

ACADEMIC PROGRAM REVIEW FORM

All academic programs and units at UAA are required by Board of Regents Policy P10.06.010 to engage in program review on a seven-year cycle. University Regulation R10.06.010 sets out the minimum requirements for program review, including centrality of program mission, quality, demand, program productivity, effectiveness, and efficiency. Exceptional reviews may be conducted, per University Policy and Regulation, and with the provost's approval. The UAA process integrates information about student learning outcomes assessment and the improvement of student learning, as well as progress on student success measures and the closing of equity gaps, aligning program efforts and resources with institutional priorities. Final decisions include commendations and recommendations, which guide future program efforts. The results of cyclical Academic Program Review are reported to the UA Board of Regents annually and are published on the UAA [Academic Program Review website](#).

This form is composed of four parts: the Program Section, the Dean Section, the Program Optional Response Section, and the Provost Section. Guidance for submission is provided in each section.

Using the Form: The form is pre-loaded with information specific to each program and posted on the [Academic Program Review website](#). The program should download and save their form to begin using it. The form is locked, so instructions are viewable and the only sections of the document that can be edited are the form fields.

The form uses narrative boxes, text only, and drop-down boxes. Narrative boxes have a character limit, which includes spaces. To undo an answer, press "Control-Z" or "Command-Z."

Responses are to be narrative text only, and must be ADA and FERPA compliant. Do not embed any tables or links, including to webpages or other documents. To be FERPA compliant, do not include the names of any current or former students. Rather, use statements such as, "In AY21 four program graduates were accepted to graduate programs in the field." Programs with specialized accreditation or other external recognitions must comply with restrictions regarding what may be published, as per the accreditor or external organization. Do not include appendices. Appendices to this form will not be accepted.

Data: Each program is provided a datasheet, along with this pre-loaded form. For questions about the data, please contact Institutional Research (uaa.oir@alaska.edu).

Assistance: For technical assistance with this form, email Academic Affairs (uaa.oaa@alaska.edu).

Program(s) in the review: MPH Public Health Practice

Specialized Accrediting Agency (if applicable): Council on Education for Public Health

Campuses where the program is delivered: Anchorage KOD KPC MSC PWSC

Year of last review: AY2020

Final decision from last review: Continued Review

PROGRAM SECTION (Due on March 1)

The program review committee chair and committee members are assigned by the dean. All program faculty should be included in the review process, including faculty on the community campuses. After completing the Program Section below, the program review committee chair will sign, date, and email this form to the dean, copying all committee members. If the program is fully delivered on a community campus, copy the appropriate community campus director(s). The program review committee chair's signature and date lines are at the end of the Program Section.

Program Review Committee:

Gabe Garcia, Professor, Public Health (ANC), Chair

Jenny Miller, Professor, Public Health (ANC)

Jennifer Meyer, Assistant Professor, Public Health (ANC)

Phillippe Amstislavski, Associate Professor, Public Health (ANC)

1. Demonstrate that the program has responded to previous recommendations.

Recommendation 1: Reduce the number of courses offered each semester and develop a course rotation schedule.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

In determining our success related to this recommendation, we assessed the number of core courses we offered each semester and the number of students enrolled in these courses. Additionally, in making decisions related to course rotation schedule, we prioritized maximizing student success, which we defined as having the student complete the program efficiently (i.e., reduced time to degree completion).

Actions taken to date (2000 characters or less)

Starting in Fall 2020, the MPH Program went from offering each core course in the Fall and Spring to only offering each course once a year. The schedule is as follows:

Fall: HS A605, HS A610, HS A625, HS A629 and HS A630

Spring: HS A615, HS A624, HS A626 and HS A628

The exception was HS A629 and HS A624, which were offered twice in AY 20-21 so students did not have to wait a year for graduation. Along the same lines, HS A695: Applied Practice Experience and HS A696: Integrated Learning Experience were and are still offered both Fall and Spring so students can finish the degree.

The MPH students were informed at the Fall 2020 and again at the Fall 2021 MPH student symposium of the new course rotation schedule. The course rotation schedule is listed on our internal Blackboard shell and website. All new students are orientated to the new schedule and advising documents have been updated to reflect the changes. The course rotation was also listed on the program website in summer of 2021.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. With the exception of two courses in the Fall 2020 and Spring 2021, our program has committed to offering each of our core courses once a year. Along with the decrease in our core course offering and changes in our course rotation schedule, our program has completed a large advising campaign to ensure our students are on track to graduate as they planned.

Recommendation 2: Reduce the number of faculty or consider reassigning some faculty instructional responsibilities to the BS Health Sciences program, which is growing.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

We assessed the annual workload of all our MPH faculty members in relation to the reduction of our MPH course offering and course rotation schedule. We also noted our faculty leaving our program during the review period. Our measure of success is the reduction of number faculty in our program and having faculty members assigned instructional responsibilities in the BSHS Program.

Actions taken to date (2000 characters or less)

At the time of the 2019-2020 program review, the MPH faculty consisted of six instructors assigned to our program. Coincidentally, after that year, we had two faculty retirements and one departure. After losing three of our faculty, an undergraduate faculty member was reassigned to our program. Our program now has 4 full-time faculty. Besides decreasing our faculty size, we also assigned two of our faculty members to “fill in gaps” in the undergraduate schedule when needed--i.e., some faculty taught in the Bachelors of Science in Health Sciences (BSHS) program in Spring 2021 and Spring 2022.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. During the review period, our faculty size has been reduced from 6 faculty in 2019 to 4 faculty in 2021. Additionally, two of our faculty members have been assigned to teach courses in the BSHS Program to “fill in the gaps” for the BSHS schedule.

Recommendation 3: Increase the focus on meeting Alaska's public health workforce needs.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

In assessing our success in achieving this recommendation, we tracked all our public health workforce development-related activities during the review period and the impact of those activities.

Actions taken to date (2000 characters or less)

We reviewed available public health workforce needs assessment data and developed an appropriate needs assessment plan specific to our program in Fall 2021. Additionally, we continued to work with AHEC in identifying health and health-related training needs in the state and have some of our faculty members engage in those training efforts. Finally, our program, in partnership with our Division's BSHS Program, applied to the College of Health Strategic Investment Fund (SIF) in Spring 2021 to fund our efforts through Project PACE to increase Alaskans' accessibility to academic programs related to population health and in expanding the academic health programs we are offering in our Division.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. The COVID-19 pandemic brought to light the importance of increasing and strengthening the public health workforce in the state and nationwide. In Spring 2021, faculty in our program worked with AHEC in providing statewide training for COVID contact tracing. In total, this program was able to train 1,600 Alaskans. Besides the contact tracing training, in Spring 2022, faculty in our program, in partnership with AHEC, developed and are currently implementing training for licensed care-providers and the general public in our state on increasing COVID vaccine confidence in the community. So far, more than 60 Alaskans signed up for this training. Regarding our application to COH's SIF, our project (Project PACE) was successfully funded for three years. In response to meeting the state's public health workforce needs, the funds we received will assist in developing a graduate certificate in public health program, a BSHS to MPH accelerated program, among a few others, in response to the increased public health education needs in the state. As part of Project PACE, we are currently conducting a needs assessment related to public health education programs in the state.

Recommendation 4: Reassess how to most efficiently maintain a high quality program for students and improve productivity.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

In addressing this recommendation, we looked at three measures. In terms of maintenance of the quality of our program, we determined whether we are achieving our accreditation requirements. In terms of efficiency, we looked at the number of semesters to degree completion. Regarding productivity, we noted the number of students we graduated due to the

changes that we have made. Additionally, we noted the proportion of our graduating students who were employed at the completion of our program.

Actions taken to date (2000 characters or less)

Previously, our students had to complete a practicum-project or a thesis-project for their capstone experience (HS A698/699). Due to the challenges of finding a community partner for their chosen project interest, developing a feasible project plan, and/or writing up a thesis or report, some of our students took a long time to complete the program. In the Summer 2020, the program met with the Provost and Graduate School Dean to create a memo of understanding to revise our curriculum's capstone, taking out the practicum-project/thesis-project requirement, instead requiring them to take an Applied Practice Experience (APE) in one semester and then having them take Integrated Learning Experience (ILE) in the following semester. In APE, students work with a community partner to produce deliverables needed by the community partner and at the same time allow students to exhibit the competencies they learned in our program. In ILE, the students produce a final capstone project that would display their command of the generalist public health practice subject and at the same time allow them to integrate competencies in our program. This curriculum change would give our students more structure in their capstone experience, more opportunity to demonstrate the competencies they learned in our program, and more efficiently complete the capstone within two semesters. Moreover, this would be more consistent with the accreditation requirements and with what many other public health programs are doing across the nation. Since the APE and ILE requirements would require the creation of two new courses which could take an entire academic year to get approval through the curricular process, the aforementioned memo allowed students registered in HS A698 (none were registered in HS A699) in AY 2019-2020 and some students in AY 2020-2021 to complete their APE and ILE requirements. In Fall 2020, we formally added HS A695: APE and HS A696: ILE through the curricular process.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. Due mainly to the change in our student's capstone experience, we graduated more than 30 students in the 2020-2021 academic year-- the most we ever graduated in our MPH Program's history. Of those who graduated, some would have taken a longer time to graduate if they had gone through the practicum-project/thesis route. The quality of our program remains high. Our program accreditation has approved our curriculum changes regarding APE and ILE without any concerns, and our recent graduates are 100% employed.

Recommendation 5: Evaluate the recruitment efforts, curriculum, course scheduling, and faculty workloads. Assess the impact of these factors on program efficiency and productivity.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

During the review period, we noted our recruitment efforts, curriculum, course scheduling, and faculty workloads. We then assessed the impact of these activities in terms of our program efficiency and productivity. Regarding our recruitment efforts, we measured our success by the

number of students we admitted, particularly noting the proportion of students we admitted from our priority population (i.e. racial/ethnic minorities and students from rural communities). Regarding our curriculum, course scheduling, and faculty workload changes, we measured our success based on achieving the recommendation from our program review.

Actions taken to date (2000 characters or less)

Regarding recruitment, we have begun developing a student recruitment plan; we set a target number for admission and enrollment in our program; and our Program Coordinator developed a recruitment video about our program which we disseminated among our community partners and stakeholders. Regarding our curriculum, we made changes to the students' capstone requirements to facilitate more structure and efficiency in length of time to graduate. In terms of course scheduling, we started offering our core courses only once each Fall and Spring semesters as recommended. Regarding faculty workload, all faculty members in the program have reduced their service workload and added more to their teaching workload (both instruction of regular classes and instructional activities), with some faculty picking up courses to teach in the undergraduate program.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. The target that we set for admission in Summer 2020 was to accept 20 students each academic year as per the input from both the Division and College leadership. For AY 2020-2021, the MPH Program met this target. For AY 2021-2022, the MPH program accepted 23 with 14 starting the program.

Regarding our curriculum change, we were able to graduate more than 30 students in AY 2020-2021.

Regarding our course scheduling, we made a commitment and implemented offering our core courses once each semester as recommended (except for a few instances [see response in item #1] in order to avoid having our students wait for an entire year to graduate).

In terms of our faculty workload, all have decreased their service workload and added to their teaching workload. All faculty were assigned to at least one additional 3-credit course, with most (3 out of 4) being assigned to two 3-credit courses. Additionally, two of our faculty were assigned to teach courses in the BSHS Program to help fill in the gaps in that program as recommended. Finally, our faculty size has been reduced from 6 faculty during program review to 4 faculty during the review period until now.

Despite having a greater teaching workload, it is important to note that our faculty has been very successful in bringing in external funding to the Division. Three of the four faculty members cover more than 40% of their salaries and benefits with external funding.

Recommendation 6: Consider greater collaboration with other graduate programs in the College of Health.

How do you know the recommendation has been successfully achieved? (2000 characters or less)

During the period of review, we considered opportunities for enhanced collaboration with other COH graduate programs. We learned of new avenues through the COH Leadership and in dialogue with colleagues in the COH. We measured success by reviewing the numbers of COH graduate students from other programs enrolled in our courses and we examined applications to our Program to learn which other program students may be enrolled.

Actions taken to date (2000 characters or less)

The MPH Program has worked with the Master of Social Work program to coordinate the Program Evaluation (HS A628) course which is cross listed with the School of Social Work. MPH Faculty have taught 25 MSW students from 2020-2022. We continue to accept students in the MSW/MPH dual degree Program. In collaboration with the UAA/Creighton Doctorate OT Program, the College of Health Interprofessional (COHI) FASD course was developed and delivered in Spring and Summer 2021. Graduate students in the School of Nursing enroll in MPH courses as electives. While the recommendation entailed collaboration with other graduate programs in the COH, we have collaborated beyond the COH, including the CBPP and CAS. MPH Faculty continue to serve on Interdisciplinary PhD and MS committees. Students in the health track of the MPA Program complete a series of three MPH core courses. In collaboration with the Department of Psychology, our students have pursued the Graduate Certificate in Children's Mental Health.

Evidence of success to date (2000 characters or less)

Our program has met this recommendation. Our success is highlighted by 5 Occupational Therapy students completing the COHI FASD course this past year. Presently, 2 students are enrolled in the MSW/MPH dual degree and 25 MSW students have enrolled in HS A628. One MPA student is currently enrolled in HS A615. We also increased in nursing students (approximately 5 students) enrolling in public health electives. Since the review period, we have graduated 2 interdisciplinary master's students, 1 interdisciplinary PhD student, and 1 MSW/MPH student.

2. Demonstrate the centrality of the program to the mission, needs, and purposes of the university and the college/community campus. (2500 characters or less)

Our program continues to fulfill its commitment to the UAA 2025 Values of student success, excellence, access, and affordability, the COH mission of "advancing the health and well-being of people and communities", and the Strategic Goals reported to the Alaska Governor and Legislature by the UA Board of Regents in the Compact Agreement Report FY20. The following are examples of how our program is addressing the Strategic Plan 2025 Aspirations:

On Aspiration #1 of putting students first, we have made improvements to our curriculum, particularly our capstone requirements, in a way that helps decrease semester-to-degree completion rates and increase graduation rates among our students.

On Aspiration #2 of creating a culture of equity and inclusion and embracing diversity, our program currently reflects the diversity in our state, with around 37% of our students from racial/ethnic minority backgrounds and 26% of our students from rural and frontier communities.

On Aspiration #3 of embracing our role as a trusted and respected community partner, our MPH students' capstone project requires them to work with a community partner and produce deliverables valuable to the partner. Moreover, all of our MPH faculty are currently involved in community-engaged projects and/or are consultants, advisors, or board members of health or health-related programs locally, statewide, and internationally.

On Aspiration #4 of positively impacting communities and the world through innovation, our program has contributed significantly. During the COVID pandemic, our faculty have been involved in training the public health workforce in contact tracing and in increasing vaccine confidence. Our faculty has also been involved in international climate change research. Our students, too, are impacting communities locally, statewide, and internationally. For example, one of our students was an Indigenous representative to the global Conference of the Parties (COP) of the United Nations Framework Convention on Climate Change in 2020 representing the Indigenous Peoples' Caucus. Another MPH student received a statewide award for her innovative initiatives during this pandemic.

UAA's mission is to "transform lives through teaching, research, community engagement and creative expression in a diverse and inclusive environment". Our program has excelled and continues to make a positive impact in all aspects of the university mission.

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

a. Program Student Learning Outcomes Assessment and Improvement Process and Actions

i. MPH Public Health

- *Explain public health history, philosophy, and values; Identify the core functions of public health and the 10 Essential Services of Public Health; Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health; List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the program; Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion and screening; Explain the critical importance of evidence in advancing public health knowledge; Explain effects of environmental factors on a population's health; Explain biological and genetic factors that affect a population's health; Explain behavioral and psychological factors that affect a population's health; Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities; Explain how globalization affects global burdens of disease; 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. (3000 characters or less)

Our program has a total of 12 student learning outcomes (SLOs) that address profession and science of public health and factors related to human health; 22 foundational public health competencies (FPHCs) that address evidence-based approaches to public health, public health and health care systems, planning and management to promote health, policy in public health, leadership, communication, interprofessional practice, and systems thinking; and 5 track-specific competencies (TSCs) that address public health response, applied research and evaluation, professionalism and ethics, diversity and cultural humility, and circumpolar health. In the past two academic years (AY 19-20 and AY 20-21), we focused our assessment on our 12 SLOs and 22 FPHCs. We didn't focus on our TSCs because we were making changes to them in the past two academic years. All of our SLOs and FPHCs met faculty expectations based on the following reasons. First, our accreditor assessed the topics, activities, and assignments of all our core courses via their review of our course syllabi in AY 19-20 and they determined that, collectively, all of our core courses address all 12 SLOs and 22 FPHCs. Secondly, our analysis of student self-assessment of our SLOs and FPHCs both in AY 19-20 and AY 20-21 showed that there was a significant increase in our students' acquisition of the 12 SLOs and 22 FPHCs from the time they entered our program compared to the time they exited our program. However, of the 22 FPHCs, we found that while we are meeting all our competencies, the competency related to epidemiological methods received a lower average than others. As such, this is an important finding that we will address in our continued improvement efforts. Our assessment process involves collecting various data and providing several opportunities to address any areas of concern. We conduct baseline, midpoint, and exit surveys among our students to have them rate their acquisition of the program SLOs, FPHCs, and TPCs. We also have our graduating students create an ePortfolio that allows them to file artifacts that pertain to each SLOs, FPHCs, and TPCs. Additionally, our alumni are surveyed regarding the competencies they use in their work. Any areas of concern from our findings are discussed and addressed during MPH faculty retreats and meetings, as well as advisory committee meetings.

Based on the student survey results and ePortfolios submitted both in AY 19-20 and AY 20-21, our main finding is that, by the time our students complete our program, they have acquired all 12 SLOs and 22 FPHCs. However, as previously mentioned, the competency related to epidemiological methods received lower-than-average student acquisition rating compared to all other competencies, which suggests that perhaps we need to further reinforce this competency in other core courses and/or offer more elective courses that address this competency.

Describe actions taken to improve student learning for these outcomes. (3000 characters or less)

To address the lower than average student rating of epidemiological methods, three core courses (HS A615, A626, & A629) were revised to address this competency. Additionally, in AY 21-22, we invited a state epidemiologist during our student symposium to highlight the practical application of epidemiological methods in public health practice and to create excitement about the field. Further, we plan to offer electives that focus on public health methods and

epidemiology. We anticipate that these activities will help increase students' acquisition rating of the epidemiological methods competency. To get a better understanding of competencies that may have lower ratings in future assessments, we plan to conduct follow-up surveys or focus groups with students.

Describe evidence that these actions are working. (3000 characters or less)

Our students are successfully acquiring all 12 SLOs and 22 FPHCs in our program based on our findings in our student surveys and ePortfolio submissions. Faculty are able to assess the SLO and FPHC through a programmatic ePortfolio completed by each student to highlight artifacts for each competency. While the competency on epidemiological methods received lower-than-average student ratings, we anticipate that this will increase with the recent actions we have taken related to course revisions and elective course offerings. In addition to examining our student surveys and ePortfolio results, our accreditor requires us to review the syllabi of our core courses to ensure that, collectively, they are addressing all our program SLOs and competencies. Our most recent review conducted this Spring Semester 2022 suggests that our core courses are addressing these SLOs and competencies.

- 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 C-RAC Standards. (3000 characters or less)**

The MPH Advisory Committee is comprised of key statewide public health stakeholders including leadership from the ANTHC, Alaska DHSS, alumni, and university faculty. For example, the Program Coordinator for the MSW Program is a member representing the MSW/MPH dual degree. The program incorporates guidance from the Committee in program planning and evaluation. A recent example of responding to community needs is the initiation of a pre-prospectus for a MS degree in Epidemiology. This effort has statewide public health leadership support from a variety of practice settings. Further, the development of a robust graduate certificate in public health is underway and aims to meet current public health workforce needs by strengthening the skills of those in rural areas currently serving in leadership roles. In Fall 2021 the MPH program launched an Alaska academic health program needs assessment to better understand the public health education needs of Alaska. The survey results will be available in late Spring 2022 and our program will assess how to meet those needs. The currency and quality of the curriculum benefits from periodic peer review of courses among faculty. Based on our review all MPH courses are integrating high-impact teaching and learning practices. Additionally, faculty maintain up-to-date teaching practices through participation in opportunities such as Quality Matters - Improving your Online Course training.

An essential component of our Program's quality efforts is the continued accreditation through the Council on Education for Public Health (CEPH). Yearly accreditation reports are submitted and program issues/problems have not been identified by the accreditor. The Program Coordinator and Student Coordinator participated in the CEPH annual workshop training and consulted with CEPH regarding the core courses and the track-specific competencies.

4. Demonstrate student success and the closing of equity 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 equity 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. (3000 characters or less)**

Our students are completing our program within four years. This is expected given that most (84%) of our students are part-time and working full time; this is also reflective of our program being intentionally designed with accessibility for working professionals. Regarding semester-to-degree completion, our Alaska Native/American Indian and Asian students are currently graduating in fewer semesters than the average MPH students. In terms of age, there does not seem to be a significant difference in semester-to-degree completion. Regarding gender, our female students have slightly lower semester-to-degree completion compared to male students. We have not assessed the reason for this, but our finding suggests that more focus needs to be given to our male students especially when planning their course sequence and schedule. Course pass rate by course level shows an increasing trend from 59% in 2017 to 72% in 2021. The 2017 rate was surprising, but we hypothesize that this may be due to some students taking an incomplete in their capstone course that year. Our full-time students have higher course pass rates by course level than part-time students. We do not have data to explain this, but we suspect that our full-time students do not have full-time employment obligations like our part-time students, thus our full-time students can focus more on their studies compared to their part-time student counterparts. Course pass rate by racial/ethnic breakdown shows an increasing trend for all groups. In cases where there were low course pass rates (i.e., the course pass rates for students who are Non-Hispanic with two or more races was less than 50% in 2018-2021), we feel there were only a few data points to make any reliable assessments. In other words, we do not have a large population of students with “Non-Hispanic two or more races” to make any generalizations about course pass rate gaps related to this group. Course pass rates appear to be higher among younger students (18-24 years) compared to older students (25+ years). However, almost all of our MPH students are over 25. Given the small population size of our younger students, we could not make any generalizations that this group actually performs better than the older group. We also found that our female students have higher course-pass rates than male students. We do not have data to explain this gap, but this finding suggests that extra effort to help our male students be successful in their coursework may be necessary, such as persistent follow-up when they are not performing well and better course sequence planning. We are currently addressing equity gaps. An example of our efforts is assigning a faculty member to work with underrepresented students to support their success in completing MPH core courses. The support uses a mentoring model with bi-weekly check-in meetings to assess progress, identify challenging course material and problem-solve issues, including resources for the students.

- b. Provide evidence of the overall success of students in the program, e.g., the percent of students who pass licensure examinations, the percent of students who go on to graduate**

school, the percent in post-graduation employment in the field or a related field. (3000 characters or less)

Graduates of the MPH Program continue to be successful in their professional public health practice. This measure of success is illustrated by 100 percent of the graduates being employed directly in public health or a related field. Importantly, most of our students practice in Alaska. For example five of our graduates are working at the Alaska Native Epidemiology Center at ANTHC. Another measure of success among our graduates is that among those who pursue the national Public Health Certification Exam, 100 percent of the students earn certification.

The success of our students is further illustrated by those who continue their studies at the doctoral level. In the past two years, among our graduates, four have pursued their terminal degrees and one has completed his degree. All of the students continuing their studies are from under-represented minority groups. The alumnus who has completed his terminal degree is currently employed in Alaska and serves on the MPH Program Advisory Committee.

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, Number of Program Graduates Who Return to UAA to Pursue an Additional Program, and Gap between Job Openings and Degree Completions. (Note: Gap between Job Openings and Degree Completions not required for AY22 Program Reviews.) (3000 characters or less)**

IR data suggest that there is demand in our MPH Program. Roughly 7% to 11% of total credit hours each year (from 2017 to 2021) in our program were taken by students outside of our program. Some of these students enroll in our courses as a non-degree-seeking student to either gauge their interest in public health and/or gain a better understanding of our program then later apply to our program. Other of these students are practicing public health or health professionals, taking our courses as part of their professional development or professional interest. Finally, there are students from UAF's One Health Program taking our courses as part of their graduate study plan.

Per IR metric, an indication of the quality of our program is how many of our graduates continue education to pursue additional or more advanced degrees or certificates. From 2017 to 2021, we had a total of 33 MPH graduates who did this, which was about 20% of our alumni.

Finally, there is evidence that our program contributes to students' faith in our institution. From 2017 to 2021, a total of 22 of our MPH graduates returned to UAA to pursue additional or advanced education. We have heard from some of our alumni that they continued on to pursue our university's Physician Assistant program, as well as Medicine in our university's WWAMI program. Alternatively, there are some undergraduate and graduate students choosing to continue their education at UAA because of our program. We have students in the BSHS program continuing on to get an MPH. We also have UAA students who are pre-med majors going to our MPH program to strengthen their medical school application.

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. (3000 characters or less)

The program was offered two different forms of data showing positive trends. The data provided in the original data sheet show MPH students taking courses (excluding non-admitted students) and show an increase in student enrollment over the 5-year trend; the program expects that trend to continue with the decrease in full-time faculty and implementation of a course rotation schedule. The data offered in late February show a slight increase in students (both degree-seeking and non-degree-seeking) throughout the 5 years with the outlier of 2018 of a much larger increase where the Division partnered with the Alaska Native Epidemiology Center to offer two 15-week courses (HS A690: Adverse Childhood Experiences in the North, and HS A690: Infectious Disease Epidemiology) which increased SCH/FTEF for that one year. The program found that many non-degree-seeking students who enrolled in the elective later went on to enroll in the program. This is something the program hopes to expand with the State of Alaska and Project PACE (Public Health Accessibility, Certification, and Expansion).

Optional: Discuss the extent to which, if any, extramural funding supports students, equipment, and faculty in the program. (2500 characters or less)

The MPH Program was part of a Division-wide proposal for Project PACE which received three years of grant funding from College of Health Strategic Investment Fund. The goal of this project is (a) to increase access to education in population health sciences throughout the state and (b) to expand the university's public health programs in a way that facilitates increased pace of completing advanced degrees in public health and increased opportunity in learning about public health, especially among non-public health professionals intending to work on improving health at the population or community level. The funding from this project will be used in developing programs such as a graduate certificate in public health and a BSHS-to-MPH accelerated program, as well as in promoting and recruiting participants for these programs in underserved communities.

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? (2000 characters or less)

The UAA MPH Program is the only graduate public health program in the state. The MPH program works with the UAF OneHealth program to coordinate classes and informed OneHealth of our course rotation. We are also working with UArctic to offer UAA MPH courses to international students interested in Circumpolar Health.

11/2/2021

8. Assess the strengths of your program and propose one or two action steps to address areas that need improvement. (3500 characters or less)

The UAA MPH Program is the only graduate public health program in the state, and it is the first fully distance-delivered, accredited MPH program in the nation. Moreover, it is also in the top 10 most affordable MPH Programs and top 20 best MPH online degree program in the US. In our program's 19-year history, we have graduated more than 150 MPH students, with most (70%) working in our state based on our most recent alumni survey. Several of our alumni currently hold leadership positions in public health and about 20% continued their education to obtain additional or advanced degrees. We continue to meet Alaska's workforce needs. During this COVID pandemic, our program has been involved in training more than 1,600 Alaskans in contact tracing and more than 60 Alaskans in improving vaccine confidence in the communities they serve. Additionally, in partnership with the BSHS program in our Division, we were awarded the COH Strategic Investment Fund for Project PACE, which will assist in promoting and expanding public health education in the state. Programs like the BSHS-to-MPH accelerated program and graduate certificate in public health are currently being developed. With these efforts along with the recent interest in public health due to the pandemic, we expect enrollment trend to increase. Note also that our program is central to the university's mission, and we are contributing to the university's Strategic Plan 2025 aspirations. Finally, as we have documented here, we have met all the recommendations in our program review. Among all of our accomplishments, it is worth highlighting that our program continues to be productive and efficient even with decreased faculty. Although it is not in the IR data provided for this review, our faculty have been very successful in bringing in significant external funding to the Division. All of our faculty have external funding, and 3 out of 4 are charging more than 40% of their time from these external funding. Few programs at UAA can say the same thing.

Despite our success in many aspects of this program review, one area for improvement is to further investigate the factors associated with the equity gaps we identified in this report. We currently do not have data on why certain groups of students have low passing rates and another group of students are taking longer to graduate. One way to do this is to take some time to talk with both our successful and struggling students and note their challenges and successes in specific courses and in the program in general. Such data will allow us to identify areas where MPH faculty and staff can intervene to improve outcomes and close equity gaps. Another area for improvement is related to the system-wide initiatives. With more expectations for program faculty (i.e., increased teaching load, increased enrollment, increased graduation rate) and with fewer personnel and resources, we need to explore how to make this sustainable. Our program, in coordination with the university, would benefit from a plan to increase faculty support and resources.

After completing the Program Section above, the program review committee chair should sign, date, and email this form to the dean, copying the committee members. If the program is fully delivered on a community campus, copy the appropriate community campus director(s).

Committee chair's signature:



Date: 3/7/2022

END OF PROGRAM SECTION

DEAN SECTION (Due on April 1)

If the program is fully delivered on one or more community campus, the dean should consult with the director(s) of the campus. After completing the Dean Section below and signing it, the dean should email this form to the committee, and to uaa.oaa@alaska.edu. If the program is delivered on a community campus, copy the appropriate community campus director(s). The program has one week to provide an optional response to the Dean Section using the Program Optional Response section of this form.

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. (2000 characters or less for each recommendation)

Recommendation 1: Reduce the number of courses offered each semester and develop a course rotation schedule. Recommendation has been met.

The program successfully reduced the number of courses offered each semester, while still prioritizing student success. A new course rotation schedule was developed. Changes were disseminated broadly to current and prospective students.

Recommendation 2: Reduce the number of faculty or consider reassigning some faculty instructional responsibilities to the BS Health Sciences program, which is growing.

Recommendation has been met.

Since the prior review, the program now has two fewer faculty. Four full-time faculty remain. Most have significant grant funding, and several are teaching some courses in the baccalaureate program. The faculty is highly productive.

Recommendation 3: Increase the focus on meeting Alaska's public health workforce needs.

Recommendation has been met.

The program continues to focus on meeting Alaska's public health workforce needs. As noted in the previous dean's review, "the program addresses a broad array of public health issues that have been significant problems in Alaska." The COVID-19 pandemic provided additional opportunities for the program to demonstrate its significance and importance. In addition, the program is using Strategic Initiative funding to expand and increase accessibility to academic programs in public health.

Recommendation 4: Reassess how to most efficiently maintain a high quality program for students and improve productivity. Recommendation has been met.

The program has successfully improved productivity, while efficiently maintaining a high quality program. I commend the faculty for making these difficult changes in response to the Provost's recommendations. In particular, the program no longer requires a practicum-/thesis-project. Instead, students can now complete an Applied Practice Experience followed by an Integrated

Learning Experience. These changes provide students more opportunities to demonstrate competencies and allow students to more efficiently complete program requirements.

Recommendation 5: Evaluate the recruitment efforts, curriculum, course scheduling, and faculty workloads. Assess the impact of these factors on program efficiency and productivity.

Recommendation has been met.

Program efficiency and productivity have both increased substantially. I commend the program for graduating a record number of students. The program also increased its recruitment efforts. I encourage the program to now focus on enrolling students that have been accepted. As happens with other graduate programs, not all accepted students decide to enroll.

Recommendation 6: Consider greater collaboration with other graduate programs in the College of Health. Recommendation has been met.

The program increased its collaborations with other graduate programs in the College of Health. In particular, the program continued to work with the School of Social Work. It also developed an interprofessional course on fetal alcohol spectrum disorders in partnership with the Doctor of Occupational Therapy program. I encourage the program to continue these important collaborations. These collaborations strengthen the program's impact on public health in Alaska.

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

1. Centrality of the program. (1750 characters or less)

Students and faculty continue to effectively promote the health and wellbeing of people and communities. This was particularly true during the COVID-19 pandemic. In addition, the program makes important contributions to our UAA 2025 aspirations to put students first, create a culture of diversity and inclusion by embracing our diversity, embracing our role as a trusted and respected community partner, and positively impacting communities and the world through innovation.

2. Program Quality and Improvement (1750 characters or less)

The program reviewed assessment results. The Council on Education for Public Health reviewed syllabi. Results from these activities show that students are achieving all program student learning outcomes and foundational public health competencies. Results also show that students struggle with epidemiological methods a bit more than they do with other competencies. The program is using these data to make improvements. I commend the program for implementing a comprehensive assessment process and for using assessment results to make program improvements. The program is clearly committed to continuous improvement. I also commend the program for working closely with public health stakeholders throughout Alaska to improve the program. Finally, I commend the program for maintaining its specialized accreditation from the Council on Education for Public Health. Overall, the program demonstrates high quality and a strong commitment to continuous improvement.

3. Student Success and the Closing of Equity Gaps (1750 characters or less)

I commend the program for closely examining equity gaps in student achievement. I also agree with the program that it is often difficult to reach conclusions because many of the data points are calculated from small sample sizes. I encourage the program to continue exploring equity gaps and making improvements to close those gaps. While there may be equity gaps in student achievement, it is clear that all students are equally successful after graduation. In particular, all program graduates are employed directly in public health or a related field (and most stay in Alaska). Among program graduates that take the national Public Health Certification exam, all have passed and earned certification.

4. Demand (1750 characters or less)

A recent demand-gap analysis conducted by the College of Health shows that our public health degrees (including the Master of Public Health in Public Health Practice and the Bachelor of Science in Health Sciences) are meeting less than 25% of the market demand for public health professionals in Alaska. The gap between job openings and program completers was estimated to be greater than 175 per year. Programs in public health were rated as the most important community and behavioral health programs to grow. Strategic initiative funds were recently invested to plan program growth. The program continues to be in high demand. As stated above, I encourage the program to increase the number of accepted students who decide to enroll in the program (or, if necessary, to recruit and admit more students, so that more will enroll).

5. Productivity and Efficiency (1750 characters or less)

Changes in course rotations and faculty assignments have increased program efficiency. Program productivity has also increased, with most faculty having significant responsibilities with external grants. The program is also exploring ways to expand options for public health education. I commend the program for exploring ways to provide more opportunities for students, while paying attention to the program's productivity and efficiency.

6. Duplication and Distinctiveness (1750 characters or less)

The Master of Public Health in Public Health Practice at the University of Alaska Anchorage is the only graduate public health program in the state. The program collaborates with the OneHealth program at the University of Alaska Fairbanks and with UArctic.

7. Strengths and Ideas for Moving Forward (1750 characters or less)

The Master of Public Health in Public Health Practice at the University of Alaska Anchorage is the only graduate public health program in the state, and it is the first fully distance-delivered Master of Public Health program accredited by the Council on Education in Public Health. The program is nationally recognized for its value and quality. The Provost had asked the program to reduce the number of courses offered each semester and develop a course rotation schedule. The program successfully implemented the Provost's recommendations. The program has fewer faculty, and the remaining faculty shifted some of their instructional responsibilities to the Bachelor of Science in Health Sciences program. Most of the remaining faculty are also actively engaged in externally funded projects. The program fills an important need in the state. I commend the program for

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successfully responding to prior reviews. I also commend the program for engaging in strategic planning to increase options for public health education in Alaska. I support the program's efforts to further investigate and address equity gaps in student achievement.

Dean's Final Evaluation

I commend the program for: (number and list the specific commendations in the narrative box, 1500 character limit)

- Responding to the Provost's recommendations
- Significantly increasing program efficiency and productivity
- Graduating a record number of students
- Maintaining a strong focus on meeting Alaska's public health workforce needs
- Revising program requirements to improve timely program completion
- Implementing a comprehensive and rigorous assessment process
- Maintaining high program quality
- Exploring ways to close equity gaps in student achievement

I recommend that the program: (number and list the specific recommendations in the narrative box, 1500 character limit)

- Increase the number of accepted students who enroll in the program
- Continue to investigate and address equity gaps in student achievement

Dean's overall recommendation to the provost: Continuation -- Program is successfully serving its students and meeting its mission and goals. No immediate changes necessary, other than regular, ongoing program improvements.

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

If a Follow-up Program Review is proposed, recommended year: N/A

Proposed next regular Program Review: AY2029

After completing the Dean Section above, sign, date, and email this form to the committee, and to uaa.oaa@alaska.edu. If the program is fully delivered on a community campus, copy the appropriate community campus director(s). The program has one week to provide an optional response to the Dean Section using the Program Optional Response section below.

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Dean's signature: *André B. Rosay*

Date: 4/1/2022

END OF DEAN SECTION

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

Programs have the option to submit to the provost a response to the dean's evaluation within one week of receiving the dean's review, using the narrative box below.

Optional responses should be submitted to uaa.ooo@alaska.edu, with a copy to the dean. If the program is fully delivered on a community campus, copy the appropriate community campus director(s) as well.

Optional Response: (10,000 characters or less)

Program Signature:



Date: Select date.

END OF PROGRAM OPTIONAL RESPONSE SECTION

PROVOST SECTION (Due on August 1)

After completing, signing, and dating the Provost Section of this form, email the completed form to the program review committee and dean, with a copy to uaa.ooo@alaska.edu for posting. If the program is delivered on a community campus, copy the appropriate community campus director(s) as well.

Provost's commendations, additional or adjusted recommendations, if any, and other general comments (3000 characters or less):

I agree with the dean's commendations and recognize the faculty's considerable efforts to be proactive and action-oriented in addressing the current recommendations. I ask the faculty to continue to help the institution think broadly about what it means to put students first at the graduate level. Of particular note is the program's use of assessment findings to make improvements to the program and to student learning. Please consider how the program can continue to build on its efforts and use what it has learned through this Program Review process to further reflect on the program, its curricular design, how each course is delivered, and how its students are supported.

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I also agree with the dean's recommendations and ask that the program, given its great success in addressing the current set of recommendations, help lead the institutional efforts to address equity gaps in student learning and achievement.

Finally, I wish to commend the program on an excellent report and analysis.

Final decision: Agree with the dean's overall recommendation with the additional guidance and adjustments as per the above comments.

Provost's signature: 

Date: 4/29/2022