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ACADEMIC PROGRAM REVIEW REPORT FORM AY2025-2026**Program(s) in the review:** Public Health GC, Public Health Practice MPH**Specialized Accrediting Agency (if applicable):** Council on Education for Public Health (CEPH)**Campuses where the program is delivered:** ☒ Anchorage ☐ KOD ☐ KPC ☐ MSC ☐ PWSC**Year of last review:** The MPH was reviewed in AY2021-2022. The GC was implemented in Fall 2023 and has not been through the program review process.**Final decision from last review:** Continuation**PROGRAM SECTION (Due on March 1)****Program Review Committee:**

Eduardo Piqueiras, PhD, Assistant Professor, Anchorage, Committee Chair

Gabriel Garcia, PhD, Professor, Anchorage, Committee Member

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1. Demonstrate that the program has responded to previous recommendations.**Recommendation 1:** *Continue to help the institution think broadly about what it means to put students first at the graduate level.***How do you know the recommendation has been successfully achieved? (2500 characters or less)**

Most indicators below reflect MPH data, as the Graduate Certificate in Public Health is newer and has no data to report for this review cycle. However, the structural reforms described here apply across the Graduate Public Health Programs.

Putting students first means designing program structures that produce predictable progression, transparent advising, consistent faculty engagement, and clear preparation for applied practice. Recognizing that the curriculum had been relatively static for many years, the program is now deliberately updating course content and sequencing to align with national MPH standards and emerging public health needs in Alaska. It also means reducing avoidable barriers that arise from unclear sequencing, inconsistent mentoring expectations, or late-stage confusion about milestones. Student success is therefore understood not only as degree completion, but as the result of coherent program design, structured advising rituals, and meaningful student participation in governance.

Indicators include median time to completion; required annual spring advising check-ins with documented degree plans; annual implementation of major Student Advisory Council recommendations informed by structured student feedback and direct participation in program discussions; phased implementation of ePortfolio checkpoints and readiness review prior to the Applied Practice Experience; and student-reported satisfaction with engagement, advising clarity, and faculty communication. Together, these indicators emphasize progression, advising infrastructure, governance participation, and readiness for applied work rather than relying solely on end-point outcomes.

Actions taken to date (2500 characters or less)

Course sequencing was revised to reduce late-stage bottlenecks and clarify transitions into applied practice or thesis work. These sequencing changes mark the beginning of a broader, multi-year curriculum refresh aimed at transitioning from a static structure to a more responsive, student-centered design. Epidemiology and Biostatistics now precede Research Tools and Methods in the course sequence; both have long served as prerequisites, but recent adjustments to when core courses are offered, including moving Epidemiology from Spring to Fall, better align the sequence for students. Program Evaluation precedes APE, reflecting the analytic demands students encounter in community placements. Core courses follow a predictable annual cycle to support realistic multi-year planning.

Beginning Fall 2024, APE adopted variable credits: a 1-credit preparation term to secure placement and finalize agreements, followed by 2 credits for implementation, or 3 credits completed in one term if placement is secured

Advising expectations were strengthened through required spring check-ins with clearer documentation standards. This reform directly addresses prior variation in faculty mentoring engagement and clarifies milestone oversight across advisors. Graduating students also use this process to reflect on progression and identify areas for program improvement.

Student governance was expanded. SAC conducts an annual survey and participates in structured discussions at the annual strategy summit, and major recommendations are implemented annually. Recent examples include the development of a brown bag speaker series and expanded conference engagement with divisional fiscal support.

Instruction shifted to Blackboard Ultra in Fall 2025 to improve clarity and interaction. Earlier ePortfolio checkpoints were integrated earlier to build toward APE readiness and to identify students drifting off pace before late-stage delays occur.

Evidence of success to date (2500 characters or less)

Median time to completion has declined to approximately 3-4 years, though full cohort stabilization remains under review. Improved advising engagement and sequencing have reduced late-stage delays.

Key gaps remain. Graduate mentoring and advising practices are not yet consistently applied across faculty, and this continues to shape the day-to-day student experience. APE quality has improved through clearer preparation and variable credit structure, but expectations and oversight require further standardization to reduce variability in placement rigor and supervision.

Administrative capacity remains constrained, largely due to faculty advising/mentoring engagement. Proactive outreach to students who pause or slow progression is variable, limiting timely intervention. Although structural reforms within program control have improved student progression, the durability of these gains depends on more consistent faculty participation in graduate mentoring, equitable distribution of advising responsibilities, and reliable monitoring of student milestones.

Closing achievement gaps at the graduate level will require more than sequencing reform. It depends on stable advising infrastructure, active governance participation, and sufficient faculty and administrative capacity to sustain applied oversight and structured mentorship.

Recommendation 2: Continue to investigate and address [REDACTED] gaps in student achievement.**How do you know the recommendation has been successfully achieved? (2500 characters or less)**

For the Graduate Public Health Programs, [REDACTED] gaps in student achievement refer to systematic differences in performance, progression, or competency attainment that result from how the program is structured and implemented, not from differences in academic standards or expectations. In our review, these gaps were most visible in advising practices across graduate faculty, variation in course design and feedback quality, the absence of shared mentoring expectations, inconsistent monitoring of student milestones, and differences in students' quantitative preparation at entry.

The university uses course pass rates as a primary [REDACTED] indicator. In addition, the program evaluates structural [REDACTED] through multiple measures: (1) performance patterns in foundational and quantitative courses; (2) course pass rates across demographic groups; (3) percent of graduating students demonstrating proficiency in foundational and track-specific public health competencies through structured ePortfolio review; (4) community supervisor evaluations of student competency demonstration and quality of practicum deliverables; (5) documented advising engagement and milestone completion across faculty; and (6) semesters to degree completion.

Together, these indicators assess both academic outcomes and structural conditions influencing student progression. [REDACTED] monitoring therefore, extends beyond grades to include competency attainment, advising reliability, applied performance, and milestone predictability.

Actions taken to date (2500 characters or less)

Faculty reviewed course sequencing, advising practices, and course design to identify structural factors that may contribute to achievement gaps. This review is part of a deliberate effort to modernize a curriculum that had changed little over many years, aligning it more closely with MPH accreditation standards and Alaska workforce needs. Epidemiology and biostatistics instruction was strengthened beginning Fall 2024, and pass rates in these courses have improved while grade dispersion has narrowed. However, differences tied to prior preparation persist. Following review through the curriculum committee process, faculty determined that clearer expectations for incoming quantitative preparation were needed. After completing this process, the program determined that recommended statistics preparation would be communicated through the program website prior to admission. This approach allows the program to signal the level of quantitative readiness expected for success in biostatistics. Without this preparation, students must learn foundational statistical concepts while simultaneously learning statistical software used in the course, such as R, which community partners and workforce stakeholders have identified as essential for applied public health analysis. In parallel, the program is working to standardize advising checkpoints and milestone monitoring, recognizing that observed gaps may also reflect variation in mentoring rather than differences in student ability.

Earlier application deadlines and earlier registration planning were implemented to support fuller faculty deliberation, improved advising alignment, and clearer communication about course availability. High impact teaching strategies, including the TILT framework, community engaged courses, and increased assignment scaffolding, have been incorporated into core courses beginning in 2024. The ePortfolio has also been restructured to support longitudinal competency monitoring and reduce inconsistencies in faculty review.

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Evidence of success to date (2500 characters or less)

More students now demonstrate proficiency in quantitative coursework, and grades are more tightly distributed around defined competency benchmarks, indicating clearer expectations and more consistent evaluation. The majority of graduating students demonstrate foundational and track-specific competencies through structured ePortfolio review, and community supervisors consistently rate practicum deliverables as meeting professional standards.

These improvements indicate that instructional redesign and sequencing alignment can reduce structural achievement gaps, progress in the program is evident, and will continue to strengthen with sustained oversight.

We are continuing to strengthen faculty participation in ePortfolio review and longitudinal competency monitoring to ensure consistent and standardized assessment practices across the program. We are also in need of enhanced administrative capacity to support more proactive outreach to students who experience slow progression, with the goal of improving early intervention and strengthening late-stage support.

In response to student feedback, the program has strengthened efforts to build professional identity and belonging through supported conference participation, structured engagement opportunities, and faculty interaction. █████ monitoring is now systematic and embedded within annual program review. Sustaining and extending these gains will be supported by strengthening faculty accountability, clarifying shared mentoring expectations, and maintaining close alignment among advising infrastructure, instructional design, and competency assessment.

Recommendation 3: *Increase the number of accepted students who enroll in the program.*

How do you know the recommendation has been successfully achieved? (2500 characters or less)

Although enrollment yield has remained flat, we are treating yield as an operational problem we can manage: identify where candidates drop off, then intervene at those points. Yield is now being actively tracked from acceptance through matriculation, with structured outreach at multiple decision points. The time from acceptance to course enrollment is a gap we are actively working to address by adjusting our admissions calendar to allow more time for faculty participation in admissions processes. This also allows us to provide immediate outreach to students upon acceptance, which has improved the program's ability to contact admitted students early, clarify next steps, and reduce avoidable delays between acceptance and first-term registration. The program continues to prioritize welcoming messaging and community-building with new students in addition to expanding opportunities for social interaction and networking among all students in our orientation and ongoing engagement activities (e.g. symposium, conference attendance).

Actions taken to date (2500 characters or less)

Program leadership reviewed admissions patterns, applicant feedback, and timing of enrollment decisions to identify drivers of non-matriculation. The program is in Year 2 of a three-year pilot of the SOPHAS centralized application platform. Participation was intended to expand national visibility and align with national public health admissions practices. Internally, earlier application deadlines and earlier registration planning were implemented to allow full faculty review, clearer communication, and more proactive advising prior to course enrollment.

Cohort-based messaging was strengthened, and progression pathways between the Graduate Certificate in Public Health and the MPH were clarified to emphasize continuity and flexible entry points. The dual

degree pathway in Social Work and Public Health received renewed coordination and outreach attention, and an accelerated MPH pathway was created to support our undergraduate BSHS students with interests in public health practice.

Evidence of success to date (2500 characters or less)

Early findings indicate increases in program visibility and application engagement. Some applicants report discovering the program through SOPHAS. The dual degree pathway increased from one to five students over the past two years following targeted attention. Certificate pathway engagement has improved with recent tracking changes, though outcomes remain too early to assess, and there are no data to report for this review.

Persistent structural barriers remain. Additional application fees associated with SOPHAS participation and institutional application processes, combined with workflow lag between systems, affect timing and enrollment decisions and are a known source of frustration for applicants. The UAA program fee also continues to influence acceptance-to-enrollment conversion. Ongoing evaluation of application volume, inquiry patterns, including challenges with application submission, and enrollment data will inform decisions about admissions processes, timelines, and recruitment strategies to support longer-term stability.

2. Demonstrate the centrality of the program to the mission, needs, and purposes of the university and the college/community campus. Include how the program is integrating (or planning to integrate) intentionally designed opportunities for students to develop the four core competencies (Effective Communication; Creative and Critical Thinking; Intercultural Fluency; and Personal, Professional, & Community Responsibility). (3000 characters or less)

The Graduate Public Health Programs support UAA's public service mission by training a workforce that remains in Alaska and contributes directly to governmental and tribal public health capacity. As the only CEPH-accredited graduate public health program in the state, the MPH serves as Alaska's primary population-level workforce pathway, preparing graduates employed across state agencies, tribal health organizations, health systems, and community-based entities. Workforce preparation and applied leadership align directly with College of Health priorities.

The curriculum reflects Alaska's context. Circumpolar and Arctic health are embedded in required coursework and increasingly integrated across the program in response to student demand. Faculty-led projects expand applied scholarship focused on northern health systems.

Community engagement is embedded throughout the curriculum. Multiple required courses include agency-based projects and applied assignments in partnership with organizations in Anchorage, Juneau, Fairbanks, and other communities statewide. Faculty have secured CCEL community engagement mini-grants, and expansion of rural partnerships remains a strategic priority.

The program intentionally integrates UAA's four core competencies across coursework and applied learning:

Effective Communication is developed through professional writing, policy briefs, presentations, and agency-facing deliverables.

Creative and Critical Thinking is strengthened through applied data analysis and training in epidemiology, biostatistics, evaluation, and research methods using tools such as R, SPSS, GIS, and REDCap.

Intercultural Fluency is reinforced through circumpolar health content and collaborative work with diverse communities across Alaska.

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Personal, Professional, and Community Responsibility is cultivated through ethics instruction, applied practice standards, and expanded participation in statewide professional dissemination activities.

Collectively, these elements position the program as central to UAA's public service mission and to Alaska's public health workforce sustainability. Continued strengthening of rural partnerships and stable mentoring capacity will ensure alignment with evolving statewide health needs.

3. Demonstrate program quality and improvement through assessment and other indicators.

i. MPH Public Health Practice

- *MPH Foundational Learning Objectives: 1) Explain public health history, philosophy, and values; 2) Identify the core functions of public health and the 10 Essential Services; 3) Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health; 4) List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.; 5) Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.; 6) Explain the critical importance of evidence in advancing public health knowledge; 7) Explain effects of environmental factors on a population's health; 8) Explain biological and genetic factors that affect a population's health; 9) Explain behavioral and psychological factors that affect a population's health; 10) Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities; 11) Explain how globalization affects global burdens of disease; 12) Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health). MPH Competencies: 1) Apply epidemiological methods to settings and situations in public health practice; 2) Select quantitative and qualitative data collection methods appropriate for a given public health context; 3) Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate; 4) Interpret results of data analysis for public health research, policy, or practice; 5) Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings; 6) Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health [REDACTED] at organizational, community and systemic levels; 7) Assess population needs, assets, and capacities that affect communities' health; 8) Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs; 9) Design a population-based policy, program, project, or intervention; 10) Explain basic principles and tools of budget and resource management; 11) Select methods to evaluate public health programs; 12) Discuss the policy-making process, including the roles of ethics and evidence; 13) Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes; 14) Advocate for political, social, or economic policies and programs that will improve health in diverse populations; 15) Evaluate policies for their impact on public health and health [REDACTED] 16) Apply leadership and/or management principles to address a relevant issue; 17) Apply negotiation and mediation skills to address organizational or community challenges; 18) Select communication strategies for different audiences and sectors; 19) Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy; 20) Describe the importance of cultural humility in communicating public health content; 21) Integrate perspectives from other sectors and/or professions to promote and advance population health; 22) Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative. MPH Generalist Track-Specific Competencies: 1) Address public health emergencies and/or disasters with a focus on preparedness,*

impact, response, and/or recovery; 2) Engage community partner(s) in identifying and/or addressing public health issues; 3) Demonstrate ethical decision-making in public health practice; 4) Apply concepts of social justice, [REDACTED] and/or cultural humility in addressing public health problems; 5) Analyze the unique social, cultural, and/or environmental conditions affecting population health in the Arctic.

Describe your key findings for these outcomes. (3500 characters or less)

Course-level assessment and competency mapping of student ePortfolio artifacts indicate that the curriculum aligns well with CEPH foundational competencies and the MPH generalist track competencies. Based on pre/post competency student self-assessment and ePortfolio submissions, students demonstrate the strongest performance in applied analysis, interpretation of public health data, and translation of evidence into practice-oriented products (reports, briefs, and presentations). Review of core course outcomes also suggests improved coherence across quantitative and methods preparation, supporting stronger readiness for applied work.

Key findings also identify areas for continued improvement. First, we are strengthening early communication of competency expectations to ensure students can plan applied milestones with greater clarity and predictability. Second, we are working to promote more consistent applied readiness among students entering APE and ILE by enhancing advising engagement and clarifying preparatory expectations. Third, following the first implementation cycle of the redesigned ePortfolio, we are refining faculty review practices and student guidance to improve consistency, usability, and [REDACTED] across advisors while strengthening documentation of competency attainment.

Describe actions taken to improve student learning for these outcomes. (3500 characters or less)

In response to assessment findings, the program implemented structural and instructional changes to strengthen competency development and reduce avoidable variation in student experience. Curriculum sequencing was revised to improve scaffolding across epidemiology, biostatistics, program evaluation, and research tools and methods, strengthening alignment between foundational preparation and applied learning expectations.

Faculty strengthened course design and assessment practices through ongoing syllabus and course map review, with attention to transparent learning objectives, alignment of assignments with competencies, and more consistent expectations across course sections. The program incorporated high-impact teaching strategies in core courses, including the TILT framework, increased assignment scaffolding, and community-engaged coursework.

The ePortfolio process was redesigned to begin earlier in the program and to function as a cumulative competency record for advising and career development. Students now build artifacts across multiple courses throughout the program that support reflection on progress and readiness for applied work. Because this redesigned process is new, the program is continuing to refine student guidance, rubrics, and faculty review steps to improve consistency.

Advising practices were strengthened through clearer expectations for milestone planning and regular check-ins, with emphasis on sequencing, applied requirements, and realistic progression for working professionals. Applied learning oversight was also strengthened through clearer APE and ILE guidance documents and readiness expectations prior to starting applied activities.

Describe evidence that these actions are working. (3500 characters or less)

Evidence is emerging from advising records, student feedback, and early implementation of revised processes. All students now meet annually with the program chair and are reporting clearer

understanding of course sequencing, applied requirements, and expectations for professional products. Faculty report fewer instances of students reaching late stages of coursework without an identified plan for applied milestones.

Early indicators from the redesigned ePortfolio suggest it is a promising assessment and career development practice. Students are starting competency documentation earlier and are using artifacts more intentionally to support reflection and career advising.

Course-level review also indicates improving alignment between methods preparation and applied deliverables. Applied practice quality oversight has improved through clearer guidance and readiness expectations, but APE and ILE readiness and consistency remain ongoing areas for program improvement. The program will continue to use course outcomes, student feedback, and applied learning monitoring to adjust instruction and strengthen competency attainment.

ii. GC Public Health

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

Describe your key findings for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

Graduate Certificate in Public Health (GCPH) key findings: The certificate is new and has limited enrollment and outcome data; therefore, findings related to student learning outcomes are preliminary. Initial review indicates that certificate coursework aligns with MPH foundational competencies and supports a pathway into the MPH.

Describe actions taken to improve student learning for these outcomes. Programs may enter "See above" if there is a significant overlap of outcomes. (3500 characters or less)

Quality improvement has focused on strengthening admissions-to-enrollment processes, earlier advising contact, and clearer communication of course sequencing and expectations for certificate students. Certificate courses have been reviewed to ensure alignment with MPH competencies and to support seamless transition for students who continue into the MPH.

Evidence: Early tracking indicates improved transition from admission to enrollment and clearer advising pathways. Outcome data will expand as cohorts mature. As additional cohorts progress, the program will expand outcome monitoring using course completion patterns, advising records, and student feedback.

Describe evidence that these actions are working. Programs may enter “See above” if there is a significant overlap of outcomes. (3500 characters or less)

See above

- b. Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program design, intentionally integrating high-impact teaching and learning practices into the program, and meeting indications of quality in distance education, such as the C-RAC Standards. (3500 characters or less)**

The MPH maintains specialized accreditation through the Council on Education for Public Health (CEPH). CEPH accreditation standards guide curriculum review, competency mapping, and continuous improvement planning. The program also reviews its strategic plan annually, assesses progress toward goals and objectives, and develops action steps during faculty retreats.

Quality is further supported through structured engagement with students and partners. Student feedback is gathered through formal mechanisms (for example, the Student Advisory Council survey and discussion process), end-of-semester course evaluations, and are used to refine course delivery, advising practices, and applied learning expectations. Proposed special topics courses are also developed in direct response to this feedback. Community partner input informs APE design and helps ensure that student work products are relevant and feasible for practice settings.

Curricular currency and instructional quality are supported through regular syllabus review and incorporation of high-impact teaching and learning practices, including transparent assignment design (TILT), scaffolding, community-engaged coursework, team-based learning projects, and professional dissemination activities in response to community partner needs.

- c. Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program design, intentionally integrating high-impact teaching and learning practices into the program, and meeting indications of quality in distance education, such as the C-RAC Standards. (3500 characters or less)**

see above

4. Demonstrate student success and the closing of achievement gaps.

- a. Analyze and respond to the disaggregated data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to close any achievement gaps. The Student Success program review metrics are Junior Graduation Rate, Associate Graduation Rate, Semesters to Degree – Graduate Programs, and Course Pass Rates by Course Level. (3500 characters or less)**

Undergraduate graduation metrics do not apply to the MPH; this analysis focuses on graduate semesters to degree and course pass rates.

Average semesters to degree declined from 11.7 in 2021 to 7.4 in 2025, reflecting deliberate structural reforms not solely due to enrollment contraction. Sequencing changes, clearer prerequisite enforcement, predictable annual course offerings, and earlier advising engagement reduced late-stage bottlenecks.

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Deemphasizing the thesis pathway in 2021 shortened completion times. The thesis is being reintroduced as an optional research-focused pathway. Catalog updates have been approved, with implementation scheduled for AY27, and clearer milestone oversight is intended to support timely completion. Prior delays were concentrated in thesis proposal and IRB approval, draft completion, and Graduate School formatting review. Continued attention to structured mentorship and milestone clarity remains essential.

Graduate course pass rates remained stable, ranging from 80-86%. Full-time students perform slightly higher than part-time students, though the gap has narrowed as sequencing and advising standardization improved. Disaggregated review shows recent gains among first-generation students and Alaska Native and American Indian students. Male student pass rates remain comparatively lower and are a focus of ongoing [REDACTED] review to assess potential instructional or engagement factors. To address this, the program is reviewing instructional approaches, engagement patterns, and advising practices in courses where gaps appear, with the goal of identifying specific strategies to support male student success while maintaining consistent academic standards. Narrowing performance differences across groups coincides with improved advising predictability and milestone monitoring.

Structural processes previously contributed to delayed milestone completion and inconsistent applied readiness. The program has shifted to a systems-oriented review model examining mentoring distribution, milestone tracking, and instructional consistency across sections.

Quantitative gateway courses, particularly Biostatistics and Epidemiology, previously showed lower pass rates and greater variability. Beginning in Fall 2024, instructional redesign introduced scaffolded assignments, clearer rubrics, structured practice, and strengthened sequencing alignment. Pass rates improved, and proficiency in subsequent methods coursework increased. Faculty also identified differences in prior quantitative preparation as a contributing factor and clarified expectations for incoming statistical readiness through program communications prior to admission. Sustained faculty calibration and monitoring of course outcomes will be necessary to maintain these gains and continue reducing achievement gaps.

Overall, student success is understood not solely as individual performance but as the outcome of coherent program design, equitable instructional practice, and consistent mentorship infrastructure.

- b. Numerous US universities, and a number of programs across UAA, have holistically evaluated their programs and courses to look for unintended barriers to student success. For example, the Purdue IMPACT (Instruction Matters: Purdue Academic Course Transformation) effort between 2011 and 2018 resulted in 325 courses being redesigned to incorporate research-based strategies known to increase student outcomes, while maintaining academic quality and rigor. Other efforts have involved course sequencing and scheduling, resulting in improved success even for [graduate students](#). Please consider your program's graduation rate, course pass rates, and similar data sources to reflect on any barriers to students moving through the curriculum, and describe what steps you have taken (or are planning to take) for possible redesign of gateway courses, course sequence changes, course scheduling, or similar efforts. (3500 characters or less)**

Review of graduation rates, course pass rates, and progression patterns identified structural opportunities to strengthen student movement through the curriculum while maintaining academic rigor.

First, enrollment size limited the ability to offer every core course each term. Rather than disperse students across under-enrolled sections, the program adopted a predictable annual course rotation model. This approach increases scheduling transparency, allows realistic multi-year planning, and reduces uncertainty that previously delayed progression.

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Second, analysis of pass rates and milestone sequencing identified quantitative gateway courses as critical leverage points. Epidemiology and Biostatistics were intentionally sequenced prior to Research Methods to better align analytic skill development with subsequent coursework. Both courses were redesigned using scaffolded assignments, clearer grading rubrics, and structured early-intervention checkpoints. Early evidence indicates improved performance in quantitative courses and more consistent readiness for advanced research and applied work. Scheduling adjustments are also underway to better support working professionals, including piloting evening and synchronous specialty offerings informed by student feedback.

Third, enrollment and feedback data indicate that program cost, including the tuition surcharge fee, influences persistence decisions. The program is advocating for reduction or elimination of this fee to improve affordability and stabilize enrollment.

Overall, redesign efforts reflect a data-informed approach to course sequencing, gateway reform, and scheduling transparency. Early outcomes include reduced time to degree and improved quantitative course performance. Continued attention to instructional consistency, advising engagement, and sustainable resourcing will further strengthen equitable progression through the curriculum.

- c. **Provide evidence of the overall success of students in the program. For example, you might talk about the percent of students in post-graduation employment in the field or a related field, the percent of students who go on to graduate school or other post-graduation training, and/or the percent of students who pass licensure examinations. You might also give examples of students who have been selected for major scholarships or other competitive opportunities. [Please do not use personally identifiable information.] (3500 characters or less)**

Overall, student success indicators are strong. Semesters to degree declined substantially over the review period, and graduate course pass rates remain stable. Nearly all graduates secure employment in public health or closely related fields, most entering state agencies, tribal health organizations, health systems, or nonprofit settings.

During the review period, six students sat for the Certified in Public Health (CPH) exam with a 100% pass rate.

Post-graduation educational continuation remains robust. Graduates continuing their education beyond the MPH include 4 in 2021, 4 in 2022, 2 in 2023, 10 in 2024, and 5 in 2025. Multiple graduates have entered doctoral programs (PhD and MD) or competitive fellowships, and many have received conference awards or professional recognition.

These outcomes indicate that, despite structural challenges related to enrollment size, faculty capacity, and cost barriers, the program prepares students for professional advancement and further academic training. Many graduates have moved into state-level leadership roles shaping public health policy and practice in Alaska. The program periodically reviews workforce postings to ensure alignment between learning outcomes and in-demand job skills. Student feedback emphasizes flexibility for working professionals and the importance of consistent mentoring and applied supervision. Community partners report that MPH graduates are prepared for entry-level leadership roles in evaluation, coordination, and program management.

Sustaining these outcomes requires continued attention to instructional quality, advising consistency, and affordability. Recent structural improvements demonstrate that when barriers are addressed, student performance and professional advancement improve.

5. Demonstrate demand for the program.

- a. **Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Demand program review metrics are Ratio of Out-of-Discipline Credit Hours to Total Credit Hours, Number of Program Graduates Who Continue Education, and Number of Program Graduates Who Return to UAA to Pursue an Additional Program. (3500 characters or less)**

Demand for the Graduate Public Health Programs is interpreted through three metrics: (1) ratio of out-of-discipline credit hours, (2) number of graduates continuing education, and (3) number of graduates returning to UAA for additional programs.

The ratio of out-of-discipline credit hours declined from 29% in 2021 to 14% in 2025. The decline reflects a deliberate prioritization of degree-seeking student progression through predictable course rotation rather than reduced program relevance. However, the program fee contributes to reduced cross-disciplinary participation by creating financial barriers for non-degree students and discouraging enrollment in MPH-designated sections of cross-listed courses. In dual degree contexts, fee differentials constrain interdisciplinary demand and curricular flexibility. As a result, the observed decline in the ratio of out-of-discipline credit hours partly reflects suppressed interdisciplinary enrollment rather than reduced relevance of MPH content to other programs.

Graduates continuing education ranged from 2 to 10 annually across the review period. Variation reflects small cohort size and labor market shifts; however, consistent continuation into doctoral programs, fellowships, and additional credentials signals strong perceived program value.

Internal return-to-UAA enrollment increased from zero in 2022 and 2023 to four graduates in both 2024 and 2025. Strengthened coordination of the Social Work dual degree and clearer certificate-to-MPH pathways have supported internal continuation.

Demand is influenced by structural affordability constraints. Tuition, the program fee, and SOPHAS application costs position the MPH as less affordable than many peer programs nationally, limiting non-degree participation and cross-listed enrollment. Despite these constraints, workforce demand remains strong. Post-graduation surveys indicate most graduates secure public health employment within one year, and partner agencies consistently identify demand for epidemiologic analysis, evaluation, and applied leadership skills.

The program is responding by strengthening pathway clarity, stabilizing course rotation, evaluating SOPHAS participation, and advocating for reduced program fee reliance. Sustained affordability and stable faculty capacity are essential to expanding demand while maintaining quality.

6. Demonstrate program productivity and efficiency.

- Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Productivity and Efficiency program review metrics are Five Year Degree and/or Certificate Awards Trend, Student Credit Hours per Full-Time Equivalent Faculty, and Full-Time Equivalent Student per Full-Time Equivalent Faculty. (3500 characters or less)**

Program productivity must be interpreted in the context of small cohort size, structural transition, and cost positioning relative to peer programs.

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Degree awards declined from 32 in 2021 to 9 in 2025. The 2021 figure reflects delayed completions associated with the former thesis bottleneck, while 2025 awards reflect a smaller, stabilized cohort. Adoption of APE and ILE as the default culminating experience reduced completion delays and improved progression. Current enrollment of approximately 45 students indicates that recent award counts reflect cohort size rather than loss of program viability.

SCH/FTEF declined from 297.5 in 2021 to 224.3 in 2023 before increasing to 311.7 in 2025. The dip reflects restructuring and consolidation of under-enrolled sections. The rebound reflects improved alignment between enrollment and instructional capacity and implementation of a predictable annual course rotation. Current ratios align with national norms for master's programs, typically 250-400 SCH/FTEF.

FTES/FTEF declined to 9.3 in 2023 and increased to 13.0 by 2025, indicating improved utilization following restructuring. These values are consistent with national benchmarks of 10-18 FTES/FTEF for sustainable master's programs. In this context, the tuition surcharge program fee operates as a structural brake on enrollment growth that constrains further improvement in SCH/FTEF and FTES/FTEF, particularly in cross-listed and dual degree contexts where students compare total program cost across options.

Because enrollment does not support offering every course each term, the program adopted a predictable annual rotation model to protect instructional quality. The program fee, implemented in lieu of general fund support, continues to influence cohort size and enrollment behavior. Class sizes remain flexible; however, instructional quality and mentoring consistency vary across faculty, affecting student enrollment decisions and applied readiness.

The Graduate Certificate in Public Health is not yet reflected in award trends due to recent implementation, though enrollment and tracking have strengthened and participation is increasing.

Overall, instructional efficiency has stabilized following restructuring. Continued attention to affordability, faculty engagement, and enrollment growth will strengthen long-term productivity.

Optional: Discuss the extent to which, if any, extramural funding supports students, equipment, and faculty in the program. (3000 characters or less)

Extramural funding during the review period provided targeted support for paid student placements, limited instructional infrastructure, and select professional development activities. These funds enhanced applied learning but did not function as a primary operating mechanism for the graduate program. Grant-supported student placements are concentrated among a small number of research-active faculty, while several senior faculty maintain primarily teaching-focused portfolios with limited sponsored research activity. Expanding grant activity that integrates paid graduate placements and workforce-relevant applied research is therefore a strategic priority. Strengthening externally funded student engagement will enhance experiential learning and contribute to long-term program sustainability.

7. Assess program distinctiveness, as well as any duplication resulting from the existence of a similar program or programs elsewhere in the University of Alaska System. Is duplication justified, and, if so, why? How are you coordinating with UAA's community campuses and the other universities in the system? (2500 characters or less)

The Graduate Public Health Programs at the University of Alaska Anchorage is the only CEPH-accredited graduate public health degree in the University of Alaska system and fulfills a dual mission as the state's population-level workforce pipeline and academic training program in applied public health science. No other UA campus offers an MPH preparing students in epidemiology, biostatistics, environmental health, health

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policy, program evaluation, leadership, and systems-based public health practice consistent with national standards.

UAF's graduate offerings, including the One Health Master's degree and its newly launched Master of Healthcare Management and Leadership, are complementary but distinct from the MPH. The One Health program emphasizes interdisciplinary connections among human, animal, and environmental health, while the Healthcare Management and Leadership degree focuses on administration, finance, policy, and information systems in healthcare organizations. Neither program functions as an accredited MPH nor provides comprehensive preparation across core public health domains required for population-based governmental practice. The programs are structurally differentiated and do not duplicate curriculum or competencies. Emerging collaboration discussions are focused on leveraging complementary expertise while maintaining clear program differentiation.

The MPH serves students statewide through fully online delivery and flexible course design. Community campuses do not offer graduate public health coursework; however, undergraduate students from across the system transition into the MPH. Program leadership is beginning to engage in cross-campus dialogue to clarify mission alignment, support appropriate student referral, and prevent duplication as graduate offerings evolve.

The program plays a visible role in statewide public health networks, including partnerships with the Alaska Department of Health, tribal health organizations, and community stakeholders. Graduates remain employed in Alaska, filling leadership and evaluation roles across public health agencies and health systems. Practicum placements and stakeholder collaborations embed the program within the state's public health infrastructure.

Taken together, the MPH functions as the system's hub for applied public health education and workforce development. Its distinctiveness is structural, credential-based, and workforce-driven, not duplicative.

8. Assess the strengths of your program and propose one or two action steps to address areas that need improvement. (4000 characters or less)

The Graduate Public Health Programs demonstrate several core strengths that support their role as Alaska's only population-level graduate public health program.

The program maintains a clear applied orientation. Graduates move into leadership, evaluation, policy, and coordination roles across Alaska, reflecting strong workforce alignment. Employment outcomes and professional credentialing results demonstrate applied relevance and sustained demand.

The program provides statewide access through online delivery while maintaining structured progression for working professionals. These features support accessibility without reducing academic rigor. Together, these strengths position the program as a workforce-responsive, accreditation-aligned contributor to Alaska's public health infrastructure.

Despite these strengths, program review findings identify structural vulnerabilities that require institutional attention.

Recent tenure-line attrition and concentration of mentoring responsibilities have created fragility in advising continuity, applied oversight, and long-term stability. While multiple faculty contribute to instruction, graduate mentoring and supervision depend on a limited number of consistently engaged faculty. Without restoration of lost tenure-track capacity, the program's ability to ensure advising milestone oversight, and succession planning is at risk. A small subset of faculty carries most APE, ILE, and thesis advising responsibilities, limiting redundancy in required mentoring functions and creating vulnerability if one faculty member reduces capacity or departs. Sustained tenure-track capacity is central to CEPH standards related to

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applied supervision, competency assessment, and advising infrastructure, and continued concentration of these functions would complicate demonstration of stable capacity in future accreditation reviews. Recent gains in progression and quantitative performance show that structural reform improves outcomes; sustaining those gains requires institutional investment in faculty and infrastructure.

Two priority action steps are proposed:

Rebuild and Stabilize Tenure Track Faculty Capacity: Refill one tenure-track vacancy lost during the review period to ensure sustainable graduate mentoring, equitable advising distribution, and consistent applied oversight. Concentration of supervision within a small number of faculty creates structural fragility and succession risk. Restoring this position would distribute APE, ILE, and thesis oversight more broadly, reduce single-point-of-failure risk in applied mentoring, and strengthen the program's ability to document stable faculty capacity for CEPH. Stable tenure-track capacity is essential to maintain CEPH compliance, protect recent performance gains, and sustain Alaska's public health workforce pipeline.

Eliminate or Reduce the Program Fee: Remove or substantially reduce the program fee, originally implemented in lieu of general fund support to sustain core instructional and program operations. The fee now functions as a structural barrier to enrollment growth, interdisciplinary participation, and student persistence. It places the program at a competitive disadvantage relative to peer MPH programs nationally and limits cross-listed enrollment within the university. Reducing or eliminating the fee would improve affordability, strengthen yield, expand enrollment, and stabilize productivity through scale. Fee reduction would also advance [REDACTED] by lowering cost barriers for first-generation, rural, and part-time students. Aligning the program's cost structure more closely with peer MPH programs would position the Graduate Public Health Programs to increase cross-listed enrollment and strengthen productivity indicators through scale rather than surcharge.

These actions align institutional investment with demonstrated program performance, protect recent gains from erosion, and ensure long-term accreditation-aligned stability and measured growth.

9. **Over the past two years programs and colleges conducted a comprehensive review of all fees. Moving forward, per the [UAA Course Fee Policy](#), programs conduct a comprehensive review and re-approval of all course fees as part of the cyclical Academic Program Review process. The college's strategic budget officer will conduct a review, and the dean will review the results and work with the program on any changes. The authorized lead, per the Course Fee Policy, will submit forms for each fee, whether to delete, retain, or change the fee. Forms are due to OAA by the regular February 15 deadline.**

What was the general outcome of the comprehensive fee review? (2500 characters or less)

The Graduate Public Health Programs (GPHP) do not assess individual course fees. As a result, the comprehensive review conducted under the UAA Course Fee Policy did not generate changes within the program.

The GPHP assesses a tuition surcharge program fee, distinct from course-level fees and therefore outside the recent course fee review. The fee was established to support instructional and programmatic functions not fully covered by base funding, including faculty lines, applied learning infrastructure, accreditation oversight, advising coordination, and delivery of practice-oriented coursework across Alaska. While this structure has supported program continuity and applied learning expectations, it also represents a meaningful financial consideration for students and influences enrollment yield, registration patterns, and participation by non-degree-seeking students.

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Program leadership has reviewed the fee structure in relation to enrollment, progression, and student feedback. Although no course fees require modification, long-term sustainability depends on reducing reliance on program-level fees through enrollment stabilization, improved admissions-to-enrollment conversion, predictable course sequencing, and strengthened faculty capacity. The GPHP remains committed to aligning financial structures with institutional support to promote access, enrollment stability, and program quality.

Committee chair first name last name: Eduardo Piqueiras

Date: 3/2/2026

END OF PROGRAM SECTION

DEAN SECTION (Due on April 1)

1. Evaluation of Progress on Previous Recommendations

For each recommendation from the last program review, indicate if the recommendation has been met or has not been met and provide commendations and guidance as appropriate. (2500 characters or less for each recommendation)

Recommendation 1: Continue to help the institution think broadly about what it means to put students first at the graduate level. Recommendation has not been met.

The program implemented an academic structure that provides clarity, predictability, and flexibility (clear sequencing, transparent milestones, predictable scheduling, multiple pathways). Faculty also implemented high-impact teaching practices and enhanced advising and mentorship. There are now clear advising expectations for both students and faculty. Students are now more involved as members on decision-making committees (as required by Criterion A3 of the program's accreditation). This is an important action because the program had only partially met this criterion for student engagement in the last accreditation review. The program regularly conducts detailed process and outcome evaluations. Results show that the program is effective in putting students first.

However, significant challenges remain.

First, the curriculum for the MPH in Public Health Practice has not significantly changed over the past 25 years (at a time when the field of public health has experienced transformational changes). Degree requirements are essentially the same as they were when the program was implemented in fall 2003 (with the exception of a new biostatistics course and an applied practice option). As noted by the program, a redesign the entire curriculum is needed.

Second, faculty participation in governance and advising activities continues to be highly variable and inequitable. While some faculty contribute regularly to program activities, others contribute very little and their contributions are often detrimental. As a result, the program's initiatives are not always implemented consistently or accurately. The quality of instruction also varies significantly across faculty. This creates serious impediments to student success. It also significantly lowers the morale of both faculty and students. Understandably, it causes a sense of frustration and exhaustion among the faculty who actively contribute and are committed to putting students first.

Recommendation 2: Continue to investigate and address [REDACTED] gaps in student achievement.

Recommendation has not been met.

The program found that gaps in student achievement were attributable to variations in faculty advising practices, course design, instructional quality, mentoring expectations, and the monitoring of student progress. These program weaknesses have different impacts on different student groups, causing [REDACTED] gaps in student achievement. Gaps in student achievement are also caused by variations in students' preparation for graduate studies in public health studies. These challenges are exacerbated by inconsistent advising practices.

After collecting and analyzing data, the program has a better understanding of the causes of [REDACTED] gaps in student achievement. The program has also identified promising interventions to close [REDACTED] gaps in student achievement. In particular, the program has significantly improved course scheduling and sequencing. The program has also ensured that students are knowledgeable about program requirements and expectations. As a result of these changes, students are now better prepared to succeed in completing program requirements and student learning outcomes have improved.

Unfortunately, the program's ability to implement additional initiatives is constrained and compromised when faculty do not equally contribute to student success initiatives. While the program has carefully analyzed [REDACTED] gaps in student achievement and has identified promising solutions to close these gaps, it is unfortunately unable to implement all of these solutions. Faculty participation in academic and student affairs is simply too variable and inequitable for the program to be effective in addressing [REDACTED] gaps in student achievement.

Recommendation 3: Increase the number of accepted students who enroll in the program. Recommendation has not been met.

The program implemented several changes to the admission process. Most importantly, the program implemented a centralized Schools of Public Health Application Service (SOPHAS). This service is designed to simplify the application process by allowing students to apply to multiple institutions using a single application. Faculty are also communicating more frequently with admitted students, providing more clarity on program expectations and requirements, and offering opportunities for social interaction and networking.

Sadly, enrollment numbers have not improved. The number of students admitted to the MPH in Public Health Practice has declined by 43% during the review period. This indicates that program demand is declining. To be sustainable, the program must enroll significantly more students. The new Graduate Certificate may be an option to increase the number of students who enroll in the program (the number of graduate certificates awarded by UAA more than doubled from 2024 to 2025).

The program must be cautious to not implement strategies that make it more difficult for students to apply and enroll in the program. For example, allowing more time for faculty to participate in the admissions process may have unintended consequences – delaying admission decisions may negatively impact the program's yield rate of enrolled students to admitted students.

Application and program fees may be problematic. Application fees are \$60 to \$150 for SOPHAS and \$75 for UAA. Graduate health sciences (HS) courses have the highest tuition surcharge at UAA (50% applied to the base resident tuition; a review of this surcharge is included below).

The program should consider ways to streamline the application and enrollment process. For example, it may want to consider direct admissions from the Bachelor of Science in Health Sciences (this would complement the existing accelerated MPH in Public Health Practice option).

Provide your analysis of #2-8 below, based on the data provided and the program's responses above.

2. Centrality of the Program (2000 characters or less)

The MPH in Public Health Practice prepares public health practitioners to assess the needs of populations; plan, implement and evaluate programs to address those needs; and otherwise assure conditions that protect and promote the health of populations. The GC in Public Health includes six of the 11 courses required for the MPH. The graduate certificate is designed to prepare public health practitioners to apply skills in program planning and evaluation, data analysis, and health services administration and management. Both programs focus on key public health issues in Alaska and the circumpolar north, and both programs have a strong emphasis on community engagement. The program clearly integrates UAA's core competencies. Students are well prepared to think creatively and critically about public health problems in Alaska, develop and implement appropriate interventions, and take responsibility for advocating for the health and well-being of people and communities.

The MPH and GC make important contributions to the missions of the university and college. To further enhance these contributions, faculty should redesign the entire curriculum, in collaboration with the program's community advisory board and students. It will be essential to also include new industry partners to gain broad input. Data from recent surveys of employers will be helpful in this process. The program must re-envision graduate public health education in Alaska. Graduate programs in public health have been encouraged for decades to transform their curricula to address today's public health challenges. Today's programs must train students to practice public health in new ways to meet current challenges (see Meredith et al., 2022). The program should also consider reducing the number of credits required for the master's degree (it currently requires 12 more credits than needed to obtain a master's degree) and should carefully consider elective requirements for each degree.

3. Program Quality and Improvement (2000 characters or less)

The MPH in Public Health Practice has been continuously accredited by the Council on Education for Public Health since 2009. The last self-study was completed in 2023. During the period of review, the program also completed three assessment reports (2021, 2022, and 2023). Overall, the program has an excellent record of using accreditation self-studies and academic assessment reports for program improvement purposes. Faculty regularly collect and analyze large amounts of assessment data. Using these data, they identify strategies for improvement and then implement and assess these strategies.

Recent improvements have included improving course sequencing for statistics and research methods courses (biostatistics, epidemiology, program evaluation, public health research tools and methods), implementing high impact teaching practices (e.g., transparency in learning and teaching, community engagement, team-based learning), using ePortfolios to document competency achievement, and strengthening advising practices. In particular, students are now required to meet with the program chair and advisors for regular check-ins. Early results are showing that these strategies are effective in improving student learning outcomes. The program is encouraged to apply these strategies more consistently.

Student learning outcomes for the GC in Public Health have not yet been formally assessed, but the program is already collecting data to inform future improvement activities (and several have already been implemented).

4. Student Success and the Closing of Achievement Gaps (2000 characters or less)

The number of semesters taken to graduate has steadily and impressively declined, by an average of 0.9 semesters per year. From 2021 to 2025, the number of semesters taken to graduate declined by 36.8% (a difference of more than four semesters). These changes were made by improving student advising and course scheduling. In addition, the program replaced the thesis requirement with applied practice and integrated learning experiences. This significantly improved student progression to graduation. The program recently proposed reinstating a thesis option in addition to the applied practice option. The program will need to ensure that students who pursue this option are still graduating in a timely manner.

Course pass rates remained relatively stable, but were persistently below average course pass rates for graduate courses at UAA (on average, pass rates for program courses were nine percentage points lower). The program hopes to address low course pass rates by focusing on student preparation for research methods and statistics courses, but that is not where students are obtaining low grades. The research methods, biostatistics, epidemiology, and program evaluation courses are among the top six courses with the highest rates of A and B grades (91.8%, 88.2%, 87.1%, and 86.7% respectively). The courses with the highest rates of C, D, F, and W grades are instead Public Health and Society (19.1%), Circumpolar Health Issues (13.0%), and Health Services Administration (11.1%). These three courses are also the first three courses (of six) required for the Graduate Certificate. Half of the courses for the graduate certificate are the courses with the worse pass rates. The high failure rate in Public Health and Society (19.1%), the program's gateway course to the degree, is particularly concerning. These data suggest that focusing on statistics and research methods courses will not be sufficient to improve the program's course pass rates.

5. Demand (2000 characters or less)

The program admitted an average of 12.5 students per year during the review period (the number of students admitted declined by an annual average of 0.3). Demand from non-majors is significant but has also declined. On average, 19.8% of total credit hours in the discipline were taken by students outside of the discipline. This percentage declined by an average of 3.8 percentage points during the review period. The declining number of out-of-discipline credits and the relatively low number of admissions raises important questions about demand for the program.

As noted by the program, demand may be reduced because of program costs. However, it is likely that demand is also reduced by other factors – e.g., offering a curriculum that may be outdated, implementing program decisions that may have unintended consequences on student success, having high failure rates in gateway courses, providing instruction of varying quality, and failing to implement consistent advising practices. Again, variations and inequities in faculty participation in governance and advising activities cause significant challenges for the program.

Program costs are addressed below (in section 9). In the meantime, consistent with the systemwide attainment framework's focus on financial access, the program should increase awareness about existing scholarship money and clarify how institutional aid works and boost its impact.

Moving forward, the program should redesign the curriculum to ensure that there is demand for both courses and degrees in public health. It should also consider reducing the number of courses required for the Master's degree and specify elective requirements for each degree. Several elective courses have not been offered recently. The program should update elective requirements and prepare a new course rotation plan showing when elective courses will be offered (elective courses should be offered based on student needs rather than instructor preferences).

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6. Productivity and Efficiency (2000 characters or less)

While the number of degrees declined during the period of review (from 32 in 2021 to nine in 2025), the long-term trend in the number of degrees is stable. Over the past 10 years (from 2016 to 2025), an average of 14 students graduated from the program annually, and the number of program graduates increased by an average of 0.3 per year (while the number of graduate degrees at UAA declined by an average of 10.3 per year). The number of graduates was temporarily high in 2021 and 2022 due to changes in the curriculum (significant obstacles to graduation were removed). Since then, the number of program graduates has again become stable.

The student credit hour to full-time equivalent faculty (SCH-to-FTEF) and full-time equivalent student to full-time equivalent faculty (FTES-to-FTEF) ratios were relatively stable during the period of review (up an average of 4.4 and 0.2 per year, respectively). However, the SCH-to-FTEF ratio for the graduate programs in public health was consistently below the ratio for all graduate programs (the average SCH-to-FTEF ratio was 34% less for the graduate programs in public health than for all graduate programs).

On the other hand, student credit hours and student seat counts have increased substantially from 2023 to 2025 (after falling from 2022 to 2023). From 2023 to 2025, student credit hours and seat counts increased by 17.5% and 34.7% respectively. The program should sustain this growth to improve productivity and efficiency.

7. Duplication and Distinctiveness (2000 characters or less)

UAA's graduate programs in public health are distinctive, and do not duplicate other programs within the University of Alaska system. In fact, the MPH in Public Health practice is the only graduate program in public health available within the state of Alaska.

The program could forge a stronger partnership with UAF's Center for One Health Research which offers a One Health Master's Degree with two concentrations (a co-production of knowledge and a biomedical concentration). While the purpose of the One Health Master's degree is different (and more clearly defined), there is some duplication in coursework (e.g., circumpolar health issues, research methods, epidemiology). Student demand is significantly higher for the One Health Master's degree at UAF. It now graduates more than 20 students annually, with 26 graduating in 2025 (compared to nine for the MPH in Public Health Practice).

8. Strengths and Ideas for Moving Forward (2000 characters or less)

The program identified two key strengths – maintaining an applied orientation and providing statewide access through online delivery. The program is encouraged to more clearly define its strengths, focusing on the value that it provides to students and the field of public health in Alaska. It may be helpful for the program to redefine its core purpose, aligning it with the future demand for graduate public health education in Alaska.

The program identified two priority action steps – rebuilding and stabilizing tenure track faculty capacity and eliminating or reducing the program fee.

More specifically, the program is requesting to refill one tenure-track vacancy. At the start of AY25-26, the program had four tenured faculty, one term faculty, and one vacant position. Two of the tenured faculty have resigned. This leaves two tenured faculty and one term faculty. This is the minimum required by accreditation (accreditation guidelines do not require faculty to be tenure-track faculty; they require faculty to be employed full-time, have regular responsibility for instruction, and spend a majority of time/effort on activities related to the program).

The MPH in Public Health Practice should optimally offer 14 courses per year (47 credits of instruction). This allows the program to offer every program requirement once per year and the applied practice courses twice

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per year (this is important to facilitate timely completion of degree requirements). With three faculty, the program can offer 57 credits of instruction per year (this accounts for course releases for program coordination activities but does not include summer when additional courses could be offered on a self-supporting basis). Overall, with three faculty members, the program has the capacity to offer more instruction than currently needed.

The recommendation to eliminate or reduce the program fee is reviewed in the next section.

9. Comprehensive Fee Review (2000 characters or less)

The program has no course fees, but it has a 50% tuition surcharge applied to the base resident tuition for all 600-level graduate health sciences (HS) courses. This tuition surcharge is the highest of all surcharges at UAA (others are 20% to 25%). This surcharge was approved by the Board of Regents in June 2002 – the Board approved “a 50% tuition surcharge in the MPH-specific courses required for the degree” and “the return of the whole tuition charge (150% of standard) to the program.” This was implemented to ensure that the program would be offered on a self-supporting basis (no state appropriations were allocated to support the program).

As detailed in UR 05.10.404, tuition surcharges are implemented to maintain the quality of the student experience and to support the cost of instructional delivery. Tuition surcharges must account for program demand, employment and earnings potential, enrollment, and affordability. Reviews should include comparisons with peer institutions and consultations with students.

Based on averages from this review period, eliminating the tuition surcharge would cost approximately \$200,000 per year. If the tuition revenue to the college is then reduced from 100% to 80%, eliminating the tuition surcharge would cost approximately \$250,000 per year. Not refilling vacant positions (and sending those positions to reserves) would save almost \$365,000. The program could afford to eliminate the tuition surcharge by reducing its personnel costs and not filling vacant positions.

However, it is important to emphasize that removing or reducing the tuition surcharge must not reduce the quality of the student experience. It is also important to emphasize that removing or reducing the tuition surcharge will not be sufficient to ensure the program’s success. Other challenges identified in this review must be addressed for the program to successfully serve students and the field of public health in Alaska.

Dean’s Final Evaluation

I commend the program for: (number and list the specific commendations in the narrative box, 2000-character limit)

- 1) Identifying effective strategies that put students first and address [REDACTED] gaps in student achievement;
- 2) Removing barriers to student success and facilitating degree completion;
- 3) Demonstrating a strong commitment to program assessment and continuous improvement;
- 4) Drastically reducing the number of semesters to degree completion;
- 5) Adjusting course scheduling and sequencing to increase student success and improve efficiency; and
- 6) Offering valuable practice experiences to students.

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I recommend that the program: (number and list the specific recommendations in the narrative box, 2000-character limit)

- 1) Redefine the program's mission and redesign the curriculum to meet future market and student demands for both graduate courses and graduate degrees in public health;
- 2) Ensure all faculty contribute equitably to governance and advising activities;
- 3) Enhance efforts to increase the number of accepted students who enroll in the program, increasing both student and credit hour counts;
- 4) Analyze course pass rates, identify promising strategies for improvement, implement these strategies, and assess their effectiveness; and
- 5) Address the contribution of high tuition to low enrollment numbers and develop a proposal to reduce or eliminate the program's tuition surcharge showing how the program will be sustainable without a program fee, when retaining only 80% of its tuition revenue. The program should address how the quality of the student experience would be maintained and should compare practices at peer institutions. It should also address issues related to program demand (see section #5), the employment and earnings potential of students, enrollment (see sections 5 & 6), and affordability (see UR 05.10.404 for additional details).

Dean's overall recommendation to the provost: Revision -- Program will be revised in the next academic year using existing resources.

If an Interim Progress Report is proposed, recommended year: N/A

If a Follow-up Program Review is proposed, recommended year: AY2028

Proposed next regular Program Review: AY2033

Dean first name last name: Jay C. Butler, MD

Date: 4/1/2026

END OF DEAN SECTION

PROGRAM OPTIONAL RESPONSE SECTION (Due within one week of receiving dean's review)

Are you submitting an optional response? If yes, add your response below, enter your name and date, and follow the guidance below for submission. If no, enter your name and date, and follow the guidance below for submission.

Yes

Optional Response: (10,000 characters or less)

Thank you for the time, care, and thoughtfulness reflected in this review. We appreciate the opportunity to engage with these recommendations and are looking forward to the next phase of program development and refinement. As we begin this work, we provide both clarification on key points and additional considerations necessary to support alignment and implementation.

- **Clarification on Course-Level Data and "Gateway" Course Identification**

The identification of higher failure rates in specific early or core courses is a valuable observation.

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However, the current program review data sheet does not disaggregate course pass rates to clearly distinguish between gateway, core, advanced, elective, or quantitative coursework. As a result, this interpretation appears to rely on data sources that were not included in the standard program review dataset. We were also instructed to base our analysis on the data provided in the program review data sheet, which limited our ability to incorporate external or non-standardized data sources. Had these additional data been made available in advance, they would have been integrated into the program's analysis and response. Systematically incorporating this level of analysis into future reviews is feasible; however, doing so will require a shared understanding that programs are expected to report on pass rates at the individual course level, along with consistent access to those data in advance of the review process.

- **Advising, Faculty Governance, and Program-Level Authority**

The recommendation to address [REDACTED] gaps through more consistent advising and faculty engagement is well taken; however, it does not fully account for the structural constraints within which the program operates. Graduate advising, mentoring, and course instruction are shared faculty responsibilities. The program has limited authority to require uniform participation, standardize advising practices, or ensure consistency in instructional approaches across faculty. This has been a longstanding challenge identified across multiple program review cycles. As currently framed, the expectation that the program will ensure equitable faculty contributions is not operationalizable at the program level alone. Addressing this issue requires institutional support mechanisms that establish and maintain standards for [REDACTED] participation, and shared accountability.

- **Replacement of existing tenure-track lines.**

The long-term quality and stability of a graduate program depend on tenure-track faculty who are institutionally anchored, actively engaged in research, and committed to sustained student development and community engagement. Replacing two tenure-track lines with a single term faculty position would not be conducive to long-term program success. Such a shift limits the program's ability to maintain a stable intellectual and institutional presence over time.

At UAA, graduate programs lack the same built-in support structures as undergraduate programs. Tenure-track faculty are essential to maintaining advising quality, continuity, and academic rigor. These functions cannot be fully replaced by contingent or short-term instructional models.

Graduate education is fundamentally distinct from undergraduate instruction. It is not limited to coursework delivery, but is structured around mentorship, scholarly development, and participation in faculty-led research environments. Tenure-track faculty are essential to maintaining research-informed teaching, supervising thesis and applied research pathways, securing grant-funded opportunities for students, and supporting publication pipelines and co-authorship. These elements are central to both student success and the program's broader contribution to the field.

Without replacement of tenure-track lines, the program's ability to sustain high-quality graduate education, support research mentorship, and maintain continuity over time will be significantly constrained.

Thank you again for your thoughtful review and for considering this follow-up response. We look forward to continued dialogue to ensure shared understanding and to support a clear, actionable, and sustainable path forward as we begin program revision.

Committee chair first name last name: Eduardo Piqueiras

Date: 4/8/2026

END OF PROGRAM OPTIONAL RESPONSE SECTION

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PROVOST SECTION (Due on August 1)

Provost's commendations, additional or adjusted recommendations, if any, and other general comments (3500 characters or less):

I agree with the dean's commendations, and particularly wish to call out the reduction in the number of semesters to degree completion.

I generally agree with the dean's recommendations, and would add to #1 that the program will want to engage its advisory board as it reconsiders its purpose and curriculum. I would also add that there needs to be greater coherence between the undergraduate program in Health Sciences and the MPH. As both programs work on a revision to their purpose and curriculum, they will want to aim at a clearer pathway from the undergraduate to the graduate program, and consider a well-defined accelerated master's option. In addition, the MPH faculty should also teach in the undergraduate program, as this is both a means toward greater coherence across these programs, and also a recruitment approach for the MPH.

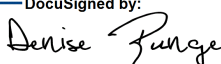
Provost's decision: Revision -- Program will be revised in the next academic year using existing resources.

Interim Progress Report: Select N/A or Academic Year.

Follow-up Program Review: AY2029

Next regular Program Review: Select N/A or Academic Year.

Provost's signature:

DocuSigned by:

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Date: June 26, 2026