UNIVERSITY of INDIANAPOLIS

COLLEGE OF HEALTH SCIENCES

**DEPARTMENT of KINESIOLOGY, HEALTH & SPORT SCIENCES**

**PUBLIC HEALTH PROGRAM**

Undergraduate Degree: PUBLIC HEALTH EDUCATION AND PROMOTION

Graduate Degree: MASTER of PUBLIC HEALTH

**ACCREDITATION SELF-STUDY**

Submitted to the Council on Education for Public Health September 2021



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# Introduction

Describe the institutional environment, which includes the following:

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

University of Indianapolis (UIndy), formerly Indiana Central College, was originally recognized by the State of Indiana in 1902 (ERF: Introduction Folder). The university was known as Indiana Central College from until 1975, when use of the word college was replaced with university. In 1986, the name was changed to University of Indianapolis. The institution is a private university affiliated with the United Methodist Church.

Reference Link[: https://uindy.edu/about-uindy/history-and-mission](https://uindy.edu/about-uindy/history-and-mission)

1. 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)

The University of Indianapolis is made up of six (6) different schools and colleges:

* Shaheen College of Arts and Sciences
* College of Applied Behavioral Sciences
* College of Health Sciences
* School of Business
* School of Education
* School of Nursing
* R.B. Annis School of Engineering

Additionally, many of these units work collaboratively with the Accelerated Adult Programs Office to offer degrees in a format for adult learners.

Within the above listed units, the institution awards degrees at the following levels: associate (5), bachelors (65), masters (33), and doctoral (5). Associate degrees are available in Business Administration, Chemistry, Information Systems & Applied Business Analytics, Liberal Arts, and Physical Therapist Assistant. Bachelor degrees are available in Accounting/CPA track, Accounting/non-CPA track, Actuarial Science, Anthropology, Archeology, Biology, Biology/Cell and Molecular, Biology/Science and Technical Writing, Business Management, Chemistry, Communication, Computer Engineering, Computer Science, Criminal Justice, Data Science, Earth-Space Science, Electrical Engineering, English Teaching, English/Creative Writing, English/Literary Studies, English/Professional Writing, Entrepreneurship, Environmental Science, Environmental Sustainability, Exercise Science, Experience Design, Finance, Franco-Germanic Studies, General Engineering, History, Human Biology, Industrial Systems Engineering, Information Systems & Applied Business Analytics, International Relations, Jazz Studies, Marketing, Mathematics, Mechanical Engineering, Medical Laboratory Science, Music, Music Performance, Music Therapy, Nursing, Operations and Supply Chain Management, Philosophy, Physics, Political Science, Psychology, Public Health Education and Promotion, Religion, Respiratory Therapy, Social Work, Sociology, Software Engineering, Spanish, Sport Management, Sports Marketing, Studio Art, Theatre, and Visual Communication Design/Design Studies. Baccalaureate degree teaching majors include Early Childhood Education, Elementary Education, Senior High/Junior High/Middle School Teaching, and All-Grade Teaching. Accelerated Baccalaureate degree majors include Business Administration, Community & Non-Profit Leadership, Liberal Studies, Organizational Leadership, and Public Health Education & Promotion. Accelerated program minors are available in Aging Studies, Community & Non-Profit Leadership, Business Foundations, and Organizational Leadership. Associate degree majors include Business Administration, Chemistry, Information Systems & Applied Business Analytics, Liberal Arts, and Physical Therapist Assistant. Undergraduate certificate programs are available in Aging Studies, Africana Studies, Community Engagement through Leadership & Service, Experience Design, Healthy Diploma, Multilingual Translation & Communication Studies, Software Engineering, Teaching English as a Second or Other Language. Masters degrees include Psychology, Mental Health Counseling, Mental Health Counseling/Art Therapy Track, Social Work, Athletic Training, Exercise Science, Aging Studies, Healthcare Administration, Master of Public Health, Sport Management, Occupational Therapy, Business Administration, Data Analytics, Management, Strategic Leadership and Design, Teaching, School Leadership and Management, Special Education Leadership and Practice, Primary Care Adult/Gerontological Nurse Practitioner, Primary Care Family Nurse Practitioner, Neonatal Nurse Practitioner, Nursing Educator, Nursing and Health Systems Leadership, Anatomical Sciences, Anthropology, Applied Sociology, English, History, Human Biology, International Relations, Public Relations, Social Practice Art, and Studio Art. Doctoral degrees include Clinical Psychology, Health Science, Occupational Therapy, Physical Therapy, Nursing Practice. Graduate certificates include Aging Studies, Health Professions Education, Applied Data Analytics, Finance, Global Supply Chain Management, International Business, Marketing Management, Organizational Leadership, Mild Intervention Certificate License, Technology, Nurse Management, Clinical Educator, Biomedical Sciences, Book Arts, English Dual-Credit Teaching, Professional Writing, International Relations, Social Practice Art, Studio Art, U.S. History Dual-Credit Teaching, and Public Relations.

1. Number of university faculty, staff and students

As of the Fall 2020 term, University of Indianapolis has 302 full-time faculty. 27 part-time faculty (associate adjuncts), 251 adjunct faculty, and 507 staff members. As of the Fall 2020 term the student body consists of 4,220 undergraduate students and 1,366 graduate students.

1. Brief statement of distinguishing university facts and characteristics

UIndy has 100+ undergraduate degree programs, 40+ master degree programs and five doctoral programs. Currently, the largest programs on campus are in occupational therapy, physical therapy, nursing, business, education, and communication. From a diversity standpoint, 37 US states and 69 countries are represented among students on campus. 33% of enrollment is representative of the campuses international and minority populations. 82% of freshmen and 52% of full-time undergraduates live on campus.

UIndy has 23 team sports competing in NCAA Division II athletics. Undergraduate athletes in Spring 2020 had a combined GPA of 3.52/4.0.

In 2020, UIndy received the Carnegie Community Engagement Classification as was identified by US News & World Report as one of the "Best National Universities”, “Best Colleges for Veterans", and “Best Value Schools". Additionally, two programs in the College of Health Sciences have been nationally ranked among graduate programs by US News & World Report.

Reference Link[: https://uindy.edu/about-uindy/fast-facts](https://uindy.edu/about-uindy/fast-facts)

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

The University of Indianapolis is accredited by the Commission of the North Central Association of Colleges and Schools. Within this accreditation, University of Indianapolis was last accredited via Academic Quality Improvement Program (AQIP) in August 2016 (ERF: Introduction Folder). The next onsite for accreditation is scheduled 2024-25.

Reference Link[: https://www.hlcommission.org/component/directory/?Itemid=&Action=ShowBasic&instid=1189](https://www.hlcommission.org/component/directory/?Itemid&Action=ShowBasic&instid=1189)

Other accrediting bodies in which UIndy responds:

* Accreditation Commission for Education in Nursing
* Accreditation Council for Business Schools and Programs
* Accreditation Council for Occupational Therapy Education
* American Music Therapy Association
* American Psychological Association
* Commission on Accreditation of Athletic Training Education
* Committee on Accreditation for the Exercise Sciences under the auspices of
* The Commission on Accreditation of Allied Health Education Programs
* Commission on Accreditation in Physical Therapy Education
* Commission on Collegiate Nursing Education
* Commission on Sport Management Accreditation
* Council for the Accreditation of Educator Preparation
* Council on Education for Public Health
* Council on Social Work Education
* Indiana Department of Education
* Masters in Psychology and Counseling Accreditation Council
* National Association of Schools of Art and Design
* National Association of Schools of Music
* University Senate of the United Methodist Church

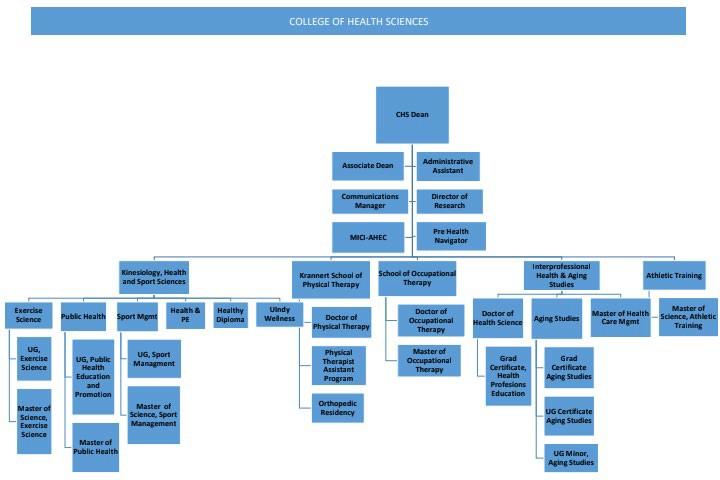
Reference Link[: https://www.uindy.edu/registrar/academic-catalogs/c2019-2021/university](https://www.uindy.edu/registrar/academic-catalogs/c2019-2021/university)

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

The Public Health Program at the University (UIndy Public Health Program) was founded in the fall of 2014, when the university launched the new MPH degree with a concentration in Health Disparities. Prior to that time, we had an undergraduate degree in Community Health Education that had been planning to seek SABPAC Approval. Once the MPH degree launched, the decision was made to transition the undergraduate program to more clearly align with both CEPH public health requirements, while also continuing to meet the Responsibilities and Competencies for Health Education Specialists. At the time of the MPH degree development, the CHE undergraduate degree was housed in the Kinesiology Department, which previously resided in the School of Education. Developing a master’s degree in the area of public health had been in the long-term goals of the department and a new university president supported the quick development. Around the same time as the MPH development, the Kinesiology Department moved academic units to now reside in the newly formed College of Health Sciences (CHS), which was developed to bring together the Krannert School of Physical Therapy (KSPT), School of Occupational Therapy (SOT), Department of Athletic Training, Health Sciences Post-Professional Programs, and the degree offerings in the Kinesiology Department. Faculty in the area of public health were very supportive of this move and felt the new unit would provide greater support for health-related programs. The move has been a good one, providing the exact types of support were believed to be a benefit of a move to the new unit. In addition, the department changed its name to better reflect the various programs offered within, becoming the Kinesiology, Health & Sport Sciences Department (KHSS).

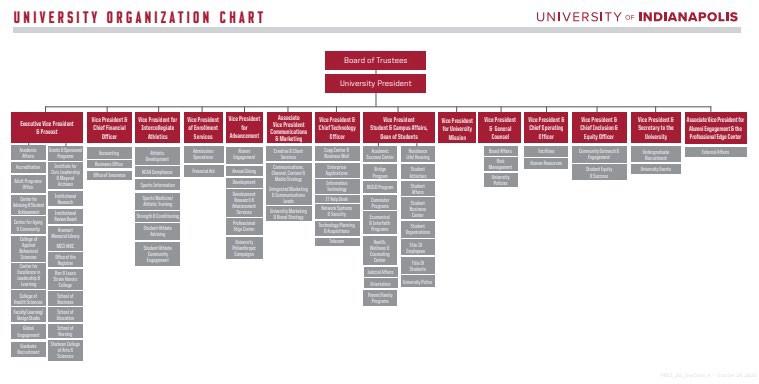
The UIndy Public Health Program maintains an emphasis in the areas of health equity and health education. The health disparities concentration selected as the emphasis for the master’s degree was chosen due to the perceived lack of programs in that area and the vast need for public health professionals to fully understand the impacts of inequities, then build the skills to tackle them within their communities. The thread of cultural competency and health equity is woven throughout the program. In addition, the undergraduate program increased its emphasis on health equity, but maintained the concentration in health education, as this has been the area we’ve become known for in the region and it fits the expertise of our faculty. In addition, our unit (College of Health Sciences) recently added a department of Interprofessional Health and Aging Studies, which has resulted in our ability to partner for a number of dual degree options, including MPH and MS in Aging Studies, MPH with MS in Healthcare Administration, and MPH with Doctor of Health Science (DHSc). In each case, we have been able to expand our offerings to meet the needs of today’s professionals, while remaining confident in our abilities to offer high quality public health training.

1. **Organizational charts that clearly depict the following related to the program:**
2. The program’s internal organization, including the reporting lines to the dean/director

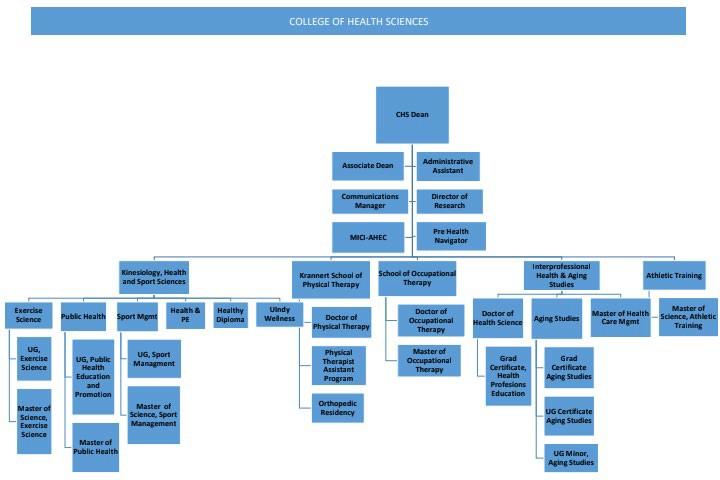


Organizational chart also can be found in ERF Introduction folder.

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



Organizational chart also can be found in ERF Introduction folder

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

The UIndy Public Health Program Director reports to the Kinesiology, Health and Sport Sciences Department Chair, who reports to the Dean of the College of Health Sciences. The dean of the unit (College of Health Sciences) then reports directly to the Provost. This reporting structure is the same for each unit on campus. Additionally, the Public Health Program director and faculty have ready access directly to the Provost and University President, as the campus feels it is important for faculty to be heard and engaged in many decision-making processes at the university.

Organizational chart also can be found in the ERF Introduction folder.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructional Matrix – Degrees & Concentrations** | | | | | | | |
|  | | | | | **Campus based** | | **Distance based** |
| **Bachelor’s Degrees** | | | | | | | |
| Public Health Education & Promotion (PHEP) | | BS | | BS | |  | |
| **Master’s Degrees** | | **Academic** | **Professional** |  | | | |
| Health Disparities | |  | MPH |  | | MPH | |
| **Joint Degrees (Dual, Combined, Concurrent, Accelerated)** | | **Academic** | **Professional** |  | |  | |
| **2nd Degree Area** | **Public Health Concentration** |  |  |  | |  | |
| *Degree earned in conjunction* | *Existing or joint specific* | *Degree* | *Degree* |  | |  | |
| PHEP to MPH 4+1 | PHEP – Health Education MPH – Health Disparities | BS | MPH | BS | | MPH | |
| Health Science Doctorate | Health Disparities |  | Health Science, MPH |  | | Health Science, MPH | |
| Healthcare Administration | Health Disparities |  | MPH, HCA |  | | MPH, HCA | |
| Aging Studies Master's Degree | Health Disparities |  | MPH, GST |  | | MPH, AGST | |

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

|  |  |  |
| --- | --- | --- |
| **Degree** | | **Current Enrollment** |
| Master's |  |  |
|  | MPH | 34 |
| Bachelor's |  |  |
|  | BS in public health | 67 |

# Group A Criteria

## A1. Organization and Administrative Processes

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

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

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

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

Because the UIndy Public Health Program is made up of only three full-time faculty members, separate committees are not necessary. Program faculty and student representatives meet at least once per month, on the third Wednesday from 3-4:30pm, to address standing program issues and emergent needs. In addition, the KHSS department chair attends program meetings frequently in order to address any questions or concerns. Adjunct faculty are invited to attend all Public Health program meetings, either in person or virtually, but are not required to attend. In general, 2-3 adjunct faculty typically attend on any given month. These meetings are in addition to our monthly department meetings (on the third Thursday) and monthly unit meetings (on the second Tuesday). All three full-time faculty engage in multiple committee assignments across the department, unit, and university. Currently, we are involved in the COVID-19 Task Force (Heidi Rauch serves), Faculty Senate (Heidi Rauch and Kara Cecil both elected senators), Executive Committee of Faculty Senate (Heidi Rauch serves), General Education Curriculum Committee (Kara Cecil co-chairs), Lecture and Performance Committee (Ange Spells serves on the committee), Teacher of the Year Committee within CHS (Kara Cecil serves here), Interprofessional Education Committee (Kara Cecil serves here), and the Scholars Day Planning Committee (Ange Spells chairs this committee), in addition to some smaller committee work as well, such as each being on a working group for the department related to one of the areas of the departmental strategic plan. Serving widely across campus and within the department and unit has allowed the public health faculty to ensure the concerns and needs of our program are considered when decisions are made. Additionally, our leadership and service has led to opportunities for our students to be recognized and get involved. For example, our students heavily engage in the interprofessional activities developed by the committee that Kara Cecil leads. They also present regularly as part of the Scholar’s Showcase because of Ange’s encouragement. Being campus leaders has helped elevate the stature of the program and make others aware of our capabilities.

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

1. Degree requirements

Degree requirements associated with the major have always been the responsibility of the program faculty. We have been responsible for creating the course offerings that we believe best meet the requirements for accreditation, address our areas of concentration, and serve the students professionally. In addition, we are responsible for developing program standards such as “entrance to program” and rules for maintaining good standing in the program. In addition, it is the program faculty who developed capstone requirements and evaluate each capstone project to ensure it meets the quality standards for obtaining a degree. Public health faculty meet at least once per month to discuss ongoing curriculum, student, and university associated tasks or issues. When the faculty recognize a curriculum or degree requirement needs changing based on student or alumni feedback, reflection regarding student progress, etc., the program faculty come to agreement regarding the necessary changes and begin the paperwork necessary to document the change. Significant rules and regulations associated with degree requirements are approved by the department, unit, and possibly the university committee associated with the change, just to ensure the program is staying in line with university and Higher Learning Commission standards.

1. Curriculum design

We have been responsible for creating the course offerings that we believe best meet the requirements for accreditation, address our areas of concentration, and serve the students professionally. Once degree requirements are proposed by program faculty, they are shared with the department, then unit for approval within our internal curriculum bodies prior to being submitted to the university curriculum committee. The university curriculum committee is then responsible for ensuring the proposed curriculum meets all university standards, is within the allowed amount of hours, etc. If the program deems changes are necessary within the curriculum, a program revision would be submitted by the public health faculty which would again go through the same channels of approval.

1. Student assessment policies and processes

Student assessment policies and processes are determined by individual faculty teaching each course, though significant assessment changes must be approved by the program director to ensure required assignments and assessments linked to program outcomes remain consistent. For student assessments tied to program outcomes, public health faculty work together to ensure each outcome is accurately assessed and in which course(s) the assessment best fits. The program faculty work in collaboration to establish assessment expectations related to the use of rubrics or scoring guides and timeliness in providing assessment feedback. As long as faculty follow any university or departmental guidelines regarding fairness in assessment, they are able to conduct student assessment practices as they see fit.

1. Admissions policies and/or decisions

For the undergraduate program, faculty have no control over which students are admitted to the university and first declare the public health major. However, faculty have been successful in developing a set of prerequisite courses to be taken early in a student’s studies that must be successfully completed in order to move into 300-level and above major courses. This set of prerequisites was selected to show that a student can successfully apply scientific knowledge, demonstrate an understanding of basic public health concepts, and can apply theories of behavior change prior to moving forward as a public health major. If a student struggles in one of the three courses selected to demonstrate their readiness, the student is advised to meet with their faculty advisor and university advisor to discuss whether this major is the best fit or they should consider something else. Dedicated students are able to retake the prerequisite courses and continue, once successfully passing, if they are committed to the public health major. Others are directed to other interests.

For the graduate program, admission criteria were established by public health program faculty, in alignment with program expectations and other university graduate programs. Applicants are first screened by an admissions counselor, who has conversations about the applicant’s abilities to meet admission criteria. If questions arise that the admissions counselor cannot address, the program director is brought into the conversation. Once applications are received in full, they are shared with the program director to compare with program admission requirements and make a recommendation as to admission. In short, admission and continuation guidelines for the MPH degree fall to the program faculty. If faculty decide that a change is recommended or necessary, the program director would discuss the potential change with the department chair and dean to ensure there would be no unforeseen consequences to the change. As long as faculty have considered all aspects of the change, the admission criteria would go into effect for the next incoming class.

1. Faculty recruitment and promotion

The University of Indianapolis is an equal opportunity employer. All programs are asked to consider diversity and inclusion when conducting faculty searches. Otherwise, the program director works with the department chair to write the search criteria for an open faculty position and determine the members of the search committee. The search committee then follows all HR guidelines regarding recruitment, conducts all interviews, then makes recommendations for hires to the chair and dean. The dean of the unit then negotiates with and makes offers to selected applicants.

Promotion is a university-wide process in which applicants submit a dossier to a committee. The Promotion and tenure process is similar to most other higher education institutions with new faculty hiring in as assistant or associate professors, then moving through the ranks toward full professors. There are both tenure and non-tenure lines. Program directors negotiate with the dean regarding the needs for tenure and non-tenure lines when an open position is available or substantial growth drives the need for additional faculty. Faculty conduct annual self- evaluations and receive feedback on both their annual performance and progress toward promotion and/or tenure from the program director, department chair, and sometimes the dean. A mid-tenure review process also is in place at the unit level to offer faculty the opportunity to seek feedback on their progress at the mid-way point. All this is designed for faculty to be successful at an “up or out” institution. Clinical faculty and some associate adjuncts also are able to see promotion, depending on their personal circumstances. All faculty members are evaluated for promotion and tenure based on criteria set by their units, which are available to review at their time of hire and are not permitted to change mid process for faculty.

1. Research and service activities

The University of Indianapolis is a comprehensive institution, which means that all faculty members have expectations around research and service activities. We consider ourselves a “teaching first” institution, which means that teaching must be deemed “excellent” for promotion, while service and research must “meet expectations”.

The definition of scholarship is left by the University to the individual departments. In the Kinesiology, Health, and Sport Sciences Department, scholarship is defined as “maintaining currency in one’s field and the process of development implementation, progression and dissemination along a scholarly agenda (p. 18 of the KHSS Faculty Handbook).” Faculty fulfill these expectations by averaging one peer-reviewed presentation per year, demonstrating a scholarly agenda, attending workshops, seminars, and conferences, and including students in scholarship including presentations and publications as appropriate. Because of faculty’s heavy teaching loads, faculty members often work together on research projects and include our students, when appropriate. This helps all be successful as a team while meeting research expectations for the institution. The university likely would rate as a rather service heavy organization, with service expectations at the program, department, unit, and university level. Faculty are able to rank their interest in various committees across the institution and are normally paired based on those interests. Leadership and heavier service commitments generally are offered and faculty have the opportunity to decline if they feel they cannot take on additional responsibilities. Once faculty move from assistant to associate levels, the expectation for more national level service increases as well. However, the department and unit do a good job of mentoring faculty members to help them select appropriate service opportunities to meet their professional interests, while also helping them succeed in meeting university service requirements. They generally are not required to participate in more than one committee at each the department, unit, and university level.

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

The faculty handbook can be found in the ERF in the Handbooks and Manuals folder.

1. 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.

Implicit in the University of Indianapolis Constitution is the concept of shared governance—that the Faculty shall have the responsibility and right to govern itself, and that the Faculty shall share in the process of decision-making at the University of Indianapolis. The Constitution of the Faculty of the University of Indianapolis defines and explains the role that the Faculty shall have in establishing and implementing the policies, goals, and philosophy of the University of Indianapolis, and outlines the authority, procedures, and rules of the Faculty. Each full-time faculty member in the program serves on one or more university committees and/or the faculty senate.

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

The UIndy Public Health Program faculty meet a minimum of monthly, most typically on the third Wednesday from 3-4:30pm. The calendar invitation for the monthly meetings is sent out to all full-time faculty, adjunct faculty, and student representatives at the beginning of the academic year. The meetings have been held virtually via Zoom for the last two years, making the meetings even more accessible to those interested in attending. The meetings are required for all full-time faculty, but only recommended for adjunct faculty. For these monthly program meetings, it is typical for 1-2 of the student representatives to attend and 2-3 adjunct faculty (Carolyn Runge, Anna Buttgen-McIntyre, Beth Ann Walker). These meetings have been very helpful in eliminating overlap in content between courses, ensuring all program outcomes data are collected, and finding out which of our students might be struggling at any given time. Beyond these monthly public health program meetings, all full-time public health faculty also are required to attend the once-monthly department meetings within Kinesiology, Health & Sport Sciences and monthly unit meetings for the College of Health Sciences. Outside of that, faculty often meet via Zoom or face-to-face to help each other with course challenges, problem solve, etc. When COVID was not a factor, faculty also shared a meal and brainstorming session at least once per year, usually prior to the start of the semester. During these times, faculty help each other prepare for the upcoming semester, document accreditation criteria for syllabi, etc. The plan is for these to resume as soon as safety allows. Documentation of monthly public health faculty and department meetings are provided in the ERF folder A1.

Additionally, faculty regularly engage with faculty outside of their profession through a number of activities on campus related to interprofessional work and scholarship. One great example is the UIndy Scholars Showcase, which is hosted on campus annually with the goal to, “provide a forum for students, faculty and staff to showcase their creative ideas, innovative pursuits, and scholarly achievements. By sharing ideas and accomplishments in this mutual arena, Scholars Showcase will build and strengthen collaborative relationships across campus, and engage UIndy’s scholars with the surrounding community.” Faculty members are encouraged to partake in the Campus wide Annual Scholar’s Showcase to present research conducted throughout the year. This event provides an opportunity for faculty and students collaborations to share their initial findings and we’ve had a number of public health students and faculty participate. In spring of 2021, one undergraduate public health student and faculty members offered an oral presentation over an honor’s project designed to increase education about environmental health on campus. In addition, a number of the MPH students shared their research projects from the MPH 505 Biostatistics course with faculty member, Dr. Spells.

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

**Strengths**

Because we have regularly scheduled meetings of the faculty and call additional meetings when necessary, we are able to engage with one another on a basis necessary to address any concerns and issues, as well as set future goals for the program.

**Weaknesses**

None observed at this time.

## A2. Multi-Partner Programs

(applicable ONLY if functioning as a “collaborative unit” as defined in CEPH procedures) Not Applicable

## A3. Student Engagement

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

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

Including the student perspective is critical in the continuous improvement of the program. Many of our students have diverse backgrounds and experiences to bring to the conversation. As we are able to incorporate the perspectives of students, our program will continue to develop positively. To incorporate this perspective, the program has created a body of study representatives from the undergraduate, graduate and 4+1 degrees to attend monthly program meetings. This process and contribution are formalized by a recurring agenda item and invitation to students. During the orientation for all MPH students in the fall, an invitation is offered for anyone interested to become a student representative. In addition, they may nominate another or self-nominate at any point in the future. The student representatives for the 2020-2021 school year were Sherri Dugger and Cally Drake from the MPH students; Samantha Mundt and Sara Kwaitkowski representatives for both the undergraduate and graduate students. For the 2021-2022 academic year, Samantha Mundt has continued and Kathleen Toomey has been added. Samantha is in regular contact with the undergraduate students through her role as the Eta Sigma Gamma President, while also being a second-year graduate student. For this reason, she is able to speak regularly with both undergraduate and graduate students, making her a great fit to share their feedback and concerns. Kathleen is a new dual MPH/ DHSc student from outside the university. She was selected to serve as a representative because she converses regularly with both traditional MPH students and others in the dual offerings. Since the implementation of this, the program has benefited from insights from the student perspective.

Specifically, in the Fall of 2020, the MPH program had to hold the Intensive Weekend Virtually for the first time. The graduate and 4+1 students were able to communicate feedback on the weekend very quickly, allowing faculty to better plan for the spring intensive experiences being planned. Students also gave great insight into the plans formed for the fall 2021 intensive, including ways to incorporate both the fully online synchronous students with those engaging in person on campus.

Students currently serving as representatives include the following:

|  |  |  |
| --- | --- | --- |
| **Name** | **Status** | **Email** |
| Cally Drake | Third year MPH student | [drakecn@uindy.edu](mailto:drakecn@uindy.edu) |
| Samantha Mundt | Second year in 4+1 | [mundts@uindy.edu](mailto:mundts@uindy.edu) |
| Kathleen Toomey | First year in dual MPH/ DHSc | [toomeyk@uindy.edu](mailto:toomeyk@uindy.edu) |

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

**Strengths**

Gaining student perspectives is an integral part of maintaining a strong program. Students approach faculty and the program director with feedback in both formal and informal ways. Having the student representatives at our monthly meetings has provided a great opportunity for faculty to chat with students in a setting less formal than survey formats. During each meeting, the students in attendance have an opportunity to speak about how the semester is going, share any concerns they’ve heard among classmates or experienced themselves, and offer suggestions related to events like intensive weekends, orientation, etc. These casual conversations have led to some format changes and helped plan events to best meet the needs of the students (i.e., What needs to be in person? What do they prefer to have online? Is the timing accurate for their needs?)

**Weaknesses**

None observed at this time.

## A4. Autonomy for Schools of Public Health

Not applicable.

## A5. Degree Offerings in Schools of Public Health

Not applicable.

# Group B Criteria

## B1. Guiding Statements

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

**The program’s vision** is: to eliminate health inequities through disease prevention, health promotion, and advocacy for the protection of all, with a focus on the underserved.

**The program’s mission** is: to prepare graduates with the foundational knowledge, skills, and dispositions to promote health and prevent disease within diverse communities, seeking to reduce health inequities through conscientious application of research methodologies, community service, and evidence-based public health strategies.

**The program’s goals that describe strategies to accomplish the defined mission:**

**Instructional** - The UIndy Public Health Program will utilize interactive, applied instructional methodologies focused on the development of foundational knowledge, skills, and dispositions for successful public health practice.

* In order to meet this goal, the program will:
  + provide a curriculum that is responsive to public health workforce and community needs.
  + cultivate an environment that values diversity, inclusion, and equity via the purposeful design of course curricula, experiential learning opportunities, community service activities, and support of diverse faculty and students

**Research** – The UIndy Public Health Program will build opportunities across the program for individual and/or group research projects designed to further faculty and student scholarly inquiry, while seeking to advance health equity.

**Service** - The UIndy Public Health Program will foster an environment supporting the University motto of “Education for Service” through opportunities related to social responsibility and social justice.

**What We Value:**

Across both our undergraduate Public Health Education and Promotion and graduate Master of Public Health degree programs, we embrace the following values in educating students and executing our mission.

**Cultural Fluency**

Faculty and students will work to develop cultural fluency through regular self-assessment, skill development activities, community engagement, and applied learning.

**Health Disparities Elimination**

A focus on eliminating health inequities and addressing social determinants of health will thread throughout the program, aimed at the elimination of health disparities.

**Applied & Experiential Learning**

The program emphasizes applied and experiential learning; translating theory into action for the development of professional and practical skills.

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

Strategic plan can be found in ERF B1 Folder

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

B2. Graduation Rates

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

**The program achieves graduation rates of 70% or greater for bachelor’s and master’s degrees and 60% or**

**greater for doctoral degrees.**

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

**MPH Degree**

The Public Health Program faculty determined that it was best to begin counting students as “officially entered into the program” once they pass MPH 505 Biostatistics for Public Health and Other Health Professionals or (HSCI 637 for dual DHSc students). This decision was made because the Biostats course tends to be a marker regarding success in the program overall. Even a few students who meet all program requirements for admission to the MPH struggle with the quantitative concepts in the course. For this reason, MPH students are counted toward graduation rates once they successfully complete MPH 505 with a grade of C or better. In addition, students have a total of five years to complete the MPH degree, thus the template below contains a total of 5 years of data, beginning with students entering in the fall of 2016 and graduating in 2021. Students are only counted once they have met the MPH 505 requirement and begin showing up in the document at that time. As is evident from data below, the program graduation numbers are well over the required percentage. Though room for improvement is always a possibility, the program is pleased with current graduation rates for MPH students.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MPH | | COHORT | | | | | | |
| ACADEMIC YEAR |  | '14-'15 | '15-'16 | '16-'17 | '17-'18 | '18-'19 | '19-'20 | '20-'21 |
| 2014-2015 | # Students entering the cohort | 2 |  |  |  |  |  |  |
| # Students enrolled, and in program | 2 |  |  |  |  |  |  |
| # Students enrolled, but left program | 0 |  |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 |  |  |  |  |  |  |
| # Students graduated in program | 0 |  |  |  |  |  |  |
| Cumulative program graduation rate | 0.00% |  |  |  |  |  |  |
| # Students graduated from other programs | 0 |  |  |  |  |  |  |
| Cumulative graduation rate from University | 0.00% |  |  |  |  |  |  |
| 2015-2016 | # Students entering the cohort | 0 | 5 |  |  |  |  |  |
| # Students enrolled, and in program | 2 | 5 |  |  |  |  |  |
| # Students enrolled, but left program | 0 | 0 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 |  |  |  |  |  |
| # Students graduated in program | 2 | 0 |  |  |  |  |  |
| Cumulative program graduation rate | 100.00% | 0.00% |  |  |  |  |  |
| # Students graduated from other programs | 0 | 0 |  |  |  |  |  |
| Cumulative graduation rate from University | 100% | 0% |  |  |  |  |  |
| 2016-2017 | # Students entering the cohort | 0 | 0 | 19 |  |  |  |  |
| # Students enrolled, and in program | 0 | 4 | 19 |  |  |  |  |
| # Students enrolled, but left program | 0 | 1 | 0 |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 |  |  |  |  |
| # Students graduated in program | 0 | 3 | 5 |  |  |  |  |
| Cumulative program graduation rate | 100.00% | 60.00% | 26.30% |  |  |  |  |
| # Students graduated from other programs | 0 | 0 | 0 |  |  |  |  |
| Cumulative graduation rate from University | 100.00% | 60.00% | 26.30% |  |  |  |  |
| 2017-2018 | # Students entering the cohort | 0 | 0 | 0 | 4 |  |  |  |
| # Students enrolled, and in program | 0 | 1 | 14 | 4 |  |  |  |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 |  |  |  |
| # Students graduated in program | 0 | 1 | 12 | 0 |  |  |  |
| Cumulative program graduation rate | 100.00% | 66.70% | 89.50% | 0.00% |  |  |  |
| # Students graduated from other programs | 0 | 1 | 0 | 0 |  |  |  |
| Cumulative graduation rate from University | 100.00% | 100.00% | 89.50% | 0.00% |  |  |  |
| 2018-2019 | # Students entering the cohort | 0 | 0 | 0 | 0 | 9 |  |  |
| # Students enrolled, and in program | 0 | 0 | 2 | 3 | 9 |  |  |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 | 0 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 1 | 0 |  |  |
| # Students graduated in program | 0 | 0 | 2 | 3 | 1 |  |  |
| Cumulative program graduation rate | 100.00% | 66.70% | 100.00% | 75.00% | 11.10% |  |  |
| # Students graduated from other programs | 0 | 0 | 0 | 0 | 0 |  |  |
| Cumulative graduation rate from University | 100.00% | 100.00% | 100.00% | 75.00% | 11.10% |  |  |
| 2019-2020 | # Students entering the cohort | 0 | 0 | 0 | 0 | 0 | 11 |  |
| # Students enrolled, and in program | 0 | 0 | 0 | 0 | 8 | 11 |  |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 | 0 | 0 |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 |  |
| # Students graduated in program | 0 | 0 | 0 | 0 | 5 | 0 |  |
| Cumulative program graduation rate | 100.00% | 66.70% | 100.00% | 75.00% | 66.70% | 0.00% |  |
| # Students graduated from other programs | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Cumulative graduation rate from University | 100.00% | 100.00% | 100.00% | 75.00% | 66.70% | 0.00% |  |
| 2020-2021 | # Students entering the cohort | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| # Students enrolled, and in program | 0 | 0 | 0 | 0 | 3 | 11 | 7 |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # Students graduated in program | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cumulative program graduation rate | 100.00% | 66.70% | 100.00% | 75.00% | 66.70% | 72.70% | 0.00% |
| # Students graduated from other programs | 0 | 0 | 0 | 0 | 0 | 8 | 0 |
| Cumulative graduation rate from University | 100.00% | 100.00% | 100.00% | 75.00% | 66.70% | 72.70% | 0.00% |

**BS Degree**

For the BS degree, the university generally reports 4-year, 6-year, and total graduation rates but does not have a specific rule related to time to graduation. Per the university policy, a student may continue on their current academic plan as long as they are in good standing and actively registered in courses. Should a student stop out and wish to return, they are required to adhere to any program changes that occurred while they were not enrolled. Additionally, the following statement can be found in the university’s academic catalog:

RETENTION OF RECORDS POLICY

The University of Indianapolis permanently retains every student’s transcript containing the record of classes, grades, and degrees granted. Supporting documents for undergraduate students, such as registration forms, curriculum guides, change forms, letters, and transcripts from other universities are systematically destroyed after 10 years. Any student seeking readmission after a 10-year period has elapsed is issued a new student folder and normally is required to adopt a new academic program. In addition, the student might be required to re-submit transcripts from other universities. No credits are lost, but in certain programs a student may be required to audit courses or to validate prior learning through examination.

In addition, programs have the right to require major courses be retaken if the content has changed significantly since the student was originally enrolled. The university has found this to be the best format for allowing students to come back to finish their education without significant penalty or financial burden but also provide programs control over requirements.

The Public Health Program is satisfied with this process. Undergraduate students are counted as first being officially in the Public Health Program once they have successfully completed (grade of C or higher) the introductory courses of KINS 260, KINS 236, and BIOL 203 (or a sequence of approved science courses). At that point, they may begin registering for 300-level major courses.

Calculations for undergraduate students begin when they officially enter the major, which normally will be 1-2 years after they first enter the university. Students are counted as being admitted into the program once they pass the courses listed above and are permitted to move into 300-level major courses. Though the program seeks to increase graduation rates, as this also is a university initiative, the current rates are well above those required.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PHEP/APHE** | | **COHORT** | | | | | |
| **ACADEMIC YEAR** |  | **'15-'16** | **'16-'17** | **'17-'18** | **'18-'19** | **'19-'20** | **'20-'21** |
|
| **2015-2016** | # Students entering the cohort | 1 |  |  |  |  |  |
| # Students enrolled, and in program | 1 |  |  |  |  |  |
| # Students enrolled, but left program | 0 |  |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 |  |  |  |  |  |
| # Students graduated in program | 0 |  |  |  |  |  |
| Cumulative program graduation rate | 0.00% |  |  |  |  |  |
| # Students graduated from other programs | 0 |  |  |  |  |  |
| Cumulative graduation rate from University | 0.00% |  |  |  |  |  |
| **2016-2017** | # Students entering the cohort | 0 | 25 |  |  |  |  |
| # Students enrolled, and in program | 1 | 25 |  |  |  |  |
| # Students enrolled, but left program | 0 | 0 |  |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 |  |  |  |  |
| # Students graduated in program | 0 | 0 |  |  |  |  |
| Cumulative program graduation rate | 0.00% | 0.00% |  |  |  |  |
| # Students graduated from other programs | 0 | 0 |  |  |  |  |
| Cumulative graduation rate from University | 0.00% | 0.00% |  |  |  |  |
| **2017-2018** | # Students entering the cohort | 0 | 0 | 20 |  |  |  |
| # Students enrolled, and in program | 1 | 22 | 20 |  |  |  |
| # Students enrolled, but left program | 0 | 1 | 0 |  |  |  |
| # Students withdrew, dropped, etc. | 0 | 2 | 0 |  |  |  |
| # Students graduated in program | 1 | 9 | 0 |  |  |  |
| Cumulative program graduation rate | 100.00% | 36.00% | 0.00% |  |  |  |
| # Students graduated from other programs | 0 | 1 | 0 |  |  |  |
| Cumulative graduation rate from University | 100.00% | 40.00% | 0.00% |  |  |  |
| **2018-2019** | # Students entering the cohort | 0 | 0 | 0 | 22 |  |  |
| # Students enrolled, and in program | 0 | 12 | 19 | 22 |  |  |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 |  |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 1 | 0 |  |  |
| # Students graduated in program | 0 | 12 | 8 | 0 |  |  |
| Cumulative program graduation rate | 100.00% | 84.00% | 40.00% | 0.00% |  |  |
| # Students graduated from other programs | 0 | 0 | 0 | 0 |  |  |
| Cumulative graduation rate from University | 100.00% | 88.00% | 40.00% | 0.00% |  |  |
| **2019-2020** | # Students entering the cohort | 0 | 0 | 0 | 0 | 22 |  |
| # Students enrolled, and in program | 0 | 1 | 9 | 22 | 22 |  |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 | 0 |  |
| # Students withdrew, dropped, etc. | 0 | 0 | 2 | 0 | 0 |  |
| # Students graduated in program | 0 | 0 | 9 | 14 | 0 |  |
| Cumulative program graduation rate | 100.00% | 84.00% | 85.00% | 63.60% | 0.00% |  |
| # Students graduated from other programs | 0 | 0 | 0 | 0 | 0 |  |
| Cumulative graduation rate from University | 100.00% | 88.00% | 85.00% | 63.60% | 0.00% |  |
| **2020-2021** | # Students entering the cohort | 0 | 0 | 0 | 0 | 0 | 19 |
| # Students enrolled, and in program | 0 | 0 | 0 | 7 | 20 | 19 |
| # Students enrolled, but left program | 0 | 0 | 0 | 0 | 0 | 0 |
| # Students withdrew, dropped, etc. | 0 | 1 | 0 | 1 | 2 | 0 |
| # Students graduated in program | 0 | 0 | 0 | 7 | 10 | 0 |
| Cumulative program graduation rate | 100.00% | 84.00% | 85.00% | 95.50% | 50.00% | 0.00% |
| # Students graduated from other programs | 0 | 0 | 0 | 0 | 0 | 0 |
| Cumulative graduation rate from University | 100.00% | 88.00% | 85.00% | 95.50% | 50.00% | 0.00% |

1. 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 Public Health Program tracks retention rates each year and strives to support students in every way possible to help them succeed. In recent years, it seems a number of students (both undergraduate and graduate) have been fighting through incredible life struggles. The COVID-19 pandemic really highlighted how many students, in general, need additional support. Even previous to that though, the program has noticed a number of MPH students with life circumstances arising that could not be predicted. One student who dropped out had an immediate family member murdered, one struggled with domestic violence issues within her family, and another changed jobs which meant she no longer received tuition remission. The program is not experiencing students leaving the program because of low quality, problems with faculty, or other things within the control of the faculty or university. For students struggling with the challenges of life, especially during the COVID-19 pandemic, the university has worked to make supportive resources available to students both on campus and afar. For example, the Counseling Center has shifted to virtual and phone counseling appointments and the university has made tele-health available for students. As a program, faculty work to make students aware of these resources and connect them directly, when we believe it to be necessary. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Not applicable

## B3. Post-Graduation Outcomes

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Post-Graduation Outcomes - BSPH** | **2019 Number and percentage** | **2020 Number and percentage** | **2021 Number and percentage** |
| Employed | 5 (31) | 5 (22) | 11 (92) |
| Continuing education/training (not employed) | 9 (56) | 14 (61) | 3 (25) |
| Not seeking employment or not seeking additional education by choice | 0 (0) | 0 (0) | 0 (0) |
| Actively seeking employment or enrollment in further education | 2 (12.5) | 0 (0) | 5 (42) |
| Unknown | 0 (0) | 4 (17) | 0 (0) |
| **Total graduates (known + unknown)** | 16 (100) | 23 (100) | 12 (100) |
| **Post-Graduation Outcomes - MPH** | **2019 Number and percentage** | **2020 Number and percentage** | **2021 Number and percentage** |
| Employed | 14 (100) | 5 (100) | 10 (91%) |
| Continuing education/training (not employed) | 0 (0) | 0 (0) | 0 (0) |
| Not seeking employment or not seeking additional education by choice | 0 (0) | 0 (0) | 0 (0) |
| Actively seeking employment or enrollment in further education | 1 (7) | 2 (40) | 1 (9%) |
| Unknown | 0 (0) | 0 (0) | 0 (0) |
| **Total graduates (known + unknown)** | 14 (100) | 5 (100) | 11 (100%) |

1. 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 program is very happy with post-graduation placements of students. Both the undergraduate and graduate degrees are set up to capitalize on networking and community engagement experiences for students. The hands- on, community-based work completed by students at both levels also helps students increase marketability for either further education or stepping into the public health job market. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Not applicable

## B4. Alumni Perceptions of Curricular Effectiveness

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

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

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

**MPH Alumni**

The UIndy Public Health Program sends out an online survey via Qualtrics (an online survey tool utilized by UIndy) to all alumni approximately one-year post-graduation (ERF B4 Folder). A message is sent directly from the program director, congratulating them again on their graduation and explaining the request for the feedback. Alumni are asked about their employment status and how the UIndy program prepared them for their roles in various ways.

In previous years, a survey link has been shared with graduates via traditional email around the month of May. As of October 2020, 26 MPH program graduates have received the survey, and 13 responded (50% response rate). In May 2021, the five graduates from 2020 received the link to the survey and two completed it (40%). In both instances, after the original email sharing the anonymous link, the program director sent 1-2 reminder emails. The response rates for the MPH have been acceptable (40-50%), but faculty discussed the fact that we would like to continue seeking the greatest response rate possible from alumni. To address this, starting in May 2022, the program director will import graduate program alumni email addresses directly into the Qualtrics system and set up the program to provide two direct reminders for those who have not completed it. We hope this will help increase the overall response rate. Survey results for data through 2021 are provided below.

**MPH Alumni Summary of Results for question “​​The following classes in my major program helped prepare me for my current position in public health”**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree | N/A | Total |
| Public Health Seminar | 0 | 0 | 1 | 5 | 6 | 1 | 13 |
| Biostatistics | 0 | 1 | 5 | 2 | 4 | 1 | 13 |
| Epidemiology | 0 | 0 | 3 | 3 | 6 | 1 | 13 |
| Environmental Health | 0 | 0 | 1 | 2 | 9 | 1 | 13 |
| Health Systems Management | 0 | 0 | 1 | 4 | 6 | 2 | 13 |
| Social and Behavioral Science Applications | 0 | 0 | 1 | 3 | 8 | 1 | 13 |
| Cultural Competency | 0 | 0 | 1 | 2 | 10 | 0 | 13 |
| Program Planning | 0 | 0 | 1 | 3 | 8 | 1 | 13 |
| Public Health Policies, Ethics, and Advocacy | 0 | 1 | 0 | 4 | 8 | 0 | 13 |
| Professional Experience Seminar | 0 | 0 | 2 | 4 | 6 | 1 | 13 |
| Capstone Experience | 0 | 0 | 2 | 3 | 7 | 1 | 13 |
| Integrative Experience | 0 | 0 | 3 | 2 | 7 | 1 | 13 |
| Global Patterns of Health & Disease | 0 | 0 | 1 | 2 | 8 | 2 | 1311 |
| Global Issues in Sexual Health, Reproductive Health & HIV/AIDS | 0 | 0 | 2 | 4 | 5 | 2 | 13 |
| Health Disparities & Inequities in the US | 0 | 0 | 1 | 2 | 10 | 0 | 13 |
| Population Health Approaches to Non- Communicable Disease Prevention & Management | 0 | 0 | 0 | 3 | 9 | 1 | 13 |

One Hundred percent of alumni indicated that the coursework adequately prepared them for their present position by either agreeing (38%) or strongly agreeing (62%). All agreed that their internship helped prepare them for their current position. This is not a surprising result, as we provide a breath of introduction to public health specialty areas, though not all students begin work in those direct areas. By the time they get to the internship, we have helped place them in a setting most closely aligned with their future career. It is not unsurprising that they would find this component of the experience most aligned with their jobs straight out of the degree.

**Qualitative Feedback from MPH Alumni**

**Alumni 1**: “Focus on health disparities and social justice was very helpful in our field. Helped prepare me for current job. Access to professors was also a strength as all were very helpful and personable.”

**Alumni 2**: “The professors were all helpful and provided great support throughout the program. There were so many outside the classroom projects that taught me so much and equipped me well.”

**Alumni 3**: “I would change the types of final projects we would work on. I felt at times it was the same type of program planning end of semester projects but was just on different topics.”

**Summary**: We love the feedback provided by the first two alumni, but the feedback from alum number three is actually very helpful. As a result of this feedback, faculty discussed the capstone course projects we were planning for each class and were able to find some of the overlaps that could be changed to offer a wider array of opportunities for students.

**PHEP Alumni**

For the undergraduate degree, we began sharing the alumni survey in 2016, including all alumni for 2014 and forward. An email message is sent directly from the program director, congratulating them again on their graduation and explaining the request for the feedback. The message includes a link to a survey in the Qualtrics survey platform that asks about their employment status and how the UIndy program prepared them for their roles in various ways. This message with the survey generally is sent in May the year after they graduate. The anonymous survey link has been sent to 107 alumni of the undergraduate degree, and we have received 38 responses (36% response rate). After the original email sharing the anonymous link, the program director generally sends 1-2 reminder emails. We would like to get a higher response rate from our undergraduate alumni. To address this, starting in May 2021, we will import graduate email addresses directly into the Qualtrics system and set up the program to provide two reminders for those who have not completed it. We hope this will help increase the overall response rate. Survey results for the section regarding links between course material and preparation for the field are provided below. As is clear from the table, the vast majority of respondents believed the courses in the program helped prepare them for the field.

**PHEP Alumni Perceptions of Curriculum**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **N/A** | **Total** |
| **Coursework Overall** | 0 | 0 | 1 | 16 | 32 | 0 | 49 |
| **Internship Overall** | 0 | 2 | 4 | 15 | 28 | 0 | 49 |
| **Preparedness for CHES exam** | 0 | 0 | 6 | 20 | 22 | 0 | 48 |
| **Preparedness for Graduate School** | 0 | 1 | 3 | 11 | 29 | 4 | 48 |
| **Overall PH Educational Experience** | 0 | 1 | 1 | 10 | 35 |  | 47 |
| **Intro Kinesiology, Health & Sports Sciences** | 2 | 5 | 11 | 22 | 6 | 3 | 49 |
| **Theory of Health Behavior** | 0 | 1 | 5 | 22 | 21 | 0 | 49 |
| **Principles & Practices of Exercise Science** | 0 | 1 | 3 | 7 | 3 | 34 | 48 |
| **Into to Community Health in Diverse Communities** | 0 | 0 | 3 | 19 | 25 | 1 | 48 |
| **Current Topics in PH Content I** | 0 | 1 | 3 | 14 | 29 | 1 | 48 |
| **Current Topics in PH Content II** | 0 | 1 | 3 | 13 | 16 | 2 | 35 |
| **Grant Writing** | 0 | 0 | 6 | 16 | 25 | 1 | 48 |
| **Exercise Leadership** | 0 | 1 | 1 | 5 | 5 | 36 | 48 |
| **Methods in PH Education** | 0 | 1 | 4 | 26 | 14 | 4 | 49 |
| **Wellness Coaching** | 1 | 4 | 12 | 17 | 15 | 0 | 49 |
| **Worksite in Health Promotion** | 0 | 0 | 3 | 7 | 6 | 32 | 48 |
| **Progressive Resistance Exercise** | 0 | 1 | 2 | 3 | 2 | 40 | 48 |
| **Health Communication/Social Marketing** | 0 | 0 | 2 | 20 | 24 | 2 | 48 |
| **Assessment & Research in Health & Physical Activity** | 0 | 0 | 1 | 14 | 32 | 0 | 47 |
| **Epidemiology** | 0 | 1 | 3 | 14 | 30 | 0 | 48 |
| **Skill Applications in Diverse PH Settings** | 1 | 1 | 3 | 12 | 28 | 3 | 48 |
| **Health Disparities** | 0 | 0 | 5 | 11 | 30 | 2 | 48 |
| **Health Policy and Advocacy** | 0 | 0 | 3 | 14 | 30 | 1 | 48 |
| **Planning, Implementation, Evaluation in PH** | 0 | 0 | 1 | 10 | 37 | 0 | 48 |
| **Field Experience** | 0 | 1 | 3 | 10 | 34 | 0 | 48 |

**Qualitative Feedback from PHEP Alumni**

The qualitative feedback from undergraduate alumni has been overwhelmingly positive. Here are a few examples of statements from the alumni survey.

**Alumni 1**: “I thoroughly enjoyed my time at UIndy as a public health student. The volunteering and community engagement opportunities helped me to understand the importance of the public health field in creating connectedness among groups. The final internship was outstanding and guided public health path. I hope the program continues to expand and offers students the ability to become advocates for members of their community as well!”

**Alumni 2**: "I loved graduating from UIndy and also from this program. Every single thing that I learned thru the years I've had put them into practice in my life and also has put me above other people on helping develop programs. So happy with the staff super supportive and also trying to make sure the students were okay and doing well. I would recommend this program to anyone.”

**Alumni 3**: "I liked my education overall. I felt like I had a good experience at UIndy, and there are some teachers who changed my life. There were other teachers I was not wild about in and out of the program. I sometimes felt like the program was a little juvenile and sometimes that I felt like it was exactly where it needed to be. If I could give three main tips, it would be these:

1. Give more focus and direction to each class within the program, and try to get professors to collaborate a little more about what is happening in each class. This will help avoid repeat lessons and/or gaps in education.
2. For more complicated topics, add those classes into the curriculum. Get rid of useless classes like KINS 190, and put in another statistics class. I would much rather ""master"" the knowledge of something really important like statistics or epidemiology, than dabble in a few different classes I don't really care about. I was not a huge fan of exercise leadership (although it was beneficial in different ways I did not foresee), so maybe allow students to pick a track to go down? Exercise leadership and nutrition, etc. vs more specialized classes for epi, etc.
3. Give students a little more room to grow. I was heavily guided in most of my classes, and while that was nice because it allowed me to be lazy, I don't know that it helped me grow as a student. I wish I had failed a little more that way I had tried harder at all my classes. I know that is a twisted way of thinking about it, but I do believe failing would have pushed me to work harder and push out some better work than what I did do (which was still good, but probably not my best). Lastly, and I know I have said this, but allow students to disagree and talk out their thoughts. One of the most negative experiences I had was debating in class with other students about an important topic. All of the students were being polite and courteous, but whenever the debate got "too heated," the instructor would stop it and change the subject. So long as there is not name calling or rude behavior, I don't feel there is any reason to stop logical and healthy disagreements. This experience really bothered me for a long time after it happened.
4. I sometimes expressed that I wished I had gone to IUPUI, but I do not think that anymore. I am grateful for my really good teachers, and for the classes that made me successful. UIndy did a really good job of preparing me for a career, and that was not something I realized until I got to work in a professional setting. I think I am most thankful to UIndy for this reason. I do not regret going there, and I do not regret my decision to study public health. It is the best decision I have ever made, and I think that with some tweaks, it will end up being a really great program. Thank you all for everything."

**Summary**: While we love the kind of feedback received from the first two alumni, the feedback from the third was actually very helpful in making program improvements. The faculty was able to reflect on this feedback and make some changes in the way we communicate with one another about course assignments, how we allow our students to spread their wings, and in the course changes we made when moving to the single Public Health Education and Promotion degree at the undergraduate level.

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

The survey is sent to all alumni approximately one year following their graduation. The data are maintained in the Qualtrics system and updated as a new batch of invitations is shared. The data are downloaded at least once per year and reviewed by the program director for themes and potential issues. The information from the surveys is fed into the departmental annual report and shared with program faculty during a program meeting. The most recent download of the survey results is found in the ERF, B4 folder.

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

Though the results of the alumni survey are generally positive, there are always areas for improvement. Based on alumni feedback, the program previously revised courses [MPH 505 (Biostatistics), KINS 440 (Epidemiology), MPH 515 (Environmental Health)] such that the courses were more directly tied to application in the field. We also have noted the vast array of content and skills covered in our courses will not be directly applied in the work settings of each graduate, considering our graduates are seeking vastly different types of employment. As discussed elsewhere, this information is used to make continuous program improvements.

**B5. Defining Evaluation Practices**

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

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

**Program Mission:** The program’s mission is: to prepare graduates with the foundational knowledge, skills, and dispositions to promote health and prevent disease within local and global communities, as well as reduce health inequities through conscientious application of evidence-based public health strategies including programming and policy development.

The program’s goals that describe strategies to accomplish the defined mission:

* Instructional - The Public Health Program will utilize interactive, applied instructional methodologies focused on the development of foundational knowledge, skills, and dispositions for successful public health practice.
* Research - The Public Health Program will foster opportunities for faculty and student research through individual and group processes.
* Service - The Public Health Program will foster an environment supporting the University motto of “Education for Service” through opportunities related to social responsibility and social justice.

|  |  |  |
| --- | --- | --- |
| **Evaluation measures** | **Identify data source(s) and describe how raw data are analyzed and presented for decision making** | **Responsibility for review** |
| **Goal 1: Instruction**  The Public Health Program will utilize interactive, applied instructional methodologies and community engagement to develop students and alumni ready for successful public health practice or graduate studies.  **Target 1:** The program will provide undergraduate and graduate students the opportunity to engage directly with a community organization in at least 40% of their major courses.  **Target 2:** At least 50% of all undergraduate and graduate public health courses will utilize experiential project-based learning to engage students and enhance learning.  **Target 3:** 100% of undergraduate and graduate public health students will complete a capstone internship with a community partner addressing a public health need (KINS 495 and MPH 570).  **Target 4:** The program will offer at least two opportunities per academic year for undergraduate and graduate students to engage directly with public health professionals from the community for networking and professional development. | | |
| **Target 1:**   1. *Measure: % of public health major courses that engage students directly with community organizations, either outside the classroom or by bringing the organization to the students.* | Targets 1 & 2: The percentage of courses meeting the measures for targets 1-2 are measured through the program director’s review of course syllabi to determine the level of community engagement and/or experiential learning in each. Additionally, these data points are reported to the department as part of the strategic plan. | The program director and faculty are responsible for the annual review of the data. Much is tracked as part of the departmental strategic plan, so public health outcomes are tracked and reported to the department, then discussed as a whole. Public health faculty also discuss the outcomes annually to see whether improvements need to be made in the assessments or teaching methods. |
| **Target 2:**   1. *Measure: % of public health major courses that utilize project- based learning and experiential learning projects to teach and evaluate the practice of key public health skills.* |
| **Target 3:**  *c. Measure: % of students who successfully complete the capstone courses (KINS 495 or MPH 570) - defined by completing all other major courses with a grade of C or better prior to capstone, successfully completing capstone with grade of S*  *(495) or C or better (570) in order to graduate from the program.* | Target 3: This measure is assessed based on the number of students who successfully complete the courses listed. A report is available at the conclusion of each course, which is reviewed by the program director and reported to faculty, department chair, and dean of the unit.  This is a significant marker, as our program requires all undergraduate major courses to be completed with a C or better prior to enrolling in the capstone and the graduate students must have grades at C or above for each course counting toward the degree, while also maintaining a GPA of 3.0 or better prior to enrolling in the capstone. Therefore, enrollment in and completion of the capstone is a significant marker of success for students. |
| **Target 4:**  *Measure: The number of networking and professional development events offered by the Public Health Program each year.* | Target 4: The program director tracks engagement and professional development opportunities offered to students annually. These opportunities are documented during the final Program faculty meeting of each semester and visible in Program meeting minutes. |
| **Goal 2: Curricular Effectiveness**  Provide a curriculum that is responsive to public health workforce and community needs.  **Target 1:** The program will collect annual feedback from community partners and public health professionals on current needs of the public health workforce.  **Target 2:** At least 75% of capstone internship supervisors will rate the content knowledge and skills of public health interns as an average score of at least 4 on a Likert Scale of 1-5 with 5 being the highest rating.  **Target 3:** The program will send out an annual survey to program alumni each year assessing program effectiveness in preparing for the public health workforce. | | |
| **Target 1:**  Measure: Track via KAB meeting minutes and report suggestions of Public Health professionals for the preparation of students as future public health professionals | Targets 1 & 2: Data are collected from each internship supervisor at the conclusion of the internship. The internship ratings are reviewed by the course instructor and the program director. Following completion of the academic year, the program director provides a written report on the results to the department chair and discusses results with program faculty. | Program faculty and director are responsible for the review of results annually. During at least one public health faculty meeting each year, the program director provides faculty with the results of the student exit surveys and site supervisor evaluations (both grad and undergrad). At this time, the faculty review to look for themes related to both areas of strength and weakness. In addition, we gather information from community partners regularly (at least twice per year) regarding how well our students and graduates meet the demands of the current workforce. Based on these data, faculty make additional tweaks or changes to the courses or curriculum. For example, we began hearing from both community partners and students over the last two years that more training was needed in data management, analysis, and reporting. To remedy this, we added an undergraduate course KINS 204 Introduction to Research and Biostatistics. This will allow for an introduction in this content; then, the students can focus more on applying these skills in their 400-level course. Also, we added greater emphasis on this in the MPH Biostatistics course. This is only one example of how we use data to make program improvement. The process of data collection, analysis, reflection, and program improvement is ongoing. |
| **Target 2:**  Measure: Track via individual meetings with site supervisors and quantitative surveys of student preparation and performance in capstone experiences.  . |
| **Target 3:** Measure: Measure via annual alumni survey ratings of program effectiveness and preparation for the workforce, as well as qualitative feedback from alumni on alumni survey. | Target 3: The program director sends the alumni survey in May of each year and runs a report of results to share and discuss with program faculty. |
| **Goal 3: Research**  The Public Health Program will foster opportunities for faculty and students to conduct and disseminate research.  **Target 1:** At least 50% of full time Public Health faculty will engage in research collaborations with community or academic partners external to the program on an annual basis.  **Target 2:** At least 50% of full time Public Health faculty will present research findings at a local, national, or international conference annually.  **Target 3:** 100% of students in Public Health will complete at least one large- or small-scale research project of an individual and/or group nature prior to graduation.  **Target 4:** Faculty will offer undergraduate and graduate students opportunities to engage in independent research projects based on shared interest. | | |
| **Target 1:**  *a. Measure: Number and % of full- time faculty actively engaged in research collaborations outside the program each year.* | Target 1 & 2: Data collected annually regarding the numbers and percentage of faculty who complete research projects. Data also collected regarding the number of faculty who share out their work via professional presentations or journal submissions/publications. The data is shared with program faculty during May meetings, as well as included in the annual report for the department. | The program director is responsible for collection of the data from faculty. All program faculty are responsible for the review and discussion of outcomes. Much of this is part of the department strategic plan, thus it is included in the annual program to the department. After the submission, public health faculty discuss outcomes to determine whether changes should occur to the assessment activity or teaching methods associated. |
| **Target 2:**  *b. Measure: Number of faculty and number of presentations shared at professional conferences each academic year.* |
| **Target 3:**  *c. Measure: % of public health students in KINS 204/400/495 completing a research project.* | Target 3: Data collected by program director from instructional faculty and included in annual report for the department. |
| **Target 4:**  *d. Measure: Number of times MPH 582 and KINS 480 are offered by public health faculty each year for interested students.* | Target 4: Data collected by examining course offering list each semester and by program director and shared with instructional faculty. |
| **Goal 4: Service**  The Public Health Program will foster an environment supporting the University motto of “Education for Service” by providing opportunities for faculty and students related to social responsibility and social justice designed to impact public health and reduce health disparities.  **Target 1:** 100% of full-time faculty will directly provide at least one act of extramural service to the local, regional, or global public health community and/or create opportunities for students to provide the service experience on an annual basis.  **Target 2:** 100% of students will be provided the opportunity to engage in service work relevant to public health during each academic year they are in the program.  **Target 3:** 100% of students, in collaboration with faculty, will serve the community via assessing needs, engaging in or supporting community-based projects prior to graduation. | | |
| **Target 1**  *Measure: Percentage of faculty who provide their own service and/or create service opportunities for students each year.* | Target 1: Data is included on each faculty member’s annual evaluation, which is discussed with the program director and chair. | The program director is responsible for collection of the data from faculty. All program faculty are responsible for the review and discussion of |
| **Target 2**  *Measure: Number and percent of students who engaged in public health related service work will be reported by faculty each semester and reviewed as a group in May.* | Target 2 & 3: Data are collected annually regarding the numbers and percentage of students who complete a community service project either as part of a course requirement or through volunteerism. This is collected via requesting information from all faculty about the community service performed for their courses. The data is shared with program faculty during May meetings, as well as included in the annual report for the department. | outcomes. Much of this is part of the department strategic plan, thus it is included in the annual program to the department. After the submission, public health faculty discuss outcomes to determine whether changes should occur to the assessment activity or teaching methods associated. |
| **Target 3**  *Measure: Number and percent of students will be tracked who participate in needs assessment, community projects, or other service-learning each semester. Faculty will report to director, collective data will be shared with faculty for review and decision-making, and reported on KHSS strategic plan annually.* |
| **Goal 5: Diversity, Equity, and Inclusion**  The Public Health Program will cultivate an environment that values diversity, inclusion, and equity via the purposeful design of course curricula, experiential learning opportunities, community service activities, and support of diverse faculty and students.  **Target 1:** Undergraduate and graduate courses will be assessed annually for content, activities, and assessments related to diversity, inclusion, equity, and related topics to identify and remedy curricular gaps or weaknesses.  **Target 2:** Undergraduate and graduate students will exhibit increased levels of cultural competence by the conclusion of the program. | | |
| **Target 1**  *Measure: Percentage of courses in each degree program addressing diversity, inclusion, equity, and related topics; depth and breadth of course content (per academic year)* | The public health faculty will undertake a group review of course syllabi annually in May to identify curricular gaps or weaknesses and will provide a report to the KHSS Department as part of the annual report. | The program director is responsible for ensuring the assessments are developed and carried out in the listed courses. The program director will run reports of the results and share with the faculty members during the May planning meetings for discussion related to outcomes and any suggested program changes. |
| **Target 2**  *Measure: Comparison of student scores and feedback on cultural competency assessment tool at beginning of program and the same assessment tool at end of program.* | This new measure was added in 2021 to the program entrance and exit requirements for students. The data will be added to the annual report for the program and discussed with faculty during the August meeting each year, starting in August 2021. |

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

Development and implementation of the UIndy Public Health Program Evaluation Plan began in 2015, seeking to add depth of content and reflection each year. Generally, we are pleased with the way the evaluation plans are working and how they are tied to both department and university strategic initiatives. Additionally, we realize that some elements (such as the Alumni Feedback Survey) will require additional tweaking to increase participation and we have strategies planned to that end.

The evaluation methods outlined in this section incorporate multiple forms of evaluation and reflection, including process and outcome measures with quantitative and qualitative assessment techniques. The assessment focus is to obtain key factors for improvement in order to achieve and/or maintain excellence in teaching, scholarship, service, such that students obtain professional success. The evaluation methods and measures listed above track the program’s progress in advancing the field of public health by ensuring that instruction is sound and effective and that both scholarship and service activities are of high quality and relevant to the community’s needs. These goals are intricately linked to the goal of helping students achieve professional success, as our instructional and service goals are linked to helping students engage directly with the community while they further develop their public health skills. In addition, the goals associated with scholarship and professional presentations are linked to helping them further develop their program evaluation and presentation skills in professional settings, regardless of the environment. These are key skills we’ve heard from community partners associated with being successful professionals. For this reason, each of the goals and measures above are technically related to promoting student success. However, below is the description of those goals and measures most directly linked to this outcome.

As is clear from the goals and measures listed, the UIndy Public Health Program is very much a “learn by doing” environment where faculty provide instruction on a key public health skill, then students are offered the opportunity to develop the skill through practice, often while also meeting a need of a community agency. We believe this is the best form of developing skills and assessing students’ abilities to perform. Specifically, progress toward promoting student success is tracked within Goal 1 Measures 2 (% of public health major courses that utilize project-based learning and experiential learning projects to teach and evaluate the practice of key public health skills), 3 (% of students who successfully complete the capstone courses), and 4 (# of networking and professional development events offered by the Public Health Program each year). Additionally, Goal 2 Measure 2 (feedback from internship site supervisor regarding students’ performance and preparation for the field) and 3 (feedback from alumni regarding how the program prepared them for their first job) give us a clear picture of how the students are performing just prior to program completion and during the first part of their public health careers. Each of these experiences and assessments are set up to help students gain the needed skills (having already received the foundational knowledge), then make professional connections in the community to practice the skills and develop a public health network necessary for future jobs. Lastly, the program believes that any students trained in the field of public health must be taught to reflect upon and grow in relationship to diversity, equity, and inclusion. For this reason, Goal 5 is specifically established to highlight this area and establish measures to assess both the coverage of the content with students (Percentage of courses in each degree program addressing diversity, inclusion, equity, and related topics) and their perceived growth in the area (Students will complete a cultural competence assessment at entrance to program and again just prior to graduation in order to assess changes). The program has long valued the dedication to diversity, inclusion, and equity for faculty, staff, and students. However, the addition of the formal assessment criteria more recently occurred in order to better track specific outcomes in this important professional arena.

In relation to advancing the profession of public health, the program has goals and measures related to both research (Goal 3) and service (Goal 4). Because we are a student-focused university and program, much of the research and service focus involves bringing students along in the process. It is clear through Goal 3 that we value the scholarly work completed by faculty in Measure 1 (Number and % of full-time faculty actively engaged in research collaborations outside the program each year), Measure 2 (Number of faculty and number of presentations shared at professional conferences each academic year), and Measure 3 (Number of faculty and number of presentations shared at professional conferences each academic year). We clearly bring our students into the research process via Goal 3 Measure 4 (% of public health students in KINS 204/400/495 completing a research project). These all tie to our department strategic plan, which supports the scholarship of both faculty and students (undergraduate and graduate).

In relation to advancing the profession of public health through service provided within our community and broader field, we have clear measures in Goal 4 Measure 1 (Percentage of faculty who provide their own service and/or create service opportunities for students each year), Measure 2 (Number and percent of students who engaged in public health related service work each semester), and Measure 3 (Number and percent of students who participate in needs assessment, community projects, or other service-learning each semester). Again, the program believes it is important to focus on linking our service to our university motto “Education for Service.” We work diligently to develop the skills of our students in preparation for the workforce as we also provide service designed to meet the public health around this. We believe this is a strong example of how we work to advance the field. The program recently added formal evaluation procedures related to diversity, equity, and inclusion in order to more directly analyze the impact of our work on student perspectives. Due to this, data from this measure is not historically available, but begins in the 2020-2021 academic year. The program believes this will be another great data point for program outcomes.

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

Evidence of implementation of the evaluation plan described in Template B5-1 can be found in the ERF in the B-5 folder. This folder includes blank and completed feedback surveys received from students (PHEP and MPH), alumni (PHEP and MPH), internship supervisors, and community members, as well as brief reports summarizing survey results / findings.

Also, ERF folder B5 contains documentation of evaluation activities, measures, and outcomes in the form of meeting notes, event programs, community invitation lists, sign-in sheets and other documentation of community and student event attendance, and documentation of student internship placements. The latest program report to the department is located in the folder as well as the agendas and minutes for selected Public Health Program meetings. This includes the example for August 2021 where the results of annual reports are shared and discussed. Additionally, we’ve provided a copy of the KHSS Department Strategic Plan for reference (ERF Folder Introduction).

Additionally, detailed descriptions of evaluation activities, measures, and outcomes from the 2020-2021 academic year (and locations of corresponding documentation) can be found in sections E1-E5, F1-F4, and H1-H2 of this Self-Study.

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

We have realized through the process that evaluation activities are time and labor-intensive, with the majority of duties falling on the program director to complete. However, these responsibilities are listed as part of the director duties and have been occurring regularly. In addition, the director has ensured that the information is shared annually with the program faculty in order to reflect upon outcomes and discuss potential changes as a program. Though the process can be intensive, we believe the data are sound and have allowed us the opportunity to make changes designed to improve our program and student outcomes. For these reasons, we believe the current evaluation practices are strong and providing the program with the needed knowledge to make continual improvements.

## B6. Use of Evaluation Data

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

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

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

Example 1:

The program currently holds a Kinesiology Advisory Board (KAB) meeting two times a year. This group of high-level professionals represents all major programs within the department, including public health. (The biographies of the most current board are found in ERF folder B5 and the group is discussed in F1 as well). During these Advisory Board Meetings, there always is time for breakout sessions where faculty in the public health program are able to meet and discuss directly with the experts representing the public health workforce (generally 5-7 professionals in attendance from our board each time who are specific to public health practice). During this time, faculty provide a brief update on any changes we’ve made in the program, exciting new initiatives, etc., then ask for input related to how our students are performing in the field, as well as what professional needs they are seeing in the more general public health workforce. During these sessions, we generally have representatives from the largest county health department in the state, a local hospital network, the state department of health, and a couple of non-profit organizations. The community professionals provide insight into the current needs of public health organizations and the communities they serve then offer suggestions regarding changes and/or enhancements that we should consider to better prepare our students for the ever-changing field. During one of the KAB meetings, attendees suggested that our students needed “Middle management pieces like grant writing, program management, but also softer interprofessional skills in working with the population. UIndy students are doing well in these areas. UIndy students are performing better than other universities in comparison.” (See KAB meeting notes in ERF folder F1.) As a result of this type of feedback, the faculty determined we needed to work with students to better hone their soft skills in professionalism. Faculty discussed how we might better build this into our coursework and expectations, including discussions on how to communicate more effectively with various audiences (more emphasis in KINS 330, KINS 452, KINS 445, MPH 530). We also revised the MPH 565 course to focus more on interprofessional and leadership skills. We also recently added the KINS 445 course to serve as a professional stepping stone for our undergraduate students between the bulk of their coursework and their capstone internship. This now allows them to practice more of their professional and soft skills in community settings before the higher stake’s internship setting. A couple of samples of KAB notes from recent meetings are provided in the B6 folder.

Example 2:

We also began hearing from both community partners during our KAB meetings and alumni (when we brought them back to speak to new students during orientation or intensive weekends) over the last two years that more training was needed in data management, analysis, and reporting. (Example: “Something we need more at ISDH is evaluation experience. The more we can do in evaluation (program and policy). Short-medium- longer term. Process, impact, income.” To remedy this, we added an undergraduate course KINS 204 Introduction to Research and Biostatistics. This will allow for an introduction in this content; then, the students can focus more on applying these skills in their 400-level course. Also, we added greater emphasis on this in the MPH Biostatistics course. This is only one example of how we use data to make program improvements. The process of data collection, analysis, reflection, and program improvement is ongoing.

Example 3:

Faculty and the Program Director began hearing from some students that the original format of the program (2-year cohorts for full-time students) was just too difficult to complete with their work and family lives. We lost a couple of students from the program for this reason during the first few years and a couple others reached out to the program director to specifically request a slower path to better fit their needs. After discussion with students regarding a more manageable format to help them succeed, the program determined it would develop curriculum guides to help students complete the program over two, three, or four years instead of only offering the original two-year option. As a result, a number of students have entered the program and selected these alternative paths to help them be successful.

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

**Strengths**

The Kinesiology Advisory Board is a major strength of our program, helping us to ensure we remain relevant in our training of students, helping us connect students with the community, and serving as an overall wonderful resource for both students and faculty. In addition, it is clear from alumni surveys that our students feel very comfortable coming to faculty and the program director immediately when a concern arises. This has helped us be able to create solutions for our students before needing to wait years or for official alumni surveys to address their concerns. We truly believe this is a great strength of our program.

**Weaknesses**

None observed at this time.

# Group C Criteria

## C1. Fiscal Resources

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

1. Describe the program’s budget processes, including all sources of funding. This description addresses the following, as applicable:
   1. Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

The funding for the degrees offered within public health is distributed across multiple budget lines. Funds specific to the Master of Public Health are housed within a designated budget. Funds for the undergraduate degree are housed within the Kinesiology, Health and Sport Sciences department budget along with other undergraduate program budgets. The College of Health Sciences budget houses funds for expenses that typically cross department lines such as promotional function and recruitment budgets and equipment and supplies.

The three FT faculty members all split their teaching across the Public Health Program and sometimes teach courses that include students from other majors within the College of Health Sciences. A portion of their salary designated for the load within the Master of Public Health is housed within the Master of Public Health budget. The portion designated for undergraduate courses - both traditional day and adult - are housed within the Kinesiology, Health and Sport Sciences budget. The split percentages are adjusted annually as a part of the budget process.

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

If the program faculty and the director believe there is a need for a new faculty member, the director takes the request and documentation for need to the department chair. If the chair supports the request, the request is then moved to the level of the dean. Requests for new positions are presented by the dean to the university provost on an annual basis. The requests must be supported with evidence of need that includes enrollment numbers, instructional hours, profit margin, adjunct percentage and any relevant accreditation requirements. The provost ranks positions requests based on need and takes them forward to the university budget committee for approval.

* 1. Describe how the program funds the following:

1. Operational costs (programs define “operational” in their own contexts; definition must be included in response)

Operational costs include any non-salary / personnel or budget costs that are needed to support the operations of the unit. Operational funds for the unit are reviewed annually. Within individual budget lines, program directors have the authority to move funds to address shifts in operational needs. Adjustments to the overall department operational budgets due to university-wide financial needs, enrollment changes, and special circumstances are first addressed by the dean by shifting funds across other CHS department lines. In cases when additional funds need to be added to the overall CHS budget, the dean has the opportunity to make these requests on an annual basis.

* + - 1. Student support, including scholarships, support for student conference travel, support for students including scholarships, support for student conference travel, support for student activities, etc.

The undergraduate students in the UIndy Public Health Program have access to all university-wide scholarship opportunities. For example, we have a current student on a Presidential Scholarship. The Presidential Scholarship is an elite academic experience for those in the top 1% of the incoming freshmen class. Students compete for this coveted scholarship through a holistic process that includes a demonstration of academic excellence, interest in research, and potential for leadership. In addition to covering the full cost of tuition, the Presidential Scholarship provides a cohort-based program aimed at providing strategic and meaningful opportunities for participants with the long-term aim of developing future innovators in whatever fields they enter. The university also offers a variety of other merit and need-based scholarships to students of all majors. For graduate students, there are no scholarships specific to public health students, but the program offers three graduate assistant positions. Two of these positions are funded by the College of Health Science and one is through a partnership with the Metropolitan Indianapolis Central Indiana Area Health Education Center (MICI-AHEC). Each of the positions requires approximately 10 hours of work per week for the program or MICI-AHEC with payment of $10 per hour and tuition remission for 6.0 credit hours per academic year.

There is support for student conference travel through an application process within the Department of Kinesiology, Health and Sport Sciences for undergraduate students with an accepted presentation at the conference. Graduate students have the same opportunity to apply for funds through a mirrored process within the MPH budget. Students within either degree program are offered up to $450 toward their travel and registration costs for the conference.

The money is allocated each year to applicant students until the money is exhausted. To this point, none of our applicant students who met the application requirements have been denied.

Funds for student activities are available through various budget lines in the department or MPH budget. Students or student groups requesting funds for activities provide a written request to the Public Health Program Director. If the request is for graduate level activities, the money may be pulled from the MPH budget. If the request is for undergraduate activities, the program director sends the supported request forward to the KHSS department chair for consideration of funding. Registered student organizations (RSOs), such as our Eta Sigma Gamma chapter, also receive money from the Student Affairs Office. This is generally about $200. To this point, funds have been made available to any public health student activities for which students have made appropriate, written requests.

* + - 1. Faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Each of the full-time faculty within the Department of Kinesiology, Health & Sport Sciences receives an annual professional development budget of $600, which is provided by the university to all full-time faculty. Beyond this, faculty generally have the opportunity to secure up to $900 of conference travel funds from the Office of the Provost if they have a professional presentation accepted that requires conference travel. However, this money has not been available in the academic year 2020-2021 due to COVID-19 associated budget cuts. At times, the unit (College of Health Sciences) has been able to provide a bit of extra travel funds for faculty requesting such. Adjunct faculty members do not receive these types of benefits. Travel expenses for faculty development purposes are not calculated separately but are included in the amount received by faculty members.

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

Faculty make requests for additional programmatic needs to their respective department chair. Department chairs are responsible for monitoring each department’s budget and have the authority to grant these requests based upon available funding. Requests related to the implementation of the outcome’s assessment plan are made at the chair level. If the department chair does not have the authority to grant the request, but does support the request, then it moves forward to the dean and then the Provost where it is reviewed for appropriateness and feasibility in relation to the entire university budget. The public health undergraduate program at the University of Indianapolis is housed in the department of Kinesiology, Health, and Sport Sciences and is not a stand-alone program. Therefore, all budgetary requests for the undergraduate program follow the processes outlined above.

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

Individual program funding at the University of Indianapolis is not related directly to the tuition and fees generated by the program. However, adjustments to individual program budgets are made on an annual basis based on factors such as enrollment changes and program profit margins.

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

Indirect costs associated with grants and contracts are typically split between the University and the program/academic unit. The academic unit receives 25% of the total indirects received. The Grants & Sponsored Program Office receives 25% of the indirects and the remaining 50% goes to the University General Fund.

Academic units may use the indirect funds as adjunct salary when faculty has been approved for course release to work on a grant-funded project, cash match for pursuit of external grants, contractual services, professional development, travel or other items approved through the Provost’s Office, but may not be used for faculty stipends. Public health is not receiving any indirect funds at this time.

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

Not applicable.

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

Tuition for the MPH degree currently is around $600 per credit hour. Income from student tuition and other fees goes directly to the university and then budget dollars are allocated to CHS and individual graduate and undergraduate departments and programs based on program needs. Discussions about program needs include factors such as program enrollment, past operational costs, anticipated expenses and other information. The CHS dean is provided with an annual report that details tuition dollars generated by each program / department along with expenses and profit margin and uses this information when making budget allocations across CHS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sources of Funds and Expenditures by Major Category, 2017 to 2021** | | | | | |
|  | FY17 | FY18 | FY19 | FY20 | FY21 |
| **Source of Funds** | | | | | |
| Tuition & Fees | 0 | 0 | 0 | 0 | 0 |
| University Funds - allotted to KHSS and MPH | $377,578 | $474,576 | $463,545 | $446,720 | $378,075 |
| Indirect Cost Recovery | 0 | 0 | 0 | 0 | 0 |
| CHS Funds - Student Travel | $1,800 | $2,250 | $2,250 | $2,250 | $2,250 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total | $379,378 | $476,826 | $465,795 | $448,970 | $380,325 |
| Expenditures | | | | | |
| Faculty Salaries & Benefits | $239,054 | $342,878 | $348,951 | $352,720 | $279,152 |
| Staff Salaries & Benefits | $22,600 | $23,440 | $22,589 | $25,058 | $24,596 |
| Operations | $19,370 | $27,344 | $26,867 | $20,122 | $22,740 |
| Clinical Site Travel | $512 | $453 | $200 | $587 | 0 |
| Student Support | $3,200 | $15,840 | $13,940 | $14,171 | $13,280 |
| **Total** | $284,736 | $409,955 | $412,547 | $412,658 | $339,768 |

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

Not applicable.

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

The impact of COVID-19, in combination with the current climate for recruiting undergraduate students has placed the university in a situation where travel funds, salaries, and faculty lines are tighter than they were a few years ago. However, we realize this situation is similar across the nation and that our program actually sits in a positive spot in terms of resource security. We have the resources needed for the moment, but will soon be requesting the re-hiring of the fourth full-time faculty member in public health, a line we lost beginning in the academic year 2020- 2021.

C2. Faculty Resources

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **FIRST DEGREE LEVEL** | | | **SECOND DEGREE LEVEL** | **THIRD DEGREE LEVEL** | **ADDITIONAL FACULTY+** |
| **CONCENTRATION** | **PIF 1\*** | **PIF 2\*** | **FACULTY 3^** | **PIF 4\*** | **PIF 5\*** |  |
|  |  |  |  |  |  |  |
| Public Health Education & Promotion | Kara Cecil 1.0 | Angelitta Britt-Spells 1.0 | Heidi Hancher- Rauch 1.0 |  |  | PIF:, Non-PIF: Carolyn Runge, Anna Buttgen McIntire, Anne Graves |
| BS |
|  |  |  |  |  |  |  |
| Health Disparities | Heidi Hancher- Rauch 1.0 | Angelitta Britt-Spells 1.0 | Kara Cecil 1.0 |  |  | PIF: , Non-PIF: Beth Ann Walker, Lisa Yazel, Brenda Biggs |
| MPH |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTALS:** | Named PIF | 3 |
|  | Total PIF | 3 |
|  | Non-PIF | 5+ |

\*\*\*Adjunct faculty numbers change each semester, especially for the undergraduate degree. The program has provided the names of our most common adjunct faculty as non-PIF and included their resumes in the C2 folder.

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

We have three primary faculty members within our program who divide their time between the undergraduate and graduate course offerings. Because these are full-time, tenure-line faculty members who teach full time in our department, they have been counted as 1.0 FTE within each of the graduate and undergraduate degrees. Outside of those faculty members, the program utilizes the teaching skills of multiple adjunct faculty from the field and a number of instructors from other units or departments on campus. Though we now have dual-degree offerings that combine our MPH with the optional Doctorate of Health Science, Master of Science in Aging Studies, or Master of Science in Healthcare Administration (formerly Healthcare Management), all are combined with our traditional concentration in Health Disparities. For that reason, no additional primary instructional faculty are needed.

For both the undergraduate and graduate degrees, we have a number of regularly rotating adjunct faculty. At any point, there may be approximately 4-6 adjuncts teaching for us in the program. All adjunct faculty must be approved by the university and meet all requirements for degree level, experience, etc.

1. If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.

Not Applicable

1. 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

|  |  |  |  |
| --- | --- | --- | --- |
| **General advising & career counseling** | | | |
| **Degree level** | **Average** | **Min** | **Max** |
| **Bachelor’s** | 25 | 10 | 30 |
| **Master’s** | 8 | 5 | 15 |
| **Doctoral** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Advising in MPH integrative experience** | | |
| **Average** | **Min** | **Max** |
| 10 | 5 | 15 |
| **Supervision/Advising of bachelor's cumulative or experiential activity** | | |
| **Average** | **Min** | **Max** |
| 12 | 2 | 22 |

**PHEP Degree**

Our university has a dual advising system for undergraduate students, where a faculty member is assigned as the primary faculty advisor, but students also see a general advisor in the Center for Advising and Student Achievement (CASA). The faculty play a role in mentoring students and making sure they stay on track for the major courses, internship prerequisites, etc. The CASA advisor is in charge of ensuring the meeting of general education requirements and other general university requirements. Student advisees are assigned to each of our three primary instructional faculty with a limit of not more than 30 undergraduate students per faculty without being provided additional load credit. At this point, each faculty member has less than 30 undergraduate students to advise/mentor and we meet with them approximately once per semester. For the graduate students, faculty work together to equally divide the advisees.

**MPH Degree**

Currently, each faculty member has approximately 10 graduate students to mentor/advisee. These students do not need as much guidance on meeting academic requirements, but faculty use the opportunity to discuss career goals, progress toward making professional connections, and to offer career advice. Not each of our MPH advisees takes advantage of the opportunity to meet with their faculty advisor each semester, but the program makes sure each student is provided the option. Because the curriculum is less complicated than the undergraduate, we’ve found that some students choose not to meet for course advising, but make separate appointments with their faculty advisor for mentoring.

**Summary**

At this point with our program numbers, we are able to effectively handle advising loads based on the numbers of students we advise and how it compares with other faculty in our department. Though advising processes are not consistent across campus, the advising structure is the same across programs in our department and public health faculty have stated that they currently feel able to handle their advising loads positively. We pride ourselves in our program abilities to mentor our students and serve as more than just academic course advisors.

1. Quantitative data on student perceptions of the following for the most recent year: Class size and its relation to quality of learning (e.g., the class size was conducive to my learning)

The class size in MPH courses is generally small with 7-20 students. Specific average course enrollments for recent years were as follows: AY 18/19 was 8.8 students per course; AY 19/20 was 13 students per course; and; AY 20/21 was 12 students per course. The average for all three academic years combined was 11.07, which provides students wonderful opportunities to engage directly with their faculty members. For undergraduate courses, public health courses are capped at 30 students but generally average closer to 20-25 students. Though no data could be found regarding specific questions to students about class size, the university prides itself on our 12:1 student to faculty ratio and our program is smaller than many. This allows faculty to work closely with individual students and manage larger projects than would be feasible with large class numbers. Students from both degrees often comment in evaluations how the class sizes provided them access to faculty members, helped them create a “family feel” within the program, and helped them feel engaged in their learning. We have not received a single comment from students in recent history regarding them feeling their class sizes were too big.

Additionally, we recently added the following question to the exit surveys for both the MPH and PHEP students “Class sizes were small enough to allow for positive interaction with faculty and peers.” Though this question was added only in time for the feedback of the graduating students in 2021, 100% of students strongly agreed with the statement. As a mid-sized, private institution, we pride ourselves on our smaller class sizes and direct access to primary faculty.

MPH Student quote when asked about the benefits of the program: "The professors were available to students. Small class size. The different projects. use of technology. Working in groups."

PHEP Student quote when asked about the program overall: “I had a fantastic education here at the University of Indianapolis. I was treated like a human being instead of a number. My professors truly took an interest in cultivating me as a student and a future health professional. I am so thankful for UIndy and its public health department.”

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

On the exit survey for MPH students, the average rating is 4.51/5 for the question “Program faculty were available for assistance”. In addition, the average student rating for the quality of academic advising is 4.42/5, 4.63/5 for access to the director, and 4.55/5 for access to faculty members in general. We are very pleased with the satisfaction ratings of our students related to availability and access to our faculty members.

For the undergraduate degree, students are asked similar questions on their exit survey. The rating for faculty being available for assistance is 4.69/5, 4.67/5 for their faculty advising experience, 4.52/5 for access to the program director, and 4.71/5 for access to faculty in public health.

As you can see, students are very satisfied with their access to faculty for course work, mentorship, and advising. We are very pleased with these ratings and the fact that we are able to foster such close relationships between faculty and students. Full results are available in the Evaluation Materials folder in the ERF, exit and alumni surveys.

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

Though specific qualitative data is not collected, these questions are asked on the exit surveys. Students are provided the opportunity to comment if they have any feedback or provided a low rating, designating that an area needs improvement. When graduating students are asked about the overall strengths of the undergraduate program, however, they have made comments such as “The strengths of this program in general relate to the conducive learning environment and the setup of each class. Professors were always willing to lend a helping hand and make sure that students had everything they needed to be successful in and out of the classroom. When I started out as a freshman I wasn't really sure what I wanted my major to be and I found a passion for public health. My counselors, professors, and internship supervisors mentored me along the way to find that passion and to be an advocate for public health altogether. The public health major is a great program here at the University of Indianapolis and was a great fit for me. I feel as if another strength would be that there was a lot of community involvement and that I was able to go out into the community and make a difference. This program has taught me a lot about resiliency and standing up for what I believe in as well as how to become the best public health professional that I can be.”

For the MPH graduating students, a comment that sums up their response in this area would be: “Faculty staying close to students and always being open to questions and meetings, the size of the classes, the online methods used for projects and classes overall, working through COVID-19 appropriately” and another student who wrote: “The smaller size of the program is a huge strength, and I feel I was able to connect better with individuals. I also liked that it was a hybrid course, though 90% online. This worked well for me and my schedule, and I enjoyed the intensive weekends and getting to connect in-person.”

Again, we are very proud of the connections we are able to foster with our students due to our smaller program size. We believe this is a strong component of our program and we strive to continue on this path.

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

No true weaknesses are evident, and we are very pleased with our work in this area. However, based on the feedback during our required consultation visit, we recently added the following question to our exit surveys in order to better assess student perspectives regarding class size: “Class sizes were small enough to allow for positive interaction with faculty and peers.” This will help us add to our reporting of appropriate quantitative data in the area. As is evident from the quantitative and qualitative data gathered from students, they are overwhelmingly pleased with the program we are providing and the access they have to faculty in their area of study. We take pride in getting to know each of our students and helping them navigate their professional path. It seems our hard work in this area is evident to our students.

## C3. Staff and Other Personnel Resources

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

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

|  |  |
| --- | --- |
| **Role/function** | **FTE** |
| Online Grad Programs AA | 0.25 |
| KHSS AA | 0.2 |
| KHSS AA | 0.25 |
| CHS Grad Admissions Counselor | 0.2 |

\*AA stands for administrative assistant

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

**PHEP**

* 1. Juli Rencher (.2) - Juli is a full-time administrative assistant for the Department of Kinesiology, Health & Sport Sciences. We have estimated that approximately 25% of her time is dedicated to the undergraduate public health degree. She assists with scheduling courses, running reports for advising and undergraduate student data, supports faculty with technology needs, and ensures that the program director has access to the LMS sites for each course in the program.

**MPH**

1. Teri Short (.25) - Teri is the full-time administrative assistant for online graduate programs in the College of Health Sciences. This includes the Department of Interprofessional Health & Aging Studies in addition to the Master of Public Health Program. Teri is integral to the MPH degree and helps with getting students registered in the correct classes, launching and sharing course evaluations, room reservations and catering orders, placing office supply orders, copying course information into LMS sites for safe keeping, tracking MPH student progress, confirming advisors, and so much more. Teri is truly an amazing support for the MPH faculty and students.
2. Colleen Hepner (.2) - Colleen is the admissions counselor within the College of Health Sciences who works with the MPH in addition to the other graduate programs in the Department of Kinesiology, Health & Sport Sciences. She covers 6 programs in total within the College of Health Sciences, dedicating approximately 20% of her time to recruiting events, potential student communications, brainstorming recruitment ideas, and general admissions work related to the MPH and adult PHEP degrees.
3. Provide narrative and/or data that support the assertion that the program’s staff and other personnel support is sufficient or not sufficient.

Though I think most programs likely would argue they could use more support staff, especially when it comes to recruiting efforts, the UIndy Public Health Program is fully staffed with administrative support. We have access to administrative assistants for both undergraduate and graduate needs, meaning we are fully covered for all current program needs. The division of work between Juli, Robin, and Teri ensures that our program is never left without the support needed. In addition, Colleen is a seasoned admissions counselor, who handles all MPH inquiries and applications skillfully. She responds quickly to potential students, communicates quickly and clearly with the program director, and makes sure the admission process goes smoothly before handing off new students to the program. The division of the support team is working well and we do not feel under-resourced in these areas.

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

Not applicable.

## C4. Physical Resources

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

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

* Faculty office space

Each full-time faculty member is provided office space in the Health Pavilion, including a private office with all necessary resources (personal computer, phone, access to a copier, administrative assistant, etc.). All needed resources like copiers, office supplies, etc. are located close to offices and easily accessible. For any office supplies not available in the stock room, faculty need only make a request of an administrative assistant to place an order and have the item(s) delivered shortly.

* Staff office space

Administrative assistants (AA) for both the graduate and undergraduate degrees are housed in the Health Pavilion and near faculty offices. Faculty are provided needed administrative support for both their graduate and undergraduate work. There are two AAs directly associated with the undergraduate offerings in the department, both of which are fully accessible to public health faculty. There is one AA for online graduate programs who works with the MPH faculty, MPH director, and the Department of Interprofessional Health & Aging Studies. Based on our access to AAs and their sharing of workload, we have the administrative support needed for us to be successful.

* Classrooms

Our faculty teach classes in the Health Pavilion, as well as other buildings on campus. (None of which are more than a 5-minute walk.) All classrooms are set up with the necessary technology (retractable screen, computer projector, whiteboards, desktop computer or laptop hook up, any other necessary teaching items).

* Shared student space

The Health Pavilion contains multiple spaces of varying sizes in which students can gather. There are shared student rooms with garage-type doors that provide for smaller or larger gathering rooms. There is a theatre on the first floor for hosting larger gatherings or lectures. Lounge areas and student kitchens are available for student use. Larger gathering spaces are available for student use on the third and fourth floors with windowed views of the city. Faculty mailboxes and kitchen areas are provided on each floor. The building is fully accessible to individuals of all abilities, including multiple stairways and an elevator. In addition, there is a coffee shop and lunch counter on the first floor, open to students, faculty, and staff. There is a Health and Wellness Center on the first floor as well, which offers physical, mental, and emotional services to all members of campus. Lastly, there is a group fitness room in the building which offers exercise classes for faculty and staff, as well as separate classes for students. The building is a hub of activity, offering amazing resources for the campus and the public health program.

* Laboratories, if applicable to public health degree program offerings

Not Applicable.

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

Faculty are provided the space and resources necessary to successfully complete all job responsibilities. Classes are held in the state-of-the-art Health Pavilion, when possible. Otherwise, the courses are moved to the nearest appropriate classroom. Each full-time faculty member has a private office space, equal to the office space of other faculty members in the Health Pavilion. We have access to gathering spaces, as needed, both inside and outside the building. I cannot think of a physical resource that has been requested and denied in the last 5-10 years for our public health program or the faculty. We have been provided not only the physical space, but also educational materials and visual aids to share with students, computer programs for teaching or research, and any needed electronic equipment for face-to-face or online instruction.

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

Not Applicable.

## C5. Information and Technology Resources

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

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

* Library resources and support available for students and faculty

All UIndy students have access to the Krannert Memorial Library on the UIndy campus. Krannert Memorial Library was completely renovated in 2015 and has dedicated space for students to gather or study independently. The library provides access to over 100 databases, 100,000 journals and articles, over 160,000 books, as well as assistance from librarians. A selection of journals and books related to public health can be found in the ERF folder C5. Students can reserve study rooms that come with whiteboards and 49” flat screen monitors with Wireless Interactive Presentation Systems software. A seminar room is available with 2-way video conferencing. There are quiet reading rooms available for independent study, and there is a 24-hour lab space available for computing, printing, vending, group study, and adaptive technologies. For students not on campus regularly, or at all, access to librarians, databases, articles, videos, and any other electronic resources can be found easily via their My UIndy account. Undergraduate students receive training in how to access these resources during their first semester.

Graduate students receive training as part of their orientation prior to beginning their first fall in the degree. Faculty have access to all the mentioned resources, plus interlibrary loan for articles that will be scanned and delivered to their inboxes. Librarians provide training on accessing their resources, conducting searches of the literature, and even how to use their APA resources, regularly in public health research associated classes to be sure students are able to utilize the tools available to them. These trainings have occurred both face-to-face and virtually, depending on the course format and student needs.

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

The campus is a Google Campus, meaning that students, faculty, and staff have access to the full Google Suite of products. The most utilized hardware on campus likely would be the computer labs, which provide the full G-Suite, but also allow students access to Microsoft Office programs and SPSS, as well as a number of other specialty programs. The computer labs are available across campus and with varying hours of operation. For online or commuter students, all G-Suite programs are part of their UIndy access, and SPSS can be accessed through a VPN with special permission (provided when distance students are enrolled in a course requiring its use). In addition, the university offers special discounts on software students need or wish to purchase that is outside the normal scope of operations. The Public Health Program has only found this necessary for statistics-associated programs, and the requirements are listed for students up-front on the syllabus.

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

Faculty are provided a new computing device in four-year cycles. When a new machine is delivered, the IT department sets it up with computer programs requested by the individual faculty (e.g., SPSS, Adobe Creative Cloud) in addition to all university standard programs (e.g. Microsoft Office, Adobe Acrobat). If faculty request special software, such as GIS or SAS software, the purchase is made through the department or unit budget and loaded on the faculty member’s device. Previous special requests have always been granted when faculty needed software for teaching or research purposes. In addition, any hardware (e.g., second monitor, external microphone, headphones) or software (e.g., VoiceThread Pro, Zoom Pro) requested for distance teaching also has been provided to the faculty. At this point, there are no documented cases of faculty requesting hardware or software for teaching or research that has not been provided.

UIndy IT Learn Remotely: <https://uindy.screenstepslive.com/s/IT-tech-guides/m/90104/l/1216643-learn-remotely>

UIndy IT Connect to a Lab Computer at Home: [https://uindy.screenstepslive.com/s/IT-tech-](https://uindy.screenstepslive.com/s/IT-tech-guides/m/89203/l/1221377-connect-to-a-lab-computer-from-home) [guides/m/89203/l/1221377-connect-to-a-lab-computer-from-home](https://uindy.screenstepslive.com/s/IT-tech-guides/m/89203/l/1221377-connect-to-a-lab-computer-from-home)

* + - Allows students to use VPN to connect to lab computers for access to all licensed software available in computer labs, including SPSS.

Tech Guides/ Tech Support During Re-Engagement: [https://uindy.screenstepslive.com/s/IT-tech-](https://uindy.screenstepslive.com/s/IT-tech-guides#TechSupportDuringRe-Engagement) [guides#TechSupportDuringRe-Engagement](https://uindy.screenstepslive.com/s/IT-tech-guides#TechSupportDuringRe-Engagement)

UIndy G-Suite: <https://uindy.screenstepslive.com/s/IT-tech-guides/m/78752>

Hardware and Software available through IT: <https://uindy.screenstepslive.com/s/IT-tech-guides/m/89203>

Personal Hardware for full-time faculty:

* + - Laptop with Microsoft suite and G-suite
    - Large-screen monitor
    - Wheeled computer stand
    - Remote PPT slide advancers/laser pointers

Software available for Faculty:

* + - Screencastify
    - VoiceThread
    - Complete Anatomy
    - ExamSoft
    - WiPS/MirrorOP remote connection to projection systems
    - Zoom
    - And others as needed

Classroom technology available to CHS in Health Pavilion:

* + - Projectors with sound system, drop-down screens, wired or wireless connection to laptops
    - Webcams for close-up views
    - Swivl recording system
    - Anatomage table
    - Go-Pro camera
    - technical assistance available for students and faculty

There is a Help Desk available for hardware or software needs. The “desk” can be reached via phone or email, which results in a help ticket. The student, faculty, or staff then awaits a return call from IT for help with the issue at hand. At times, the IT staff are able to connect remotely with the devices of the faculty to “take over control” of the device and fix the problem. If faculty or staff need a loaner device while their primary device is being repaired, the university provides a loaner as close to the same model as possible (Mac vs. PC). Students are able to receive help, both in person and remotely, from the Help Desk as well, though the services are limited to programs and devices associated with the university. Outside of only technical assistance, is the Faculty Academy for Excellence and Innovation (the Faculty Academy). This is an on-campus office staffed with professionals in course design and pedagogy. They offer workshops in a variety of topics including course design, Quality Matters, test construction, break-out rooms, and group work just to name a few. This resource is available to all instructors including non-primary instructors. This office has been instrumental in helping our faculty navigate the adoption of a new learning management system and ensure that all technical teaching tools are high quality, meet the needs of students, and benefit the learning process.

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

At this time, the available hardware and software, as well as library resources and other technology, are sufficient for the Public Health Program. Students are able to gain access to the resources needed for educational opportunities, and faculty are provided with the resources they need for teaching, scholarship, and service. The university has invested in major technology upgrades over the last few years, including a new learning management system (LMS), launching university-wide in the fall of 2021. They have done this in order to better support the educational and instructional needs of programs that exist mainly on-site, as well as those in the virtual platforms. The Program has noticed this increase in resources and has benefited from the greater access to technology.

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

Other than the rollout of the new LMS, the Program is not aware of any needed information or technology resources not already being provided. We are participating currently in the pilot of the new LMS, as we are some of the more experienced online instructors on campus. We are excited about the transition from Sakai to Brightspace and believe this will only enhance the way we utilize technology within our program.

# Group D Criteria

## D1. MPH Foundational Public Health Knowledge

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| **Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)** | |
| **Content** | **Course number(s) & name(s) or other educational requirements** |
| 1. Explain public health history, philosophy and values | MPH 500 - Public Health Seminar - This is covered through the student responses and reflections in both the Module II Discussion & Blog Post #1. |
| 2. Identify the core functions of public health and the 10 Essential Services\* | MPH 500 - Public Health Seminar. This is covered through the student responses and reflections in both the Module II Discussion & Blog Post #1. |
| 3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health | MPH 510 - Understanding and Utilization of Epidemiology - This is covered in a variety of weeks via lectures and quizzes, specifically in the weeks discussing study designs (Weeks 6- 10).  MPH 505 - Biostatistics - This is covered throughout the course in weeks 2-13, via course lectures. |
| 4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program | MPH 510 - Understanding and Utilization of Epidemiology - This is covered throughout the course of the semester; however, it is specifically highlighted in Weeks 1-3. This is discussed in course lectures, readings, and quizzes. |
| 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | MPH 510 - Understanding and Utilization of Epidemiology - This is covered in Week 2 via course lectures, quizzes, and homework. |
| 6. Explain the critical importance of evidence in advancing public health knowledge | MPH 510 - Understanding and Utilization of Epidemiology - This is covered in week 1 & 2 via course lectures as a part of the introduction to the importance of epidemiology |
| 7. Explain effects of environmental factors on a population’s health | MPH 515 Environmental health - This content is addressed in an activity in Module 2 Discussion Forum |
| 8. Explain biological and genetic factors that affect a population’s health | MPH 510 - Understanding and Utilization of Epidemiology - This is covered via course lectures, homework, and quizzes throughout the entirety of the course, however, there is a focus on this in Weeks 2- 4, and 13.  MPH 515 - Environmental Health - In Week two students read about and then reflect on how the health of populations is impacted by the environment in which they live. This is evaluated in their Discussion Two. |
| 9. Explain behavioral and psychological factors that affect a population’s health | MPH 525 - Social and Behavioral Science Applications. In the very first week of the course students read and view several textbook chapters and online materials covering the topic, watch videos from the WHO and others, then complete a discussion post on the links between health and behavior. |
| 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities | MPH 550 - Public Health Policies, Ethics, and Advocacy. This content is covered throughout the course in discussion posts, within the international healthcare presentation, and again in the policy analysis and recommendation. |
| 11. Explain how globalization affects global burdens of disease | MPH 515 - Environmental Health - This is addressed in Module 3 Discussion forum “Investigating a Green Consumer Choice” |
| 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) | MPH 515 - Environmental Health - This is addressed in Module 12 Discussion forum focused on food systems and the impact of human behavior on ecosystems |

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

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

1. Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.
2. Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

Because our MPH degree is open to applicants from a myriad of different disciplines, it is imperative that we cover the foundational public health content early in the degree. Though the majority of this content is a review for those with a background in public health, the content is necessary in order for those from other backgrounds to begin building on the foundational content as they move into master’s level work. For that reason, you can see that much is covered in the first course, MPH 500 Public Health seminar, while some of the other courses offer the basic foundational review prior to moving into higher-level content and application (MPH 510 Understanding and Utilization of Epidemiology & MPH 515 Environmental Health).

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

A strength of our MPH program is that we matriculate students from various different backgrounds and disciplines. This enables our students to learn so much from each other and the richness of their previous experiences.

However, that means we are responsible for covering the foundational knowledge in both our undergraduate and graduate majors. While some coming from public health programs or similar degrees may find the review less than stimulating, it is necessary for us to be sure all students have received the foundation prior to moving upward in their training. At this time, the process is working well for us based on the feedback we are receiving from community partners, both during the internships and from our Advisory Board.

\*This document uses the term “learning objectives” to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate- level program of study.

D2. MPH Foundational Competencies

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

**Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess all MPH students, at least once, on each competency.**

**Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.**

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

Students must take each course labeled as “Required”. In addition, they choose one skill elective of those offered and three of the offered disparities electives. Students are highly encouraged to select the MPH 590 course as one of their skill electives, though the course is not officially a requirement. Students may take up to one skill elective and one disparities elective outside of the program. These most often are selected from courses offered within the Healthcare Management, Masters in Gerontology, or Doctorate in Health Sciences programs.

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| **Requirements for MPH degree, Health Disparities Concentration** | | |
| **Course number** | **Course name\*** | **Credits (if applicable)** |
| MPH 500 | Public Health Seminar (Required) | 1 |
| MPH 505 | Biostatistics for Public Health & Other Health Professionals (Required) | 3 |
| MPH 510 | Understanding & Utilization of Epidemiology (Required) | 3 |
| MPH 515 | Principles of Environmental Health (Required) | 3 |
| MPH 520 | Health Systems Management (Required) | 3 |
| MPH 525 | Social & Behavioral Science Applications (Required) | 3 |
| MPH 530 | Cultural Competency for Improving Public Health (Required) | 2 |
| MPH 535 | Program Planning & Intervention Development for Diverse Settings (Required) | 3 |
| MPH 540 | Monitoring & Evaluation for Community Health (Skill Elective) | 3 |
| MPH 545 | Human Resource Management and Leadership in Public Health Settings (Skill Elective) | 3 |
| MPH 550 | Public Health Policies, Ethics, and Advocacy (Required) | 3 |
| MPH 555 | Qualitative and Participatory Research Methods for Promoting Health Equity (Skill Elective) | 3 |
| MPH 560 | Community Health Informatics (Skill Elective) | 3 |
| MPH 565 | Professional Experience Seminar (Required) | 3 |
| MPH 570 | Application & Practice of Public Health (Required) | 2 |
| MPH 571 | Integrative Experience in Public Health (Required) | 3 |
| MPH 575 | Global Patterns of Health & Disease (Required) | 3 |
| MPH 580 | Global Issues in Sexual Health, Reproductive Health & HIV/AIDS (Disparities Elective) | 3 |
| MPH 585 | Global Perspectives on Nutrition and Food Security (Disparities Elective) | 3 |
| MPH 590 | Health Disparities & Inequities in the United States (Disparities Elective) | 3 |
| MPH 595 | Population Health Approaches to Non-communicable Disease Prevention and Management (Disparities Elective) | 3 |

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

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| **Assessment of Competencies for MPH (all concentrations)** | | |
| **Competency** | **Course number(s) and name(s)\*** | **Describe specific assessment opportunityⁿ** |
| **Evidence-based Approaches to Public Health** |  |  |
| 1. Apply epidemiological methods to the breadth of settings and situations in public health practice | MPH 510 - Understanding and Utilization of Epidemiology | ***HW 1-10:*** Students work through a variety of assignments to apply epidemiological methods to a variety of public health scenarios and datasets. ***Case Study:*** As groups, students work through CDC EIS case Studies to apply epidemiological methods to a breadth of settings and situations in public health practice, by reviewing a public health outbreak/epidemic case study scenario and working through a variety of questions that and analyses that allow them to outline the epidemic and identify measures to alleviate the issue. See assignment examples in D2 folder. |
| 2. Select quantitative and qualitative data collection methods appropriate for a given public health context | MPH 505 - Biostatistics MPH (Quantitative) and/or HSCI 637 Statistics for Health Sciences 535 - Program Planning & Proposal Development (Qualitative) | ***Quantitative*** - In MPH 505 students learn quantitative data and statistical methods. MPH 505 (Group Project and Individual Project): Students select a publicly available public health dataset and pick at least 2 variables to test, along with covariates. Students write a null and research hypothesis for the variables. Based on how the variables were measured, students select appropriate statistical methods and analyses to conduct and interpret. (Exams) Additionally exams are case studies that present a public health problem that students must then properly assess by selecting appropriate statistical methods, interpreting results, and properly presenting. See assignment examples in the D2 folder.  OR  Students in the dual MPH/DHSc degree take HSCI 637 Statistics for Health Sciences instead of MPH 505. In HSCI 637 students are introduced to the use of statistics and data analysis for critically understanding the meaning of statistical findings for application to disciplines in the health sciences. Students learn about statistical techniques associated with analyzing data to make informed decisions based on statistical results. Students write research hypotheses, interpret graphs, descriptive statistics, and inferential statistics, and select the appropriate statistical test based |
| 2. Select quantitative and qualitative data collection methods appropriate for a given public health context | MPH 505 - Biostatistics MPH (Quantitative) and/or HSCI 637 Statistics for Health Sciences 535 - Program Planning & Proposal Development (Qualitative) | ***Quantitative*** - In MPH 505 students learn quantitative data and statistical methods. MPH 505 (Group Project and Individual Project): Students select a publicly available public health dataset and pick at least 2 variables to test, along with covariates. Students write a null and research hypothesis for the variables. Based on how the variables were measured, students select appropriate statistical methods and analyses to conduct and interpret. (Exams) Additionally exams are case studies that present a public health problem that students must then properly assess by selecting appropriate statistical methods, interpreting results, and properly presenting. See assignment examples in the D2 folder.  OR  Students in the dual MPH/DHSc degree take HSCI 637 Statistics for Health Sciences instead of MPH 505. In HSCI 637 students are introduced to the use of statistics and data analysis for critically understanding the meaning of statistical findings for application to disciplines in the health sciences. Students learn about statistical techniques associated with analyzing data to make informed decisions based on statistical results. Students write research hypotheses, interpret graphs, descriptive statistics, and inferential statistics, and select the appropriate statistical test based on the research question and data collected. They are regularly assessed via weekly homework and the large semester research project. The course provides hands-on experience in statistical analysis of healthcare data through a semester project.  ***Qualitative*** -In MPH 535 students are introduced to qualitative methods in a class project/assignment. Students read about qualitative data collection as part of needs assessment in chapter 4 (Assessing Community Needs) of the textbook, then collect interview data and open-ended questions from community members and community partners while conducting their needs assessment prior to planning their program. In addition, they learn about qualitative data collection for program evaluation in chapter 13 (Evaluation: An Overview), chapter 14 (Evaluation Approaches and Designs), and chapter 15 (Data Analysis and Reporting), then apply some of the techniques in their formative evaluation of their programs. In addition, they complete chapter quizzes that include questions about qualitative data. See MPH 535 RFP with Program Plan in D2 folder |

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| 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate | MPH 505 - Biostatistics MPH (Quantitative) and/or HSCI 637 Statistics for Health Sciences | ***Quantitative - MPH 505 (HW 1-8, 10, & 12):*** Students complete regular assignments that allow them to utilize public health data to apply data analysis skills and interpret data analysis results using SPSS. ***MPH 505 (Group Project & Individual Project):*** Students complete a group project and individual project that allows them to analyze and interpret results of a public health research question. See assignment examples in the D2 folder.  OR  Students in the dual MPH/DHSc degree take HSCI 637 Statistics for Health Sciences instead of MPH 505. In HSCI 637 students are introduced to the use of statistics and data analysis for critically understanding the meaning of statistical findings for application to disciplines in the health sciences.  Students write research hypotheses, interpret graphs, descriptive statistics, and inferential statistics, and select the appropriate statistical test based on the research question and data collected. They are introduced to SPSS in week 1 and utilize the software for the analysis of their semester project. In addition, they regularly use SPSS for weekly homework assignments and again for the large semester research project.  ***Qualitative -*** Students in MPH 515 complete a project where they select an environmental health topic of interest to them. Topic will be collected via primary qualitative data collection. Once the topic is selected, they conduct a scan of area newspapers to see how the topic has been covered previously. Students must pull quotes and sections from news stories to place in an Excel file, then analyze for themes. In addition, they interview one or more people on the topic and add their comments to the themes considered. After this is completed, students write and submit their own letter to the editor on the topic. See assignment instructions in the D2 folder. |
| 4. Interpret results of data analysis for public health research, policy or practice | MPH 510 - Understanding and Utilization of Epidemiology | ***MPH 510***: Epi Profile Final Project - the purpose of this descriptive epidemiological profile is to allow students to critically assess and systematically investigate a health condition and to provide students an opportunity to assess and strategize potential resolution/interventions that address the health condition affecting the community. More specifically students identify peer-reviewed research studies that assess associations between exposures and outcomes of interest among their selected population. Students interpret study results and describe how the findings contribute to understanding the risk factors and potential exposure of the outcome of interest among the population being studied. See assignment instructions in D2 folder. |
| **Public Health & Health Care Systems** | | |
| 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings | MPH 550 - Public Health Policies, Ethics, and Advocacy | ***MPH 550*** - International Healthcare Comparison Presentation - students select a country to research and compare with the structure and function of the US healthcare system. They then present to the class the findings and differences. When students work with peers to complete the assignment, a peer evaluation is completed where each group member must document their individual contributions and those of any others in the group. Students’ are graded according to their individual contributions, as evaluated by both their peers and the instructor. See this assignment in the D2 folder. |
| 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels | MPH 530 - Cultural Competency for Improving Public Health | **MPH 530:** Final community agency cultural competency assessment data collection tools and report. This major project includes the consideration of three potential agencies, establish a relationship with one, draft and receive approval of a data collection instrument. Students implement data collection and submit an extensive report including, organizational background, mission, service territory, and structural limitations to serve the target audience prospective data and recommendations. See the assignment description on the course syllabus and in the D2 folder |
| **Planning & Management to Promote Health** | | |
| 7. Assess population needs, assets and capacities that affect communities’ health | MPH 515 - Environmental Health  MPH 535 - Program Planning and Proposal Development | MPH 515: Community based Environmental assessment and advocacy project. This culminating semester project allows students the opportunity to investigate a specific area of environmental concern and raise awareness of this issue in the community and/or to policy makers. See this assignment in the D2 folder.  MPH 535: Students conduct a needs assessment, plan, implement, and evaluate a public health program designed to meet the needs of a high need population in response to an RFP. See MPH 535 RFP with Program Plan in D2 folder. |
| 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs | MPH 530 - Cultural Competency for Improving Public Health | Students conduct a community agency cultural competency assessment data collection and produce a report. This is a semester-long project allowing students the opportunity to implement concepts learned in class in a way that is of benefit to community agencies. The student-designed data collection instrument is created in collaboration with the instructor to reflect a strong awareness of the cultural values, norms, and practices of the organization’s target audience. See the assignment description on the course syllabus. See this assignment in the D2 folder. |
| 9. Design a population-based policy, program, project or intervention | MPH 535 - Program Planning and Proposal Development | Semester Project - Students conduct a needs assessment, plan, implement, and evaluate a public health program designed to meet the needs of a high need population in response to an RFP. See MPH 535 RFP with Program Plan in D2 folder. |
| 10. Explain basic principles and tools of budget and resource management | MPH 535 - Program Planning and Proposal Development | Students read and hear about budgeting and resource management through their textbook and associated information in chapter 10 (Identification and Allocation of Resources). In addition, there are three weeks of content on successful grant writing and management (contained in modules 9-11). All must complete the large semester project that includes writing the RFP, budgeting appropriately for program implementation and sustainability, as well as discuss how the budget will be managed and reported out. See MPH 535 RFP with Program Plan in D2 folder |
| 11. Select methods to evaluate public health programs | MPH 535 - Program Planning and Proposal Development | Semester Project - -In MPH 535 students are introduced to and apply these skills over the course of the semester. Students learn about assessment data collection for program evaluation in chapter 13 (Evaluation: An Overview), chapter 14 (Evaluation Approaches and Designs), and chapter 15 (Data Analysis and Reporting), then apply some of the techniques in both their formative and summative evaluation of their programs. In addition, they complete chapter quizzes that include questions about evaluation and the final exam includes questions about evaluation methods as well. See MPH 535 RFP with Program Plan in D2 folder. |
| **Policy in Public Health** | | |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence | MPH 550 - Public Health Policies, Ethics, and Advocacy | MPH 550 - This is clearly covered during the first four weeks of the 550 course. See syllabus for content that includes how policy is made, important committees within the House and Senate that influence health policy, and how advocates/lobbyists influence the policy process. The exam question that assesses student learning is on the midterm exam and includes the following: “The advocacy issue we supported for our "Statehouse Visit" this semester was raising the tobacco tax in Indiana. Explain, in your own words, how a bill like HB 1434 becomes a law. Start with the proposal of an idea from a coalition or advocacy group and walk us through the process. Also, be sure to mention important stakeholders who should be considered during the process.” The advocacy issue changes most years, but the general question remains the same. |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes | MPH 530 - Cultural Competency for Improving Public Health | **MPH 530:** Final community agency cultural competency assessment data collection tools and report. This major project includes the consideration of how to best create, implement, and report on assessment information. In addition to various articles, this work is specifically supported by chapters 7 & 13 in the textbook “Cultural Competence for the Health Professional” by Patti R. Rose. This creates a great opportunity for students to develop their networking and coalition building skills. After course content, students identify three potential agencies, establish a relationship with one, draft and receive approval of a data collection instrument. Students implement data collection and submit an extensive report including, organizational background, mission, service territory, and structural limitations to serve the target audience prospective data and recommendations. During the process, students recommend ways the organization can further identify community stakeholders and build relationships with them to improve the health of their community members. See the assignment description on the course syllabus. |
| 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations | MPH 550 - Public Health Policies, Ethics, and Advocacy | Community based environmental assessment and advocacy (Project 550 Advocacy assignment) - students select a health issue that could be dealt with through policy, then use data to advocate for policy change. See MPH 550 Advocacy Assignment in the D2 folder. |
| 15. Evaluate policies for their impact on public health and health equity | MPH 550 - Public Health Policies, Ethics, and Advocacy | This content is covered in Module 8 where we read Chapter 14 (The Art of Structuring and Writing a Health Policy Analysis) and Module 10 where we read about and discuss the politics around public health taxation, paying special attention to the ways food or beverage taxes may disproportionately impact low- income Americans and ways to potentially mitigate this issue. (Linked to course objective 10). In addition, the major assignment for the course is a policy analysis and recommendation that must focus on health equity. See MPH 550 Health Policy Summary assignment in D2 folder. |
| **Leadership** | | |
| 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making | MPH 565 - Professional Experience Seminar | Students complete a leadership case study in which they utilize these principles to solve a problem for the assigned organization. They write up the solution and present it to others for feedback. See MPH 565 Case Study assignment in D2 folder. |
| 17. Apply negotiation and mediation skills to address organizational or community challenges | MPH 565 - Professional Experience Seminar | Students will complete an assignment where they work in groups of three to role play conflict that may arise during the work of a specific coalition. Each student must practice leading the other two (representing coalition members with differing organizational goals and perspectives) to an agreement that benefits the full coalition. Students complete the role play together, then reflect on their learning. See assignment in the D2 folder. |
| **Communication** | | |
| 18. Select communication strategies for different audiences and sectors | MPH 525 - Social and Behavioral Sciences Applications | Inequity Analysis: Students design a theory- based intervention to present to a community organization to address a health need inequity among a vulnerable subpopulation. Students must identify and propose key health communication strategies that would be influential to the subpopulation and implementable by the community organization. See MPH 525 Inequity Analysis in D2 folder. |
| 19. Communicate audience- appropriate public health content, both in writing and through oral presentation | MPH 550 - Health Policy, Ethics, and Advocacy | ***MPH 550:*** Students in this course must select a health topic of choice that can be addressed through policy change. Students research evidence relevant to the health topic and root causes, then determine the best policy approaches to improve public health. Once they write a full policy analysis and recommendation, students must provide a written brief to the policymaker and request a meeting in person or virtually to share the information. Finally, students must present a professional oral briefing to the class. See main assignment and oral briefing assignments in D2 folder. |
| 20. Describe the importance of cultural competence in communicating public health content | MPH 530 - Cultural Competency for Improving Public Health | ***MPH 530:*** Final self-assessment paper, discussion boards, and community organization cultural competency assessment. There is significant self-assessment and  reflection required in the final portfolio. |
| **Interprofessional Practice** | | |
| 21. Perform effectively on interprofessional teams | MPH 575 - Global Patterns of Health and Disease | ***MPH 575:*** *Poverty Simulation* - In most years, students participate in a poverty simulation in coordination with students from physical therapy and/or nursing where they engage with members of the community through a planned sequence of events to help them better understand how those living in poverty struggle through day-to-day activities. MPH students spend a morning partaking in a 2-4-hour poverty simulation in interprofessional groups and working to make decisions based on different situations provided to them during the simulation. They then have a session where these different interprofessional groups discuss what they have learned and how it might impact their future careers, as well as key strategies and techniques that could be used based on their background to alleviate the issues presented to them.  *Interprofessional Health Response Project* - Students team up with non-Public Health professionals of their choice to develop an effective pandemic reopening and response plan based on their differing backgrounds. See assignment examples in D2 folder.  During the most recent year, things were a bit different due to COVID protocols. The following description was for 2021, but students will again return to the poverty simulation as soon as COVID protocols allow. Students during the summer of 2021 participated in an interprofessional CICOA-sponsored Dementia Friends Indiana training session. This training is ~1.5 hours and consists of information focusing on how to make the community more dementia friendly. The activity was followed by three activities that spanned the remaining 6 hours of session. The trainer was a non-public health lay person who volunteers for CICOA to do this work. Additionally, the CICOA organization is staffed by professionals with varied backgrounds. Instructions for each of the assignments may be found be found in the D2 folder. |
| **Systems Thinking** | | |
| 22. Apply systems thinking tools to a public health issue | MPH 500 - Public Health Seminar | MPH 500 - Students write a forum post on this topic, discussing it with peers in Chapter 15 and complete a blog post (Blog #3) on Health Systems Management Application later in the semester. In their blog post, students must create a systems thinking diagram to document how components of the system interact to impact the health issue. See Blog #3 assignment in D2 folder. |

1. 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.

Syllabi can be found in the D4 folder of the ERF. Additional Handbooks and manuals can be found in the ERF folder labeled “Handbooks and Manuals”.

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

**Strengths**

Since the inception of the MPH degree at UIndy, we have known we wanted to seek accreditation and have worked to align our offerings with the CEPH accreditation requirements. For that reason, we have built each requirement carefully into the program from the start. You will notice in the template that we have carefully incorporated each competency into at least one of our required courses. In addition, we have sought to build the content into multiple courses or application settings (per the syllabi), though we are tracking specific assignments in only the 1-2 listed courses for each competency.

**Weaknesses**

None noted at this time.

\*In this context, “interprofessional” refers to engagement with professionals (either students in other professions or practicing professionals) outside of public health (e.g., architects, nurses), rather than to engagement with individuals from other public health disciplines (e.g., biostatisticians, health promotion specialists).

\*\* “Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).

D3. DrPH Foundational Competencies

Not applicable.

## D4. MPH Concentration Competencies

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

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

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

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

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| **Assessment of Competencies for MPH Health Disparities Concentration** | | |
| **Competency** | **Course number(s) and name(s)** | **Describe specific assessment opportunity** |
| 1. Appraise key social determinants of health that underlie and influence current prominent health disparities and hazards found globally | MPH 575 - Global Patterns of Health and Disease | All MPH students take MPH 575, Global Patterns of Health and Disease where they complete two major assignments related to this competency. Those are outlined here.   1. Global Burden of Disease Presentation. In this assignment, students assess a prominent health disparity issue impacting the population on a global level and identify key social determinants of health strategies that must be addressed to improve health equity. 2. Country Presentation. In this assignment, students identify a specific country (outside the US) in which they identify a significant disparity impacting the country of interest and the determinants of health outcomes. This may include topics such as maternal mortality, water quality, access to health care, etc.   Assignment instructions are found in the D4 folder. |
| 2. Appraise one's own position, values, and biases, within societal systems and structures to continuously improve personal cultural competence and ethical public health practice. | MPH 530 - Cultural Competency for Improving Public Health | The Final Self-Assessment and MPH Cultural Competency Goals assignment, students reflect on their course content describing what cultural competence is, analyze their current level of cultural competency, and identify their SMART goals for personal improvement in this area throughout their course of study in this program. This creates a product and fluency discussing the evidence-based importance of cultural competency in public health, an accurate self-reflection of their current level of cultural competence, and clear specific and measurable goals for the future. This assignment can be found in the D4 folder. | |
| 3. Analyze health education, health behavior, and/or health promotion theories, concepts, and/or models that may be used in public health research and practice to understand and influence health outcomes, healthcare quality, and/or access to care within vulnerable populations. | MPH 525 Social and Behavioral Foundations of Public Health  HSCI 592 Theoretical Foundations in Health Behavior | Both of the assignment examples below are provided because they document a couple of the strategies used within the program to help students grasp the importance of grounding their work in appropriate theory in order to best achieve changes necessary to address existing inequalities.  In MPH 525 students complete a theory critique assignment in which they select a research article that utilizes one of the main health behavior theories to analyze and critique. Related to the critique, students submit both a paper and provide a narrated presentation over the work. The assignment addressed the following objectives:   1. Identify theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice. (ASPH Competency E.1.) 2. Describe the merits and limitations of social and behavioral science interventions and policies for public health. (ASPH Competency E.7) 3. Describe the role and interactions of social and community factors in both the onset and solution of public health problems with an emphasis on health disparities. (ASPH Competency E.6.) 4. Critically review evidence-based approaches in the development and evaluation of social and behavioral science applications for public health (ASPH Competency E.8.)   The assignment instructions are found in the D4 folder.  OR  HSCI 592 Community Theory Application. In this assignment, students first study the application of theory within community settings before they then select a real-life example of a health issue within a community setting that has been addressed via community engagement and/or theoretical change strategies. The students describe and analyze the community engagement and theoretical models utilized to seek the behavioral change and whether it was successful. Students must describe model implementation, dissemination, or diffusion and likelihood of long-term impact of the strategy. The assignment instructions are found in the D4 folder. | |
| 4. Investigate and address population health issues, problems and hazards within the framework of health determinants | MPH 515 - Environmental Health | Students will conduct a community based environmental assessment and Advocacy Project (written). Topics chosen will be related to Healthy People 2030 target areas. This includes in-depth research on the scope of the issue, how it impacts people and ecosystems and what has been done/can be done to address the issue. Students submit both a written paper and provide a presentation. The advocacy materials are shared with policymakers in an effort to improve the identified environmental concern for the underserved community. Assignment specifics are found in the D4 folder. | |
| 5. Analyze and devise policies and research focused on improvement of health and attainment of health equity | MPH 550 - Health Policy, Ethics, and Advocacy | Students select a health equity topic of choice for which they conduct a policy analysis and create a policy recommendation designed to improve health equity. Assignment specifics are found in the D4 folder. | |

\*These competencies were intentionally designed to prepare our students to meet CEPH competencies in a program focused on health disparities. Due to our explicit program focus, our courses, assignments, and assessments focus on addressing health inequalities, where applicable.

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

Not applicable. Every student in the MPH degree must meet these competencies.

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

Each syllabus for courses listed in Template D4-1 is found in the ERF (Folder: D4).

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

**Strengths**

Because the MPH degree utilizes a health equity and health disparities lens in each course, you likely will notice other instances described on course syllabi and assessments where these competencies are covered beyond only what is listed in D4-1. We believe this provides our students opportunities to practice the competencies in multiple settings and courses, though we chose to formally assess in only a few, specific situations.

**Weaknesses**

None noted at this time.

## D5. MPH Applied Practice Experiences

**MPH students demonstrate competency attainment through applied practice experiences.**

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

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

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

At the end of their program, all MPH students have a quality practice experience addressing CEPH competencies under the direction of a qualified site preceptor. Students are not eligible for their practical experience courses until they have successfully completed all other course requirements with the minimum grades and grade average, and are in good standing with the program. It is important to the public health program that MPH students placed for their practical experience are well prepared to be successful and represent the program well. Students dually enroll in both MPH 570 (Application & Practice of Public Health) as their 200-hour internship course and MPH 571 (Integrative Experience in Public Health) as their capstone course.

Students complete an application process to initiate their practical experience. This application includes a review of coursework completed with associated grades earned, potential placement sites including information on the potential site supervisor, and identified CEPH competencies to be specifically addressed in the practical experience. This application is reviewed by the program director. Approval is required before the student can proceed toward the practical experience.

Once the student has demonstrated academic readiness, the student and program director work collaboratively to identify the best possible placement based on students’ professional interests, site-based project work, CEPH competencies to be addressed, and the availability of an appropriate site supervisor with requisite education and experience. Once all approvals are completed, students enroll in the internship course and documents are shared with the MPH 570 course instructor to take over supervision and course requirements.

A detailed outline of the required practical experience may be found in the MPH 570: Applied and Practice experience in Public Health course syllabus shared in folder D5. Successful completion of the MPH 570 course is required for graduation. Applied practical experiences are unique to each student, however, all students are required to demonstrate a minimum of these five competencies:

* D2.4 Interpret results of data analysis for public health research, policy or practice
* D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
* D2.9 Design a population-based policy, program, project or intervention
* D2.18 Select communication strategies for different audiences and sectors
* D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants

To ensure each student meets these five competencies students begin preparing early for their internship during the semester prior. During the Spring Semester of their final year, each student must identify a potential preceptor/internship agency that they are interested in working with for their practical (internship) experience that aligns with public health educational and professional goals. Additionally, a detailed description of the required guidelines for the practical experience placement opportunity is provided to students. Students work directly with their potential preceptor to outline a project and review competencies, and expected outputs of the experience. Along with their preceptor students create an MPH Internship application that details the competencies being met and the tangible outcomes and artifacts that will be developed to meet each required competency. After assessing whether the organization has the capacity to supervise the student in the selected areas, the student’s initial application is approved by the MPH program director based on the competencies and tasks outlined. Students are then required to complete an official contract that allows them to proceed into the beginning of their approved internship placement.

The course instructor meets with the student during the very beginning of the internship experience to outline competencies, expectations, tasks, and tangible outcomes needed to be fulfilled throughout the internship. Additionally, the course instructor meets with the student and the agency preceptor in a mid-semester evaluation meeting in which the preceptor and students outline progress and current status on competency completion. During this meeting the instructor assesses and provides feedback of the current progress. Approximately three-fourths of the way through the course, students must create and complete a table that outlines each competency, deliverables/tasks aligned with that competency to the instructor for review prior to the completion of the internship. After review, if some competencies have yet to be met, the instructor will meet with the student and site supervisor/preceptor before the end of the semester for course correction. At the completion of the internship experience, students submit a portfolio that includes a checklist of deliverables including two or more artifacts/products from their internship, which demonstrate the meeting of the five selected competencies listed above. Final products may come from a single or multiple activities completed during the internship. Included in this portfolio is a table that clearly links each competency to the approved tangible outcome/artifact. Portfolios are collected and graded by the course instructor. The public health faculty, along with the instructor assesses their overall successful progress toward meeting all required goals and competencies. The preceptor will also submit a final evaluation and be invited to attend the students’ oral presentation of their projects for further evaluation of deliverables.

Student folders and other MPH 570 assessment tools are provided for review in folder D5.

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

The work described above is outlined to students in their MPH Student Handbook, described in the MPH 570 Requirements Manual that is shared with students prior to applying for internships, detailed in their MPH 570 syllabus, and provided again in their Portfolio Requirements included as a part of the MPH 570 coursework and available to students via the LMS course site. All of these are found in the D5 folder.

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

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| **Course Assignment** | **Competencies Addressed** |
| Example #1  (Alli Campbell-Nelson)   1. Cooking w Kids Toolkit 2. Pre and Post Assessment Questionnaire 3. Protective Factors-Final Module 2 | * D2.4 Interpret results of data analysis for public health research, policy or practice * D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs * D2.9 Design a population-based policy, program, project or intervention * D2.18 Select communication strategies for different audiences and sectors * D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants   *Additional competencies addressed:*   * Directly serve populations that experience as defined by the WHO/Whitehead definition of, “...avoidable inequalities in health between groups of people within countries and between countries” via practicing foundational public health competencies * Apply awareness of cultural values and practices to the design or implementation of * public health policies or programs * Design a population-based policy, program, project, or intervention * Students will engage in an interprofessional, cross-cultural event where they work with * individuals from another field to tackle a significant health issue faced by underserved * groups, then reflect on how the experience improved their cultural competency * *Students will indirectly serve communities identified as at risk or vulnerable by working with a community organization to conduct an organizational cultural competency assessment, then advocate for needed changes to better serve a diverse community.* |
| Example #2  (Erin Barrett)   1. Accessibility and Inclusivity Guide 2. Participatory Systems Change Tracker and Tool | * D2.4 Interpret results of data analysis for public health research, policy or practice * D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs * D2.9 Design a population-based policy, program, project or intervention * D2.18 Select communication strategies for different audiences and sectors * D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants   *Additional competencies addressed:*   * Demonstrate cultural competency through effectively practicing foundational public health competencies in cross-cultural situations. * Directly serve populations that experience as defined by the WHO/Whitehead definition of, “…avoidable inequalities in health between groups of people within countries and between countries” via practicing foundational public health competencies. * Select quantitative and qualitative data collection methods appropriate for a given public health context * Apply systems thinking tools to a public health issue * Select methods to evaluate public health programs * Students will provide at least 6 hours of community service with a group designated as experiencing health disparities, leading to reflection regarding the impact of the experience on their personal perspectives and practices, as well as ways they might best serve diverse groups in the future. |
| Example #3  (Sara Kwiatkowski-Kepshire)   1. Advocate Good Samaritan Interdisciplinary Approaches 2. Good Samaritan Cultural Competency-IP Signage 3. Infection Prevention Crash Course | * D2.4 Interpret results of data analysis for public health research, policy or practice * D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs * D2.9 Design a population-based policy, program, project or intervention * D2.18 Select communication strategies for different audiences and sectors * D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants   *Additional competencies addressed:*   * Evidence-based Approaches to Public Health- Select quantitative and qualitative data collection methods appropriate for a given public health context |
| Example #4  (Emily Ross)   1. Microaggressions Evaluation 2. IN CAREs ECHO Pre-Screening Rubric 3. Drug Overdose Prevention Newscast 4. Data Literacy Resources for DOP Internship | * D2.4 Interpret results of data analysis for public health research, policy or practice * D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs * D2.9 Design a population-based policy, program, project or intervention * D2.18 Select communication strategies for different audiences and sectors * D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants   *Additional competencies addressed:*   * Students will indirectly serve communities identified as at risk or vulnerable by working with a community organization to conduct an organizational cultural competency assessment, then advocate for needed changes to better serve a diverse community. * Communicate audience-appropriate public health content, both in writing and through oral presentation * Apply awareness of cultural values and practices to the design or implementation of public health policies or programs |
| Example #5  (Destinee Ward)   1. Common Household Food Items Containing Folate and Folic Acid 2. Folic Acid Campaign Infographic-Double-sided 3. IBPR Presentation 4. NBS.IBDPR Table Tent | * D2.4 Interpret results of data analysis for public health research, policy or practice * D2.8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs * D2.9 Design a population-based policy, program, project or intervention * D2.18 Select communication strategies for different audiences and sectors * D4.4. Investigate and address population health issues, problems and hazards within the framework of health determinants   *Additional competencies addressed:*   * Students will indirectly serve communities identified as at risk or vulnerable by working with a community organization to conduct an organizational cultural competency assessment, then advocate for needed changes to better serve a diverse community. * Demonstrate cultural competency through effectively practicing foundational public health competencies in cross-cultural situations. * Evidence-based Approaches to Public Health * Assess population needs, assets, and capacities that affect communities’ health |

Samples can be found in the D5 folder of the ERF.

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

**Strengths**

The UIndy Public Health Program benefits from a long history of community partnerships. Additionally, the program is known for preparing students well for their practical experience and professional opportunities. Because of these long-standing relationships and history of successful students, organizations are generally pleased to accept an MPH student for a practicum experience. Because of the amount of applied practice experiences throughout the program, our students are more than ready to respond well during their final internship experience.

In addition to this track record, our location in a major metropolitan area provides our students living in this Central Indiana region with access to many service learning opportunities, networking events, and practicum placements.

## D6. Dr PH Applied Practice Experience

Not applicable.

## D7. MPH Integrative Learning Experience

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

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

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

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

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| **MPH Integrative Learning Experience for Health Disparities Concentration** | |
| **Integrative learning experience (list all options)** | **How competencies are synthesized** |
| MPH 571 (required for all students) Capstone Paper for 571 | In the required MPH 571 Integrative Learning Experience course, students complete an academic paper and presentation. This scholarly project includes extensive research on an approved public health topic, methodology detailing how the student collected data and synthesized and analyzed it to create the product at hand, a full account of the product or copy, and recommendations for the use of their work going forward. This work is graded as described in the MPH 571 Final Written Product Paper Rubric. This content is then presented at a program-wide academic day. Students may invite their site supervisors and all students in the program are welcome to attend. At this presentation, the students present their work, answer audience questions. This presentation is graded as described in the MPH 571 Final Presentation rubric. |

1. Briefly summarize the process, expectations and assessment for each integrative learning experience.

All students enrolled in MPH 571 (the capstone course) are dually enrolled in the Applied Practice Experience (MPH 570). For this reason, the capstone project normally links to a substantive experience during the internship. These capstone projects, and corresponding papers and presentations, may be more research in orientation or may be something such as a large policy analysis or program developed as part of the internship work. It is important to note that the scope of the project must be sufficient to warrant a masters level capstone paper. Students identify this project in consultation with their site supervisor and the course instructor. The students work on this project throughout their Integrative Learning Experience. Students begin to draft sections of their paper (e.g. background research) about half way through the course. This continues with a series of peer reviews and drafts. Instructor feedback continues through the second half of the term. The resulting paper is an academic work evaluated with the expectations of a master’s level thesis or capstone. The final work product is evaluated by the course instructor. In addition, this work is orally presented during a program wide academic day. Open to all MPH students, presenters may also invite their site supervisors. All full-time faculty members attend this day-long event to evaluate their work and celebrate their successes.

Should a student’s work not meet program expectations, they work one-on-one with the course instructor to revise their capstone documents accordingly and do not graduate until the point where all core faculty agree that the work is of the level of a master’s student.

The syllabus for MPH 571, instructions and rubrics for the capstone project, and 5 student samples are provided in the D7 folder.

Shawn Shweitzer

Rupal Chhiba

Alli Campbell Nelson

Destiny Ward

Erin Barrett

1. Provide documentation, including syllabi and/or handbooks that communicate integrative learning experience policies and procedures to students.

The syllabus for MPH 571, assessment rubrics, and student work folders are found in ERF folder D7. In addition, the student handbook, which outlines the integrative learning experience, is included in the D7 folder.

1. 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.

Instructions for the portfolio assignments and MPH 571/571 syllabi can be found in folder D7 in the ERF. In addition, examples of student work can be found in D7 as well.

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

Graded samples of MPH 571 deliverables can be found in the D7 folder in the ERF. These are in their own separate folder for easy access. Student portfolios are uploaded, which include copies of their final papers and presentations as the significant course deliverables that are assessed in the Integrative Learning Experience.

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

The UIndy Public Health Program benefits from a well-organized system to support students in practical internships experiences. Students benefit from the long-term relationships between faculty and community partners and the history of placing successful students in practicum positions. The program has reached the point of maturity where we can place our current capstone students with our alumni in some cases. This is an area of strength for the program. At this time, students are performing well in this area.

## D8. DrPH Integrative Learning Experience

Not applicable.

## D9. Public Health Bachelor’s Degree General Curriculum

If this criterion is not applicable, simply write “Not applicable” and delete the criteria language and documentation requests below.

**The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.**

1. List the coursework required for the program’s bachelor’s degree.

The undergraduate degree in Public Health Education & Promotion (PHEP) is a 59-hour minimum major. The degree is structured to cover the knowledge and competencies outlined by CEPH for public health undergraduates, as well as prepare students in the Responsibilities and Competencies of Health Educators. Students are required to sit for the Certified Health Education Specialist Exam in their final semester. The course list below has been pulled from the curriculum guide that also may be found in the ERF (folder: Curriculum Guides). We have included general education courses in addition to the courses required for the major to clearly document the overall picture of the educational package provided to students. Major courses are in bold print.

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| |  |  |  | | --- | --- | --- | | Year I Semester I (16 hours) | | | | KINS | 106 | New Student Experience: Kinesiology (1) | | MATH | ELEC | 108 or above (150 or above preferred) (3-4) | | HIST | ELEC | General Education History Course (3) | | **KINS** | **265** | **Current Topics in Public Health Content I (2)** | | ENGL | 101 | English Composition (3) | | FYS | ELEC | First Year Seminar (may meet another General Ed Requirement) (3) | |  |  |  | | Year I Semester II (15 hours) | | | | **KINS** | **190** | **Intro. to Kinesiology, Health, and Sport Sciences (2)** | | **BIOL** | **203** | **Biology’s Impact on Humans (4) OR BIOL 103 and BIOL 104 (meets general education Natural Science)** | | **KINS** | **260** | **Intro. to Community Health in Diverse Communities (3) (meets Global Awareness for General Education)** | | FA | ELEC | Fine Arts Theory (2) | | ENGL | 102 | Literature or Other Literature course meeting Gen Ed Req. (3) | |  |  |  | | Year II Semester I (15 hours) | | | | **KINS** | **236** | **Theory of Health Behavior (3) [Prerequisites: KINS 260]** | | FA | ELEC | Fine Arts Applied (.5-3) | | **ELEC** | **ELEC** | **Directed Elective from List (3)** | | ELEC | ELEC | Elective (3 | | GenEd | ELEC | Philosophy/Ethics (3) | |  |  |  | | \*\*\*\* NOTE: All PHEP majors must pass KINS 260, KINS 236, and BIOL 203 (or BIOL 104 or CHEM 150) with a grade of C or better to move forward into 300-level and above public health courses. | | | |  |  |  | |  |  |  | | Year II Semester II (15 hours) | | | | **KINS** | **330** | **Methods in Public Health Education (3) [Prerequisites: KINS 260 & KINS 236]** | | **KINS** | **331** | **Wellness Coaching (3) [Prerequisites: KINS 190 AND KINS 236 or KINS 280]** | | **KINS** | **204** | **Introduction to Research Methods and Biostatistics (3) [Prerequisites: Math 108 or higher]** | | Gen Ed | ELEC | Social Science (3) ELEC ELEC Elective Hours (3) | |  |  |  | | Spring Term Select a Course of Interest (3 credits) Year III Semester I (14.5-15.5 hours) | | | |  |  |  | | Year III Semester I (14.5-15.5 hours) | | | | KINS | 101/104Honors Wellness/Fitness for a Lifetime (1-2) | | | **KINS** | **305** | **Grant Writing (3) [Prerequisites: KINS 260] (meets W/S requirement for general education)** | | INTD | 201 | L/P Credit (.5) | | LANG | ELEC | Modern Language (4) | | **KINS** | **313** | **Environmental Health (3) [BIOL 203 OR BIOL 103 and BIOL 104]** | | **KINS** | **445** | **Skill Applications in Diverse Pub Hlth Settings (3) [Prerequisites: KINS 236, KINS 330]** | | Year III Semester II (14.5 hours) | | | | **KINS** | **275** | **Current Topics in Public Health Content II (2)** | | **KINS** | **400** | **Assessment & Research in Health and Physical Activity (3) [Prerequisites: KINS 204 or Instructor Permission}** | | **KINS** | **452** | **Health Policy and Advocacy (3) [Prerequisites: KINS 260]** | | INTD | 202 | L/P Credit (.5) | | REL | ELEC | Religion Requirement (3) | | COMM | ELEC | Communication course meeting gen ed requirement (3) | |  |  |  | | Year IV Semester I (15 hours) | | | | **KINS** | **440** | **Epidemiology (3) [Prerequisites: KINS 204 OR KINS 400 OR MATH 220/245]** | | **KINS** | **465** | **Planning, Implementation, Evaluation in Public Health (3) [Prerequisites: KINS 236, KINS 330 & KINS 400] (meets Experiencing Cultural Differences for General Education)** | | **KINS** | **450** | **Health Disparities (3) [Prerequisites: KINS 260] ELEC ELEC Elective (6)** | |  |  |  | | Year IV Semester II (12 hours) | | | | **KINS** | **486** | **Directed Readings in Public Health (1) - Requires the CHES Exam** | | **KINS** | **495** | **Field Experience in Public Health Ed. & Prom. (6) Senior Status [Prerequisites: All major courses] (meets Capstone for General Education) ELEC ELEC Elective (5)** | |  |  |  | | Directed Electives (Select from the following list): | | | | KINS | 266 | Sexuality & Human Health (3) | | KINS | 245 | Principles and Practices of Exercise Science (4) | | KINS | 249 | Basic Sport/Community Nutrition (2) | | KINS | 268 | Stress Management & Human Health (3) | | KINS | 365 | Worksite Health Promotion (3) | | KINS | 425 | Research in Kinesiology, Health, and Sport (1-3) | | KINS | 480 | Special Topics in Health and Physical Education (1-3) | | PSY | 245 | Lifespan Development (3) | | PSY | 360 | Adult and Development and Aging (3) | | ANTH | 335 | Global Health (3) | | GERO | 301 | Interdisciplinary Perspectives in Aging (3) | | ENGL | 489 | Writing/Editing for Nonprofits (3) | | SOC | 235 | Environmental Sociology (3) | | SOC | 220 | Race and Ethnic Relations (3) | | SOC | 250 | Gender Issues in Law and Society (3) | | SOC | 315 | Cities and Communities (3) | | HON | 490 | Honors Project (Variable 1-5) | | | |
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1. Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.

This language is pulled directly from the bottom of the PHEP curriculum guide. The guide is provided in the ERF (Folder: Curriculum Guides) and can be accessed via this link online: <http://www.uindy.edu/registrar/curriculum/phep.pdf>

To access the curriculum guide for the UIndy General Education requirements, please refer to the ERF (Folder: Curriculum Guides) or access the information via this link: <http://www.uindy.edu/registrar/curriculum/general_education_core_guide.pdf>

Public Health Education and Promotion is a 59-hour major.

A grade of C (2.0 on a 4.0 scale) or higher is required in all courses applying toward the PHEP Major. The Bachelor of Science degree requires a minimum of 120 hours.

This program may require attendance in both day and extended programs classes. See the General Education Core Guide for additional course requirements.

1. Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the program to identify the experiences that introduce each domain.

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| --- | --- |
| **Domains** | **Courses and other learning experiences through which students are introduced to the domains specified** |
| **Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease** | All PHEP students take either **BIOL 203: Impacts of Biology on Human Health** OR a combination of BIOL 103 Human Anatomy AND BIOL 104 Physiology. Through either set of sequencing, students are required to take a course that meets the general education requirement for Natural Science. These objectives include: 1. Demonstrate an understanding of science as an empirical method and body of knowledge for explaining physical or biological processes. 2. Apply scientific concepts, principles, and analytical approaches to explain physical or biological processes. 3. Describe the process by which human understanding of physical or biological concepts change through history as new data are obtained and alternative models are proposed. 4. Identify and evaluate credible sources of information using both the popular media and peer reviewed scientific journals. Additionally, our students cover quite a bit of scientific information around health and human disease in other courses, but most notably in **KINS 440: Introduction to Epidemiology** where they learn techniques to study how disease is distributed in populations and of the factors that influence or determine this distribution. Additionally, students complete an Epidemiological profile where they apply course concepts learned to the study and examination of a health issue/disease of their choice. Students specifically examine the biology/development, distribution, risk/determinants, influence, and impact of the condition in the population. Further students explore, review, and discuss peer- reviewed, evidence-based, and scientific research to assess and systematically investigate the health condition in the population. |
| **Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences** | **Social Science course for General Education** (Objectives that must be met for any social science course to meet the general education requirement:  1. Analyze and explain ideas, using sound reasoning and empirical evidence rather than relying on unsupported opinion 2. Apply current social science knowledge to describe a contemporary issue 3. Explain how individuals, groups, institutions, and other contextual factors interact with one another. 3. Explain how symbols, events, practices, or experiences are understood from the view of at least two different groups (e.g. national, racial/ethnic, gender, social class, political, religious, age).  4. Discuss strategies to address psychological, political, cultural, or social problems, showing awareness of the established knowledge and ethics of the discipline. 5. Explain reasons for adherence to relevant disciplines’ professional code of ethics; **KINS 260:** Introduction to Health in Diverse Communities. In this course students are introduced to the breadth of the field of public health. Students submit a paper and provide a presentation in a self-selected area of interest to them covered in the breadth covered.; **KINS 236:** Theory of Health Behavior - Students explore the contribution that basic behavioral and social science theories can make to the design and implementation of public health programs. Students are introduced to key health behavior theories used in public health. Students then have an opportunity to apply their knowledge by completing several course projects (e.g., theory application/analysis project) and activities (e.g., ecological framework reflection/reaction paper). |
| **Math/Quantitative Reasoning: Introduction to basic statistics** | Students must complete at least one course that meets the mathematical general education requirement, which meets the following objectives:  1. Interpret quantitative information (i.e., formulas, graphs, tables, models, and schematics) and draw inferences from them. 2. Formulate a problem quantitatively and use appropriate arithmetical, algebraic, and/or statistical methods to solve the problem. 3. Evaluate logical arguments using quantitative reasoning. 4. Communicate and present quantitative results effectively. In addition, PHEP students must complete both of the following two courses that contain significant math and quantitative reasoning content. **KINS 204: Introduction to Research and Biostatistics** and **KINS 400: Research and Assessment in Health and Kinesiology. KINS 204** provides an introduction to basic biostatistics, data collection, management, analysis, and reporting. Students also complete a class project which allows them to select appropriate analytic methods and report and present findings to their peers. In **KINS 400**, they apply multiple statistical techniques as part of a research project. |
| **Humanities/Fine Arts: Introduction to the humanities/fine arts** | Our general education curriculum covers this area thoroughly. All of our undergraduate students must take two fine arts courses. One is an applied fine arts course that can be in theatre, music, drawing, etc. where the perform or create art. The second is a theoretical fine arts course that again can be in theatre, music, or visual arts but focuses on the theoretical components of art. In addition, our general education curriculum requires students to take at least one course in each of the following distribution areas: History, Philosophy & Ethics, Religion, Literature, Communication, Global Awareness, Foreign Language. |

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

**Strengths**

We have worked very hard over the past 7 years to refine our curriculum to provide the best balance of training in both the general public health foundations and the Responsibilities & Competencies for Health Educators. We believe we have found that balance and are proud of the curriculum we provide students. Based on community partner feedback from both internship sites and organizations who often hire alumni, we hear that our students are very well-prepared for the job market. In addition, student feedback on the alumni surveys supports this as well.

**Weaknesses**

None identified at this time.

## D10. Public Health Bachelor’s Degree Foundational Domains

**If this criterion is not applicable, simply write “Not applicable” and delete the criteria language and documentation requests below.**

**The requirements for the public health major or concentration provide instruction in the domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).**

**If the program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (e.g., CHES).**

1. Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the program to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the program’s definition of “introduced” and “covered.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Public Health History |  |  |  | IC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public Health Philosophy |  |  |  | IC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Core PH Values |  |  |  | IC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Core PH Concepts |  |  |  | IC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Societal Functions of Public Health |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Societal Functions of Public Health |  |  |  | IC |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence- based approaches are an essential part of public health practice** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Basic Concepts of Data Collection |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| Basic Methods of Data Collection |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| Basic Tools of Data Collection |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| Data Usage |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| Data Analysis |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  |  |  |
| Evidence- based Approaches |  | IC | IC |  |  |  | IC | IC |  |  |  | C |  | C |  | C |  |
| **Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health- related needs and concerns of populations** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Population Health Concepts |  |  |  | IC | IC | IC |  |  |  |  |  | IC |  |  |  |  |  |
| Introduction to Processes and Approaches to Identify Needs and Concerns of Populations |  |  |  | I |  |  |  |  |  |  |  |  |  |  |  | C |  |
| Introduction to Approaches and Interventions to Address Needs and Concerns of Populations |  |  |  | I |  | I | C |  | C | C |  |  |  |  | C | C |  |
| **Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Science of Human Health and Disease | IC |  |  |  | I | I |  |  |  |  |  | C |  |  |  |  |  |
| Health Promotion |  |  |  | I | I | I |  | C |  | C |  |  |  |  |  | C |  |
| Health Protection |  |  |  | I | I | I |  |  |  |  |  |  |  | C |  |  |  |
| **Determinant s of Health: Address the socio- economic, behavioral, biological, environment al, and other factors that impact human health and contribute to health disparities** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Socio- economic Impacts on Human Health and Health Disparities |  |  | IC |  |  |  |  |  |  |  |  |  | C |  |  |  |  |
| Behavioral Factors Impacts on Human Health and Health Disparities |  |  | IC |  |  |  |  |  |  |  |  |  | C |  |  |  |  |
| Biological Factors Impacts on Human Health and Health Disparities | IC |  |  |  |  |  |  |  |  |  |  | C |  |  |  |  |  |
| Environmental Factors Impacts on Human Health and Health Disparities | IC |  |  |  |  |  |  | C |  |  |  |  |  |  |  |  |  |
| **Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Introduction to Planning Concepts and Features |  |  |  |  |  |  |  |  | I |  |  |  |  |  |  | C |  |
| Introduction to Assessment Concepts and Features |  | I |  |  |  |  |  |  |  |  | C |  |  |  |  | C |  |
| Introduction to Evaluation Concepts and Features |  | I |  |  |  |  |  |  | IC |  | C |  |  |  |  | C |  |
| **Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Characteristic s and Structures of the U.S. Health System |  |  |  | IC |  |  |  |  |  |  |  |  |  | C |  |  |  |
| Comparative Health Systems |  |  |  | IC |  |  |  |  |  |  |  |  |  | C |  |  |  |
| **Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Legal dimensions of health care and public health policy |  |  |  |  |  |  |  |  |  |  |  |  |  | IC |  |  |  |
| Ethical dimensions of health care and public health policy |  |  |  | I |  |  |  |  |  |  |  |  |  | IC |  |  |  |
| Economical dimensions of health care and public health policy |  |  |  | I |  |  |  |  |  |  |  |  |  | IC |  |  |  |
| Regulatory dimensions of health care and public health policy |  |  |  | I |  |  |  |  |  |  |  |  |  | IC |  |  |  |
| Governmental Agency Roles in health care and public health policy |  |  |  | I |  |  |  | I |  |  |  |  |  | IC |  |  |  |
| **Health Communications: Address the basic concepts of public health- specific communication, including technical and professional writing and the use of mass media and electronic technology** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| Technical writing |  |  |  | I |  |  | I |  | C |  |  |  |  |  |  |  |  |
| Professional writing |  |  |  |  |  |  | I |  | IC |  |  |  |  |  |  |  |  |
| Use of Mass Media |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |
| Use of Electronic Technology |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |
| **NCHEC Areas of Responsibility & Competencies** | **Course Name and Number** | | | | | | | | | | | | | | | | |
| **Only entry- level competencies listed and assessed** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| **I. Assess Needs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.1 Plan assessment |  |  |  |  |  |  | IC |  | IC |  |  |  |  |  |  | C |  |
| 1.2 Obtain primary data, secondary data, and other evidence- informed sources. |  |  |  |  |  |  | I |  | IC |  | C |  |  |  |  | C |  |
| 1.3 Analyze the data to determine the health of the priority population(s) and the factors that influence health. |  |  |  |  |  |  | I |  | IC |  |  |  |  |  |  | C |  |
| 1.4 Synthesize assessment findings to inform the planning process. |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  | C |  |
| **II. Planning** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 2.1 Engage priority populations, partners and other stakeholders in the planning process |  |  |  |  |  |  | I |  | IC |  |  |  |  |  |  | C |  |
| 2.2 Define desired outcomes |  |  |  |  |  |  | I |  | IC |  |  |  |  |  |  | C |  |
| 2.3 Determine health education and promotion |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  | C |  |
| 2.4 Develop plans and materials for implementation and evaluations |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  | C |  |
| **III. Implementation** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 3.1 Coordinate the delivery of intervention(s) with implementation plan |  |  |  |  |  |  |  |  | IC |  |  |  |  |  | C | C |  |
| 3.2 Deliver health education and promotion interventions |  |  |  |  |  |  |  |  | I |  |  |  |  |  | C | C |  |
| 3.3 Monitor implementation |  |  |  |  |  |  |  |  | I |  |  |  |  |  | C | C |  |
| **IV. Evaluation and Research** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 4.1 Design process, impact, and outcome evaluation of the intervention |  |  |  |  |  |  | I |  |  |  | IC |  |  |  |  | C |  |
| 4.2 Design research studies |  |  |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  |
| 4.3 Manage the collection and analysis of evaluation and/or research data using appropriate technology |  | I |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |
| 4.4 Interpret data |  | IC |  |  |  |  |  |  |  |  | C |  |  |  |  | C |  |
| 4.5 Use findings |  |  |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |
| **V. Advocacy** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 5.1 Identify a current or emerging health issue requiring policy, systems, or environmental change |  |  |  |  |  |  |  | IC | IC |  |  |  |  | C |  |  |  |
| 5.2 Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts |  |  |  |  |  |  |  | IC |  |  |  |  |  | C |  |  |  |
| 5.3 Engage in advocacy |  |  |  |  |  |  |  | IC | IC |  |  |  |  | C |  |  |  |
| 5.4 Evaluate advocacy |  |  |  |  |  |  |  | I | I |  |  |  |  | IC |  |  |  |
| **VI. Communications** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 6.1 Determine factors that affect communication with the identified |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |
| 6.2 Determine communication objective(s) for audience(s) |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  |  |  |
| 6.3 Develop message(s) using communication theories and/or models |  |  |  |  |  |  |  |  | IC |  |  |  |  |  |  |  |  |
| 6.4 Select methods and technologies used to deliver messages(s) |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |
| 6.5 Deliver the message(s) effectively using the identified media and strategies |  |  |  |  |  |  |  | IC | IC |  |  |  |  |  |  |  |  |
| 6.6 Evaluate communication |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |
| **VII. Leadership and Management** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 7.1 Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees) |  |  |  |  |  |  | IC |  |  |  |  |  |  |  | IC | C |  |
| 7.2 Prepare others to provide health education and promotion |  |  |  |  |  |  |  |  |  |  |  |  |  |  | IC | C |  |
| **VIII. Ethics and Professionalism** | **BIOL 203** | **KINS 204** | **KINS 236** | **KINS 260** | **KINS 265** | **KINS 275** | **KINS 305** | **KINS 313** | **KINS 330** | **KINS 331** | **KINS 400** | **KINS 440** | **KINS 450** | **KINS 452** | **KINS 445** | **KINS 465** | **KINS 486** |
| 8.1 Practice in accordance with established ethical principles |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C | C |  |
| 8.3 Engage in professional development to maintain and/or enhance proficiency |  |  |  |  |  |  |  |  |  |  |  |  |  |  | IC |  | C |
| 8.4 Promote the health education profession to stakeholders, the public, and others |  |  |  |  |  |  |  |  | IC |  |  |  |  | C |  |  |  |

\*\*Introduced - material is introduced via class readings, lecture content, videos, or discussion but no real application of the concepts

\*\*Covered - material is reviewed via class readings, lecture content, videos, or discussion and students are responsible for application of the material through in-class activity, community work, written assignment, etc

1. Include the most recent syllabus from each course listed in Template D10-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D10-1 that do not have a syllabus.

Course syllabi and assessments can be found in the Course Syllabi and Assessments and D10 folder in the ERF.

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

**Strengths**

Because the original undergraduate degree was Community Health Education, we have long provided strong development in the NCHEC Responsibilities & Competencies for Health Educators. When the decision was made in 2015 to transition to the Public Health Education & Promotion degree, we worked diligently to ensure all required public health domains also were threaded through the program. We believe we offer students a balanced opportunity to train in the public health foundations while also being skilled health educators.

**Weaknesses**

None observed.

## D11. Public Health Bachelor’s Degree Foundational Competencies

If this criterion is not applicable, simply write “Not applicable” and delete the criteria language and documentation requests below.

**Students must demonstrate the following competencies:**

* **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
* **the ability to locate, use, evaluate and synthesize public health information**
  1. Provide a matrix, in the format of Template D11-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.

|  |  |  |
| --- | --- | --- |
| **Skills** | **Courses and other learning experiences through which students demonstrate the following skills.** | **Methods by which these skills are assessed.** |
| **Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences** |  |  |
| **Oral communication** | KINS 236 Theories of Health Behavior | KINS 236 - Students work with assigned partners to select one theory of behavior change and research that theory using the text, a theory article and other outside resources as necessary. Each student group leads a class discussion in which they may ask questions of classmates and should assume that all classmates have read the assigned materials. (NCHEC Competencies VII, VIII) (ULG 1, 4) (CEPH D.10) - Further assignment specifics available in D1 folder. |
| KINS 330 - Methods in Public Health Education | KINS 330 Methods in Public Health, students present an oral final semester project on an identified health advocacy or disparity issue. Students are evaluated for their oral communication skills demonstrated as well as content included. (CEPH D10). |
| KINS 305 - Grant Proposal Writing in Health and Kinesiology | KINS 305 - Grant proposal to address health disparity. Students are evaluated for their oral communication skills demonstrated as well as content. Oral communication is assessed by the instructor and by peer groups (CEPH D10). |
| **Written communication** | KINS 330 - Methods in Public Health Education | KINS 330 Methods in Public health, students produce print pieces for public consumption to address their identified issue of advocacy and/or disparity. These print pieces are assessed individually and as a collection of health education materials by the instructor (CEPH D10). |
| KINS 305 - Grant Proposal Writing in Health and Kinesiology | KINS 305 - Grant proposal to address health disparity culminates in a written grant proposal. This written product is shared with the nonprofit partner for their use as appropriate. The written work is also evaluated by the peer group and assessed by the instructor (CEPH D10). |
| KINS 465 - Program Planning, Implementation and Evaluation in Public Health | KINS 465 - Students plan, implement, and evaluate a health education/ health promotion program based on a documented community need. Students produce a large written product that describes the process from start to finish and includes all materials created for the program. See assignment description in D11 Folder. |
| **Communicate with diverse audiences** | KINS 330 - Methods in Public Health Education | KINS 330 Methods in Public health, students produce health education campaigns to address their identified issue of advocacy and/or disparity. The audience for this varies based on the identified topic. The health education campaign project culminates in a final presentation of all work generated to effectively reach the identified target audience. The audience varies based on the topic selected year, but students are required to demonstrate cultural competency in their written and oral communication components. |
| KINS 305 - Grant Proposal Writing in Health and Kinesiology |  |
| KINS 465 - Program Planning, Implementation and Evaluation in Public Health | KINS 465 - Students plan, implement, and evaluate a health education/ health promotion program based on a documented community need. As part of their program, students must communicate with the community audience in a manner fitting the characteristics of the audience. In addition, they must develop all written communication to meet their needs. Finally, students will communicate an overview of their findings and program during a professional oral presentation to the class. See assignment description in D11 Folder. |
| **Communicate through variety of media** | KINS 330 - Methods in Public Health Education | KINS 330 Methods in Public Health, students produce health education campaigns including print pieces, group facilitation, social media posts, outreach to journalists, and health education information to address their identified issue of advocacy and/or disparity. |
| **Information Literacy: Students should be able to locate, use, evaluate, and synthesize information** |  |  |
|
| **Locate information** | KINS 260 - Introduction to Health in Diverse Communities | KINS 260 - In this course, students must select a public health topic of their choice for which they write a paper and develop a presentation for the entire class. The first associated component of the assignment is the development of an annotated bibliography utilizing valid, reliable resources that students must locate and evaluate for their appropriateness. See assignment specifics in folder D11. |
| KINS 265 - Current Topics in Public Health | KINS 265 - Final paper & presentation - Students use recommended journal articles and resources to outline a public health problem, then provide a solution grounded in evidence. Whether supporting solutions proposed by others or their own solution, students must locate and document the scientific support for why the proposed solution will work. Further assignment information in folder D11. |
| **Use information** | KINS 260 - Introduction to Health in Diverse Communities | KINS 260 - In this course, students must select a public health topic of their choice for which they write a paper and develop a presentation for the entire class. After locating and evaluating resources for their appropriateness and having them approved by the instructor, students then begin using the information to write the paper and create the presentation. See assignment specifics in folder D11. |
| KINS 265 - Current Topics in Public Health | KINS 265 - Final paper & presentation - Students use recommended journal articles and resources to outline a public health problem, then provide a solution grounded in evidence. Whether supporting solutions proposed by others or their own solution, students must provide scientific support for why the proposed solution will work. Further assignment information in folder D11. |
| **Evaluate information** | KINS 260 - Introduction to Health in Diverse Communities | KINS 260 - In this course, students must select a public health topic of their choice for which they write a paper and develop a presentation for the entire class. The first associated component of the assignment is the development of an annotated bibliography utilizing valid, reliable resources that students must locate and evaluate for their appropriateness. See assignment specifics in folder D11. |
| KINS 265 - Current Topics in Public Health | KINS 265 - Final paper & presentation - Students use recommended journal articles and resources to outline a public health problem, then provide a solution grounded in evidence. Whether supporting solutions proposed by others or their own solution, students must seek valid support, evaluate the information, then discuss the scientific support for why the proposed solution will work. Further assignment information in folder D11. |
| **Synthesize information** | KINS 260 - Introduction to Health in Diverse Communities | KINS 260 - In this course, students must select a public health topic of their choice for which they write a paper and develop a presentation for the entire class. After locating and evaluating resources for their appropriateness and having them approved by the instructor, students then begin synthesizing the information to write the paper and create the presentation. See assignment specifics in folder D11. |
| KINS 452 - Health Policy and Advocacy | KINS 452 - Students select one from a list of countries for which they will complete research and analysis of the country’s health care system using specific questions and format provided. In the presentation, students will provide a comparison of the US health system with that of the selected country, including which aspects of the country’s system may work in the US, which aspects likely would not, and why they believe this is the case. More information may be found in folder D11. |

* 1. Include the most recent syllabus from each course listed in Template D11-1, or written guidelines, such as handbook, for any required elements listed in Template D11-1 that do not have a syllabus.

Course syllabi can be found in the D4 folder of the ERF. Assessments can be found in the D11 folder in the ERF.

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

Not applicable.

## D12. Public Health Bachelor’s Degree Cumulative and Experiential Activities

If this criterion is not applicable, simply write “Not applicable” and delete the criteria language and documentation requests below.

**Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.**

1. Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated.

|  |  |
| --- | --- |
| **Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)** | **Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.** |
| KINS 495 - Field Experience in Public Health Ed. & Prom. (6 cr hrs) | 300-hour project - Undergraduate students in their senior year engage in a 300-hour internship project over the course of a semester working with a Public Health Organization under a Health Professional. Students must meet particular competencies from several areas of public health as they complete the experience. Students are responsible for identifying an appropriate location to intern and must outline with their supervisor the tasks to be completed and how they align with public health competencies. Throughout the experience, students are evaluated by their supervisor to track progress. Lastly, students then complete a final project presentation outlining their experience and how competencies were met. A description of all assignments linked to the culminating experience may be found in folder D11. |
| KINS 445 - Skills Application in Diverse Pub Hlth Settings (3 cr hrs) | 45-hour project - Undergraduate students in their senior and junior year engage in a 45-hour practical experience working with a Public Health Organization under a Health Professional. The instructor identifies potential public health organizations that need volunteers or interns to fulfill their organizations missions and/or projects. Students work 4-5 hours a week completing tasks that serve the organization and community. Throughout the experience, students are evaluated by their supervisor to track progress.  Lastly, students then complete a final project presentation outlining their experience and how competencies were met. Specific information can be found in folder D11. |

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

Course syllabi and assessments can be found in the D12-2 folder in the ERF.

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

The undergraduate skills application course in diverse public health settings requirement for the University of Indianapolis is fulfilled by students prior to completion of their undergraduate internship/capstone as a part of the KINS 445 course. This course is a senior level course taking in the Fall prior semester prior to completing their KINS 495 internship. This course facilitates translation of public and community health knowledge and concepts learned in the classroom into application and practice in selected community-based organizations by allowing students to serve under a public health agency/organization working on a 45-hour practical experience. Students work to serve the needs of the agency and build their skill set across the core areas of public health education and promotion. Over the course of the semester, students blog about learned experiences and at the conclusion of the course students present on learned experiences and discuss how they applied a variety of skill sets and concepts learned in their public health course work. KINS 445 is the first course that Undergraduate students complete to orient them to field-based internships, identifying opportunities tailored to individual students interests and needs, preparing the students for internship application procedures (including revising resumes, introductory emails, and practicing interview skills), and provides them an opportunity to be exposed to a smaller internship experience as part of a larger career development framework. Students are able to develop leadership and professional development skills that allow them to learn more about their own personal needs, personality, learning style, leadership and team member style, and interests in this course. All students are assigned to community or government agencies engaging in public health work.

The undergraduate field experience in public health & education requirement for the University of Indianapolis is fulfilled by students completing their undergraduate internship in the KINS 495 course. This course is designed to allow students an opportunity to apply learned public health knowledge/concepts and skills in a culminating experience working with a public health agency in the public health professional practice arena. Students complete 300 hours working under a trained supervisor in which critical thinking, project/program planning and management, communication and analytic skills are integrated into this course as students work directly under an approved supervisor. In addition, students complete a video presentation and final portfolio that provides an overview and reflection of their experiences in the program and in their assigned field experience. KINS 495 is offered each Spring and Summer semester and is designed to be taken in the final academic year, after all major course content completion, prior to graduation. All students are assigned to community or government agencies engaging in public health work.

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

Syllabi for this coursework can be found in the Course Syllabi and Assessments folder in the ERF.

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

If this criterion is not applicable, simply write “Not applicable” and delete the criteria language and documentation requests below.

**The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to concepts through any combination of learning experiences and co-curricular experiences.**

1. Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified.

|  |  |
| --- | --- |
| **Concept** | **Manner in which the curriculum and co-curricular experiences expose students to the concepts** |
| Advocacy for protection and promotion of the public’s health at all levels of society | In **KINS 452** (Health Policy & Advocacy), Undergraduate students learn about advocacy in the first few weeks of their course, then engage in an advocacy event that is relevant to the current environment each year. This event normally begins with a guest speaker on the topic from a partner agency that is hosting a lobby day (either in person or virtually) at the Indiana Statehouse. Students then gather additional information themselves and request a meeting with their elected officials. In 2021, the community partner was Tobacco Free Indiana and three of their policy associates joined our class on Jan. 26 to talk with students about the need to raise the tobacco tax in Indiana. Following their presentation, students signed up for the virtual advocacy week hosted by the organization and contacted their elected officials via email to ask for a meeting to discuss the advocacy ask. Students reflected on their learning in the discussion post for Module 2 and we talked about our advocacy experiences as a class. Though the actual event changes each year, a similar activity is completed.  In KINS 330 (PH Methods), Undergraduate students prepare and implement a variety of health communication materials for Public Health organizations to utilize in promoting services and educating the community they serve. |
| Community dynamics | In KINS 260 (Intro to Community Health), undergraduates learn about the current state of the community, the vulnerable populations that make them up, and its changing dynamics.  Students demonstrate this through their final paper and presentation. They identify a community health topic covered in class to research further. This includes identifying data on the scope of the community issue and identifying evidence-based solutions. |
| Critical thinking and creativity | In KINS 305 (Grant Writing), students work closely with an organization to write-up a grant funding proposal for a public health organization that suits the Community and/or Public Health Organization needs.  Also, in **KINS 465** (Program Planning, Implementation, and Evaluation), students utilize concepts learned in the course to create, implement and evaluate a health intervention program for a community organization in regards to public health. This large project is completed over the course of the semester and requires much critical thinking and creativity from start to finish. See assignment specifics in folder D11. |
| Cultural contexts in which public health professionals work | Students learn about diverse communities in KINS 260 (Intro to Community Health). Students learn about various health disparities causes, social determinants of health and considerations of working with various vulnerable population groups (KINS 450). |
| Ethical decision making as related to self and society | In KINS 260, KINS 450, students learn about Public Health ethics and serving vulnerable populations. Further, students discuss the challenges of working with vulnerable populations and meeting the needs of the community and public health organizations serving them. A variety of ethical frameworks and concepts needed for decision-making for the individual, community, and societal level are covered in a variety of courses across the curriculum. |
| Independent work and a personal work ethic | In **KINS 465**, students identify an organization and population in need, create an appropriate intervention program, implement and evaluate that program. This requires an incredible amount of independent work and personal work ethic in order to meet the ongoing deadlines, engage regularly with the community members, develop the materials, implement the program, and write up the significant work. |
| Networking | Students get an opportunity to prepare and present research in a conference setting to allow for professional networking within the community and amongst public health organizations and professionals (KINS 400). Students also engage in working directly with a public health professional and/or organization to engage in public health work among the community (KINS 445). Students also have an opportunity to identify and engage directly with public health organizations as they assist in preparing grants for potential submission (KINS 305). |
| Organizational dynamics | KINS 260 addresses public health organizations and infrastructure in chapter two. This is assessed on one exam one and the final exam. |
| Professionalism | Students learn about public health professional and leadership skills and competencies needed in public health before completing professional work at public health sites (**KINS 445**). Additionally, students in **KINS 465** learn about professionalism, appropriate professional organizations to join, and meet with the Pro Edge Office to complete a practice interview. |
| Research methods | Students get an opportunity to identify a research question of interest, conduct data analysis, prepare, and present completed research (KINS 400, KINS 204). KINS 204 is designed as the introduction to research methods and biostatistics, where students first learn about the research process and complete small statistical research projects. In KINS 400, students complete larger research projects from start to finish, including data collection, analysis, and presentation in a formal setting. |
| Systems thinking | Students complete an in-class activity covering systems thinking (Chapter 5) for course feedback and discussion (KINS 452). See syllabus for specifics as well. See chapter 5 discussion outline in D11 folder. |
| Teamwork and leadership | In KINS 465, students work together to assess community/organization needs and implement a public health intervention in the community. As students navigate this enormous project, they quickly learn to step up as leaders and work in a team to accomplish the needed tasks. In KINS 305 (Grant writing), students work with an organization to identify their needs and take on leadership responsibilities in identifying and writing a grant proposal for the organization to submit for funding and/or support. Further, in KINS 445 students are assigned to work with a public health organization on a specific project that they typically oversee and implement themselves. |

1. Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.

Course syllabi and assessments can be found in the Course Syllabi and Assessments folder in the ERF.

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

Not applicable.

## D14. MPH Program Length

**An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion. Programs use university definitions for credit hours.**

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

The UIndy Public Health Program requires that students complete 45 standard credit hours to obtain their degree. There are 22 hours of required coursework, 9 hours of coursework on the concentration (Health Disparities), 9 hours of coursework enabling students to hone their skills in public health based on their desired career path, and 5 hours of coursework dedicated to the internship and integrative culminating experience. This is in the UIndy MPH Graduate Student Handbook (ERF Folder: Handbooks & Manuals).

The program is designed to be completed in the timeline best suited to the needs of the students. For full-time students, the program is completed in 2 academic years, including summer sessions. Otherwise, students may complete the degree following the 3-year or 4-year pattern sheets if they prefer a part-time academic schedule.

1. Define a credit with regard to classroom/contact hours.

The UIndy Public Health Program follows the same credit hour expectations outlined by the university and based on the Carnegie units. The university expectations can be accessed via the link below to the Registrar’s Office and are described for online and hybrid classes below.

<http://uindy.edu/registrar/files/15_17_addendum_uindy_credit_hour_policy.pdf>- Source

In online and hybrid online classes, a 15 week, three-credit hour course entails approximately 45 hours of any combination of the following activities: face-to-face classroom time; watching instructor-defined content, such as streaming video; reading lecture transcripts posted online, PowerPoint presentations, streaming audio, etc.; and, engaging in instructor-defined interactive learning activities, such as discussion boards, chat, or Web conferencing discussion groups. Additionally, students are responsible for 90-97.5 hours of student-directed learning or 6-6.5 hours of student-directed learning per week to achieve the student learning objectives for the course. A reduction in online contact hours for online courses of less than 15 weeks may be compensated for through additional student- directed learning hours.

## D15. DrPH Program Length

Not applicable.

## D16. Bachelor’s Degree Program Length

**A public health bachelor’s degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.**

**Programs use university definitions for credit hours.**

1. Provide information about the minimum credit-hour requirements for all bachelor’s 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 PHEP major at the University of Indianapolis is a 59-hour major, with a few of our courses (e.g., BIOL 203) counting toward general education requirements in order to keep us under the 60 credit-hour maximum recommended by the university. The language in bold print below has been pulled directly from the curriculum guide of the undergraduate public health major. The 120-hour minimum is the credit hour minimum established for all University of Indianapolis undergraduate students and includes both major and general education requirement hours. Please see the undergraduate curriculum guide in D-9 or the ERF (Folder: Curriculum Guides) for specific course requirements included in these hours.

Public Health Education and Promotion is a 59-hour major. A grade of C (2.0 on a 4.0 scale) or higher is required in all courses applying toward the PHEP Major. The Bachelor of Science degree requires a minimum of 120 hours.

This program may require attendance in both day and extended programs classes.

See the General Education Core Guide for additional course requirements (found in Curriculum Guides folder in ERF).

1. Define a credit with regard to classroom/contact hours.

The UIndy Public Health Program follows the same credit hour expectations outlined by the university, which are based on Carnegie units. The university expectations can be accessed via the link below to the Registrar’s Office and are described for face-to-face, online, and hybrid courses below.

<http://uindy.edu/registrar/files/15_17_addendum_uindy_credit_hour_policy.pdf>- Source

**Course Credit, Hour Definitions and Work Expectations**

* + - A unit of credit is one semester hour (or Carnegie unit) which in most courses represents one, 50-minute class period plus an estimated 2.0--2.5 hours of student directed learning per week over the course of a 15- week semester, for a total of no less than 45 student learning hours per credit hour.
    - Faculty expects a minimum of two hours work outside of class for every hour of allotted class time.
    - Applied courses like internships and clinicals will have commensurate hours of faculty and field supervision.
    - A reduction in classroom time or contact hours may be compensated for by additional student-directed learning hours. For example, applied courses like undergraduate research, student-run agencies, service- learning, and other highly experiential courses will have commensurate increases in student-directed learning hours. Conversely, an increase in classroom time or contact hours may be compensated for by a decrease in student-directed learning hours.

**Face-to-Face Classroom Courses**

In a three-credit hour, per-course weekly basis, students are expected to engage in the equivalent of three 50- minute class periods per week, plus 6-6.5 hours of student directed learning per week over the 15 weeks. Typically, during a 15-week semester, a three-credit hour course would meet for 37.5 hours of classroom contact time (three 50-minute periods a week for 15 weeks or two 75-minute periods a week), and typically entail 97.5 hours of student-directed learning (6-6.5 hours a week for 15 weeks) for a total of 135.0 student learning hours.

**Online and Hybrid Courses**

In online and hybrid online classes, a 15 week, three-credit hour course entails approximately 45 hours of any combination of the following activities: face-to-face classroom time; watching instructor-defined content, such as streaming video; reading lecture transcripts posted online, PowerPoint presentations, streaming audio, etc.; and, engaging in instructor-defined interactive learning activities, such as discussion boards, chat, or Web conferencing discussion groups. Additionally, students are responsible for 90-97.5 hours of student-directed learning or 6-6.5 hours of student-directed learning per week to achieve the student learning objectives for the course. A reduction in online contact hours for online courses of less than 15 weeks may be compensated for through additional student- directed learning hours.

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

All general education coursework sought for transfer from other institutions is reviewed by the Registrar’s Office per the instructions outlined on the university webpage accessed: <https://uindy.edu/admissions/transfer-equivalency>

Program Director would receive the information and review the courses for equivalence with any of the PHEP major courses. The decision about transfer equivalency would then be shared with the Registrar’s Office for official documentation in the transfer file of the student.

1. If applicable, provide articulation agreements with community colleges that address acceptance of coursework.

The only current articulation agreement in place for the PHEP major is with Vincennes University. The agreement and curriculum sheet documenting both transfer equivalencies and UIndy courses can be found in the ERF (Folder: Curriculum Guides).

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

The public health major at the University of Indianapolis is in line with other professional degree requirements. These programs tend to be heavier in total major credit hours than those within the College of Arts & Sciences. The Exercise Science Major and the Sport Management Major are two other undergraduate majors in the College of Health Science. These are good examples of other professional program majors

The Exercise Science major is a 59-hour major with the following language pulled directly from their most current curriculum guide. Their guide also can be found on the website here: <http://www.uindy.edu/registrar/curriculum/exsc.pdf>

“Total Credit Hours in Major: 59

* + - Students are encouraged to communicate regularly with financial aid, as an early graduation can impact eligibility for aid during year 1 of graduate school.
    - A grade of C or higher is required for all courses in the Exercise Science major to graduate.
    - Exercise Science majors must be CPR/First Aid certified before taking KINS 470.
    - Prior to entrance to UIndy, it is expected that students wishing to become Exercise Science majors will have had (in high school) math through pre-calculus, 2 semesters each of chemistry and biology, at least 1 semester of physics and 2 years of the same modern foreign language. Students without this prior experience (or who have performed poorly in these classes) can expect to take remedial classes which will likely cause the degree to take longer than 4 years to achieve.
    - The Bachelor of Science degree requires a minimum of 120 hours. See the Curriculum Guide for the General Education Core (ERF Curriculum Guides folder).

The Sport Management major is a 60-hour major with the following language pulled directly from their most current curriculum guide. Their guide also can be found on the website here: <http://www.uindy.edu/registrar/curriculum/smgt.pdf>

“NOTE: The Sport Management major requires a minimum of 60 hours.

* + - A grade of C (2.0 on a 4.0 scale) or higher is required in all courses applying toward the Sport Management Major.
    - The Bachelor of Science degree requires a minimum of 120 hours.
    - See the General Education Core Guide for additional course requirements (ERF Curriculum Guides folder).
    - A student may complete more than one major as long as each major has at least 24 discrete hours.
    - Please see the Academic Catalog for additional details (ERF Curriculum Guides folder).

## D17. Academic Public Health Master’s Degrees

Not applicable.

## D18. Academic Public Health Doctoral Degrees

Not applicable

## D19. All Remaining Degrees

Not applicable.

## D20. Distance Education

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

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

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

The MPH Health Disparities curriculum is delivered as either a fully online and hybrid program (student’s choice), with the majority of the coursework delivered online. The hybrid component requires one face-to-face intensive long weekend on campus each semester. For those selecting fully online, they are required to join the intensive weekend via synchronous Zoom sessions. The remainder of the coursework is delivered asynchronously for all students, outside a few synchronous meetings that may be determined necessary in a specific course prior to a major assignment or to clarify confusion. In this case, accommodations are made for students unable to attend, such as session recordings shared out after the meeting. Course content is delivered via UIndy’s learning management system, Brightspace. The university transitioned from our previous system, a form of Sakai, just during this past semester in the fall 2021. Full transition of all courses across campus during fall 2021 and all instruction will now occur via Brightspace for all students. The learning management system is available to all UIndy faculty and staff for course development and online training programs.

1. Describe the public health distance education programs, including
   1. An explanation of the model or methods used,

All MPH courses have been built online with the help of the instructional design team at the University of Indianapolis and are modeled after the guidelines set forth by Quality Matters, a leader in establishing the quality of online teaching and learning.

Courses are developed by faculty with relevant education and professional experience in that content area. Courses have no more than 20 students unless additional support is provided for the instructor, allowing for easy facilitation of classroom discussions and substantive feedback on assignments. It also enables the responsible faculty to quickly and completely answer any student questions that come up as it relates to the given course.

ACE provides students and faculty with quick and secure access to class materials, syllabi, assignments, and course content. It also offers tools for meeting other student needs.

Course material is provided to students through ACE, with a new learning module opening up at 8:00 a.m. Eastern on Monday morning for the week’s content. This requires that students learn in a format similar to the live classroom, with new instructional content building each week. Each module requires that the faculty member post the week’s overview, learning objectives, reading material, lecture or other instructional content, and assessment. The grade book also is kept up to date as faculty members complete grading so that students consistently know exactly where they stand in any given course.

* 1. The program’s rationale for offering these programs,

The UIndy Public Health Program is provided in an online format to meet the needs of the MPH workforce across the country. The online format provides the most flexibility for working professionals and those who are at a great geographic distance. Many applicants to the program are working professionals who would otherwise be unable to advance their education and public health training. In addition, the hybrid format offered still provides students the chance to connect with one another face-to-face or synchronously in the format they choose. The program has found that this offers the best blend of direct connection with asynchronous instruction to meet the needs of 21st- century learners, balancing so many aspects of life and learning.

* 1. The manner in which it provides necessary administrative, information technology and student support services,

The UIndy admissions counselor is generally the first to communicate with potential students and make sure they understand the format of the MPH degree at the University of Indianapolis. She screens them for potential ability to succeed in the online format and connects them with the program director for further communication if there is any detected unease with online learning or questions about the format of the degree. The program strives to ensure students fully understand the format of the entire degree and how each course will be taught, either fully online asynchronous or hybrid with synchronous or face-to-face meetings.

Once students are accepted and register in the program, all UIndy MPH students are assigned an MPH advisor for the duration of their time in the program. This faculty member will oversee their progress in the program and provide support. Advisors work with students to create a coursework plan that fits their individual interests and career goals, discuss internship possibilities, and help students through any issues that may arise during their time in the program.

In addition, the Faculty Academy helps lead faculty through the online instructional process to help ensure we are offering the highest quality of online instruction. This support structure has been paramount as the online courses have been developed and implemented. They continue to support any faculty needing additional help with online teaching, serving as troubleshooters, helping transition material to online formats, and reviewing courses for instructor feedback.

Technology Support: UIndy has an IT Help Desk available to all students, faculty, and staff. Their contact information is provided in every syllabus. IT support is available during both traditional business hours and beyond. They can also connect remotely to faculty and student devices (using Bomgar) to fix a computer or programming issue.

Library Support: The Krannert Memorial Library is fully available to all MPH students, including all its holdings. This includes access to many course textbooks and current research from major scholarly journals. Students need not be on campus to access their full line of journal and search tools. They only need to log into the system using their UIndy credentials to access resources from anywhere. They also may request articles through interlibrary loan if they are not found in the library databases as full-text articles.

* 1. 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

Each MPH and PHEP undergraduate course are evaluated every semester, with student evaluation information shared with the instructor, program director, and department chair. Once faculty members achieve promotion and tenure, they may choose whether to have every course evaluated or the minimum of two, if that is an option offered by their program or chair. Currently, every course in the public health program is evaluated by students each semester and many include a midterm evaluation as well.

Overall, student evaluation feedback tends to be very positive for public health courses. If there is a theme in the feedback demonstrating that an issue needs addressing in a particular course (e.g., slow faculty response times) the issue is addressed with the faculty member by the program director. As a result of that conversation, a goal will be set with that faculty member during the upcoming annual evaluation cycle l, and the issue will be monitored moving forward.

The academic rigor of the program is evaluated regularly through reviewing the work of the students, discussing their performance in the community with our community partners, reviewing the evaluations of their internship supervisors, and surveying alumni regarding their preparation for the field. The faculty take pride in the rigor of the program and regularly communicate with both applicants and current students that online instruction does not mean easier instruction. Instead, they should expect the same high-quality experience they would receive from us face-to- face but in a more flexible format to meet their schedule constraints. The majority of our faculty teach in both the face-to-face and online formats, so the meeting of expectations for instruction in either format is assessed annually for each instructor (full-time and adjunct) by both the program director and department chair. Courses are regularly reviewed for both formats and feedback offered to all instructors. Per the feedback we’ve discussed in sections B and F of self-study, it is clear that our community partners and internship sites believe we are producing strong graduates, which speaks positively of the rigor of our program.

All the mentioned evaluation data are compiled in the annual department report by the program director and shared with the public health faculty for review and discussion. At this time, rigor and the meeting of professional needs are discussed, as well as any gaps addressed.

* 1. the manner in which it evaluates the educational outcomes, as well as the format and methods.

The UIndy Public Health Program follows the same guidelines as other academic units at the University of Indianapolis. Analysis of course educational outcomes is conducted following protocols outlined by the university, unit, and department. There is a regular program review that is conducted and submitted to the university, as well as an annual report to the department.

**Course Evaluations**

Course evaluations occur in every public health course, graduate and undergraduate, at the conclusion of every semester. Student evaluation information is shared with the instructor, program director, and department chair. Once faculty members achieve promotion and tenure, they may choose whether to have every course evaluated or the minimum of two, if that is an option offered by their program or chair. Every course in public health has been evaluated via student feedback at the end of each term. Many courses also receive a mid-semester evaluation to catch any issues and address them prior to the end of the term.

**AQIP Data**

The university has utilized the Annual Quality Improvement Plan process during the last decade to set program goals and track progress. The Public Health Program set educational outcomes goals that matched a few of the key indicators for both CEPH and NCHEC, tracking individual student outcomes on each matched assessment, reporting these findings to the university, and reflecting on our progress toward our goals. Again, this report is created by the program director after analyzing the data pulled from various instructors in courses across the program. Faculty meet to discuss the outcomes and make sure the program continues to meet the needs of students, the community, and the profession. If gaps are identified, the issues are addressed for the upcoming semester.

**Outcomes Measures**

Student learning is assessed by each instructor using the evaluation tools in the online learning management system or within the classroom. Each course has been carefully planned with the course objectives needed to spread the meeting of foundations knowledge and public health competencies across the program. Key objectives for assessment are tagged by the program director and faculty and reaffirmed prior to each new semester to make sure the key content and skills are being covered and assessed in each of the courses offered in the upcoming semester. The Public Health Program faculty have worked together to list each of the criteria areas, determine in which course(s) the criteria are clearly covered, then discuss and affirm how each criterion is assessed in the appropriate course. Faculty circle back to the criteria document that lists associated courses, assignments, and assessment to reaffirm their validity prior to each semester. Assessment of the student learning objectives and relevant program learning objectives occurs using institutional and programmatic protocols and processes identified by the faculty as appropriate for both in-person and online instruction. Faculty peer evaluation of courses, including outcome assessments, is conducted each semester, in addition to a director review of at least one course for each faculty member and a chair review as well.

See ERF D-20 Folder for templates of course evaluations, peer/director/chair course evaluation forms, and annual evaluation form.

1. 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.

UIndy uses single sign-on technology across all university provided platforms (including ACE). This single sign-on technology is an authentication technology requiring users to use a single username and password across multiple platforms (Email, ACE, etc.). This provides unique security prompts for resetting passwords helping to ensure usernames are not compromised. All UIndy students are assigned a unique UIndy student ID and log-in upon admission and acceptance into a program. This ID and login are used for all university systems. Students are not charged any additional fees for this service. All university communications occur through UIndy email, ensuring the student is verified. Many courses require live or recorded presentations, thus verifying students’ identities.

In addition, many courses require synchronous meetings with the faculty member as well as video recordings for presentation assignments. This ensures that the same student who registered for courses and posed for the student ID is the one in the class. All testing and assessment of students occurs within the learning management system, ensuring that only those with an authenticated UIndy username and password are able to access the materials. The system records user login information and IP addresses each time a student logs into the system, providing documentation if a question arises regarding the physical location of a student matching the location of the registered student.

**Code of conduct or compliance training**

The UIndy Public Health Program adheres to the university’s academic integrity and misconduct policies. If a faculty member or instructor does identify student misconduct, they are required to report the incident, following the specified university process, and initiate academic misconduct proceedings against said student. Students are required to complete academic integrity training as part of their orientation and first week module upon entry to the program.

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

**Strengths**

The university has committed to continually improving virtual and distance learning technology, with the Public Health Program often being offered first access to determine the usefulness of new technology. When the program has asked for new instructional technology or virtual tools, the request has never been turned down to this date. Though the pedagogical tools available for online learning are ever-changing, the program has made a commitment to stay up to date with useful new resources, and the Faculty Academy has been incredibly helpful in providing us with regular updates regarding the technology available to us. At this time, we are pleased with the commitment of the university to support both our online and in-person instruction.

**Weaknesses**

None identified at this time.

# Group E Criteria

## E1. Faculty Alignment with Degrees Offered

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 n affiliated with in Template C2- 1** |
|
| Kara Cecil | Assistant Professor | Tenure Track | MPH, DrPH | University of Kentucky | MPH in Health Behavior and DrPH in Gerontology and Health Management and Policy | Public Health Education & Promotion, Health Disparities |
| Heidi Hancher Rauch | Full Professor | Tenured | MS, PhD | Purdue University | Health Promotion, Health Promotion & Disease Prevention | Public Health Education & Promotion, Health Disparities |
| Angelitta Spells | Assistant Professor | Tenure Track | MS, MPH, PhD | Purdue University | Applied Statistics, Public Health, Health Promotion & Disease Prevention | Public Health Education & Promotion, Health Disparities |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| Biggs, Brenda | Adjunct | Director of Community Health, Indiana University Health |  | MS | Ball State University | Community Health Education | Public Health Education and Promotion |
| Graves, Anne | Adjunct | Vice President of Programs for YMCA of Greater Indianapolis |  | MS | University of Central Missouri | Exercise Science | Public Health Education and Promotion |
| Buttgen McIntire, Anna | Adjunct | Associate Director of Evidence Based Health Initiatives, YMCA of Greater Indianapolis |  | MPH | Indiana University Purdue University Indianapolis | Public Health | Public Health Education and Promotion |
| Runge, Carolyn | Adjunct | Policy and Public Affairs Director at BABY & ME - Tobacco Free |  | DrPHc | University of Illinois at Chicago | Public Health | Public Health Education and Promotion |
| MPH | Indiana University Purdue University at Indianapolis | Master of Public Health |
| Walker, Bethann | Associate Professor | Associate Professor at the University of Indianapolis | 30% FTE | PhD | Indiana University Bloomington | Health Behavior | Public Health Education and Promotion/ Health Disparities |
| MS | University of Indianapolis | Occupational Therapy |
| Yazel- Smith, Lisa | Adjunct | Assistant Research Professor at the Indiana University School of Medicine, Dept of Pediatrics |  | EdD | A.T. Still University | Public Health, Health Education | Public Health Education and Promotion/  Health Disparities |
| MS | Ball State University | Health Science, Health Education |

1. Include CVs for all individuals listed in the templates above.

CVs and resumes can be found in the E1 folder of the ERF.

1. If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.

Each of the primary faculty holds a degree in one or more areas that allow them to teach a variety of subjects and/or instructional areas as the need arises. Additionally, each of the primary faculty are actively engaged in service areas that provide them with additional expertise and training in a variety of areas.

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

The UIndy Public Health Program has a strong variety of primary and non-primary faculty with public health and related degrees and experience. There is a good mix of faculty who work specifically in academia and/or in the public health practice. The current number of faculty in our program is adequate to meet the Program’s current instructional needs.

## E2. Integration of Faculty with Practice Experience

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

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

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

**Primary Instructional Faculty with Significant Health Practitioner Experience:**

* + - Dr. Heidi Hancher Rauch, PhD. Professor and Program Director
    - Dr. Kara Cecil, DrPH, MPH. Assistant Professor
    - Dr. Angelitta Britt-Spells, PhD., MPH, MS. Assistant Professor

**Faculty Adjuncts**

We regularly utilize highly qualified adjuncts for teaching in both the undergraduate and graduate degrees. For example, Carolyn Runge is a regular adjunct for us who brings a wealth of knowledge from years of experience in the field of maternal and child health. She also is completing her DrPH degree, with only her final project remaining to completion. To match her experience, Carolyn often teaches our entry-level content courses, but has also helped with some leadership content in the past. Another example of a regular adjunct who teaches in our program is Dr. Lisa Yazel. She also has worked in the field of health education for over a decade and recently completed her EdD degree. Lisa generally teaches some of our upper-level undergraduate research courses, due to her position as a research director at a local hospital, but also teaches an MPH assessment course and has filled in elsewhere due to her breadth of experience.

**Recent Guests Lectures**

* + - Sandra Messner, Director Arthritis Foundation of Indiana: Guest lectured for KINS 305 in Fall 2020
    - Bruce Guiliani, Corporate Industrial Hygienist for Heritage Group lectured for KINS 260 in Fall 2020
    - Bruce Guiliani, Corporate Industrial Hygienist for Heritage Group lectured for KINS 260 in Fall 2020
    - Charlies McMillan, Georgia Conservancy in KINS 313
    - Shawn Pence, Outbreak Supervisor, Indiana State Department of Health (ISDH) for KINS 440 and MPH 500 in Fall 2020
    - Silvia Huq, STD Prevention Epidemiologist, Indiana Department of Health (IDH) for KINS 440 in Fall 2020
    - Melissa Collier, MD, MPH - Associate Medical Director for Primary Care, Adult and Child Health for KINS 440 in Fall 2020
    - Ashley Clodfelder, PhD - Antimicrobial Resistant Epidemiologist, Indiana State Department of Health for KINS 440 in Fall 2020
    - Dana Hazen, MPH, BSN, RN - Infection Preventionist, Indiana University Health Methodist Hospital for KINS 440 in Fall 2020
    - Deborah Nichols, Director, Viral Hepatitis Epidemiologist, Indiana Department of Health (IDH) for KINS 440 in Fall 2020 and for MPH 505 for Spring 2019 and Spring 2021
    - Jennifer Brown - State Public Health Veterinarian, Indiana State Department of Health (ISDH) in KINS 440 in Fall 2020
    - Abbe Shapiro, Director of Programs and Evaluation, LifeSmart Youth for KINS 236 in Fall 2018 and Fall 2020
    - Chandana Saha, Data Analyst, Indiana Minority Health Coalition in Spring 2021 for MPH 505
    - Dana Hazen, Infection Preventionist, IU Health Methodist Hospital for KINS 440 in Fall 2020 and for MPH 505 in Spring 2018 & 2019
    - Andrea Allen Radford, Health Systems Manager, American Cancer Society for MPH 505 in Spring 2019
    - Yordi Gebru for MPH 500 in Fall 2020
    - Any’E Carson for MPH 500 in Fall 2020
    - Andrea Cox for MPH 550 in Spring 2021
    - Cory Nelson, Customer Success Manager for Grand Rounds for KINS 465 in Fall 2020
    - Kody Martin, Contact Tracing for Indiana Department of Health for KINS 465 in Fall 2020

All primary instructional faculty at the University of Indianapolis have valuable health practitioner experience outside of their primary faculty roles. Their experience is diverse and complementary. The program seeks to leverage this experience to provide students with the best possible preparation for work in the diverse field of public health

Prior to coming to the University, Dr. Rauch served in a variety of public health practitioner roles. From March 2000- August 2001, Dr. Rauch served as Clarian Health Partners Inc., as a Program Coordinator. This work involved the creation and implementation of health education lessons. From August 2001--January 2002, Dr. Rauch was a Corporate Fitness Manager at the National Institute for Fitness and Sport. In this work, she conducted program planning, implementation, and creation of educational materials. Dr. Rauch also worked as an Exercise and Nutrition Specialist developing and implementing health education and screening workshops for the City of Indianapolis with Community Hospital. Dr. Rauch continues this work of health promotion directly in her collaboration with the Indiana Minority Health Coalition (IMHC). In partnership with the IMHC, Dr. Rauch has conducted research and evaluation regarding policy impacts, program evaluation, and professional development training for staff and partners.

Dr. Kara Cecil worked as a grant writing for a human services nonprofit organization prior to coming to the University of Indianapolis. In this role, Dr. Cecil garnered critical experience in the preparation and implementation of grants. This experience is translated into the classroom as she teaches the undergraduate grant writing course for majors.

In addition to the grant writing experience, Dr. Cecil has worked in emergency management planning and evaluation in multiple states and with local, state and federal agencies. This experience supports the public health program as it prepares students for the role public health plays in preparing for and responding to natural and manmade disasters. Dr. Cecil continues this work in emergency management with a state funded grant to create, implement, and evaluate emergency management planning in CMS funded long-term care facilities.

Dr. Angelitta Britt-Spells, brings experience in statistical consulting and health disparities. Prior to coming to the University of Indianapolis, Dr, Spells worked with colleagues on CMS datasets examining health disparities among older adults. Dr. Spells is considered a social epidemiologist who examines the impact of social determinants of health on health outcomes, access, and status. She has been a public health researcher and educator for over 8 years. In addition, she has also served as a statistical consultant and an outreach health worker in the community creating and implementing health promotion/prevention programs among under-served populations. She continues to work with her students to serve underserved and vulnerable populations throughout Indianapolis and neighboring cities. Dr. Spells’ training includes quantitative analysis, health promotion, disease prevention, social epidemiology, and health disparities. Her research includes minority health, access to care, and examining the relationship between health determinants and health behavior/status/outcomes among vulnerable populations.

At the University, Dr. Spells continues her work with community outreach and engagement with multiple community partners. This benefits the program greatly, as Dr. Spells oversees the KINS 445 course which is the professional development internship experience for students in their junior year.

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

The UIndy Public Health Program benefits from the strong institutional commitment to community engagement and service. The faculty culture on this campus is for significant engagement with community partners. This provides many benefits to the campus and community. Faculty engagement supports and even supplements the work of partnering organizations. This allows for improved services and/or expansion of work possible. This outside professional engagement serves the faculty well as it provides relevant professional experience to maintain a high level of engagement in their areas of expertise. The relationships fostered in this work benefit the students through service learning programs, internships openings, and even job placement opportunities.

As always, there are opportunities for improvement in this area. Faculty will continue to engage with community partners. This presents continuing opportunities to bring speakers to campus and invest in growing relationships with ongoing and new partners. As the field is continuing to change, the faculty endeavor to continually invest in new partnerships.

## E3. Faculty Instructional Effectiveness

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

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

**The program supports professional development and advancement in instructional effectiveness.**

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

### Primary Instructional faculty

The UIndy Public Health Program ensures that the primary faculty are informed and maintain currency in their areas of instructional responsibility through a variety of measures. Primary faculty are offered financial support annually to maintain relevant credentials, certifications, and participate in professional organizations and memberships. Additionally, the Department Chair and Program director works with each faculty member to develop and insert methods that allow for continued engagement in professional practice and service activities relevant to each instructor. For example, several core courses require some form of experiential learning project and/or service work that specifically aligns with a public health community-based agency/organization/partner and the expertise of the faculty member. This allows for faculty to teach in the classroom while also being able to actively practice through service work. Thus, being able to actively engage in the community and remain up-to-date on current needs and new methodology. Additionally, the department supports and encourages all faculty to attend conferences and trainings offered in the expertise area of each faculty. Further, all primary faculty members are evaluated annually through a performance evaluation that examines teaching, research, and service progress areas each year. Within this evaluation, faculty are asked to provide and outline documentation of achievements from the prior year and to demonstrate how it pertains and enhances them professionally and in the classroom.

Additionally, faculty are required to outline goals and objectives for the upcoming year in each of the three areas and clearly identify methods in which they intend to achieve those goals.

### Non-Primary Instructional faculty

All non-primary faculty and staff are all actively engaged and working in areas of public health in which they hold expertise and teach content to our students. These non-primary instructors are carefully selected based on their professional expertise. They are all currently employed in the public health field at places including the state department of health, local health departments, public health focused non-profits or other universities.

To ensure all non-primary faculty are up to date in their area of instruction, they are required to have a teaching evaluation conducted by the Program Director. This teaching evaluation includes a written documentation of areas of strength and opportunities for growth, but also a meeting to review and discuss resources on campus that may be available as appropriate.

At the midpoint and conclusion of a course, students complete a student evaluation form for all faculty including non-primary instructors. These are reviewed by the instructor, Program Director, and Department Chair. These provide the program the opportunity to recognize great instruction and support non-primary as they continue to develop as instructors.

All instructors, including non-primary instructors complete course reflections at the conclusion of each semester. These include an overview of course objectives, the instructors experience teaching the course (if any), aspects that went well, and areas of improvement. These course reflections are designed to include comments and/or data from the student course evaluations. Once complete, these course reflections are reviewed by the Program Director and the Chair.

All faculty, including non-primary instructors complete an annual performance evaluation. These include all areas of service. Each year, instructors identify long and short-term goals and then have the opportunity to report on progress toward these in meetings with the Program Director and Chair. These are an opportunity for instructors to reflect on opportunities for growth and improvement in their teaching. These annual performance evaluations include data from student course evaluations as evidence of areas of strength and opportunities for improvement going forward.

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

### Peer Evaluations

Each semester faculty are paired with other faculty within the Department (across other programs) to be evaluated in the classroom setting. Faculty members work to set-up one day during the semester in which their “peer evaluator” comes into the classroom and evaluates them on a variety of areas (knowledge, content, presentation, etc.). At the conclusion of the class period, the faculty member receives the peer evaluation feedback to use to further enhance their instructional effectiveness.

### Supervisor Instructional Evaluations

Each year faculty members are evaluated in the classroom separately by both the Public Health Program Chair and the Department Chair. Faculty members work to set-up one day during the semester in which the program chair and the department chair may attend their class on separate days and evaluate them on a variety of areas (knowledge, content, presentation, etc.). At the conclusion of the class period, the faculty member receives the peer evaluation feedback to use to further enhance their instructional effectiveness. Additionally, the program chair evaluates modules and content for online courses as well once a semester.

### Program Evaluations

Twice a year faculty meet with the Department Chair and Program director to discuss course progress and teaching methodology during their annual evaluation and mid-semester evaluation meetings. During these meetings, faculty discuss with their supervisor key techniques and strategies used in the classroom and their impact on classroom outcomes (e.g., assignment/exam grades, etc.). Based on meeting feedback, faculty are able to further enhance course instruction.

### Student Course Evaluations:

At the conclusion of each course taught by a faculty member, students are asked to complete a course semester evaluation that evaluates faculty instructional effectiveness (e.g., knowledge, content, feedback quality, accessibility/availability, teaching methods, engagement, timeliness of grading). The surveys are anonymous and are provided to instructors after final grades have been submitted for students. Each faculty receives the results of student course evaluations after the survey closes. Information from the student evaluations are reviewed with the faculty each semester with their program chair and annually in their annual evaluation with the Department chair.

1. Describe available university and programmatic support for continuous improvement in faculty’s instructional roles. Provide three to five examples of school or program involvement in or use of 39 of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

### The Faculty Academy for Excellence and Innovation

“Faculty Development at the University of Indianapolis helps faculty members with all levels of experience in their quests to continually improve their teaching, scholarship, and service. Harnessing the expertise of individual faculty from across campus as well as partnerships with the Office of Instructional Design and Technology, Service Learning and Civic Engagement, and the Human Resources Protection Program, among others, we support each individual faculty member in achieving their goals.”

### Professional Development Funds

Professional Development Funds are provided by the University and Collage annually as part of the annual budget and through proceeds from other funds to give support to faculty members in their pursuit of scholarly/faculty development activities. Faculty may use these funds to partake in certifications, trainings, and instructional development opportunities that further enhance them professionally. Activities such as administrative conferences, faculty recruitment, public relations or institutional development, while worthy endeavors, fall outside of the primary goals and purposes of the faculty development fund. Additionally, funds may be requested through the Provost Office if needed by the Faculty member.

### Required New Faculty Orientation

All new faculty members are required to attend and participate in “New Faculty Orientation.” During this orientation, faculty members learn about instructional resources available to them on campus to assist them. Additionally, faculty talk with

### Faculty Mentors

All new tenure-track faculty members are assigned to a tenured faculty member in their program or college during their first year. New faculty meet with their faculty mentor monthly to discuss strategies of teaching.

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

All full-time faculty are evaluated on an annual basis with regard to their progress toward promotion, tenure or successful post-tenure review, and to assess potential salary merit increases based on performance. Adjunct and non-tenured faculty also meet annually with their department chair and program director to assess contract renewal based on progress and performance. Merit pay is determined by performance in each of four (4) areas: administrative, teaching, service, and scholarship. Each individual faculty member, along with their program director and/or chair, determines the selected weight assigned to each category. While the University of Indianapolis is considered a comprehensive University and recognizes the importance in all four of these areas, heavy emphasis is placed on instructional effectiveness (teaching) as a part of determining merit pay and advancement decisional matrix (e.g., promotion, retainment, tenure, advancement, contract renewal). All faculty are ranked by their department chairs and/or deans, based on their aggregate performance in all four areas based on their assigned weightings. These rankings are sent to the University Provost who then makes recommendations to the University President regarding merit pay. Final assignment of merit pay is then decided by the Provost and University President.

Additionally, all full-time faculty have the opportunity to submit in writing a portfolio of their performance, including instructional effectiveness, to the promotion and tenure committee for consideration of promotion and/or tenure at the University. This committee is charged by the Provost to make promotion and tenure recommendations. While not the sole determinant, the promotion and tenure committee does reflect heavily on the faculty’s instructional effectiveness and evaluations in the classroom setting when determining promotion and tenure. Additionally, this committee reviews written evaluation of the faculty member up for review in all of the four areas previously mentioned from their Department Chair and/or Dean. The committee then formulates a recommendation in writing that will be forwarded to the Provost for approval. The Provost then presents their approved recommendations to the President. In the case of promotion, the President will offer final approval or disapproval. In the case of tenure, upon approval of the President, request for approval will be forwarded to the Board of Trustees.

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

The UIndy Public Health Program faculty have identified five indicators that it considers meaningful and that relate most to instructional quality based on the program culture and environment. The following discusses the program’s approaches and performance of each of these five selected indicators over the last three years.

## Faculty currency

**Annual or other regular reviews of faculty productivity, relation of scholarship to instruction -** All Public Health faculty, full-time and adjunct, at the University of Indianapolis are required to participate in one internal annual review with their program director and department chair. This review includes an evaluation of their productivity, scholarship, and performance as it pertains to their academic instruction. All faculty have participated in at least one of these annual reviews each academic year including: 2017-2018, 2018-2019, 2019-2020, and the current academic year.

## Faculty instructional technique

* ***Peer evaluation of teaching*** - The Public Health Program is a part of the Kinesiology, Health, And Sport Sciences (KHSS) Department at the University of Indianapolis. The KHSS department requires that all full-time faculty participate in at least one peer teaching evaluation each semester. As a result, each semester faculty evaluate one other KHSS faculty member and they are also evaluated by another KHSS faculty on their instructional delivery. At the conclusion of each evaluation, faculty are provided feedback from their peer evaluator to utilize for future implementation and improvement. All faculty have participated in at least one of these peer evaluations each academic year including: 2017-2018, 2018-2019, 2019-2020, and the current academic year.
* ***Student satisfaction with instructional quality -*** All Public Health faculty are evaluated in each course at the conclusion of each semester. Course evaluations, anonymously completed by students at the end of each term, contain a set of questions to determine student satisfaction with instructional quality and improvement areas. Questions pertain to a variety of areas including students’ perceptions of a faculty’s knowledge, accessibility, ability to facilitate a positive classroom environment, and most effective teaching strategies. While student satisfaction has been high overall across all areas, we have seen an improvement over the past three years in the majority of these measures

## School- or program-level outcomes

* ***Courses that integrate service learning, as defined by the school or program -*** “Education for Service” is the motto of the University of Indianapolis. Thus, there is a strong emphasis on Faculty including and providing service opportunities for the students and community. In line with the University motto, the Public Health program encourages some incorporation of service activities in core public health courses through volunteering and working directly with organizations to serve the community. Since 2017, at least five of the Undergraduate Public Health courses (KINS 465, KINS 450, KINS 445, KINS 260, and ST 299) and at least one of the graduate level Public Health courses (MPH 590) require students to engage directly in volunteer experiences with populations that they are learning about and/or that may be experiencing differentiate health outcomes.
* ***Courses that integrate community-based projects -*** Public health faculty are encouraged to provide practical experiences in their classroom to encourage concept and knowledge application in the real-world setting. Since the 2017-2018 academic year, At least three Undergraduate courses (KINS 330, KINS 465, KINS 445) and one Graduate level course (MPH 535 and MPH 540) incorporate some level of community-based project initiative working alongside local public health community organizations and agencies in the Indianapolis area.

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

**Strengths**

UIndy Public Health Program faculty are highly motivated to continuous evaluation and enhancement of instructional quality. The Public Health program has a strong faculty evaluation process (for both core and contributing faculty) and good systems in place.

**Challenges/Weaknesses**

Response rates on end of semester student course evaluations for some evals have been low in the past.

**Plans/Actions**

The UIndy Public Health Program intends to begin sending out more frequent reminders to students about evaluation completion and may even consider offering extra credit to encourage a higher response rate.

## E4. Faculty Scholarship

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

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

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

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

The University of Indianapolis is a teaching first institution. Thus, as a University and program, we are committed to excellence in teaching. However, we aim to balance scholarship with both teaching and service. Thus, the University of Indianapolis values and rewards scholarly activity in annual evaluation feedback, the provision of merit raises, and in the promotion and tenure process. The full details of this can be found in the KHSS Faculty Handbook.

The UIndy Public Health Program specifically values scholarship in full time faculty and in part-time adjunct instructors. Consistent with the mission of the University and the tenets of the field of public health, contributing to the body of knowledge benefits the contributor, students, and public. The program supports faculty in the development of this research agenda in a variety of ways detailed in this section including collaboration, internal grant availability, and sabbatical opportunities.

Please reference the Faculty Handbook in the Handbooks and Manuals folder of the ERF.

1. Describe available university and program support for research and scholarly activities.

**Professional Development Funds and Provost funds**

Professional Development Funds are provided by the University and Collage annually as part of the annual budget and through proceeds from other funds to give support to faculty members in their pursuit of scholarly/faculty development activities. Faculty may use these funds to partake in certifications, trainings, and instructional development opportunities that further enhance them professionally. Activities such as administrative conferences, faculty recruitment, public relations or institutional development, while worthy endeavors, fall outside of the primary goals and purposes of the faculty development fund. Additionally, funds may be requested through the Provost Office if needed by the Faculty member.

**Grant Writing and Funding Support**

The University of Indianapolis features an Office of Grants & Sponsored Programs (GSP).

The GSP supports faculty and staff at the University of Indianapolis (UIndy) in the acquisition and administration of contracts, cooperative agreements, grants, and other funding from external federal, state, governmental, and non- profit sponsors. These programs and projects are collectively referred to as ‘sponsored programs.’" This office provides extensive assistance in areas such as: “identifying and interpreting appropriate potential funding opportunities, interpreting proposal guidelines, facilitating institutional approvals, and negotiating institutional acceptance of awards.” This office provides grant writing support that assists faculty members in advancing research endeavors

**Scholar’s Showcase**

Each year, the University of Indianapolis (UIndy) host Scholar’s Showcase. “Scholars Showcase at UIndy is to provide a forum for students, faculty and staff to showcase their creative ideas, innovative pursuits, and scholarly achievements. By sharing ideas and accomplishments in this mutual arena, Scholars Showcase will build and strengthen collaborative relationships across campus, and engage UIndy’s scholars with the surrounding community.” Faculty members are encouraged to partake in the campus wide Annual Scholar’s Showcase to present research conducted throughout the year. This event was further described in an earlier section and provides an opportunity for faculty and students to share their initial findings with the wider campus and community.

**Sabbatical leave**

“After five years of continuous service at the University of Indianapolis, all full-time faculty members may apply for a sabbatical leave to be taken following the sixth year.” Full-time tenured faculty are provided an opportunity to utilize Sabbatical leaves for the purpose of allowing faculty members to advance their studies, research, and/or professional development. Applicants may request a leave of one semester or one full year. “The faculty member receives full salary for one semester or may complete two semesters at half salary.” Upon return from sabbatical leave, faculty members are expected to provide a full report on endeavors and accomplishments during their time to the office of the Provost. Additionally, “Faculty members granted sabbaticals are required to give a minimum of two years’ service to the University following the sabbatical leave”. See Faculty Handbook in Handbook and Manuals folder of ERF for details on sabbatical leave.

1. 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.

The UIndy Public Health Program faculty work to integrate students in their scholarship work whenever possible. There are multiple examples of this integration.

* + Drs Rauch and Cecil work with collaborators at IUPUI to collect data on the impact of COVID restrictions and the work of health educators. The team included student Alli Campbell. As a student contributor, Alli contributed greatly to the literature review, collating of quantitative data, and proofreading of the manuscript. This work was published in the Health Promotion and Practice Journal and the faculty members have used this example to speak with many other students about their opportunities to work with faculty to conduct research, publish, and present professionally as well.
  + Dr. Spells conducts research examining health disparities and the impacts of social determinants of health on health outcomes, status, and quality of care among vulnerable populations. - In her MPH 590 (Health Disparities) course and MPH 505 (Biostatistics) course she regularly shows students examples of completed data analyses conducted in her prior and current research. These often include data tables, graphics/figures, analyses, published articles, research posters and presentations, and work-in-progress.
  + In KINS 204 (Introduction to Biostatistics and Research Methods), Dr. Spells shares prior research examples and IRB documents and protocols with students to work through examples of Research protocols and the research process. Further Dr. Spells often discusses her own research experiences and has guest speakers come in to discuss their own research experiences with students.
  + Dr. Cecil conducts research in emergency preparedness and management. During the 2019 summer session of MPH 582 Victor Benivides worked with Dr. Cecil to compile research on the contamination sites in Franklin, Indiana. The site contamination dating back to the 1990s is linked to many cases of childhood cancers. The work to identify the extent of the contamination continues in consultation with the Indiana Department of Environmental Management and the Environmental Protection Agency. Victor’s scholarship focused on documenting the data collected thus far and relating it to the public. Dr. Cecil often discusses this work and the impact it has on environmental health in her KINS 260 and environmental health courses KINS 313 and MPH 515. It is a perfect example for students in the classroom to better understand how the work we do in public health impacts the lives of many.
* Dr. Rauch conducts much of her professional work in Health Advocacy & Policy - Dr. Rauch frequently talks about her policy and advocacy work in her courses, showing examples of presentations and papers she has completed in this area. After students take KINS 452/MPH 550, Dr. Rauch regularly reaches out to those who seemed particularly engaged with the material to determine their interest in working with her to develop one or more presentation proposals to submit for the SOPHE Advocacy Summit each year. As a result, students in both the undergraduate and graduate degree have submitted proposals over the last three years, with multiple acceptances for presentations. Additionally, a few students have worked with Dr. Rauch to draft an article about the material they presented at the Summit (not yet published). These experiences have provided many examples for Dr. Rauch and the participating students to discuss with others in courses and meetings where there is a highlight on professional opportunities for students.
* Dr. Rauch has served as an outside evaluator and program developer for multiple organizations in the past. In her courses on program planning and assessment, she regularly shows students examples of evaluation reports she has completed and program plans she has created. These often serve as formatting templates for the students who are working on similar projects in their own courses.

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

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| **Student Research Presentations** | | | |
| Student Name | Title | Location | Date |
| Z’Nya Banks and Madison Clark | **Banks-Donaldson, Z., Clark, M.,** and Britt-Spells, A. M**. T**he relationship between employment status and smoking behaviors. Poster Presentation. | Indiana Public Health Association Conference and Annual Meeting.  Indianapolis, IN | April, 2021 |
| Samantha Mundt & Alexis Stewart | **Mundt, S., Stewart, A.,** and Britt- Spells, A. M. Birth control methods used by youth dependent in association with number of sexual partners. Poster Presentation. | Indiana Public Health Association Conference and Annual Meeting.  Indianapolis, IN | April, 2021 |
| Carrie Trznadel and Jocelyn Grider | **Trznadel, C., Grider, J.,** and Britt- Spells, A. M. Is BMI affected by mental health? Poster Presentation | Indiana Public Health Association Conference and Annual Meeting.  Indianapolis, IN | April, 2021 |
| Alli Campbell | Yazel-Smith, L., Bishop, C., Cecil, K., Hancher-Rauch, H., & **Campbell, A.** (student) (2021). Effects of COVID-19 Pandemic on the Professional Roles and Responsibilities of Health Educators. Oral Presentation | *2021 SOPHE*  *Annual Conference (Digital)*. Online, April 2021. | April, 2021 |
| Samantha Mundt and Jessica Koons | Hancher-Rauch, H., **Koons, J., Mundt, S.** (2020). Teaching and Mentoring Advocacy: Comprehensive and Creative Ways to Build Students Skills. Oral Presentation | *2020 SOPHE*  *Virtual Health Education Advocacy Summit* | October, 2020 |
| Sara Kwiatkowski | Hancher-Rauch, H., Spells, A., Wojtyna, A., & **Kwiatkowski, S.** (2020). Demystifying Health Advocacy Using a Layered Approach During Undergraduate Training for Public Health Education Majors. Oral Presentation | *2020 Society for Public Health Education: 71st Annual Meeting*, Atlanta, GA. | March, 2020 |
| Amy Rohr and Madeline Wilks | Hancher-Rauch, H., Britt-Spells, A., Wojtyna, A., **Rohr, A**. (student), & **Wilks, M.** (student). Assessing health literacy behaviors in public health undergraduate students. Poster Presentation | *2019 Society for Public Health Education: 70th Annual Meeting*, Salt Lake City, UT. | March, 2019 |
| Megan Davish, Yordi Gebru, and Shawn Schweitzer | **Davish, M**. (student), Hancher-Rauch, H., **Gebru, Y**.(student), & **Schweitzer,**  **S.** (student). Strategies for the novice advocate: Creating advocacy plans to fight gun violence. Oral Panel Presentation. | *Society for Public Health Education: 20th Annual Advocacy Summit*, Washington, DC, | October, 2018 |

**Independent Research Course (Optional Engagement): 582 and 425**

Each year the UIndy Public Health Program offers an independent (optional) research course for both Graduate (MPH 582) and Undergraduate (KINS 425) student in the program. Students who partake in these optional courses work with a lead faculty member of their choice to construct a research plan/agenda to fulfill over the course of the semester. Students in these roles engage in health education research, data analysis, and presentations working directly under the supervision of a lead faculty member.

**Core/Required Course Integration**

Several courses taught within the UIndy Public Health Program include a required research component for all enrolled public health students. Within KINS 400 (undergraduate) and MPH 505 (graduate) students enrolled in the course conduct independent research and data analysis using survey collections and/or secondary data. Students in both courses learn to present their research in a poster and/or oral presentation style. Additionally, students have the opportunity to present their work in a variety of settings including campus, local, regional, national, or international conferences.

**Undergraduate Research Fellows**

The University supports high performing undergraduate students interested in a career involving research as undergraduate research fellows. In this role, students are assigned to faculty with research agendas of interest to the students. The faculty mentor these students and involve them in their research. It is expected that students will meet regularly with their faculty mentor, participate actively in ongoing research projects, and as able, join in the presentation and/or publication of scholarship completed.

**Paid Graduate Assistantship Position(s)**

The UIndy Public Health Program is able to fund one to two graduate student research assistant positions each year. It is a competitive process to award these positions. Students in these roles engage in health education research and presentations and work with faculty on new and ongoing research projects.

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

While the University of Indianapolis is a teaching first institution, a clear research agenda and outputs are required for advancement. This is outlined in the Faculty Handbook. Unless an instructor is a professor of practice, all tenure track faculty are required to engage in ongoing scholarship. All of the public health instructors have these traditional requirements in place as they pursue advancement. Ongoing evaluation of this effort takes place biannually during the faculty evaluation process. In this faculty complete a lengthy self-evaluation including investments in and outputs from scholarship activities. Based on the contracted distribution of effort, faculty report on their scholarly activities. This is an important process as tenure track faculty work to refine their research agenda and to disseminate their work in the field.

The definition of scholarship is left by the University to the individual departments. In the Kinesiology, Health, and Sport Sciences Department, scholarship is defined as “maintaining currency in one’s field and the process of development implementation, progression and dissemination along a scholarly agenda (p. 18 of the KHSS Faculty Handbook).” Faculty fulfill these expectations by averaging one peer-reviewed presentation per year, demonstrating a scholarly agenda, attending workshops, seminars, and conferences, and including students in scholarship including presentations and publications as appropriate.

Evaluation of faculty scholarship using the criteria outlined in the KHSS Faculty Handbook on page 18 is used in the annual evaluation process and in the awarding of merit raises. Additional expectations are outlined in the KHSS Faculty Handbook for the promotion and tenure process. On page 26, expectations for promotion of assistant to associate are listed and include: author of at least four peer-reviewed publications, a minimum of at least two peer- reviewed publications, verifiable progress toward a scholarly agenda, maintaining CITI certification, and maintaining appropriate professional certifications.

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

Each of the goals below is pulled directly from our department strategic plan. The department is heavily focused on increasing the overall number of faculty in each program who actively engage in research activities and those who engage specifically through community-based research. Because there are only three core faculty in the public health program, our numbers often appear very skewed and high. This is in light of the fact that we have ⅔ of the faculty working towards promotion and tenure (meaning they must meet these research goals). However, the program does not wish to set additional research goals for ourselves, considering that we are such a teaching heavy institution.

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| **Outcome Measures for Faculty Research and Scholarly Activities** | | | | | |
| **Outcome Measure** | **Target** | **2017-2018** | **2018-2019** | **2019-2020** | **2020-2021** |
| Percent of primary/core faculty participating in research activities | 50% | 100% | 100% | 100% | 100% |
| Number of articles published in peer- reviewed journals | 2 | 1 | 5 | 2 | 4 |
| Percent of primary/core faculty who participate in community-based research projects | 100% | 100% | 100% | 100% | 100% |
| Number of Presentations at professional meetings | 2 | 3 | 12 | 9 | 7 |
| Footnote: Because there are a limited number of faculty members in our program and we are a service and teaching focused institution, we strive to ensure and create support for faculty to partake in research annually. Thus, we push to ensure our faculty members are partaking in ways to incorporate the work and coursework into research. | | | | | |

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

**Strengths**

The UIndy Public Health Program benefits from a strong history of scholarly engagement and support for such efforts by the institution. Additionally, this public health program has a history of and interest in continuing to collaborate on scholarly efforts. This collaboration within the department facilitates this process. As faculty that are co-located and work closely in other areas, it is easier to collaborate on scholarship.

There are a wide range of initiatives set-up to support faculty and students in research endeavors. The University offers competitive internal grant opportunities to support faculty in initiating new lines of research. While these funds are limited and awards are competitive, the intent is to support new lines of inquiry initially until external funding may be secured.

Faculty research in a variety of applied research areas and often directly collaborate with and engage community partners in research initiatives that allow for faculty to enhance the classroom experience and provide students with hands-on experience in the current needs.

**Weaknesses**

Challenges to faculty scholarship include the intentional focus on teaching at the institution. As a small program at a teaching first institution, it is an ongoing challenge for faculty to devote adequate time to ongoing research. With three full-time faculty members in the program, the majority of faculty time and energy is dedicated to student instruction and development. It is an expressed goal of the program and institution to involve students in the scholarship process; however, the demands of teaching and student support are necessarily prioritized at times over consistently pursuing a scholarly agenda.

**Plans**

In order to address this challenge, faculty have strategically engaged research assistants in the process of collecting literature and data. In addition to engaging research assistants, faculty have partnered with colleagues at other institutions to collaborate in the research process. This expands the effort available for this work. Finally, the program benefits from the inclusion of some long-term adjunct instructors. These partnerships facilitate the scholarship of faculty and the program.

## E5. Faculty Extramural Service

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

**As many faculty members as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program’s professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.** Describe the program’s definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

The University of Indianapolis outlines expectations for service in the Faculty Handbook. Faculty are clearly expected to serve the University in multiple ways beyond instruction. These may include efforts related to effectiveness and evaluation, committee work, and support of the Office of the Registrar among others areas. In addition to these perfunctory areas of service, faculty at the University may find their interest and abilities of service outside the campus environment. Such service outside the University is explicitly encouraged in the Faculty Handbook. Items listed in this area include: providing professional expertise, membership or service on civic committees, school boards, or community organizations, providing external guest lectures, or workshops, and/or organizing community projects or initiatives.

The majority of UIndy faculty, and all faculty in the Public Health Program have community service as a required portion of their distribution of effort. The Public Health faculty have community service as 10% of their distribution of effort per University contact. This service may be fulfilled in a variety of ways as described in part above. Report and evaluation of this effort is done biannually in the midterm and annual faculty evaluation process. This service is recognized and required by the University’s promotion and tenure process as outlined in the Faculty Handbook. For those moving from the assistant professor to associate professor, only internal university service is required. Only once faculty are seeking to move to the level of full professor are external service expectations outlined.

Though the Public Health Program does not have expectations for extramural service beyond those outlined by the university, faculty are encouraged to consider service to the profession that will help them achieve excellence in multiple areas of evaluation. For example, becoming active in the Indiana SOPHE chapter helps faculty list a relevant service event on their annual evaluations, plus helps them get students involved in service and research work through the organization. This is seen as a great way to meet university service expectations, while also benefiting the program and our students.

In addition, faculty in the program are encouraged to complete community service in ways that help students gain service and professional experience. The university is considered a community anchor, thus all programs are encouraged to engage with the community, as appropriate. For public health, the program is heavily focused on “learning by doing” and this is reflected in the service we provide to the community around Indianapolis. The faculty work very hard to make connections with area non-profit organizations, local health departments, and other organizations where public health students can practice their skills while also meeting a community need. Again, this helps the faculty achieve service expectations for the university and department, while also serving our students and their development. This is the reason that extramural service is written into the goals for both the department and the program.

1. Describe available university and program support for extramural service activities.

The University provides competitive internal grant opportunities for all full-time faculty with one year of service. These grants are available to support travel, time, or other expenses as needed. The purpose of this support is to promote faculty involvement in activities consistent with University priorities which include extramural community service and engagement.

1. Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.
   1. In KINS 305, An Introduction to Grant Writing, Dr. Cecil integrates extramural service in the classroom by leading students through the grant writing process on behalf of local nonprofits. Partnering organizations agree to meet with students permitting them the opportunity to learn about their outstanding needs for financial support. Once a need is identified that may be remedied with grant support, multiple open Requests for Proposals are identified. In consultation with the nonprofit, one opportunity is selected and pursued. The students, with Dr. Cecil and the nonprofit partners, draft a full proposal ready for submission. The decision of whether or not to submit the proposal is left to the partnering organization. However, multiple proposals have been submitted for consideration.
   2. In KINS 445, Skills Application course Dr. Spells mentors students through an extended service experience with partner organizations. This course integrates the opportunity for service learning and faculty led extramural service throughout. Students have the opportunity to interview with potential sites, fulfill instructor approved service experiences. The work completed by students, under the supervision and mentorship of Dr. Spells, provides invaluable support to community partners and the community. Each semester, students in this course host at least one information session about their partnering organization for the campus community. In these sessions, students are able to raise awareness of the health issue addressed by the partner. For some students, this experience grows into a longer formalized internship at the conclusion of their undergraduate degree.
   3. In KINS 465 Program Planning and MPH 535 Program Planning, Dr. Rauch leads students at the undergraduate and graduate level through the process of working with public health community partners (often non-profit organizations) to assess a community need, interview organization staff, then plan, implement, and evaluate a public health intervention designed to meet the established need. During this service-learning activity, students are learning much about public health planning, implementation, and evaluation, but are also helping a community organization meet a need they’ve been unable to meet up to that point. In addition, all program materials and future funding ideas are provided to the organization so that they may continue to offer the intervention, if they wish. For example, during the most recent semester, some students helped a community organization develop a number of short videos for youth regarding fun exercise and nutrition tips/activities that can be viewed at home.
2. Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.
   1. Dr. Spells and Dr. Rauch co-lead the public health honorary Eta Sigma Gamma. This group of public health students engage in a variety of service opportunities including public health education events, canned food drive, and a community garden benefiting the community surrounding the University which is an identified USDA food desert.
   2. Dr. Cecil is the Faculty Advisor for the University Dance Marathon organization. This Registered Student Organization, open to all students but with many public health students in leadership positions, raises money and engages in service to Riley Children’s Hospital and their Riley families. In collaboration with the student leadership and Dr. Cecil, the Dance Marathon students engage in health education opportunities and service activities.
   3. In several undergraduate courses, service hours are required by faculty to partnering agencies. Specifically, in KINS 260, 330, 450 and in MPH 590 all require a predetermined number of hours of service to approved partners. Students complete the identified service and then submit a written reflection of the experience. This permits students the opportunity to not only engage in service, apply new skills, but also to reflect on how their work in the field contributes to the overall goals of public health organizations and communities at large. Students have the opportunity to engage in these service opportunities with current partner organizations with which the faculty have existing relationships.
3. Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

The program has chosen the three indicators below because they tie directly to the service goals outlined in the department’s strategic plan. Our faculty were all part of the process where these goals were written and agreed upon by the department and they match our program needs well. Again, because these are metrics to which we previously agreed and are held to within our department, the program decided to list these and not add additional indicators to our teaching intensive schedules. We provide much service in the community and within our professional organizations, demonstrated by Dr. Rauch’s service on the SOPHE Board of Directors and now the coordinator of the Coalition of National Health Education Organizations. In addition, she serves on the Top 10 Coalition Steering Committee and provides external service to non-profits like LifeSmart Youth and the Indiana Minority Health Coalition.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Measures for Faculty Service** | | | | |
|  | Target | 2018-2019 | 2019-2020 | 2020-2021 |
| All full-time faculty will engage in extramural service (only internal required by the university for ⅔ of current faculty) | 100% | 100% | 100% | 100% |
| Number of faculty-student service collaborations | 5 | 9 | 6 | 7 |
| Number of community- based service projects | 3 | 5 | 3 | 3 |

1. Describe the role of service in decisions about faculty advancement.

The Faculty Handbook outlines the importance of service in the promotion and tenure process. Success in this area is required for consideration for tenure track faculty. Faculty cannot advance without demonstrating a strategic and meaningful commitment to extramural service. Though the expectation for a faculty member pre-tenure is for most service to be within the university, the community-involved nature of the public health program and need to begin establishing higher level service engagement over time has meant that faculty generally start working in this area well before they achieve the level of associate professor. The program relies on the relationships that faculty build through their community service connections to help students gain additional experiences and internships. In addition, the university motto of “education for service” also shines through in the level of service expected of faculty at the institution. These extramural service activities are important for the development of faculty and the ability of the program to prepare students well for their professional endeavors. For that reason, faculty service weighs rather heavily in the annual evaluation of faculty and the types of letters they receive in support of their promotion.

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

The UIndy Public Health Program benefits from a strong commitment to extramural service outlined in the University mission, vision, Faculty Handbook, and promotion and tenure process. This dedication to service codified in the University system supports faculty interest and commitment to ongoing service. All of this benefits the students by engaging them in service learning experiences beginning in their earliest public health major courses.

Challenges to this continued investment in extramural service include lack of time to invest due to heavy teaching loads. The University of Indianapolis public health faculty all teach 12 or more credit hours each semester and teach in the summer. While this heavy teaching load brings great connection to students and investment in their development, however, there is a cost associated with this in terms of time and energy available for extramural service.

# Group F Criteria

## F1. Community Involvement in Program Evaluation and Assessment

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

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

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

The UIndy Public Health Program has two formal structures for gaining constituent input. There is a Kinesiology, Health & Sport Sciences Advisory Board, and there are student representatives who join monthly public health meetings. Both are described here.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Kinesiology, Health & Sport Sciences Advisory Board** | | | | |
| **Program Affiliation** | **First Name** | **Last Name** | **Company Name** | **Email** |
| SMGT | Megan | Barr | Indy Sports Corp | [MBarr@indianasportscorp.org](mailto:MBarr@indianasportscorp.org) |
| PH | Lindsey | Bouza | Indiana Department of Health | [lbouza@isdh.in.gov](mailto:lbouza@isdh.in.gov) |
| PH | Virginia A. | Caine | Marion County Health Department | [vcaine@marionhealth.org](mailto:vcaine@marionhealth.org) |
| PH | Jennifer | Conner | Marion County Health Department | [JConner@marionhealth.org](mailto:JConner@marionhealth.org) |
| SMGT | Gail | Dent | NCAA | [gdent@ncaa.org](mailto:gdent@ncaa.org) |
| EXSC | Lisa | Ford | Franklin Central High School | [Lanneford1@gmail.com](mailto:Lanneford1@gmail.com) |
| PH | Chuck | Gillespie | National Wellness Institute | [chuck@nationalwellness.org](mailto:chuck@nationalwellness.org) |
| PH/EXSC | Anne | Graves | YMCA of Greater Indianapolis | [agraves@indymca.org](mailto:agraves@indymca.org) |
| EXSC | Angie | Hart-Burton | Community Health. Network | [ahart-burton@ecommunity.com](mailto:ahart-burton@ecommunity.com) |
| SMGT | Caleb | Kolby | Indy Sports Corp | [CKolby@indianasportscorp.org](mailto:CKolby@indianasportscorp.org) |
| SMGT | Kellie | Leeman | Indianapolis Motor Speedway | [kleeman@brickyard.com](mailto:kleeman@brickyard.com) |
| EXSC | Gary | Lemke | Interactive PE | [glemke@interactivepe.com](mailto:glemke@interactivepe.com) |
| EXSC | Francis | Neric | American College of Sports Medicine | [fneric@acsm.org](mailto:fneric@acsm.org) |
| SMGT | Christopher | Quetant | USATF | [christopher.quetant@usatf.org](mailto:christopher.quetant@usatf.org) |
| EXSC | Ralph | Reiff | Butler University | [rreiff@butler.edu](mailto:rreiff@butler.edu) |
| PH | Calvin | Roberson | Indiana University Melvin and Bren Simon Comprehensive Cancer Center | [cerobers@iu.edu](mailto:cerobers@iu.edu) |
| EXSC | Melanie | Roberts | National Institute for Fitness and Sport | [mroberts@nifs.org](mailto:mroberts@nifs.org) |
| EXSC | Belle | Servidoni | Public Safety Medical | [Belle.servidoni@publicsafetymed.com](mailto:Belle.servidoni@publicsafetymed.com) |
| SMGT | Bruce | Sigmon | Indiana State Fairgrounds & Event Center | [bsigmon@indianastatefair.com](mailto:bsigmon@indianastatefair.com) |
| EXSC | Jill | Simala | Raymond Park Middle School | [jsimala@warren.k12.in.us](mailto:jsimala@warren.k12.in.us) |
| PH | William | Snyderman | Indiana University Health Methodist Hospital | [wsnyderman1@iuhealth.org](mailto:wsnyderman1@iuhealth.org) |
| PH | Dustin | Ziegler | CICOA Aging & In-Home Solutions | [dziegler@cicoa.org](mailto:dziegler@cicoa.org) |

* 1. **KHSS Advisory Board** information can be found on the department webpage here: [https://www.uindy.edu/health-sciences/kinesiology/kinesiology-advisory-board.](https://www.uindy.edu/health-sciences/kinesiology/kinesiology-advisory-board) Additionally, a list of members, their company affiliations, and their email addresses are contained below. Those labeled as PH have been specifically selected for the board to provide feedback regarding community and professional needs for the public health field and our program. However, we’ve found that a number of the members originally selected for EXSC also contribute to the public health program ideas. This group meets with public health faculty at least once per semester to discuss how our students are performing in the community (internships, practicum experiences, service work), what they are noticing in terms of general professional development needs in students and recent alumni, and emerging professional areas we might want to address. As a result of their feedback, we have tweaked existing courses and even added new courses. For example, it was recommended that we work to build stronger evaluation skills in our students. Thus, we created a stronger research and evaluation training sequence by adding our own course, “Intro to Research & Biostatistics” as a precursor to our upper-level research and program evaluation course.

Students are also provided the opportunity to engage directly with this group, by presenting their final research posters in a professional format once per academic year and by networking with the advisory board during the opposite semester. Online MPH students are invited to participate if they are able. Otherwise, they are provided a separate networking opportunity during an intensive weekend.

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

**Kinesiology, Health & Sport Sciences Board**

The external constituents that make up the Kinesiology, Health & Sport Sciences Board are provided updates regarding the public health program and significant program outcomes (major projects, research, presentations, papers) at the start of each bi-annual meeting. In addition, they receive the newsletter from the department and College of Health Sciences each time it is distributed to keep up with the program’s happenings. Each time the board meets, there is an opportunity for the public health faculty to engage with members regarding program input and feedback. This is when the program faculty share updates and ideas and gather information from the board regarding professional development, the latest trends in the field, and any gaps they have witnessed in our students/alumni. Our board represents major areas of public health work settings, including hospitals, local and state health departments, and non-profit organizations. In addition, many of our current students and alumni have interned with and/or worked for these organizations. Being able to share and receive information with/from this group has helped ensure our students are well prepared for the professional world. During each semester, the board meets one time. During this meeting, time is allotted for program faculty to meet directly with the members from the public health field and ask them about the performance of our students and alumni, as well as seek input on general needs or weaknesses they are observing in the broader field. For example, discussion on this topic during the latest meeting (November 2021) focused on employers noticing new hires need more practice in professional communication and group leadership. The COVID pandemic has meant fewer in-person meetings and communication strategies, thus impacting skills of new professionals in these areas. Based on this feedback, the program currently is considering ways to build more skill development in these areas into our required courses. See minutes from previous KAB meetings in the F1 folder of the ERF for additional notes from this and previous meetings of the board.

**Alumni Employers**

A survey was sent to alumni employers in December of 2020 and again in December of 2021seeking input regarding the preparedness of our alumni for the field. The list included email addresses from known community partner employers, as well as any email addresses shared by alumni willing to have their supervisors contacted. In addition, contacts were asked to share the survey with others at their organization responsible for supervising or engaging with our graduates. Overall, feedback from employers has been overwhelmingly positive, as evident in the shared data sheet. This demonstrates that the basic competencies are being met by our graduates. In addition, 100% of the responding employers stated that they would hire our program alumni again and the majority of ratings related to professionalism, public health knowledge, etc. were 4’s and 5’s out of the 5-point scale. (See responses in F1 folder). However, the main area of interest for the program is the section where we ask “What suggestions for improvement in training of future graduates would you like to make?” A few of the responses included:

* “Work on helping students take knowledge and skills learned, and apply it to other work-related projects to increase critical thinking.”
* “Build in cultural competency workshops and community engagements specifically within developing cultural differences of those being served.”
* “​​How to do their job virtually if need - how do you work from home and manage time.”
* “N/a, the weaknesses are to be expected at this stage of professional development.”

Based on this feedback, no major red flags are evident in areas where our alumni are lacking. However, this information is very helpful in the program being thoughtful in how to best train our students for the field. Cultural competency and understanding priority populations continues to be a large emphasis for our program, thus we’ve added even more training in this area to our health disparities and program planning courses. During COVID, it was a bit of a challenge to engage as directly with priority populations due to safety measures. Direct contact has now been re-established and the program hopes to see continued improvement in working with underserved groups as a result of these efforts. The blank survey and responses from employers are both found in the ERF folder marked as F1.

1. Describe how the program’s external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:
2. Development of the vision, mission, values, goals and evaluation measures

While program faculty were developing the original vision, mission, values, goals, and evaluation measures, the work was shared and discussed during one of the bi-annual KAB meetings. Based on their input, the statements were edited and revised prior to becoming officially adopted and posted on the website.

1. Development of the self-study document

In preparing this Self-Study document, the UIndy Public Health Program has systematically reviewed and evaluated its curricula, policies, procedures, and resources against CEPH guidelines and available criteria documents.

External partners have contributed to this process in various ways; most notably in their participation in the program evaluation activities described in sections B5, and B6. Incorporation of external partner feedback during the development of the self-study document was begun early and will continue to occur throughout the accreditation process.

1. Assessment of changing practice and research needs

During at least one public health faculty meeting each year, the program director provides faculty with the results of the student exit surveys and site supervisor evaluations (both grad and undergrad). At this time, the faculty review to look for themes related to both areas of strength and weakness. In addition, we gather information from community partners regularly (at least twice per year) regarding how well our students and graduates meet the demands of the current workforce. Based on these data, faculty make additional tweaks or changes to the courses or curriculum. For example, we began hearing from both community partners and alumni over the last two years that more training was needed in data management, analysis, and reporting. To remedy this, we added an undergraduate course KINS 204 Introduction to Research and Biostatistics. This will allow for an introduction in this content; then, the students can focus more on applying these skills in their 400-level course. Also, we added greater emphasis on this in the MPH Biostatistics course. This is only one example of how we use data to make program improvements. The process of data collection, analysis, reflection, and program improvement is ongoing.

1. Assessment of program graduates’ ability to perform competencies in an employment setting

Alumni are surveyed approximately one-year post-graduation from the program, with a synopsis of those findings provided in B-4 of the self-study document. Though alumni have thus far been mostly unwilling to have a survey about their professional performance sent directly to their supervisors, we have worked to gather information from the members of our advisory board about how our students are performing once hired. We have been able to do this because a number of our graduates have sought employment within the organizations represented on our board. Based on their feedback, we have added content (professional communication, interview skills) to courses, increased certain skill development activities (program evaluation, professionalism in virtual environments), and even added the course KINS 204 Introduction to Research and Biostatistics.

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

See examples of notes from KAB meetings provided in the ERF folder F1. In addition, see samples of public health meeting minutes where community feedback was discussed and decisions made regarding course changes.

Finally, site supervisor feedback on students’ performance just prior to graduation from the program is uploaded in the folder. As mentioned above, all this feedback is utilized to develop the annual department report by the program director, which is then shared with program faculty for discussion regarding potential program changes (noted in faculty meeting minutes uploaded in ERF folder F1).

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

**Strengths**

The program has worked regularly with community partners to discuss how our students are performing, both formally and informally. The KAB has been providing this type of information for the last eight + years, and we more recently began collecting more formal evaluations for discussion and tracking as we moved toward accreditation.

The regular communication we have with community partners and internship sites has allowed us to stay on top of community needs and adjust our program to meet the needs of the profession.

**Weaknesses**

None observed at this time.

## F2. Student Involvement in Community and Professional Service

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

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

Community engagement is a key component of the KHSS Department Strategic Plan (located in ERF Introduction Folder) as it relates to student engagement. In addition, the University of Indianapolis motto is “Education for Service.” For these reasons, service is a key component of the educational experience for all students in the UIndy Public Health Program. Both undergraduate and graduate public health students are introduced to community and professional service opportunities on a frequent and ongoing basis throughout their academic studies. Students receive information regarding these activities in various manners, including in-person classroom announcements, LMS online announcements, emails through the program listserv, digital messages on TV monitors around campus, and direct invitations (e.g., from the Eta Sigma Gamma leadership or the program director). Community organizations regularly contact UIndy public health faculty to share upcoming opportunities for students to serve as volunteers, interns, and/or participants for a variety of events and activities. Faculty both encourage and require students to attend and participate in these activities, depending on the specific course. Faculty regularly explain the importance of these opportunities to students, encouraging them to use the chance to build their resumes, increase their public health skills, and develop their public health network. Many of our courses also require a set amount of community service or educational programming where students earn course credit or extra credit for the work.

Because all undergraduate students are required to take face-to-face courses, they complete the majority of their service experiences in the Indianapolis or surrounding areas. However, graduate students may live in various parts of the country, or even across the globe. In these instances, the faculty who teach the courses requiring service or community engagement components work directly with those students to brainstorm the types of settings of greatest interest to them. Once a specific type of setting is selected, the faculty member helps the student consider which organizations in their area might be a good fit for the experience and how they might get in touch with an appropriate person at that organization. Though the program has students in vastly different locations, we always have been able to find a connection for each of them in their own towns or very close proximity.

In terms of required service hours in courses, the UIndy Public Health Program has established a tiered approach to community engagement. Students early in the program are encouraged to provide volunteer service alongside upper-level students who often have planned the public health service event. As students grow in their training, they transition to the roles of service event planners. We have found that getting students involved early and often in community engagement has led to them developing strong professional networks in the public health sector around the city.

Another significant path for community engagement and service for our public health students is via our Eta Sigma Gamma (ESG) honorary and student organization. Our ESG chapter has been very active, planning many professional and service events. These opportunities are shared with all undergraduate and graduate students in the program, as well as interested students outside of public health. For example, just within the last couple of months, the group hosted a virtual webinar about domestic violence that they followed with a clothing and food drive to benefit a local shelter. Monetary donations for the drive were received from students in various locations, as well as the drop off donations accepted in the Health Pavilion. For the virtual webinar, students from both near and far participated in the learning event. Additional recent sessions hosted by ESG included virtual discussions about what you can do with a public health degree and a second one on how to get engaged in health policy and advocacy. Again, students from both the undergraduate and graduate degrees engaged in these sessions because they were offered in a convenient virtual format.

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

The following information is pulled directly from our annual Public Health Program Report to the Department of Kinesiology, Health and Sport Sciences for AY 20-21 (these outcomes are rather consistent year-to-year) and directly related to our meeting of the community engagement goals. Because we have so many examples from a single academic year, we did not feel it was necessary to provide information for the two years previous.

Community service and involvement is a key component of our program, and the numbers provided below are rather consistent from year to year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# of JR/SR students state, regional, or natl presentation(s)** | **% of JR/SR students state, regional, or natl presentation(s)** | **# of Grad students state, regional, or natl presentation(s)** | **% of Grad students state, regional, or natl presentation** | **Total program students attendance at prof meeting** |
| 3 | 4.30% | 17 | 57% | 40 |
| **# of UG students involved in program service/applied learning project/activity** | **% of UG students involved in program service/applied learning project/activity** | **Note: It is impossible to separate the students from class to class, but see list of experiences below. 100% of our PH students were involved in projects this year** |  |  |
| 60 | 100% |  |  |  |

* 1. Summary student involvement in program service/applied learning projects/activities (include list of activities/organizations)
* KINS 305: 100% Grant writing, local nonprofit (e.g. Resources of Hope, Restored, Inc., Concord Neighborhood Center, Pink Ribbon Connection)
* KINS 330: 100% planned large scale community engagement that was cancelled due to CoVID-19
* KINS 106 - 100% - Super Saturday or personal service opportunity
* KINS 260 - 100% Students are completing 4 hours of community service at approved nonprofits related to public health
* KINS 445 - 100% engagement- Pink ribbon connection (Bras & Breakfast), Indianapolis Black Barbershop Initiative, Restored (Human Trafficking Awareness), Special Olympics (Hoops for Health), YMCA (DPP), Indy Hunger, IU Health Adult Academic Health Center (AAHC), Hoosier Environmental Council, ISDH, CICOA, Smoke-Free Indy, Indiana Minority Health Coalition
* KINS 465 - 100% of students provided a health education/promotion program for a community partner like Joy’s House, Damien Center, Altenheim Senior Living Community, Raymond F. Brandes School #65, Down Syndrome Indiana, etc.
* MPH 515 – 100% of students participated in community service
* MPH 535 - 100% of students provided a health education/promotion program for a community partner like Boys & Girls Club of Indianapolis, Laurelwood Housing Complex, Boner Fitness & Learning Center MPH 590 – 100% of students participated in community service (e.g., Gleaners, Indy Hunger, Pink Ribbon Connection)
* Other courses also provided community service or applied learning activities: KINS 400, KINS 425, KINS 450

In terms of professional service, our students also were highly engaged. Again, the following information is pulled directly from our annual Public Health Program Report to the Department of Kinesiology, Health and Sport Sciences for AY 20-21 (these outcomes are rather consistent year-to-year) and directly related to our meeting of the community engagement goals. In addition to what is reported below, we have a current graduate student on the board of directors for the Indiana Society for Public Health Education who also serves as a student ambassador for national SOPHE. We are very pleased with our students’ level of engagement in the community and profession. The program works hard to lead by example.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# of JR/SR students state, regional, or natl presentation(s)** | **% of JR/SR students state, regional, or natl presentation(s)** | **# of Grad students state, regional, or natl presentation(s)** | **% of Grad students state, regional, or natl presentation** | **Total program student attendance at prof meeting** |
| 3 | 4.3% | 17 | 57% | 40 |

* 1. Summary of UG and Grad research involvement within the profession
     1. 3 undergrad students InSOPHE case study
     2. 3 undergraduate students presented at the state or national level and attended the associated conferences
     3. 2 undergrad presentation at SOPHE virtual advocacy summit (oral)
     4. 17 graduate students presented at the Indiana Public Health Association Conference, UIndy Scholars Day, the SOPHE conference, and the SOPHE advocacy summit.

1. Summary of UG and G participation at professional meetings/conferences

The program had approximately 40 students attend at least one professional meeting or conference over the last academic year. Because many meetings were pushed to a virtual format, it was actually much easier for students to engage. For example, each of the students listed above as a presenter also attended the conference at which they presented.

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

**Strengths**

Community engagement and service is a significant component of the Public Health Program at the University of Indianapolis. We pride ourselves on the amount of good we do within our communities, both locally in Indianapolis and the towns in which our students live across the country. We help connect students with opportunities and organizations in the communities where they live and work, providing service that benefits both the students in their professional development and the communities who receive the benefit of their services. We believe community engagement is a key marker of our program. We are known for this in the community, resulting in more organizations contacting us for help in a given semester than we can even fill with students.

**Weaknesses**

None identified at this time.

## F3. Assessment of the Community’s Professional Development Needs

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

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

Through professional development activities, the UIndy Public Health Program primarily serves the public health professionals within the region immediately surrounding Indianapolis, referred to as the Indianapolis Metropolitan Statistical Area (MSA). The rationale for this is that our trainings have previously been hosted physically on campus, either in the meeting spaces of our student center or in the Annis Theatre of the Health Pavilion. The previous face-to-face events have included panels on diversity, equity, and inclusion practices; updates on health equity in the state from the Indiana Health Commissioner, and discussions about the impact of the built environment on public health. For face-to-face events, we’ve found that those who can reach the campus in an hour or less tend to be most likely to attend. Due to COVID, we’ve also begun offering more virtual training which included professionals from across the state and country. Many of these are planned in coordination with National Public Health Week and included in 2021 the following: a virtual webinar regarding “Advancing Racial Equity”, a face-to-face screening of the movie “Cooked: Survival by Zipcode” with a discussion following regarding racial equity, a virtual presentation including multiple community experts regarding what has changed and not changed in terms of racial equity since the making of the movie “Cooked: Survival by Zipcode” (registrants from across the country could sign up in advance and receive a link to view the movie).

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

The UIndy Public Health Program regularly considers the professional development needs of the region through our review of available community metrics. For example, our program is actively involved in the work of the Top 10 Coalition, which “is a catalyst for change, aligning partners' individual strengths into a collective power for improved community health.” As a member of this coalition, we regularly are updated on the latest health metrics for our MSA ([http://top10in.org](http://top10in.org/metrics/)) and participate in work teams designed to decrease the burden of chronic disease within the community. The metrics provided to Top 10 and shared with coalition members are updated at least yearly. An example of some current data available on the Top 10 website that we use to determine professional development needs has been uploaded in the ERF folder for F3.

Additionally, our program is very involved in the Southside Quality of Life Team (<http://soindy.org/>), most regularly engaged with the activities of their Health & Wellness Action Team. Per their strategic plan, the Action Team conducts activities related to “Vision Statement 7: Healthier food options are accessible, affordable and locally sourced. Strategy 7.4: Increase individual home gardening in South Indy.” The UIndy Public Health Program has worked with the coalition to review the needs assessment data upon which these strategies are based, then provided both service work and training opportunities to help meet the needs of the community. The Health & Wellness Work Plan is uploaded in the ERF folder for F3.

Finally, the University of Indianapolis participates in a professional relationship with Community Health Network, a large not-for-profit healthcare network in the region. Because of this partnership, the university has been included in a number of the hospital’s activities designed to address community needs. The network participates in the regular Community Health Needs Assessment (CHNA) required as part of the Affordable Care Act and shares a report with partners. Both the latest full CHNA for Indiana and the last report of Community Health are provided in the ERF folder for F3. This is yet another source of data utilized by the Public Health Program as we plan our training events in a given year. Based on the data we’ve gathered from the above sources, we’ve offered trainings (including CHES credits) during National Public Health Week on topics like tackling the opioid epidemic, provided online webinars (Public Health Response to the COVID Pandemic), and regularly offer our expertise to organizations like the Indiana Society for Public Health Education, the Top 10 Coalition, Indiana Safety & Health Conference attendees, and the Indiana Public Health Association for presentations on requested topics. These presentations most often count toward continuing education units for attendees.

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

**Strengths**

Because of our location in the capital city of Indiana, we have access to incredible amounts of public health data and organizations wishing to utilize our professional training expertise. This, in combination with our efforts to offer professional development events of our own, has allowed us to become known in the city as an active and expert program. We have also utilized these types of community trainings to attract individuals to our program as they seek to further their education.

**Weaknesses**

Due to the COVID pandemic, fewer face-to-face trainings have been offered. For example, our 2020 National Public Health Week events and trainings that offered CHES CEU hours were canceled. Funding for travel and professional presentations also has been reduced. However, we’ve been able to make the best of it and pivot to online webinar types of trainings, which we will continue into 2021.

## F4. Delivery of Professional Development Opportunities for the Workforce

**The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3.**

**Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.**

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

The UIndy Public Health Program prides itself on helping meet the professional development needs of the Indianapolis region. In addition, an expectation within our department’s strategic plan relates to the number of professional presentations we provide annually. To determine topics for those presentations, the faculty reference the data shared in F3, rely on our community connections to alert us regarding their training needs, and look to our professional organizations to offer suggestions regarding training needs. We are actively involved in both the Indiana Society for Public Health Education and the Indiana Public Health Association, even hosting the annual meetings on campus at times. Prior to or during the call for proposals for each conference, the faculty generally work with students to develop and submit proposals for presentations at one or both conferences. Also, faculty have been tasked with less formal presentations, such as a presentation on culturally competent language to use within communities (provided to the Top 10 Coalition). Public health faculty meet at least once per month and keep a running list of upcoming professional events, as well as students and faculty presenting at each. This helps ensure we are working toward meeting the department’s strategic goals and offering our expertise in the community.

Finally, the program undertakes the planning of special events around National Public Health Week each spring. Based on the needs discovered via review of data provided in F3 and conversations with leaders of the state chapters of the professional organization above, the program selects a theme for the UIndy Public Health Day that is tied to the outlined themes for the national events. The program director and MPH graduate assistants are then in charge of planning the event, pulling from the ideas of program faculty and students. This event is one of the main ways we strive to meet professional development needs each year outside of our presentations for professional organizations.

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

**UIndy Public Health Day**

The UIndy Public Health Program also has undertaken the planning of our own professional development events, which include the sharing of various types of presentations. For example, the program began offering special events during National Public Health Week each April.

**2019**

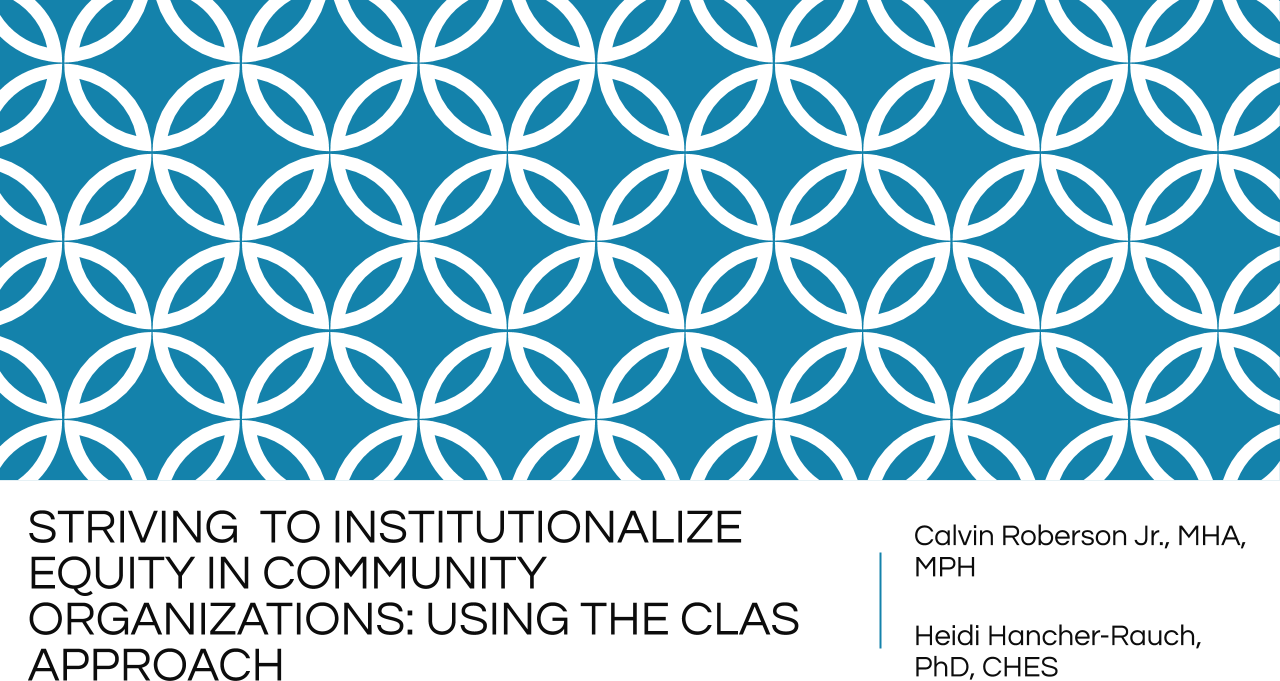
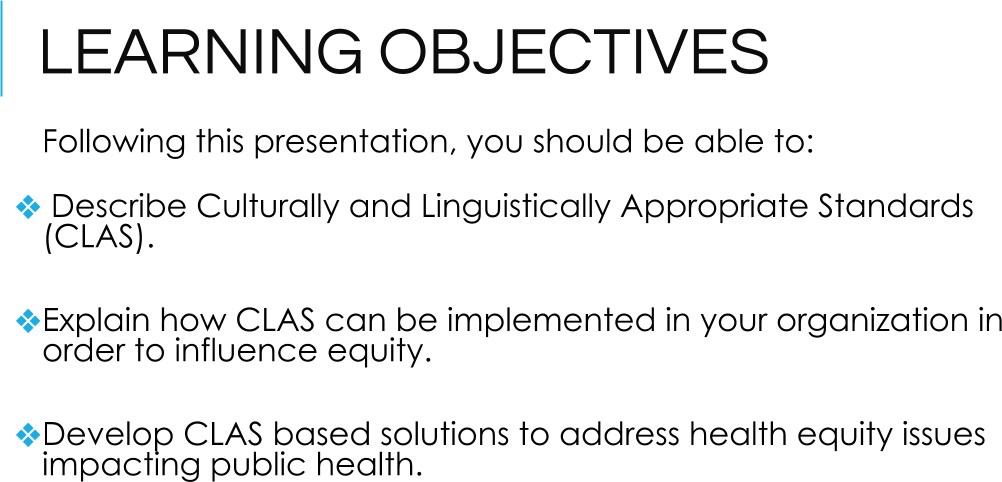
The 2019 event included presentations by the Indiana State Health Commissioner and the President and CEO of the CDC Foundation. This event attracted attendees from across the state, was free of charge, and provided CHES CEUs. Advertisements for the event were shared through Indiana SOPHE, across university social media platforms, and through various community partners. Here is a link to one pre-event write up from the school: [https://news.uindy.edu/2019/03/27/national-and-state-health-leaders-visit-university-of-indianapolis-for-public-](https://news.uindy.edu/2019/03/27/national-and-state-health-leaders-visit-university-of-indianapolis-for-public-health-day-event/#%3A%7E%3Atext%3DINDIANAPOLIS%E2%80%94As%20the%20nation%20observes%2Cfrom%20the%20public%20health%20sector) [health-day-](https://news.uindy.edu/2019/03/27/national-and-state-health-leaders-visit-university-of-indianapolis-for-public-health-day-event/#%3A%7E%3Atext%3DINDIANAPOLIS%E2%80%94As%20the%20nation%20observes%2Cfrom%20the%20public%20health%20sector) [event/#:~:text=INDIANAPOLIS%E2%80%94As%20the%20nation%20observes,from%20the%20public%20health%](https://news.uindy.edu/2019/03/27/national-and-state-health-leaders-visit-university-of-indianapolis-for-public-health-day-event/#%3A%7E%3Atext%3DINDIANAPOLIS%E2%80%94As%20the%20nation%20observes%2Cfrom%20the%20public%20health%20sector) [20sector.](https://news.uindy.edu/2019/03/27/national-and-state-health-leaders-visit-university-of-indianapolis-for-public-health-day-event/#%3A%7E%3Atext%3DINDIANAPOLIS%E2%80%94As%20the%20nation%20observes%2Cfrom%20the%20public%20health%20sector) More than 50 people attended the event held in the Annis Theatre of the UIndy Health Pavilion.

Attendees were a combination of UIndy faculty, staff, and students, as well as many individuals from across the region. Though the exact number of non-UIndy attendees is hard to know, it was estimated that at least half of the attendees were from off-campus.

**2020**

Though an in-person event was planned for UIndy Public Health Day 2020, the program was forced to quickly pivot to an online training held on April 8, 2020. The advertisement for the event has been uploaded in the ERF folder F3 for reference. Approximately 30 people attended the event, with 5 from outside the university.

**Top 10 Coalition Presentation:** “Striving to Institutionalize Equity in Community Organizations: Using the CLAS Approach”. The UIndy Public Health Program Director presented this with a partner from Indiana Minority Health Coalition at Top 10 Coalition Quarterly Meeting on Sept. 5, 2018. The coalition has over 110 partners and approximately 50-60 people attended this event, all from outside the University of Indianapolis. Attendees represent those working to reduce chronic disease all around the Indianapolis region. The title slide and objectives are pasted here:



**Cultural Competency Presentation to WIC Staff in Indianapolis, October 9, 2020**

Dr. Ange Spells provided two sessions on cultural competency to staff at the Indianapolis WIC office with approximately 20 people in attendance. The goal was to help staff better understand and meet the needs of the community members they serve.

**2021**

During National Public Health Week 2021, the program offered multiple events designed to help public health professionals and community members address health inequities in their communities. As part of this, a professional panel was hosted virtually and invitations went out via multiple channels (direct email, social media, Indiana SOPHE invitation, etc.). Registrants were sent a link to view the documentary “Cooked: Survival by Zipcode” ahead of the presentation. They were then able to log in and hear about continued issues in health equity from experts across the region. At the conclusion of planned remarks, participants were able to ask questions of panelists. See the F3 folder for an advertisement related to the event.

**Professional Presentations Provided in Last 3 Years**

The public health faculty and students regularly offer their expertise at local and national conferences. Though it is difficult to say exactly how many people attended each session presented, SOPHE conferences generally attract around 700 attendees, Indiana Public Health Association conference (INPHA) hosts a minimum of 100, and APHA hosts around 9,000. These are the three main conferences at which our faculty and students present. You will find a list of only those presentations shared since 2018 in the ERF folder F3.

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

**Strengths**

The UIndy Public Health Program strives to share our expertise regularly with the community around us, both near and far. Our trainings provided through UIndy Public Health Day are a really exciting opportunity we plan to continue. With more trainings now being virtual, we also will continue webinars and other events. We feel good about what we are providing to the community and believe our work has helped us become known as regional experts in tackling health disparities.

**Weaknesses**

We would like to increase attendance at our events from those outside of UIndy. We will continue seeking ways to advertise our opportunities and hope that the COVID pandemic will soon lighten so that individuals feel they have the time and capacity to participate in the events that we offer.

# Group G Criteria

## G1. Diversity and Cultural Competence

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

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

1. List the program’s self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The University of Indianapolis is committed to recruiting a diverse complement of students, faculty, and staff. This commitment is evident through the efforts of the Office of Inclusion and Equity, the work of the Equity and Inclusion Committee, and the strategic priorities developed by the university around these issues (<https://uindy.edu/inclusion/>).

For this self-study, the MPH program leadership convened an MPH Diversity and Inclusion Committee to consider the program’s priority populations. This committee is racially diverse and composed of MPH faculty, a community representative, and an MPH student. In addition to racial diversity, the committee is geographically diverse; the community representative was born in Vietnam, grew up in the United States, and currently lives and works in Thailand; one of the core faculty members is originally from Canada; and the other representatives are from the United States. The recommended priority populations were then brought before the core MPH faculty, where there was further discussion. Program leadership also met with a representative from human resources to get input on recruiting for a diverse faculty.

**Students**

As noted in Criterion B1, the program strives to reduce health inequities across communities. In order to reduce inequities, it is necessary to work with and train a diverse group of public health professionals. In striving to achieve this goal, the program has established a priority to train underrepresented populations as listed here:

* + - First-generation college students
    - Students from racial and ethnic minority groups

**Faculty**

The program faculty are a small group, including only three full-time university employees, two Caucasian females and one Black female. Though this breakdown does mirror the university and program student population, we are aware that the limited diversity within the core faculty requires us to bring in outside perspectives from additional groups. Diversity in perspectives is sought through bringing in guest lecturers, community partners, and adjunct instructors who self-identify as LGBTQ+, male, and non-white. Should the program be granted a new hire or need a replacement hire in the near future, the program agrees that the priority would be to actively seek applicants who are culturally and/or gender diverse from the current group of faculty. In addition, the program has sought ways to ensure that our current faculty members from underrepresented groups are receiving the support needed to achieve promotion and tenure within the next two years in order to retain those members.

Currently, the university student body is 63% female and 65% white, with 11% reporting as Black, 7% Hispanic/Latino, 7% international, and 9% unknown/unreported/other. In 2019, 45% of UIndy students received Pell Grants, and approximately 40% of the student body generally represents first-generation college students ([http://www.uindy.edu/admissions/first-generation-scholar#](http://www.uindy.edu/admissions/first-generation-scholar)).

Currently the PHEPH program student body is 87% female, 9% reporting as Hispanic/Latino, 10% reporting as Black, 9% as Asian and 7% as Multi-Racial. The MPH program student body is 95% female, 14% reporting as Hispanic/Latino and 23% reporting as Black.

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

The university has established a number of goals and resources designed to support students from the underrepresented groups described above. Resources for students include the Academic Success Center, Professional Edge Center, UIndy Writing Lab, Office of Inclusion & Equity, and the Emerge Program, which provide students with the tools to transition to college life and handle associated academic rigors. There also are a number of grants and scholarships available to students who meet the qualifications for need, such that 90% of our freshmen typically have some form of aid.

The UIndy Public Health Program has a specific goal to recruit and retain underrepresented students, utilizing resources in place within the university and by developing mentoring relationships with students. In order to better do this, we’ve begun offering more activities through Eta Sigma Gamma that are focused on diversity and helping students better connect with the program. These events are open to all public health students and offered in both virtual and face-to-face formats. The program is also working with ESG to implement a new mentoring program where upper level students host “open hours” one or more times per week. This time will be designed such that students who have questions, need support, or just want to chat with an upper level student can do so. The idea is that this can be utilized to grow support for students who may be struggling or feel underrepresented.

Though the program does not anticipate any new hires within the next year or so, there is an incredible emphasis placed on retaining our current faculty members, especially those from traditionally underrepresented groups in academe. For example, the program director regularly meets with the faculty members to ensure they are making progress toward promotion and tenure. In addition, collaborative research projects have been proposed and completed to help faculty achieve the level of expected scholarship for promotion. Per mid-tenure review processes, the supports provided are working and the program is confident that the two faculty scheduled for promotion and tenure evaluations during the 2022-2023 academic year will be successful.

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

To recruit students into the Public Health Program from underrepresented groups, the program has committed to offering presentations on health inequities and public health for interested teachers across the region. Over the last 24 months, these presentations have been provided to students in rural areas (e.g., Jay County High School) and urban settings (e.g., Crispus Attucks High School), as well as suburban locations (e.g., Valparaiso High School).

We also work closely with the Metropolitan Indianapolis Central Indiana Area Health Education Center MICI-AHEC) to advertise our program and grad assistant positions to their Health Career Camp alumni, provide presentations during their career fairs and camps, and even offer a graduate assistant position through their office.

On a more personal level, faculty individually meet with each student in the program at least twice per academic year for academic and career advising. During this time, we specifically seek to learn about our students, their individual needs, and the resources they need to help them succeed. Struggling students are quickly identified and connected to available university resources such as those listed above. Struggling students are identified during each program faculty meeting, strategies to help them succeed are discussed, and then a faculty member or the program director reaches out directly to the individual students regarding strategies for success.

In addition, the fact that our MPH concentration is in Health Disparities lends itself to recruiting groups most interested in tackling societal inequities. The lens of addressing health inequities is intertwined through both the graduate and undergraduate course materials, service opportunities, and assignments. Faculty make a distinct effort to make all students feel welcome and regularly discuss how public health specialists tackle racism, inequity, and injustices in their communities across the nation. The program believes these regular conversations help underserved students feel welcome and students from the majority group to understand better their roles in addressing these important societal issues. By creating this environment, we believe we can increase recruitment and retention of students from the underrepresented groups listed above.

Related to underserved faculty members or those from traditionally underrepresented groups within academe, the program has worked hard to maintain regular communication with the faculty members and the program director in order to ensure adequate support. The program director meets with faculty members individually at least once per month, treating them to coffee and discussing how they are feeling about their jobs, their support, and their progress toward their personal goals. When concerns or issues arise during these meetings, the program director reaches out to the department chair or dean to discuss ways to better support the public health faculty. These conversations have resulted in additional support for co-authoring scholarly work and additional travel funds to support scholarly needs. As a result of these discussions and the continued support of the university, unit, department, and program, there is much confidence that the faculty members will be successful in their submission for promotion and tenure in the fall of 2022.

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

The faculty within the UIndy Public Health Program regularly engage in training related to cultural competence, both designed to further their own skills and train others. Because our MPH degree focuses on health disparities, the majority of courses we teach include a component of cultural competence training or awareness. This helps the faculty stay apprised of their own competence levels and those of their students. Regular reflection and efforts to increase competence are expected of both faculty and students. For the undergraduate students, training in this area begins no later than their Introduction to Health in Diverse Communities (KINS 260) course where they learn about the disparate health outcomes experienced by members of our communities. They build on this knowledge as they learn to apply ecological approaches to population health during their Theory of Health Behavior course (KINS 236), add further to their skills during their Health Disparities course (KINS 450), and apply their skills to directly work with a group different from themselves during their Program Planning, Implementation, and Evaluation course (KINS 465).

As part of the MPH requirements, students take an entire course on Cultural Competence (MPH 530), where they learn to reflect on their personal and professional abilities before helping a community organization improve their ability to serve diverse community groups. They also take a Health Disparities course (MPH 590), directly focused on helping them better understand and serve underrepresented communities. Finally, they must directly serve a group who experiences health disparities during their Program Planning and Proposal Development course (MPH 535). Though these are the most specific experiences highlighted through their coursework, they complete many more assignments and activities during the course of their students. For example, their Global Health course (MPH 575) highlights inequities across the globe, and their Health Policy & Advocacy (MPH 550) course highlights the ways laws are used to either help or hinder underserved groups.

Because of our specific program focus and aims, the faculty strive to introduce students to diverse speakers, community engagement opportunities, and coursework. We recently offered a Minority Health L/P event (Learning and Performance event which is part of general education requirements for undergraduates). The event brought together a number of community members who work for public health organizations who seek to improve the health of community members from minority populations. These speakers were diverse themselves, as were the students who attended from across campus, including both undergraduate and graduate students. This is just one example of the types of events we host as a program. We’ve also hosted speakers from Indiana Youth Group, an organization dedicated to improving the lives of LGBTQ+ youth in our community. We generally try to offer these types of events for L/P credit to increase the number of undergraduates who attend. As the world has recently gone more virtual, we’ve begun to offer these events via Zoom as well, which increases the number of MPH students able to participate.

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

As cited above, the University of Indianapolis is majority white and female. The Public Health Program mirrors the trends, especially in the undergraduate degree where the vast majority of students are female and white.

For the MPH degree, diversity is higher as it relates to race and ethnicity, with 11/31 (>35%) students self- identifying as members of racial minority groups during AY 2020-2021. However, only 3 of the 31 (10%) identify as male, which is even lower than the university average, but not uncommon in the public health field.

On our exit surveys, students are not reporting feelings of racism or inequity in their treatment or training at the university, though failure to report such matters does not mean we are doing everything perfectly to recruit and retain diverse students. One of the questions on the program exit survey required to be completed by all students just prior to graduation asks for their agreement with the statement “Program faculty were sensitive to student needs and treated students equally and with respect”. Results of this question for the undergraduate students have been very positive with a mean score of 4.51/5.0. Additionally, this work has led to the program realizing there should be additional questions of this nature on the exit survey. For this reason, the question has been added that asks graduating students how strongly they agree with the statement, “The program supported, encouraged, and respected diversity (may include but not limited to cultural, gender, age, race, sexuality, etc.).” The first set of graduates who will respond to this question will do so as they prepare to graduate in May of 2022. See survey questions and results in G1 folder.

The same question about respect is included on the MPH exit survey that is required of all students to complete just prior to graduation. For the statement, “5. Program faculty were sensitive to student needs, and treated students equally and with respect”, the results show that students strongly agreed with the statement based on a mean score of 4.55/5.0. Again, this work has led to the program realizing there should be additional questions of this nature on the exit survey. For this reason, the question has been added that asks graduating students how strongly they agree with the statement, “The program supported, encouraged, and respected diversity (may include but not limited to cultural, gender, age, race, sexuality, etc.).” The first set of results will be available as students prepare to graduate again in August of 2022. The survey questions and results may be found in the G1 folder.

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

The University of Indianapolis last participated in the Higher Education Research Institute Faculty Survey during the 2016-2017 academic year. This survey did ask about climate, though this only encapsulates the perspectives of faculty and not students. At the time of the survey, over 56% of faculty were female and over 90% were white/Caucasian. Interestingly, approximately 24% of faculty were conducting research or writing about racial and ethnic minority issues, while just over 27% were conducting research or writing about women or gender issues. At that same time, approximately 13% of male faculty, 28% of female faculty, and 100% of traditionally underrepresented racial minority faculty reported at least some form of discrimination in the workplace. (Entire report provided in ERF folder G1). Based on these outcomes, the university set specific goals regarding the recruitment and retention of a more diverse faculty and student body. The efforts have been noticeable in the development and activities of the Office of Inclusion & Equity.

On the student side, the university participates in the National Survey of Student Engagement (NSSE) each year. Though not a lot of data specific to inclusion and equity is collected, the survey does collect information about “Understanding people of other backgrounds (econ., racial/ethnic, polit., relig., nation., etc.). By the time they graduated, 78% of responding UIndy seniors stated that they had gained “Very Much” or “Quite a Bit” of knowledge, skill, or personal development in this area. The NSSE 2020 snapshot is uploaded in the ERF folder G1 for viewing. In addition, the NSSE Report provides a specific topical module and report on Inclusiveness & Engagement with Diversity. The 2020 findings for UIndy are uploaded in ERF folder G1. According to the findings, by the time students graduated 75% of students reported that the institution demonstrated “Quite a Bit” or “Very Much” commitment to diversity, 61% reported discussing issues of equity or privilege at those same levels and 70% stated they were taught about respecting the expression of diverse ideas either “Quite a Bit” or “Very Much”. Based on these findings, it is clear that the university efforts related to address inclusion and equity are being noticed by students.

From a program level, each student is required to complete a program exit survey when graduating from the undergraduate or MPH degree. The question on the MPH survey asks students to rate the following statement: “Please rate the following: 1 - 5. Program faculty were sensitive to student needs, and treated students equally and with respect.” Student average scores for this statement are 4.5/5, documenting a high level of respectful treatment for all students in the program. The same question was asked of undergraduate students completing the PHEP degree with the average rating being 4.4/5, again documenting a high level of respect shown to all types of students.

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

**Strengths**

Both the program and the university have made a clear commitment to recruit, support, and retain faculty and students of diverse backgrounds. Over the last few years, the efforts made by the university are noticeable and appear to be having a positive impact in this area. We look forward to working alongside the university to continue efforts related to inclusion and equity across the campus and community.

# Group H Criteria

## H1. Academic Advising

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

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

Each student is assigned an MPH advisor upon matriculation into the program. This faculty member oversees each advisee’s progress through the program. Students are encouraged to communicate with their advisor frequently and work with them to create a curricular plan that fits their individual career goals. Advisors are available for assistance with any issues students have related to coursework, financial aid, and course registration. Students are encouraged to make their advisor aware of any specific goals or plans they have for their time studying at UIndy.

Within the program, each student is contacted at least twice per academic year by their faculty advisor, requesting that the student hold a personal meeting with the advisor. Undergraduate students are unable to register for classes unless they hold a meeting with their CASA or faculty advisor. Because of this, it is highly unusual for a student to receive no academic advising in a semester. For the graduate students, no registration pin is required for registration, and they are not required to meet with the faculty advisor in order to register. However, they still are encouraged to hold the meeting to discuss their program and career goals.

The undergraduate students also receive academic advising from an assigned advisor in the Center for Advising & Student Achievement. All public health undergraduate students are assigned the same advisor, who is familiar with their plans of study and program requirements. This advisor serves to ensure students meet all general education requirements and are on track for successful completion of the program. If a student is considering a change of major, this office also helps them find the correct placement.

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

At the start of each academic year, MPH core faculty divide up the incoming students so that each one has approximately an equal number of advisees. Faculty select their advisees based on prior experience/relationship with a student, if applicable. Students without previous engagement with faculty in the program are divided up based on alphabetical order. Faculty then reach out to their advisees to let them know they will be serving in that role during the duration of their MPH experience.

The university randomly assigns faculty advisors within the undergraduate program based on a student’s major code. If one faculty member receives an overload of students, the program director works with the department chair to move the necessary number of students from one faculty list of advisees to another. Once a student has developed an advising relationship with one faculty member, every effort is made to keep the student with that same advisor during the duration of their studies.

All faculty in the UIndy Public Health Program receive advising and course registration training from the university each year prior to summer registration events. Within the program, faculty rely on the curriculum guides and student handbooks to select correct courses for their advisees. Faculty who have questions about advising or student progress seek out advice from the program director on a regular basis.

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

ERF Folder H1 - Undergraduate Student Handbook ERF Folder H1 - MPH Student Handbook

ERF Folder H1 - UIndy Faculty Handbook

ERF Folder H1 - Curriculum Guides for Public Health Education & Promotion ERF Folder H1 - Curriculum Guides for MPH

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

Student satisfaction at both the graduate and undergraduate levels are measured through an exit survey. Details of this survey and its methodology are available in section B5.

MPH data is included from summer 2017 through summer 2020. It showed that 88% of MPH students surveyed upon graduation agreed or strongly agreed that Academic Advising was good overall. PHEP data is included from summer 2018 through summer 2020, and it showed that 75% of PHEP students strongly agreed that academic advising from PHEP faculty was good. An additional 21% agreed that academic advising from PHEPH faculty was good.

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

Undergraduate students at the University of Indianapolis receive their first academic advising during summer registration days. At that time, they are introduced to the advising process then meet with faculty advisors to help them register for their first classes. Additionally, all incoming freshmen are required to go through a rigorous campus orientation process prior to their first week of classes. All freshmen also take a New Student Experience course. Though many departments have their students take general NSE courses for all undergraduates, the Department of Kinesiology, Health and Sport Sciences is one of the departments that offers a specially tailored NSE experience for our majors. During this 1.0 credit course, students are taught how to navigate the university and its resources successfully, including being led through the academic advising and course registration process.

MPH students are required to attend a 1-day orientation to the program just before beginning their first fall in the program. At that time, students are introduced to the faculty advising process, shown where to access all the curriculum guide templates on the shared program site of the LMS, and instructed to contact their faculty advisor, the program director, or the MPH administrative assistant if they have any questions.

Students in one of the dual MPH degree offerings with the Department of Interprofessional Health and Aging Studies (IHAS) will be assigned a faculty advisor in public health as well as within IHAS to be sure that no cross- curricular requirements are missed.

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

**Strengths**

The student advising process is going smoothly and is well-covered between faculty advisors and support structures across campus. Students report feeling supported and having strong access to faculty advisors.

**Weaknesses**

The assigned advisors in CASA, the centralized university advising office, are not always reported as being knowledgeable or helpful. The program has worked with CASA leadership on multiple occasions to address this but still feels it is necessary to overcompensate for this lack via the faculty advising offered by our own faculty. This sometimes leads to greater advising pressures than are experienced by faculty in other units on campus.

## H2. Career Advising

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

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

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

UIndy has an office dedicated to career advising available to all enrolled students and alumni. The Professional Edge Center at UIndy provides internship, mentorship, entrepreneurship and employment opportunities to students and new graduates. Within the Professional Edge Center there is a dedicated staff person for those interested in Healthcare Careers. Services are available through the year and include:

* Career workshops
* Job shadowing
* Interactions with professionals in fields of interest
* Alumni mentoring
* Career ‘sector experts’ who develop contacts and opportunities in eight broad industry areas
* Career fairs
* Etiquette dinners
* Networking conversations
* Resume review
* Practice interviews

This general career advising is provided to both PHEP and MPH students at UIndy, as well as our alumni. When alumni have reached out to program faculty members to tell us they are looking for a job, it is common that we will put them back in touch with the Pro Edge Office in order to utilize their services for resume editing, interview practice, job search, etc. Having this resource available to alumni is extremely beneficial. Additional more specific and individualized career advising is provided through the UIndy MPH program as outlined below.

**PHEP Career Advising**

Career advising within the program occurs at multiple levels. The first course offering where careers are discussed is the New Student Experience course where students of all majors in the Kinesiology, Health & Sport Sciences Department hear about the majors in the department and career opportunities in each. Each of these courses is taught by faculty within the KHSS Department, but not all are public health faculty. In the following semester they take a course called Introduction to Kinesiology, Health & Sport Sciences. In this course, students learn more about the professions contained within the department, including the field of public health and the jobs offered. Again, the faculty teaching the course are from within the department, but are not public health faculty. Much is incorporated regarding public health opportunities and career however.

Throughout the program, students meet each semester with their faculty advisor who also discusses with them their career aspirations, job opportunities, and ways to make themselves more marketable upon graduation. Each student is assigned this faculty advisor within the major, so each public health student is assigned to one of the three core public health faculty members. Students are encouraged to talk with the faculty advisor regularly about their interests, then are connected with other experts in the niche they wish to pursue as they continue their studies. We’ve found this is a very successful way to help students build their networks in specific areas of public health. A question is posed on the exit survey asking about the quality of academic advising. As of the last graduating class (August 2021), the overall rating for academic advising was 4.7/5.0. This supports the fact that students believe they have great access to their faculty advisors for our once-per-semester minimum meetings where we offer both academic and career advising.

**MPH**

Graduate level advising is housed within each department. The program Director is the primary advisor for all MPH students, though students may also be assigned another faculty advisor in the public health program as well. Each MPH student will be assigned to one of the three core public health faculty, thus having an advisor within the program. Once a student matriculates into the program s/he must meet with their designated advisor and discuss academic and career goals. Through this they will come up with a program of study to meet the student’s needs in both of these areas. This will be used as a roadmap and can be modified for changes of interest and/or due to personal issues of the student. Meetings with advisors happen throughout a student’s program of study and career discussions are a central tenet of these meetings. If a student is interested in a career path outside the expertise of the assigned advisor, the advisor may be changed or the student simply is connected with another faculty member to begin building community and professional connections for networking in that area of expertise. A question is posed on the exit survey asking about the quality of academic advising. As of the last graduating class (August 2021), the overall rating for academic advising was 3.5/5.0. Faculty are considering ways to improve academic advising beyond what currently happens for MPH students. The program is finding that the students often don’t take advantage of the offers to meet with them for advising because they believe they already know the courses they should take. However, this is a time when much career advising occurs as well. For this reason, faculty have agreed to begin reaching out separately to their MPH advisees to make sure they are aware that advising time is for both academic AND career advising, in hopes students will be more willing to sign up for the offered sessions.

In addition to their assigned MPH advisor, career advising is provided to students throughout their coursework and particularly during their applied learning experience. Students first engage with professionals during their first semester in the program when they are enrolled in MPH 500. During the intensive weekend meeting for this class, students meet (either face-to-face or virtually) with a number of local public health experts. In the past, we have hosted up to 13 professionals from different areas of public health. The biographies for each professional are provided to students ahead of time so they can plan for engagement with the ones most directly tied to their areas of public health interest. During the event, each professional introduces themselves and talks about their professional path. After these introductions, students have a chance to network directly with the professionals. For students who are already practitioners the internship can be used to further develop and promote these skills.

Students are required to take a Professional Experience Seminar (MPH 565) prior to their applied practical experience. The purpose of this course is to systematically prepare students for a professional applied experience. This course is intended to help students think about and prepare for an applied experience that will be most helpful for their future public health careers. The Applied Practice Experience (MPH 57) is a course designed for students to apply the public health skills they have learned in the program in an appropriate setting outside of academia. At the end of the Applied Practice Experience students are required to create a portfolio documenting the skills attained during their practical experience.

**Both**

In both degrees, there also is much informal advising that occurs in classes, during office hours, and even in hallway conversations. The students in the public health program feel very comfortable approaching faculty with questions about internships, service experiences, potential job opportunities, and just general advice. The number of times faculty stay after classes to chat with students or have students drop in to chat about professional questions during office hours, email, or phone are too numerous to count. Though these encounters are difficult to track specifically, they account for a very significant portion of the career advising that occurs for our students.

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

Because the majority of career advising happens between students and public health faculty in their advising meetings, within classes, or through other connections, there is no specific university training that occurs for career advising. Instead, faculty rely on each other to help guide students when an assigned advisee is interested in a career outside the main expertise of the primary faculty advisor. We have found that working together to provide professional contacts has been very successful. Because our program is set up such that we have our students engaging within the public health community regularly, they begin making connections early in their studies and continue adding to their list throughout. Introducing them to many professionals and career paths via courses, guest panels, events like KAB Day, and service opportunities has meant that our students are able to explore many career opportunities within the field and make appropriate professional connections within them. The combination of an assigned faculty advisor, the Professional Edge Office, and community networking has been a great benefit to our students.

1. 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.

The Professional Edge Center hosts regular workshops and training sessions for students and alumni. Here is a link to their website with a link to the most current offerings: <https://my.uindy.edu/proedge/>

Students and alumni of the Public Health Program most frequently take advantage of the many career services provided in the health careers. For alumni, the event listed below with a nearby dental school is a good example of what is offered.



Their career advising services are provided in 1:1 appointments, classroom presentations, and events/workshops. Over the past three school years, some examples of services provided to students have included:

Presentations:

Occupational Wellness (1 hour) and Financial Wellness (1 hour) taught each semester to all students in KINS101 Wellness class (approximately 470 students per semester)

- Fall 2018, Spring 2019, Fall 2019, Spring 2020, Fall 2020, Spring 2021

Interviewing Skills/Tips (1 hour) taught each year to senior public health students in KINS 465 Public Health class (approximately 15-20 students per year, in the fall)

-- Fall 2018, Fall 2019, Fall 2020

1:1 Advising:

2018-2019 school year: 23 public health students attended individual coaching appointments 2019-2020 school year: 57 public health students attended individual coaching appointments

2020-2021 school year: 27 separate public health students attended a total of 53 individual coaching appointments.

Individual coaching appointments are attended by both undergraduate and graduate students, as well as being available for alumni. Alumni are permitted to use Professional Edge Services after graduation by request.

For example, in the summer of 2020 (a very unusual year) a public health student requested assistance in finding a job. Multiple conversations were held, revisions to resume, updates to LinkedIn profile, discussions about job search strategies and interviewing. Contact continued up to the point where the alumni located a job in the geography and field in which he was interested. I've really been searching for an alumni who came back and used our services but I am coming up empty. Though the Professional Edge Office could not think of a recent example of an MPH student who came back for help after graduation, they confirmed that many MPH students worked with them prior to their graduation. For example, Destinee Ward (MPH, 2021) worked with them both years that she was in the MPH program. When she first came in they worked on her resume and talked about her career goals. Their first note from these meetings said she really wanted to work in Maternal Health. Destinee met frequently with her Pro Edge advisor to check in, and worked on her internship search and interviewing skills for those interviews. Finally, they worked on her job search and interviewing practice for her permanent position after graduation, which Destinee successfully secured (Genomics and Newborn Screening Educator at Indiana Department of Health).

In addition to the career services provided through the Professional Edge Center, the Public Health Program offers events regularly. For example, the program recently offered an event entitled, “Expanding Career Opportunities in the Field of Public Health”. All students in the entire department of Kinesiology, Health & Sport Sciences were invited to attend. As a result, a couple of students decided to apply for our accelerated PHEP to MPH degree option.

Finally, both students and alumni regularly approach faculty to talk about their goals. For example, a recent alum talked to both her faculty advisor and the program director about her wish to pursue an MPH at a competing institution due to financial constraints and a scholarship opportunity. The support she received and strong references from her UIndy faculty led to her receiving a graduate assistant position that paid for her master’s degree. As a result, the alum now works at the local state department of health and regularly contacts our program for advice, help with recruiting, and partnership. In addition, a number of undergraduate alumni have been interested in an MPH program with a concentration in health policy. As a result, Dr. Rauch helped them locate an appropriate program, provided references, and stayed in touch regarding their interests in this area. One alumnus went to a program in Ohio and another a competitor in the area. Both have stayed in touch and returned to talk with faculty and current students, as well as asked faculty for professional advice and references following the completion of their master’s degrees.

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

Because most of the in-program career counseling within the program happens one-on-one during advising meetings with faculty, the best way to reflect on student satisfaction is by exploring their satisfaction with our advising process. MPH data is included from summer 2017 through summer 2020. It showed that 88% of MPH students surveyed upon graduation agreed or strongly agreed that Academic Advising was good overall. PHEP data is included from summer 2018 through summer 2020, and it showed that 75% of PHEP students **strongly agreed** that academic advising from their public health faculty was good. An additional 21% **agreed** that academic advising from PHEPH faculty was good. From these data, it is clear that students feel good about the advising they are receiving from faculty, which includes much career advising. For MPH 500, 100% if students who completed the evaluation from the fall 2020 course agreed that “This course helped me to develop the necessary knowledge, skills, and abilities to be a public health or other health professional” and multiple students stated that the most important part of the class was engaging with the guest speakers during the intensive weekend. For MPH 565 in summer 2021, course evaluations were very positive, but no specific students commented about the benefits of the discussions designed to help them think through their upcoming internship placements and professional opportunities.

All students who receive career advising receive an online survey following their appointment. Please note these surveys were temporarily halted from late March - May 2020 when all offices at UIndy were moved to online and during this transition, although we kept meeting with students, our online survey did not send for this period of time.

For the last three years, here are the average ratings given by the students from all across campus who returned a survey:

|  |  |  |
| --- | --- | --- |
| Student Satisfaction with Pro Edge | Average Rating | Number of Students Surveyed |
| Overall | 4.94 | 576 |
| 2018-2019 | 4.94 | 242 |
| 2019-2020 | 4.94 | 205 |
| 2020-2021 | 4.95 | 129 |

The Professional Edge Center does not differentiate the responses by major, this would represent a sample of students including Public Health students.

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

**Strengths**

The career advising offered through both the Public Health Program and the Professional Edge Center is a great combination for our students. They have access to many larger events and one-on-one advice sessions. This combination seems to be working well and students are satisfied.

**Weaknesses**

None observed at this time.

## H3. Student Complaint Procedures

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

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

Students in the Public Health Program are directed to the University Student Handbook for all information regarding complaint procedures, where the information is laid out thoroughly and clearly. The program follows all procedures as they are described in the Handbook.

Per the University of Indianapolis student complaint procedures are as follows: (https://[www.uindy.edu/aboutuindy/student-complaint)](http://www.uindy.edu/aboutuindy/student-complaint))

**Step 1: Informal Concern Process**

A student with a concern that a policy or procedure within a department has been incorrectly or unfairly applied in his/her particular case or a concern about a person’s behavior should seek to resolve the matter at the level where it has occurred.

* 1. Discuss your concern with the faculty or staff member involved first and as soon as possible.
  2. If the concern is not resolved, discuss the concern with the department head (program director, chair or staff supervisor) within ten (10) days after the discussion with faculty or staff member.
  3. If the concern is not resolved after talking with the program director/chair or staff supervisor, follow the formal process to submit a written complaint using the appropriate Complaint/Grievance Form for academic or non-academic complaints. There is a two (2) year statute of limitation for filing a formal complaint/grievance from the time of the incident.

**Step 2: Formal Internal Complaint/Grievance**

If no agreement is reached in **Step 1**, a student may file a formal complaint, which should be submitted within ten (10) days after the meeting with the program director/chair or staff supervisor, or as directed in the departmental student handbook. The completed form will be routed to the appropriate office and you will receive an email confirming receipt. The complaint/grievance Procedure in the student handbook will be followed. Students then either follow the protocols for an academic or non-academic complaint/grievance. The specific steps are outlined in number 2 below.

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

After completing steps 1 (informal concern) and 2 (formal complaint/grievance) listed above, students complete an online form detailing their contact information, the complaint/grievance itself, and documentation (date, persons involved) in the informal concern conversation. If the grievance is ‘academic,’ meaning it involves faculty, teaching, advising, or relations between faculty and students, the grievance will be filed with the Provost. If it is ‘non- academic,’ meaning it involves staff or other students, it will be filed with the Dean of Students.

The student handbook of the university details the following procedures:

Upon receiving a grievance, the Provost (or designee) or the Dean of Students (or designee) will serve as or appoint an individual (the “grievance officer”) who, in the opinion of the Provost (or designee) or Dean of Students (or designee), is best able to conduct a thorough investigation and to render an objective decision with respect to the grievance. If the reporting party or the respondent is a member of the University faculty, the grievance officer will be a member of the University faculty. If the Dean of Students is the respondent, the Provost will serve as the grievance officer. If the Provost (or designee) is the respondent, the Dean of Students will serve as the grievance officer. 2. The grievance officer, in his or her sole discretion, will determine the manner in which the investigation will be conducted. The grievance officer may, but need not, offer the reporting party and the respondent the right to submit written position statements or to be heard. 3. The grievance officer will communicate his or her decision with respect to the grievance to the respondent on the same day that he or she communicates such decision to the reporting party.

**For appeals:**

Appeals filed with coordinator, selection of arbitrators, appeal process.

* 1. A reporting party or a respondent who desires to appeal a grievance officer’s decision will provide written notice of his or her intent to appeal and the grounds for the appeal to the appropriate appeal coordinator. The appeal coordinator will be: a. the University Provost, if the reporting party or respondent is a member of the faculty; b. the Vice President for Student & Campus Affairs & Dean of Students, if the reporting party or the respondent is not a member of the faculty; c. The President (or designee), if the reporting party is the University Provost, Dean of Students, or any Vice President.
  2. The appeal coordinator must receive such notice of appeal not less than three (3) days after the reporting party and respondent receive notice of the grievance officer’s decision. Failure to provide timely written notice of appeal pursuant to this paragraph will result in a forfeiture of the right to appeal.
  3. Upon receiving a timely notice of appeal, the appeal coordinator will notify the reporting party and the respondent that each may select one member of the University administration, faculty, or staff (an “arbitrator”) to consider the appeal. Each party will provide written notice to the appeal coordinator of his or her selection of an arbitrator. The appeal coordinator must receive such notice of selection not less than three (3) days after the reporting party and respondent received notice of their right to select an arbitrator. Failure to provide timely written notice of the selection of an arbitrator will result in the forfeiture of the right to select an arbitrator, and the appeal coordinator will select such arbitrator instead.
  4. The two arbitrators (one selected by the reporting party and one selected by the respondent) together will select a third arbitrator from the University administration, faculty, or staff.
  5. The arbitrators, in their sole discretion, will determine the manner in which the appeal will be conducted. The arbitrators may, but need not, offer the reporting party and the respondent the right to submit written position statements or to be heard.
  6. The decision of the arbitrators will be communicated to both the reporting party and the respondent, and such decision will be final and binding on both parties.
  7. In computing the date by which any action must be taken relating to the appeal of a grievance officer’s decision, the following rules apply:
     1. The date on which the reporting party and the respondent received the applicable notice (i.e., of the grievance officer’s decision or of the right to select an arbitrator) will not be included.
     2. The last day of the applicable period (i.e., the third day after receiving notice of the grievance officer’s decision or the third day after receiving notice of the right to select an arbitrator) will be included unless it is a Saturday, Sunday, or a day on which the office of the appeal coordinator is closed for the duration of regular business hours. In any event, the period runs until the end of the next day that is not a 74 Saturday, Sunday, or a day on which the applicable office is closed for the duration of regular business hours. NOTE: This policy applies to all incidents of academic dishonesty, including those that occur before a student graduates but are not discovered until after the degree is conferred. In such cases, it is possible that the application of this policy will lead to failure to meet degree completion requirements and therefore the revocation of a student’s degree.

1. 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.

There have been no formal complaints filed by students in the Public Health Program regarding their treatment within the program.

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

Not applicable.

## H4. Student Recruitment and Admissions

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

1. Describe the program’s recruitment activities. If these differ by degree (e.g., bachelor’s vs. graduate degrees), a description should be provided for each.

All undergraduate students are recruited through the traditional university recruiting process for undergraduate students. This is controlled by the University of Indianapolis Office of Admissions (<https://uindy.edu/admissions/>) and looks similar to the admissions structure for other mid-sized private universities. Admissions counselors travel to schools and high school events, the university employs online marketing techniques, and radio and billboard ads are placed in areas designated as targets by university marketing. Much engagement with potential students occurs through the university website, allowing for direct connections between admissions counselors and interested individuals.

Because the majority of admissions counselors are unsure about the field of public health, the program director meets regularly with this group, provides one-page educational documents to describe the field, and even conducts some recruiting events on behalf of the program. For example, the program director and graduate students travel the region and provide public health presentations to high school teachers in science and biomedical areas of study. This recruitment effort has been fruitful in bringing a few students to the university, including a current presidential scholar.

For graduate admissions, program directors work directly with university marketing to establish plans for student recruitment, including purchasing email lists, sending admissions counselors to conferences, developing targeted social media ads, purchasing keyword search terms, and providing appropriate information on the university website. The MPH degree works with an admissions counselor, Colleen Hepner, who then serves as the direct line of contact with potential students unless or until they would like to speak directly with the program director. Once a student is in the admission pipeline, they receive regular communication from the program regarding the application process. When an application is complete, the admissions counselor does the first review to ensure all basic requirements are met. If those requirements are met, she sends the application to the program for official review and recommendation regarding admission. The program has full control over who is admitted to the program. Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor’s vs. graduate degrees), a description should be provided for each.

**MPH**

The MPH program is a cohorted program, accepting students each fall semester, but applications are reviewed on a rolling basis throughout the year. The priority deadline is April 1st, with a final deadline of July 1st. Applicants are required to have a Bachelor’s degree from an accredited institution with a GPA of 3.0 or higher. If an applicant does not meet the minimum GPA requirement, they can submit GRE scores for consideration instead. Applicants are required to submit 2 letters of recommendation, a 1-2-page personal statement detailing their interest in public health and health disparities, a resume or CV, and proof of proficiency in math and computer skills. International applicants must also provide a TOEFL or IELTS score if their undergraduate coursework was not completed at an English-speaking institution.

When an application is complete, the admissions counselor does the first review to ensure all basic requirements are met. If those requirements are met, she sends the application to the program for official review and recommendation regarding admission. The program has full control over who is admitted to the program.

**Conditional Admission**

Applicants with an undergraduate GPA below 3.0 or a GRE score lower than requested are eligible to apply for conditional admission. If an applicant does not meet the specified criteria but seems to have the potential for graduate study success in the MPH program (e.g., noted in strong letters of reference or personal statement), the MPH program reviews the information on a case-by-case basis. It provides a vote to admit or deny based on whether the evidence is convincing that the student, if accepted, would be successful in the program.

Examples of characteristics that may lead toward admitting may include that the GPA is not very far below the cut- off, the student has provided a transcript showing they have taken some graduate courses and done well in them, or that the situation that led to the low GPA was likely to be temporary and seems to be no longer a factor. Since the fall 2018 term, 11 students have been admitted conditionally (6 from underrepresented groups), but the majority of those are due to the nature of the 4+1 admission criteria (only conditional admit provided until they successfully complete the remaining undergraduate requirements in year III).

**PHEP**

Once undergraduate students are admitted to the university, then are encouraged to select a major of choice. The public health program has no control over who selects the PHEP major and begins taking courses. However, there are entrance to program requirements established to prevent students who are unlikely to be successful in continuing into 300-level courses if they cannot successfully complete lower-level courses. For students in that situation, the faculty advisor meets with the students to discuss their academic progress and help them determine whether public health is the best major for them. If the students have special circumstances that prevented their success in the lower level courses, they are permitted to petition the department with a request to take one additional semester of courses in the program while trying to successfully complete the lower level courses again. If that is granted, the students then have the additional semester to complete those requirements and move on in the degree. If they do not, they are kept from taking additional 300-level courses unless/until the lower level requirements are met.

1. Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template

H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Measures for Recruitment and Admissions** | | | | |
| **Outcome Measure** | **Target** | **Year 1** | **Year 2** | **Year 3** |
| Recruit and admit MPH students from underrepresented groups | 30% of MPH | 8/17 (47%) | 4/19 (21%) | 6/16 (37.5%) |
| Recruit admitted undergraduate students into PHEP from underrepresented groups | 30% of PHEP |  |  |  |
| Enroll MPH students from underrepresented groups | 30% of cohort | 6/10 (60%) | 2/17 (12%) | 5/12 (42%) |

The Program specifically selects the following criteria to discuss here:

* Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission

For the MPH degree, the university has been successful in recruiting students from underrepresented groups. Over the last three years, the program has enrolled 13 students from underrepresented groups, as defined by race/ethnicity. Of those, 2 have graduated and one has stopped out of the program for financial and work commitment reasons. Additionally, we made offers to 5 underrepresented applicants who chose not to enroll.

Based on this, we are pleased with the percentage of individuals from underrepresented groups who are applying for our program, accepting our offer of admission, and doing well in the program. However, we continue to work closely with our partners at the Metropolitan Indianapolis Central Indiana Area Health Education Center (MICI-AHEC) to provide presentations during their campus, offer scholarships, and even offer a graduate assistant position in collaboration with them in order to continue our direct outreach to underrepresented groups. The program believes this is a great way to continue pursuing our mission of serving diverse students’ needs. For the undergraduate degree, the percentage of minority students at the university is only about 25%. Despite this, the percentage of minority students in the public health program is hovering around 33%. This is the only data the program has been able to confirm at this point, as the faculty do not have direct undergraduate recruitment responsibilities. However, we continue our targeted work with MICI-AHEC, as described above, in order to continue reaching out specifically to potential students from traditionally underrepresented groups. Overall, our diversity within the program continues to be significantly higher than the university, leading the program to conclude that we currently are meeting our goal of recruiting students into the major from underrepresented groups.

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

**Strengths**

For a program of our size and short tenure, we are pleased with the number and percentage of students we’ve been able to attract from underrepresented groups. The university’s emphasis on inclusion, equity, and diversity likely will begin to provide benefit to our program as well, since public health is so closely tied to social justice issues. We are looking forward to continued growth in this area.

**Weaknesses**

The overall general student body of the university is not as diverse as one might hope, making it more challenging for the undergraduate program to recruit diverse students into the major. For the graduate degree, we need to continue our marketing efforts to underrepresented groups. Though we have met our goal in some years, we have been unsuccessful in others. The program will continue working with the admissions and marketing teams to target marketing efforts more specifically toward underrepresented groups. Additionally, we are hoping that the university’s continued efforts in the areas of inclusion, equity, and diversity will result in greater student diversity and more opportunities for us to recruit underrepresented students into public health overall.

## H5. Publication of Educational Offerings

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

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

|  |  |
| --- | --- |
| [University of Indianapolis Homepage](https://uindy.edu/) | [Academic Calendar](https://uindy.edu/registrar/academic-calendars2) |
| [Financial Aid (Bachelors & Masters)](https://uindy.edu/financial-aid-for-new-students/index) | [Course Catalog](https://catalog.uindy.edu/) |
| [University Registrar](https://uindy.edu/registrar/) | [MPH Homepage](https://uindy.edu/health-sciences/mph/) |
| [2020-2021 UIndy Student Handbook](https://www.uindy.edu/policies/files/student_handbook.pdf) | [PHEP Homepage](https://uindy.edu/health-sciences/kinesiology/public-health-education) |
| [Student Advising](https://uindy.edu/casa/) | [MPH Admission Requirements](https://uindy.edu/health-sciences/mph/admission-requirements) |