostatistics. The exam is graded on a 100-point scale, and an 80% is required to pass.

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

This documentation can be found in the ERF at ERF->D->D16.

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

This documentation can be found in the ERF at ERF->D->D16->Student Samples.

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

Strengths:

- The core of the program is strong with a basis in likelihood and inferential statistics theory and computing/machine learning. Students are also exposed to study design and traditional statistical methods. This is excellent preparation for those who want to enter the workforce or a PhD program.

Weaknesses and Plans for Improvement:

- There is a growing need identified to address informatics in the program, including database design and query. To address this need, a new faculty member with a PhD in biomedical informatics was recently hired who will design and teach a course in informatics.

CRITERIA D:

D17. Academic Public Health Doctoral Degrees

D17. Academic Public Health Doctoral Degrees

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (e.g., PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the school of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

- 1) List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's students or b) would not typically be associated with completion of a master's degree in the same area of study.

The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

The school will present a separate list for each degree program and concentration as appropriate.

Please note that in the tables that follow, all courses that were designed expressly for doctoral students are shaded in dark gray. Master's students may be allowed to enroll in the courses, with instructor permission and having met prerequisites.

Department of Biostatistics; PhD in Biostatistics		
Biostatistics Core (6 courses/18 credits)		Credit Hours
GRAD 800	Responsible Conduct in Research Training	0
BIOS 901	Advanced Biostatistics Theory I	3
BIOS 902	Advanced Biostatistics Theory II	3
BIOS 918	Biostatistical Linear Models: Theory and Applications	3
BIOS 924	Biostatistical Theory and Models Survival Data	3
BIOS 925	Theory of General Linear and Mixed Models in Biostatistics	3
BIOS 941	Biostatistical Consultant Application and Practice	3
Healthcare Core (1 course/3 credits)		

HPRO 830	Foundations of Public Health (required for students who have not completed a master's degree from a CEPH-accredited unit. Other exemptions based on previous coursework may be considered by the COPH Assistant Dean for Academic Affairs on a case-by-case basis.)	3
Electives (minimum of 18 credits)		18
Cognate Field Courses (minimum of 6 credits)		6
Total Credit Hours Excluding Dissertation		45
BIOS 999 Dissertation Credit Hours		12
Total for Degree with Dissertation Hours		57

Department of Environmental, Occupational, and Agricultural Health; PhD in Environmental, Health, Occupational Health, and Toxicology (<i>Curriculum effective for students admitted starting Fall 2025</i>)		
Core Courses (19 credit hours)		Credit Hours
GRAD 800	Responsible Conduct in Research Training	0
ENV 900	Advanced Exposure Assessment	3
ENV 901	Environmental, Agricultural, and Occupational Health Data: Methods and Applications	3
ENV 904	Environmental, Agricultural, and Occupational Policy	3
ENV 906	Grant Writing: Environmental, Agricultural, and Occupational Health Perspectives	3
ENV 907	Legal Frameworks: Environmental, Agricultural, and Occupational Health	3
ENV 970	Seminar (<i>4 credits total, taken in 1-credit increments</i>)	4
COPH Required Course (1 course/3 credits)		
HPRO 830	Foundations of Public Health (required for students who have not completed a master's degree from a CEPH-accredited unit. Other exemptions based on previous coursework may be considered by the COPH Assistant Dean for Academic Affairs on a case-by-case basis.)	3
Electives (minimum of 27 credit hours, at least 9 at the doctoral level)		27
Total Credit Hours Excluding Dissertation		49
ENV 999 Dissertation Credit Hours		9
Total for Degree with Dissertation Hours		58

Department of Epidemiology; PhD in Epidemiology		
Core Courses (35 credit hours)		Credit Hours
GRAD 800	Responsible Conduct in Research Training	0
EPI 845	Epidemiologic Methods I	3
EPI 821	Applied Epidemiology	3
EPI 945	Analytical Epidemiologic Methods	3
EPI 946	Epidemiology in Public Health Practice	3
EPI 960	Education Theory and Application	3
EPI 910	Research Grant Proposal Development	3
EPI 970	Seminar (<i>total of 2 credits, 1 credit required prior to comprehensive exam</i>)	2
BIOS 818	Biostatistical Linear Models: Methods and Application	3

BIOS 823	Categorical Data Analysis	3
BIOS 824	Survival Data Analysis	3
BIOS 825	Correlated Data Analysis	3
EPI 805	Human Health and Disease in Public Health	3
COPH Required Course (1 course/3 credits)		
HPRO 830	Foundations of Public Health (required for students who have not completed a master's degree from a CEPH-accredited unit. Other exemptions based on previous coursework may be considered by the COPH Assistant Dean for Academic Affairs on a case-by-case basis.)	3
Selectives (minimum of 18 credit hours, at least 12 hours at the doctoral level)		
EPI 812	Chronic Disease Epidemiology	3
EPI 822	Host and Pathogen Factors in Public Health	3
EPI 837	Social Epidemiology	3
EPI 835	Health Information and Surveillance for Public Health Practice	3
EPI 810	Emergency Preparedness: Prevention	3
EPI 811	Emergency Preparedness: Protection	3
EPI 813	Emergency Preparedness: Response	3
EPI 814	Emergency Preparedness: Respond and Recovery	3
EPI 952	Mental Health Epidemiology	3
EPI 953	Cancer Epidemiology	3
EPI 955	Environmental Epidemiology	3
EPI 957	Survey Research Methods	3
EPI 958	Epidemiologic Analysis of Healthcare Data	3
EPI 941	Epidemiologic Methods in Applied Clinical Genetics	3
EPI 924	Infectious Disease Modeling	3
Total Credit Hours Excluding Dissertation		56
EPI 999 Dissertation Credit Hours		12
Total for Degree with Dissertation Hours		68

Department of Health Promotion; PhD in Health Promotion and Disease Prevention Research		
<i>(Curriculum effective for students admitted starting Fall 2025)</i>		
Core Courses (30 credit hours)		Credit Hours
GRAD 800	Responsible Conduct in Research Training	0
HPRO 901	Systems Thinking for Health Promotion Research	3
HPRO 903	Mixed Methods Research	3
HPRO 908	Knowledge Frameworks: Theory and Application	3
HPRO 910	Humanistic Traditions of Qualitative Research	3
HPRO 915	Foundations of the CBPR Approach	3
HPRO 918	Applications of the CBPR Approach	3
HPRO 917	Advanced Research Methods in Health Promotion Disease Prevention Study Design	3
HPRO 925	Scientific Writing for Public Health Research	3
BIOS 808	Biostatistics II	3
HPRO 970	Seminar (3 credit hours, taken as 1 credit per semester)	3
COPH Required Course (1 course/3 credits)		
HPRO 830	Foundations of Public Health (required for students who have not completed a master's degree from a CEPH-accredited unit. Other exemptions based on previous coursework may be	3

	considered by the COPH Assistant Dean for Academic Affairs on a case-by-case basis.)	
Electives (18-21 credit hours, at least 9 at the doctoral level)		18-21
Total Credit Hours Excluding Dissertation		51-54
HPRO 999 Dissertation Credit Hours		12
Total for Degree with Dissertation Hours		63-66

Department of Health Service Research and Administration; PhD in Health Services and Policy Research		
Core Courses (30 credit hours)		Credit Hours
GRAD 800	Responsible Conduct in Research Training	0
HSRA 810	US Health Care System: An Overview	3
HSRA 860	Health Economics	3
BIOS 808	Biostatistics II	3
HSRA 920	Quantitative Methods in Health Services Research	3
HSRA 930	Design of Health Services Research	3
HPRO 910	Humanistic Traditions of Qualitative Research	3
HSRA 940	Integrated Seminar in Economics and Health Services Research	3
HSRA 960	Seminar in Health Care Administration	3
EPI 957	Survey Research Methods	3
EPI 910	Research Grant Proposal Development	3
COPH Required Course (1 course/3 credits)		
HPRO 830	Foundations of Public Health (required for students who have not completed a master's degree from a CEPH-accredited unit. Other exemptions based on previous coursework may be considered by the COPH Assistant Dean for Academic Affairs on a case-by-case basis.)	3
Electives (minimum of 18 credits, at least 9 at the doctoral level)		
HPRO 901	Systems Thinking for Health Promotion Research	3
HPRO 902	Complex Systems Thinking	3
HPRO 916	Implementation Science Models and Methods	3
HPRO 925	Scientific Writing for Public Health Research	3
BIOS 810	Introduction to SAS Programming	3
BIOS 818	Biostatistical Linear Models: Methods and Application	3
BIOS 825	Correlated Data Analysis	3
BIOS 918	Biostatistical Linear Models: Theory and Applications	3
BIOS 924	Biostatistical Theory and Models Survival Data	3
BIOS 925	Theory of General Linear and Mixed Models in Biostatistics	3
BIOS 935	Semiparametric Methods for Biostatistics	3
EPI 945	Analytical Epidemiologic Methods	3
BMI 810	Introduction to Biomedical Informatics	3
BMI 825	Introduction to R Programming for Biomedicine	3
NRSG 931	Transformational Leadership	3
Total Credit Hours Excluding Dissertation		51
HSRA 999 Dissertation Credit Hours		15
Total for Degree with Dissertation Hours		66

- 2) Provide a matrix, in the format of Template D17-1, that indicates the assessment activity for each of the foundational public health learning objectives listed above (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for Academic Doctoral Degree in a Public Health Field (SPH and PHP, if applicable)		
Content	Course Number and Name	Describe Specific Assessment Opportunity
1. Explain public health history, philosophy, and values.	CPH 500/HPRO 830 – Foundations of Public Health	“What is Public Health?” video and discussion board Quiz
2. Identify the core functions of public health and the 10 Essential Services*	CPH 500/HPRO 830 – Foundations of Public Health	Quiz
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation and discussion board Quiz
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program, with attention to disparities among populations, (e.g., socioeconomic, ethnic, gender, racial).	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation and discussion board Quiz
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	CPH 500/HPRO 830 – Foundations of Public Health	“Ignite” presentation Discussion board
6. Explain the critical importance of evidence in advancing public health knowledge.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
7. Explain the effects of environmental factors on a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
8. Explain biological and genetic factors that affect a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Public Health in the News report
9. Explain behavioral and psychological factors that affect a population’s health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
10. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities.	CPH 500/HPRO 830 – Foundations of Public Health	SDOH/Dr. Iton discussion board Quiz
11. Explain how globalization affects global burdens of disease.	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Sustainable development goals Discussion board
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Discussion board

3) Provide supporting documentation for each assessment activity listed in Template D17-1. Documentation should include the following, as relevant, for each listed assessment:

- assignment instructions or guidelines as provided to students
- writing prompts provided to students
- sample exam question(s)

This documentation can be found in the ERF at ERF->D->D1->CPH 500 Syllabus.

4) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. Typically, the school will present a separate matrix for each concentration. NOTE: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.

Competencies for Academic Doctoral Degrees in Public Health (Biostatistics)	
Competency	Describe How This Competency is Covered
1. Serve as an expert biostatistician on a collaborative team of investigators addressing a research question.	BIOS 924 – Biostatistical Theory and Models Survival Data BIOS 918 – Biostatistical Linear Models: Theory and Applications
2. Successfully conduct and disseminate original research on the theory and methodology of biostatistics.	BIOS 924 – Biostatistical Theory and Models Survival Data BIOS 925 – Theory of General Linear and Mixed Models in Biostatistics
3. Effectively teach biostatistics to biostatistical and non-biostatistical audiences.	BIOS 901 – Advanced Biostatistics Theory I BIOS 902 – Advanced Biostatistics Theory II BIOS 924 – Biostatistical Theory and Models Survival Data BIOS 941 – Biostatistical Consultant Application and Practice BIOS 918 – Biostatistical Linear Models: Theory and Applications
4. Develop a perspective on public health and biomedical research.	BIOS 925 – Theory of General Linear and Mixed Models in Biostatistics BIOS 918 – Biostatistical Linear Models: Theory and Applications
5. Demonstrate knowledge and expertise in a cognate field other than biostatistics.	6 credits of cognate field courses identified by the student, advisor, and supervisory committee

Competencies for Academic Doctoral Degrees in Public Health (Environmental Health, and Occupational Health, and Toxicology)	
Competency	Describe How This Competency is Covered
1. Formulate hypotheses and design experiments to advance the knowledge surrounding environmental and occupational health issues.	ENV 900 Advanced Exposure Assessment ENV 901 Environmental, Agricultural and Occupational Health Data: Methods and Applications ENV 906 Environmental, Agricultural, and Occupational Health Funding Strategies: From Concept to Proposal

2. Prepare and communicate qualitative and quantitative information on environmental and occupational health topics to academic, professional, and public audiences.	ENV 901 Environmental, Agricultural and Occupational Health Data: Methods and Applications ENV 904 Environmental, Agricultural, and Occupational Policy ENV 906 Environmental, Agricultural, and Occupational Health Funding Strategies: From Concept to Proposal ENV 907 Legal Frameworks: Environmental, Agricultural, and Occupational Health
3. Promote environmental and occupational health awareness, outcomes, laws, and policies by fostering diverse stakeholder collaboration.	ENV 906 Environmental, Agricultural, and Occupational Health Funding Strategies: From Concept to Proposal ENV 907 Legal Frameworks: Environmental, Agricultural, and Occupational Health
4. Design and evaluate environmental and occupational health strategies, interventions, and policies to reduce injuries and illnesses.	ENV 904 Environmental, Agricultural, and Occupational Policy ENV 906 Environmental, Agricultural, and Occupational Health Funding Strategies: From Concept to Proposal ENV 907 Legal Frameworks: Environmental, Agricultural, and Occupational Health
5. Utilize experimental design and risk assessment to evaluate the relationship between exposures and adverse health responses.	ENV 900 Advanced Exposure Assessment ENV 904 Environmental, Agricultural, and Occupational Policy ENV 906 Environmental, Agricultural, and Occupational Health Funding Strategies: From Concept to Proposal ENV 907 Legal Frameworks: Environmental, Agricultural, and Occupational Health

Competencies for Academic Doctoral Degrees in Public Health (Epidemiology)	
Competency	Describe How This Competency is Covered
1. Critically evaluate the scientific literature, generate hypotheses, and apply comprehensive knowledge of epidemiologic concepts to solve public health problems.	EPI 910 – Research Grant Proposal Development EPI 946 – Epidemiology in Public Health Practice
2. Design and implement epidemiologic investigations and devise strategies to control biases and reduce random error.	EPI 821 – Applied Epidemiology EPI 945 – Analytical Epidemiologic Methods EPI 910 – Research Grant Proposal Development
3. Incorporate biological, medical, and laboratory knowledge into the practice of epidemiology.	EPI 805 – Human Health and Disease in Public Health EPI 946 – Epidemiology in Public Health Practice
4. Apply advanced analytic methods to epidemiologic data.	EPI 845 – Epidemiologic Methods I EPI 821 – Applied Epidemiology EPI 945 – Analytical Epidemiologic Methods
5. Effectively communicate and teach epidemiologic concepts.	EPI 821 – Applied Epidemiology EPI 945 – Analytical Epidemiologic Methods EPI 960 – Teaching Practicum EPI 910 – Research Grant Proposal Development
6. Develop a competitive grant proposal.	EPI 910 – Research Grant Proposal Development

Competencies for Academic Doctoral Degrees in Public Health (Health Promotion and Disease Prevention Research)	
Competency	Describe How This Competency is Covered
1. Conceptualize quantitative and qualitative research that is ethical, rigorous, and innovative and is based on an advanced knowledge of health promotion theories and disease prevention.	HPRO 901 – Advanced Theories in Health Promotion Disease Prevention HPRO 917 – Advanced Research Methods in Health Promotion Disease Prevention Study Design HPRO 970 – Seminar HPRO 925 – Scientific Writing for Public Health Research
2. Conduct rigorous quantitative and qualitative research based on methodologically sound principles and analytical techniques.	HPRO 925 – Scientific Writing for Public Health Research
3. Conduct needs assessment related to quality of life, health outcomes, and health behaviors in communities or priority population groups.	HPRO 915 – Applications of the CBPR Approach HPRO 917 – Advanced Research Methods in Health Promotion Disease Prevention Study Design
4. Develop measurable objectives and evidence-based interventions in response to needs assessment to promote health and prevent disease among target populations.	HPRO 915 – Applications of the CBPR Approach HPRO 917 – Advanced Research Methods in Health Promotion Disease Prevention Study Design
5. Implement evidence-based and high-impact health promotion and disease prevention interventions that effectively target policy, environmental, community, or individual health behavior change.	HPRO 915 – Applications of the CBPR Approach
6. Evaluate the reach, effectiveness, cost, and impact of evidence-based health promotion and disease prevention interventions and programs using scientifically sound study design, indicators, and analytical techniques.	HPRO 915 – Applications of the CBPR Approach
7. Disseminate and communicate results of research to a broad audience through such avenues as scientific conferences, community forums, and peer-reviewed journals.	HPRO 901 – Advanced Theories in Health Promotion Disease Prevention HPRO 915 – Applications of the CBPR Approach HPRO 925 – Scientific Writing for Public Health Research

Competencies for Academic Doctoral Degrees in Public Health (Health Services and Policy Research)	
Competency	Describe How This Competency is Covered
1. Compare and analyze alternative theoretical and conceptual models from a range of relevant disciplines to health services and policy research.	HSRA 860 – Health Economics HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research HSRA 960 – Seminar in Health Care Administration

2. Design solutions for health policy problems based on knowledge of the structures, performance, quality, policy, and environmental context of health and health care.	HSRA 810 – U.S. Health Care System: An Overview HSRA 860 – Health Economics HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research HSRA 960 – Seminar in Health Care Administration
3. Critically evaluate evidence, synthesize findings, and draw inferences from literature relevant to health services and policy research.	HSRA 810 – U.S. Health Care System: An Overview HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research HSRA 960 – Seminar in Health Care Administration
4. Create and evaluate appropriate interventional (experimental and quasi-experimental) or observational (qualitative, quantitative, and mixed methods) study designs to address specific health services and policy research questions.	HSRA 920 – Quantitative Methods in Health Services Research HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research
5. Appropriately interpret the results of data analysis and discuss their implications for policy and practice in order to support decision-making in health services and policy.	HSRA 920 – Quantitative Methods in Health Services Research HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research
6. Produce manuscripts, reports, and oral presentations and develop other communication modalities to effectively communicate findings and implications of health services and policy research to technical and lay audiences.	HSRA 810 – U.S. Health Care System: An Overview HSRA 930 – Design of Health Services Research HSRA 940 – Integrated Seminar in Economics and Health Services Research HSRA 960 – Seminar in Health Care Administration

- 5) Provide supporting documentation that clearly identifies how the school ensures that students complete a curriculum based on defined competencies. Documentation may include detailed course schedules or outlines to selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc.)

This documentation, arranged by degree program, can be found in the following ERF files:

- ERF->D->D17->PhD Biostatistics
- ERF->D->D17->PhD Environmental and Occupational Health
- ERF->D->D17->PhD Epidemiology
- ERF->D->D17->PhD Health Promotion and Disease Prevention Research
- ERF->D->D17->PhD Health Services and Policy Research

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

The COPH requires all students to complete CPH 500/HPRO 830 Foundations of Public Health if they do not already have an MPH from a CEPH-accredited institution. All foundational learning objectives are mapped to this course to ensure that students are receiving instruction in basic public health knowledge. The course is three credit hours.

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

Typically, the school will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

Students in the majority of COPH's academic doctoral program must complete courses in biostatistics and/or epidemiology, which are related to research methods. In addition, the required seminar courses for each degree program often cover research methods, discuss relevant current research, and invite guest speakers who are experts in research practices specific to the field. The Environmental Health, Occupational Health, and Toxicology PhD has designed its own specific courses related to data and research methods. Together, all of these courses emphasize biostatistical methods and theory and epidemiological principles and practices in a public health context. Many of the programs also include a research methods course specific to that domain of public health. The specific courses required for each degree program are listed below. Finally, besides coursework, students are also required to complete a research-based dissertation project.

PhD in Biostatistics	
BIOS 901: Advanced Biostatistics Theory I	3 credit hours
BIOS 902: Advanced Biostatistics Theory II	3 credit hours
BIOS 918: Biostatistical Linear Models: Theory and Applications	3 credit hours
BIOS 924: Biostatistical Theory and Models Survival Data	3 credit hours
BIOS 925: Theory of General Linear and Mixed Models in Biostatistics	3 credit hours

PhD in Environmental Health, Occupational Health, and Toxicology	
ENV 900: Advanced Exposure Assessment	3 credit hours
ENV 901: Environmental, Agricultural, and Occupational Health Data: Methods and Applications	3 credit hours

PhD in Biostatistics	
BIOS 901: Advanced Biostatistics Theory I	3 credit hours
BIOS 902: Advanced Biostatistics Theory II	3 credit hours
BIOS 918: Biostatistical Linear Models: Theory and Applications	3 credit hours
BIOS 924: Biostatistical Theory and Models Survival Data	3 credit hours
BIOS 925: Theory of General Linear and Mixed Models in Biostatistics	3 credit hours

PhD in Epidemiology	
EPI 821: Applied Epidemiology	3 credit hours
EPI 845: Epidemiological Methods I	3 credit hours
EPI 945: Analytical Epidemiologic Methods	3 credit hours
BIOS 818: Biostatistical Linear Models: Methods and Application	3 credit hours
BIOS 823: Categorical Data Analysis	3 credit hours
BIOS 825: Correlated Data Analysis	3 credit hours

PhD in Health Promotion & Disease Prevention Research	
BIOS 808: Biostatistics II	3 credit hours
HPRO 925: Scientific Writing for Public Health Research	3 credit hours
HPRO 917: Advanced Research Methods in Health Promotion	3 credit hours

PhD in Health Services and Policy Research	
BIOS 808: Biostatistics II	3 credit hours
HSRA 920: Quantitative Methods in Health Services Research	3 credit hours
HSRA 930: Design of Health Services Research	3 credit hours
HPRO 910: Humanistic Traditions of Qualitative Research	3 credit hours
EPI 957: Survey Research Methods	3 credit hours

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

When the student has passed the comprehensive exam and satisfied the coursework and other requirements of their approved program, including those established by the supervisory committee, they will be admitted to candidacy for the PhD degree. Following admission to candidacy, students are expected to focus the majority of their effort toward completion of the dissertation project.

The dissertation should be a complete and independent document that can be understood without reference to other materials. It should represent original research on a defined problem—research for which the student has taken primary responsibility. The dissertation presents proof that the student is able to ask questions relevant to some field of inquiry; has developed an appropriate, detailed approach to addressing these questions; and can gather data and interpret them relative to the current status of the field. The research must therefore be the student’s work, not the collective work of several people (even if others have contributed in a minor way). The dissertation must be an original, substantial, and significant contribution to the body of knowledge in the student’s field. The dissertation must be:

- Original: The exact data or the interpretation of the data do not already exist in the knowledge base of the discipline.
- Substantial: The research presented is important to the field of study (not tangential or of little relevance) and examines a question in depth.
- Significant: The research presented provides information that is useful to other scholars in the field, ideally of such importance that it will alter the thinking or perspective of others in the student’s field of study.

The dissertation is not of fixed length; rather, the dissertation should create in depth a subject from the candidate’s field as approved by the supervisory committee. It should show the student’s technical mastery of the field and should advance or modify former knowledge—that is, it should create new material, or find new results, or draw new conclusions, or interpret old material with new insights.

The dissertation and abstract are to be presented to the members of the supervisory committee at least four weeks before the final oral exam (dissertation defense). It is the student’s responsibility to ensure that, at that time, the dissertation has been properly formatted and has been thoroughly checked for errors in terminology, grammar, and spelling. The final examination is oral and public. It is administered by the supervisory committee after all other requirements have been met. The supervisory committee also determines the character and length of the defense, while maintaining compliance with the guidelines and usual practices followed by the major program. The examination may be devoted to the special field of the dissertation or to related matters, or it may be designed to test the candidate’s judgment and critical thinking. When the final oral exam has been completed successfully, the final version of the dissertation must be submitted electronically to the DigitalCommons@UNMC.

When a student uploads their dissertation to DigitalCommons@UNMC, they have the option to embargo their dissertation for 6 months, 1 year, or 2 years. Students discuss with their supervisory committee whether an embargo is appropriate for their situation. Some reasons students may request an embargo are because the dissertation may contain patentable rights or sensitive data, there is an ethical need to prevent disclosure of sensitive information, portions of the dissertation may be submitted for publication in a journal, or the student’s supervisor plans to use some of the results as preliminary data for a grant.

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

This documentation can be found in the ERF at ERF->D->D16.

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

These samples can be found in the ERF, organized by PhD degree program, at ERF->D->D17->Student Samples. Due to embargos on some student's advanced research projects, we are not able to provide five full examples from each PhD program.

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

Strengths:

- Over the past five years, four of the five doctoral programs have undergone significant and comprehensive review and revision.
 - The Biostatistics PhD program curriculum was updated in 2020.
 - The Environmental Health department has historically offered a PhD program with two tracks: (1) Environmental and Occupational Health, and (2) Toxicology. In Spring 2024, an inclusive curriculum retreat was held, which included graduates and current students, and led to the revision of the curriculum and reduced the program to one track in Environmental, Agricultural, and Occupational Health, effective Fall 2024.
 - The Health Promotion and Disease Prevention Research PhD program curriculum was reviewed and revised in Spring 2024, leading to a change in curriculum to ensure graduates are better prepared to lead disease prevention research.
 - The Epidemiology PhD program is currently under revision, with a revised curriculum expected to be implemented in Fall 2025. It is anticipated that additional doctoral-level epidemiological courses will be developed and added to the plan of study.

Weaknesses and Plans for Improvement:

- The PhD in Health Services Research has not been through the process of curricular review and updating, but that is expected to occur before the 2025–2026 AY.

CRITERIA D:

D18. All Remaining Degrees

D18. All Remaining Degrees

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D16 or D17 complete coursework that provides instruction in the foundational public health knowledge at a level of complexity appropriate to the level of the student's degree program.

The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

- 1) Provide a matrix, in the format of Template D18-1, that indicates the assessment activity for each of the foundational public health learning objectives listed above (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for MHA Degree (all remaining degrees)		
Content	Course Number and Name	Describe Specific Assessment Opportunity
1. Explain public health history, philosophy, and values.	CPH 500/HPRO 830 – Foundations of Public Health	"What is Public Health?" video and discussion board Quiz
2. Identify the core functions of public health and the 10 Essential Services*	CPH 500/HPRO 830 – Foundations of Public Health	Quiz
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.	CPH 500/HPRO 830 – Foundations of Public Health	"Ignite" presentation and discussion board Quiz
4. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.	CPH 500/HPRO 830 – Foundations of Public Health	"Ignite" presentation and discussion board Quiz
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	CPH 500/HPRO 830 – Foundations of Public Health	"Ignite" presentation Discussion Board
6. Explain the critical importance of evidence in advancing public health knowledge.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
7. Explain the effects of environmental factors on a population's health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
8. Explain biological and genetic factors that affect a population's health.	CPH 500/HPRO 830 – Foundations of Public Health	Public Health in the News report

9. Explain behavioral and psychological factors that affect a population's health.	CPH 500/HPRO 830 – Foundations of Public Health	Quiz Discussion board
10. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities.	CPH 500/HPRO 830 – Foundations of Public Health	SDOH/Dr. Iton discussion board Quiz
11. Explain how globalization affects global burdens of disease.	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Sustainable development goals Discussion board
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	CPH 500/HPRO 830 – Foundations of Public Health	Mock Twitter chat Discussion board

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

The COPH requires all students to complete CPH 500/HPRO 830 Foundations of Public Health. All foundational learning objectives are mapped to this course, ensuring that students are receiving instruction in basic public health knowledge. The course is three credit hours.

- 3) Provide supporting documentation for each assessment activity listed in Template D18-1. Documentation should include the following, as relevant, for each listed assessment:
- assignment instructions or guidelines as provided to students
 - writing prompts provided to students
 - sample exam question(s)

This documentation can be found in the ERF at ERF->D->D1->CPH 500 Syllabus.

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

Strengths:

- The MHA program is working toward program accreditation through the Commission on Accreditation of Healthcare Management Education (CAHME). The program was accepted for candidacy and is proposing a site visit in Fall 2025. The program also recently changed from on-campus to online, creating more opportunities for students across the region and country.

Weaknesses and Plans for Improvement:

- As the MHA program progresses through the self-study process through CAHME, there will be opportunities to identify weaknesses and plans for improvement. A curriculum retreat will be held in late spring 2025 that includes industry and practice partners with the goal of providing a robust review of the curriculum and gathering external partner feedback.

CRITERIA D:

D19. Distance Education

D19. Distance Education

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

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

- 1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.

The following UNMC COPH degrees can be obtained via distance education.

MPH	Biostatistics
MPH	Emergency Preparedness
MPH	Epidemiology
MPH	Environmental and Occupational Health
MPH	Health Promotion
MPH	Maternal and Child Health
MPH	Public Health Administration and Policy
MHA	No concentration
DrPH	Epidemiology
DrPH	Emergency Preparedness
DrPH	Advocacy and Leadership
MS	Biostatistics

In addition, students in all combined degree programs can complete the MPH portion of coursework via distance education:

- MPH/MD
- MPH/PharmD
- MPH/MSW
- MPH/MBA
- MPH/MCRP
- MPH/DO

- 2) Describe the public health distance education programs, including
 - a) an explanation of the model or methods used,

The COPH follows the UNMC semester schedule with a fixed start and end date and offers online courses in the fall, spring, and summer semesters. Online classes are delivered using an internet connection and Canvas, the UNMC LMS. Online courses are delivered in weekly modules that require students to sign into the LMS and interact multiple times each week. Each week, students are immersed in completing required readings, activities, watching video lectures, visiting websites, conducting research, and participating with fellow students in discussions and group work. There may also be weekly assignments, quizzes, tests, projects, and papers.

- b) the school's rationale for offering these programs,

The rationale for offering online programs is to reach learners outside of Omaha, NE. This approach removes geographical barriers and allows rural students, military members, out-of-state students, international students, and working adults to earn a graduate degree or certificate in public health.

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

Oversight of distance education program quality is the responsibility of the assistant dean for academic affairs (ADAA), in collaboration with the director of the OTL. The director of the OTL oversees two instructional designers who assist with course and content development, troubleshooting, and support services to faculty online course instructors. This group provides extensive support to faculty as they build their courses and helps them produce high-quality content, including lecture videos.

Students have access to audio and video production services such as YuJA for coursework. Students receive technical support from UNMC ITS or from the COPH IT for systems access and troubleshooting including but not limited to Microsoft Office Suite, Duo Security, MyRecords, and Canvas. Additionally, UNMC pays Canvas by Instructure yearly to maintain 24/7 help for all students and faculty enrolled in our programs. The OTL staff can assist students with additional technology and connectivity needs.

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

All online courses are equivalent to their on-campus delivery counterparts with regard to competencies, learning objectives, learning content, and assessments. Assessments may be adjusted to meet the delivery method of the course to ensure student success while meeting the same goals and objectives of the on-campus assessment. The OTL assists faculty throughout the online course design process to include syllabus design, course material development, course space design, and delivery to maximize engagement and teaching presence.

The COPH Curriculum Committee approves all new online and on-campus courses and programs. The formal course review process (see Criteria E for details) of individual courses, regardless of delivery modality, are facilitated by the OTL on an ongoing, rolling three- and five-year schedule. Each review consists of a syllabus review, a Canvas space review, a course reflection, and the overall course score and comments to ensure rigor, consistency across on-campus and online modalities, competency alignment, and course delivery.

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

Educational outcomes of online programs are equivalent to the on-campus programs and measure success through student and faculty performance. All courses evaluate student outcomes using a balanced approach of formative, summative, and authentic assessments. This approach provides a balanced evaluation of educational outcomes. Assessments include papers, case studies, discussion boards, quizzes, exams, problem sets, projects, presentations, and more. The evaluation of assessments is guided by analytic rubrics that not only guide students when completing an assessment but remove most grading subjectivity by faculty based on the predetermined criteria.

The OTL uses a rubric to review online course spaces in Canvas. The review encompasses course structure, design, organization, and layout to ensure research-based practices provide an effective learning environment. Faculty teaching presence related to interaction, feedback, and engagement are also measured using the COPH online rubric. This review allows the OTL to confirm if the space meets the minimum rubric requirements and provide resources and support for faculty.

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

Upon matriculation to one of the online programs, all students are given individual usernames and passwords that they must use to access any course on Canvas. Additionally, students must use two-factor authentication to access their courses. UNMC's internet use policy prohibits sharing usernames or passwords. According to the UNMC policy Wiki (https://wiki.unmc.edu/index.php/Computer_Use/Electronic_Information), only the student to whom the username and password are issued may use them.

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

Strengths:

- There are many strengths to our distance education. The OTL provides valuable resources to the Copenhague faculty across various areas of instruction. The OTL's instructional design team provides significant support to faculty for their online courses; this support ensures that courses are built using best practices for online education while maintaining consistency and the highest quality.
- Another strength is the course evaluation process. The OTL has developed a robust process that ensures all Copenhague courses are reviewed on a regular basis.

Weaknesses and Plans for Improvement: None identified.



CRITERIA E:

Faculty

CRITERIA E:

E1. Faculty Alignment with Degrees Offered

E1. Faculty Alignment with Degrees Offered

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

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

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

Template E1-1

Primary Instructional Faculty Alignment with Degrees Offered						
Name	Title/ Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Abresch, Chad	Associate Professor	TT	PhD	UNO	Public Administration	Health Promotion & Disease Prevention Research
			MEd	UNL	Health Education	
Blake, Anthony	Assistant Professor	NTT	DrPH	UNMC	Epidemiology	Environmental & Occupational Health
			MPH	UNMC	Occupational and Environmental Health	
Brandert, Kathleen	Assistant Professor	TT	PhD	UNL	Human Sciences, Leadership Studies	Advocacy & Leadership
			MPH	UNO	Community Health Education	
Carnes, Eric	Associate Professor	NTT	PhD	University of New Mexico	Chemical Engineering	Environmental & Occupational Health
			MS	University of New Mexico	Chemical Engineering	
Chen, Su	Associate Professor	TT	PhD	Oklahoma State University	Statistics	Biostatistics
			MS	Oklahoma State University	Statistics	
			MS	Oklahoma State University	Quantitative Financial Economics	
Cozad, Melanie	Assistant Professor	TT	PhD	University of Tennessee	Economics	Public Health Administration & Policy
			MA	University of Tennessee	Economics	
			MBA	Cameron University	Business Administration	
Crosby, Kaitlyn	Assistant Professor	TT	PhD	University of South Carolina	Health Economics & Policy	Health Promotion
			MHA	University of Missouri	Health Economics & Biomedical Ethics	

Cross, Shaun	Assistant Professor	TT	PhD	Colorado State University	Microbiology	Environmental Health, Occupational Health, & Toxicology
Dai, Ran	Assistant Professor	TT	PhD	University of Chicago	Statistics	Biostatistics
			MS	University of Chicago	Statistics	
			PhD	University of Minnesota-Twin Cities	Medicinal Chemistry	
Dickey, Brittney	Assistant Professor	TT	PhD	UNMC	Epidemiology	Epidemiology
			MPH	UNMC	Health Promotion	
Dong, Jianghu "James"	Assistant Professor	TT	PhD	Simon Fraser University	Statistics	Biostatistics
			MSc	University of Alberta	Statistics	
			MSc	Renmin University of China	Statistics	
Dzewaltowski, David	Professor	T	PhD	University of Iowa	Exercise Psychology	Health Promotion & Disease Prevention Research
			MS	West Virginia University	Exercise Psychology	
ElRayes, Wael	Associate Professor	TT	PhD	UNMC	Health Services Research, Administration, & Policy	Public Health Administration & Policy
			MS	UNMC	Emergency Preparedness	
			MBBS	Cairo University	Surgery & Medicine	
Fauver, Joseph	Assistant Professor	TT	PhD	Colorado State University	Microbiology	Epidemiology
Gilbert, Carol	Assistant Professor	TT	PhD	UNMC	Preventive & Societal Medicine	Maternal & Child Health
			MS	University of Iowa	Mathematical Statistics	
Grimm, Brandon	Professor	T	PhD	UNMC	Health Promotion, Social & Behavioral Health	Advocacy & Leadership
			MPH	UNO	Community Health Education	

Gwon, Yeongjin	Associate Professor	TT	PhD	University of Connecticut	Statistics	Biostatistics
			MS	Kyungpook National University	Statistics	
Haynatzki, Gleb	Professor	T	PhD	University of California Santa Barbara	Statistics & Applied Probability	Biostatistics
			MA	University of California Santa Barbara	Statistics	
			DSc	Sofia University St. Kliment Ohridski	Mathematical Sciences	
			MSc	Sofia University St. Kliment Ohridski	Mathematical Sciences	
Hansen, Keith	Instructor	NTT	MBA	UNL	Business Administration	Emergency Preparedness
Herstein, Jocelyn	Assistant Professor	TT	PhD	UNMC	Environmental & Occupational Health	Environmental & Occupational Health
			MPH	UNMC	Environmental, Agricultural, & Occupational Health	
Im, Yunju	Assistant Professor	TT	PhD	University of Iowa	Statistics	Biostatistics
			MS	Ewha Womans University	Statistics	
Khan, Ali	Professor	T	MD	SUNY Health Science at Brooklyn	Medicine	Epidemiology
			MPH	Emory University	Biostatistics	
			MBA	UNO	Business Administration	
Kim, Jungyoon "JY"	Associate Professor	TT	PhD	Pennsylvania State University	Health Policy & Administration	Health Services & Policy Research
			MS	Kyung Hee University	Health Services Management	
King, Keyonna	Associate Professor	TT	DrPH	Loma Linda University	Preventive Care	Health Promotion & Disease Prevention Research
			MA	Pepperdine University	Psychology	
		TT	PhD	University of Toledo	Public Health Education	Advocacy & Leadership

Kolm Valdivia, Nicole	Assistant Professor		MPH	University of Toledo	Health Education	
Lookadoo, Rachel	Assistant Professor	TT	JD	American University Washington College of Law	Law	Emergency Preparedness
Lyden, Elizabeth	Instructor	NTT	MS	University of Illinois-Chicago	Biostatistics	Biostatistics
			MA	University of Chicago	Religion	
Maloney, Patrick	Assistant Professor	TT	PhD	Louisiana State University Health Sciences Center	Epidemiology	Epidemiology
			MPH	University of Illinois-Chicago	Epidemiology & Biostatistics	
Maloney, Shannon	Assistant Professor	TT	PhD	Pardee RAND Graduate School	Policy Analysis	Maternal & Child Health
			MPP	University of California Los Angeles	Regional Development Policy	
Medcalf, Sharon	Associate Professor	TT	PhD	UNMC	Emergency Preparedness	Emergency Preparedness
			MEd	University of Oklahoma	Adult & Higher Education	
Mengist, Abraham	Assistant Professor	TT	PhD	Florida International University	Epidemiology	Epidemiology
			MSc	Addis Ababa University	Biomedical Sciences	
Michaud, Tzeyu	Assistant Professor	TT	PhD	University of Minnesota	Health Decision Science	Health Promotion & Disease Prevention Research
			MHA	Chang Gung University	Healthcare Management	
Nonnenmann, Matthew	Professor	T	PhD	University of Iowa	Industrial Hygiene/Ergonomics	Environmental & Occupational Health; Environmental Health, Occupational Health, & Toxicology
			MS	University of Iowa	Industrial Hygiene	
Palm, David	Associate Professor	TT	PhD	UNL	Economics	Public Health Administration & Policy
			MS	University of Wyoming	Economics	

Peters, Edward	Professor	T	DMD	University of Connecticut	Dentistry	Epidemiology
			ScD	Harvard University	Epidemiology	
			SM	Harvard University	Epidemiology	
			SM	Harvard University	Health Policy & Management	
Peters, Stephen	Instructor	NTT	MA	Central Michigan University	Organizational Communication	Public Health Administration & Policy
Raikes, Hilary Abbie	Professor	T	PhD	UNL	Developmental Psychology	Maternal & Child Health
			MPH	Columbia University	Population and Family Health	
Rajaram, Shireen	Associate Professor	T	PhD	University of Kentucky	Sociology	Health Promotion
			MA	University of Kentucky	Sociology	
			M.Com.	Madras University	Business & Commerce	
Ratnapradipa, Kendra	Assistant Professor	TT	PhD	Saint Louis University	Public Health Studies-Epidemiology	Epidemiology
			MSW	Brigham Young University	Clinical Social Work	
Rautiainen, Risto	Professor	T	PhD	University of Iowa	Occupational & Environmental Health	Environmental Health, Occupational Health, & Toxicology
			MS	University of Helsinki	Agriculture	
Rosen, Marisa	Assistant Professor	NTT	PhD	UNMC	Health Promotion and Disease Prevention Research	Health Promotion
			MPH	George Washington University	Maternal and Child Health	
Rung, Ariane	Associate Professor	T	PhD	Tulane University	Behavioral Epidemiology	Advocacy & Leadership
			MPH	Tulane University	International Health & Development	
Sauer, Lauren	Associate Professor	TT	PhD (Pending)	Johns Hopkins University	Health and Public Policy	Environmental Health, Occupational Health, & Toxicology
			MSc	Towson University	Health System Preparedness	

Scofield, Leslie	Instructor	NTT	MPH	UNMC	Public Health Practice	Emergency Preparedness
Smith, Lynette	Associate Professor	T	PhD	UNL	Statistics	Biostatistics
			MS	University of Minnesota	Biostatistics	
Strong, Shelley	Assistant Professor	NTT	PhD	Texas A&M University	Health Education	Health Promotion
			MPH	Texas A&M University	Epidemiology	
			MFA	Case Western Reserve University	Contemporary Dance	
Su, Dejun	Professor	T	PhD	University of Chicago	Sociology	Health Promotion
			MA	Peking University	Demography	
Tak, Hyo Jung	Assistant Professor	TT	PhD	University of Chicago	Public Policy	Health Services & Policy Research
			MA	University of Chicago	Economics	
Tibbits, Melissa	Associate Professor	TT	PhD	Pennsylvania State University	Human Development & Family Studies	Health Promotion
			MS	Pennsylvania State University	Human Development & Family Studies	
Verhoeven, Dana	Assistant Professor	TT	PhD	Clemson University	Industrial & Organizational Psychology	Public Health Administration & Policy
			MS	Clemson University	Applied Psychology	
Vinson, Laura	Instructor	NTT	MPH	UNMC	Community Health Education	Health Promotion
Wang, Hongmei	Associate Professor	T	PhD	Yale University	Health Policy	Health Services & Policy Research
			MS	Harvard University	Health Policy & Management	
Watanabe-Galloway, Shinobu	Professor	T	PhD	University of Iowa	Epidemiology	Epidemiology
			MA	University of Northern Iowa	Psychology	
White, Trina	Assistant Professor	TT	DrPH	UNMC	Emergency Preparedness	Public Health Administration & Policy
			MBA	UNO	Business Administration	
			MS	University of South Dakota	Physical Therapy	
		TT	PhD	UNL	Statistics	Biostatistics

Wichman, Christopher	Associate Professor		MS	UNL	Biostatistics	
			MS	University of Virginia	Materials Science	
Yu, Fang	Professor	T	PhD	University of Connecticut	Statistics	Biostatistics
			MS	University of Massachusetts	Mathematics	
Zhang, Ying	Professor	T	PhD	University of Washington	Statistics	Biostatistics
			MS	Florida State University	Applied Mathematics	
			MS	Fudan University	Computational Mathematics	
Zheng, Cheng	Associate Professor	T	PhD	University of Washington	Biostatistics	Biostatistics
			MS	University of Washington	Biostatistics	

*Faculty are classified as tenure track (TT), non-tenure track (NTT), or tenured (T).

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

Template E1-2

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Anzalone, Jerrod	Assistant Professor	Assistant Professor, UNMC COPH	1.0 FTE	PhD	UNMC	Biomedical Informatics	Biostatistics
				MS	UNO	Management Information Systems	
Bagley, Kevin	Assistant Professor	UNMC	0.05 FTE	DHA	Central Michigan University	Health Care Administration	Public Health Administration & Policy
				MBA	Utah State University	Business Administration	
Bell, Jesse	Professor	Director; Water, Climate, and Health Program, UNMC; University of Nebraska Daugherty Water for Food Global Institute	0.45 FTE	PhD	University of Oklahoma	Plant Biology	Environmental & Occupational Health
Beseler, Cheryl	Associate Professor	Associate Professor, UNMC COPH	1.0 FTE	PhD	Colorado State University	Environmental Health, Epidemiology	Environmental Health, Occupational Health, & Toxicology
				MAS	Colorado State University	Statistics	
				MS	Colorado State University	Environmental Health	
				MS	Colorado State University	Biochemistry	
Biggs, Erin	Assistant Professor		0.2 FTE	PhD	Louisiana State	Epidemiology	Epidemiology

		UNMC & Ochsner Health			University Health Sciences Center		
				MPH	Louisiana State University Health Sciences Center	Epidemiology	
Brett-Major, David	Professor	UNMC	0.70 FTE	MD	Uniformed Services University	Medicine	Epidemiology
				MPH	Uniformed Services University	Tropical Public Health	
Casani, Julie Ann	Assistant Professor	UNMC	0.55 FTE	MD	New York University	Medicine	Emergency Preparedness
				MPH	Johns Hopkins University	Health Policy & Management	
Dai, Hongying "Daisy"	Professor	Associate Dean of Research, UNMC COPH	1.0 FTE	PhD	University of Kentucky	Statistics	Biostatistics
				MS	University of Kentucky	Statistics	
				MS	University of Kentucky	Mathematics	
Demman, Michael	Assistant Professor	UNMC	0.06 FTE	JD	Creighton University	Law	Public Health Administration & Policy
Kamal-Ahmed, Ishrat	Instructor	UNMC & DHHS	0.2 FTE	PhD	University of Minnesota	Environmental Health Sciences: Infectious Diseases	Epidemiology
				MSc	Minnesota State University-Mankato	Health Science – Community Health	
KC, Madhav	Assistant Professor		0.15 FTE	PhD	Louisiana State University Health Sciences Center	Epidemiology	Epidemiology
				MPH	Louisiana State University Health Sciences Center	Epidemiology	

Kintziger, Kristina	Associate Professor	Associate Professor, UNMC COPH	1.0 FTE	PhD	University of South Carolina	Epidemiology	Environmental & Occupational Health
				MPH	Emory University	Epidemiology	
Kraus, Emily	Assistant Professor	UNMC, MITRE Corp	0.1 FTE	PhD	University of Colorado-Anschutz Medical Campus	Clinical Sciences, Health Information Technology	Epidemiology
				MPH	Emory University	Global Health	
Levy, Deborah	Professor	UNMC	0.25 FTE	PhD	Johns Hopkins University	Epidemiology	Emergency Preparedness
				MPH	University of California – Los Angeles	Epidemiology	
Louis II, Leo	Instructor	UNMC	0.03 FTE	NA	NA	NA	Health Promotion & Disease Prevention Research
Lowe, Abigail	Associate Professor	UNMC	1.0 FTE	PhD	UNMC	Medical Sciences	Advocacy & Leadership
				MA	UNL	English	
Lowe, John-Martin	Professor	Chair, COPH Department of Environmental, Agricultural, and Occupational Health Assistant Vice Chancellor for Health Security Training & Education, UNMC	1.0 FTE	PhD	UNMC	Medical Science	Environmental Health, Occupational Health, & Toxicology
				MS	UNL	Molecular Virology	
McMillan, Analisa	Assistant Professor	UNMC COPH Director of Educational Design & Development	0.7 FTE	PhD	UNMC	Preventive & Societal Medicine	Advocacy & Leadership
				MSEd	UNK	Instructional Technology	
McMillan, JoEllyn	Associate Professor	UNMC	0.35 FTE	PhD	Texas A&M University	Toxicology	Environmental & Occupational Health; Environmental Health, Occupational Health, & Toxicology

Ramos, Athena	Associate Professor	UNMC	1.0 FTE	PhD	Clemson University	International Family & Community Studies	Advocacy & Leadership
				MBA	UNO	Business Administration	
				MS	UNO	Urban Studies, Community & Economic Development	
Rogan, Eleanor	Professor	Associate Dean for Strategic Projects, UNMC COPH	0.49 FTE	PhD	Johns Hopkins University	Major in Biochemistry	Environmental Health, Occupational Health, & Toxicology
Samuelson, Mystera	Assistant Professor	Director; UNMC Animal Behavior Core	1.0 FTE	PhD	University of Southern Mississippi	Brain & Behavior	Environmental & Occupational Health
				MS	University of Idaho	Natural Resources	
Schmid, Kendra	Professor	Interim Associate Vice Chancellor for Academic Affairs, Interim Dean of Graduate Studies, UNMC Interim Vice Provost, University of Nebraska	0.1 FTE	PhD	UNL	Statistics	Biostatistics
				MA	UNL	Educational Administration	
				MS	UNL	Statistics	
Shope, Ron	Assistant Professor	UNMC	0.12 FTE	PhD	Pennsylvania State University	Speech Communication	Health Practice & Disease Prevention Research
				MA	Wheaton College	Communication	
Sims, Brian	Associate Professor	UNMC	1.0 FTE	PhD	University of Michigan	Education & Psychology	Advocacy & Leadership
				MA	University of Michigan	Social Psychology	
Stentz, Terry	Associate Professor	Associate Professor, Charles W. Durham School of Architectural Engineering & Construction; University of	0.20 FTE	PhD	UNL	Psychological Studies (Human Factors)	Environmental & Occupational Health
				MPH	Harvard University	Occupational & Environmental Health	
				MSIE	UNL	Industrial & Management Systems Engineering	

		Nebraska-Lincoln		AM	Dartmouth College	Environmental Science	
				MA	UNL	Technical Composition & Rhetoric	
Tesar, Megan	Assistant Professor	UNMC	0.35 FTE	PhD	UNL	Statistics	Biostatistics
				MS	UNL	Statistics	
Wescott, Siobhan	Associate Professor	UNMC	1.0 FTE	MD	Harvard Medical School	Medicine	Health Promotion & Disease Prevention Research
				MPH	University of California Los Angeles	Health Education	
Wyatt, Todd	Professor	UNMC	0.41 FTE	PhD	University of North Carolina	Pathology	Environmental & Occupational Health
Yoder, Aaron	Associate Professor	UNMC	0.9 FTE	PhD	Purdue University	Agricultural & Biological Engineering	Environmental & Occupational Health
				MS	Pennsylvania State University	Environmental Pollution Control	

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

CVs for PIF faculty can be found in the ERF at ERF->E->E1->PIF CVs.

CVs for non-PIF faculty can be found in the ERF at ERF->E->E1->Non-PIF CVs.

- 4) Provide a brief narrative summary, with specific examples, of how faculty education, experience, demographics, and/or lived experience supports instructional areas.

Faculty have educational or practice expertise in their instructional areas. For the MPH program, four of the five core courses are routinely taught by faculty who have an MPH degree: Dr. Shelley Strong (CPH 539 Leadership and Advocacy), Dr. Erin O. Schneider (CPH 514 Planning and Evaluation), Dr. Jocelyn Herstein (CPH 500 Foundations of Public Health), and Dr. Erin Biggs (CPH 504 Epidemiology in Public Health). Concentration courses are taught by faculty who have experience in a given discipline.

For the doctoral programs, COPH assigns faculty instructors who have significant research (PhD programs) or practice (DrPH program) expertise. For the PhD programs, the faculty who teach courses and advise students are recognized experts in the research of their field, including Dr. Kristina Kintziger (Environmental and Occupational Health (EOH) PhD Program – expert in environmental epidemiology), Dr. Matt Nonnemann (EOH PhD Program – expert in industrial hygiene), Dr. Ed Peters (Epidemiology PhD Program – expert in epidemiological methods), Dr. Ariane Rung (Epidemiology PhD Program – expert in survey research), Dr. David Dzewaltowski (Health Promotion and Disease Prevention Research PhD Program – expert in community systems for population health improvement), Dr. Dejun Su (Health Promotion and Disease Prevention Research PhD Program – expert in health disparities and healthcare access), Dr. Chris Wichman (Biostatistics PhD program – expert in meta data), and Dr. JY Kim (Health Services and Policy Research PhD Program – expert in evidence-based practices). For the DrPH program core curriculum, the faculty teaching core course have practice experience in their instructional area, including Drs. Brandon Grimm (experience in working with state and local health departments), Kathleen Brandert (experience in leadership and workforce development), Nicole Kolm Valdivia (experience in HIV and HCV prevention),

Trina White (experience in healthcare administration), and Analisa McMillan (experience in teaching and training).

- 5) If applicable, provide additional narrative explanation that supplements reviewers' understanding of data in the templates.

Faculty are classified as tenure track (TT), non-tenure track (NTT), or tenured (T). Faculty appointments include special appointments (NTT), health professions (TT), and continuous (T). The university verifies that an individual is qualified to teach courses at the level to which they are assigned, based on regional accrediting body (HLC) standards.

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

Strengths:

- The COPH has a diverse set of faculty members, including those with practice experience and other relevant backgrounds, as highlighted above. This experience is valuable in the classroom and while mentoring students. However, the COPH continues to work on identifying community members with practice and lived experience to serve as instructors or co-instructors, particularly for the professional programs.

Weaknesses and Plans for Improvement:

- As the COPH enrollment continues to grow, there is going to be an increase in demand for faculty with appropriate breadth and depth of expertise. We are implementing initiative to recruit or encourage more faculty whose focus is teaching. For example, COPH is working on developing a teaching track for faculty promotion purposes that is slated to be in place for the 2025-2026 promotion cycle. This track will attract faculty who have strong track records or interest in teaching.

CRITERIA E:

E2. Integration of Faculty with Practice Experience

E2. Integration of Faculty with Practice Experience

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

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

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, other than faculty members' participation in extramural service, as discussed in Criterion E5. The unit may identify full-time faculty with prior employment experience in practice settings outside of academia, and/or units may describe employment of part-time practice-based faculty, use of guest lecturers from the practice community, etc.

The COPH employs multiple faculty who have experience working in public health practice settings prior to joining the COPH. These faculty include but are not limited to:

Dr. Ali S Khan worked at the Centers for Disease Control and Prevention (CDC) for 23 years before joining the COPH. He was one of the main architects of the U.S. health security program and lead numerous infectious disease outbreaks. In his current role as dean of the COPH, he continues to respond to global outbreaks for the World Health Organization (WHO) and serves on the WHO Executive Committee for the Global Outbreak Alert and Response Network. He currently works across the state improving practices for reducing maternal and infant mortality and harm reduction. Dr. Khan joined the COPH in June 2014 as dean and professor of epidemiology. He draws from his practice experience when teaching courses and participating in MPH and DrPH capstone and dissertation committees.

Dr. Chad Abresch lead CityMatCH for more than 20 years, a national membership organization of maternal and child health projects in local health departments across the country. This work allowed him to co-design and implement public health initiatives in dozens of U.S. cities. He has created surveillance and prevention methodologies that have been demonstrated effective and subsequently written into federal grant funding documents as required activities for grantees. Dr. Abresch joined the COPH in May 2023 as the Weitz Family Chair of Health Promotion and associate professor in the Department of Health Promotion. He draws from his practice experience when teaching courses; chairing and participating in MPH, DrPH, and PhD capstone and dissertation committees; and leading program and curricular design efforts within the department.

Dr. Kathleen Brandert has been grounded in workforce development and technical assistance for public health practitioners for more than 20 years. At CityMatCH, a national maternal and child health membership organization, she co-developed and implemented a host of education and training initiatives for the MCH workforce across the country focused on issues like infant mortality, health inequities, and leadership development. From 2012–2022, she served as manager of workforce development and leadership programs in the COPH at UNMC. In 2022, she was named assistant dean of public health practice for the COPH. Dr Brandert's research focuses on the development of leaders, with an interest in integrating equity, diversity, and inclusion competencies into leadership development. As a trained executive and team coach, she successfully supports individuals, teams, and organizations through small- and large-scale change efforts in their communities. Dr. Brandert's experiences and skillsets give her a unique vantage point to not only quickly assess the needs of the workforce, but to offer education and training solutions to meet those needs. In the lectures she gives and the course she teaches (CPH 718 Leadership Theory and Practice), Dr. Brandert incorporates her breadth and depth of practice-based experience into the content and assessments.

Dr. David Brett-Major was a WHO medical officer based in Geneva for two years in support of Alert and Response Operations, to include global responses to Ebola virus disease in West Africa, avian influenza A(H7N9), Middle East respiratory syndrome coronavirus (MERS-CoV), chemical weapons use in Syria, as well as health security policy work on pandemic preparedness and response and dual use research of concern. A retired U.S. Navy medical officer, Professor Brett-Major led the military's tropical public health and tropical medicine training program, building longitudinal service and education relationships in Central and South America, Africa, and Asia. He helped to develop the U.S. Department of Defense's integrated biosurveillance division and created the Navy research and development enterprise's office of emerging infectious diseases. He led field laboratory operations for that enterprise, incorporating 1,500 personnel on 4 continents; and, later led network clinical research operations in Africa and Asia for the Military HIV Research Program. He has developed international programs for surveillance, product development, and discovery, principally in sub-Saharan Africa. In Nebraska, Professor Brett-Major and colleagues have built a clinical research study portfolio focused on emerging and re-emerging infectious diseases and supported state and tribal efforts in COVID-19 and influenza prevention and mitigation efforts.

Dr. Julie Casani practiced clinical emergency medicine in the Johns Hopkins system for 17 years. She has been actively involved in emergency medical services since the 1970s, serving at every level from ambulance provider to an appointed member of the Maryland State EMS Board. Until June of 2017, she was the director of public health preparedness and response in the North Carolina Division of Public Health. From 1999 to 2006, she was the preparedness director at the Maryland Department of Health and Mental Hygiene. She has been a policy and health practice consultant to several national workshops and committees in weapons of mass destruction for federal and state agencies, serving on three Defense Science Boards and as a member of the 2018–2021 National Academies of Science, Engineering, and Medicine Committee on Evidence Based Practices for Public Health Preparedness. She also served three consecutive terms as a member of the Homeland Security Science and Technology Advisory Committee for the Department of Homeland Security. She co-authored the text *Disasters and Public Health: Planning and Response*. From 2017 to 2023, she was the director and medical director of campus health at North Carolina State University. In December 2022, she served as the chief medical officer for the university during the COVID-19 response and established campus-wide programs for faculty, staff, and students for testing, isolation, and quarantine and vaccination. She was an adjunct associate professor in biological sciences where she instructed in global public health, agriculture security, and One Health; coordinated the Global Health minor; and mentored pre-health students. In January 2023, Dr. Casani joined the faculty of the COPH at UNMC as an assistant professor in epidemiology with a focus on preparedness and disaster epidemiology.

Dr. Carol Gilbert has provided training and technical assistance to maternal and child health epidemiologists and program leaders in health departments across the United States for more than two decades as part of CityMatCH. CityMatCH receives federal funding to increase the capacity of health departments, improve health equity, and address maternal and child health issues such as preterm birth, infant mortality, and breastfeeding. Relying primarily on existing data sources such as vital records, health surveys, and administrative data, Dr. Gilbert teaches public health professionals how to identify the underlying reasons for poor outcomes and disparities. She teaches analytic methods and use of data to advocate for policy changes, seek funding, and plan programs. In teaching courses at the COPH (including HPRO 881 Maternal and Child Health Theory and Interventions, and soon HPRO 880 Introduction to Maternal and Child Health), Dr. Gilbert provides many real-life examples of the challenges that health departments face. She adds lessons in quantitative thinking to many topics and shows students how to find relevant data to bolster their arguments.

Dr. Brandon Grimm worked for several years in corporate wellness for Union Pacific and Honeywell. Dr. Grimm also worked in cardiac rehabilitation before joining UNMC. He is the past associate dean of public health practice, and he created the OPHP. Dr. Grimm co-created, with practice partners throughout Nebraska, the Nebraska Educational Alliance for Public Health Impact, and the Great Plains Leadership Institute. He is recognized across the state as a thought leader in public health practice and in creating systems and solutions to respond to communities' most important health threats. Dr. Grimm is also a board of health member for the Sarpy Cass Health Department. He used his experiences to create the core course

CPH 539 Public Health Leadership and Advocacy and the DrPH course CPH 704 Advocacy and Policy Engagement.

Dr. Jocelyn Herstein specializes in high-consequence infectious disease preparedness and management, with a focus on infection prevention and control, high-level isolation, training and education, and U.S. national preparedness infrastructure. She has provided technical expertise and conducted biopreparedness trainings on Ebola virus disease, H5N1, Lassa fever, and COVID-19 for healthcare workers and public health officials in the United States, Europe, Africa, and Southeast Asia. During the COVID-19 pandemic, Dr. Herstein co-led the development of a national online just-in-time training program for federal first responders; was part of a team that provided technical assistance to meat processing facilities, schools, and other vulnerable sectors; and led the development of guidelines and playbooks for a number of these industries. She leads multiple national and international multidisciplinary projects on health security, working with governmental partners, academic centers, healthcare facilities, and the private sector. Dr. Herstein also serves on the WHO Global Outbreak Alert and Response Network research leadership team to advance operational research during public health emergencies. She draws from her field experiences when teaching CPH 500 Foundations of Public Health, integrating practice experiences to illustrate public health in action, and when chairing and participating in MPH and PhD capstone and dissertation committees.

Mr. Keith Hansen is the director of the UNMC COPH Center for Preparedness and Emergency Response Solutions (CPERS) and the co-director of the Association of Healthcare Emergency Preparedness Professionals (AHEPP). During his career, he worked at both the Lincoln-Lancaster County Health Department (local) and NEDHHS prior to joining the COPH. He led the injury prevention programs at both organizations as well as the Sexually Transmitted Diseases Program at NEDHHS. Following those positions, he worked at NEDHHS as the emergency manager for public health and healthcare. He responded to multiple disasters in Nebraska; wrote numerous disaster response plans; conducted hundreds of trainings for the public, local, and state health departments; and conducted dozens of large- and small-scale exercises. Mr. Hansen also co-founded AHEPP, an international association dedicated to the professional development of healthcare emergency managers. He uses his experience to teach the CPH 726 Exercise Development course. He also mentors numerous students through their APEX and capstone projects. His leadership with AHEPP and CPERS gives students real-world, practical experience in the field of public health and healthcare disaster emergency management.

Dr. Nicole Kolm Valdivia worked at the Iowa Department of Public Health for eight years before joining the COPH. She served as an evaluation coordinator and then epidemiology program manager for HIV, hepatitis, and sexually transmitted infections (STIs). Prior to joining the health department, she worked at Safe Kids Greater Toledo where she served as a pediatric injury prevention specialist, and at a high school for teenage moms where she served as a health teacher, evaluation coordinator, and coordinator of student services. Dr. Kolm Valdivia joined the COPH in February 2020 as the director of professional programs and was promoted to ADAA and assistant professor in epidemiology in November 2022. She has used her practice experience in teaching courses (including CPH 514 Planning and Evaluation) and leading curricular design and revisions.

Dr. Emily Kraus worked at Denver Public Health Department as an epidemiologist and informaticist for the city and county of Denver for nine years. She was an independent consultant to CDC, National Association of Chronic Disease Directors, Public Health Informatics Institute, National Association of Community Health Centers, Denver Health and Hospital Authority, the Louisiana Public Health Institute, and the Council of State and Territorial Epidemiologists for five years supporting public health informatics projects. She is currently a public health principal at the MITRE Corporation supporting informatics projects across government entities. Dr. Kraus joined the COPH in 2023 in the Department of Epidemiology. She integrates content and expertise from her practice experience into an introduction to public health informatics class offered for the first time in Fall 2024.

Ms. Rachel Lookadoo has worked with UNMC since 2018, when she was hired to be a preparedness specialist for the (then-titled) Center for Preparedness Education. In that role, she worked closely with public health departments across Nebraska on issues relating to emergency preparedness and response. Prior

to joining UNMC, Ms. Lookadoo worked as an attorney and compliance specialist for a regional healthcare organization, a role that focused on implementing the CMS emergency preparedness regulations in healthcare settings. Since becoming UNMC faculty in November 2019, Ms. Lookadoo has used her practice experience in both public health and healthcare to create practical courses and corresponding assignments for her students. Ms. Lookadoo teaches CPH 550 Emergency Preparedness and CPH 555 Public Health Law and has chaired and participated in many MPH, DrPH, and PhD committees.

Dr. Sharon Medcalf launched her practice experience in emergency preparedness in 2001, leading the metro Omaha hospitals in the development of plans for healthcare facilities to receive and isolate and treat patients with smallpox resulting from a bioterrorism release. From there, she was hired in 2002 to build the first stand-alone outreach training center for emergency preparedness under CDC's Bioterrorism Cooperative Agreement. The mission of the training center was to train all staff responsible for general emergency preparedness, employed by health departments and hospitals across Nebraska and the region. This training center, now called the Center for Preparedness and Emergency Response Solutions (CPERS), is still operational and continues to support practice partners in the field. In 2011, Dr. Medcalf developed an academic program beginning with a graduate certificate and a master's degree in emergency preparedness, based largely on practice curriculum content. And finally, in 2020, she launched the first DrPH in emergency preparedness and continues to administer the suite of academic programs in emergency preparedness. Dr. Medcalf's continued involvement in the practice arena, through outreach training, benefits students in many ways. She is able to demonstrate emergency preparedness concepts through real-life practice examples in the courses she teaches. Through her vast network of practice connections at the local, state, and national levels, she is able to use her expertise to mentor MPH and DrPH students through their coursework, practicum and APEX work, and capstone and dissertation projects, as well as provide career guidance for these students.

Dr. David Palm worked at the Division of Public Health in the NEDHHS for more than 30 years. At the Division of Public Health, he was involved in several health planning initiatives, and for several years, he served as the director of the Office of Community and Rural Health. This office was responsible for organizing and building capacity in 16 regional local health departments. In his role, Dr. Palm provided extensive technical assistance to assist Local Health Departments in developing their community health assessments and community health improvement plans, QI/performance improvement initiatives, and Public Health Accreditation Board (PHAB) accreditation. In 2014, Dr. Palm joined the COPH as an associate professor in the Department of Health Services Research and Administration. In 2019, he also became the director of the Center for Health Policy. He uses his practice experience to illustrate specific concepts and applications in his CPH 563 Strategic Planning and Management in Public Health course, advise students as they develop their MPH and MHA capstones and PhD dissertations, and continues his public health systems and services research efforts.

Dr. Marisa Rosen worked as a program evaluator in Georgia for three years and led both process and impact evaluations on a variety of education-related programs across the United States. During her PhD program in the COPH, Dr. Rosen worked as a graduate research assistant as part of a larger evaluation team for the Adolescent Health Project, a community approach to reduce teen pregnancy and STIs in Nebraska. In 2018, Dr. Rosen began working as the community data research coordinator, overseeing the collection, analysis, and reporting of data; the development and implementation of the community-development component; and adherence to IRB protocols as part of a NIH-funded whole-of-community research project. In May 2019, Dr. Rosen joined the Family Planning Council of Nebraska (d.b.a. Nebraska Family Planning) as the Title X project director where she oversaw the implementation of the Title X family planning program across 11 Title X agencies in Nebraska. In 2020, Dr. Rosen re-joined the COPH at UNMC to continue her post-doctorate training in research and evaluation of complex community systems to improve MCH outcomes. In 2021, Dr. Rosen became an assistant professor in the Department of Health Promotion. As an assistant professor, Dr. Rosen has led and been a part of projects such as an evaluation of the Buffet Early Childhood Institute's We Care for Kids Campaign; an evaluation of the NEDHHS SHA/SHIP Redesign; and the Diabetes on Track project, a three-year initiative to improve rural prediabetes and diabetes outcomes. She draws from all of these different practice settings when teaching courses (including CPH 500 Foundations of Public Health, CPH 547 Maternal and Child Health Theories and

Interventions, and CPH 501 Health Behavior), chairing and participating in MPH capstone committees, and engaging in the maternal and child health curriculum revision.

Dr. Dana Verhoeven joined the COPH faculty in the fall of 2022 as an assistant professor after completing a postdoctoral fellowship with NCI. Her research examines organizational factors and processes that impact care team functioning to develop evidence-based practices that improve care coordination and patient outcomes. Her work primarily focuses on care coordination, team dynamics, and shared decision-making in healthcare, particularly in the context of cancer care delivery. Since joining UNMC, Dr. Verhoeven has led the needs assessment and evaluation for the Winnebago Tribe's infant and maternal health home visitation program by integrating data from electronic health records, WIC, the U.S. Census, and community stakeholder interviews. She has also assisted in developing a succession planning toolkit for local health departments. Dr. Verhoeven integrates her experience from practice in her courses (including CPH 580 Health Care Organization Theory and Behavior), chairing MPH capstone committees, and mentoring her graduate assistants.

Dr. Chris Wichman was the director of biostatistics at Creighton University for nearly 4 years before joining the COPH. Prior to Creighton University, he worked at University of Nebraska-Lincoln as a Naval ROTC instructor, was a deputy sheriff, and worked as a nuclear trained surface warfare officer in the United States Navy. Dr. Wichman joined the COPH in September 2016 as an assistant professor of biostatistics, was promoted to associate professor in July 2023, and has been the biostatistics graduate program director since October 2020. He has used his practice experience in teaching courses (CPH 506 Biostatistics, CPH 650 Biostatistics II, CPH 652 Biostatistical Linear Models: Methods and Applications, and CPH 656 Biostatistical Computing) and course development and revision.

Dr. Trina White's diverse practice background includes leadership of physician groups and clinics, service lines, hospitals, ambulatory surgery centers, ancillary services, home health, and various inpatient and outpatient services. Dr. White has more than 23 years of broad healthcare leadership experience and more than 30 years in healthcare. Prior to joining UNMC as a full-time assistant professor in 2023, Dr. White worked for Sutter Health as CEO for the Sutter Surgery Center Division, Sutter Care at Home and Walk-In Care (2021–2023); was CEO for Sutter Valley Medical Foundation for the central region (2019–2021); chief administrative officer for the Sutter Maternity and Surgery Center in Santa Cruz, CA (2017–2019); and vice president of operations for the Sutter Bay Medical Foundation–East Bay Region (2016–2017). Before joining Sutter, Dr. White served as chief administrative officer of the orthopedic service line at Eisenhower Medical Center in Rancho Mirage, CA. Earlier in her career, Dr. White worked in Omaha, NE, including serving as CEO for Nebraska Orthopaedic Associates and in different director roles for Methodist Health System. Dr. White draws from her practice experience when teaching courses including CPH 502 Health Administration, CPH 563 Strategic Planning, and CPH 569 Health Leadership, as well as an upcoming course in the DrPH new concentration, CPH 712 Systems and Strategic Thinking. Dr. White also incorporates her practice experience in chairing and participating in capstone committees, serves as a professional development consultant in the College of Nursing Fellowship Program, and participates in course creation and redesigns.

Dr. Aaron Yoder, an associate professor in the Central States Center for Agricultural Safety and Health (CS-CASH), integrates his extensive research into classroom instruction to enrich student learning. His research primarily focuses on agricultural safety and health, addressing critical issues such as tractor and machinery injuries, stress and mental health among agricultural workers, and respiratory diseases in animal production. Dr. Yoder actively involves students in CS-CASH research projects and outreach efforts, providing them with hands-on experience in conducting research, analyzing data, and communicating findings to diverse agricultural communities. This engagement allows students to apply classroom knowledge to real-world scenarios, fostering critical thinking and problem-solving skills essential for their future careers in public health and agricultural safety.

Dr. Patrick Maloney shares time between the COPH and NEDHHS through an Academic Health Department Partnership between the two organizations. Dr. Maloney is a practice-based epidemiologist who has spent the better part of a decade bridging the gap between epidemiological theory and research and practice. He has a long history working in state and local health departments and with CDC. Dr.

Maloney is currently jointly appointed as an assistant professor at UNMC and as a senior epidemiologist with the NEDHHS. He also runs the Applied Epidemiology Group, which focuses on the translational, applied components of public health and produces relevant and actionable work that has immediate and long-term effects in at-risk populations. Dr. Maloney applies his practice-based experience to his teaching portfolio, which includes surveillance and outbreak investigation.

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

Strengths:

- COPH has many faculty with public health practice experience who can draw on that experience for curriculum development and while teaching, especially in the MPH and DrPH programs. In addition, the OPHP, directed by Assistant Dean Dr. Kathleen Brandert, works closely with Office of the Academic Affairs, OTL, Office of Career Services (OCS), and faculty to provide opportunities for faculty and students to participate in practice-based opportunities and remain current on issues facing public health practice.
- Another primary strength is having a dean with more than 20 years of experience in public health practice. Dr. Khan, as well as the entire COPH leadership team, has made integrating practice a priority of the COPH.

Weaknesses: None identified.

Plans for Improvement:

- The COPH is in the process of developing a DrPH practice mentor network that will recruit and retain practice partners from around the world to provide career mentoring to our DrPH students with a focus on helping foster personal and professional career growth as well as practicum and practice-based dissertation opportunities. This network will establish partnerships with community leaders from various sectors (local, private, nonprofit, and governmental institutions) to mentor DrPH students at the COPH.

CRITERIA E:

E3. Faculty Instructional Effectiveness

E3. Faculty Instructional Effectiveness

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

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

The school supports professional development and advancement in instructional effectiveness, including support for working with diverse students and communities.

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

The COPH uses evaluations for students at the end of each semester (fall, spring, and summer) to evaluate course and instructional effectiveness. The course evaluations open one week before the end of the semester and remain open five days after grades are posted. The length of time the evaluations are open is based on student feedback. The course evaluation survey can be found in the ERF at ERF->E-> E3-> COPH Course Evaluation Survey. The course evaluation instrument was designed by the COPH Evaluation Committee and is reviewed annually. The questions on the evaluation assess the amount of time spent in the course (measured as categories of hours per week), perceptions of instructor engagement and feedback (four-point scale ranging from strongly disagree to strongly agree), and overall instructor and course effectiveness (five-point scale ranging from poor to excellent). Students are provided the opportunity to leave narrative feedback. The response rate for course evaluations is relatively high (72% in Fall 2023, 75% in Spring 2024, 69% in Summer 2024, and 64% in Fall 2024), indicating that the results are representative.

Course evaluations are reviewed by the department chairs, the ADAA, vice dean, and dean. Department chairs can use the evaluations to identify areas for improvement. They also use the evaluations to assist with annual performance evaluations and to determine teaching assignments. The ADAA uses the qualitative feedback from course evaluations to determine which courses would benefit from assistance from the COPH OTL instructional designers.

In addition to course evaluations at the end of each semester, faculty are encouraged to add a mid-semester course evaluation to receive timely feedback on their courses. Faculty can also request peer feedback from their colleagues, the ADAA, and the director of the OTL.

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

All instruction within the COPH is supported by the **OTL**, directed by Dr. Analisa McMillan. The OTL provides instructional design services for courses, including creating engaging learning experiences and developing and redesigning courses. There are two instructional designers employed full-time by the COPH. The OTL also provides Canvas support, promotes effective and innovative teaching methods, and supports the development of new curricula. The OTL also provides professional development funds to faculty to refresh their courses to ensure content is relevant and updated.

The OTL offers regular **faculty development trainings**, including at least 6 faculty development trainings per year on Zoom for all faculty members, with an average attendance of 20 faculty per session. Recordings and resources from these sessions are posted on the OTL SharePoint site for those unable to attend. Examples of 2023–2024 AY trainings include:

- Do This, Not That: The Science Behind Great PowerPoint Presentations Using Multimedia Principles
- Rubrics and Student Outcomes
- Inclusive Language and Strategies in the Classroom
- Managing Your Canvas Gradebook
- AI for Inclusive Education
- Flipped Classroom
- Successful Group Projects
- Helping Students Stay on Track and Be Successful in Your Course

Additionally, brief and targeted professional development emails are sent to faculty, which include topics like authentic learning opportunities, creating discussion opportunities, and reflective teaching practice. These are 5- to 10-minute reads that provide quick and practical learning opportunities for faculty members while respecting their busy schedules.

The OTL developed a **SharePoint site** for faculty that includes resources on rubrics, course development, student mentoring, educational research, technology, and supporting diverse students. Resources on supporting diverse students are available, including creating an inclusive classroom, trauma-informed pedagogical practices, and links to resources from other institutions. These resources are available to all faculty, whether they are primary instructional faculty or not.

The OTL also hosts regular Scholarship of Teaching and Learning **Community of Practice (CoP)** meetings for CPH faculty. The CoP enhances teaching and learning experiences by fostering educator collaboration and facilitating writing circles based on interests. It provides structured support and promotes continuous improvement by engaging instructional faculty in innovative educational practices.

The **UNMC Office of Faculty Development** provides faculty with teaching tools by offering workshops and trainings, plus a website with resources. Provided resources are categorized into course preparation, teaching tips, and remote teaching and learning. Examples of workshops include handling emotional conversations with students, AI resources, empowering students, developing presentations, supporting students with accommodations, managing feedback, writing test items, teaching technology, bias checklist, universal design, writing learning objectives, and syllabus development.

The **UNMC Interprofessional Academy of Educators (IAE)** provides faculty and staff with opportunities to collaborate with a community of educators, and one focus area is teaching. IAE provides resources on its webpage, including a teaching toolkit and launchpad. It also provides opportunities for peer feedback on teaching.

Annually, the CPH releases a call for nominations for a **teaching award** for instructors who demonstrate excellence in teaching and innovation in CPH courses. This award is for faculty with at least a 0.25 FTE appointment in the CPH. The award is considered for distinguished teaching, which may include classroom instruction that engages and inspires students, innovation in teaching methods, mentoring students with attention and care, and creating inclusive and supportive classroom environments. An ad hoc faculty awards committee reviews nominations and uses a rubric to select two winners: one for online teaching and one for on-campus teaching. Each award winner receives \$3,000 in professional development funds.

To recognize and incentive exceptional teaching, the CPH developed a **salary supplement policy for teaching**. Faculty with at least a .5 FTE appointment in the CPH are eligible to earn the \$3,000 supplement if they earn at least a 4.5 average (on a 5-point scale) on both the instructor and course evaluation sections of the course evaluation surveys administered after each semester. The original intent of this policy was to administer the \$3,000 award as a salary supplement, but due to campus administration guidelines this has been administered as professional development funds.

The **Accessibility Services Center (ACS) at UNMC** aims to cultivate an accessible and inclusive community where students with permanent or temporary disabilities have equal opportunities to participate in all aspects of campus life. The ACS offers support to faculty to ensure they can meet the educational needs of students with accommodations in their courses.

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

Faculty maintain currency in their areas of instructional responsibility through ongoing engagement in their fields of expertise. This includes attending discipline-specific conferences, attending conferences focused on public health (e.g., APHA, ASPPH, CSTE), and reading and publishing in discipline-specific journals. In addition, COPH regularly hosts journal clubs and seminars. During annual performance evaluations, chairs often review with faculty how they have participated in conferences or other trainings. For the MPH core courses, four of the five faculty who regularly teach those courses hold an MPH degree. The exception is biostatistics, and that faculty member holds a PhD in statistics.

The university provides tuition remission for up to 15 credit hours per year within the University of Nebraska system for faculty who want to pursue additional coursework or training. In addition, faculty can use their professional development funds, if available, or seek COPH funds to obtain training.

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

All faculty are reviewed annually during a performance evaluation with their chair. This evaluation includes an assessment of research productivity, grant funding, teaching effectiveness, and service. For faculty whose role is primarily teaching, the instructional effectiveness assessment is weighed more heavily.

Faculty advancement or promotion is determined by the Promotion and Tenure Committee using the approved promotion and tenure guidelines. For associate professor promotion, significant achievement will be made in teaching and research as well as competence shown in service. For promotion to full professor, it is expected that the highest level of excellence will be achieved in either teaching or research, with continued achievement in the other area of emphasis. Faculty must demonstrate their teaching achievements by but not limited to courses taught and developed, student evaluations, teaching awards, students mentored, educational publications, among other measures.

- 5) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.
Select at least three indicators, meaningful to the unit, with one from each listed category.

Indicator 1. Faculty Currency: Peer or internal review of syllabi or curricula for currency of readings, topics, methods, etc.

Internal review of curricula and individual courses within the COPH is a continual process facilitated by the director of the OTL.

The COPH Curriculum Committee is charged with evaluating current COPH DrPH, MPH, MS, MHA, and PhD courses to ensure that quality measures of teaching and learning are present. This process occurs in collaboration with the Evaluation Committee, an ad hoc committee. If course improvements are needed to meet the quality standards, the director of the OTL will forward the recommendations to the ADAA and the department chair. In addition to ensuring quality courses at COPH, the process ensures we meet CEPH accreditation requirements for course reviews.

All COPH courses are reviewed on a rolling three- and five-year schedule. During the rolling schedule, courses required for any COPH degree will be reviewed once every three years, and electives and selectives will be reviewed once every five years; as a result, each course is reviewed at least once during the accreditation cycle.

The course review team consists of three members, of which one faculty will be a member of the Evaluation Committee or Curriculum Committee. The director of teaching and learning (DTL) and a faculty member from the course department will also be part of the review team. Each team of three will conduct the review using the following four sources of information.

- **Course Syllabus:** The review team will use the COPH syllabus review checklist to review the syllabus for quality measures of teaching and learning, as outlined in the checklist. All syllabi from the past year will be used to review changes and ensure competencies are being assessed in all versions.
- **Course Evaluation Scores and Comments:** Course evaluation scores and comments related only to the course from the last three years will be reviewed by the team. If a course has been taught by more than one faculty member, the chair will be contacted to determine who participates in the course evaluation review.
- **Course Reflection:** Faculty must complete a course reflection before the review team accesses review materials.
- **Canvas Review Checklist (in-class and online versions):** A Canvas course space review checklist will be completed by the DTL or OTL team member and all online and in-person Canvas reviews will be submitted to the review team as part of the course review.

Once the review process is completed by the review team, a final report will be assembled compiling information from the four sources. The final report will be emailed to the ADAA, the department chair, and the faculty on record.

A copy of all the material used in the course review process can be found in the ERF at ERF->E->E3->COPH Course Review Process.

Indicator 2. Faculty Instructional Technique: Student satisfaction with instructional quality

The course evaluations collect information on student satisfaction with instructional quality, as discussed above (E.3.) The course and instructor scores can range from 0 (poor) to 5 (excellent).

UNMC COPH Course and Instructor Evaluation Aggregated Scores, 2021–2022 to 2023–2024			
	Course Score	Instructor Score	Average Response Rate
2021–2022	4.08±1.01	4.32±0.97	59%
2022–2023	4.05±1.08	4.39±0.97	70%
2023–2024	4.19±0.97	4.45±0.91	73%

Indicator 3. School- or Program-Level Outcomes: Implementation of grading rubrics

The COPH began implementing rubrics for course assessments in the 2018–2019 AY. In 2020, the COPH Curriculum Committee began assessing rubrics for new courses being developed or redesigned. During the course review process, described above, rubrics are reviewed or added. Also, as the ADAA reviews course evaluations at the end of each semester, they note any courses with low scores and verifies whether rubrics are being used in course assessments. If rubrics are not being used, this recommendation is made to the faculty member and chair.

The OTL provides resources and examples on its SharePoint site for how to create rubrics. In addition, the OTL held a faculty session on rubric development and will meet individually with instructors for technical assistance.

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

Strengths:

- The OTL is a significant asset to the CPH, providing professional development and instructional design support. The services provided by the OTL are likely responsible for the steady increase in instructor scores on course evaluations.

Weakness and Plans for Improvement:

- The CPH continues to strive to improve course scores on course evaluations. Although an increase was observed in the 2023–2024 AY, we seek to have an average course score of 4.5 across the CPH.
- The OTL and Academic Affairs will develop a peer mentoring program for faculty and staff in the 2024–2025 AY to be implemented in 2025–2026. One of the areas for mentoring will include teaching and will serve as an opportunity for faculty who have demonstrated excellence in teaching to mentor junior faculty.

CRITERIA E:

E4. Faculty Scholarship

E4. Faculty Scholarship

The types and extent of faculty research align with university and school missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school's research portfolio in those areas take on greater importance.

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

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

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

The COPH defines research as a multifaceted process of investigation and inquiry that leads to the acquisition of new knowledge in public health and population science. This definition encompasses a wide range of scholarly activities, including creative activity, investigation leading to new knowledge, synthesis of new ideas, and the application of this knowledge to public health practice. These activities are not only central to the mission of the COPH but are also integral to faculty promotion and tenure requirements. Faculty members are expected to engage in research and scholarly activities that contribute to the advancement of public health knowledge. Faculty members' work is evaluated based on its originality, impact, and relevance to the field, and successful research endeavors are a key criterion for career advancement within the COPH.

The COPH places a strong emphasis on the successful acquisition of extramural funds through peer-reviewed mechanisms and the publication of results in scientific literature. These traditional measures are given primary weighting in evaluating research productivity. However, consistent with the core functions of public health, the publication of research results in other venues, such as policy briefs, papers produced by research centers, and reports to public health agencies, is also considered evidence of research productivity.

Public health practice, defined as the collection and analysis of identifiable health data by a public health authority for protecting community health, is integral to the COPH's mission. Academic public health practice includes collaborations with international, national, state, or local health agencies to assess current public health problems or to plan, implement, or evaluate programs addressing these problems. These activities are considered scholarly and should be included in descriptions of research and scholarly activities. Public health service activities, such as membership on boards or committees and providing advice to public health entities, are categorized as service.

The COPH's expectations for faculty research and scholarly activity are comprehensive and apply to various faculty appointments. All faculty members are expected to produce a range of scholarly outputs, including but not limited to:

- **Publications:** Books (authored, co-authored, edited); chapters; monographs; journal articles; bulletins; reports; abstracts; and book reviews.
- **Creative Contributions:** Nontraditional scholarly outputs that demonstrate innovative thinking and application.
- **Grants:** Securing external funding, including documenting the dates, amounts, and roles (principal investigator or co-investigator).
- **Recognitions and Achievements:** Awards, prizes, and fellowships highlighting the faculty member's contributions to their field.

- **Supervision of Student Research:** Mentoring and overseeing student research projects, including the number of theses and dissertations supervised.
- **Editorial Roles:** Serving on editorial boards or as editors for scholarly journals and publications.
- **Convention Papers:** Presenting research findings at professional conferences and symposia.

The COPH employs a systematic approach to tracking each faculty member's publications and H-index across platforms such as Google Scholar and Scopus. Using these tools allows the college to comprehensively monitor and assess the research productivity of its faculty. The tracking process ensures that all publications, including books, journal articles, monographs, and conference papers, are recorded accurately. Moreover, the H-index, which measures both the productivity and impact of an individual's scholarly output, provides further insight into the faculty's influence within their respective fields. These data are compiled and disseminated regularly through the Research Quarterly Report, which highlights the publications and achievements of faculty members across all departments. By showcasing these contributions quarterly, the COPH not only acknowledges the scholarly accomplishments of its faculty but also promotes a culture of transparency and collaboration in research endeavors.

The COPH's commitment to research is also reflected in its long-term strategic planning. The 2014–2020 and 2021–2026 strategic plans identify specific research-based objectives and indicators, which are tracked annually to measure the growth and impact of the college's research portfolio. The current research objectives include:

- **Increasing Grant Funding and Funded Researchers:** Aiming to expand the financial resources available for research and the number of faculty engaged in funded research projects.
- **Diversifying Funded Researchers and Projects:** Promoting a diverse range of researchers and research topics to enhance the breadth and depth of public health research.
- **Establishing a National Reputation in Research:** Striving to gain recognition as a leading institution in public health research on a national scale.
- **Involving Students in Research:** Actively involving students in research activities to enhance their educational experience and contribute to their professional development.

Through these objectives, the COPH demonstrates its unwavering commitment to fostering a robust research environment that not only advances public health knowledge but also supports the professional growth of its faculty and students. The college's strategic initiatives and rigorous evaluation processes ensure that faculty research and scholarly activity remain central to its mission and vision.

Faculty members are encouraged to develop a high level of teaching effectiveness alongside their research activities, ensuring that they contribute holistically to the college's goals of improving public health through education, research, and service.

Service activities, including administrative and professional service within the university and broader community, are also crucial to the COPH's mission. Faculty members are expected to engage in service activities such as directing education programs, participating in scientific workshops, and serving on policy-making bodies. Professional service may also include leadership roles in professional associations, consultantships, service on advisory boards, and editorial duties. These activities, along with the faculty's research and teaching responsibilities, contribute to the overall mission and operation of the COPH, ensuring a comprehensive and impactful approach to public health education and practice.

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

The COPH benefits from robust university and college support systems designed to foster research and scholarly activities. This comprehensive support structure is pivotal in enabling faculty and students to conduct high-impact research that addresses critical public health issues.

University-Level Support

Office of Vice Chancellor for Research

UNMC is home to a dynamic and innovative research community. The Office of the Vice Chancellor for Research provides a plethora of resources to support researchers in their endeavors. Researchers at UNMC have access to world-class facilities and a collaborative community of skilled professionals who focus on cutting-edge fields such as transplant medicine, cancer research, neurodevelopment, and genomics. The vice chancellor for research facilitates the identification and exploration of critical questions that lead to groundbreaking discoveries and life-changing therapies.

Research Information Technology Office

This office offers a suite of IT solutions to support research activities, including pre-proposal planning, analysis software and hardware, and secure data storage throughout the life of a research project. Some examples of available software and applications include:

- REDCap: A secure web application for building and managing online surveys and databases.
- MATLAB: A multiparadigm numerical computing environment.
- ELAb Suite: A laboratory information management system.
- EndNote: Reference management software.
- BioRender: A tool for creating professional science figures.

High-Performance Computing Resources

UNMC offers high-performance computing resources to support complex data analysis and simulations, including:

- GPU based A100-DGX system
- CPU based INBRE cluster
- Holland Computing Center (HCC) at the Peter Kiewit Institute
- National Super Computing Network (XSEDE)

College-Level Support

Research Integration and Multidisciplinary Collaboration

The COPH promotes innovative, interdisciplinary research to understand and address public health challenges. Faculty members often collaborate across various centers and departments within the COPH, as well as with other faculties and community partners. This multidisciplinary approach enriches research outcomes and fosters comprehensive public health solutions.

Center for Collaboration on Research Design and Analysis (CCORDA)

COPH's CCORDA plays a pivotal role in supporting research and scholarly activities at UNMC and throughout the region. The mission of CCORDA is to advance clinical, basic, translational, and public health research by providing expert guidance in quantitative sciences such as biostatistics, epidemiology, and health services research. Through its collaborative approach, CCORDA assists researchers in the design, planning, conduct, analysis, and interpretation of studies across various disciplines, ensuring that their research is of the highest quality, integrity, and validity. Additionally, CCORDA offers educational training opportunities for graduate students and investigators, further enriching the research ecosystem. With services that include research design, data acquisition and management, and statistical analysis, CCORDA is an indispensable resource for researchers seeking to enhance their work and contribute to the advancement of public health knowledge.

Financial Administrators

Financial administrators in the COPH play a crucial role in supporting research and scholarly activities by ensuring that the research administration and financial aspects of research projects are managed effectively and efficiently. Financial administrators assist faculty and researchers with budgeting for grant proposals, managing research funds, and ensuring compliance with university and funding agency regulations. By overseeing the financial planning and management of research projects, they help to secure the necessary

resources, track expenditures, and provide financial reports that are essential for the successful completion of research initiatives. Their expertise in navigating the complexities of funding, including grants and contracts, allows researchers to focus on their scholarly activities, knowing that the financial aspects of their work are in capable hands. This support is vital for the sustainability and growth of research within the COPH, enabling faculty to continue contributing to public health knowledge and advancing their academic careers.

Research and Development Committee

The COPH has a long-term, voluntary Research and Development (RD) Committee comprised of faculty members from the five academic departments and is led by one appointed committee chair. Two student representatives (master's and doctoral) are included in membership, as well. Most terms are three years. The committee meets monthly and has as their charges:

- 1) Assist the dean and the ADR in developing a strategic plan to promote the growth and productivity of research in the COPH;
- 2) Assist the dean and the ADR in special initiatives to develop new COPH research and development programs, including joint programs with other colleges of the University of Nebraska; and
- 3) Monitor the initiatives within the COPH to recruit and support student participation in ongoing research activities.

The ADR and GDS serve as ex officio members of the committee and are able to use the monthly meetings to provide updates on research programming, funding trends, and other relevant topics. The RD committee also advises college leadership on ongoing research resource needs, regulatory compliance issues, and serves as ad hoc reviewers as needed. The committee administers and hosts the annual Student Research Conference, which takes place in April during National Public Health Week. They also provide input on the annual Public Health Innovation and Research Expo (PHIRE).

Diversifying Funding Portfolios

Diversifying funding portfolios is essential for increasing the success and sustainability of research within the COPH. By expanding the range of potential funding agencies, COPH investigators can increase overall applications, which will enhance their chances of securing more awards. This approach involves not only submitting a higher volume of applications but also strategically managing these applications from the initial concept through to the final submission. To support this effort, the Research Development Services (RDS) team has developed a comprehensive database of COPH investigators' research keywords, which is used to identify relevant funding opportunities through platforms like Grants.gov.

To further promote diversification, the grant development specialist (GDS) actively searches for funding options and shares them with PIs to broaden their awareness of available agencies. Once potential funding sources are identified, they are promptly distributed to COPH investigators via email. In 2023 alone, 272 funding opportunities were shared with investigators across all areas of the college, underscoring the importance of a diversified funding strategy in fostering research growth and innovation.

COPH Innovation Fund (seed funding)

In Summer 2022, the request for applications was updated for the COPH Innovation Fund. Overseen by the associate dean of research (ADR), the Innovation Fund is an investment in current college strengths and seeks to help COPH investigators develop their ideas into solid research programs. It is expected that all COPH Innovation Fund projects will enable the investigator team to compete for extramural funding. As a condition of the awarded funds, the team commits to sharing meaningful results through presentations at professional conferences, publishing manuscripts in high-impact journals, and submitting future proposals for extramural funding.

The recent 2022 COPH strategic planning uncovered the need for mentoring at all levels of one's academic career and for research mentoring in particular. The 2022 Innovation Fund encouraged the inclusion of mentor(s) in the project's design and offered financial incentives to willing mentors. Up to \$1,000 was offered to the primary mentor who plays a pivotal role in guiding the principal investigator in completing the preliminary study and submitting applications for extramural funding in medium and large projects. The proposed design and goals determined the duration and budget needed. The decision about the scope of a proposed project was passed to the investigators, who drafted the proposal, scope of work, and the

corresponding budget to match the needs. The scope and length of the project were discussed during a one-on-one planning session with the ADR and RDS.

The GDS administered this seed funding, including tasks such as finalizing Request for Applications responses; meeting with Letter Of Intent PIs; receiving final proposals; compiling list of potential reviewers; contacting each reviewer with their proposal to read; organizing the virtual, synchronous review sessions; sending award letters to funded PIs; and ongoing communication for tracking of progress, return on investment, and final reports.

Grants Development Specialist and Research Support Coordinator

The COPH employs dedicated staff to support research and funding efforts:

- Grants development specialist (GDS): Provides information and resources about internal and external funding opportunities and assists with grant submissions.
- Research support coordinator (RSC): Supports all faculty and students with their research needs, including coordinating with other institutions and teaching research methodologies.

Expanding the number of potential funding agencies can increase the number of possible awards received by COPH investigators. Increased funding results from submission of more applications that have been planned and managed from idea conception all the way to the final deadline day. To summarize the varied expertise in the COPH, the GDS developed and uses a database of COPH investigators' research keywords to help search for funding opportunities using search tools such as Grants.gov. The GDS also searches for options and shares with PIs to help expand awareness of funding agencies. After the possible funding options are located, the opportunities are distributed to COPH investigators via email. In calendar year 2023, 272 opportunities were shared with investigators from all areas of the COPH.

The following examples describe additional ways the GDS and RSC support research and scholarly activity of faculty, including proposal preparation, training and outreach, and research communication.

Proposal Preparation

Document Drafting

The GDS continues to refine and keep updated documents for common usage across the COPH. An assortment of templates has been developed for use when submitting proposals that include NIH- and National Science Foundation formatted biosketches, letters of support, cover letters, a consortium-contractual arrangements document, a multiple PI leadership plan, and a facilities document for college-wide use.

Editing Documents

Editing is available as needed. The GDS is not a subject matter expert but a critical reader and writer. COPH investigators can leverage the GDS's editing expertise for their extramural funding applications in different ways. Some investigators provide a penultimate proposal that only needs copyediting. Others may send very rough and early outlines of their ideas and ask for help transforming their thoughts into more fully developed cohesive paragraphs. The GDS's editing skills ensure that the investigators' needs are met through customized document editing and preparation.

Proposal Preparation Support

The COPH submitted 124 proposals to extramural sources in 2023. The GDS provided development and management for 74, or 60%, of all submissions. Eighty-four of these proposals were led by COPH (identified as grants in internal reports vs. subcontracts or contracts). The support provided was based on each investigator's needs and requests. The research development assistance covers a range of areas: individual meetings for overall discussion and project conceptualization, copyediting, document template drafting, providing and managing a writing schedule of iterative drafts, convening regular team meetings, collecting and storing documents, overall editorial review, and other help as determined by each PI.

Training and Outreach

Training

To increase the number of proposal submissions for extramural funding, the ADR and GDS initiate and conduct training events for COPH faculty, staff, and students. The team organized and presented ways to ensure compliance with common issues experienced in NIH proposals and provided numerous “drop in” opportunities for COPH investigators to ask questions about proposal preparation. Other training topics include “how to” sessions on using EndNote, the data found in NIH RePORTer, and moving from co-investigator to PI. All COPH members, including students, are invited to all training sessions. In addition, the RD team holds fellowship training in both fall and spring semesters to encourage students to feel comfortable pursuing the application process for F31 funding from NIH and other fellowships.

Strategic Planning

The ADR and GDS attended a two-day strategic planning retreat for the COPH in May 2022. One of the common themes that emerged from the planning process was Igniting Innovation in Scholarship. This effort has involved the ongoing efforts of the RD team, who attended brainstorming sessions in September 2022 and are responsible for updates related to this initiative in UNePlan, UNMC’s web-based tracking portal. To ensure they are aware of their potential assistance, both the ADR and GDS meet with all new faculty (and some staff members) during their onboarding process to discuss ways they can help meet their research goals and what COPH resources may be needed.

Collaborations

The RD team, composed of the ADR and GDS, makes concerted efforts to forge meaningful research collaborations. They encourage investigators to collaborate with colleagues from within the COPH, other UNMC colleges, and other universities and institutions, including:

- Kansas City University’s Doctor of Osteopathic Medicine program
- University of Nebraska-Lincoln’s College of Journalism and Mass Communications
- UNO’s College of Education, Health, and Human Sciences
- Community partners

The RDS team has held introductory and ongoing meetings to build relationships with Kansas City University and UNO, and future activities will continue to develop these collaborations.

Research Communication

Drafting and Editing the COPH Research Quarterly Report (RQR)

In 2020, the ADR created a regular communication tool for COPH faculty, staff, and students that celebrates and highlights research and productivity in the COPH. The RQR was first published in the third quarter of calendar year 2020 and describes applications, funding, publications and awards, funding opportunities, and research compliance. The newsletter is created using PowerPoint, and no additional costs for its publication have been added. Data are pulled from monthly reports provided by the assistant dean of finance, and original articles are written that feature COPH projects and investigators. The RQR has an email distribution list of 800 recipients and is also posted on the COPH intranet website.

Promotion of Extramural Funding

To ease the burden on COPH investigators, several documents have been drafted to stimulate and assist proposal development. Included are a menu of pre-award services, an annual calendar of funding opportunities, student resources, and student investigator expectations. The GDS also writes press releases on new grant awards received by the COPH for dissemination across the campus and broader university communities.

Public Health Innovation and Research Expo (PHIRE)

The COPH hosts an annual Midwest PHIRE each fall to celebrate public health research. The event has had rotating academic co-sponsors as well as support from the Great Plains IDeA-CTR (U54 GM115458). These partners help promote this event and contribute to the scholarship shared. The all-day event takes place in UNMC’s Maurer Center for Public Health on the Omaha campus and enables faculty, students, and stakeholders to meet collaborators and community and clinical partners,

showcase their research, hear updates from UNMC CPH Innovation Fund investigators, and brainstorm innovative ideas for extramural funding.

The event includes oral and poster presentations with topics ranging from communication in public health to economic analyses of health interventions to global health issues. Many in attendance are CPH faculty, students, and staff, but there are also presenters and registrants from other UNMC colleges. A virtual option is available to those who cannot attend in person, such as the growing number of CPH online students.

- 3) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. This response should focus on instances in which students were employed or volunteered to assist faculty in faculty research projects and/or independent student projects that arose from or were related to a faculty member's existing research.

The CPH encourages faculty to involve students in their research projects, providing students with hands-on experience and mentorship. This approach not only enhances the educational experience of CPH students but also cultivates the next generation of public health researchers.

Example 1:

The CPH provides numerous opportunities for MPH and PhD students to engage in faculty-led research projects. One notable example is Moses New-Aaron, a student in the Environmental, Agricultural, and Occupational Health department, who exemplified the successful involvement in faculty research. Moses was deeply engaged in research activities under the mentorship of faculty.

During his time at the college as an MPH student and a PhD student, Moses contributed significantly to the field through his research on several different topics; his dissertation, for example, focused on the hepatocyte-hepatic stellate cell axis in potentiation of alcohol and HIV-induced liver injury. He was awarded a prestigious F31 fellowship grant from the National Institutes of Health and co-authored 49 papers, demonstrating his extensive involvement in scholarly activities.

Moses's dedication and research excellence were also recognized through other awards, including the Student Researcher Award at the Midwest PHIRE, the Sparks Student Award, the Memorial Award, and the Student Merit Award from the Research Society on Alcoholism, as well as a North American Graduate Fellowship from the American College of Toxicology.

Through these research opportunities, Moses gained invaluable experience in conducting high-level research, contributing to publications, and presenting findings at conferences. His achievements underscore the vital role that faculty-student collaborations play in advancing public health knowledge and providing students with meaningful, hands-on research experiences.

Example 2:

The CPH also provides multiple avenues for PhD students to actively engage in faculty-led research, leading to substantial academic and professional growth. Aislinn Rookwood, a former PhD student in the Health Promotion department, exemplifies the success that can come from these opportunities.

Under the mentorship of Dr. Regina Idoate, Aislinn co-authored 12 papers, showcasing her active participation in research during her studies. Throughout her time as a student, Aislinn took on multiple roles working under faculty members that enriched her research skills and professional development. She served as a public health researcher, a Youth Enjoy Science program manager, and a research manager. These positions allowed her to apply her academic knowledge in practical settings, manage research projects, and contribute to the field of health promotion.

Aislinn's dedication and accomplishments as a PhD student were recognized and rewarded. Her exceptional work and commitment to public health research paved the way for her current role as an assistant professor in the Health Promotion department at the COPH. This transition from student and staff member to faculty member highlights the significant impact that involvement in faculty research can have on student' careers, providing them with the experience and credentials needed to advance in academia and beyond.

Example 3:

MPH students are also given opportunities to work under faculty members in preparation for entering the workforce or continuing onto even higher education. Andrew Kochvar, a recent MPH graduate who completed his MPH program while finishing the last two years of medical school through a partnership with Kansas City University Medical School's DO program, exemplifies this success. As a graduate research assistant under Dr. Daisy Dai in her population dynamics and health equity lab, Andrew played a crucial role in multiple studies.

Andrew's work with Dr. Dai involved significant contributions to manuscript writing and analyses, resulting in publications such as *Biomarkers of metal exposure in adolescent e-cigarette users: correlations with vaping frequency and flavoring* and *Genetic and environmental influences on early-age susceptibility and initiation of nicotine-containing product use: A twin-pairs study*. Andrew's involvement in these projects allowed him to hone his research skills and contribute valuable insights to the field.

In recognition of his outstanding research and academic performance, Andrew received the Outstanding Capstone Award for the best capstone project in Spring 2024. Additionally, his exceptional work in both his DO and MPH programs, as well as his contributions to public health research, earned him the 2024 Excellence in Public Health Award issued by the U.S. Public Health Service.

Andrew's journey highlights the significant impact of faculty-student research collaborations at the COPH, providing students with the experience, recognition, and credentials needed to excel in their careers.

Example 4:

All students in the COPH have numerous opportunities to engage in research, whether by participating in faculty-led projects or pursuing independent studies related to faculty research. Faculty advisors frequently invite students to join their research initiatives, and students are also encouraged to proactively reach out to faculty members to explore research roles. The COPH supports student research through various avenues, including faculty mentorship, training in research methodologies, access to scientific tools, and guidance on securing extramural funding.

One prominent example is the COPH Student Research Conference, organized annually by the COPH Research and Development Committee. This event offers a platform for students to present the results of their mentored research projects. Awards are conferred to five master's and five doctoral students for outstanding presentations, and awardees are encouraged to present their work at the APHA conference. Additionally, PHIRE, held in the fall, provides students with travel awards and the chance to showcase their research at a conference focused on health equity.

COPH also offers internal funding opportunities to support student research. The Chancellor Robert D. Sparks research awards are given annually to predoctoral students who have made exceptional contributions to health promotion and disease prevention. Similarly, the Suzanne and Ward Chambers Summer Global Health Fellowship funds two students each year to engage in global health projects, providing up to \$4,000 for travel and project-related expenses.

Training is another critical component of student research involvement. The COPH offers training events, including Grand Rounds and sessions on research software tools and funding strategies, all of which are open to students. Furthermore, all doctoral students involved in human subject research must complete the CITI Program's Basic Biomedical RCR Modules, covering essential topics such as research misconduct and the protection of human subjects.

Students are also encouraged to apply for extramural funding, with COPH students eligible to serve as PIs on grant applications. These grant proposals are submitted through the COPH financial administrators to the UNMC Office of Sponsored Programs Administration. Faculty members provide close mentorship to ensure that students' research aligns with the mission of potential funders and adheres to the sponsor's guidelines.

Through these opportunities, COPH students gain valuable experience in conducting rigorous research, presenting their findings at national conferences, and contributing to the field of public health, all while receiving strong support and mentorship from faculty. This comprehensive approach ensures that students are well-prepared to become independent and productive scientists in the public health arena.

- 4) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Through the integration of research and teaching, our faculty and ADR ensure that students actively participate in the research process. This approach not only enhances their learning experience and deepens their understanding but also fosters critical thinking, encourages innovation, and prepares them for the practical challenges they will face in their future careers.

Example 1: Dr. Lynette Smith – Statistical Replication Course

Dr. Lynette Smith, an associate professor in the Biostatistics department, has developed an innovative Biostatistical Replication Capstone course to enhance students' understanding of statistical methods through practical application. This course allows students to gain hands-on experience by performing an internal replication of existing studies, thereby deepening students' comprehension of the methodologies and analyses used in the original research.

In the course, Dr. Smith leverages her expertise and ongoing research projects to create a dynamic and interactive learning environment. She integrates the replication studies directly into the course curriculum, allowing students to engage with actual data and research questions. This practical approach helps students understand the importance of clarity in scientific writing, statistical rigor, and the implications of research findings.

Dr. Smith's current course involves mentoring two MPH students. Mallory Hayes is replicating and advancing a neurocognitive study that used adolescent brain cognitive development data. The second student, Jamila Nassir, is replicating a study using data from the Youth Risk Behavior Surveillance System (YRBSS), looking at physical activity behaviors in high school students and their change during the COVID-19 era. Previous students have used the YRBSS and the National Surgical Quality Improvement Program data for replication studies. The objective of these educational efforts is to ensure the reliability and validity of the findings from the original studies and to provide students with valuable insights into the complexities and challenges of real-world data analysis. Dr. Smith guides students through the process of data extraction, analysis, and interpretation, demonstrating the application of various statistical techniques. By working on these real-world projects, students learn to critically evaluate the methodologies used in published research, identify potential sources of bias or error, and understand the importance of reproducibility in scientific research.

Example 2: Dr. Aaron Yoder – CS-CASH

Dr. Aaron Yoder, an associate professor in the Environmental, Agricultural, and Occupational Health department and a leader in CS-CASH, integrates his extensive research into classroom instruction to enrich student learning. His research primarily focuses on agricultural safety and health, addressing critical issues such as tractor and machinery injuries, stress and mental health among agricultural workers, and respiratory diseases in animal production.

Dr. Yoder actively involves students in CS-CASH's research projects and outreach efforts, providing them with hands-on experience in conducting research, analyzing data, and communicating findings to diverse agricultural communities. This engagement allows students to apply classroom knowledge to real-world scenarios, fostering critical thinking and problem-solving skills essential for their future careers in public health and agricultural safety.

Additionally, Dr. Yoder's collaboration with agricultural safety and health organizations and UNMC extends to the annual Agricultural Health and Safety Course for Medical and Safety Professionals held each summer. This course offers students and health professionals the opportunity to delve into key health and safety issues specific to rural and agricultural workers. Participants, including physicians, nurses, emergency responders, educators, and safety specialists, benefit from practical, evidence-based learning that can be directly applied in their professional practice. The course also provides networking opportunities and qualifies participants for various continuing education credits, further enhancing their expertise in agricultural health and safety. Through these initiatives, Dr. Yoder ensures that both students and professionals are well-prepared to address the complex challenges and improve health outcomes in agricultural settings.

Example 3: Dr. Jungyoon Kim – Colorectal Cancer Screening and Summer Undergraduate Research Program (SURP)

Dr. Jungyoon Kim, an associate professor in the Health Services Research and Administration department, consistently engages in research that addresses racial disparities in colorectal cancer screening (CRCS). Her work aims to increase screening rates among African Americans through community-based programs and evidence-based interventions.

Dr. Kim's current project involves developing and evaluating a community-based CRCS program targeting African Americans. This initiative uses home-based stool tests and culturally tailored educational materials, along with a unique multisector community collaboration (e.g., Department of Motor Vehicles), to overcome structural barriers to healthcare access. Dr. Kim and her collaborator, Dr. Keyonna King, provide mentorship to undergraduate students through the UNMC Summer Undergraduate Research Program, where students gain firsthand experience in public CRCS health research by participating in various stages of the community-based project, such as conducting an exit interview with study participants to identify factors to further improve the reach of the intervention. Dr. Kim also mentors a PhD student and an MHA student working on this project, encouraging and guiding them to participate in publication and conference presentations (e.g., APHA).

Dr. Kim plans to use her CRCS project as a case study in her classes. She will use this study to guide students through the entire research process, from identifying research questions and conducting literature reviews to designing interventions and analyzing data. This approach allows students to engage with actual data and understand the complexities of public health research. Because she uses her own research in class, she will be able to discuss the challenges that come along with the specific research topic, such as recruiting participants or ensuring the cultural relevance of educational materials. By addressing these issues in class, Dr. Kim not only reinforces theoretical knowledge but also provides students with practical skills in research design, data analysis, and community engagement.

Through this integration of research and teaching, Dr. Kim ensures that students are active participants in the research process. This approach enhances students' learning experience, prepares them for future careers in public health, and fosters a deeper understanding of the importance of addressing health disparities.

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

The COPH has a mission to promote optimal health and well-being through robust education, research, and service in collaboration with communities in Nebraska, across the country, and around the world. Results of rigorously designed and ethically conducted research inform the ways public health practice can

reduce health disparities and help improve health outcomes among all populations. COPH investigators undertake research in their respective fields.

Research is a crucial component for quantifying scholarly impact of COPH faculty members. The Promotion and Tenure Guidelines specify that to be considered for promotion and tenure, faculty must demonstrate excellence in research or other scholarly activities. Acquisition of extramural funding and peer-review publications are the primary methods for measuring research. The COPH also considers publications completed in service to public health (e.g., policy briefs or reports for public health agencies) as evidence of scholarly productivity. Activities undertaken in pursuit of public health practice also factor into promotion and tenure considerations.

When applying for promotion and tenure, COPH faculty must provide documentation of their research record. The metrics presented include H-index (from Scopus), number of peer-reviewed publications, percent of effort covered by both extramural and intramural funding, number of graduate assistants funded by extramural funding, and competitive national grants received (noting if they serve as PI).

Effort funded by extramural funds quantifies productivity for COPH faculty, and there are expectations of partial salary coverage for assistant professors (31%) and associate professors and professors (50%). To stimulate this pursuit, the COPH provides incentives through (1) a salary program whereby up to 25% of one’s base university salary can be returned to researchers through salary supplements; and (2) the return of indirect costs to the level at which they were generated.

The infrastructure in place to support the research enterprise is led by the ADR, Dr. Daisy Dai, and the grants development specialist (GDS), Wendi Jensen. The COPH added the 1.0 FTE GDS position in 2019 to help enhance investigators’ competitiveness for extramural funding and ultimately increase research expenditures and output. Research development contributions to COPH research can be categorized in the three selected outcomes, as described below. The varied RDS activities are carried out by the GDS in close collaboration with the COPH’s financial administrators. The efforts to enhance the COPH’s culture around research, extramural funding, and increasing outcomes for public health has begun to yield more NIH applications and funding, as well as overall growth in research expenditures.

- 6) Provide quantitative data on the unit’s scholarly activities from the last three years in the format of Template E4-1, with the unit’s self-defined target level on each measure for reference. In addition to at least three from the list in the criteria, the school may add measures that are significant to its own mission and context.

Template E4-1: Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1 2021–2022	Year 2 2022–2023	Year 3 2023–2024
Number of articles published in peer-reviewed journals	5 per person	5.12 per person	6.45 per person	6.175 per person
Total research funding	\$17,000,000	\$17,322,374	\$20,831,838	\$28,159,502
Number of grant submissions	100	117	112	143

Over the past three years, there has been a noticeable increase in research productivity, with the number of articles published in peer-reviewed journals rising from 5.12 per person in Year 1 to 6.45 per person in Year 2 and maintaining a strong output at 6.175 per person in Year 3. This demonstrates a consistent commitment to scholarly publication.

In terms of research funding, there was significant growth each year, starting at \$17,322,374 in Year 1, increasing to \$20,831,838 in Year 2, and culminating in an impressive \$28,159,502 in Year 3. That is an increase of nearly 63% in total research funding from Year 1 to Year 3.

Over the three-year period, the number of grant applications submitted showed a promising upward trend, highlighting a growing dedication to securing grant funding. Although the number of grant submissions dipped slightly from 117 to 112 between Years 1 and 2, there was a remarkable rebound in Year 3, with applications surging to 143. This increase suggests a renewed effort and enhanced capacity in pursuing external funding opportunities.

Overall, these metrics underscore a robust and dynamic research environment with a strong focus on publication and ambitious funding pursuits.

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

Strengths:

- The research development efforts undertaken in the COPH are critical for enhancing the competitiveness of development and submission of public health proposals for external funding.
- The growth in applications and research expenditures continue to validate the importance of providing researchers with support as they focus on their public health scholarship. Increased prime applications to NIH exemplify this progress.

Weaknesses and Plans for Improvement:

- We recognize that we would like to see more research grant applications from new and junior faculty.
- We will implement a mentorship resource hub to offer guidance and support, ensuring that COPH investigators and students have access to the tools and expertise they need to thrive in their research endeavors.
- Additionally, based on the identified lack of mentorship and need among junior investigators for assistance with procurement of extramural funding, the GDS and ADR will pilot a Junior Faculty Research Career Development Cohort. This 12-month program will provide tailored monthly seminars for an initial cohort (n=5). The vision of these efforts is to prepare COPH junior faculty for successful conduct of both mentored and independent research.

CRITERIA E:

E5. Faculty Extramural Service

E5. Faculty Extramural Service

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

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

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

Service activities are important to the overall mission and operation of the COPH. Extramural service is defined as service that will positively impact the community and profession. Extramural service includes the guidance, consultation, and technical assistance of local and national or international public health programs, community-based organizations, scientific workshops, and policymaking bodies. Evidence of extramural service may also take the form of education and leadership of peer professionals. The latter would be indicated by election or appointments to offices in local, state, or national professional associations and societies, consultantships, service on advisory boards, service on editorial boards or as a manuscript reviewer, invited professional lectureships, and so forth. Relevant community or public service, particularly as it relates to the faculty member's professional competence, is encouraged and is a required review criterion for promotion and tenure. Additionally, all faculty are provided FTE support for extramural service.

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

Extramural service is broadly defined to include professional and scholarly service and community-engaged service. The COPH recognizes service as part of the promotion and annual performance review process. All faculty receive salary support to meet their service expectations. Regardless of rank, all faculty members in the COPH receive up to 15% FTE salary support to participate in service and engagement activities.

In addition to salary support, UNMC and the COPH offer resources that faculty can use to enhance their extramural service activities, foster collaboration, and engage effectively with the community.

UNMC is designated as a Community Engaged Campus by the Carnegie Foundation, one of four medical schools and the first health professions university in the nation to be so designated. [The Office of Community Engagement](#) (OCE) at UNMC supports faculty in developing and executing co-curricular community engagement projects. The OCE connects faculty with community partners and provides resources and guidance to transform ideas into impactful projects. Faculty can access current engagement initiatives, an extensive network of community partners, and resources for event planning. OCE support can also help faculty publish their engagement work and leverage it for career advancement.

For faculty involved in clinical and translational research, the Clinical Research Development Fund, established by Nebraska Medicine in partnership with the UNMC College of Medicine and the Center for Clinical and Translational Research, provides pilot grants. These grants support faculty needing preliminary data for extramural research applications or those facing budget shortfalls in extramurally funded clinical trials. Additionally, the Clinical Research Center at UNMC offers a range of services to support clinical research, providing faculty with essential resources and education to improve research outcomes.

At the school level, the COPH offers robust support for faculty engaged in extramural service activities through various specialized centers and offices. The OPHP plays a pivotal role in bridging academic research and practical public health initiatives. It provides faculty with opportunities to apply their research

to real-world public health challenges, enhancing community health outcomes through evidence-based practices. This office supports faculty in developing and implementing public health programs that address critical health issues locally and beyond. In addition to the OPHP, the COPH hosts seven specialized centers dedicated to supporting faculty in their extramural service endeavors. These seven centers collectively provide comprehensive support for faculty, enabling them to make significant contributions to public health and community well-being through diverse and interdisciplinary initiatives.

- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. This response should briefly summarize three to five faculty extramural service activities and explain how the faculty member leverages the activity or integrates examples or material from the activity into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Examples are summarized in Table E5.1

Faculty Member	Description
Keyonna King	An exemplary faculty extramural service activity at UNMC is demonstrated through the contributions of Dr. Keyonna King within the Fred and Pamela Buffett Cancer Center's Office of Community Outreach and Engagement. Dr. King serves as the assistant director of community-engaged research for the Buffett Cancer Center. In this capacity, she dedicates her efforts to promoting and facilitating community-engaged research initiatives, emphasizing collaboration, communication, and mutual benefits between researchers and community stakeholders. Her work involves developing and implementing cancer education and screening events in collaboration with Nebraska Medicine and UNMC, aiming to enhance public health outcomes and foster strong community partnerships. Dr. King brings these experiences and several others in her role with the Center for Reducing Health Disparities into her HPRO 915 Foundations of the CBPR Approach course. In this class, students partner with a community-based organization and complete a service-learning project using the community-based participatory research approach.
Dana Verhoeven	Dr. Verhoeven leads an evaluation project of the Winnebago Home Visitation Program for the Winnebago Tribe of Nebraska Health Department. Dr. Verhoeven uses lessons learned and experience from this project—particularly about team dynamics, care coordination, and multiteam systems—to create case studies and discussion board posts in the CPH 580 Health Care Organizational Theory and Behavior course.
Sharon Medcalf	Dr. Medcalf is the director of emergency preparedness professional academic programs at the COPH. Dr. Medcalf is also the faculty advisor for the COPH student response team. Dr. Medcalf is often called on to activate the student response team during extreme event situations like floods, tornadoes, or infectious disease outbreaks. Dr. Medcalf is also represents UNMC on the WHO Global Outbreak Alert and Respose Network, which provides international public health resources to control outbreaks and public health emergencies across the globe. Dr. Medcalf uses these collective experiences in emergency preparedness to enhance her development and instruction of several courses in both the MPH and DrPH degree programs.

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

Select at least three of the indicators listed in the criteria document that are meaningful to the school. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

Recommendations for self-selected indicators were made by the Copenhague EC after reviewing the indicator options and their relationship to our Copenhague mission, vision, values, and goals. The final indicators were selected by our Deans and Chairs Committee.

Self-Selected Indicators:

1. Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities

As part of the annual Copenhague faculty survey, faculty members are asked if they have participated in extramural service activities and are provided with a list of examples. Both quantitative and qualitative information is collected from respondents. Full copies of the survey results for the years listed below are available in the ERF at ERF->E->E5.

Year	Response Rate	Percent of Total Faculty Responding “Yes”
2020–2021	72.6% (n=53)	74.5%
2021–2022	68.2% (n=58)	84.9%
2022–2023	74.4% (n=67)	74.6%
2023–2024	85.0% (n=85)	75.6%

Copenhague faculty members are involved in variety of different types of extramural service activities. Many serve as journal reviewers and on grant review committees. Several faculty members are involved with the Public Health Association of Nebraska Board of Directors and its committees. Besides serving on the boards of public health departments, our faculty members also serve on the boards of local public health-adjacent community groups, such as I Be Black Girl, the March of Dimes, and the Nebraska Children’s Home Society.

2. Number of community-based service projects

Community-based service projects are important to the Copenhague. Information about service projects is shared through the “Copenhague Drops” college-wide newsletter and the “COPHee Talk” student newsletter, as well as through project-specific emails. Copenhague faculty, as well as staff and students, have been involved in community-based service projects such as park clean-ups, ATV and agricultural safety presentation at rural school districts, refugee health fairs, menstrual product drives, and information booths at local community event such as Earth Day, Cinco de Mayo, and Husker Harvest Days. As part of the annual Copenhague faculty survey, faculty members are asked if they have participated in community-based service projects. Both quantitative and qualitative information is collected from respondents. Full copies of the survey results for the years listed below are available in the ERF at ERF->E->E5.

Year	Response Rate	Percent of Total Faculty Responding “Yes”	Number of Projects Reported
2020–2021	72.6% (n=53)	44.0% (n=22)	25
2021–2022	68.2% (n=58)	42.3% (n=22)	32
2022–2023	74.4% (n=67)	54.1% (n=33)	40
2023–2024	85.0% (n=85)	49.4% (n=38)	50

A few community-based service projects are highlighted below:

- **COPH Community Garden:** In 2023, a COPH faculty member started a community garden on empty land near the COPH building. The garden was planted and tended by COPH faculty members, staff, and students, as well as students from other programs on campus. Produce from the garden was donated to several local food banks and pantries, with hundreds of pounds of produce being donated over the course of the growing season. Due to student housing construction, the garden had to be moved in 2024 and became a campus-wide initiative. The number and size of beds were expanded, more garden locations were added on campus, and more student groups and research departments took ownership of maintaining garden boxes.
- **Public Health Emergency Responses:** Faculty in the COPH are leaders in establishing and recruiting volunteers for responses to public health emergencies. During the initial months of the COVID-19 pandemic, COPH faculty were instrumental in recruiting and facilitating training for contract tracers, as well as establishing and staffing COVID-19 testing sites in the hardest-hit parts of the Omaha community. In early 2024, COPH faculty were called upon to help implement and recruit student volunteers for a mass testing clinic after an active tuberculosis exposure at an Omaha daycare. In late April 2024, the Omaha metro area was struck by several tornados. COPH faculty organized a Community Assessment for Public Health Emergency Response (CASPER) in two Nebraska counties, and COPH faculty, staff, students, and other volunteers went door-to-door in Washington County to help conduct a mail survey in Douglas County, asking community members about early weather warnings, the physical and mental health impact of the storms, and the communication before, during, and after the April tornados.
- **Agricultural Safety:** The faculty members who are part of the CS-CASH team provide valuable community services to people throughout the Midwest. Each year, faculty members travel around the state of Nebraska to provide Tractor Safety Training courses. These are held in rural communities throughout the state and provide 14- and 15-year-olds with the opportunity to receive training and safety information on tractor operation. This allows the teenagers to obtain a certification that allows them to legally work on local farms. For the past two years, the team has also worked to make the annual Agricultural Health and Safety Course offered by the COPH free to public health and medical professionals. Over four days, attendees learn about health issues related to various aspects of agriculture, learn the basics of PPE and hazard avoidance, and tour an active agricultural operation to see potential hazards and prevention measures in action.

3. Public/private or cross-sector partnerships for engagement and service.

The COPH values public-private and cross-sector partnerships that lead to opportunities for engagement and service. During the COVID-19 pandemic, faculty from the COPH worked together with local school districts to develop playbooks and assessments to help students and teachers return to the classroom safely. The COPH has also established a relationship with a local nonprofit, Partnership 4 Kids (P4K). P4K works with more than 3,000 prekindergarten through postsecondary students in the Omaha area, focusing

on students who grow up in underserved neighborhoods. P4K has three main components: (1) literacy and goal-setting for students in pre-k through sixth grade; (2) college and career readiness for students in middle and high school; and (3) postsecondary and workforce development for high school students and beyond to help bridge the gap between school and the workforce. The COPH has representatives from P4K speak to faculty and staff about opportunities for involvement, and a COPH administrator sits on the P4K board. Employees are encouraged to serve as mentors for P4K students.

In 2015, UNMC established the Office of Community Engagement to increase and improve the medical center's engagement with communities in Nebraska. These efforts led to UNMC being designated a Community Engaged Campus by the Carnegie Foundation. To continue supporting community engagement efforts, the OCE established the UNMC Community Collaborations Council, which brings together representatives from each college, division, institute, and center on campus to advise and support the creation and development of campus-level interprofessional and collaborative community engagement policies, processes, and actions. The council also conducts surveys to measure the impact that UNMC's employees and students have on the community.

Table E5.3: UNMC Community Collaborations Council Membership	
Affiliation	Name
Senior Assistant to the Chancellor	Anne Bowen Fischer
Assistant Professor, College of Medicine	Liliana Bronner
Assistant Vice Chancellor, Health Workforce Education Relations Director, Rural Health Initiatives Assistant Director, Community Outreach and Engagement, Fred and Pamela Buffett Cancer Center	Nicole Carritt
Assistant Professor, Community Outreach and Health Systems Librarian; McGoogan Health Sciences Library	Kiara Comfort
Associate Dean of Diversity, Equity, and Inclusion and Associate Professor, College of Medicine	Shirley Delair
Assistant Dean of Diversity, Equity, and Inclusion and Assistant Professor, College of Medicine	Armando De Alba
Assistant Dean of Diversity, Equity, and Inclusion Education Programs and Professor, College of Medicine	Nada Fadul
Coordinator, OCE	Brooke Fitzpatrick
Inclusion Program Associate, Academic Affairs	Marquita Govan
Vice Dean and Professor, COPH	Brandon Grimm
Associate Executive Director of Community and Business Strategy, iEXCEL	Michael Hollins
Director of Community and Patient Engagement, Nebraska Medicine	Becky Jackson
Assistant Vice Chancellor, Office of Community Engagement Associate Professor and Director of Continuing InterProfessional Development and Innovation, College of Nursing	Heidi Keeler
Associate Professor, Center for Reducing Health Disparities, COPH	Keyonna King
Student Organization Activities Coordinator, SLIDO	Kiara Kocsis Gregurich
Assistant Dean for Admissions and Assistant Professor, College of Dentistry	Sarah Lowman
Coordinator, Leadership Education in Neurodevelopmental and Related Disorders, Munroe-Meyer Institute	Kristin Mayleben-Flott
Associate Professor and Director of Academic Affairs, College of Allied Health Professions	Sarah McBrien
Dean, College of Pharmacy	Keith Olsen

Community Engagement Associate, UNeTech	Jennifer Pool
Associate Professor, Center for Reducing Health Disparities, Copenh	Athena Ramos
Director of Engagement, Outreach, and Belonging, Nebraska Medicine	Shanda Ross
Deputy Director and Program Manager, Nebraska Area Health Education Center Program	Lydia Sand
Associate Dean for Education, Diversity, Equity and Inclusion and Associate Professor, College of Dentistry	Yun Saksena
Assistant Vice Chancellor for Engagement, UNMC	Sheritta Strong
Accreditation and Assessment Manager, Office of Academic Affairs	Ong Vang
Director of Master's Programs, Copenh	Laura Vinson
Director, Department of Community Engagement and Associate Professor, Munroe-Meyer Institute	Melonie Welsh
Communications Manager, Eppley Institute	Christina Whitted

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

Service plays a critical role in decisions about faculty advancement within the Copenh. Faculty members are expected to demonstrate competence in service activities in addition to achieving significant accomplishments in teaching and research for promotion to associate professor. For promotion to full professor, continued achievement in service, along with excellence in either teaching or research, is required. Service activities are integral to the Copenh's mission and can be categorized into several types:

- University Service: This includes administrative roles and contributions to the Copenh, other units within UNMC, or the broader University of Nebraska system.
- Professional Service: This encompasses leadership roles in local, state, or national professional associations and societies, consultantships, service on advisory boards, editorial boards, manuscript reviews, and invited professional lectureships.
- Public Health Service: Faculty are encouraged to engage in community or public service activities related to their professional expertise. This includes collaborations with health agencies to address public health problems; plan, implement, or evaluate health programs; and provide expert advice.

Service activities are considered along with teaching and research in the promotion process. The following outlines how service is evaluated:

- Promotion to Associate Professor: Faculty must demonstrate competence in service activities, which involves active participation and contribution to the Copenh's service mission.
- Promotion to Full Professor: Faculty must show continued achievement in service. This means a sustained and impactful contribution to service activities is expected, alongside excellence in teaching or research.

Candidates for promotion must provide comprehensive documentation of their service activities. This includes a narrative of their service contributions; evidence of leadership roles, such as directing educational programs or workshops; records of appointments or elections to offices in professional associations; and documentation of consultantships, advisory board memberships, editorial board services, manuscript reviews, and professional lectures. The evaluation of service activities considers both the quantity and quality of contributions. Impactful service activities that align with the Copenh's mission and demonstrate significant contributions to public health, the university, and the professional community are highly valued. The Copenh acknowledges the diverse professional backgrounds of faculty members. Thus, the criteria for promotion allow for a flexible and individualized assessment of each candidate's service activities. Department chairs and the departmental and Copenh Promotion and Tenure Committees are encouraged to consider the unique blend of teaching, research, and service contributions that each candidate brings.

In summary, service is a fundamental component of faculty advancement in the COPH. While teaching and research achievements are paramount, service activities play a significant role in demonstrating a faculty member's overall excellence and commitment to the COPH's mission. The evaluation process for promotion and tenure considers the comprehensive contributions of faculty members to service, emphasizing both the quality and impact of their activities.

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

Strengths:

- The strengths of the COPH in regard to extramural services are manifold and deeply embedded in our institutional ethos. Our dedicated faculty members are at the forefront of a wide range of service and engagement initiatives, underscoring their commitment to making tangible impacts beyond the classroom. In recognition of these efforts, we have recently revised our Promotion and Tenure Guidelines to more accurately reflect and reward faculty contributions in service, demonstrating our institutional support for this critical aspect of academic life.
- Our faculty's dedication to service is further evidenced by their active involvement of students in their research and extramural work, providing invaluable hands-on experiences that prepare them for real-world challenges.
- Additionally, the COPH has cultivated an extensive network of community engagement, collaborating with state and county health departments, academic institutions, nonprofits, and other entities both within Nebraska and beyond. This robust network not only enhances our outreach capabilities but also ensures that our initiatives are grounded in the needs and realities of the communities we serve.

Weaknesses:

- While the COPH excels in many areas, there are a few aspects where we recognize the need for improvement. Currently, we do not systematically or stringently track extramural services or community engagement, which can hinder our ability to fully showcase the breadth and impact of our faculty's contributions. While our campus does collect information about community engagement through the OCE, this information is not currently broken down or made available as college-specific information.
- The response rate to the campus-wide OCE survey is not high and does not yield a response demographically representative of the campus community. Additionally, our data integration with network partners is not as robust as it could be, making it challenging for faculty members to easily access and use valuable data from our collaborations.
- Finally, while we have a strong foundation in extramural service, there is an ongoing desire to further increase participation among our faculty members. To address these areas, we are committed to implementing more rigorous tracking systems for extramural activities, enhancing our data integration processes to facilitate seamless access to information, and developing targeted initiatives to encourage and support faculty engagement in extramural services. By focusing on these improvements, we aim to strengthen our overall impact and further our mission of community engagement and service.

Plans for Improvement:

- We plan to integrate extramural service activities as essential components of faculty evaluations, vital for promotion and tenure considerations. This strategy reinforces the COPH's commitment to fostering impactful contributions beyond the campus and aligns with university standards for faculty excellence. By actively engaging in community-based initiatives and discipline-specific service, faculty will enhance their professional reputations, enrich student educational experiences, and strengthen partnerships that benefit the broader community.
- New faculty members will work closely with their department chairs to select primary areas of emphasis, including service, that align with their long-term career goals and aspirations for promotion to full professor. Department chairs will provide ongoing support and guidance, helping

faculty develop a sustained and impactful service record essential for their advancement. This comprehensive approach underscores the COPH's dedication to scholarship, service, and community engagement as foundational elements of its educational mission.



CRITERIA F:

Community

CRITERIA F:

F1. Community Involvement in School Evaluation & Assessment

F1. Community Involvement in School Evaluation and Assessment

The school engages constituents, including community members, alumni, employers, and other relevant community partners. Partners may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel). Partnerships should align with university and school missions and relate to the types of degrees offered and to relevant student and community demographics.

Specifically, the school ensures that partners provide regular feedback on its student outcomes, curriculum, and overall planning processes, including the self-study process. They may also provide regular feedback about efforts to prepare students to work with diverse populations and communities.

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

The COPH has two formal entities that provide guidance on its mission, vision, and planning processes: The Panel of Advisors (POA) and the Alumni Council. Membership of these two advisory bodies comprises alumni, community leaders, community organization representatives, academic partners, and leaders in public health-adjacent sectors.

UNMC COPH Panel of Advisors

The POA (discussed more completely in Section A1 of this self-study) is an advisory board for the COPH and the dean. The panel meets twice annually and offers advice and perspective to the college from a community standpoint on programs, funding, education, and partnership opportunities. This formal advisory group to the COPH has been instrumental in building community relationships, securing additional funding for student scholarships, and providing direction for the dean and the COPH overall.

Feedback Loop Example: The COPH Dean, Vice Dean and Assistant Dean for Practice regularly visit health departments throughout the state of Nebraska. During the visits, health department leadership shared that much of their workforce does not have formal public health education, and it is difficult to recruit and retain MPH graduates to rural areas. This feedback was brought to the POA, who helped identify funding sources for scholarships intended for individuals already working in public health in Nebraska. The COPH has successfully used these scholarship funds to enroll new students in certificate and master's programs. During employer focus groups, employers shared that they see positive impacts in work when employees enroll in COPH degree programs. Employers also view COPH degree programs as an important component of employee professional development and retention.

A list of POA Members (as of August 2024) can be found in the ERF at ERF->F->F1.

COPH Alumni Council

The COPH Alumni Council is open to all graduates of the college. The COPH Alumni Council meets three times per year. Its mission is to:

- Encourage the lifelong stewardship and participation of its members.
- Affirm the mission, vision, and values of the university.
- Support current and future COPH students and alumni through mentoring relationships, professional networking, and fundraising efforts for the university and the COPH.

The COPH Alumni Council is an active member of the broader, campus-wide UNMC Alumni Association. The UNMC Alumni Association has four strategic goals that it focuses on across each of the campus's college-specific councils. These four goals are:

1. **Prepare students and new alumni to be engaged.** Purposefully build the next generation of alumni leaders and volunteers in support of institutional success.

2. **Engage alumni with UNMC and each other.** Deploy meaningful engagement, customized communication, and valued volunteer opportunities.
3. **Impact institutional priorities.** Advance the mission and success of the university through intentional programmatic alignment.
4. **Empower alumni partners to achieve measurable outcomes.** The association will serve as a valued resource for UNMC, empowering alumni councils to achieve metrics-based outcomes.

Members of the COPH Alumni Council participate and sponsor many college-wide initiatives aimed at supporting and engaging students in their current curriculum and in lifelong learning. For example, in Spring 2024, the Alumni Council partnered with the COPH Student Affairs Team, Wellness Council, and COPHSA to design and deliver events to help COPH students and employees de-stress from final exams. Events included a painting craft activity, a trail mix/charcuterie snack break bar, a sponsored session on plant care featuring a COPH staff member and current student, and an ice cream party complete with a caricature artist and yard games. Another example is the alumni/student mixer that features a speed networking component and supports current students in growing their personal networks and interview skills.

The COPH Alumni Council plays a critical role in supporting current students, but it also plays a significant role in keeping the COPH's full alumni network engaged and aware of the happenings at the college and sharing opportunities for involvement with the broader alumni base. The COPH Alumni Council sends information about "public health in action," upcoming events, and opportunities to become involved in current college initiatives through the quarterly COPH alumni newsletter. For example, a Fall 2023 call for COPH alumni first-generation student panelists by the COPH Alumni Council through the newsletter yielded presenters and a well-attended event to celebrate and support current first-generation students in the COPH.

COPH Alumni Council members, as well as other COPH alumni, have served as a sounding board for curriculum changes and course content development and have participated in the self-study process for this accreditation cycle.

A list of COPH Alumni Council Members (as of August 2024) can be found in the ERF at ERF->F->F1.

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

Several centers and offices in the COPH have advisory boards, groups, or periodic meetings with external constituents who support the specific work of that office or center.

ALIGN Nebraska

ALIGN Nebraska is a voluntary collaboration of chief medical officers and public health experts led jointly by the COPH Office of the Dean and Partnership for a Healthy Nebraska. The goal of ALIGN is to "align" Nebraska's insurers and primary care clinics around a common set of quality measures to reverse Nebraska's multidecade slide in America's health rankings. In October 2023, ALIGN partners agreed to focus on a set of 11 quality measures that would make a significant impact on adult, pediatric, obstetric, and mental health in Nebraska. The group meets quarterly at COPH, and is co-facilitated by COPH Dean Khan, and faculty member Dave Palm. The perspective provided by these insurers and healthcare providers helps keep the COPH up-to-date on healthcare systems, policies, and Nebraska clinical outcomes. The collaboration also allows the COPH to shape statewide connections between clinical and population health efforts.

A list of ALIGN Nebraska Members can be found in the ERF at ERF->F->F1.

CS-CASH External Advisory Bodies

External Advisory Board

The External Advisory Board for CS-CASH provides strategic planning, guidance, and advice. The advisors serve as force multipliers to enhance the center's effectiveness, expand the center's reach, and increase the sustainability of center efforts.

Feedback Loop Example: CS-CASH has a history of engaging with its external advisory board to gather feedback and improve its programs. One example of this occurred when the advisory board recommended that CS-CASH increase its outreach to veterinarians and the agricultural business community to better disseminate materials related to H5N1 (avian influenza) to poultry and dairy producers. The advisory board pointed out that while farmers and ranchers are often aware of public health threats like avian influenza, they may not always receive timely or accurate updates from traditional public health channels. In response, CS-CASH reached out to veterinary associations and agricultural business networks to collaborate on H5N1 education efforts. This included providing veterinarians and ag-business professionals with resources and personal protective equipment that they could distribute directly to poultry and dairy producers in their communities. CS-CASH worked to create specialized, easy-to-understand H5N1 materials for producers and workers. The center also developed fact sheets and posters to be displayed in veterinary offices, feed stores, and other agricultural businesses that serve as hubs for local farming communities.

A list of CS-CASH External Advisory Board members can be found in the ERF at ERF->F->F1.

Feedyard Advisory Board

CS-CASH has another advisory board, the Feedyard Advisory Board, that is actively engaged in the development, implementation, evaluation, and dissemination of the CS-CASH Feedyard 15 training program. The Feedyard 15 is a free safety training curriculum that is available to cattle feedyard operations. The program addresses critical safety issues commonly found in feedyard operations, including ATV/UTV safety, horsemanship, chemical hazards, manure lagoons, and more. The Feedyard Advisory Board supports this specific program and consists of external constituents with a stake in the success of the program.

CityMatCH Board of Directors

CityMatCH is a national organization of city and county health departments' maternal and child health programs and leaders representing urban communities in the United States. Established as a national organization in 1991 and housed at UNMC, CityMatCH moved from the UNMC College of Medicine Department of Pediatrics to the COPH Department of Health Promotion in 2023. This move has strengthened the relationships and increased the collaborative work between CityMatCH and COPH faculty, staff, and students. CityMatCH is guided by a board of directors, listed in the table below, who establish policy that outlines how CityMatCH accomplishes its mission, which is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. Board members provide regular input via virtual meetings, serve as representatives at our national partner meetings, and hold an in-person meeting at the CityMatCH annual conference. These local health department leaders are instrumental to the success of CityMatCH's programmatic, resource, training, and research efforts. Additionally, this input and feedback is infused more broadly into the COPH, as current and former CityMatCH staff are also COPH faculty and instructors. Notably, the current chair of the Health Promotion department was the executive director of CityMatCH for more than a decade.

A list of the CityMatCH Board of Directors members can be found in the ERF at ERF->F->F1.

The OPHP External Advisory Constituents

The COPH Office of Public Health Practice (OPHP) interacts with and provides services, trainings, and technical assistance to the current public health workforce in Nebraska, federal Region VII (Missouri, Iowa, Nebraska, and Kansas), and across the nation. Feedback received by the OPHP supports the office's efforts as well as the research and practice portfolios of the COPH overall. The feedback includes

suggestions for future offerings, improvements to current offerings, and general information on the state of public health practice and the current workforce in the region. Mechanisms for the OPHP to receive feedback include the following:

- The COPH dean, vice dean, and assistant dean of public health practice (ADP) meet quarterly with the Nebraska state health officer, state medical officer, and state epidemiologist to share upcoming events and opportunities, and discuss challenges
- The ADP meets monthly with NEDHHS Division of Public Health organizational effectiveness officer (workforce lead) Caryn Vincent to discuss Nebraska workforce needs, challenges, and solutions.
- The ADP and Ms. Vincent co-lead the Nebraska State Health Improvement Plan (SHIP) Workforce workgroup, which provides feedback on training and technical assistance needs across the state. The workgroup comprises external members representing local health departments and the state health department.
- The ADP meets monthly with Susan Bockrath, the executive director of the Nebraska Association of Local Health Directors (NALHD) to ensure continuity between the COPH and local and tribal health departments in the state, receive feedback, and discuss opportunities related to local and tribal public health needs. Additionally, as needed, COPH OPHP staff are invited to participate periodically on the weekly calls of the NALHD Board of Directors, which includes all health directors of local and tribal health departments in Nebraska, to share upcoming events and receive feedback on existing programs and services.
- OPHP staff and the vice dean participate on numerous committees through the Midwestern Public Health Training Center (MPHTC). MPHTC is housed at the University of Iowa, and the COPH is the local performance site for the MPHTC in Nebraska. The MPHTC Executive Committee, Regional Steering Committee, and Systems Workgroup provide feedback and general information useful to the college in developing and updating workforce education and training programs.
- The COPH Dean and ADP tour the state's local health departments every 2-4 years. These visits include opportunities for COPH leadership to hear directly from local health department staff, leadership, and their Local Boards of Health on the most pressing challenges in their communities. During these visits, the COPH asks how it can support public health practice on the ground, and what solutions the college can employ to address local health department needs.

Feedback Loop Example: COPH faculty and NEDHHS Division of Public Health Epidemiology staff were experiencing challenges with data sharing across organizations. When new legislation was introduced to address these challenges by an outside entity, the state health officer and COPH vice dean began a series of conversations with a small group of faculty, COPH Chairs, external partners, and NEDHHS staff to address the issues directly. Of particular interest was an inability at that time to receive cancer registry data—a high research priority for COPH faculty. NEDHHS staff alerted COPH Faculty that data requests coming in were too complex, involving data sets with overlapping and inconsistent regulations on research releases. Simply put, pulling together the requested data was either against state law or incredibly time consuming. Through the conversations, new data sharing agreements focused on Cancer registry data were created and signed by NEDHHS and the COPH in 2024, to include agreements on format and complexity of requests, as well as time allotment and expectations for both entities.

21st Century Learning Community, Nebraska Team

The COPH OPHP is a member of the Nebraska team for the Public Health Accreditation Board (PHAB) 21st Century Learning Community (21C). Members of the 21C team include NEDHHS Division of Public Health (Charity Menefee, Nebraska's state health officer; Caryn Vincent, organizational advancement officer); NALHD (Susan Bockrath, executive director); representation from multiple local health departments (Sarah Shram, health director, Sarpy/Cass Public Health Department; Gina Uhing, health director, Elkhorn Logan Valley Public Health Department); and the COPH OPHP (Kathleen Brandert, ADP; Colleen Svoboda, partnerships and assessment manager). 21C states envision what transformed public health systems in

the United States should look like and are leaders in developing a state-specific understanding of and approach to transformation, conducting capacity and cost assessments, making the case for sustainable funding for core public health, advancing equity, and exploring various models for workforce and service sharing. They are using various state approaches—such as the Foundational Public Health Services (FPHS), PHAB accreditation, Public Health 3.0, and more—to strengthen infrastructure, improve performance, and rebuild trust in and accountability to their communities. As a member of the team, the COPH is supporting and driving efforts to modernize public health in our home state and the region. More importantly, the shared learning, discussions, and decisions drive COPH efforts to advance student curriculum and OPHP offerings for workforce development. For example, public health modernization content has been updated and included in the DrPH course CPH 718 Leadership Theory and Practice.

- 3) Describe how the school incorporates perspectives from external partners (i.e., other than current students and alumni) who align with the school’s mission and relate to the types of degrees offered and to relevant student and community demographics.

In addition to each group, structured process, and feedback loop example described in other sections of F1, the COPH incorporates perspectives from external partners in many ways. These efforts are intentionally driven by roles and responsibilities of individuals and teams throughout the COPH. This approach has led to longstanding relationships with a variety of partners in myriad sectors related to each of our degree programs, and those partners reach out with opportunities, questions, suggestions, and other feedback on a regular basis. Examples of what this looks like include:

- Faculty and staff with the Center for Reducing Health Disparities (CRHD) work closely with community-based partners, including nonprofits, and the Community Care Councils for North and South Omaha. CRHD supports community-identified health priorities through education, training, and research. Notably, CRHD has a physical space in North Omaha to increase the direct connection between external partners and community members with the COPH.
- Faculty and staff with CPERS have close partnerships with all external entities involved with emergency preparedness and response throughout the state of Nebraska, HRSA Region VII, and beyond. CPERS—as the coordinating body for all emergency response coordinators at local health departments in Nebraska—delivers training and education developed for and tailored to external partners’ specific needs. The CPERS team also delivers curriculum on emergency preparedness, and students benefit by having faculty and instructors who work with external practitioners daily.
- CS-CASH works with agricultural partners throughout our seven-state HRSA region. Its work has enabled Health Promotion students to design, deliver, and evaluate agricultural safety trainings; Epidemiology students to engage in morbidity and mortality surveillance; and Environmental Health students to study risk and exposure in agricultural settings.
- Healthcare partners are engaged closely with our health administration faculty and programs and have helped the Student Interest Group for Healthcare Leaders be successful by serving on panels and presenting opportunities for student involvement. For example, the Nebraska Hospital Association and the Health Center Association of Nebraska (HCAN) regularly reach out with opportunities for collaboration. HCAN has even extended an invitation for students to attend some of their workforce development offerings, which helps the COPH stay up-to-date on the needs of the healthcare workforce. We also have several faculty members with leadership positions in both the local chapter and national American College of Healthcare Executives (ACHE), which helps the COPH stay current on healthcare trends, challenges, best practices, and opportunities for students.
- The COPH and NEDHHS have established an academic public health department framework, which provides channels for communication and collaboration between the two entities. One significant aspect is a faculty member whose time is shared between COPH and the state’s Epidemiology Division. Because this faculty member participates in meetings at both entities, there is a constant feedback loop and line of direct communication.

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

The COPH includes external expertise and participation, including but not limited to that of its alumni, in the design and enhancement of curricular offerings for current students. Examples of how external constituents have been involved in three recent COPH curriculum revisions are below.

DrPH core curriculum revision (August 2022–June 2023)

- The COPH convened an initial meeting to discuss general skills needed by graduates of a DrPH program. We included several external partners who serve in leadership positions in local and state health departments. Current students in the DrPH program, all of whom work in various sectors of public health, were also included.
- Using this feedback, a revision to the core curriculum was proposed and then shared back with the group for additional feedback. This led to the identification of skills that DrPH graduates need to be successful leaders in public health.
- These skills were used as a framework to establish program courses and competencies. Current DrPH students were included in this process.
- Once it was decided which courses were to be included in the revised core curriculum, workgroups were established to develop the syllabi for each course. External partners and current DrPH students participated in these workgroups.
- The revised DrPH core curriculum was implemented in the Fall 2024 semester.

Environmental and Occupational Health (EOH) PhD program curriculum revision (February–May 2024)

- The Department of EOH held a full-day retreat to establish a revised curriculum for the PhD program. The retreat included two graduates of the program, both of whom work in public health, plus two current students.
- The retreat included a modified backward design process that started with identifying specific skills that are needed for graduates of the EOH program and concluded with a proposed revised curriculum.
- Workgroups were established to develop syllabi for the new courses, and external partners were invited to participate in those workgroups.

MPH in Epidemiology (January–June 2024)

- The Department of Epidemiology held a full-day retreat to establish a revised curriculum for the MPH in Epidemiology concentration. Although no external partners were able to participate live, we solicited and received feedback from six program graduates, all of whom work in public health practice settings across the United States.
- The retreat included a modified backward design process that started with identifying specific skills that are needed for graduates of the MPH in Epidemiology concentration and concluded with a proposed revised curriculum.
- Workgroups were established to develop syllabi for the new or revised courses, and external partners were invited to participate in those workgroups.

Another way external constituents and partners voices are heard is through the APEx preceptor survey. Each semester, preceptors provide feedback related to their experience with the students, student preparedness to work and ability to address priorities of the organization, and suggestions for improvement of the APEx course. These results are used to guide improvements. For example, in Summer 2022, preceptors were asked to identify how they would most feel appreciated for the contributions they make as preceptors. The information gleaned from this question resulted in additional conversations about how to expand partnerships with preceptors' organizations beyond APEx, which led to the creation of the Preceptor Partnership Award given by the COPH annually beginning in 2024.

Finally, the alumni survey (discussed in Criteria B) is also used to inform program directors and other leadership about what skills are most useful in post-graduation positions, areas in which graduates feel well-prepared, and areas in which graduates could have benefited from additional training or preparation. Details on alumni survey results are provided in Criterion B.5.1.

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

Development of the COPH Vision, Mission, Values, and Goals

In the previous strategic planning process, the COPH involved many external partners whose input and perspectives help shape the future directions of the college. During that process, the external partners, UNMC campus leaders, and COPH faculty, staff, and students who participated considered the context of Nebraska, the unmet needs present in our state, region, and the nation, the unique positioning of the college, and the existing strengths and assets available. From this process, four priority areas for the college were identified: (1) cancer prevention and control, (2) implementation science, (3) rural health, and (4) health security and biopreparedness. These priority areas continue to guide research focus areas and funding applications for the COPH.

In 2022, when the COPH undertook a new strategic planning process, the need for specific areas of strategic focus was different. First, in the years between planning processes, the COPH had received specific directives from the UNMC chancellor to increase extramural funding as well as increase student enrollment. While the COPH had made great strides with both directives, there was more work to be done. Second, in the previous process where the four priorities were identified, the presence of community and external partners outweighed faculty and staff, who expressed frustration and did not feel included in the process. Third, following the COVID-19 pandemic, the popularity of formal public health education grew (evidenced by the nationwide increase in enrollment for public health schools and programs). The COPH wanted to capitalize on this increased desire and enrollment and focus on needs in COPH curricula, innovation, and research to take our programs to the next level. Finally, the major societal events of 2020 and 2021, including the COVID-19 pandemic and cultural uprising following the deaths of George Floyd and others, were also deeply felt by the faculty, staff, and students in the COPH. There was both desire and opportunity to address public health fatigue, burnout, and internal culture challenges within the COPH. Because of these reasons, it was decided to undertake a new strategic planning process and to focus on a wide pool of internal COPH perspectives. The invitation list for the 2022 strategic planning process included a broader mix of COPH staff and faculty, who represented more voices internally than we had had in the past, and included those in the college with a wide reach of connections and partnerships with those in the field.

The POA was presented with the strategic directions, and the panel gave advice and feedback to the overall plan and the four strategic directions: (1) igniting innovation in scholarship; (2) infusing COPH culture with JEDI (justice, equity, diversity, and inclusion); (3) ensuring the COPH is a great place to work; (4) and enhancing our operational approach and market position. These strategic directions can be found in the ERF at ERF->B->B1.

From the strategic planning process, it was determined that the COPH needed to take a fresh look at the mission, vision, and values as a part of the goal to "enhance our operational approach and market position." An outside consulting firm was hired to lead the process, which also included new marketing language and materials for our five COPH departments. The POA provided feedback and approved the final versions of the new statements and materials.

Evaluation Plan

The evaluation metrics used by the COPH are developed by the Evaluation Committee and vetted and discussed by the governing faculty and the POA. The POA is presented with evaluation data each year, provides feedback and perspectives on outcomes, and supports ongoing efforts to maintain and improve results.

Other Areas of Planning and Operations

The COPH includes community partners and alumni on its hiring or search committees for faculty as well as for COPH leadership positions such as department chair searches, giving them a voice to the COPH's

organizational structure and hiring decisions. Additionally, one of the COPH's most prestigious awards, the Nebraska Public Health Defender Award, includes multiple external constituents on the selection committee.

Self-Study Document

The POA received a copy of the full self-study, and the winter 2024 meeting included a presentation by the ADAA to provide an overview of and solicit feedback on college-wide strengths, weaknesses, and plans for improvement.

External constituents, including alumni of both online and in-person programs, practice partners, and advisors, received sections of the self-study relevant to their work and provided comments and feedback. In Fall 2024, Self Study Steering Committee members leading sections of CEPH criteria had meetings with workgroup members to review, discuss, and provide comments as part of the self-study document development. Three meetings were held with groups that included external constituents: 1. December 4, 2024 (invited practice partners and alumni) , 2. January 13, 2025 (COPH Alumni), and 3. February 5, 2025 (POA). One of these meetings was held following the printing of this self-study document.

A list of external constituents who participated in the self-study process can be found in the ERF at ERF->F->F1.

Highlights of feedback from external constituents related to the COPH self-study process:

- Better internal coordination at COPH would help with more effective engagement with external partners. For example, it can be difficult for external partners to know who to contact at COPH for something specific. There are also sometimes redundant conversations happening with partners from multiple people within COPH. Internal communication channels and project management software could help everyone at COPH better align communication and efforts that involve external partners.
 - COPH needs to be proactive in reaching out to partners, including non-traditional partners, partners outside of Omaha and Lincoln, and those delivering public health and health services in a wide variety of settings. There was mixed feedback about how well this happens, with some indicating appreciation for how the Dean and others actively engage with partners statewide. A coordinated approach to partner engagement would ensure that there is adequate diversity in partner representation.
 - Practice partners want to be involved in COPH curriculum, as instructors, guest speakers and lecturers. This is fulfilling to them and would help address the need to make sure that COPH academic programs have practice infused throughout. Partners also noted that this is a way for students to become more aware of employers and the work that they do.
 - Partners appreciated being asked to give feedback and would like to be able to do so more regularly.
- 6) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation requests 3 and 4.

Documentation of external contribution can be found in three documents in the ERF at ERF->F->F1:

- Summer 2022 and Summer 2023 APEx preceptor evaluation results
- Meeting notes from initial DrPH core curriculum revision meeting (August 11, 2022)
- Memorandum of understanding from the NEDHHS academic health department

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

With students and alumni spanning the nation and globe, the COPH uses several information sources to gauge and understand how our graduates are—and need to be—prepared to meet public health employers' needs. For example, publications from the Consortium for Workforce Research in Public Health provide insight into overall workforce trends and details on recruitment, training, and retention. The de Beaumont Foundation's Public Health Workforce Interests and Needs Survey (PH WINS) and data dashboard, alongside the PHAB and ASPPH governmental public health job tasks survey, provide snapshots of essential functions, strengths, and training needs for the governmental public health workforce. The DCS, ADAA, and OPHP all review and share this information with each other and others in COPH. While this type of information is not direct feedback on our graduates, it does allow us to examine whether our curricula align with identified gaps and needs of public health practice.

The COPH also gathers information directly from employers in our immediate geographic area. Historical attempts to gather this feedback by using surveys had low response rates; thus, focus groups are now the primary method used. The COPH also piloted a way to gather feedback at the 2024 Nebraska Public Health Conference: a brief survey was available via a QR code at the COPH exhibitor table. Unfortunately, there was a low completion rate, so the pilot did not yield useful feedback, but the process can be improved upon and repeated in the future. The remainder of this section describes the COPH employer focus group process and summarizes findings from the most recent round.

In spring of 2024, a series of focus groups were held with employers to gain insight into their hiring preferences and gather feedback on COPH graduates' preparedness for the workforce. Four 90-minute sessions were conducted via Zoom, facilitated by the DCS. All sessions were recorded with a full transcript of the audio generated. Zoom Whiteboard was also used to allow participants to directly type their feedback in their own words. Content from facilitator notes, audio transcripts, and Zoom Whiteboard spaces was consolidated into one document for analysis. A draft of this document was shared with all participants for review and additional input. All participants supported the themes, takeaways, and next steps that were outlined.

Thirteen individuals participated, representing a federal agency, state health department, urban and rural local health departments, healthcare organizations, university researchers, and nonprofit organizations.

The first part of the discussion focused on general hiring trends over the past three years to understand the types of positions being filled and who was hired to fill them. The second part of the discussion centered on feedback on COPH graduates specifically and how they compare to others at similar points in their career. Toward the end of the discussion, participants were provided with the nine strategic skills from the de Beaumont Foundation and asked to indicate whether the skill area is a strength or an area for improvement for COPH graduates.

The full 2024 focus group summary can be found in the ERF at ERF->F->F1->Employer feedback. Overall feedback was positive, with the following strengths and areas of improvement noted:

Strengths of COPH Graduates

- Knowledge of population health and foundational public health concepts and approaches.
- Understanding of SDOH and how equity needs to be considered throughout public health work.
- Data analysis skills.
- Ability to communicate complex health information in a variety of ways to different audiences.

Areas of Improvement for COPH Graduates

- The number one thing focus group participants would like to see improved in COPH graduates is a better understanding of practice vs. research. It is worth noting that this feedback may apply mostly to a subset of COPH graduates. A majority of COPH students work full-time while in their degree program,

and focus group participants indicated that they can immediately tell when a student or graduate has had prior work experience.

- Interpreting, applying, and communicating about data in a practice setting.
- Skills related to working through a project start to finish:
 - Project management
 - Collaborating with others (including knowing when and how to problem-solve vs. asking for assistance)
 - Knowing when and how to adapt to changing conditions
 - Seeking and incorporating feedback effectively (e.g., not taking it personally)
- Workplace norms and expectations, including professional communication

Feedback Loop Example: Employer Focus Group findings have been presented to the COPH Leadership Council, MPH Steering Committee and Academic Affairs Directors. Several changes are already being implemented based on the feedback. For example, SAS is being used in more Biostatistics courses as of the Spring 2025 semester, and the Director of Career Services is working with the APEx Manager to incorporate the NACE Career Readiness Competencies into the APEx process for students and preceptors. COPH is also in the process of identifying ways to incorporate more practice partners in curriculum and has communicated with the de Beaumont Foundation to have access to materials on the data-driven decision-making strategic skill area for COPH courses.

8) Provide documentation of the method by which the school gathered employer feedback.

The following documents can be found in the ERF at ERF->F->F1->Employer feedback:

- Spring 2024 employer focus group outline. The outline includes notes on when and how Zoom Whiteboard space was used during the sessions.
- Survey questions piloted at the 2024 Nebraska Public Health Conference through a posted QR code at the COPH OPHP exhibit table. Survey was used to gather feedback from employers and partners.

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

Strengths:

- The curriculum revision processes described have been successful. As such, the ADAA and the OTL director are planning to formalize processes for including external partners in curriculum design and revisions.
- Regarding seeking feedback on COPH graduates' preparation, focus groups have been successful at gathering candid feedback from employers. COPH will also gather feedback at the 2025 Nebraska Public Health Conference, with changes made based upon lessons learned in 2024.
- External partners indicated that the COPH mission, vision, and values are authentic and true to their experience with college. Overall, they value their relationship with the college and want to continue the strong partnership.

Weaknesses:

- The COVID-19 pandemic put a strain on public health practice partners, particularly those in governmental public health. Out of respect for how overextended public health organizations were during that time, feedback opportunities, such as the employer focus groups, were put on hold.
- While many periodic touchpoints and informal communications occur between practice partners and the COPH, there is not a formal process for documenting the conversations or how the feedback provided is used.

Plans for Improvement:

- While there are many identified methods of gathering feedback to improve curriculum, research activities, and practice offerings for students and the current workforce, better methods for documenting this feedback and the changes made because of it are needed. Additionally, some internal and external groups (e.g. the CPH Leadership Council and the POA) could be used more effectively to support feedback loops.
- The CPH will look into more formalized methods of receiving timely feedback on our relationships with external constituents (alumni, practice partners) including the creation of new or revision of current surveys to capture data points such as trust/comfort level, value of the relationship, and return on investment of partnerships.
- The CPH Curriculum Committee has identified the need to establish a template for new or revised program proposals. This template will include a required section that describes how external partners were included in curricular discussions. This template will be presented to departments, so they are aware of this requirement before initiating curriculum changes or new program development.
- Post-pandemic, moving forward, employer focus groups will be held more regularly, with the timing coordinated with OPHP to not overburden partners or be redundant with any other information-collection efforts.
- As the number of CPH alumni grows, we have more opportunities to incorporate alumni in meaningful ways across all our degree programs. The college will review our alumni engagement strategies and update them to better serve the CPH and better meet the growing engagement interests of the alumni network.
- Another plan for improvement relates to the composition and function of the Panel of Advisors. In the next year, the college will work with the panel to identify members that bring additional unique perspectives and experiences. Furthermore, the CPH dean and vice dean will work with the POA to look at the processes for feedback; these and other changes will allow the CPH to use this group of external constituents as effectively as possible.

CRITERIA F:

F2. Student Involvement in Community & Professional Service

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D5, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

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

Students are notified about and encouraged to become involved in service, community engagement, and professional development activities in a variety of ways. Communication about these activities begins during new student orientation. All incoming students complete a set of online asynchronous modules, including one on public health careers that explains how to explore career and service options in public health and identify opportunities for getting involved. This information is followed up during the live orientation presentation by the DCS, who outlines a strategy for how to reflect on strengths, interests, and gaps; explore career options; and then engage in activities to develop skills and experiences needed for a fulfilling public health career. This presentation helps students make the connection between the COPH curriculum, their existing skills and experiences, and their career goals, and then think through how to fill any gaps with additional activities. Specific ideas are also provided for those who are working full-time while completing their academic program. The campus orientation for all incoming UNMC students also includes an optional opportunity fair that showcases more than 60 internal and external organizations that have service and professional development opportunities for students.

Throughout their time at the COPH, students are notified of opportunities through multiple avenues, including via email and biweekly and monthly college newsletters. COPHee Talk is the COPH-specific student newsletter sent on a bimonthly basis. The newsletter indicates specific events and important dates, community news, upcoming workforce development sessions and trainings available to students, and a “career corner” section with upcoming events and recent job postings (campus, state, and national postings). COPHee Talk is one of the main ways students are notified of upcoming opportunities for service, community engagement, and professional development. UNMC Vitals is a student newsletter for all students on the UNMC campus; this weekly digest is sent out each Monday morning to all on-campus and online students and includes a listing of campus events for the upcoming week. Finally, ENGAGE is the online platform used at UNMC to house information on all student organizations, as well as other events and activities that may be of interest to students. Students are introduced to ENGAGE during orientation and shown how to find activities relevant to their interests.

Students are also connected to organizations and external partners on an individual basis if interest is expressed during one-on-one degree planning, career advising, or faculty mentor meetings. If students want to get involved, they are encouraged to contact the partner via email or are given a warm handoff during a meeting with the partner. Additionally, students are encouraged to subscribe or sign up for trainings and networking happening at large, nationwide public health entities. These trainings are also regularly posted and shared via email and the COPH’s newsletters. Some courses within the MPH program also have community service components and requirements built into the curriculum.

COPH Career Services provides a variety of resources to help students engage in professional development activities, in addition to the orientation content. The Student Success Center in Canvas includes an entire page on volunteering (benefits, tips, and websites); student leadership (the page links to ENGAGE and lists the job-related experience one can gain from student leadership); and content on professional memberships (including a handout entitled “Top 10 Reasons for COPH Students to Join Professional Associations”) and conferences. Each year, an APHA 101 presentation is offered, which helps prepare students to navigate the APHA annual meeting and engage effectively with others. The presentation includes showcasing the value of attending the conference. Individual career counseling sessions, including the assignment requirement for the CPH 539 Public Health: Leadership and Advocacy course, often includes making a plan for getting involved as a student. After talking through their interests and current skills and experience, a discussion follows about how they can further explore their options (strategies always include professional associations) and what they can do to be as qualified or competitive

for those options as possible. This plan includes talking through what they will learn in their program; how to maximize their APEX, capstone, and other curricular requirements; and then any other skills or experience they may want to consider. This type of planning allows the advising to be fully customized to the student's circumstances (work, school, family obligations)—advising is not simply giving students a generic list of things they can do. Advisors collaboratively identify high-value activities that will be worth students' time and effort and are based on career goals and every student's unique circumstances. Sometimes, the DCS can immediately connect a student to an opportunity here at UNMC, and other times advisors go online in real time to find organizations in the student's geographic area.

One specific experience that all COPH students are encouraged to participate in is the Student Response Team (SRT). Students are introduced to the SRT during orientation each semester, specifically, the activities of the team and instructions about how to be added to the membership list. Each semester, the SRT provides training on one of three specific duties that may be required during a deployment. These trainings are alternated every semester. The executive team assembles email addresses of all members, and notices are sent out when a health department requests assistance. Elections are held each spring for a new executive committee in accordance with the SRT constitution.

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

In our 2023–2024 annual student survey, 47% of students stated they participated in community service activities during the past 12 months. The following are examples of professional development and community service opportunities in which public health students have participated.

- **Nebraska Public Health Conference Attendance.** For more than three years, the COPH has supported its students to attend the Nebraska Public Health Conference through registration stipends. The conference offers keynotes and breakout sessions highlighting nationwide public health modernization efforts, as well as local examples of public health in action. Additionally, the conference includes networking events for students and professionals. In 2022, the conference began offering virtual attendance options, which has allowed online COPH students to attend this conference at a reduced cost. The student fee for the last three years has been \$175, and the COPH has paid \$150 of this cost for up to 40 students through the OPHP.
- **Annual Preparedness Symposium Series.** For more than three years, CPERS has offered free admission to students at the annual Preparedness Symposia Series. A few students have participated each year; the feedback from students on the value of the experience has been overwhelmingly positive.
- **APHA Dean's Office Student Travel Awards.** For more than three years, the COPH has funded awards to students who have an accepted abstract for the APHA conference. The dean's office is committed to funding a select number of awards of \$1,000 minimum each for students selected to do an oral presentation, and a select number of awards at \$500 minimum each for students selected to have a poster or round table presentation. Students apply for these competitive awards each year. Awards are available for any student from any COPH program, and both on-campus and online students are eligible.
- **Building Excellence in Administration and Management (BEAM) Course.** In 2023, COPH partnered with NEDHHS to pay for five students to complete the BEAM course, provided by the University of Miami and developed in partnership with the de Beaumont Foundation. This course was a great opportunity for students, including online students, to build their skills in public health administration areas.
- **Academic Public Health Department Graduate Assistantships.** As a part of our partnership with NEDHHS, we have had a contract for more than five years that places five to eight students each year at the state health department in public health practice assistantships. These work experiences have provided invaluable experience and professional development for students, while familiarizing them with the workings of governmental public health.

- **Post-Tornado Rapid Needs Assessment.** More than 20 CPH students, faculty, and staff, led by faculty in the UNMC Water, Climate and Health Program, assisted the Three Rivers Public Health Department (Fremont, NE) with a rapid needs assessment following tornado events in May 2024. Volunteers from several local health departments, UNMC, and NEDHHS went door-to-door in a roughly two-mile radius around the tornado path in Washington County to get residents' responses to survey questions. The topics included how well the early warning system worked; physical and mental health impacts; and how residents received information before, during, and after the tornados.
 - **COPH Community Garden.** In 2023, students at the CPH, in collaboration with other on-campus groups, spearheaded the creation of the college's first community garden. Approximately 20 students regularly supported the garden's construction and harvesting; others were involved in the planning committee. Material donations were collected, a small amount of funding was secured, and the student group worked together to construct, plant, and harvest the garden's first iteration in early spring through the summer of 2023. Produce generated by the garden was free to all students, and extra produce was donated to the university's food pantry as well as community organizations who also provide food pantry services.
 - **Childcare Tuberculosis Exposure Response.** In 2023, several hundred young children were exposed to TB through a drop-in daycare at a local YMCA facility in Douglas County, NE. Students were called to assist the Douglas County Health Department with a mass testing operation for confirmed TB exposures. Students played important roles in set up, in-processing, screening, and greeting the exposed children and their families.
 - **Healthcare Medical Surge Exercise.** In 2024, students were recruited to act as scribes for a citywide, full-scale exercise to test healthcare medical surge capabilities following a chemical incident. Three students volunteered to assist and consequently were able to interact with more than 100 participants, in addition to witnessing the interaction between response partners in a citywide response effort.
 - **Douglas County Nutrition Environment Measures Study (NEMS).** The Douglas County Health Department solicited student volunteers to support the NEMS project in the spring of 2024. NEMS assesses observational measures of the nutrition environment within retail food stores (NEMS-S) to determine availability of healthy options, price, and quality. Students completed training in the assessment tool and process and have been completing assessments in the summer of 2024.
 - **Online Student Service.** In addition to activities in the Omaha metro area, CPH's online students are active with service activities in their own communities. As part of the CPH student survey, online students reported being involved in a variety of service activities, including serving on local boards, assisting with immunization clinics, volunteering with local schools and churches, and coaching youth sports teams.
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The CPH has fantastic partnerships with our local health departments in Nebraska, and they reach out to us and our students when they need additional support. This provides our students with real-time, real-life opportunities to experience public health in action.
- The vast majority of our online students work full-time, so their needs related to connecting to professional and community service opportunities are a little different. For those working full-time, we discuss options and opportunities that will be most relevant to their goals while also being mindful of their time commitments.
- We inform students of all relevant professional development opportunities, not just those located in Nebraska. Whether it be an Association of State and Territorial Health Officials (ASTHO) webinar or a new offering on CDC's TRAIN website, we try to highlight offerings that complement our students' CPH training.

Weaknesses and Plans for Improvement: None indicated.

CRITERIA F:

F3. Delivery of Professional Development Opportunities for the Workforce

F3. Delivery of Professional Development Opportunities for the Workforce

The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

- 1) Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school) and an indication of how the unit identified the educational needs. See Template F3-1.

The COPH places a high value on public health practice. Responding to the needs of the current workforce is a top priority for the college. As such, several offices and centers in the COPH are dedicated to meeting the professional development needs of the current public health workforce. Examples include the CS-CASH, CPERS, and the OPHP. Over the last year, we have provided education and training opportunities to more than 1,000 members of the public health workforce.

The Central States Center for Agricultural Safety and Health (CS-CASH) works with the agricultural community in the central states (Kansas, Missouri, Nebraska, Iowa, South Dakota, North Dakota, and Minnesota) and beyond, conducting research, intervention, education, and outreach activities that focus on the mechanisms of injury and illness and develop, implement, and evaluate prevention strategies that measurably improve the health and safety of members of the agricultural community. One example of professional development offered by CS-CASH is the annual Agricultural Health and Safety Course for medical and safety professionals. The course examines key health and safety issues specific to rural and agricultural workers. Experts present course material relevant to those working in healthcare, public health, education, and safety professions.

The Center for Preparedness and Emergency Response Solutions (CPERS) conducts planning, training, and exercise services for public health and medical care providers and current healthcare and public health emergency managers. For example, CPERS created the Hospital First Receiver (Hospital Decontamination) Training in response to the many instances when a hospital needs to decontaminate prior to admitting a patient. This two-day training provides healthcare facilities with the skills needed to provide a high level of care for their patients while maintaining worker safety. CPERS has also developed multiple web-based education tools for public health, healthcare, emergency responders, and businesses.

The Office of Public Health Practice (OPHP) is dedicated to advancing academia and practice toward a more effective, interconnected, just, and modernized public health system. The OPHP has four main areas of work: (1) academic and practice partnerships (e.g., academic health department with NEDHHS); (2) capacity development efforts (e.g., the Great Plains Leadership Institute); (3) training and technical assistance (e.g., robust technical assistance for local health departments applying for national accreditation through PHAB); and (4) student practice experiences (e.g., field placements through the MPHTC). The OPHP provides a considerable menu of workforce development, training, and technical assistance opportunities for public health practice partners in Nebraska, federal Region VII, and nationally. These services and trainings include but are not limited to: expert presentations; synchronous and asynchronous online learning; organizational development opportunities, such as team-building workshops, performance management and quality improvement trainings, and team and executive coaching services; technical assistance for local and state health departments to meet national standards and measures; national accreditation technical assistance for state, local, and tribal health departments in Nebraska; and facilitation services. Needs for services are identified through partner-initiated requests; formal and informal conversations with national, state, and local workforce partners; results of national workforce surveys; and results of workforce competency assessments previously conducted through the OPHP. Below are three examples of workforce or professional development activities offered by the OPHP, how the need was identified, and the partners served.

Education or Training Activity	How did the unit identify this educational need?	External Participants Served*
<p>The Sizzling Summer Series. Since 2019, the OPHP, in collaboration with MPHTC, has offered the Sizzling Summer Series. This multipart webinar series features the latest topics and issues facing the field of public health. Webinars are held via Zoom for one hour per session, two to five sessions per summer. Participants learn from subject matter experts, case studies, panel discussions, and activities. Webinars are recorded and made available on our website following the event.</p> <p>Offerings in recent years include: Communicating the Value of Public Health (2022)</p> <ul style="list-style-type: none"> • Talking Health: A New Way to Communicate About Public Health (June 28, 2022) • Media Training for Public Health Professionals (July 28, 2022) • Building Bipartisan Support (August 31, 2022) <p>Making Data Come Alive, Part 1 (2023)</p> <ul style="list-style-type: none"> • Framing With Data (June 14, 2023) • “Storifying” Data for Greater Impact (August 30, 2023) <p>Making Data Come Alive, Part 2 (2024)</p> <ul style="list-style-type: none"> • Visualizing Data: Crafting Compelling Stories for Diverse Audiences (June 26, 2024) • The Art of Persuasion: Using Data to Enhance Credibility, Logic, and Emotional Appeal (July 31, 2024) • Advancing Health Equity Through Data Visualization (August 22, 2024) 	<p>The MPHTC Executive Committee, comprising representatives from Region VII institutions in Nebraska, Iowa, Missouri, and Kansas, discusses trending issues they learn about from regional, state, and local partners; these issues shape the topics of the series. Topics are linked to the de Beaumont strategic skills, HRSA priority areas, and public health leadership competencies.</p>	<p>Registration links are shared through multiple sources, including the MPHTC listserv and the Public Health Training Center Network. Additionally, partner organizations and associations in Nebraska, Iowa, Missouri, and Kansas send registration information to their distribution lists and partners. Participants represent a range of public health disciplines and states and localities.</p> <p><u>2022 Webinars</u> June 28: 111 participants July 28: 96 participants August 31: 49 participants</p> <p><u>2023 Webinars</u> June 14: 95 participants August 30: 79 participants</p> <p><u>2024 Webinars</u> June 26: 54 participants July 31: 47 participants August 22: 51 participants</p>
<p>Great Plains Leadership Institute (GPLI). GPLI is a year-long competency-based training program designed for established and emerging leaders in organizations whose primary mission</p>	<p>GPLI was first developed in 2005. In Nebraska and Iowa, an assessment of local health department directors showed a gap in leadership competencies and a requested desire for</p>	<p>GPLI accepts up to 28 participants per year.</p> <p>2022 (Cohort 17): 28 participants</p>

<p>is to improve the health and well-being of populations and communities. Its robust experiential curriculum includes residential and distance learning, mentoring and coaching, and collaborative practice projects. The GPLI serves Region VII (Nebraska, Iowa, Missouri, and Kansas) and welcomes applicants from surrounding states as well (South Dakota, North Dakota, Minnesota, etc.).</p> <p>Examples of Annual Events:</p> <ul style="list-style-type: none"> • Orientation call • In-person kickoff event (3 days) • Monthly webinars (2 hours) <ul style="list-style-type: none"> ○ Values, Vision, and Mission ○ Peer Coaching ○ 360 Introduction ○ Managing Difficult Conversations ○ Diversity, Equity, and Inclusion • In-person midyear event (4 days) • Monthly webinars (2 hours) <ul style="list-style-type: none"> ○ 360 Follow-Up Support ○ Emotional Intelligence ○ Five Dysfunctions of a Team ○ Adaptive Leadership ○ Psychological Safety • Executive coaching sessions (x2) • Peer coaching experience • Mentoring experience • Group book club • Individual leadership development plan 	<p>access to leadership training opportunities. This was in line with nationwide efforts at the time to bring leadership development to public health practice organizations.</p> <p>The current list of competencies covered in GPLI was created through a think tank in 2015 composed of leadership experts and public health leaders. Content is updated based on feedback following each intersession, and pre- and post-assessments are conducted yearly. New content and resources are added yearly to supplement the material as new leadership information is published and reviewed.</p>	<p>2023 (Cohort 18): 27 participants</p> <p>2024 (Cohort 19): 28 participants</p>
<p>BEAM Training. BEAM is an online certificate program in budget and financial management developed by nationally recognized public leaders and practitioners at the University of Miami’s public health and business programs, the de Beaumont Foundation, and other leading organizations.</p>	<p>Workforce competency assessments completed by the COPH OPHP with Nebraska state, local, and tribal health departments between 2016 and 2022 indicated that as a state, the highest workforce training need was in financial management and planning. The COPH identified the BEAM training as a high-priority training opportunity and worked with NEDHHS partners to</p>	<p>In 2022 and 2023, 57 state, local, and tribal health department staff participated in BEAM training.</p>

<p>The COPH provided full scholarships for interested health department staff to receive the training.</p>	<p>provide scholarships for health department staff to attend the training.</p>	
<p>Organizational and Team Development (ad hoc). The OPHP has offered services for more than 10 years. When local health departments and public health-adjacent organizations have requested team development and training to address workforce needs, we have staff who are skilled at facilitation, leadership development, and coaching.</p> <p>Here are examples of OPHP workforce development and technical assistance services offered in 2024.</p> <ul style="list-style-type: none"> • Central District Health Department <ul style="list-style-type: none"> ○ Interpersonal needs team training (February 8, 2024) ○ Team alignment discussion (April 23, 2024) ○ Team coaching services (July–November 2024) • Southwest District Health Department <ul style="list-style-type: none"> ○ MBTI team training (February 26, 2024) ○ Conflict management team training (May 20, 2024) • East Central District Health Department <ul style="list-style-type: none"> ○ Performance management/quality improvement team training (November 30, 2024) ○ Performance measure selection and evaluation training (November 30, 2024) • Elkhorn Logan Valley Health Department <ul style="list-style-type: none"> ○ CSI Team Training (March 15, 2024) • Sarpy/Cass County Health Department 	<p>Health departments and community organizations contact the OPHP with specific team-based challenges and requests. The OPHP team meets with the organization’s representatives to better understand the specific challenges they are facing and offers options for team-based training and development services.</p>	<p>Participant numbers:</p> <ul style="list-style-type: none"> • Central District Health Department: 8–10 • Southwest District Health Department: 11–15 • East Central District Health Department: 14 • Elkhorn Logan Valley Health Department: 17 • Sarpy/Cass County Health Department: 14–25 • Nebraska Family Planning Association: 7 • Loup Basin Health Department: 12 • South Heartland District Health Department: 15 • Lincoln Lancaster County Health Department: 15 • The Women’s Fund Adolescent Health Project Meetings: 25 • Four Corners Health Department: 10 • NEDHHS: 50

<ul style="list-style-type: none"> ○ MBTI Team Training (June 7, 2024) ○ Conflict Management Team Training (September 13, 2024) ○ Change styles team training (September 23, 2024) ○ Interpersonal needs team training (October 25, 2024) ● Nebraska Family Planning Association <ul style="list-style-type: none"> ○ MBTI team training (June 7, 2024) ○ Conflict management team training (September 13, 2024) ○ Change styles team training (September 23, 2024) ● Loup Basin Health Department <ul style="list-style-type: none"> ○ Performance measure selection and evaluation training (February 12, 2024) ● South Heartland District Health Department <ul style="list-style-type: none"> ○ Performance Management/Quality Improvement team training (September 2024) ● Lincoln Lancaster County Health Department <ul style="list-style-type: none"> ○ Heat Planning Facilitation (January 12, 2024) ● The Women's Fund <ul style="list-style-type: none"> ○ Adolescent Health Project Meetings (May 8, 2024; September 11, 2024) ● Four Corners Health Department <ul style="list-style-type: none"> ○ Community health improvement planning prioritization facilitation (October 26, 2024) ● NEDHHS <ul style="list-style-type: none"> ○ Maternal and child health needs assessment facilitation (November 2024) 		
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- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The COPH offers myriad professional development services, trainings, workshops, and consulting services to meet the needs of the current workforce.
- There is a wide-ranging breadth of topics, community challenges, and team development needs that the COPH can address.
- With the number of faculty and staff having practice experience and the college's prioritization of practice, both in its curricula and its commitment to service, the COPH is well-aligned and prepared to meet the needs of the current workforce.

Weaknesses and Plans for Improvement: None identified.



CRITERIA G:

Diversity & Cultural Humility

G1. Diversity & Cultural Humility

The school defines systematic, coherent, and long-term efforts to incorporate elements of diversity and cultural humility. Considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school also provides a learning environment that prepares students with broad competencies regarding diversity and cultural humility, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural humility through a variety of practices, which may include the following:

- **incorporation of diversity and cultural humility considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff, and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural humility in the types of scholarship and/or community engagement conducted**

The school monitors its progress and efforts in diversity and cultural humility using evidence, including, at a minimum, student, faculty, and staff (if appropriate) perceptions of the unit's climate. The unit regularly collects, monitors, and responds to perceptions of its climate relating to diversity and cultural humility.

The school defines qualitative and/or quantitative methods designed to provide useful information on climate.

The school documents and regularly examines its methodology for collecting climate perceptions, making revisions as necessary, to ensure useful data.

- 1) List the school's specific goals for advancing diversity and cultural humility.

The COPH has been committed to equity, diversity, and inclusion for many years. The COPH views diversity as the collective mixture of differences and similarities that includes individual characteristics, values, beliefs, experiences, and backgrounds. It encompasses our personal and professional histories that frame how we see the world, collaborate with colleagues and stakeholders, and support communities through our research, education, and service.

In 2016, the COPH completed its second accreditation process. It was recommended that we develop a more cohesive thread for diversity efforts across the college. Since then, the COPH has formalized the Diversity and Cultural Humility Council (membership is shown in Table A1.8), hired a culture and sustainability manager (CSM), and completed a college-wide planning process to determine goals for advancing diversity and cultural humility in the COPH. In the summer of 2021, workgroups were formed at the COPH in response to the Black Lives Matter movement. These "Ideas to Action" workgroups were charged with identifying goals and actions that would make the COPH a safer and more inclusive environment for all. Ideas to Action was a voluntary activity for anyone interested in making the COPH an inviting place to work. Over two years, more than 50 individuals participated in six self-driven workgroups: (1) Community-Engaged Research; (2) Scholarship and Fellowship Development for URM Students, Pipeline and Pathway Programs; (3) Curriculum Review; (4) Racial Justice Report Card; (5) Hiring, Recruitment, and Retention; and (6) Training.

The COPH has identified four goals to advance our diversity and cultural humility.

1. Formulate a comprehensive diversity and cultural humility strategy.

2. Design a recruitment strategy to enhance diversity of students, staff, and faculty.
3. Provide an inclusive and safe environment for all to retain the best and brightest students, staff, and faculty.
4. Develop a diversity and cultural humility training plan for COPH students, staff, and faculty.

2) List the actions and strategies identified to advance the goals defined in documentation request

The table below provides the goals, actions and strategies, and people accountable, that were presented by the Diversity and Cultural Humility Council to the COPH Leadership Council.

Table G1.1 COPH Diversity and Cultural Humility Goals and Strategies		
Goal	Actions and Strategies	Accountability
Formulate a comprehensive diversity and cultural humility strategy.	<p>Four diversity and cultural humility workgroups were launched (membership can be found in the ERF at ERF->B->B1) in 2023. The workgroups are responsible for making recommendations to the COPH Leadership Council about how to create or improve the COPH's communication, evaluation strategies, policy and procedures, and education and training relative to diversity and cultural humility.</p> <p>The workgroups meet monthly, and the CSM reports recommendations to the COPH Leadership Council.</p>	<p>Diversity and Cultural Humility Council</p> <p>COPH Leadership Council</p> <p>CSM</p>
Design a recruitment strategy to enhance diversity of students, staff, and faculty.	<p>All members of search committees, both faculty and staff, are now required to participate in the UNMC-wide training modules regarding recruitment, which include information on diversity, inclusion, and bias.</p> <p>The Office of Educational Services recruits at conferences and meetings that focus on diverse populations and students.</p> <p>The GRE requirement has been removed from most program admissions requirements.</p> <p>Funding is available to all departments to recruit post-docs who work with under resourced and diverse communities.</p> <p>A grant from HRSA provides 37 scholarships to current practitioners who live and work in tribal, rural and under resourced communities in Nebraska, Iowa, Missouri, and Kansas, including tribal communities in South Dakota and North Dakota. The scholarships provide full tuition and fees for students obtaining an MHA, certificate, or DrPH.</p> <p>Competitive startup packages are offered to all new faculty, regardless of rank.</p>	<p>ADSA</p> <p>ADO</p> <p>COPH Leadership Council</p>
Provide an inclusive and safe environment for all to	New student orientation includes an implicit bias presentation.	ADSA

<p>retain the best and brightest students, staff, and faculty.</p>	<p>Trauma Awareness and Safe Space Training was developed for COPH students.</p> <p>Students are supported through The Student Life Inclusion and Diversity Office (SLIDO).</p> <p>Resources are provided to Ideas to Actions workgroups to implement new initiatives.</p> <p>COPH Wellness Council provides opportunities to all students, staff, and faculty.</p> <p>The COPH promotion and tenure criteria were revised to increase equity in promotion and tenure processes.</p> <p>The COPH hosts the First-Generation College Student Day.</p> <p>The COPH annually reviews and updates the College Racial Justice Report Card.</p>	<p>ADO</p> <p>COPH Wellness Council</p> <p>COPH Leadership Council</p> <p>COPH Promotion and Tenure Committee</p> <p>Governing Faculty</p> <p>CSM</p>
<p>Develop a diversity and cultural humility training plan for students, staff, and faculty.</p>	<p>Year-long training schedules are created and disseminated.</p> <p>The COPH conducted the coordinated administration of its first Intercultural Development Inventory (IDI) rollout and provides coaching and resources.</p> <p>The COPH developed and provided the Responsible Inclusive Student Engagement (RISE) pilot program, which provides students with more in-depth DEI learning and supports inclusion of such materials in courses.</p> <p>The COPH completes a review of all MPH courses to examine competency attainment.</p> <p>The COPH hosted training for students on LGBTQ2AI+ safe spaces in conjunction with the UNMC Gender Resource Center.</p>	<p>Diversity and Cultural Humility Council</p> <p>CSM</p> <p>ADSA</p> <p>COPH Leadership Council</p>

3) Provide evidence of the school’s approaches, successes, and/or challenges in advancing diversity and cultural humility.

Based on the approaches mentioned above and our ongoing commitment to creating a more diverse, inclusive, and culturally humble college, we have set and track metrics of our students, faculty, and staff in an attempt to be demographically representative of Nebraska and the nation.

The COPH considers underrecognized populations (URPs) to be Black/African American, Hispanic/Latino, and Indigenous/Native American/Pacific Islander individuals. According to 2020 U.S. Census data, 34.5% of U.S. citizens identified as Native American, Black or African American, Hispanic or Latino, Native Hawaiian, or Other Pacific Islander. Subsequently, using the same [U.S. Census data](#), 29.5% of Nebraskans identified as Native American, Black or African American, Hispanic or Latino, Native Hawaiian, or Other Pacific Islander. Nationally, according to the National Center for Education Statistics, in 2022–2023, 23.7% of the graduate student population at public institutions was Native American, Black or African American, Hispanic or Latino, Native Hawaiian, or Other Pacific Islander.

Total COPH URP	2020–2021	2021–2022	2022–2023	2023–2024
Student	20%	26%	23%	22%
Faculty	13%	12%	13%	10%
Staff	16%	16%	21%	16%

It is important to recruit a diverse student population; it is even more important to retain the students and provide the support they need from enrollment to graduation.

MPH	95% (20/21)
DrPH	100% (3)
PhD	100% (2)
MS	100% (3)

Degree	COPH Non-International Student Graduation Rate	COPH URP Student Graduation Rate
MPH	83%	71%
MS-BIOS*	NA	NA
DrPH*	NA	NA
PhD	71%	67%

* This program has not yet had any cohorts reach MTTG.

Faculty and the ADAA have developed course content that incorporates aspects of diversity and cultural humility into the curriculum. Content is included in the following courses, whose syllabi can be found in the ERF at ERF->G->G1.

- CPH 500/HPRO 830 Foundations of Public Health
- CPH 545/HPRO 809 Health Disparities and Health Equity
- CPH 637/EPI 820 Social Epidemiology
- HPRO 915 Foundations of the CBPR Approach
- HPRO 918 Application of the CBPR Approach
- CPH 700/HPRO 900 Health Equity and Community Engagement

Finally, in the 2024 employer focus groups, DEI was identified as an area of strength among COPH students and graduates. Specifically, employers appreciate how diverse our student body is, their strong understanding of equity and the social determinants of health and being able to think through how equity should be considered throughout public health work. This feedback is notable, given that this was seen as an area for improvement in previous focus groups.

Successes

- The percentage of URP students in the COPH is very close to the national data.
- Our student retention rates are 100%.
- Employers communicated their appreciation about how diverse our student body is, their strong understanding of equity and the social determinants of health, and being able to think through how equity should be considered throughout public health work.
- The COPH has updated the Promotion and Tenure Guidelines to be more inclusive.
- The COPH has trained search committees to recruit the best and brightest students, staff, and faculty.
- Students are provided multiple levels of support in a safe and inclusive environment.
- The Diversity & Cultural Humility Council provides recommendations to enhance diversity and cultural humility to the COPH Leadership Council.
- Dedicated resources have been provided to diversity and cultural humility workgroups to make the COPH an inclusive and safe place to work.

Challenges

- Based on the national data, faculty and staff are not currently proportionately represented.
- The political climate in Nebraska can make diversity and cultural humility work difficult.
- It is important that we continue to create metrics for all our goals and not only those related to URP students, staff, and faculty.

- 4) Provide student and faculty (and staff, if applicable) perceptions of the school's climate regarding diversity and cultural humility.

The COPH's annual student and faculty surveys include questions about campus climate and cultural humility. The response rate for the 2023–2024 COPH student survey was 53% (n=190). Seventy-four percent of COPH students said they perceived the climate of the COPH to be very or moderately inclusive regarding diversity. In open-ended feedback, students stated that diversity can be seen in the COPH's student body. Several students noted, however, that COPH faculty and staff are not as diverse as the student body. Issues with inclusivity for students with disabilities were also mentioned. Students were also asked about their perceptions of the college's climate regarding cultural humility. For this question, students were provided with CEPH's definition of cultural humility for reference. Sixty-eight percent of COPH students said they perceived the culture of the COPH to be very or moderately inclusive regarding cultural humility. There was limited open-ended feedback to this question, possibly because most comments came from online students who said they did not know enough to provide feedback.

The response rate for the 2024–2025 COPH faculty survey was 85% (n=85), and the response rate for the 2023-2024 survey was 74% (n=67) . As part of these surveys, faculty were asked several questions related to climate and cultural humility (2024-2025) or cultural competence (2023-2024). In 2023-2024, more than 76% of faculty indicated that they had made changes to their course materials to add more global and diverse perspectives over the last two years. In 2024-2025, 69% of faculty said they had made changes within the past year. Quantitative questions about the College's climate towards diversity and cultural humility were added for the 2024-2025 survey. Over 82% of faculty said the College was very or moderately inclusive towards diversity, and over 80% said the College was very or moderately inclusive towards cultural humility. In both surveys, faculty were also given the opportunity to provide qualitative feedback regarding their perceptions of the COPH's climate regarding diversity and cultural humility/competence. Many faculty who provided comments said they felt the college was making an effort to be more diverse and more culturally competent. One respondent wrote, "The COPH has a vision of what diversity and cultural competency looks like, and much is being done to pursue that vision within the constraints existing in the state in which we live." While this sentiment was expressed by most respondents, several also noted that there is still work to be done in the COPH, specifically in the areas of diversity in leadership and gender equity.

UNMC also performs an annual campus-wide student survey. This survey includes questions about DEI, and colleges are provided with response information specific to their college. While a response rate is not provided, the total number of respondents is provided. The following table outlines responses over the last two years (since the survey changed to its current format). A full copy of both surveys can be found in the ERF at ERF->G->G1->UNMC Campus-Wide Surveys.

Table G1.5 CAPH Student Responses to UNMC Student Survey, Selected Questions 2022–2023 and 2023–2024		
Question	2022–2023 Response	2023–2024 Response
How valued do you feel at UNMC?	83% very or somewhat valued (n=83)	89% very or somewhat valued (n=101)
How fairly are students treated at UNMC regardless of differences?	93% very or somewhat fairly (n=81)	96% very or somewhat fairly (n=100)
How are students from all backgrounds respected at UNMC?	95% very or somewhat respected (n=81)	96% very or somewhat respected (n=100)
How respected do you feel at UNMC?	94% very or somewhat respected (n=83)	94% very or somewhat respected (n=101)
How comfortable are you talking about your personal cultural experiences at UNMC?	90% very or somewhat comfortable (n=82)	88% very or somewhat comfortable (n=99)
How committed is UNMC to meeting the needs of students with disabilities?	90% very or somewhat committed (n=40)	94% very or somewhat committed (n=64)
How encouraging is UNMC to the open expression of ideas, opinions, and beliefs?	90% very or somewhat encouraging (n=80)	94% very or somewhat encouraging (n=100)
How much of your authentic self does UNMC allow you to be?	93% very or somewhat authentic (n=80)	94% very or somewhat authentic (n=100)
How supportive is UNMC of members of the LBGTQIA+ community?	97% very or somewhat supportive (n=37)	100% very or somewhat supportive (n=55)
How comfortable would you feel reporting a concern about harassment and discrimination at UNMC?	88% very or somewhat comfortable (n=80)	82% very or somewhat comfortable (n=100)
How aware are you of how to report concerns about harassment and discrimination?	75% very or somewhat aware (n=81)	76% very or somewhat aware (n=100)
How clearly do UNMC policies and procedures discourage harassment and discrimination?	94% very or somewhat clearly (n=68)	97% very or somewhat clearly (n=79)
How appropriate is the action UNMC takes in response to incidents of harassment and discrimination?	85% very or somewhat appropriate (n=27)	98% very or somewhat appropriate (n=50)

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

Strengths:

- The COPH has significantly and actively invested in enhancing diversity and cultural humility by hiring a CSM, providing resources to implement culture-building activities, revising promotion and tenure criteria, and working to recruit the best and brightest students, staff, and faculty.

Weaknesses and Plans for Improvement:

- The COPH continues to work toward having a more diverse student, staff, and faculty community. It is important that we create metrics and evaluation plans for all identified goals, not only those related to URP students, staff, and faculty.
- The diversity and cultural humility workgroups will recommend evaluation metrics for all goals identified and report on each annually to the COPH Leadership Council.



CRITERIA H:

Students

CRITERIA H:

H1. Academic Advising

H1. Academic Advising

The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school's curricula and about specific courses and programs of study. Additionally, advisors understand the needs of a diverse student body and are qualified to address student needs and support their success.

Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

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

All admitted students are invited and encouraged to attend the UNMC campus orientation activities. The all-campus orientation offered by the UNMC Office for Student Success is offered in both in-person and online formats. The all-campus orientation provides information to students about services and activities available to UNMC students, such as the Gender Resource Center, peer support, Office of Accessibility Services, Counseling and Psychological Services, Financial Aid, Student Life Inclusion and Diversity Office, Student Accounts, and Parking Services. The UNMC Office of Student Success also coordinates with the colleges to host a new student onboarding website with important information for all newly admitted students: <https://www.unmc.edu/student-success/academic-success/onboarding/new-student-instructions.html>.

International students attend a mandatory two-day orientation hosted by the UNMC Office of Global Engagement. This orientation includes information related to moving to Omaha, securing housing, getting their social security number, banking options, setting up utilities, maintaining their visa status, Optional Practical Training (OPT)/Curricular Practical Training (CPT), campus services, resources, and student groups.

The week before each admission term start date, COPH hosts a live, mandatory new student orientation offered virtually via Zoom to ensure the best experience for all students. The orientation is recorded and posted for students unable to attend; students complete the orientation at a convenient time within the first couple weeks of the term. This orientation welcomes students and introduces them to the COPH community, services and support available to students, relevant policies and procedures, student organizations, alumni services, research support, career services, academic requirements, and plan of study requirements. A workshop on implicit bias is also part of the orientation. All incoming MPH, MHA, and DrPH students must also complete an asynchronous online orientation hosted in Canvas; students are enrolled in the online orientation shortly after receiving their admission offer. This orientation requires students to proceed through a series of modules that shares information about tasks required for matriculation, administrative requirements, education technology, and campus and college policies and procedures outlined in the UNMC [Catalog](#). As part of the orientation week, all COPH departments invite their students to department-based webinars to meet the faculty and learn about program requirements and opportunities. In-person events, including a student organization fair (includes a virtual attendance option), campus BBQ, and a COPH Welcome Back and international student luncheon, are offered for COPH on-campus students to meet each other, faculty, and staff.

Students entering PhD and MS programs are enrolled in and complete the Office of Graduate Studies orientation modules in Canvas before registering for classes. The Graduate Studies orientation modules review the degree requirements, program completion requirements, and research information specific to the MS and PhD degrees. The Office of Graduate Studies hosts a matriculation ceremony for all incoming students and their families to welcome them and kick off their new academic journey.

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

MPH, MHA, DrPH Programs

Upon admission to the certificate, MPH, or MHA programs, students are assigned to the APSS for advising about the student's academic plan of study. DrPH students are assigned to the DDP. The APSS or DDP meets with students after program admission to provide information on the essential components of the program, including core and concentration curriculum, prerequisites, course sequencing, and any additional academic requirements for their program. The student and APSS or DDP devise a study plan tailored to the anticipated progress through the program based on the student's needs. Throughout the program, students and the APSS or DDP meet regularly (typically one to two times per year) to discuss coursework and update the plan of study, as needed.

During the first semester of their program, MPH, MHA, and DrPH students are assigned to a faculty mentor in their concentration area by a department chair or graduate program director. Faculty mentors meet with students once or twice per year to discuss with students how to prepare for the practicum and capstone or dissertation, how to select elective courses based on career goals, research or practice opportunities, and career preparation. Students in the MPH dual degree programs also have an academic advisor from their other degree program to ensure they meet requirements for both programs.

The student affairs coordinator (SAC) in the COPH Office of Educational Services is responsible for advising MPH, MHA, and DrPH students about administrative tasks or issues, for example, registration deadlines, change of concentration, change with enrollment status, academic calendar, university requirements, compliance requirements, degree audit, graduation requirements, transfer credit, university and COPH policies and procedures, student activities, wellness activities, and support for student organizations. The student success coordinator (SSC) works with students who are having challenges in their academic journey; they may self-identify or be identified by their faculty as struggling in a course. The SSC also works with students who have violated the good academic standing policy by helping them formulate and follow a remediation plan back to good academic standing. Finally, the SSC works preventively and provides webinars on topics related to student academic success and preparedness. Examples include setting up tech for success, time management, how to use AI in education, and academic writing skills. The SAC and the SSC work under the support, guidance, and supervision of the ADSA.

PhD and MS Programs

Each MS and PhD program is overseen by a Graduate Program Committee (GPC) that consists of graduate faculty that teach and mentor in the program. The committee is led by the graduate program director, who serves as the student's temporary supervisor until the appointment of a permanent supervisor (mentor). The MS students have a permanent advisor, who chairs the student's advisory committee and must be a member of the graduate faculty. The advisory committee consists of three or more members, including the advisor, selected by the program's GPC and approved by the dean for graduate studies. The advisory committee acts on behalf of and reports to the program's GPC and is responsible for supervising the student's work toward earning the MS degree. The advisory committee must be appointed within six months after matriculation (eight months for part-time students) and must meet with the student at least once every six months thereafter. PhD students must designate a member of the graduate faculty to serve as their supervisor and at least 3 other members of the graduate faculty to serve as their supervisory committee within 12 months after matriculation (18 months for part-time students). The student's supervisor serves as chair of the supervisory committee and advises the student on its overall composition. It is encouraged that one or more members of the supervisory committee be from a field or fields of study different from the major area of interest, whenever such representation will contribute to the student's program and/or the overall effectiveness of the graduate program.

The Office of Graduate Studies is responsible for advising MS and PhD students on administrative tasks and issues, for example, registration deadlines, change with enrollment status, academic calendar, university requirements, compliance requirements, degree audit, graduation requirements, transfer credit, university and Office of Graduate Studies policies and procedures, student activities, wellness activities,

and support for student organizations. The COPH Office of Educational Services will also provide support to MS and PhD students, but always in collaboration with and under the guidance of the Office of Graduate Studies.

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

MPH and MHA Students

For MPH and MHA programs, students are automatically assigned to the APSS to receive their plan of study advising. Faculty mentors are assigned by the faculty director in the department of the student's chosen concentration. Assignments are based on similar research or professional interests of students and faculty. The faculty's mentoring load and availability are also considered in the selection process. Faculty mentors are informed about their incoming advisees near the start of the student's first semester. Students receive notification via email of their assigned faculty mentor and are notified that the faculty's contact information is posted in their MyRecords portal; students are encouraged to reach out and schedule an introductory meeting.

The APSS is a member of the Office of Academic Affairs staff, attends meetings, and receives guidance from the department leadership on course sequencing and requirements. The APSS uses the UNMC Catalog and program handbooks, standardized plan of study and transfer credit forms, and a two-year schedule of planned classes to help guide students; the APSS also attends meetings with and receives guidance on administrative policies and procedures from the Office of Educational Services and the ADSA.

New faculty mentors for MPH and MHA students are oriented to their roles and responsibilities through a faculty onboarding session conducted by the ADAA and the APSS. This session describes the role of the mentor and the support services available from the university. Ongoing training is provided on trends and topics important to mentoring students. New faculty also receive training on student-related administrative policies and procedures from the Office of Educational Services, and the ADSA updates the governing faculty regularly on changes to policy, procedure, or processes. In addition, a SharePoint site is available for all faculty mentors that includes expectations and resources for mentoring, advising, and supporting students.

DrPH Students

For the DrPH program, students meet with the DDP to receive their plan of study advising and the requirements of the practicum and dissertation. Faculty mentors are assigned by the faculty director of the student's chosen concentration, in consultation with the individual faculty members. Assignments are based on aligned research or professional interests of students and faculty. The faculty's mentoring load and availability are also considered in the selection process.

New faculty mentors for DrPH students are oriented to their roles and responsibilities through a faculty onboarding session conducted by the ADAA and the DDP. This session describes the role of the mentor and the program's specific requirements, including those specific to the student's concentration. Ongoing training is provided on trends and topics important to mentoring students. New faculty also receive training on student-related administrative policies and procedures from the Office of Educational Services, and the ADSA updates the governing faculty regularly on changes to policy, procedure, or processes. In addition, a SharePoint site is available for all faculty mentors that includes expectations and resources for mentoring, advising, and supporting students.

The MyRecords student information system includes an advising center where advisors and mentors have access to student information, including previously taken courses, real-time enrollment, expected graduation, and grades. A student planner is available for students to input and track their plan of study, which can be accessed by the APSS, DDP, and faculty mentor.

MS and PhD Students

Faculty advisors for MS and PhD students are assigned by the GPC based on the student's research interests and faculty availability. The Office of Graduate Studies provides detailed guidance on plan of study

requirements, completion timelines, comprehensive exams, and dissertations. The Office of Graduate Studies also facilitates required mentoring training for all faculty advisors.

MS and PhD students, their advisors, and graduate program chairs have access to a program management system call Seguidor. Seguidor documents the student's progress in their degree program; manages advisor and supervisory committee membership; documents the student's official plan of study; and schedules required meetings, comprehensive exams, and dissertation defense. All faculty who are involved in the supervision of a student have access to view the student's information in the Seguidor system.

- 4) Explain how advisors are trained to understand the needs of a diverse student body and to address students' needs and support their success.

Staff who have student advising roles are also members of professional organizations that support the growth and development of staff members who work with a diverse student body. These organizations offer training, conferences, newsletters, and other resources with resources for advising students. These organizations include the National Academic Advising Association (NACADA), the National Association of Student Personnel Administrators (NASPA), American Association of Collegiate Registrars and Admissions Officers (AACRAO), Association of University Programs of Health Administration (AUPHA), and the Association of Schools and Programs of Public Health (ASPPH).

Staff and faculty receive regular training and updates from the UNMC Office of Gender Resources, the Accessibility Services Center, the Office of Counseling and Psychological Services, and the Office of Student Life Inclusion and Diversity. Faculty are offered additional training through the Office of Faculty Development. COPH faculty and staff also complete the IDI and receive individual consulting sessions with the IDI facilitators, which includes plans to develop their understanding of their personal bias and growth on the continuum.

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

This documentation can be found in the ERF at ERF->H->H1.

- 6) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.

Information is gathered through the annual COPH student survey, which goes out to all currently enrolled students each spring. All students are asked about frequency of communication with academic or faculty advisors and faculty mentors (as appropriate), assistance with their overall plan of study, other academic issues, faculty availability, and overall satisfaction with advising. A copy of the survey results from the last three years can be found in the ERF at ERF->C->C2->Student Survey documentation.

MPH students also asked about their satisfaction with the advising received from their faculty mentor or advisor related to preparing for their APEx and capstone, career preparation, research opportunities, and selecting electives.

MS-BIOS students are asked about their satisfaction with their faculty advisor related to support for choosing between thesis or non-thesis options, selecting thesis topics, writing their thesis, career preparation, research opportunities, and selecting electives.

DrPH students are asked about their satisfaction with their faculty advisor related to preparing for the practicum, developing the digital portfolio, selecting a dissertation topic, writing their dissertation proposal, writing the dissertation, connecting with other faculty and public health professionals, selecting courses and electives, and career exploration.

PhD students are asked about their satisfaction with their faculty advisor related to preparing for the qualifying exam, preparing for the comprehensive exam, selecting a dissertation topic, writing research proposals, conducting dissertation research, writing their dissertation, writing a journal article, connecting with faculty and public health professionals, selecting courses and electives, career exploration, and identifying TA/GA opportunities.

**COPH Student Satisfaction With Overall Quality of Academic Advising:
Percent Responding “Agree” or “Strongly Agree”**

	2021–2022 (Survey Response Rate: 31%)	2022–2023 (Survey Response Rate: 72%)	2023–2024 (Survey Response Rate: 53%)
Master’s	78%	81%	94%
Doctoral	81%	86%	88%

Students are also asked for qualitative feedback as part of the survey. The common themes expressed by students in this feedback have shifted since the implementation of the APSS position. Prior to the APSS position being established, students wanted more training for faculty advisors on advising and mentoring students. They expressed the desire for advisors who did not change frequently and who had better knowledge of program requirements and course availability. After the APSS position was implemented, there was an increase in the number of students who commented on their excellent experiences and happiness with having the APSS as their academic advisor.

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

Strengths:

- Feedback from COPH student surveys indicates that for MPH and MHA students, assigning the academic plan of study portion of advising to a dedicated staff member (the APSS) enhances the student experience. The APSS position ensures students receive more personalized support, leading to a deeper comprehension of academic pathways.
- DrPH, MS and PhD students also express a high level of satisfaction with the quality of advising support and resources.

Weaknesses and Plans for Improvement: None identified.

CRITERIA H:

H2. Career Advising

H2. Career Advising

The school provides accessible and supportive career advising services for students. Faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable.

All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce, and prepared to address student needs and support their success. Career advising must be sensitive to the needs of a diverse student body.

Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

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

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

COPH Career Services provides the following to all COPH students:

One-on-One Services

All COPH students may receive one-on-one assistance from the DCS in person or via Zoom. The most frequent one-on-one service is general career counseling, which includes:

- Identifying types of public health careers that may be a good fit for the student's interests and skill set.
- Helping students plan their time at the college in a way that will maximize their opportunities post-graduation.
- Providing suggestions for how to gain experience while a student.
- Guiding students on how to grow their professional network.

The next most accessed individual service is reviewing professional documents, such as resumes, cover letters, CVs, and personal statements. The final one-on-one service available is interview preparation. Students may schedule an appointment to receive general interview advice, or they can request and complete a mock interview.

On-Demand Resources

Our students are located throughout the country and across the globe, and most of our students work full-time, so we ensure that they can access career development resources 24 hours a day. A robust career services area has been created within the Student Success Center hosted in Canvas. Using the Canvas LMS enables new content to be added regularly.

Career Services Events Recordings and materials from past Career Services events from 2022 to present.	Job Search Handshake at UNMC Public Health Careers Job Search Databases Fellowships Federal Job Search
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	International Student Resources
Professional Development General Professional Resources Volunteering Student Leadership Additional Trainings and Certifications Connect With Alumni	Applying CV/Resume Review and Tips Cover Letters and Personal Statements Career Counseling Scheduler COPH Work Study and Job Opportunities
Networking Resources LinkedIn Tips Networking Tips Professional Associations Conferences Informational Interviews Connect With Alumni	Interviewing Mock Interview Scheduling Interviewing Tips Salary Negotiation

Presentations and Events

The DCS hosts events that provide students with information and advice about navigating the public health job market effectively and what skills students will need to succeed. Topics covered during the past three years include:

- Effective Public Health Resumes
- Tips for Preparing for Interviews
- Global Health Career Panel
- 101 Careers in Public Health
- Creating and Managing Your Personal Board of Directors
- APHA Annual Meeting 101

All events are available via Zoom, and recordings and materials are posted in Canvas.

Additionally, the DCS facilitates a Career Conversation series for students, featuring guests visiting as Grand Rounds presenters. This series provides an informal opportunity for students to learn about the career journeys of public health leaders, ask questions, and receive career advice.

Job Posting Assistance

In the summer of 2022, UNMC launched Handshake as a centralized site for all UNMC students to view student opportunities. The COPH DCS co-lead the campus-wide implementation team with the UNMC financial aid director. In addition to all UNMC student positions being posted in Handshake, the DCS has worked with COPH partner organizations to create Handshake accounts they can use to directly post opportunities of interest to COPH students, in Nebraska and around the country. The DCS also shares approximately 20–30 positions from Handshake (student positions, Nebraska-based, national, fellowships, internships, etc.) in the biweekly COPHee Talk student newsletter to encourage students to use the platform.

The Student Success Center webpage also links to a number of public health-related job databases, including ASTHO’s PublicHealthCareers.org, ASPPH’s PublicHealthJobs.org, Emory’s Public Health Employment Connection, USAJobs, and a number of specialized job posting sites related to each COPH concentration. There are also instructions and tips for how to use job search sites such as Indeed and LinkedIn.

Meeting Students’ Needs

Many COPH students are online and working full-time, for this reason the DCS is available outside of traditional business hours. Student appointments are regularly held in the evenings and on weekends. Appointments are scheduled using Microsoft Bookings, which allows students to schedule a meeting time that works best directly via a link.

Faculty Role in Advising

Faculty Mentors are assigned to DrPH, MHA and MPH students within a month of matriculating into their program. Faculty mentors discuss with student's career interests and growth, using this information they help guide student selection of elective courses, recommend practicum selections and identify topics for culminating experiences. Faculty Members are encouraged to have conversations with students about their career goals throughout the program, so that they can provide tailored advice to students about each of these academic program components.

All MS and PhD students have a designated advisor and advisory committee. MS and PhD students must hold a minimum of two committee meetings annually and report on career skill development and experiences. Additionally, MS and PhD students complete an IDP that is shared with their advisor and advisory committee within twelve months of starting their program and an annual report and development plan that is shared for feedback with their advisor and advisory committee.

Additional Career Guidance

Students in some degree programs have additional resources available. MHA students have access to health administration-specific content page in Canvas and to the Association of University Programs in Health Administration (AUPHA) Career Center. MS and PhD students have access to the career exploration and preparation platform Beyond the Professoriate, department seminars, and career readiness workshops or presentations offered by the Office of Graduate Studies.

COPH students receive career advice from a variety of other sources. For example, college and campus student groups host sessions on career topics, including career panels. The COPH Alumni Council holds a minimum of two career panel events annually for students and provides the online community UNMC Alumni Connections for students and alumni. The APEX Manager assists students in reflecting on their career goals and provides resources for students to connect their practicum experience explicitly to their career goals.

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

The DCS, Ms. Brenda Nickol, was hired in 2012 after an extensive application review and interview process. Ms. Nickol, obtained an MPH in 2005 from Emory University and has a wide breadth of experience in public health practice, spanning community-based organizations, nonprofits, local health departments, community health centers, federal public health agencies, and global health organizations. She maintains professional memberships in both public health and career services associations to stay current on best practices, and through state and national career services associations, she has received formal mentoring, participated in ongoing professional development, and acquired access to extensive materials and resources. The director attends the state public health conference annually, and the APHA annual meeting on a rotation. These conferences enable Ms. Nickol to maintain and expand her professional network and learn about current and upcoming public health practice topics. Finally, Ms. Nickol has been engaged in ASPPH's Career Services Assembly (CSA) since being hired in 2012 and has served as chair of the CSA from 2022 to present. The CSA provides professional development specific to individuals providing career services at schools and public health programs. The CSA community regularly shares resources, materials, and advice related to serving public health students.

- 3) Explain how advisors are trained to understand the needs of a diverse student body and to address students' career needs and support their success.

The DCS came to the COPH with extensive DEI-related training and experience, after leading efforts to reduce the impacts of systemic racism that lead to health equities in her previous employment. For example,

she completed an intensive workshop entitled “Undoing Racism” with The People’s Institute for Survival and Beyond and created a project that received funding from The Kellogg Foundation’s first round of Racial Healing grants.

Since joining COPH, the DCS has participated in a variety of trainings and activities aimed at better understanding and serving our diverse student body. Every COPH employee had the opportunity to complete the IDI and receive individual coaching. The IDI assessment, coaching, workshops, and individual development plan process resulted in the DCS pursuing additional training on understanding and serving the needs of students who are neurodiverse, deaf, and hard of hearing. National Association of Colleges and Employers (NACE) workshops and resources have proven particularly helpful with regard to coaching students in these populations.

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

CPH 539 Leadership and Advocacy Class Assignment

- Required class assignment within a core MPH course
- Fall 2021–Spring 2024: One-hour appointments with 316 students
- Description: As the demographics of our students have evolved to include more online, full-time working students, we wanted to shift away from a purely opt-in model for Career Services. Students who are already established in their careers might not see a need for traditional career services; we therefore created a career coaching assignment within the CPH 539 Leadership and Advocacy course. This course was selected because there were existing assignments on professional values, as well as assessments such as MBTI and Change Style Indicator, all of which lend themselves to thinking about how a person wants to have an impact with their career. Students complete a survey at the start of the course, which includes career-related questions, and the faculty shares those career responses with the DCS. Students also forward their resume in advance of their meeting with the DCS, so the director can review the student’s background prior to the meeting.

The focus of the career coaching appointment is unique to each student and based on the student’s current needs. Some students need a resume review or interview preparation. Most students need general career coaching, such as understanding the types of public health jobs available, what different public health careers look like, the various types of employment settings where the work takes place, and who is doing the work. It is common to review resources in the Student Success Center as well as additional websites related to the student’s specific interests, with the goal of equipping each student to continue exploring on their own.

This assignment has been an overwhelming success. Students regularly email the course faculty after the appointment to express how helpful the session was, and during course evaluations, it is often mentioned as a highlight of the semester. Even students who are mid-career or at a senior career level express appreciation for how valuable it is to have the opportunity to pause and reflect, so they can be more intentional about their career development while being a student. Many students have acknowledged that they would not have independently scheduled time to meet with the DCS but were grateful for the assignment and go on to schedule additional appointments in the future.

HRSA Scholars Learning Community Professional Development

- Required component for scholarship recipients
- Fall 2023–Spring 2024: 39 students
- Description: COPH was awarded a HRSA Public Health Scholarship grant, which has supported scholarships for working students in the region, many of whom are returning to school for the first

time after many years. As a part of the scholarship program, the COPH created a learning community to provide general support for the scholars as well as specific resources to ensure these scholars are successful in our academic programs. The DCS has provided a series of development activities for the learning community, starting with a presentation on the [Public Health and Social Sciences – Individual Development Plan \(PHaSS-IDP\)](#). In Fall 2023, scholars completed the four assessments of the PHaSS-IDP, created development goals, and submitted a reflection on the process. The DCS provided feedback directly to each scholar, then coached the group on how to use the PHaSS-IDP effectively for themselves and with others they may mentor or supervise. Scholars have found the tool and process valuable, with several scheduling individual sessions with the DCS to work through their results, goals, and action plans.

The developmental goals and reflections were used to create learning content in Spring 2024. A dedicated discussion board was created in the learning community's Canvas space, resulting in a curated resource list directly related to the group's development goals. The following two faculty presentations were developed and delivered live during evening learning community sessions:

- Leadership, Management, and Followership
- Grant Writing Tips for Public Health Practice

Career Conversation Series

- Optional sessions available live to all students
- Fall 2021–Spring 2024: 19 sessions, with 5–15 students attending each session
- Description: The Career Conversation series was launched in 2014 and provides a unique opportunity for COPH students to gain career insight from national and international public health experts. Each session highlights:
 - The career path of public health leaders in research and/or practice
 - Tips for how to get started in a particular area of public health
 - Insight on current challenges and opportunities in an area of public health
 - Advice for career development

The design of this series leverages other college resources by adding this student session onto the itinerary when experts are visiting to deliver a Grand Rounds talk or another invited lecture. The guest is provided a document in advance to help them think about stories and advice to share related to their career journey. Each conversation is facilitated by the DCS, with students able to join in person or via Zoom. Because of the informal nature of these sessions and the types of personal stories that are shared, slides are not used, and the sessions are not recorded. Students appreciate the opportunity to learn the lessons and experiences behind the job titles, hear how professional decisions have been navigated, and hear about upcoming trends in the field. Simultaneously, the DCS gains valuable insight into specific areas of public health, which helps her serve students more effectively.

LinkedIn Group for Students and Alumni

- Private LinkedIn group managed by DCS
- Established in 2013: Currently more than 280 members
- Description: In recent years, LinkedIn has become a leading platform for job searching, both in the job search tab and with people posting and sharing open opportunities with their professional networks. Since 2013, the DCS has managed a private LinkedIn group for COPH students and alumni to allow students and alumni to communicate. The DCS also shares professional development resources and event information in the group, and in early 2024, began sharing relevant jobs in the group, with 15–35 jobs shared each week. These posts collectively receive more than 1,000 impressions weekly. Expanding the use of this LinkedIn group helps maintain visibility with alumni. Even for those who are not currently looking for employment, it is helpful to see what types of positions are open, and in which types of organizations. At the spring 2024 Nebraska Public Health Conference, for example, several alumni spontaneously mentioned the job postings and how much they like seeing them.

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

Information is gathered through the annual COPH student survey, which is distributed to all currently enrolled students. A copy of the survey results from the last three years can be found in the ERF at ERF->C->C2-> Student Survey Documentation.

Students are asked about their satisfaction with networking opportunities, career preparation resources, assistance seeking employment, and overall career services. In 2021–2022, all students were asked to respond to questions about Career Services. Because of the large amount of “N/A” responses, in 2022–2023, a screening question was added asking if students had met with the DCS or accessed any COPH Career Services offerings. If they responded yes, they were then asked about satisfaction with specific components of Career Services.

Student Satisfaction With Overall Quality of Career Advising: Percent Responding “Agree” or “Strongly Agree”			
	2021–2022 (Survey Response Rate: 31%)	2022–2023 (Survey Response Rate: 72%)	2023–2024 (Survey Response Rate: 53%)
Master’s	84%	97%	97%
Doctoral	73.0%	90%	100%
Student Satisfaction With Specific Components of Career Services (questions added beginning in 2022–2023): Percent Responding “Somewhat Satisfied” or “Very Satisfied”			
Career preparation resources		96%	96%
Assistance seeking employment		87%	85%
Networking opportunities		84%	87%
Career Services website		92%	93%
Handshake platform		87%	90%

Students are also asked for qualitative feedback as part of the survey. The comments related to career services are notably stable from year to year. Each year, many students express their appreciation and gratitude for the assistance they have received from the DCS. Students have commented that they would like to see more career services geared toward specific populations, such as international students not living in the United States or mid-career students seeking to advance within their current organizations.

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

Strengths:

- The DCS’s professional background and extensive public health network allow her to guide students in an in-depth and nuanced way. Regardless of a student’s interests, skills, or background, the director can share relevant resources and career options for the student to explore.
- The DCS is on the Office of Academic Affairs team and reports to the ADAA. This link results in an in-depth understanding of student and alumni experiences in the job market, and how our curriculum prepares them for employment. The DCS can weigh in on conversations about curricula

and regularly communicates trends in job postings, employer feedback, and student and alumni job search experiences to the rest of the Office of Academic Affairs team.

- The Office of Career Services has effectively adapted to student demographics, making sure that students in different states and countries, for example, do not simply have access to resources, but are served in a meaningful way that exceeds their expectations.

Weaknesses and Plans for Improvement:

- Career-related services and resources in the Student Success Center will continue to be expanded based on the evolving needs of students and shifts in the public health workforce and job market. One area of content currently under development is related to managing one's career over time, which ties back to feedback from the COPH student surveys. Currently, this information is covered briefly during new student orientation and more in-depth during individual career counseling sessions.
- Prior to COVID-19, the Office of Career Services hosted a variety of in-person events each year, including an opportunity fair to promote opportunities and networking with community organizations, an experience expo to highlight ways students can gain experience, and site visits to a variety of public health-related organizations. While large in-person events are not warranted given the COPH student demographics, the DCS is currently exploring options for smaller events relevant to on-campus students.
- Continued growth in student enrollment (and therefore our alumni body) will require additional staff to fully support student and alumni career development.

CRITERIA H:

H3. Student Complaint Procedures

H3. Student Complaint Procedures

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

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

Student complaints and grievances are taken seriously by the COPH and UNMC. When a student expresses an issue to a faculty, staff, or administrator, they are encouraged to bring the concern to the attention of the ADSA, ADAA, student services staff, or faculty member. The COPH seeks to resolve complaints and grievances with as little disruption to the student and their academic progression as possible by supporting informal discussions with the faculty, advisor, or instructor. The MPH, MHA, and DrPH students apply the grievance procedures defined by the COPH; the MS and PhD students apply the grievance procedures defined by the Graduate College and the UNMC Office of Graduate Studies. These procedures are outlined thoroughly in the UNMC Catalog in the student grievance procedure section of the COPH and Office of Graduate Studies. The catalog is available here: <https://catalog.unmc.edu>.

Procedure for MPH, MHA, and DrPH Students

Informal Resolution

At any stage of an informal process, the ombudsperson can be consulted as an independent, neutral, informal, and confidential consultant. The ombudsperson can provide additional information and clarification on university policies and proceedings, assistance in facilitating difficult conversations, and guidance on prioritizing options for dealing with the problem. The ombudsperson will also report ongoing trends in student grievances, while maintaining students' confidentiality, to campus administrators including the dean of the COPH and the UNMC chancellor. It is recommended that the first course of action is a discussion between the student and the faculty member involved to resolve the issue. If discussion with the involved faculty member is not possible or effective, the student should discuss the issue with the chair of the faculty member's primary department. If discussion with the department chair is not possible or effective, the student should discuss the issue with the ADSA. If the issue cannot be resolved informally and the student wants to summarize the incident without proceeding to a formal complaint, this may be done through one of two mechanisms: (1) an unwritten summary in which the student shares a verbal summary of the issue with the student ombudsperson, or (2) written documentation in which the student sends a written summary to the ADSA, who will keep this documentation in a confidential and secure file and inform the student that the recourse will be limited without filing a formal complaint.

Formal Resolution

If the issue cannot be resolved informally and the student wishes to proceed with an investigation of the incident, the complaint may move to the formal procedure. The complaint must be submitted electronically to the COPH dean and the ADSA within 60 class days after the incident occurred or 60 class days after informal resolution procedures have failed. The complaint should attempt to identify the following: the student grievant; the respondent faculty or administrator; any other person involved; the incident, including approximate date and time and whether the incident is ongoing; the policy claimed to have been violated or the limitation imposed on the student's ability to complete their degree; and a brief statement of the remedy sought. Every complaint will be acknowledged by email correspondence from the COPH Office of the Dean within five class days of receipt of the complaint. At this stage, the faculty or administrator involved will be notified by the COPH vice dean that a grievance has been filed against them, along with the nature of the grievance. Within 10 class days of acknowledging the complaint, the ADSA will meet with the student and the involved faculty separately to determine whether a preliminary resolution can be reached. If a preliminary resolution cannot be achieved, the ADSA shall notify both parties that the grievance will be referred to an ad hoc COPH Professional Student Grievance Panel. The ADSA will inform the faculty

member that they may prepare a statement in response to the allegations for review by the grievance panel, due within 10 class days. The ADSA may adjust this timeline if there are compelling reasons for delay. The COPH Professional Student Grievance Panel consists of six members: three faculty and three students. The COPH dean will select three members of the COPH Leadership Council who have no conflicts in the case. The COPHSA president will select three Student Association Executive Board members who have no conflicts in the case. The panel will be reconstituted for each formal grievance brought forward.

The ADSA will be responsible for keeping all documentation pertinent to the formal complaint in a secure and confidential place.

Procedure for MS and PhD Students

Informal Resolution

Prior to filing a confidential complaint or grievance, students are encouraged to make an initial attempt to resolve conflicts with faculty or their advisors using a preliminary resolution process. It is recommended that, when possible, the first course of action be a discussion between the graduate student, the faculty member involved, and/or the student's supervisory committee to resolve the issue. The student is given guidance as needed about this conversation from various individuals including but not limited to other faculty or supervisory committee members, their graduate program director, a student ombudsperson and/or the graduate student wellness advocate. Some of these individuals also may be helpful in resolving the issue by serving as a mediator. Supervisory committee members and graduate program directors, when made aware of a conflict, are encouraged to consult with the faculty member's department chair and/or dean to resolve the problem amicably. If the conflict is resolved to the student's satisfaction and, in the case of student-advisor conflicts, the resolution does not involve the student changing advisors, then no further action is required.

Formal Resolution

If an MS or PhD student files a formal complaint, an initial inquiry will be conducted to assess all confidential complaints filed. If the complaint involves behaviors or conduct that could potentially be considered inappropriate mentoring behaviors, then at a minimum, a confidential incident report may be filed to document the concerns or allegations. If the student requests action beyond the confidential incident report, or if incident reports of a similar nature have been filed previously, then corrective action may be taken appropriate to the nature of the incident or inappropriate behavior. The complaint is submitted to the assistant dean for graduate student success. Alternatively, the complaint may be placed in one of the Graduate Studies suggestion boxes. Graduate students are encouraged to file a complaint promptly after an incident occurs or after preliminary resolution procedures have failed. Students are welcome to file complaints after changing advisors or after leaving the institution. Every non-anonymous, confidential complaint will be acknowledged via email correspondence from the assistant dean for graduate student success within five business days. Complaints submitted electronically and designated by the submitting party as "Urgent" will be reviewed and acknowledged within 72 hours.

The assistant dean for graduate student success will conduct an initial assessment of the complaint by meeting individually with the affected student and, with the student's permission, possibly also the faculty member involved. An affected student could include someone mentioned in an anonymous complaint, filing a complaint, or mentioned in the initial assessment of the complaint. The purpose of this initial assessment is to determine if the concern involves alleged behaviors that constitute inappropriate conduct or if, instead, it represents a misunderstanding or misperception on the part of either the graduate student or the faculty. The assistant dean for graduate student success, in conjunction with the dean of graduate studies and the vice chancellor for research, will make the determination of whether a behavior is egregious or not egregious. The subsequent processes governing the investigation of the complaint, the potential responses, and the potential actions, including corrective actions, will be dictated by the assigned complaint level. The complaint level and resulting level of response and corrective action will be determined based on factors such as the nature of inappropriate conduct, the number of complainants, and, if applicable, previous confidential incident reports or grievances. In situations where the faculty member involved is informed about the complaint, resources, information, and/or the opportunity to enhance their mentoring skills will be provided to reduce the probability of a recurrence of such behaviors or misunderstanding, and to minimize the likelihood that further and/or significant corrective action is required.

Student grievances with staff members are managed through the UNMC Human Resource and the UNMC Employee Corrective/Disciplinary Action process. A copy of the full policy can be found at <https://catalog.unmc.edu/general-information/student-policies-procedures/employment-corrective-disciplinary-action/>

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

The steps for a formal complaint or grievance for MPH, MHA, and DrPH students are as follows:

1. The student submits the complaint electronically to the ADSA within 60 days after the incident occurred or within 60 days after informal resolution has failed.
2. The ADSA acknowledges receipt of the complaint electronically to the student within five days after receiving the complaint.
3. The ADSA meets individually with the student and the faculty member involved within 10 days of notification of receipt.
4. The ADSA convenes the CPH Professional Student Grievance Panel if a resolution is not reached within 10 days of the last individual meeting.
5. The student and the faculty member submit statements and evidence to the CPH Professional Student Grievance Panel within 10 days of the last individual meeting.
6. The CPH Professional Student Grievance Panel submits a written report of their complaint review to the CPH dean within 30 days of the panel assembling to review complaint.
7. The CPH dean distributes the CPH Professional Student Grievance Panel's conclusion and recommended actions to the involved faculty member and their department chair within 10 days of receiving the panel's full report.
8. The CPH dean distributes the CPH Professional Student Grievance Panel's conclusion and nonconfidential recommended actions, and nonconfidential corrective actions as determined by the CPH dean to the student within 10 days of receiving the panel's full report.
9. If the CPH Professional Student Grievance Panel identifies misconduct, the CPH dean, in coordination with the faculty member's department chair, takes corrective action against the faculty member, considering the recommendations of the panel.

The steps for a formal complaint or grievance for PhD or MS students are as follows:

1. The student submits the complaint electronically or via a Graduate Studies suggestion box.
2. Preliminary review of complaints and determination of complaint level is conducted by the assistant dean for graduate student success in conjunction with the vice chancellor of research.
3. All formal complaints are reviewed by the Graduate Student Grievance Committee, consisting of four graduate students and four faculty members.
4. The Graduate Student Grievance Committee members will review the statements of all parties from the assistant dean for graduate student success's assessment.
5. The Graduate Student Grievance Committee will separately interview the involved parties and any named witnesses. They will review any provided evidence. The committee may seek additional, relevant information or documents from all appropriate sources.
6. The involved parties may each select a trusted individual (e.g., another student, a faculty member, or an attorney) to accompany them when meeting with the Graduate Student Grievance Committee. The involved party is responsible for any fees that this individual may charge. This individual may provide guidance and support but may not otherwise directly participate or speak during the meeting. The process shall not be unduly delayed based on the availability of this individual.
7. The Graduate Student Grievance Committee will provide a written report summarizing the obtained evidence, detailed proceedings, and conclusions, including related voting records of student, faculty, and staff members, and recommended actions to the dean of graduate studies within 15 business days of when the panel last assembled to meet with involved parties.
8. The executive associate dean for graduate studies will advise the Graduate Student Grievance Committee about recommended corrective action, as needed.

9. The graduate student and faculty or administrator's names, identifying information, statements, and comments, as well as any deliberations, advice, or evidence given during Graduate Student Grievance Committee deliberations are confidential. The members of the committee are expected to abide by this duty to maintain confidentiality. Any unauthorized release or carelessness in the handling of this confidential information is considered a breach of this duty to maintain confidentiality and is strictly prohibited.
10. The Graduate Student Grievance Committee will submit a formal report to the dean of graduate studies summarizing the proceedings, including the interviews conducted and the evidence and material reviewed, deliberation, and findings of the committee. The committee may also submit specific recommendations for remediation and/or redress.
11. Within six business days of receipt of the full report from the Graduate Student Grievance Committee, the dean of graduate studies or designee will distribute the conclusion, any required corrective action(s), and appeal procedures to the faculty member and the department and division chair or dean of the faculty member's primary unit.
12. The dean of graduate studies or designee will distribute the conclusion and nonconfidential recommendation(s) by the Graduate Student Grievance Committee to the student, as well as the nonconfidential corrective action(s) determined by the dean of graduate studies.
13. The dean of graduate studies or designee is responsible for reporting to the UNMC general counsel situations in which corrective action could potentially require reporting to NIH.
14. If the Graduate Student Grievance Committee determines that the preponderance of evidence indicates that inappropriate conduct took place, then the executive associate dean for graduate studies is responsible for prompt implementation of the plan for corrective action, such as the performance improvement plan, on the behalf of the dean of graduate studies. The executive associate dean for graduate studies will work in coordination with the department or division chair or dean of the faculty member's primary unit to implement this plan.

- 3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

PhD Student: The complaint was multifaceted and involved concerns about creation of toxic work environment, professionalism, as well as other issues. After an unsuccessful attempt to resolve some of the issues through discussions with the advisor, some of the student's concerns were addressed by ultimately changing to another advisor. In addition, the faculty member was provided with some resources and education. The student elected to pause the process related to other aspects of the complaint, so those remain incompletely resolved at the student's request.

Anonymous Student: A complaint was filed via the University of Nebraska online system against a faculty administrator claiming bias in grading and behavior towards students. The claim was investigated by the University-level committee that included the Vice Chancellors of Student Success, Academic Affairs, Compliance and HR and the COPH Vice Dean and Assistant Dean for Student Affairs. There were no findings to validate the complaint, so no further action was required.

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

Strengths:

- The COPH and the UNMC Office of Graduate Studies have detailed complaint and grievance procedures documented in the catalog. In the 2023–2024 AY, the Office of Graduate Studies updated the policy for PhD and MS students to include more detail for preliminary conflict resolution procedures and assessment of confidential complaints.

Weaknesses:

- The current COPH grievance process for MPH, MHA, and DrPH students does not include the same level of detail of preliminary conflict resolution procedures and assessment of confidential complaints as the PhD and MS policy.

Plans for Improvement:

- The COPH will review and update the current policy to ensure it includes consistent preliminary conflict resolution procedures and assessment of confidential complaints.

CRITERIA H:

H4. Student Recruitment & Admissions

H4. Student Recruitment and Admissions

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

- 1) Describe the school's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The COPH Student Affairs and Admissions team has primary responsibility for the oversight and implementation of recruitment initiatives and devising strategies to:

- Identify and attract qualified applicants of diverse backgrounds and perspectives interested in improving the health of communities and in a future career in public health.
- Matriculate students who are academically prepared to succeed in rigorous educational programs and offer diverse academic, professional, and social perspectives.

The Admissions staff works closely with the other professional schools and graduate studies programs at UNMC, as well as the COPH departments and programs, to provide prospective students with a multitude of avenues to learn more about the profession of public health, the COPH, specific programs, and the criteria for admissions. These avenues include:

- The COPH academic and admissions websites
- Promotional materials and brochures
- Social media paid advertising (Facebook, Instagram, Google, etc.)
- Campus visit events
- Admission and program webinars
- Walk-in visits and phone calls
- Recruitment graduate and career fairs, including in-person and virtual
- Booths at discipline-specific research and professional conferences
- Campus outreach efforts, including monthly counseling sessions for undergraduates
- Established relationships with undergraduate advisors and career centers
- Faculty visits and lectures with undergraduate classes and student organizations
- Strategic activities with dual-degree program partners
- Dissemination of electronic materials to undergraduate and master's level feeder programs
- Dissemination of materials to human resource and industry partners with employee training needs (e.g., health departments and clinical healthcare organizations)

- 2) Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degrees. Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

In accordance with university policy, UNMC prohibits the denial of admission, or of Medical Center privileges, to students or applicants based on individual characteristics such as race, color, sex, national origin, age, disability, religious or political beliefs, or sexual orientation.

The COPH Office of Admissions manages the application process for all programs through the Schools of Public Health Application System (SOPHAS) and SOPHAS Express for dual degrees. The MHA degree applications are managed through SOPHAS and the Health Administration, Management, and Policy Centralized Application Service (HAMPCAS) application service.

The professional degree program (MPH, MHA, DrPH) applicants must meet the general COPH requirements and any department and discipline requirements. Once the Office of Admissions determines that these applications are complete and ready for review, they are referred to the respective department faculty admission leads who are responsible for reviewing the applications with the department-based

program admissions committee. Applications must be reviewed by at least two department-level faculty together to make an admissions determination and recommendation to the Office of Admissions. The official notification of admissions decision is communicated in a letter from the COPH dean.

Applicants seeking admission to the COPH MS or PhD programs must meet the general requirements for application set by the UNMC Office of Graduate Studies as well as the requirements of the specific COPH degree/program of study. Complete applications are distributed to respective departmental GPC chairs for review by the committee. The departmental GPCs make admission recommendations and communicate recommendations to the Office of Graduate Studies. The official notification of admissions decision is made by the dean of graduate studies.

Admission of MS and PhD students is limited to the number that can best be handled to the advantage of the COPH, the admitting department, and the students. To assess fit for the program, the GPC will evaluate the candidates relative to their academic and research interests and how those align with faculty in the department who will work closely with the students throughout their time at the COPH. For all degree programs, no single criterion determines admission of an applicant; instead, the COPH admission recommendations consider the following.

MPH

Applicants to the MPH program must submit official transcripts reflecting an earned bachelor's degree with a 3.0 or higher GPA on a 4.0 scale. Applicants to the epidemiology concentration must have completed one college-level precalculus or similar math course with grade of B or higher. The environmental and occupational health concentration applicants must have successfully completed one semester of biology, one semester of chemistry, and one semester of college-level math. Applicants to biostatistics must have completed college-level statistics and algebra with a grade of B or higher. All non-U.S. transcripts must be evaluated by the World Education Service or ECE using a course-by-course evaluation with verification of comparable degree status. Additional application components include three letters of recommendation from recommenders who can speak to the academic, practice, and/or research abilities of the applicant; a one-page personal statement describing the applicant's interests in and potential for contributing to public health and their chosen concentration area, career objectives, and a self-assessment of personal skills and general preparation for succeeding in a public health graduate program; and a resume or CV. Test of English as a Foreign Language (TOEFL), IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

DrPH

Applicants to the DrPH program must submit official transcripts reflecting an MPH or MSPH degree from a CEPH-accredited institution. Additional foundational coursework will be required for individuals who do not meet this requirement. There are also minimum years of experience required. The Epidemiology concentration requires a minimum of three years of relevant public health practice experience with an emphasis on epidemiology. Emergency Preparedness concentration applicants must have a minimum of three to five years of relevant emergency preparedness experience. The Leadership and Advocacy concentration requires a minimum of five years of relevant public health management or leadership experience. All non-U.S. transcripts must be evaluated by the World Education Service or ECE using a course-by-course evaluation with verification of comparable degree status. Three letters of recommendation are required from recommenders who can speak to the academic, practice, and/or research abilities of the applicant. Applicants must also submit a personal statement no more than 1,500 words in length and answers questions listed on the program's admissions page and an updated resume or CV that includes employment history, public health practice experience, volunteer, and service activities. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

MS in Biostatistics

Applicants to the MS in biostatistics program must submit official transcripts reflecting an earned bachelor's degree with a 3.0 or higher GPA on a 4.0 scale. All non-U.S. transcripts must be evaluated by the World

Education Service. All applicants must have a bachelor's degree in mathematics, statistics, computer science, or a related field from an accredited college or university. Applicants need to have taken undergraduate courses in calculus, multivariable calculus, linear algebra, and introductory statistics, each with a grade of B (3.0 on a 4.0 scale) or higher. Applicants must have three letters of recommendation submitted with a minimum of one letter from an academic source (instructor or faculty mentor). Applications must also include a resume or CV and a one-page personal statement that describes the applicant's interest in and potential for contributing to the field of biostatistics, career objectives, and self-assessment of their computer, quantitative analysis, personal skills, and general preparation for succeeding in a biostatistics master's program. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

PhD in Biostatistics

Applicants for the PhD in biostatistics must hold at least a Bachelor of Science degree in mathematics, statistics, or equivalent degree. Applicants with an MPH in biostatistics will be considered if they have completed college-level calculus I and II, multivariate calculus, and linear/matrix algebra from a recognized college or university. Applicants must submit official transcripts reflecting an earned bachelor's degree with a 3.0 or higher GPA on a 4.0 scale. All non-U.S. transcripts must be evaluated by the World Education Service. Three letters of recommendation are required, two of which must be from faculty members from the applicant's previous program who can attest to the applicant's ability to successfully pursue a PhD program in biostatistics. The remaining letter may be an academic or professional reference. Applicants must submit a statement of intent that supports their interest areas and career goals and a resume or CV. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec). The GRE is not required but is recommended for students with a cumulative GPA below 3.0 or who have received a grade of B- or lower in any STEM course.

PhD in Environmental Health, Occupational Health, and Toxicology

Applicants must have a bachelor's degree or equivalent from a recognized college or university. Applicants must submit official transcripts reflecting an earned bachelor's degree with a 3.35 or higher GPA on a 4.0 scale. All non-U.S. transcripts must be evaluated by the World Education Service. Applicants must submit three letters of recommendation from academic or professional references, a statement of intent that supports their interest areas and career goals, and a resume or CV. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

PhD in Epidemiology

Applicants must hold a Master of Science, Master of Arts, or MPH degree in epidemiology or equivalent degree. Applicants must submit official transcripts reflecting an earned bachelor's degree with a 3.0 or higher GPA on a 4.0 scale. All non-U.S. transcripts must be evaluated by the World Education Service. Three letters of recommendation are required, two of which must be from faculty members from the applicant's previous program who can attest to the applicant's ability to successfully pursue a PhD program in epidemiology. If previous graduate training was completed more than three years ago, letters from other academic or professional references may be submitted. Applicants must also submit a statement of intent that supports interest areas and career goals and a resume or CV. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

PhD in Health Promotion and Disease Prevention Research

Applicants must hold a master's degree or other advanced degree in a field related to health promotion and disease prevention from a recognized college or university. Exceptional students with a bachelor's degree will also be considered. Applicants must submit official transcripts from all previously attended colleges and universities demonstrating a minimum GPA of 3.50 on a 4.00 scale for all graduate coursework. Applicants must submit three letters of recommendation, at least two of which should be from faculty members in the applicant's previous academic program. The remaining letter can be an academic or professional reference. A 500- to 700-word statement of intent must be included that describes the applicant's research interests,

career goals, and how they will contribute to a diverse campus environment. A resume or CV is also required. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

PhD in Health Services and Policy Research

Applicants must have a bachelor’s degree from an accredited university or college and must submit official transcripts reflecting an earned bachelor’s degree with a 3.0 or higher GPA on a 4.0 scale. All non-U.S. transcripts must be evaluated by the World Education Service. Applications must include three letters of recommendation from academic or professional references; at least one letter should be from a faculty member in the applicant’s previous academic program. Applications must have a maximum 1,000-word statement of intent that supports the applicant’s interest areas and career goals. A resume or CV is also required. Official GRE scores taken in the last five years are required for all applicants. TOEFL, IELTS, or Duolingo scores are required of all applicants who have not received a previous degree from a U.S. institution or a country where the only official language is English, such as the U.K., Australia, or Canada (excluding Quebec).

- 3) Provide quantitative data on the unit’s student body from the last three years in the format of Template H4-1, with the unit’s self-defined target level on each measure for reference. In addition to at least one from the list that follows, the school may add measures that are significant to its own mission and context. Schools should focus data and descriptions on students associated with the school’s public health degree programs.

Table H4.1 Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1 2021–2022	Year 2 2022–2023	Year 3 2023–2024
Quantitative score (GPA) for newly matriculating students	3.5	3.38	3.42	3.38

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

Strengths:

- We have a strong process for application review with committees whose membership is sufficiently experienced in evaluating applications. This helps ensure consistency in the application reviews and the use of application rubrics.
- The COPH has experienced consistent growth in enrollment for the last five years.
- The COPH Office of Admissions leadership has more than 15 years of professional experience in the fields of admissions and recruitment.
- The COPH has strong relationships with all the major universities and colleges, health departments, and many of the healthcare entities in Nebraska.
- Social media ads and regional and national efforts for recruitment have contributed to a student body that represented more than 43 U.S. states in the 2023–2024 AY.

Weaknesses:

- The GPA for newly matriculating students has been below the 3.5 target for the last three years.
- The UNMC campus does very little marketing of its graduate degree programs, which means the COPH must carry the full weight and expense of promoting programs.

- University of Nebraska releases scholarship funds on approximately May 1 for the fall term, which makes it challenging to compete with peers' aid packages that are provided much earlier in the admissions cycle.

Plans for Improvement:

- The admissions office is evaluating the last three years of admissions data. Based upon those findings we may recommend GPA targets by program to replace the single target.
- The COPH has begun working with a newly assembled campus marketing committee to advise the UNMC Strategic Communications Office on products and services needed to support the recruitment of students.
- The College has been working with the Financial Aid Office to project available funds for disbursement so that funds tied to the College's endowments can be made available for earlier award.

CRITERIA H:

H5. Publication of Educational Offerings

H5. Publication of Educational Offerings

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

- 1) Provide direct links to information and descriptions of all degree schools and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

COPH Homepage: <https://www.unmc.edu/publichealth/>

COPH Academic Calendar: <https://catalog.unmc.edu/general-information/academic-calendar/>

COPH Admissions Policies: <https://www.unmc.edu/publichealth/academics/admissions/index.html>

Campus-Wide Academic Policies: <https://catalog.unmc.edu/general-information/student-policies-procedures/>

COPH (MPH and DrPH) Academic Policies: <https://catalog.unmc.edu/public-health/student-section/>

Graduate Studies (MS and PhD) Academic Policies: <https://catalog.unmc.edu/graduate-studies/policyandprocedures/>

COPH Educational Programs:

- MPH: <https://catalog.unmc.edu/public-health/academic-programs/master-of-public-health/>
- MS: <https://catalog.unmc.edu/graduate-studies/programs-requirements/msdegrees/mbios/>
- DrPH: <https://catalog.unmc.edu/public-health/academic-programs/doctor-of-public-health/>
- PhD: <https://catalog.unmc.edu/public-health/academic-programs/doctor-of-philosophy/#text>

UNMC Graduate Studies: <https://catalog.unmc.edu/graduate-studies/>

Grading policies and academic integrity standards can be found in all COPH course syllabi.



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