

**Creighton University
Master of Public Health Program**

**Preliminary
Self-Study Report**



**Prepared for the Council on Education for Public
Health**

May 2025

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Introduction

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

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

Creighton University (CU) is a private, not-for-profit, Catholic, and Jesuit institution. The institution was established as Creighton College on September 2, 1878, through the support of two prominent Omaha families: Edward and Mary Lucretia Creighton and Edward's older brother John and his wife Sarah Emily. In 1879, the institution was transferred to the Jesuits and incorporated under Nebraska law. The legal name was amended to Creighton University in 1968.

CU is a comprehensive university committed to excellence in its academic health programs and undergraduate/graduate offerings. Consistent with its Jesuit mission, the university prepares students to serve, promote justice, and meet the complex needs of the future. The Master of Public Health (MPH) program serves as a direct outgrowth of this mission.

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

Creighton University is comprised of nine schools and colleges: the College of Arts and Sciences, the Heider College of Business, the College of Nursing, the College of Professional and Continuing Education, the Graduate School, the School of Dentistry, the School of Law, the School of Medicine, and the School of Pharmacy and Health Professions.

The university offers the following degrees:

- Associate's Degrees: 5
- Baccalaureate Degrees: 59 (within 40 broad fields of study)
- Master's Degrees: 38
- Doctoral and Professional Degrees: 14
- Graduate Certificates: 26

c. number of university faculty, staff, and students

According to Creighton University's Analytics and Institutional Research Office (AIR), the university community composition is as follows ([ERF Intro 1c: Interactive Data Dashboard](#)):

- **Students (Fall 2024):** Total enrollment is 8,580, comprised of 4,389 undergraduate and 4,191 graduate/professional students. The student body is 59% female (5,094) and 41% male (3,486).
- **Faculty (2023):** CU employs 936 faculty members (full-time and part-time), including 500 females and 436 males.
- **Staff (2023):** CU employs 1,400 full-time and part-time staff members.

d. brief statement of distinguishing university facts and characteristics

Creighton University is the most comprehensive of the 28 American Jesuit colleges and universities, composed of nine schools and colleges offering over 140 degree programs. Consistent with the Jesuit mission to reach diverse audiences globally, the university offers programs in face-to-face, hybrid, online, and accelerated formats (see [ERF Intro 1d: Mission Statement of Creighton University](#)).

Located in Omaha, Nebraska, a metropolitan area (Nebraska and Iowa) with a population of approximately one million people ([Census Reporter, 2024](#)), the 130-acre campus is situated within walking distance of the downtown business district. Creighton enrolls more than 8,500

undergraduate, graduate, and professional students annually, maintaining a student-to-faculty ratio of 11:1 to ensure personalized attention.

Distinguishing Characteristics:

- **Rankings & Reputation:** Creighton is consistently recognized for its academic quality, research, and service. For 16 consecutive years, it was ranked No. 1 in Midwest Regional Universities by *U.S. News & World Report* before elevating to the "National Universities" category in 2019. In the 2025 rankings, Creighton placed in the top third of national universities, marking its sixth consecutive year in this prestigious category. Additionally, in 2024, Creighton was named to the inaugural class of 25 institutions designated as "Leadership for Public Purpose" campuses by the American Council on Education, recognizing its commitment to advancing justice, equity, and liberty.
- **Commitment to Diversity:** Creighton attracts a diverse student population seeking ethical learning and service. Creighton attracts a diverse student population seeking ethical learning and service. As of October 15, 2025, 14.6% of students identify as students of color.
- **Student Success:** Creighton demonstrates a strong commitment to student outcomes, boasting a 99% graduation rate, with nearly all graduates finding employment, pursuing advanced studies, or participating in service programs within six months of graduation.
- **Arrupe Global Scholars and Partnership Program:** In 2021, Creighton established the Arrupe Global Scholars and Partnerships Program through a \$25 million foundational gift. This distinguishing MD-MPH dual-degree program educates servant-leader physicians who work alongside international partners in the Dominican Republic, Ecuador, Rwanda, and Nepal to address global health disparities.

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

Creighton University is accredited by the [Higher Learning Commission \(HLC\)](#). In August 2017, the Institutional Actions Council of the HLC reaffirmed the university's accreditation, and the next Reaffirmation of Accreditation is scheduled for 2026–2027.

In addition to institutional accreditation, professional programs within the Schools of Medicine, Dentistry, Law, Pharmacy and Health Professions, Nursing, College of Arts and Sciences, and Heider College of Business hold specialized accreditation. A comprehensive list of all specialized accrediting bodies to which the university responds is provided in the electronic resource file ([ERF Intro 1e: Creighton University Academic Specialized Accreditation](#)).

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

The MPH program at Creighton University has evolved from an interdisciplinary initiative within the Graduate School to a clinically integrated program housed within the School of Medicine. Established in 2013 to align with the university's comprehensive health sciences mission, the program transitioned to the Department of Clinical Research and Public Health in January 2022 to better integrate public health training with clinical practice. Today, the program is fully online, offering three concentrations, and serves as the academic home for the innovative Arrupe Global Scholars MD-MPH dual-degree program. The timeline below details the program's organizational evolution and key milestones that have led to its current structure.

2007–2008: A task force on graduate education recommended expanding interdisciplinary distance programming, identifying the Master of Public Health as a priority due to its alignment with Creighton's health professions schools. To support this initiative, CU partnered with Deltak/Wiley Education Services to manage recruitment, enrollment, and student support services for the online format.

2010: University leadership established a public health task force to design the educational framework for the program. The task force prioritized the development of a program of study, identifying core courses, specializations, and student competencies aligned with accreditation standards.

2011: To leverage existing expertise in online graduate education, the Task Force recommended housing the program within the Center for Health Policy and Ethics (CHPE). Under the leadership of CHPE Director Amy Haddad, PhD, RN, the Graduate Board approved the MPH proposal in December. Simultaneously, a search for a program director was launched, and the Deltak/Wiley contract was finalized to support the program launch.

2012–2013: Sherry Fontaine, PhD, was appointed as the founding program director, and recruitment began for three MPH faculty. To better align the program's philosophy with clinical practice, the university relocated the MPH from the Center for Health Policy and Ethics to the Department of Preventive Medicine. The program officially launched with the admission of its inaugural student cohort in spring 2013.

2015–2016: The university adopted a provost leadership model, which is an organizational structure in higher education where the provost (chief academic officer) serves as the primary leader overseeing both the academic mission and the alignment of university resources (budget, space, and personnel) to support that mission. Following the resignation of the program director in 2016, Tanya Benedict, PhD, was appointed to lead the program.

2016–2017: The MPH program was structurally transferred to the Graduate School's Department of Interdisciplinary Studies. This move co-located the MPH with other online graduate programs, including Health Care Ethics (HCE), which facilitated shared faculty development, curricular synergies, and interdisciplinary collaboration. The program submitted its initial CEPH self-study application in 2017.

2018: The university transitioned graduate recruitment, enrollment management, and student support services in-house, concluding the contract with Deltak/Wiley Education Services to establish a sustainable internal infrastructure.

2019: Tanya Benedict, PhD, returned to a faculty role, and Cindy Costanzo served as interim program director. Following a national search, Dhitinut Ratnapradipa, PhD, was appointed program director in November. The program continued comprehensive self-study preparations throughout the year.

2020: Dhitinut "DT" Ratnapradipa, PhD, assumed the program director role on June 1. Due to its fully online delivery model, the program's operations were not significantly disrupted by the COVID-19 pandemic. The MPH External Advisory Board (EAB) was established, holding its inaugural meeting in September.

2021: The program submitted its final self-study in January and received notice of 5-year accreditation from CEPH on September 2. Coinciding with the opening of the Creighton University Health Sciences Campus in Phoenix, the Arrupe Global Scholars MD-MPH program launched.

2022: On January 1, the MPH program transferred from the Graduate School to the School of Medicine's Department of Clinical Research and Public Health, led by Chair Maureen Tierney, MD, MSc. Coinciding with this transition, Anne O'Keefe, MD, MPH, was appointed vice chair, and Jason Beste, MD, MPH, joined as the inaugural executive director of the Arrupe Global Scholars program. In May, CEPH accepted the substantive change for the new Global Health Promotion concentration. In August, the inaugural Arrupe Global Scholars MD-MPH cohort (Arrupe2027) matriculated six students in Omaha and six in Phoenix. To align with national standards and streamline student progression, the program converted the 3-credit pre-practicum course (MPH 610) into a zero-credit Pre-Applied Practice Experience (Pre-APEX) checklist, reducing the total degree requirement to 42 credit hours effective Fall 2022. The program also expanded its community presence, exhibiting at the Nebraska Association of Local Health Directors (NALHD) annual conference.

2023: The program celebrated its 10th anniversary during an MPH program faculty retreat in May. Expanding its national presence, the program hosted an exhibitor booth and supported student poster

presentations at the APHA Annual Meeting in Atlanta. The Arrupe2027 cohort began their MPH coursework in May, following their first year of medical school.

2024: In July, CEPH accepted a substantive change for the Health Care Ethics concentration, updating the curriculum to align with the new MA in Medical Humanities and Ethics. The program underwent significant staffing transitions: Drs. Kate Nolt and LaShaune Johnson departed, and Dr. Helen Chapple retired. To address these vacancies, Melanie Smith, JD, was appointed as a part-time faculty member (0.5 FTE) in the Medical Humanities Department, and a national search was launched for a tenure-track assistant professor in Global Health. Additionally, Andy Wessel succeeded Dr. Leah Casanave as practicum coordinator on July 1. The program submitted a required interim report to CEPH addressing the temporary change in Primary Instructional Faculty (PIF) resources. The program continued its national engagement, exhibiting at the APHA Annual Meeting in Minneapolis, while the Arrupe2028 cohort began their MPH coursework in May, following their first year of medical school.

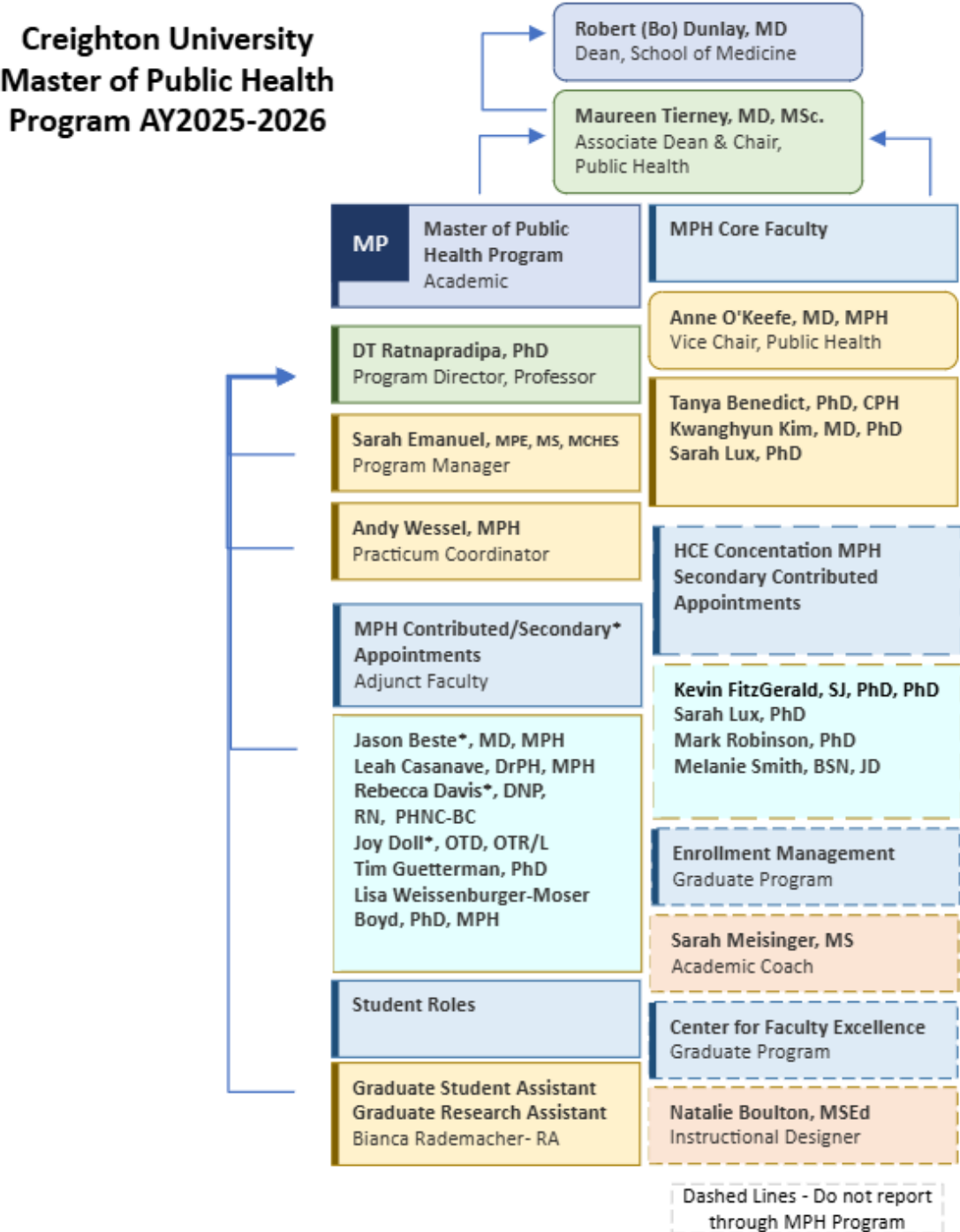
Also in 2024, the university expanded its community-based participatory research and outreach efforts with the launch of the newly opened Institute for Population Health (IPH). The IPH builds upon and complements Creighton's established community initiatives, including the Center for Promoting Health and Health Equity, which has been a locus for significant federally funded health equity research since 2008. Furthermore, the university formalized its localized outreach through the Creighton Community Collaborative and Creighton at Highlander, a cross-sector community development hub in North Omaha that brings together academia, nonprofits, and legal aid to address social determinants of health. This institutional evolution provides the MPH program with enhanced opportunities for collaborative, community-engaged research addressing health inequities.

2025: Dr. Kwanghyun Kim was appointed as a full-time, tenure-track assistant professor in Global Health Promotion (GHP) on July 1, stabilizing the program's faculty resources. Consequently, CEPH accepted the program's interim report regarding primary instructional faculty levels on April 15. The program maintained its national visibility, exhibiting and presenting at the APHA Annual Meeting in Washington, D.C. Alongside the traditional MPH students continuously progressing through the Healthcare Management, Health Care Ethics, and Global Health Promotion concentrations, the Arrupe2029 cohort matriculated into MPH coursework in May, continuing the successful integration of the dual-degree curriculum.

2. Organizational charts that clearly depict the following related to the program.

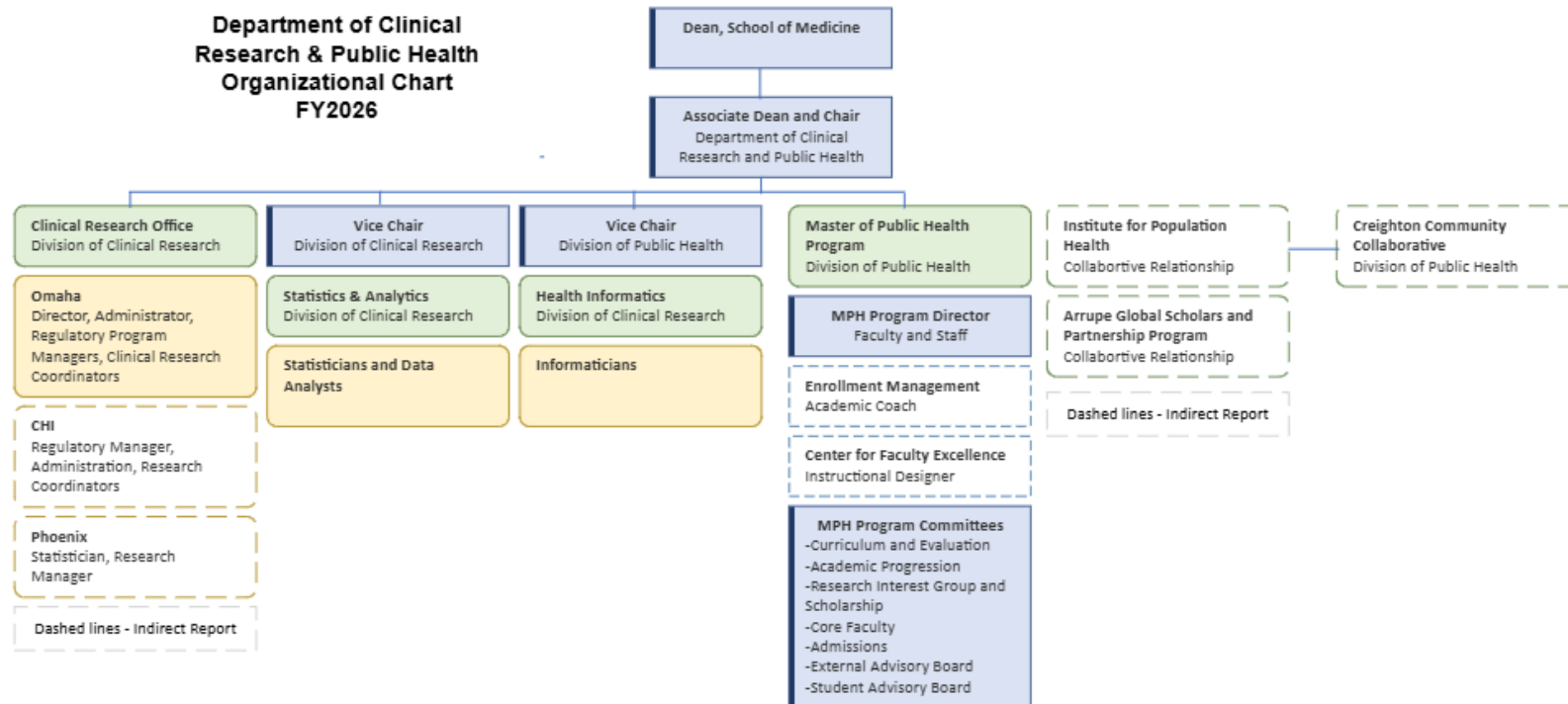
a. the program’s internal organization, including the reporting lines to the dean/director

The MPH program is housed within the Department of Clinical Research & Public Health (CRPH) in the School of Medicine (SOM). As depicted in the organizational chart, MPH core faculty report directly to the department chair. The MPH Program Director oversees day-to-day program operations and holds supervisory authority over the Program Manager, Practicum Coordinator, adjunct faculty, and student research assistants (ERF Intro 2a: MPH Program Organizational Chart).



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

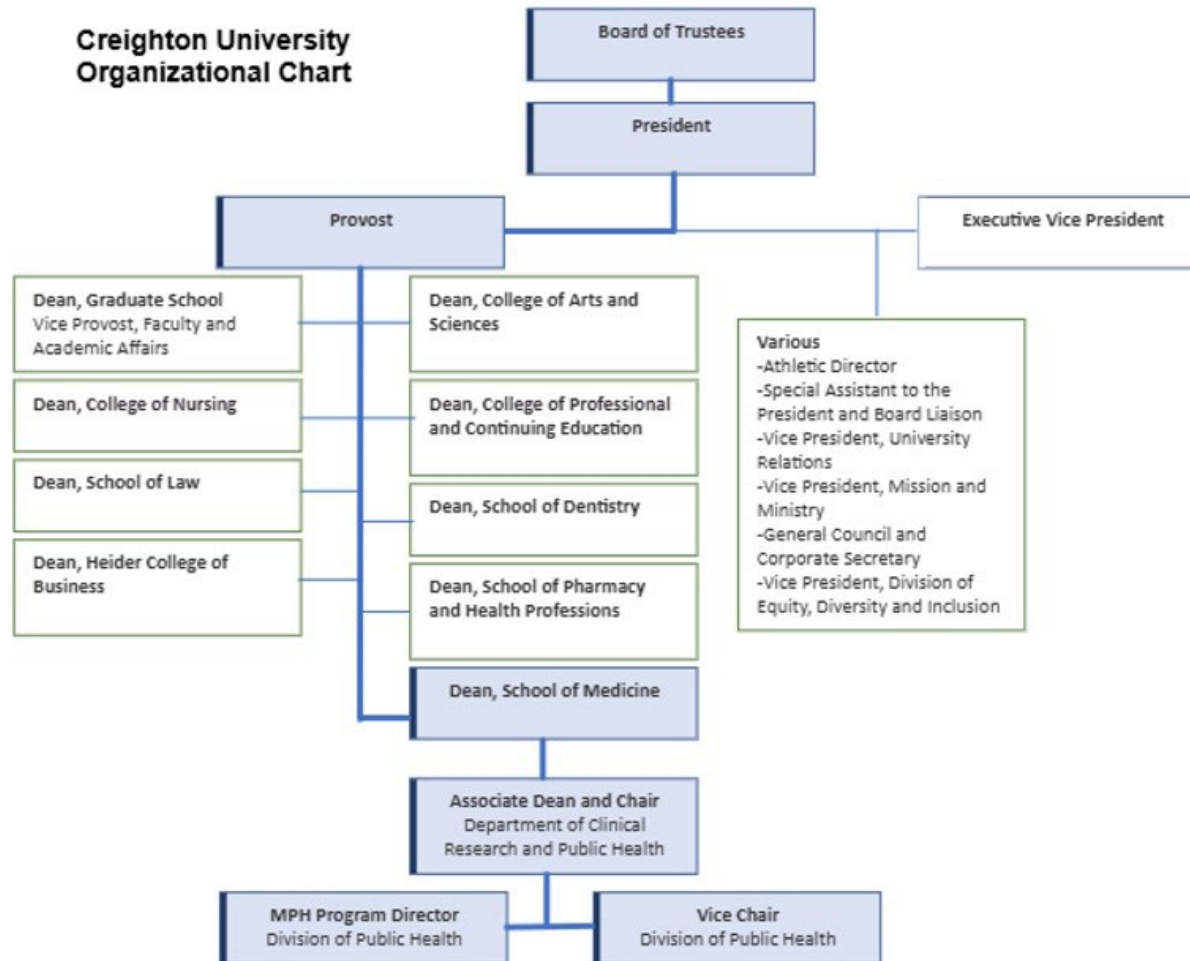
The MPH program is the sole degree-granting unit within the Department of Clinical Research & Public Health. As shown in the organizational chart, the program resides within the Division of Public Health. The department's other units, including the Division of Clinical Research and the Clinical Research Office, provide research infrastructure and statistical support but do not offer academic degrees (ERF Intro 2b: [Department Organizational Chart](#)).



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

The MPH Program Director reports to the Chair of the Department of Clinical Research & Public Health (who also serves as an Associate Dean). The Department Chair reports to the Dean of the School of Medicine.

As consistent with the governance of Creighton University’s nine schools and colleges, the Dean of the School of Medicine reports directly to the Provost, who in turn reports to the President, the institution’s chief executive officer. The university is governed by a Board of Trustees ([ERF Intro 2c: Creighton University Organizational Chart](#)).



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

Not applicable

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

Creighton University offers a Master of Public Health (MPH) degree requiring a minimum of 42 credit hours. All students complete 21 credit hours of core public health coursework, 6 credit hours of applied practice and integrative learning experience, and 15 credit hours in one of three areas of concentration (see Template Intro–1).

The program is offered in a completely online, asynchronous format with no required residency. Courses are delivered in 8-week terms, with students typically taking one course per term. The program also offers a dual MD/MPH track (Arrupe Global Scholars) utilizing the Global Health Promotion concentration. Information about the program is publicly available through the university’s online [Graduate Catalog](#).

Template Intro–1. Instructional Matrix: Degrees and Concentrations

Master’s Degrees		Academic	Professional	Place-Based	Distance-Based
Healthcare Management			MPH		MPH
Health Care Ethics			MPH		MPH
Global Health Promotion			MPH		MPH
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)					
2 nd Degree Area	Public Health Concentration				
Medicine	Global Health Promotion		MD-MPH		MPH

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

Template Intro-2 (below) provides the current student enrollment data for the MPH program for the 2025-2026 academic year. The enrollment figures are categorized by the program's three concentrations: Healthcare Management, Health Care Ethics, and Global Health Promotion.

Template Intro–2. MPH Enrollment Data (2025–2026)

Degree		Current Enrollment
Master of Public Health	Healthcare Management	8
	Health Care Ethics	1
	Global Health Promotion	40

A1. Organization and Administrative Processes

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

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

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

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

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

The program maintains the following standing and significant ad hoc faculty committees. A brief description of each committee, its responsibilities, and membership formula is provided in Table A1.1. Primary instructional faculty are denoted with an asterisk in committee membership lists.

Table A1.1: MPH Program Standing and Ad Hoc Committees

Committee	Membership Formula	Current Members
<p>Academic Progression Committee Meets monthly to discuss the enrollment status of newly admitted students, plan interaction with prospective students, facilitate a faculty instruction check-in, and discuss overarching student progression issues. Submits recommended changes to admissions and student progression policies to the MPH Core Faculty Committee for approval.</p> <p>Chair: Rotating (2–3-year appointment)</p>	<ul style="list-style-type: none"> • CRPH Department Chair • MPH Program Director • All PIF Faculty • Any non-PIF faculty teaching in the MPH courses in the current term • Arrupe Global Scholars & Partnership Program Executive Director • MPH Practicum Coordinator • MPH Program Manager (<i>non-voting member</i>) • MPH Academic Coach (<i>non-voting member</i>) • Enrollment Management Representative (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Tanya Benedict* (HCM) • Maureen Tierney, CRPH Dept. Chair • Dhitinut Ratnapradipa* MPH Program Director • Kwanghyun Kim* (GHP) • Sarah Lux* (HCE) • Anne O’Keefe* (GHP) • Mark Robinson* (HCE) • Non-PIF faculty participation varies by term • Jason Beste, Arrupe Exec. Director • Andy Wessel, MPH Practicum Coordinator <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Sarah Emanuel, MPH Program Manager • Sarah Meisinger, Academic Coach • Eric Nordmeyer, Assistant Director of Admissions, Enrollment Management
<p>Accreditation Work Group (Ad Hoc) An ad hoc work group convened to coordinate CEPH accreditation activities. The group includes a small core oversight team led by the MPH Program Director, with additional faculty, staff, and administrators engaged as needed to support data collection, narrative development, and review.</p> <p>Chair: MPH Program Director</p>	<ul style="list-style-type: none"> • MPH Program Director • One faculty member from each concentration: • <i>Health Care Ethics Concentration</i> (HCE) • <i>Health Care Management</i> (HCM) • <i>Global Health Promotion</i> (GHP) • Clinical Research and Public Health (CRPH) Department Chair • Assistant Dean, Graduate School • MPH Program Manager (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Dhitinut Ratnapradipa,* MPH Program Director (GHP), <i>Core member</i> • Sarah Lux* (HCE), <i>Core member</i> • Maureen Tierney, CRPH Dept. Chair, <i>Ad hoc member</i> • Tanya Benedict* (HCM), <i>Ad hoc member</i> <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Sarah Emanuel, MPH Program Manager, <i>Core member</i> • LuAnn Schwery, Assistant Dean, Graduate School, <i>Ad hoc member</i>
<p>Admissions Committee Reviews admissions applications for the MPH program on a rolling basis and makes recommendations for acceptance into the program to the Academic Progression Committee.</p> <p>Chair: Rotating (2–3-year appointment)</p>	<ul style="list-style-type: none"> • MPH Program Director • One faculty member from each concentration • Enrollment Management Representative (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Tanya Benedict* (HCM) • Dhitinut Ratnapradipa*, MPH, Program Director (GHP) • Sarah Lux* (HCE) <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Eric Nordmeyer, Assistant Director of Admission, Enrollment Management

Committee	Membership Formula	Current Members
<p>Core Faculty Committee As the primary governing committee at the program level, this group oversees the continuous development, maintenance, and evaluation of the MPH program.</p> <p>Chair: CRPH Department Chair</p>	<ul style="list-style-type: none"> • CRPH Department Chair • MPH Program Director • All PIF Faculty • Arrupe Global Scholars & Partnership Program Executive Director • MPH Practicum Coordinator • MPH Program Manager (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Maureen Tierney, CRPH Dept. Chair • Dhitinut Ratnapradipa* MPH Program Director • Tanya Benedict* (HCM) • Kwanghyun Kim* (GHP) • Sarah Lux* (HCE) • Anne O'Keefe* (GHP) • Mark Robinson* (HCE) • Jason Beste, Arrupe Exec. Director • Andy Wessel, MPH Practicum Coordinator <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Sarah Emanuel, MPH Program Manager
<p>Curriculum and Evaluation Committee This committee reviews, makes recommendations, and approves matters related to curriculum and assessment, program improvement, and related policies.</p> <p>Chair: MPH Program Director</p>	<ul style="list-style-type: none"> • MPH Program Director • One faculty member from each concentration • MPH Practicum Coordinator • <i>Ad hoc</i> faculty members • MPH Program Manager (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Dhitinut Ratnapradipa,* MPH Program Director • Tanya Benedict* (HCM) • Sarah Lux* (HCE) • Kwanghyun Kim* (GHP) • Andy Wessel, MPH Practicum Coordinator <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Jennifer Moss Breen Kuzelka, <i>Ad hoc member</i> • Gretchen Oltman, <i>Ad hoc member</i> • Sarah Emanuel, MPH Program Manager
<p>Faculty Search Committee (Ad Hoc) Convened as needed to recruit new primary instructional faculty. The committee develops the position description, screens applicants, conducts interviews, and submits hiring recommendations to the Department Chair and Program Director.</p> <p>Chair: Varies</p>	<ul style="list-style-type: none"> • Chair (appointed by the Department Chair) • Minimum of 2 additional MPH faculty • 1–2 student representatives • 1 Human Resources representative (guidance/non-voting) 	<p>Varies by search</p>
<p>Leadership Committee Leadership provides feedback and support related to the assessment activities of academic programs within the department and also oversees initiatives to gather and analyze data on student learning.</p> <p>Chair: CRPH Department Chair</p>	<ul style="list-style-type: none"> • CRPH Department Chair • Vice Chair, Division of Public Health • MPH Program Director • MPH Program Manager 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Maureen Tierney, CRPH Dept. Chair • Dhitinut Ratnapradipa,* MPH Program Director • Anne O'Keefe* Vice-Chair, Division of Public Health <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Sarah Emanuel, MPH Program Manager
<p>Public Health Events Committee The committee plans and coordinates events and programming related to public health and/or the MPH program.</p> <p>Chair: Rotating (2–3-year appointment)</p>	<ul style="list-style-type: none"> • MPH Program Director • 1-2 PIF Representative(s) • 1-2 non-PIF Representative(s) • MPH Program Manager • One Student Representative • University Communication and Marketing (UCOM) Liaison 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Dhitinut Ratnapradipa,* MPH Program Director • Faculty Advisor: Kwanghyun Kim* (GHP) <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • Sarah Emanuel, MPH Program Manager • Bianca Rademacher, Student • Lauren Hankes, Marketing Strategist
<p>Public Health Scholarship and Research Interest Group The group fosters collaboration and interaction among all program faculty engaged in scholarship, research, and community engagement.</p> <p>Chair: Rotating (2–3-year appointment)</p>	<ul style="list-style-type: none"> • CRPH Department Chair • MPH Program Director • All PIF Faculty • All non-PIF Faculty (optional) • MPH and/or MD Student Representatives • Representative(s) from the following: <ul style="list-style-type: none"> • Division of Clinical Research • Institute for Population Health • University Libraries • MPH Program Manager (<i>non-voting member</i>) 	<p><u>MPH Faculty:</u></p> <ul style="list-style-type: none"> • Chair: Kwanghyun Kim* (GHP) • Dhitinut Ratnapradipa* MPH Program Director • Tanya Benedict* (HCM) • Sarah Lux* (HCE) • Anne O'Keefe* (GHP) • Non-PIF faculty participation varies <p><u>Staff/Additional Personnel:</u></p> <ul style="list-style-type: none"> • University personnel and student representatives may vary (open invite) • Sarah Emanuel, MPH Program Manager

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

The program employs a collaborative leadership model that empowers faculty at all levels and incorporates diverse perspectives to engage in decision-making. Policy and curricular issues may be brought forward by faculty, staff, or administrators to be reviewed by the appropriate program standing committees, *ad hoc* committees, the program director, or the department chair. Committees operate on a consensus model and use formal votes when consensus cannot be reached; decisions are documented in meeting minutes and forwarded to the appropriate administrators for action as needed. Representative samples of agendas, meeting minutes, attendance records, and decision documentation are maintained and provided in the electronic resource file to demonstrate implementation of these processes. Faculty have broad decision-making authority over their courses, may recommend changes to curriculum or assessment processes, participate on search committees, and provide recommendations regarding staff and faculty hiring. Concentration Coordinators provide direction within their concentration areas; the Practicum Coordinator approves student fieldwork and capstone sites; and the MPH Program Director is responsible for program-level oversight and implementation of approved policies. While program governance follows a standing meeting schedule, accreditation coordination is conducted through focused, task-based meetings and asynchronous collaboration rather than on a standing meeting schedule. Documentation includes meeting notes from core oversight meetings and broader collaborator sessions, supplemented by minutes from standing governance committees where accreditation-related decisions were reviewed ([ERF A1.2: Accreditation Coordination Activity Table](#)).

a. degree requirements

The MPH Curriculum and Evaluation Committee (CEC) is the primary body responsible for reviewing and recommending changes to degree requirements, with final oversight by the MPH Core Faculty Committee. Proposals for changes may originate from university leadership, program review findings, External Advisory Board (EAB) input, Student Advisory Board feedback, site supervisors, or directly from the faculty. The Program Director brings proposed revisions to the CEC for discussion, feedback, and a formal vote.

For example, in January 2025, the CEC voted to approve a re-sequencing of the MD/MPH dual-degree plan of study to better align with medical school rotations ([ERF A1.2.a: MPH CEC Minutes Jan 2025](#)). Additionally, in May 2022, the committee voted to expand the selection of foundational competencies available for the Applied Practice Experience to allow students greater flexibility ([ERF A1.2.a: MPH CEC Minutes May 2022](#)). Recommendations approved by the committee are forwarded by the Department Chair to the School of Medicine Dean and the Graduate School Dean for final review and approval. Once approved, updates are communicated to faculty, students, and external stakeholders through program meetings, email announcements, and updates to the Graduate Catalog and program website.

b. curriculum design

Curriculum design in the MPH program is a collaborative and faculty-driven process overseen by the MPH Program Director in consultation with the Department Chair. Faculty members identify potential additions or revisions to the curriculum through individual course delivery, program-level discussions, assessment findings, feedback from students and external advisory groups, and guidance from Instructional Designer, who supports the program's distance education format.

Faculty bring proposals to the MPH Curriculum and Evaluation Committee, which serves as the primary body for reviewing, refining, and recommending curriculum changes. For instance, in November 2024, the committee reviewed and approved faculty-driven updates to MPH 608 Health Communication and Informatics. These updates introduced a new health communication materials assignment that better aligned the course with CEPH assessment requirements for the Healthcare Management concentration ([ERF A1.2b: MPH CEC Minutes, November 2024](#)). Decisions are documented in committee minutes and follow a consensus-based process, and formal votes are used when consensus is not achieved. Throughout this process, the program incorporates diverse perspectives through faculty input, advisory boards, student feedback, and collaboration with staff and instructional designers. Table A1.2b outlines the established approval processes for new courses, curriculum revisions, and new program proposals.

Table A1.2b: MPH Curriculum Approval Processes

Process	Process Steps
New Course Approval Process <i>(Program-Specific Process)</i>	<ul style="list-style-type: none"> • A need for a new course is identified by faculty, advisory boards, or program leadership. • Faculty develop the proposed syllabus and submit it to the MPH Curriculum and Evaluation Committee for review. • Review and approval by the Program Director. • Approval by the Department Chair. • Final approval by the School of Medicine Dean and the Graduate School Dean. • Upon approval, documentation is submitted to the Registrar for course creation.
Curriculum Revision Approval Process <i>(Program-Specific Process)</i>	<ul style="list-style-type: none"> • Proposed revisions are introduced by the course director or faculty member and discussed at the program level. • Review by the MPH Core Faculty Committee. • Review and recommendation by the MPH Curriculum and Evaluation Committee. • Approval by the Program Director and Department Chair. • Review and approval by the School of Medicine Dean and the Graduate School Dean. • The Registrar updates the Graduate Catalog and course information as needed.
New MPH Concentration or Certificate Approval Process <i>(University-Level Approval Process)</i>	<ul style="list-style-type: none"> • The Program Director develops the proposal with the endorsement of the Department Chair and School of Medicine Dean. • Review and endorsement by the MPH Core Faculty Committee. • Additional review and approval by the MPH Curriculum and Evaluation Committee. • Review and approval by the Deans' Council. • Final approval by the Provost. • The Provost issues a university-wide program announcement. • The Registrar updates the Graduate Catalog and establishes required course structures.

c. student assessment policies and processes

Policies and procedures related to student assessment exist at the program, department, and university levels.

Program-Level and Department-Level Assessment

At the program level, recommendations and findings from assessment-related committees are reported to the Core Faculty and the Program Director. Decisions are made through faculty discussion, consensus, or formal vote when needed and are documented in committee minutes. The CEC is the primary body responsible for the development, implementation, and monitoring of formative and summative assessment measures embedded throughout the curriculum.

The program completes an annual assessment report that evaluates student learning outcomes and additional indicators of student progress. The committee also collects CEPH-required assessment data and forwards these findings to the Accreditation Work Group to support ongoing self-assessment. The committee oversees the documentation, mapping, and assessment of CEPH's 12 Foundational Knowledge objectives, the 22 Foundational Competencies, and the five concentration-specific competencies. This work includes consulting with all program faculty and reviewing course objectives, assignments, grading rubrics, and student performance measures to ensure that competencies are appropriately taught and assessed.

Rubrics provide consistency across courses, clearly communicate expectations for mastery, and allow the program to systematically summarize student achievement of competencies. When evidence indicates that assessment processes require strengthening, the committee proposes and votes on policy changes. For example, in July 2024, the CEC voted to adopt a standardized Generative AI policy for all MPH syllabi to ensure consistent standards of academic integrity in student assessments ([ERF A1.2.c.i: MPH CEC Minutes, July 2024](#)). No deficiencies were identified during the review period. Program-level assessment processes also ensure alignment with Graduate School and University learning objectives and student assessment policies.

Finally, the MPH Leadership Committee meets monthly to assess the program's attainment of its specific educational and research goals. By conducting a regular, substantive review of evaluation findings, the committee ensures the MPH program consistently meets its objectives and implements data-driven quality improvements.

University-Level Assessment

Each academic program at Creighton University submits an annual assessment report ([ERF A1.2.c.ii: University Assessment Report 2024](#)). This report includes a narrative discussion of intended learning

outcomes and actual results; the program's learning outcomes; a plan for assessing these outcomes; assessment findings; a continuous improvement plan based on current findings; and a status update on the prior year's improvement initiatives. Additionally, MPH faculty participate in institutional governance of assessment; for example, Dr. Sarah Lux serves as a member of the University Assessment Committee, ensuring the program remains aligned with university-wide best practices.

d. admissions policies and/or decisions

Traditional Online MPH Admissions

Admissions policies and decisions for the MPH program are determined by the MPH Admissions Committee, which reviews all completed applicant dossiers. Committee members independently evaluate applications using program-approved criteria, then discuss and reach consensus or a formal vote on recommendations for admission. Decisions are documented by the Chair of the Admissions Committee and entered into *Slate*, the University's admissions platform.

Formal offers of admission are issued by the University's Enrollment Management Office, which finalizes admission decisions based on the committee's recommendations and Graduate School policies.

The MPH Core Faculty Committee reviews and approves admissions criteria to ensure alignment with Graduate School requirements and program-level expectations. Through representation from each concentration and collaboration with Enrollment Management staff, the program incorporates diverse perspectives into the admissions process.

Arrupe Global Scholars MD-MPH Admissions

For students entering the Arrupe Global Scholars MD-MPH dual-degree track, the admissions procedure involves a distinct, sequential process. Applicants must first apply and be granted admission to the Creighton University School of Medicine as a prerequisite. Following their acceptance into the medical school, interested candidates must then complete a separate application process specifically for the Arrupe Global Scholars program. A dedicated selection committee, which operates entirely separately from the medical school admissions office, evaluates these specialized applications. This separate review committee, which includes the Arrupe Global Scholars Executive Director and MPH faculty members, evaluates candidates based on their demonstrated commitment to global health equity.

e. faculty recruitment and promotion

Creighton University is an Affirmative Action and Equal Employment Opportunity employer, and all candidates for faculty positions, whether tenure-track, non-tenure-track, or adjunct, are evaluated using consistent criteria and with attention to alignment with the University mission. The MPH program follows all University and School of Medicine hiring procedures, including specification of position qualifications, review of academic credentials, and completion of required background checks.

Recruitment Process

The recruitment process begins when the Program Director prepares the hiring request and submits it to the Department Chair, who obtains approval from the School of Medicine Dean and forwards materials to Human Resources (HR). The Department Chair appoints a Chair for the faculty search committee, which then forms the committee membership. MPH faculty may serve on the search committee, and an HR representative provides guidance to ensure compliance with University hiring policies.

The search committee determines the scope of the search, develops the position advertisement, screens applicants using established criteria, conducts interviews, and identifies the top candidates. For example, during the 2024–2025 search for a tenure-track assistant professor in Global Health Promotion, the search committee conducted initial screenings in November 2024 and hosted candidate interviews in December 2024. Following committee deliberation, a recommendation for hire was advanced to the Department Chair, resulting in the successful recruitment of Dr. Kwanghyun Kim ([ERF A1.2e: MPH AP Minutes Dec 2024; Feb 2025](#)). Recruitment efforts strategically aim to attract a diverse and highly qualified applicant pool by using national and regional public health networks, faculty recommendations, and guidance from the External Advisory Board.

Final approval for faculty hiring is made jointly by the School of Medicine Dean and the Provost, based on recommendations from the Department Chair, Program Director, and the faculty search committee. All hiring decisions are documented in accordance with University procedures.

Promotion and Tenure

Promotion in rank and salary is based on performance in teaching, scholarship, and service (and clinical work when applicable). Faculty follow the School of Medicine's Promotion and Tenure Guidelines, which are consistent with the *University's Faculty Handbook*. Probationary faculty applying for tenure and/or promotion receive annual evaluations from the Dean, Department Chair, or a designated senior faculty mentor to support professional development. After departmental and school-level review, recommendations and dossiers are forwarded to the President, whose decision is final.

A structural challenge identified during accreditation preparation is that MPH faculty must navigate expectations articulated in both the Graduate School and the School of Medicine handbooks. Variation between clinician and non-clinician pathways can introduce ambiguity in evaluation criteria, mentoring expectations, and advancement processes. To address this issue, the program will collaborate with School of Medicine and Graduate School leadership to develop clearer, aligned guidance for MPH faculty and to promote greater consistency in evaluation and professional development practices.

3. research and service activities

Each faculty member, the MPH Program Director, and the Department Chair collaboratively make decisions regarding faculty teaching, research, and service activities. Faculty discuss their scholarly interests, service commitments, and workload distribution during annual performance reviews and at the time of appointment or contract renewal. Decisions are based on faculty expertise, program needs, and alignment with the MPH program's mission and communities of interest.

While standard expectations for tenure-track faculty typically follow a 60% teaching, 20% research, and 20% service allocation, final distributions are determined annually in accordance with the University Faculty Workload Policy (Faculty Handbook Article III, Section 3). Variations are documented to accommodate significant administrative roles, grant-funded research buyouts, or intensive service commitments. Non-tenure-track faculty follow School of Medicine guidelines for effort distribution appropriate to their role.

The Public Health Scholarship and Research Interest Group (PH RIG) provides the primary venue for faculty to coordinate research priorities, develop collaborative projects, and align scholarly work with community needs. For example, the PH RIG maintains an "Active Scholarly Project List" that catalogs current faculty projects and identifies specific opportunities for student engagement. This list is reviewed regularly (e.g., [ERF A1.2.f. PH RIG Minutes Nov 2022; Jan 2023](#)) to ensure research activities remain aligned with the program's health equity mission and to prevent duplication of effort with community partners.

Decisions regarding research and service activities follow School of Medicine tenure and promotion expectations, as outlined in the University Faculty Handbook (Article VIII) and School of Medicine Bylaws. These guidelines provide direction on the appropriate balance of teaching, scholarship, service, and clinical work (where applicable) to support faculty advancement. Through consultation, committee involvement, and alignment with institutional policies, the program ensures that research and service activities contribute meaningfully to faculty development, student learning, and the broader public health community.

4. Briefly describe how the program makes efforts to include diverse voices in decision-making.

The Creighton University MPH program is deeply committed to integrating diversity, equity, inclusion, and belonging (DEIB) principles into its decision-making processes. Consistent with Creighton's Jesuit, Catholic mission to uphold human dignity (*cura personalis*), the program actively seeks diverse voices, which is defined broadly to include professional, geographic, racial, ethnic, and lived experiences, to inform its governance, curriculum, and community partnerships. The program employs specific structural mechanisms to ensure these perspectives influence decisions:

- **The External Advisory Board:** EAB membership is intentionally curated to represent diverse sectors (e.g., government, nonprofit, clinical) and geographic regions beyond the local area. Their input directly shapes program priorities. For example, during a 2024 strategic planning session, EAB members representing safety-net providers highlighted the need for greater training in intervention design for adults with special needs and social determinants of health, prompting faculty to review relevant course content.

- **Global Community Partners:** The Arrupe Global Scholars Program integrates the voices of international partners in the Dominican Republic, Rwanda, Ecuador, and Nepal into curricular decision-making. These partners co-design immersion experiences and identify local health priorities, ensuring that the program's global health curriculum is responsive to the needs of the partnered communities rather than solely academic priorities.
- **The MPH Admissions Committee:** The committee utilizes a holistic admissions review process (detailed in Criterion H4) that looks beyond traditional metrics to value applicants' lived experiences, resilience, and commitment to underserved populations. This ensures that the student body, as well as the future alumni voices, reflects a diversity of backgrounds.
- **Student Representation:** The SAB and student representatives in the PH-RIG provide feedback on the inclusivity of the learning environment. For instance, the SAB actively participates in the planning of *National Public Health Week* events to ensure programming reflects the diverse interests and identities of the student body.
- **Community-Engaged Research Governance:** The PH-RIG catalogs and tracks research initiatives that center community voices, such as the North and South Omaha Community Health Needs Assessment listening sessions and community-based participatory research conducted through the Creighton Community Collaborative. Feedback from these community-led forums is brought back to the faculty to inform how community engagement is taught in courses like *MPH 609 Introduction to Community-Based Participatory Research*.

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

The MPH program follows the governance structures and policies outlined in university- and school-level documents that define the rights and responsibilities of administrators, faculty, and students. These documents collectively guide decision-making, faculty governance participation, student expectations, and program-level administrative authority. All documents are available in the electronic resource file.

ERF Documents

- **ERF A1.4a Graduate School Bylaws:** Defines governance structures, academic authority, and policies for graduate programs.
- **ERF A1.4b Program Director Handbook:** Outlines administrative responsibilities, decision-making authority, and leadership expectations for program directors.
- **ERF A1.4c CU Faculty Handbook:** Provides policies on faculty rights, responsibilities, evaluation, and shared governance across the University.
- **ERF A1.4d School of Medicine Bylaws:** Establishes the governance structure of the School of Medicine, including faculty voting rights, the composition of the Executive Committee, and school-specific procedures for appointment, promotion, and tenure that apply to MPH faculty.
- **ERF A1.4e Graduate Student Handbook and Catalog:** Specifies student rights, responsibilities, academic policies, and expectations for participation in governance and program activities.
- **ERF A1.4f CU Student Handbook:** Specifies student standards of conduct, accountability, and academic and university policies.

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

MPH faculty participate actively in shared governance at the university and college/school levels. Faculty contribute to decision-making through service on university-wide committees, Graduate School boards, School of Medicine governance bodies, and other related task forces. These roles allow MPH faculty to influence institutional policies, assessment practices, research strategy, and tenure guidelines. Participation in these committees ensures that public health perspectives are represented in broader institutional conversations.

Table A1.5 provides examples of recent and current committee memberships held by primary instructional faculty outside the MPH program.

Table A1.5. MPH Primary Instructional Faculty Involvement on Institutional Committees

Faculty	Committee and Role (Institutional-Level Service)
Benedict, Tanya	<ul style="list-style-type: none"> School of Medicine Executive Committee – Member (2022–2024) School of Medicine Tenure and Promotion Committee – Member (2022–2025) Center for Interprofessional Practice, Education, and Research (CIPER) Curriculum committee – Member (2018–present)
Kim, Kwanghyun	<i>Dr. Kim joined the faculty in July 2025. Institutional service assignments are currently being determined in consultation with the Department Chair.</i>
Lux, Sarah	<ul style="list-style-type: none"> Graduate Board – Member (2024–present) University Assessment Committee – Member (2018–present) University Policy Committee – Member (2018–present)
O’Keefe, Anne	<ul style="list-style-type: none"> School of Medicine Data Governance Committee – Member (2023-present) School of Medicine Healthcare Governmental Advocacy and Relations Committee – Member (2023-present) Creighton University/Midwest Global Health Conference Steering Committee – Member (2023–2025) Creighton University 2024 REDCap Implementation Team – Member (2023-2025) Healthy Planet Healthy People Initiative Steering Committee – Member (2024-2025)
Ratnapradipa, Dhitinut	<ul style="list-style-type: none"> Health Equity & Workforce Diversity Research Interest Group, Institute of Population Health -- Member (2024–present) College of Professional and Continuing Education Rank of Tenure and Promotion – Member (2023–present) Graduate School Program Director -- Member (2020–present) School of Medicine Enrollment Strategies Team – Member (2024–present)
Robinson, Mark	<ul style="list-style-type: none"> Graduate Board – Member (2020-present)

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

Program-Level and Department-Level Interactions

Full-time and part-time (adjunct/special) faculty interact regularly through standing program-level meetings and committee work. Virtual conferencing (Zoom) is utilized for all meetings to ensure accessibility for distance-based and working adjunct faculty.

- Academic Progression Committee (Monthly):** This is the primary venue for regular faculty interaction. It includes all full-time faculty and adjunct faculty teaching in the current term. The meetings provide a structured space for instructional communication, where faculty discuss student performance and share pedagogical strategies. For example, in the November 2024 meeting, full-time and adjunct faculty discussed survey results regarding the preparedness of MD/MPH dual-degree students, allowing instructors to align their expectations for this new cohort ([ERF A1.6: MPH AP Minutes Dec 2024](#)).
- MPH Curriculum and Evaluation Committee (As Needed):** This committee provides a venue for collaborative review of curriculum and competency mapping. Regular and adjunct faculty participate in decision-making. For example, in January 2024, the committee (including adjunct/secondary faculty) reviewed and voted on the structure of the new Global Health Promotion certificate to ensure course alignment ([ERF A1.6: MPH CEC Minutes Jan 2024](#)).
- Public Health Research Interest Group:** The PH-RIG supports ongoing collaboration among full-time and adjunct faculty, as well as relevant department staff, functioning in a hybrid format. It serves as a hub for discussing scholarship and community partnerships. For example, in October 2023, the group hosted a presentation by Rachel Heinz from the Health Center Association of Nebraska, providing both full-time and adjunct faculty with insights into community health center operations ([ERF A1.6: PH RIG Minutes Oct 2023](#)).
- MPH Program Faculty Retreats:** While standing committees provide regular touchpoints, program retreats serve as a key mechanism for deeper interaction. These events intentionally bring full-time and adjunct faculty together to discuss public health practice and structural issues. For example, the 2023 MPH Retreat featured a faculty-led examination of redlining in Omaha, allowing all faculty types to collaboratively discuss structural inequities and directly inform the program's approach to community engagement ([ERF A1.6: MPH Retreat Agenda 2023](#)).

Graduate School and University-Level Interactions

Faculty interact with broader institutional colleagues through regular engagement with the Graduate School and University governance structures. Graduate Program Directors meet twice each semester with the Graduate School Dean to coordinate policy. MPH faculty also participate in university-wide events such as the University Assessment Symposium and Center for Faculty Excellence workshops (e.g., the "Ungrading" book club), which

provide opportunities for faculty across ranks to discuss teaching innovation with colleagues outside the MPH program.

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

Strengths

- **Collaborative and transparent governance model:** The program uses a distributive leadership structure that engages full-time faculty, part-time faculty, and staff in governance, with clearly articulated processes for curriculum, assessment, and policy development.
- **Meaningful integration of non-primary instructional faculty.** Unlike many programs where non-PIF members (including adjuncts and secondary-appointment faculty) are isolated, the MPH program actively integrates them into key committees (e.g., Academic Progression) and competency mapping discussions. This strong interaction ensures instructional alignment and cohesiveness across the curriculum.
- **Strong institutional representation:** MPH faculty serve on University, Graduate School, and School of Medicine committees (e.g., University Assessment Committee, SOM Data Governance), ensuring public health perspectives inform broader institutional decisions.
- **Active External Advisory Board:** The EAB includes diverse professional representation and provides specific, actionable input that has directly shaped the program's strategic direction (e.g., Arrupe global partnerships).

Weaknesses

- **Governance demands on a small faculty.** The program's robust committee structure relies heavily on a core group of full-time faculty (N=6), which creates service workload strain. While adjunct participation is encouraged, it is constrained by their external employment. Additionally, some committees (e.g., Curriculum) have historically been chaired by the Program Director due to staffing limitations, rather than rotating among faculty.
 - **Plan for Improvement:** The program will transition committee leadership roles to a rotating faculty model to distribute burden and foster shared ownership. Specifically, a faculty member other than the Program Director will assume the Chair role for the Curriculum and Evaluation Committee by AY 2026–2027.
- **Inconsistent documentation practices.** While committees meet regularly, the self-study process revealed variability in how decisions are recorded. Some minutes captured high-level discussion but lacked explicit records of votes or closing-the-loop actions, making it difficult to trace the full lifecycle of a policy decision.
 - **Plan for Improvement:** The program will implement a standardized "Meeting Minutes & Decision Log" template for all standing committees. This template requires the explicit recording of members present, motions made, votes taken, and action items assigned.
- **Ambiguity in faculty evaluation guidelines.** MPH faculty must currently navigate expectations articulated in both the *Graduate School* and *School of Medicine* handbooks. This dual structure creates ambiguity regarding promotion criteria, particularly for non-clinician public health faculty situated within a clinical department.
 - **Plan for Improvement:** The Program Director will collaborate with the Department Chair and School of Medicine administration to draft a program-specific "Faculty Evaluation & Promotion Guidance" document that clarifies how public health scholarship and service are weighted within the School of Medicine's existing promotion standards.
- **Opportunities to strengthen faculty diversity.** While the program prioritizes inclusive recruitment, the current faculty composition does not yet fully reflect the diversity of the student body or the communities served.
 - **Plan for Improvement:** The program will enforce the "diverse voices" requirement for all future faculty search committees (as described in A1.2e) and specifically budget for advertising in affinity-based public health networks for the next tenure-track search.

A2. Multi-Partner Schools & Programs

Not Applicable

A3. Student Engagement

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

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

Given that the MPH program is fully online, the program employs intentional strategies to ensure meaningful student participation in governance. The program uses a tiered approach that provides both structured and flexible opportunities for student input.

First Tier: Student Advisory Board (SAB)

The primary formal mechanism for student participation is the SAB. Reactivated in the 2024–2025 academic year to strengthen student voice, the SAB represents the broader student body and serves as a key advisory group. Members provide input on program policies, curriculum relevance, and accreditation-related activities. During the self-study process, SAB members reviewed the program’s guiding statements and provided feedback on the proposed "Applied Public Health" concentration.

Second Tier: Student Representation on Program Committees

Students also serve on specific governance and operational committees.

- **Faculty Search Committees:** Students participate in interviews and provide feedback on candidates for primary instructional faculty positions (e.g., the Global Health Promotion search in Fall 2024).
- **Public Health Events Committee:** Students assist in planning National Public Health Week and other community-facing events, ensuring programming resonates with the student body.
- **Public Health Research Interest Group (PH RIG):** As noted in Criterion F1, students are invited to participate in the Public Health Research Interest Group, where they engage in dialogue about research priorities and community needs.
- **Arrupe Global Scholars and Partnership Program:** Arrupe students participate in interviews with prospective students and contribute to the assessment of the student candidates.

Third Tier: Graduate School and University-Level Engagement

Beyond the program, MPH students have opportunities to participate in Graduate School and university-level governance structures, including graduate student representative bodies. Students have also contributed feedback during Graduate School Academic Program Reviews, providing input to internal and external reviewers on program strengths, challenges, and areas for improvement.

Table A3.1 identifies student members involved in governance over the last three years. Note that formal student governance structures were paused during the post-pandemic restructuring and relaunched in 2024; thus, participation data is concentrated in the current academic year.

Supporting documentation is provided in [ERF A3.1 Student Advisory Board Documents](#).

Table A3.1. Student Participation in Program Governance (2022–2025)

Academic Year	Student Name	Program & Concentration	Committee or Role	Participation Type
2025–2026	Bianca Rademacher	MPH (GHP)	Student Advisory Board; Self-Study Reviewer	Advisory
	Cade Canepa	MPH (GHP)	Student Advisory Board; Self-Study Reviewer	Advisory
	Mariam Cortese	MPH (GHP)	Student Advisory Board; Self-Study Reviewer	Advisory
2024–2025	Bianca Rademacher	MPH (GHP)	Student Advisory Board; Faculty Search Committee	Advisory / non-voting
	Cade Canepa	MPH (GHP)	Student Advisory Board	Advisory
	Mariam Cortese	MPH (HCM)	Student Advisory Board	Advisory
2023–2024	Bianca Rademacher	MPH (GPH)	Student Advisory Board; Assisted with Special Events (NE Public Health Conference and NPHW)	Advisory

Academic Year	Student Name	Program & Concentration	Committee or Role	Participation Type
2022–2023	Danielle Hotalling	MPH (GHP)	University Promotions; Assisted with Special Events (NE Public Health Conference)	Advisory
	Kevin Boes	MPH (HCM)	Student Advisory Board	Advisory
	Maddie Dean	MPH (CHP)	Student Advisory Board	Advisory

2. Briefly describe how the school or program makes efforts to include diverse student voices and perspectives. Include examples as appropriate.

The MPH program makes intentional efforts to include diverse student voices and perspectives in its governance and decision-making structures. Consistent with Creighton University’s Jesuit mission and the program’s commitment to equity and inclusion, the program values perspectives shaped by varied professional backgrounds, geographic locations, lived experiences, and public health interests.

Structural Inclusion for a Distance-Based Cohort

As a fully online program, the MPH program enrolls students from a wide range of time zones and employment sectors. To ensure these diverse voices are heard, the program has adapted its governance structures to remove barriers to participation:

- **Virtual & Asynchronous Access:** SAB and other committees meet virtually to accommodate students across the country. When synchronous attendance is not possible due to work schedules, the program utilizes asynchronous feedback mechanisms (e.g., email reviews, surveys) to ensure working professionals can still influence decisions.
- **Cross-Concentration Representation:** Recruitment for the SAB is intentional in seeking representation from all three concentrations (Healthcare Management, Health Care Ethics, and Global Health Promotion), ensuring that the distinct professional cultures of these tracks (e.g., clinical administrators vs. global practitioners) are reflected in program planning.

Integration of Distinct Student Cohorts

The program actively creates channels for specific student populations to contribute their unique perspectives:

- **Arrupe Global Scholars:** The program integrates the voices of MD/MPH dual-degree students through targeted quarterly check-ins, town halls each semester, and dedicated feedback sessions. As noted in faculty meeting minutes, feedback from these scholars, who are often navigating complex international immersions, has directly informed the sequencing of global health coursework.
- **Student Advisory Board:** The SAB serves as the primary mechanism for elevating diverse perspectives. Membership is open to all current students, and recent rosters have included students ranging from early-career learners to experienced practitioners. SAB members serve as liaisons, helping program leadership understand how policies impact different student demographics.

Examples of Diverse Input in Action

- **National Public Health Week (NPHW):** Students on the Public Health Events Committee help plan NPHW activities. Their input ensures that programming reflects the diverse interests of the student body, resulting in events that range from research symposiums to community advocacy, appealing to both research-focused and practice-focused students.
- **Faculty Recruitment:** During the 2024 faculty search for the Global Health Promotion track, students were invited to interview candidates. This allowed the program to capture student perspectives on which candidates best demonstrated the cultural humility and global expertise valued by the cohort.

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

Strengths

- **Tiered structure enables flexible engagement:** The program’s tiered approach to governance (SAB + Committee Service) allows students to participate at levels commensurate with their capacity. This structure is particularly effective for an online, working student body, as it offers both high-commitment leadership roles (SAB) and project-specific advisory opportunities (e.g., NPHW planning).

- **High-touch faculty interaction fosters informal feedback:** Despite the distance-based format, the program's small cohort size and "high-touch" advising model allow for continuous, informal feedback loops. Student input often flows directly to faculty during advising sessions or coursework, allowing for rapid responsiveness to student needs even outside of formal committee structures.

Weaknesses and Plans for Improvement

- **Gaps in historical student governance (2022–2024).** During the program's transition to the Department of Clinical Research and Public Health and the subsequent post-pandemic restructuring, formal student governance bodies (like the SAB) were paused. While informal feedback continued, this resulted in a lack of formal records regarding student participation in decision-making during the 2022–2023 and 2023–2024 academic years.
 - **Plan for Improvement:** The program successfully reactivated the SAB in the 2024–2025 academic year to restore formal student voice. To ensure sustainability and prevent future gaps, the program has codified the SAB's role in the *Student Handbook* and assigned the MPH Program Manager to serve as the permanent staff liaison, ensuring continuity of the board even during faculty leadership transitions.
- **Inconsistent documentation of student input.** While students frequently provide feedback that leads to change, these inputs are not always formally recorded in meeting minutes. This creates a documentation gap where student contributions to policy or curriculum changes are anecdotal rather than evidence-based.
 - **Plan for Improvement:** Consistent with the governance improvements detailed in Criterion A1, the program is implementing a standardized "Meeting Minutes & Decision Log" template for the SAB and other committees.

A4. Autonomy for Schools of Public Health

Not Applicable.

A5. Degree Offerings in Schools of Public Health

Not Applicable

B1. Guiding Statements

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

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

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

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

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

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

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

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

1. The school or program's vision, mission, goals, and values.

The Guiding Statements for the MPH program were developed and adopted through a series of strategic planning sessions among all MPH faculty, the program's EAB, and the Student Advisory Board. They are designed to reflect the broader institutional vision and mission of Creighton University while also speaking specifically to our public health vision, mission, values, and goals.

Vision

The MPH program aspires to ignite innovative engagement that promotes optimal physical, mental, and social well-being to eliminate health inequity in national and global communities.

Mission

The MPH program promotes health equity through innovative approaches in teaching, culturally responsive community engagement, and robust scholarship embracing the Jesuit values of social justice, service to others, and critical self-reflection, emphasizing populations at risk, vulnerable, or marginalized.

Program Goal Statements

Consistent with our Jesuit values, vision, and mission, and reflecting our commitment to priority populations, the goals of the program are

- **Goal Statement 1: Teaching**
Promote student success by preparing public health professionals committed to health equity grounded in competencies (knowledge, skills, beliefs, and attitudes) in the foundations of public health to serve at-risk, marginalized, and vulnerable communities through practice in global health promotion, health care ethics, or health care management.
- **Goal Statement 2: Scholarship**
Foster public health scholarship to promote health equity within priority communities that are at-risk, marginalized, and vulnerable while advancing public health knowledge and practice. The MPH program prioritizes national and global populations experiencing health inequity, including those who are vulnerable, at-risk, or marginalized.
- **Goal Statement 3: Service**
Promote culturally responsive community engagement through outreach, education, and partnerships that prepare students to work effectively alongside diverse populations and communities.

Values

The program defines a statement of values that describes its core principles, beliefs, and priorities:

- *Jesuit Values*—Engaging in critical self-reflection, service to others, and taking responsible action; caring for the whole person (*cura personalis*).
- *Social Justice and Health Equity*—Working to identify and overturn systems of structural violence and inequities; acting in pragmatic solidarity to reduce suffering; and advocating for policies and programs that improve health for vulnerable, at-risk, and marginalized populations.
- *Commitment to Diversity at All Levels*—Fostering a welcoming and inclusive community for students, faculty, and staff that respects and celebrates diverse backgrounds, identities, and lived experiences.
- *Excellence in Teaching, Service, and Scholarship*—Promoting continuous quality improvement, teamwork, collaboration, and professional integrity; ensuring the practical application of knowledge and skills; and utilizing diverse, creative online learning technologies.
- *Cultural Humility*—Bridging cultural gaps by maintaining awareness of one’s own cultural biases, acquiring knowledge about different cultures, and demonstrating respect and sensitivity to diverse perspectives to build community trust.
- *Health as a Public Good and Fundamental Right*—Upholding the belief that equitable access to high-value care and optimal physical, mental, and social well-being are intrinsic rights for all people.

The guiding statements for the MPH program were developed and adopted through a series of strategic planning sessions among all MPH faculty, the program’s External Advisory Board (EAB), and the Student Advisory Board. They are designed to reflect the broader institutional vision and mission of Creighton University while speaking specifically to our public health vision, mission, values, and goals.

Priority Populations

As a distance education program with a national and international student body, we recognize that we are not training the next generation of public health professionals to work in any one geographic setting. Rather, we understand that graduates of the program will be engaging with a wide variety of communities across great geographic diversity. To provide a common thread that guides our curriculum and program activities, we identify our priority populations in the following manner: the MPH program prioritizes national and global populations experiencing health inequity, including those who are vulnerable, at-risk, or marginalized.

2. A brief narrative explanation of how the guiding statements address each of the following:

a. advancing the field of public health through instruction, scholarship, and service

The mission and program goals directly address advancing the field across all three domains. The teaching goal prepares students with applied competencies in three concentration areas (Global Health Promotion, Health Care Ethics, and Health Care Management) aligned with workforce needs. The scholarship and service goals emphasize the discovery, dissemination, and application of knowledge that reduces health inequities and benefits priority populations.

b. promoting student success through instruction, scholarship, and service

The mission underscores *cura personalis* (care for the whole person), which informs the program’s commitment to student success. Furthermore, Goal Statement 1 explicitly identifies promoting student success as the foundation of our instructional efforts. By prioritizing “Excellence in Teaching, Service, and Scholarship” within our Values, the program commits to continuous quality improvement and practical application of knowledge, ensuring that high-quality online learning support, faculty mentoring, practicum preparation, and co-curricular opportunities are effectively integrated so that students are supported in their academic, professional, and personal development.

c. preparing students to work with diverse populations and communities

The program’s vision, mission, and values explicitly focus on marginalized, vulnerable, and global populations. Goal Statement 1 prioritizes serving diverse communities, while Goal Statement 3 explicitly sets the aim of preparing students to work effectively alongside diverse populations through culturally responsive community engagement. Core values of social justice and health equity,

commitment to diversity at all levels, and cultural humility guide curriculum design, practicum placements, and community engagement, ensuring that graduates are prepared to address health inequities across cultural and geographic contexts.

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

The MPH program aligns its strategic priorities with Creighton University's institutional strategic plan (see [ERF B1.3a Creighton University Strategic Plan](#)). Following its move to the Department of Clinical Research and Public Health in the School of Medicine in 2022, the MPH program further integrated its strategic direction with School of Medicine priorities, particularly regarding the integration of public health training with clinical practice and health equity. [ERF B1.3b School of Medicine Strategic Plan Executive Summary 2025](#)

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

Strengths

- **Alignment with Jesuit Values:** The vision, mission, values, and goals remain relevant and explicitly aligned with Jesuit values to prepare students for diverse populations, promote student success, and advance the field.
- **Stakeholder Engagement:** Guiding statements reflect broad stakeholder engagement, including faculty, students, university leadership, and EAB members.
- **Operational Guidance:** Guiding statements actively inform decisions on curriculum, scholarship, and community engagement with priority populations.

Weaknesses and Plans for Improvement

- No major weaknesses were identified; however, the program acknowledges the importance of continually reassessing guiding statements to ensure alignment with evolving public health priorities, workforce needs, and equity challenges.

B2. Evaluation and Quality Improvement

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

- *includes all measures listed in Appendix 1 in these Accreditation Criteria*
- *provides information that allows the program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)*
 - *Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.*
- *defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications*
- *allows the program to make data-driven quality improvements, e.g., curriculum; preparing students to work with diverse populations; student services; advising; faculty functions; research and extramural service; and operations, as appropriate.*

1. Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:

- a. the specific data source(s) for each listed element (e.g., alumni survey, student database)**
- b. a brief summary of the method of compiling or extracting information from the data source**
- c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable**
- d. the timeline for review (e.g., monthly, at each semester's end, annually in September)**

An evaluation plan in the prescribed format can be found on the following page as Template B2-1. Creighton University MPH Evaluation Plan includes both core evaluative indicators used for continuous quality improvement (e.g., competency attainment, student feedback) and required monitoring measures (e.g., budget, faculty sufficiency) tracked annually to ensure program stability and resource adequacy.

Template B2-1. Creighton University MPH Evaluation Plan

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Student enrollment	Intro-2	<ul style="list-style-type: none"> • Source: University Interactive Dashboard / Registrar Data. • Method: At the start of each 8-week term, the Program Manager extracts census data from the dashboard to compile a summary report for the Academic Progression Committee review. 	Academic Progression Committee	X		
Unit-defined measure #1: Didactic instruction, learning resources, and assignments in core courses reflect the program's focus on health equity in at-risk, marginalized, and vulnerable populations.	B2-1	<ul style="list-style-type: none"> • Source: Curriculum Audit / Syllabi Review. • Method: At the end of each academic year, the Curriculum & Evaluation Committee Chair conducts a structured audit of all core course syllabi to calculate the proportion incorporating health equity and priority populations. 	Curriculum & Evaluation Committee	X		
Unit-defined measure #2: Students' perceived mastery of core and concentration competencies.	B2-1	<ul style="list-style-type: none"> • Source: MPH Midpoint and Exit Surveys. • Method: At the end of each academic year, the Program Manager aggregates Likert-scale ratings (1–5) on competency attainment from the Qualtrics surveys into an annual summary for committee review. 	Curriculum & Evaluation Committee	X		
Unit-defined measure #3: Student performance in real-world settings during their Integrative Learning Experience (ILE) and Applied Practice Experience (APE).	B2-1	<ul style="list-style-type: none"> • Source: Preceptor Evaluations and Faculty Grading Rubrics. • Method: At the end of each academic year, the Practicum Coordinator aggregates competency attainment scores and qualitative feedback from site supervisor evaluations and grading rubrics into an annual summary report. 	Curriculum & Evaluation Committee	X		X
Unit-defined measure #4: Number of peer-reviewed articles with a focus on vulnerable populations to advance health equity.	B2-1	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews / Digital Measures. • Method: At the end of each academic year, the PH RIG Chair extracts the count of peer-reviewed publications authored by faculty that specifically address health equity/vulnerable populations from faculty annual reviews. 	PH RIG		X	
Unit-defined measure #5: Percent of faculty participating in research/scholarship with a focus on vulnerable populations to advance health equity.	B2-1	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews / CVs. • Method: At the end of each academic year, the PH RIG committee chair calculates the percentage of PIF engaged in equity-focused scholarship against the total PIF count. 	PH RIG		X	
Unit-defined measure #6: Presentations at professional meetings with a focus on vulnerable populations to advance health equity.	B2-1	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews / Digital Measures. • Method: Each July, the PH RIG committee chair counts conference presentations (oral/poster) addressing vulnerable populations. 	PH RIG		X	
Unit-defined measure #7: Increase the number of faculty-student collaborations in research and scholarship.	B2-1	<ul style="list-style-type: none"> • Source: MPH Scholarly Active Project List (Qualtrics/Excel). • Method: At the end of each academic year, the PH RIG Chair extracts data from the Qualtrics-driven spreadsheet to count research projects involving student investigators/co-authors and compare against the baseline. 	PH RIG		X	

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Unit-defined measure #8: Percent of primary and non-primary instructional faculty participating in culturally responsive extramural service activities with vulnerable populations.	B2-1	<ul style="list-style-type: none"> Source: PH RIG Active Project / Faculty Annual Reviews. Method: Each July, the department chair calculates the percentage of faculty reporting active service roles (boards, consulting, and volunteering) servicing vulnerable groups. 	PH RIG			X
Unit-defined measure #9: Number of faculty-student service collaborations with vulnerable populations.	B2-1	<ul style="list-style-type: none"> Source: PH RIG Active Project List / Faculty Annual Review. Method: Each July, the PH RIG committee chair counts service initiatives where faculty and students collaborate to serve priority populations. 	PH RIG			X
Unit-defined measure #10: Percent of students involved in culturally responsive community engagement	B2-1	<ul style="list-style-type: none"> Source: Student Survey / Resume Review. Method: Each July, the Program Director calculates the percentage of students self-reporting participation in culturally responsive community engagement from the annual student survey and compiles a summary of qualitative feedback regarding barriers to access for SAB to review. 	Student Advisory Board / Program Director			X
Unit-defined measure #11: Number of priority community-based service projects	B2-1	<ul style="list-style-type: none"> Source: Community Partner Log / PH RIG Minutes. Method: Each July, the Program Director compiles a summary count of active service partnerships and projects servicing priority populations identified via the Community Partner Log and faculty records for committee review. 	EAB / PH RIG			X
At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum (e.g., research, community engagement). Additional examples may relate to any component of the evaluation plan	B2-2	Populated in Template B2-2 using verbatim measure names from this table.				
Graduation rates (Approach 1)	B3-1	<ul style="list-style-type: none"> Source: University Registrar / Banner. Method: At the end of every academic year, the Program Manager extracts cohort data from Banner to calculate and track progression against the 6-year maximum time-to-degree. 	Academic Progression Committee	X		
Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1	<ul style="list-style-type: none"> Source: Alumni Survey / LinkedIn analysis. Method: At the end of every academic year, the Program Manager compiles employment and education placement status data for alumni approximately one year post-graduation into a summary report. 	Curriculum & Evaluation Committee	X		
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5	<ul style="list-style-type: none"> Source: Alumni Survey / Exit Interviews. Method: At the end of every academic year, the Program Manager aggregates quantitative ratings on skills preparation and conducts qualitative thematic analysis from Qualtrics to create a decision-ready brief for committee review. 	Curriculum & Evaluation Committee	X		

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Budget table	C1-1	<ul style="list-style-type: none"> • Source: University Financial Reports. • Method: Every spring semester, the Program Director reviews university financial reports to compile the annual C1-1 budget table and ensure resources remain adequate for operations. 	Program Director & Department Chair	X	X	X
Student perceptions of faculty availability	C2	<ul style="list-style-type: none"> • Source: Anthology Course Evaluations. • Method: At the end of each academic year, the Program Manager aggregates Likert scale ratings and qualitative comments into a summary report for committee review. 	Curriculum & Evaluation Committee	X		
Student perceptions of class size & relationship to learning	C2	<ul style="list-style-type: none"> • Source: Anthology Course Evaluations. • Method: At the end of each academic year, the Program Manager aggregates Likert scale ratings and qualitative comments into a summary report for committee review. 	Curriculum & Evaluation Committee	X		
List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole	C2-1, E1-1, E1-2	<ul style="list-style-type: none"> • Source: Faculty teaching schedules / Contracts. • Method: At the end of each academic year, the Program Director conducts a structured audit using faculty teaching schedules to verify PIF ratios and concentration coverage. 	Program Director	X		
Ratios for student academic advising (all degree levels)	C2-2	<ul style="list-style-type: none"> • Source: Advising Roster / Slate. • Method: At the end of each academic year, the Academic Coach calculates active student-to-advisor ratios using the advising roster for committee review. 	Core Faculty Committee	X		
Ratios for supervision of MPH ILE	C2-2	<ul style="list-style-type: none"> • Source: Course enrollment data (MPH 612 Capstone). • Method: At the end of each academic year, the Academic Coach reviews MPH 612 course rosters to calculate the average, minimum, and maximum number of students per capstone instructor for Template C2-2. 	Program Director	X		
Count, FTE (if applicable), and type/categories of staff resources	C3-1	<ul style="list-style-type: none"> • Source: Faculty Contracts / Personnel Rosters. • Method: At the end of each academic year, the Program Director reviews personnel rosters and signed faculty contracts to compile the C3-1 template and verify staff-to-student support stability. 	Program Director / Department Chair	X		
Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews; CFE Participation Logs. • Method: At the end of each academic year, the Program Director aggregates faculty participation in CFE workshops and other professional development activities from faculty annual review submissions into a summary report. 	Program Director	X		
Faculty currency & instructional technique measure 1: Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.	E3	<ul style="list-style-type: none"> • Source: Faculty Annual Performance Reviews; Peer/Internal Review of Syllabi. • Method: At the end of each academic year, the Program Director evaluates faculty documentation of syllabi updates based on recent scholarship and compiles a summary. 	Department Chair / Program Director	X	X	
Faculty currency & instructional technique measure 2: Student satisfaction with instructional quality	E3	<ul style="list-style-type: none"> • Source: Anthology Course Evaluations. • Method: At the end of each academic year, the Program Manager aggregates Likert scale ratings (e.g., "instructor cared about learning quality") from Anthology into a summary report for committee review. 	Academic Progression Committee	X		

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Faculty currency & instructional technique measure 3: Courses that involve community-based practitioners	E3	<ul style="list-style-type: none"> • Source: Curriculum Audit; Practicum Coordinator Records. • Method: At the end of each academic year, the Program Director reviews course syllabi and Practicum Coordinator records to count the number of courses involving active practitioners (e.g., guest lectures, site supervisors). 	Curriculum & Evaluation Committee	X		X
Faculty research/scholarly activities with connections to instruction (maintain ongoing list of exemplars)	E4	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews; Course Syllabi Audit. • Method: At the end of each academic year, the Program Director reviews faculty annual review submissions to extract and maintain an ongoing list of examples demonstrating how faculty integrate their research into courses. 	Department Chair / Program Director	X	X	
Faculty scholarship measure 1: Percent of faculty participating in research activities	E4-1	<ul style="list-style-type: none"> • Source: Active Scholarly Project List; Faculty CVs • Method: At the end of each academic year, the PH RIG Chair extracts publication counts from faculty productivity data to compare against targets. 	PH RIG		X	
Faculty scholarship measure 2: Number of community-based research projects	E4-1	<ul style="list-style-type: none"> • Source: Active Scholarly Project List; Faculty CVs • Method: At the end of each academic year, the PH RIG Chair calculates the percentage of PIF engaged in community-based research projects using faculty productivity data. 	PH RIG		X	X
Faculty scholarship measure 3: Presentations at professional meetings	E4-1	<ul style="list-style-type: none"> • Source: Active Scholarly Project List; Faculty CVs. • Method: At the end of each academic year, the PH RIG Chair counts conference presentations using faculty productivity data. 	PH RIG		X	
Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5	<ul style="list-style-type: none"> • Source: Faculty Annual Reviews; Course Syllabi. • Method: At the end of each academic year, the Program Director reviews faculty annual review submissions to extract and maintain an ongoing list of specific examples demonstrating how faculty integrate service into instruction. 	Department Chair / Program Director	X		X
Faculty service measure 1: Percent of primary instructional faculty participating in extramural service activities	E5	<ul style="list-style-type: none"> • Source: MPH Scholarly Active Project List. • Method: At the end of each academic year, the PH RIG Chair calculates the percentage of faculty reporting active service roles serving vulnerable groups from faculty annual reviews. 	PH RIG			X
Faculty service measure 2: Number of faculty-student service collaborations	E5	<ul style="list-style-type: none"> • Source: MPH Scholarly Active Project List. • Method: At the end of each academic year, the PH RIG Chair counts service initiatives involving faculty-student collaborations from the Qualtrics-driven spreadsheet. 	PH RIG			X
Faculty service measure 3: Public, private, or cross-sector partnerships for engagement and service	E5	<ul style="list-style-type: none"> • Source: Partnership Log / Table E5.4. • Method: At the end of each academic year, the Program Director reviews the Community Partner Log and EAB minutes to compile a count of active, priority community-based service partnerships. 	EAB / PH RIG			X
Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1	<ul style="list-style-type: none"> • Source: Employer Input Survey (Qualtrics). • Method: Each September, the Program Manager distributes the survey to recent practicum site supervisors and alumni-forwarded employers, then compiles a summary report of ratings across 8 skill domains and open-ended gaps. 	Curriculum & Evaluation Committee	X		

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Feedback from external partners on changing practice & research needs that might impact unit priorities and/or curricula	F1	<ul style="list-style-type: none"> • Source: EAB Meeting Minutes; PH RIG Meeting Minutes. • Method: At the end of each academic year, the Program Director reviews EAB and PH RIG minutes to extract thematic recommendations on emerging workforce trends for committee discussion. 	Core Faculty Committee / PH RIG	X	X	X
Feedback from external partners on guiding statements and ongoing self-evaluation data	F1	<ul style="list-style-type: none"> • Source: EAB Strategic Planning Session Minutes. • Method: Every 3-5 years, the Program Director facilitates an EAB strategic planning session to record targeted input on the program's mission and goals. 	Core Faculty Committee / Program Director	X	X	X
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	<ul style="list-style-type: none"> • Source: Student Advisory Board (SAB) Feedback; Active Project List; Student Resource Center (SRC) logs. • Method: At the end of each academic year, the Program Director compiles student service participation data from faculty logs and SAB feedback into an ongoing exemplar list. 	SAB / Program Director	X		X
Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3	<ul style="list-style-type: none"> • Source: Partner Requests; EAB Minutes. • Method: At the end of each academic year, the Program Director extracts workforce gaps and continuing education needs from ongoing community partner dialogues and EAB minutes into a summary report. 	Program Director / PH RIG			X
Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	F3-1	<ul style="list-style-type: none"> • Source: Event Rosters / Template F3-1. • Method: At the end of each academic year, the Program Director aggregates training activities and external participant counts from event rosters into the F3-1 template. 	Program Director / PH RIG			X
Evidence of the unit's approaches, successes, and/or challenges in advancing diversity & cultural humility	G1	<ul style="list-style-type: none"> • Source: Admissions Data (Slate); Personnel Reports; Curriculum Maps. • Method: At the end of each academic year, the Program Manager extracts demographic data from Slate and personnel data to track progress toward the program's defined diversity targets. 	Core Faculty Committee / Admissions Committee	X	X	X
Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural humility	G1	<ul style="list-style-type: none"> • Source: Midpoint Student Survey; Faculty/Staff Climate Survey (institutional or program-level). • Method: At the end of each academic year, the Program Manager aggregates Likert-scale ratings and qualitative themes from the surveys into an annual summary. 	Core Faculty Committee / Student Advisory Board	X		
Student satisfaction with academic advising	H1	<ul style="list-style-type: none"> • Source: Midpoint Student Survey / Exit Survey. • Method: At the end of each academic year, the Program Manager aggregates Likert scale ratings on advisor responsiveness and accessibility from the Qualtrics survey into an annual summary. 	Academic Progression Committee	X		
Student satisfaction with career advising	H2	<ul style="list-style-type: none"> • Source: Midpoint Student Survey; Exit Survey; Alumni Survey. • Method: At the end of each academic year, the Program Manager aggregates ratings on career support services from multiple surveys and compiles them into an annual summary. 	Core Faculty Committee	X		

Measures	Criteria or Template	Data source & method of analysis	Who has review & decision-making responsibility?	Does it measure Goal 1?	Does it measure Goal 2?	Does it measure Goal 3?
Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni (maintain ongoing list of exemplars)	H2	<ul style="list-style-type: none"> • Source: Event Calendar / Career Center Reports. • Method: At the end of each academic year, the Program Manager counts workshops, panels, and networking events provided. 	Program Director	X		
Number of student complaints filed (and info on disposition or progress)	H3	<ul style="list-style-type: none"> • Source: Graduate School records • Method: At the end of each academic year, the program director reviews the formal complaint log from the Graduate School to ensure due process and tracks resolution status. 	Graduate School / Program Director	X		
Recruitment & admissions measure	H4	<ul style="list-style-type: none"> • Source: Admissions Data (Slate). • Method: At the end of each academic year, the Admissions Committee Chair calculates the average GPA of the matriculating cohort (Target: 3.5). 	Admissions Committee	X		

2. Provide evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc.

The [ERF B2](#) folder provides evidence of implementation. To facilitate reviewer navigation, the program has provided “decision-ready” data summaries and the corresponding meeting minutes demonstrating that the responsible entities reviewed the findings.

The crosswalk table below maps the key evaluation categories from Template B2-1 to the specific evidence of implementation that is available in the ERF.

Table B2.2 Evidence of Evaluation Plan Implementation

Evaluation Focus (from Template B2-1)	Evidence of Data Collection (Reports & Summaries)	Evidence of Review & Discussion (Meeting Minutes)
Post-Graduation Outcomes & Alumni Perceptions	<ul style="list-style-type: none"> ERF B2i Post-Grad Outcomes Report ERF B2ii Alumni Survey Findings 	<ul style="list-style-type: none"> ERF B2.2a Minutes MPH Academic Progression Committee ERF B2b Email Communication
Employer & Workforce Feedback	<ul style="list-style-type: none"> ERF B2iii Employer Survey Findings 	<ul style="list-style-type: none"> ERF B2.2c Minutes External Advisory Board
Student Perceptions (Climate, Advising, Competencies)	<ul style="list-style-type: none"> ERF B2iv MPH Midpoint Survey Report ERF B2v MPH Exit Survey Report 	<ul style="list-style-type: none"> ERF B2.2d Minutes Academic Progression Committee
Faculty Scholarship & Extramural Service	<ul style="list-style-type: none"> ERF B2vi Faculty Scholarship Survey ERF B2vii Annual Faculty Evaluation Form 	<ul style="list-style-type: none"> ERF B2.2e Minutes PH RIG
Student Performance in Applied Settings	<ul style="list-style-type: none"> ERF B2viii Practicum Check in Rubric ERF B2ix Practicum Site Supervisor Survey 	<ul style="list-style-type: none"> ERF B2.2f Minutes MPH Academic Progression Committee
Program Operations & Resources	<ul style="list-style-type: none"> Template C1-1 Budget Table (Signed/Approved) 	<ul style="list-style-type: none"> ERF B2.2g Meeting Notes Budget Planning

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

The MPH program utilizes its evaluation plan to drive continuous, data-informed quality improvement across both curricular and non-curricular domains. The feedback loop established in Template B2-1 ensures that data collected from students, alumni, employers, and faculty are systematically reviewed by the appropriate governance committees (e.g., MPH Curriculum and Evaluation Committee, Public Health Research Interest Group). These reviews directly lead to actionable programmatic enhancements.

Table B2-2 outlines four specific examples of improvements implemented over the last three years. These examples span improvements to practicum communications, administrative advising support, research tracking, and curriculum adaptations driven by emerging workforce needs.

Template B2-2. Improvements from Evaluation

	Measure that informed the change	Data that indicated improvement was needed	Improvement undertaken*
Example 1	Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations (B5)	Qualitative feedback from the 2024-2025 MPH Alumni Survey indicated occasional student confusion regarding practicum communication and the consistency of grading rubrics across different field placements.	The MPH Curriculum and Evaluation Committee updated the practicum manual to standardize rubric expectations across the Applied Practice Experience sequence. Additionally, the program developed a brief pre-practicum orientation module to clarify graduate-level expectations before students begin their field placements.

	Measure that informed the change	Data that indicated improvement was needed	Improvement undertaken*
Example 2	<i>Student satisfaction with academic advising</i>	Exit surveys and student satisfaction surveys revealed that managing administrative advising processes during temporary withdrawals or personal emergencies felt burdensome and logistically challenging for students.	Non-curricular change: The program streamlined its leave of absence policy and designated the academic coach to serve as a dedicated administrative guide during student transitions to reduce logistical hurdles. Furthermore, the complementary roles of the Faculty Advisor and Academic Coach were clarified during student onboarding to ensure students know exactly who to contact for specific needs.
Example 3	Unit-defined measure #7: <i>Number of faculty-student collaborations in research and scholarship.</i>	Reviews by the PH RIG noted that while faculty community engagement and scholarship were high, there was a need for more real-time, systematic tracking of these activities to better facilitate immediate faculty-student connections, especially for distance students.	Noncurricular change: The program implemented a standardized “Scholarly Activity Project List” via a Qualtrics-driven spreadsheet. This report is reviewed monthly by the PH RIG to continuously monitor active service and research projects, allowing faculty to immediately identify and advertise openings for student collaboration and mentorship.
Example 4	<i>Feedback from external partners on changing practice & research needs that might impact unit priorities and/or curricula.</i>	Feedback from the EAB and the 2025 Employer Input Survey highlighted emerging workforce needs in artificial intelligence applications. Concurrently, the Academic Progression Committee noted that unchecked student use of generative AI tools threatened the authenticity and validity of competency-based assignments.	The CEC adopted a standardized Generative AI policy in July 2024, which was immediately implemented across all MPH syllabi. This improvement protected assessment integrity and ensured that students were prepared to navigate AI appropriately as a changing practice need.

*At least one of the changes must relate to an area other than the curriculum.

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

Strengths

- **Mission-Aligned Unit-Defined Measures:** The evaluation plan exceeds minimum CEPH requirements by incorporating strong unit-defined measures that specifically track the program’s unique Jesuit mission. While all public health programs address health equity, Creighton distinctly grounds its work in Ignatian values and the framework of liberation medicine. As such, our unit-defined measures specifically evaluate how effectively the program integrates social justice and anti-racist teaching to dismantle structural violence and act in pragmatic solidarity with vulnerable populations.
- **Demonstrated Culture of Continuous Improvement:** The program maintains functioning feedback loops that result in substantive changes. As demonstrated in Template B2-2, evaluation data is actively used to drive enhancements across both curricular domains and non-curricular operations.
- **Streamlined Data Collection Tools:** The program has successfully transitioned several tracking mechanisms from ad hoc systems to centralized tools to ensure data is continuously captured and ready for committee review.

Weaknesses and Plans for Improvement

- **Inconsistent documentation of the evaluation feedback loop.** Although evaluation data is regularly reviewed and acted upon by program committees, the program has historically lacked a systematic process for recording exactly how specific data findings translate into programmatic changes. This creates occasional gaps in the administrative “paper trail,” making it difficult to systematically trace the complete feedback loop.
 - **Plan for Improvement:** The program will implement a standardized process in which committee chairs will be responsible for explicitly documenting the evaluation measures reviewed, the findings discussed, and the resulting action items or policy changes in their regular committee records.

- **Reliance on informal knowledge for data extraction cadences.** The program found that data extraction methods, sources, and review cadences for several metrics relied on individual staff members' informal knowledge, creating a risk of errors during staff transitions. This created a vulnerability for “dropped balls” during periods of staff or faculty transition.
 - **Plan for Improvement:** The program systematically overhauled its master evaluation matrix (Template B2-1) to explicitly define the exact data sources, the designated compiler, and a firm review the cadence for every single measure. To ensure this remains codified, the MPH Core Faculty Committee will review the B2-1 matrix annually in August to verify that data collection responsibilities remain clearly assigned and actionable regardless of personnel changes.

B3. Graduation Rates

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

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

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

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

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

1. Graduation rates for each public health degree in the format of Template B3-1 (Approach 1).

As stated in the Graduate Catalog, all work toward the MPH degree must be completed within [six calendar years](#) from the date of credit for the first graduate course in the program.

Template B3-1. Graduation Rates

Students in MPH Degree, by Cohorts Entering Between 2020 SU and 2026 SP							
Maximum Time to Graduate: 6 years							
	Cohort of Students	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
2020-2021	# Students entered	8					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2021-2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	1				
	# Students withdrew, dropped, etc.	1	0				
	# Students graduated	0	0				
	Cumulative graduation rate	0%	0%				
2022-2023	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	1	15			
	# Students withdrew, dropped, etc.	0	0	0			
	# Students graduated	5	0	0			
	Cumulative graduation rate	63%	0%	0%			
2023-2024	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	1	15	17		
	# Students withdrew, dropped, etc.	0	0	1	0		
	# Students graduated	1	0	0	0		
	Cumulative graduation rate	75%	0%	0%	0%		
2024-2025	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	14	17	16	

Students in MPH Degree, by Cohorts Entering Between 2020 SU and 2026 SP							
	# Students withdrew, dropped, etc.	0	0	0	2	0	
	# Students graduated	1	1	3	0	0	
	Cumulative graduation rate	88%	100%	75%	0%	0%	
2025-2026	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	11	15	16	17
	# Students withdrew, dropped, etc.	0	0	0	0	0	0
	# Students graduated	0	0	0	12	13	1
	Cumulative graduation rate	88%	100%	20%	70.59%	81%	5.88%

Explanation For the Spike in Entered Students 2024-2025

Historically, the inaugural Arrupe cohort that started MPH classes in 2022-2023 with 11 students (Arrupe2027) followed a plan of study that extended their public health coursework into their final (M4) year of medical school. Therefore, the 11 students will graduate in 2025-2026. To improve the student experience and avoid scheduling conflicts during medical electives, the program subsequently re-sequenced the curriculum for the second cohort of 10 students (Arrupe2028) and all subsequent cohorts. This adjustment allowed the Arrupe2028 cohort to complete their MPH degree entirely within their dedicated MPH year, meaning they progressed through their MPH coursework concurrently with the Arrupe2027 cohort. Moving forward, Arrupe cohorts will enter their intensive MPH year one at a time and will complete their MPH graduate work at the conclusion of their intensive MPH year.

Cohort Definition

An entering cohort is defined by the academic year, which includes students who matriculate in the Fall, Spring, and Summer terms.

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

Strengths

- **Strong graduation rates:** Since initial accreditation, the cumulative graduation rate has consistently remained above the 70% threshold required by CEPH for compliance under Approach 1.
- **Proactive academic advising model:** The program utilizes a strong, high-touch academic advising and coaching model that identifies challenges early and supports student progression and persistence.

Weaknesses and Plans for Improvement:

- **Lack of a formalized benchmark and tracking for withdrawals.** While the graduation rate remains highly compliant, the program currently has no established benchmark for an acceptable percentage of withdrawals or dropped students, nor a systematic way to evaluate the root causes of attrition.
 - **Plan for Improvement:** The Academic Progression Committee will define a formal benchmark for acceptable withdrawal rates. Additionally, the program will implement a standardized exit interview or survey for all students who withdraw to systematically collect data on reasons for non-completion. The Academic Progression Committee will review this data annually to inform future retention interventions, as needed.
- **Tracking complexities for Arrupe students taking temporary leaves.** Arrupe Global Scholars who do not pass their USMLE Step 1 exam must take a temporary withdrawal, shifting their MPH plan of study and complicating cohort tracking.
 - **Plan for Improvement:** To ensure accurate reporting, the program will formalize a data-tracking protocol aligned with CEPH guidelines for leaves of absence. When an Arrupe student takes a temporary withdrawal, the program will retroactively adjust the original cohort's starting count and move the student to the appropriate later cohort column, reflecting their new maximum time to

graduate. The program will audit this cohort data annually in collaboration with the Arrupe program leadership.

B4. Post-Graduation Outcomes

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

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

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

The post-graduation outcomes reported in Template B4-1 rely on data captured by the [Creighton Career Center](#), which surveys students one month before graduation, at graduation, three months post-graduation, and approximately six months post-graduation. To intentionally minimize the number of unknown outcomes, the program augments these university-level data by directly surveying all graduating students at the time of graduation and following up for up to one year post-graduation. Because the majority of our graduates are working professionals, we find that capturing data across multiple touchpoints within the one-year post-graduation window provides a reliable and comprehensive indicator of employment status and enrollment in further education.

Template B4-1 MPH Conferred Degree Post-Graduation Outcomes

Post-Graduation Outcomes	2023 Number and Percentage	2024 Number and Percentage	2025 Number and Percentage
Employed	5 (72%)	3 (100%)	3 (75%)
Continuing education/training (not employed)	1 (14%)	0 (0%)	0 (0%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	1 (14%)	0 (0%)	1 (25%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	7 (100%)	3 (100%)	4 (100%)

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

The MPH program met the 80% positive post-graduation outcome threshold for both the 2023 (86%) and 2024 (100%) cohorts. However, the 2025 cohort currently reflects a 75% positive outcome rate (3 of 4 graduates employed), with one graduate actively seeking employment.

Identification of Factors

The primary factor contributing to the 2025 rate falling below the 80% threshold is the extremely small cohort size (N=4). In a cohort of four students, a single graduate actively seeking employment mathematically forces the rate down to 75%. This dip reflects a statistical artifact of a small denominator rather than a systemic lack of workforce preparation.

Plans to Address Factors

To support this graduate and ensure future cohorts consistently meet the 80% threshold, the program has implemented the following action steps:

- Ongoing Monitoring (1-Year Window):** Because the program tracks post-graduation outcomes for up to one year, the data collection period for the 2025 cohort is still active. The program will continue to monitor this graduate's status and will update the final self-study data if employment is secured within the one-year allowable timeframe.
- Structural Stabilization via Dual-Degree Pathways:** While the program will maintain robust career support and tracking for traditional MPH students, future outcomes data will be significantly stabilized by the Arrupe Global Scholars MD-MPH dual-degree track. Following recent plan of study revisions, the Arrupe2028 cohort will graduate with their MPH degrees in May 2026. Because these scholars immediately transition into their M3 and M4 clinical years, they represent guaranteed positive outcomes

(“Continuing education/training”). Furthermore, because they remain enrolled at the university, they provide a highly trackable denominator with zero “unknown” outcomes, ensuring the program consistently exceeds the 80% threshold moving forward.

- **Proactive Employer Engagement:** To continue strengthening employment pathways for traditional graduates, the program is actively utilizing the EAB to identify emerging workforce needs and expand networking opportunities for students prior to graduation.

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

Strengths

- **Zero "Unknown" Outcomes:** Through a highly effective, multi-modal tracking approach that combines university Career Center data, an exit survey, and program-administered alumni follow-ups, the program has successfully reduced and maintained a 0% “unknown” outcome rate across the last three years.
- **Embedded Career Checkpoints:** The program utilizes a high-touch advising model. During a student’s final advising meeting in the term prior to graduation, faculty advisors conduct a dedicated discussion to answer career-related questions, offer information about further educational opportunities, and capture intended post-graduation destinations.
- **Responsive Resource Enhancement:** Feedback from faculty advisors regarding common advisee questions is routinely routed back to the program to enhance the career-related resources available to students.
- **Comprehensive Career Support:** Both current students and alumni benefit from strong, ongoing support from the Creighton Career Center when they reach out for assistance with resume review, interview prep, and job searching.

Weaknesses and Plans for Improvement

- **Vulnerability to Small Cohort Sizes:** Historically small traditional MPH cohorts (e.g., n = 4 in 2025) make the 80% positive outcome threshold mathematically volatile. A single graduate actively seeking employment disproportionately drops the program’s overall rate below CEPH expectations.
 - **Plan for Improvement:** Future cohort data will be stabilized by the Arrupe Global Scholars MD-MPH track. Beginning in May 2026, these scholars will immediately transition into their clinical medical years, providing a consistently large, highly trackable denominator of guaranteed positive outcomes (“Continuing education/training”).

B5. Alumni Perceptions of Curricular Effectiveness

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

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

The program defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. “Useful information” refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc. The program documents and regularly examines its methodology, making revisions as necessary to ensure useful data.

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

In 2025, the program administered its alumni survey exclusively to its most recent graduating class (the 2024 cohort). Because this specific cohort was exceptionally small, only three alumni were eligible to complete the survey. Driven by a revised outreach strategy, the survey yielded a 67% response rate (two of the three eligible 2024 graduates). See [ERF B5.2 Alumni Survey Methodology and Findings](#). While the sample is limited, their combined feedback provides meaningful insights into program strengths and areas for continued improvement.

Skills Most Useful in Practice

Both alumni emphasized the importance of evidence-based approaches to public health and interprofessional practice/systems thinking in their professional roles.

- The first respondent, working at a state-level health department, noted that these skills are essential for infection control surveillance and collaborating across various health facilities.
- The second respondent, working in health education and training, identified program development, evaluation, and communication as central to creating courses around healthcare ethics and interdisciplinary collaboration.

Areas of Strong Preparation

Quantitative ratings showed the highest average scores in communication, interprofessional practice/systems thinking, leadership and management, and working with diverse populations (means ranging from 4.5 to 5.0, or “well prepared” to “very well prepared”). Respondents also affirmed strong preparation in evidence-based approaches to public health (averaging a score of 4.0). Respondents reported frequent to very frequent use of these skills in their current roles.

Areas Where More Training Would Have Been Beneficial

Themes from both alumni centered on the early transition into the program and clarity of expectations:

- **Program Transition:** A recommendation to implement a short, non-credit orientation module early in the program to clarify graduate-level expectations (e.g., CEPH competencies, formatting standards, and assignment guidance). Respondents also suggested a need for improved rubric consistency to make assignment expectations easier to interpret.
- **Practicum Advising:** A request for greater faculty engagement and thoughtful feedback during the practicum experience to help students consider different perspectives and create growth opportunities.

Preparation to Work in Diverse Environments

Quantitative ratings demonstrate that graduates felt highly prepared to work with diverse populations, yielding an average preparation score of 4.5 out of 5.0. Although not explicitly framed in terms of diversity in their qualitative comments, both alumni underscored the relevance of collaboration across sectors and settings. Their emphasis on interprofessional teamwork and systems-level thinking reflects readiness to engage across diverse populations and organizational contexts.

In alignment with the program's evaluation plan (Criterion B2), these actionable findings have been routed to the MPH Curriculum and Evaluation Committee to inform targeted improvements, including updates to the practicum manual, rubric standardization, and early student orientation processes.

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

See the following documents in the ERF:

- [B5.2 Alumni Survey Methodology and Findings](#)
- [B5.2a Alumni Survey Item Language Comparison](#)
- [B5.2b MPH Alumni Survey Distribution via Qualtrics](#)
- [B5.2c Letter to Alumni](#)
- [B5.2d Alumni Survey Instrument](#)
- [B5.2e Alumni Survey Data Report](#)

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

Strengths

- **Alignment and Actionability:** The revised survey instrument aligns directly with the updated 2024 CEPH competencies.
- **High-Quality Qualitative Data:** Despite a small sample size, direct engagement with alumni produced highly constructive, actionable recommendations that are actively informing curricular discussions (e.g., developing an orientation module, improving rubric consistency, and strengthening practicum communication).

Weaknesses and Plans for Improvement

- **Limited Data Pool and Generalizability:** Extremely small graduating cohorts continue to limit the number of possible survey responses. This low baseline participation makes it difficult to draw broad conclusions, establish programmatic trends, or achieve statistical significance from quantitative ratings.
 - **Plan for Improvement:** To increase the overall sample size, the program will expand survey outreach to include alumni from multiple graduating cohorts (e.g., graduates from the last 3–5 years), consistent with CEPH guidance. Furthermore, beginning in the AY 2025–2026 evaluation cycle, the program will supplement survey administration with qualitative approaches, such as key-informant phone interviews and virtual focus groups, and will explore modest incentives and personalized follow-ups to maximize participation.
- **Systematizing the Feedback Loop:** While the program successfully gathered actionable feedback from its recent alumni, the formal process for routing, reviewing, and tracking this data through the program's governance structure requires standardization to ensure it consistently drives quality improvement.
 - **Plan for Improvement:** The CEC will systematically review all alumni survey data and qualitative feedback (including practicum-related recommendations) during its standing meetings to explicitly track programmatic adjustments resulting from alumni input, ensuring a closed feedback loop.

C1. Fiscal Resources

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

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

- a. **Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

Full-time faculty salaries are assured through university funds and defined in annual contracts. Faculty members are not obligated to secure external grant funding for their base pay, although grant-funded research buyouts are allowed. Because the MPH program is housed within the Department of Clinical Research & Public Health, full-time faculty contracts and salary distributions are formally administered through the School of Medicine.

Payment structures vary for other appointment types. Adjunct faculty members are contracted on a course-by-course basis and are paid a flat per-course rate once course enrollment exceeds a minimum number of students. If enrollment falls below this minimum, adjunct faculty are paid on a pro-rated basis according to the number of students enrolled in the course. Additionally, the program utilizes faculty with secondary appointments and Contributed-Service Faculty (e.g., active public health practitioners). The primary salaries for these individuals are paid by their home departments or external employers, though they may receive occasional honoraria from the program for their instructional contributions.

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

Model 1: Full-Time Faculty and Staff (Annual Budget Process)

Traditionally, the university's annual budget process handles requests for additional full-time lines, but the university can also process them throughout the year if necessary. The Program Director assesses the needs of the program and develops a proposal and justification for additional personnel. The proposal proceeds to the Department Chair and the School of Medicine Dean for evaluation. If supported, the position is requested via the Position Review Committee for staff and to the Provost through a New Faculty Hiring Request form for faculty. If approved by the Provost, appropriate adjustments are made to the budget. Once the budget and position are approved, the Department Chair works with Human Resources to advertise and recruit. A search committee is formed to assist in the interview and selection process, with final hiring approval made jointly by the Dean of the School of Medicine and the Provost.

- **Example:** To support the newly approved Global Health Promotion concentration, program leadership submitted a request for an additional tenure-track assistant professor. Following budget and administrative approval, a search committee was convened in Fall 2024, resulting in the successful recruitment and hiring of Dr. Kwanghyun Kim in 2025.

Model 2: Adjunct, Special, and Secondary-Appointment Faculty

When the program needs to obtain additional part-time instructors to accommodate enrollment growth or specific content expertise, a more dynamic model is used. The Program Director identifies the instructional need and works directly with the Department Chair to recruit and approve an adjunct or special faculty member on a course-by-course basis. If the needed expertise exists within another Creighton department, the Department Chair and Dean can establish a secondary appointment via a mutual agreement with the faculty member's home department.

- **Example:** To secure established expertise in the Health Care Ethics concentration curriculum as well as valuable accreditation and assessment experience, the program formalized a secondary

appointment for Dr. Sarah Lux in 2022. Dr. Lux, whose primary appointment is in the Department of Medical Humanities, has served as the concentration coordinator and actively engaged in MPH accreditation activities since 2017. Similarly, the program routinely utilizes this model to bring in external practitioners, such as securing Dr. Leah Casanave from the Douglas County Health Department as Special Faculty to teach epidemiology.

c. Describe how the program funds the following:

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

The program defines operational costs as all expenses associated with the program, including *personnel expenses* (salaries and benefits), *non-capital expenses* (supplies, services, travel, etc.), and *capital expenses* (equipment exceeding \$5,000). All operational expenses are funded by program tuition revenues. If program tuition revenues are not sufficient to fund all program operating expenses, the School of Medicine Dean cross-subsidizes the net operating shortfall with funds from other programs falling under his purview that maintain a positive operating margin. If a faculty member receives external funding, those funds may be used to supplement the tuition revenue funds that are spent on operational expenses. There are several university initiatives (not funded by the program) that greatly benefit the MPH Program, most notably the Arrupe Global Scholars and Partnership Program, which provides faculty with expertise in Global Health Promotion.

ii. student support, including scholarships, support for student conference travel, support for student activities, etc.

Funds are available through the [Graduate Student Government \(GSG\)](#) for graduate students who have a poster or presentation accepted at an academic conference. Full-time students can apply for up to \$750 in support, while part-time students may apply for funding up to \$250. GSG also sponsors social and service events that enhance the graduate student experience. ([ERF C1.1c ii Graduate Student Travel Funding Announcement](#)). Furthermore, the MPH program directly offers a competitive student professional membership scholarship in the fall semester, removing financial barriers for students to join organizations like the APHA ([ERF C1.1c ii MPH Student Professional Membership Scholarship](#)). For dual-degree MD/MPH students, conference travel can be reimbursed via the School of Medicine’s Office of Research Travel Grants, and they are granted scholarships to complete the MPH program with tuition waivers provided by the Arrupe program. Additional Department Chair funds may also be distributed upon approval to cover costs for other student events or activities.

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

Support for faculty development varies by appointment type. Each year, the School of Medicine provides full-time primary faculty members with a guaranteed professional development allotment (the amount for FY2026 is \$2,250). With approval by the Department Chair, these funds can be used at the faculty member’s discretion for professional memberships, conference registration fees, travel, or other opportunities. Primary faculty members may make a special request to the Department Chair if additional funds are needed.

Conversely, part-time and adjunct faculty do not receive this guaranteed annual allotment. However, program funds may be used at the Program Director’s discretion for the development needs of these non-primary/special faculty members if they are engaged in strategic initiatives of the program. Additionally, all faculty types have access to university-wide development resources, such as the Center for Faculty Excellence, which offers instructional design support, pedagogical workshops, and competitive grants for the scholarship of teaching and learning. Full-time faculty may also apply for internal university funding, such as the Dr. George F. Haddix President’s Faculty Research Fund.

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

If the MPH program requires additional funds for operational costs, student support, or faculty development expenses, requests are primarily made through the Department Chair.

If the need for additional funds is a specific, one-time expense, the Program Director and Department Chair communicate the need and justification to the School of Medicine Dean's Office to determine if funds are available at the school level to cover the cost.

If the MPH program's need is an ongoing, annual expense, the program submits the request as part of the annual budget process. The Program Director and Department Chair develop a proposal, with justification, to present to the Dean's Office. If the school supports the proposal, it includes the request in the upcoming fiscal year's proposed budget. The Provost reviews it, and if approved, the expense is included in next year's budget. The President, Provost and EVP work with finance and University leadership to ensure a balanced budget.

In addition to university budget requests, the program also obtains additional funds through grant activity. Faculty are encouraged and supported by the university's Sponsored Programs Administration to seek external funding, which can supplement operational expenses and student support (e.g., hiring graduate research assistants), and frequently apply for competitive internal university funding, such as the Dr. George F. Haddix President's Faculty Research Fund, to support new research initiatives and further faculty development.

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

All tuition revenue generated by student enrollment in the MPH program is directly assigned to the program and can be used to fund the program's direct operational costs. In the event that program tuition revenues exceed direct program operational expenses, the surplus is effectively utilized by the School of Medicine and the University to cross-subsidize other programs that generate a negative operating margin, as well as non-revenue-generating areas such as administration, facilities, and student affairs.

Students are also charged a University Fee and a Technology Fee each semester. These fees are collected at the university level and are not returned to the MPH program. Instead, they are used to cover the costs of overarching university services available to the students (e.g., libraries, technology infrastructure, transcripts, and Registrar services). A portion of the University Fee is also allocated to support the Graduate Student Government and its activities, which directly benefits MPH students seeking conference travel support or participating in campus events.

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

While historically grant funding has not been a primary source of operating income for the MPH program, primary instructional faculty are actively expanding their research portfolios and have recently secured external funding (e.g., CDC and NIH subawards). To support this growth, Creighton University's Sponsored Programs Administration provides comprehensive resources, assisting faculty with funding searches, grant editing, budget preparation, routing for official approvals, and electronic proposal submission.

For external grants that generate indirect costs (internal university grants do not allow for indirect cost recovery), revenues attached to a faculty member's grant are returned and shared as follows:

- 30% to the University for overarching grant support operations
- 40% to the Dean of the school/college in which the faculty member maintains their appointment (School of Medicine)

- 15% to the faculty member’s primary department (Because the MPH program is housed within the Department of Clinical Research & Public Health, these funds directly benefit the program’s operational ecosystem.)
- 15% to the faculty member as the Principal Investigator to support their ongoing scholarly activities

A detailed report of all grant activity of the primary instructional faculty members for the past five years can be found as [ERF C1.1f Grant Activity of Primary Instructional Faculty](#).

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

Not Applicable

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

Template C1-1. Sources of Funds and Expenditures by Major Category, 2022 to 2026

	Year 1 2021-2022	Year 2 2022-2023	Year 3 2023-2024	Year 4 2024-2025	Year 5* 2025-2026
Source of Funds					
Tuition & Fees (Acct5014)	\$291,831.00	\$222,975.00	\$257,688.00	\$664,293.00	
Student Fees - University (Acct5130)			\$22,818.00	\$47,883.00	
Funded Scholarships - Arrupe				\$595,533.00	
Funded Scholarships - Other			\$3,500.00	\$10,028.00	
Funded Tuition Discount - Arrupe (Acct5095)				\$(595,533.00)	
Funded Tuition Discount - Other (Acct5096)			\$(3,500.00)	\$(10,028.00)	
Unfunded Tuition Discount (Acct5097)	\$(13,064.00)	\$(50,654.00)	\$(14,747.00)	668	
Unfunded Tuition Discount (Acct5099)	\$(2,926.00)			\$(20,417.00)	
Total	\$275,841.00	\$172,321.00	\$265,759.00	\$692,427.00	
Expenditures					
Full-Time Faculty Salaries	\$438,719.00	\$487,146.00	\$559,548.00	\$374,340.00	
Adjunct Faculty Salaries	\$3,000.00	\$18,159.00	\$12,000.00	\$46,708.00	
Staff Salaries & Wages	\$28,382.00	\$55,239.00	\$54,672.00	\$56,858.00	
Student Employment	\$8,033.00				
Benefits	\$139,620.00	\$163,303.00	\$173,983.00	\$140,944.00	
Travel	\$6,473.00	\$7,783.00	\$16,673.00	\$13,349.00	
Other Operating Expenses	\$20,363.00	\$26,482.00	\$37,086.00	\$43,405.00	
Transfers	\$12,375.00	\$(2,843.00)			
Total	\$656,965.00	\$755,269.00	\$853,962.00	\$675,604.00	

*Note: The table will be updated following the closing of the budget year occurring after June 30, 2026.

Explain the change seen in income over the last 5 years.

As presented in Template C1-1, the MPH program has experienced notable shifts in its budget, primarily driven by institutional realignment, faculty transitions, and the launch of the Arrupe Global Scholars program.

- **Transition to the School of Medicine (Income):** Effective January 1, 2022, the program transitioned operations from the Graduate School to the School of Medicine’s Department of Clinical Research & Public Health. Prior to 2022, tuition was routed centrally into a Provost general fund and allocated via

zero-balance budgeting, which impacted historical enrollment reporting. Under the current School of Medicine model, tuition revenue is directly assigned to the program.

- **Arrupe Global Scholars (Income):** The most significant income change occurred in Year 4 (2024-2025). Effective July 1, 2024, the program's budget will formally record tuition, discounts, and scholarship support attached to the dual-degree Arrupe students. This increase coincides with the inaugural Arrupe cohort (Arrupe2027) matriculating into their primary block of MPH coursework during the Summer and Fall of 2024.
- **Staffing Transitions (Expenditures):** In Year 4 (2024-2025), the table reflects a notable decrease in full-time faculty salaries and a corresponding increase in adjunct faculty salaries. This variance reflects significant staffing transitions that occurred in 2024, including two faculty departures and one retirement. The program utilized adjunct and special faculty to maintain instructional continuity and adequacy while successfully conducting a national search to fill a tenure-track vacancy for the following academic year.

Overall, despite structural and personnel transitions over the last five years, the budget demonstrates that the program maintains stable and adequate financial resources to fulfill its mission and support all core academic and operational functions.

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

Not applicable.

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

Strengths

- **Stable baseline funding through the Arrupe Program:** The establishment of the Arrupe Global Scholars and Partnership program (backed by a \$25 million foundational gift) provides robust scholarship support for dual-degree students and ensures a highly stable, predictable baseline of tuition revenue by guaranteeing 12 newly enrolled students each year.
- **Institutional Financial Backing:** The transition to the School of Medicine ensures that full-time faculty lines and recruitment/admissions staff are fully funded, with an institutional safety net (cross-subsidization) in place if tuition revenues fluctuate.
- **Resource Optimization across Programs:** The program successfully generates supplementary tuition revenue and optimizes instructional resources by offering MPH courses as electives for newly created programs (e.g., MS in Health Informatics) and by launching interdisciplinary certificates (e.g., Global Health Promotion for DNP students and the Health Outcomes Research certificate).

Weaknesses and Plans for Improvement

- **Reliance on Tuition & Low Traditional Enrollment:** Because the program's operational budget is reflective of traditionally low enrollment, traditional (non-Arrupe) MPH students limit the program's capacity to request budget increases for discretionary purposes.
 - **Diversify Tuition Revenue Streams:** School of Medicine leadership is utilizing a recent Hanover market analysis to evaluate the financial feasibility and market demand for new concentrations designed to attract traditional students and increase tuition revenue.
- **Limited Revenue Diversification:** Historically, external grant funding has not been a significant source of operational income or indirect cost recovery for the program.
 - **Increase External Funding:** Faculty are being actively encouraged and supported by the university's Sponsored Programs Administration to pursue external grants to diversify programmatic revenue, increase indirect cost recovery, and fund graduate research assistants.

C2. Faculty Resources

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

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

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

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

Template C2-1: Instructional Faculty Resources by Concentration

Concentration	First Degree Level			Additional Faculty
	PIF 1	PIF 2	Faculty 3	
Healthcare Management	Tanya Benedict	Dhitinut Ratnapradipa	Leah Casanave	PIF: 0 Non-PIF: 5
MPH	1.0	1.0	0.18	
Global Health Promotion	Kwanghyun Kim	Anne O'Keefe	Jason Beste	PIF: 0 Non-PIF: 1
MPH	1.0	0.55	0.15	
Health Care Ethics	Sarah Lux	Mark Robinson	Melanie Smith	PIF: 0 Non-PIF: 1
MPH	0.5	0.5	0.5	
Totals:				Named PIF: 6 Total PIF: 6 Non-PIF: 7

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

FTEs for regular faculty are calculated based on the percentage of assigned workload that is devoted to the MPH program. Workload consists of teaching, scholarship, and service. For 1.0 FTE, these three areas represent 60%, 20%, and 20%, respectively. Regardless of concentration, full-time regular faculty are assigned to teach five courses each fiscal year (July 1–June 30). If the faculty member has teaching assignments, scholarship, or service that falls outside of the MPH curriculum or concentration, then the FTE is prorated accordingly.

Primary Instructional Faculty (PIF)

PIFs listed in Template C2.1 are full-time faculty who contribute at least 50% of their total annual time (0.50 FTE or greater) to the MPH program or its concentration areas through teaching assignments, research activities, professional service, and faculty advising. (See H1.1 for further details on the program's student advising model). The following individuals are counted as PIFs according to the parameters included above:

- Tanya Benedict, PhD, CPH
- Kwanghyun Kim, MD, PhD
- Sarah Lux, PhD
- Anne O'Keefe, MD, MPH
- DT Ratnapradipa, PhD
- Mark Robinson, PhD

Non-Primary Instructional Faculty (Non-PIF)

Non-PIFs are those individuals who contribute less than 50% of their total time to the MPH program or its concentration areas through their teaching assignments. A few non-primary faculty are full-time, tenure-track faculty who also teach in other academic programs at CU. Most non-primary faculty, however, are scholar-practitioners who have professional obligations outside of the MPH program and CU. The Non-Primary Instructional Faculty are listed in Template E1-2.

Regardless of position or academic rank, FTE, or the percentage of time allocated to the MPH program, is calculated the same for Template E1-2. Faculty typically teach one course per 8-week term and spend an average of 15 hours per week teaching, which is approximately 38% FTE per week. Based on this information, each 8-week course taught is equivalent to roughly 6% annual FTE (0.06 FTE).

Evidence of Implementation

The calculation method was implemented consistently in Template E1-2 using the AY 2025-2026 course schedule (available as [ERF C2.2 Courses Offered AY 2023-2024 through AY 2025-2026](#)). As an example of this implementation, faculty teaching one course per year (e.g., Dr. Rebecca Davis, Dr. Joy Doll) are allocated 0.06 FTE, while those teaching three courses per year (e.g., Dr. Leah Casanave, Dr. Timothy Guetterman) are allocated 0.18 FTE.

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

For all three MPH concentrations, all PIFs contribute between 0.50 and 1.0 FTE to the program through regular teaching of concentration courses, as well as research and/or service directly related to the MPH program. Non-PIF faculty contribute up to 0.49 FTE through regular teaching in the concentration courses.

The program maintains a sufficient number of PIFs to meet the minimum requirement of two PIFs per concentration without needing to double-count any faculty members across concentrations in Template C2-1. Furthermore, while Template C2-1 maps faculty strictly to concentration areas, the data template does not reflect the additional PIFs and non-PIFs who provide critical FTE contributions to the program by teaching shared foundational/core courses or providing program-level professional service (e.g., the Program Director).

Beyond FTE calculations, the size and composition of the faculty complement are intentionally designed to provide students with access to a broad range of intellectual perspectives and breadth of thought. Program faculty are teacher-scholars in their chosen fields who present a geographic and cultural diversity that ensures students benefit from a wide array of viewpoints. This remains true across all appointment types, whether the faculty are regular full-time, part-time, or teacher-practitioners actively working in the field. Ultimately, the faculty represents a community of teacher-scholars that creates a practice-informed synergy within the program that goes well beyond hard faculty headcounts.

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

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

Master’s Degree Level	Average	Minimum	Maximum
General advising and career counseling	7	3	11
Advising in MPH integrative experience	7	3	11

The data presented in Template C2.2 is current as of the Fall 2025 semester. Advising loads may at times differ slightly from overall current enrollment numbers because some students are not active in the program at a specific point in time.

General Advising and Career Counseling

Upon enrollment, each MPH student is assigned a primary faculty advisor who provides ongoing academic and career counseling. As of Fall 2025, the average faculty-to-advisee ratio is 7:1, with a minimum of 3 and a maximum of 11.

In addition to formal faculty mentorship, the program utilizes an Academic Coach who serves as a dedicated first point of contact for students. Acting much like a student concierge, the Academic Coach provides robust wrap-

around support by assisting with onboarding, managing registration, tracking academic progression, and connecting students with university resources. This dual-layered approach ensures students receive immediate administrative support while preserving faculty time for high-value career counseling and public health mentorship.

Experiential and Integrative Learning Sequence (APE and ILE Advising)

To provide students with a highly supported culminating journey, the program utilizes a structured, three-step sequence for experiential and integrative learning: 1) Students first complete a *Pre-Applied Practice Experience* (Pre-APEX) checklist. During this phase, students receive dedicated advising from the Practicum Coordinator and Academic Coach to plan and secure their field-based experiential learning. 2) Students then enroll in *MPH 611 Practice Experience*, a 3-credit course where they complete their fieldwork under the supervision of a qualified preceptor and the Practicum Coordinator. 3) Following the successful completion of MPH 611, students enter their ILE.

The ILE is fulfilled through *MPH 612 Capstone*, a 3-credit culminating course at the end of the degree program where students integrate insights from their practice experience and synthesize foundational and concentration competencies to produce a high-quality written product. During this final Capstone phase, students receive intensive, individualized supervision and assessment directly from the MPH 612 course instructor(s). Concurrently, the student’s primary faculty advisor remains actively engaged, providing overarching career counseling and mentorship as the student transitions toward graduation and the public health workforce.

5. Quantitative data on student perceptions of the following for the most recent year:

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

Evidence-based best practices from [Quality Matters](#) indicate smaller online classes with 25 or fewer students are optimal for student learning and engagement. Therefore, the maximum class size for the MPH program and all other online master’s programs at CU is 20-25 students.

Every class survey at the end of a course includes a survey question that explicitly asks students about their perceptions of class size. The surveys are administered through Anthology, a web-based data collection tool, at the end of each term. Students use a five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) to rate whether they felt the class size was conducive to their learning. While CEPH requires data for only the most recent year, three years of data are provided below for context.

Table C2.5a. Course Evaluation Data on Student Perceptions of Class Size

Survey Item	Academic Year	# Enrolled	# of Responses	Response Rate	Mean Score
<i>The class size was conducive to my learning.</i>	2023-2024	99	90	91%	4.12
	2024-2025	221	171	77%	4.44
	2025-2026*	175	149	85%	4.33

*Data for Fall 2025 and Spring 2026 [ERF C2.5a Course Evaluation Summary of Data](#)

Data Context and Review

A review of the aggregated program data indicates strong, consistent student agreement that class size was conducive to their learning. Mean scores remain consistently above 4.00, supported by exceptionally high evaluation response rates and affirming the program’s intentional 20-25 student cap effectively promotes a highly conducive and engaging online learning environment.

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

Every class survey at the end of a course includes survey questions that explicitly ask students about their perceptions of faculty availability and level of interaction within the course. The surveys are administered through Anthology, a web-based data collection tool, at the end of each term. Students use a five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) in response to the following statements. While CEPH requires data for only the most recent year, we provide three years of data below for context.

Table C2.5b. Quantitative Data (Mean Scores) on Student Perceptions of Faculty Availability

Survey Item	Academic Year	# Enrolled	# Responses	Response Rate	Mean Score
<i>I had sufficient interaction with my instructor(s) in this course.</i>	2023-2024	99	90	91%	4.52
	2024-2025	221	171	77%	4.22
	2025-2026*	175	149	85%	4.27
<i>The instructor(s) in this course made adequate provisions for consultation and assistance.</i>	2023-2024	99	90	91%	4.80
	2024-2025	221	171	77%	4.42
	2025-2026*	175	149	85%	4.54

*Data for Fall 2025 and Spring 2026

Data Context and Review

A review of the aggregated program data indicates consistent student perceptions of excellent faculty availability throughout the program, both within courses themselves and for external consultation and assistance. Across the metrics, we see very strong mean scores, consistently ranging from 4.22 to 4.80, and robust evaluation response rates support them. Overall, the available data strongly affirms that faculty maintain a highly accessible and interactive presence with MPH students.

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

The Master of Public Health program actively collects qualitative data on student perceptions of class size and faculty availability through open-ended questions embedded in end-of-term course evaluations, the Midpoint Survey, and the Exit Survey.

During the most recent semester, students provided highly positive qualitative comments regarding faculty availability and class size. Students specifically noted that instructors provide prompt feedback, remain highly responsive to all questions, and offer helpful guidance. Furthermore, students emphasized that faculty demonstrate a strong devotion to helping students learn. Instructors actively create environments for growth by emphasizing precision of expression, rigor in critical analysis, and industry examples of practice.

Regarding class size, a few students mentioned that small cohorts occasionally limited the diversity of discussion responses and the opportunity for group work. However, students did not indicate this limitation as a concern for classes with higher enrollment.

The program manager saves the full results and backup documentation for these qualitative responses in the electronic resource file located at [ERF C2.6 Spring 2026 Qualitative Responses of Student Perceptions of Class Size and Faculty Availability](#).

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

Strengths

- **Qualified Instructional Faculty:** The program employs highly qualified PIFs and non-PIFs to instruct across the core curriculum, concentration areas, and experiential learning courses.
- **Diverse Intellectual Perspectives:** A strong balance of full-time teacher-scholars and adjunct teacher-practitioners provides students with geographic, cultural, and intellectual diversity from experts in the field.
- **Wrap-Around Advising Model:** Utilizing a dedicated Academic Coach for registration and progression monitoring preserves faculty time for high-value professional mentoring and career counseling.
- **Positive Student Perceptions:** Aggregated course evaluations demonstrate exceptionally strong student agreement that faculty are readily available and that the program's intentional 20-25 student class size cap is highly conducive to learning.
- **Robust Qualitative Data Collection:** Embedding open-ended questions into required Midpoint and Exit Surveys ensures high response rates and provides actionable qualitative data regarding advising, faculty interaction, and cohort sizes.

Weaknesses and Plan for Improvement

- **Midpoint Survey Misalignment:** Due to recent sequencing changes for the Arrupe Global Scholars MD/MPH plan of study, dual-degree students no longer reach the programmatic “midpoint” at the same chronological time or course sequence as traditional online students.
 - **Reconfigure Survey Administration:** To address this timeline discrepancy, the program will decouple the Midpoint Survey from a specific required course. Instead, the program will use the Academic Coach’s tracking mechanisms to administer the survey directly to students once they complete a specific credit-hour threshold, ensuring consistent data collection across all tracks.

C3. Staff & Other Resources

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

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

Template C3-1. Staff Support

Role/Function	FTE
MPH Program	
MPH Program Manager	1.00
MPH Practicum Coordinator	0.25
College of Professional and Continuing Education	
Academic Coach	0.40
Center for Faculty Excellence	
Instructional Designer	0.30
Arrupe Global Scholars & Partnership Program	
Program Manager	1.00
Program Coordinator	1.00

2. Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel, as defined in the criterion text above.

The staff aligned with the Arrupe Global Scholars & Partnership program to work with the same students who are enrolled in the MD/MPH program. Due to this overlap, their stated FTE with Creighton is listed in C3-1.

3. Provide narrative and/or data that support the assertion that the school or program’s staff and other personnel support are sufficient or not sufficient.

The MPH program’s staff support is highly sufficient to fulfill its stated mission, goals, and daily operations. The program utilizes a layered support structure consisting of dedicated internal MPH staff, shared staff within the Arrupe Global Scholars program, and robust institutional infrastructure. Together, this personnel configuration ensures comprehensive coverage of all administrative, student, and instructional needs.

Key Dedicated and Shared Programmatic Personnel

- **MPH Program Manager:** Oversees daily program operations, academic scheduling, and routine administrative processes. Serves as the primary point of contact for faculty and students, manages program communications, and maintains data and document repositories for CEPH accreditation and annual assessments.
- **MPH Practicum Coordinator:** Guides students through identifying, arranging, and completing applied practice experiences that meet CEPH accreditation standards. Serves as the primary liaison between students, faculty, and site preceptors while closely monitoring student progress.
- **Academic Coach (College of Professional and Continuing Education):** Onboards and orients new graduate students, assists with course registration, and monitors academic progression, providing ongoing support to maximize student retention and degree completion.
- **Instructional Designer (Center for Faculty Excellence):** Provides pedagogical consultation and support for course development and assists faculty in utilizing the learning management system and academic technologies to enhance online learning.
- **Arrupe Global Scholars & Partnership Program**

- **Program Manager:** Directs MD/MPH dual-degree operations and serves as the primary liaison between the MD and MPH programs. Coordinates international practicum site planning with global partners and oversees student administrative and wellness support during immersions.
- **Senior Program Coordinator:** Provides student-facing operational support for the MD/MPH track, assisting students with program navigation and transitions. Manages logistics, documentation, and communications for international practicum experiences and serves as the primary administrative contact for students abroad.

Institutional Support Infrastructure

In addition to the program-specific staff, a robust network of shared university resources bolsters the MPH program's administrative stability. Staff members in the following areas are available to support the MPH program as needed:

- The [Department of Information Technology](#) (IT) provides technical support to students, faculty, and staff.
- The [Graduate School Dean's Office](#) provides administrative support by managing the appeals process, student leaves of absence, violations of the academic honesty policy, degree clearances, and other administrative issues.
- The [Center for Faculty Excellence](#) (CFE) provides support to faculty and staff in working with the learning management system and other academic technology. This area also provides professional development and training in online teaching to new and potential online instructors.
- The [Office of Enrollment Management \(Admissions\)](#) group recruits new MPH students and manages the admissions process.
- [University Communications and Marketing](#) provides support through the maintenance of the program's website and the promotion of program events.
- The [John P. Fahey Career Center](#) is an integral part of the Creighton EDGE and provides students with opportunities to develop relationships with employers and benefit from career counseling. The Career Center administers a graduate exit survey to all Creighton students, including those in the MPH program, upon receiving their degree. Career Center staff and administrators provide programming and assistance with graduate and professional school options and planning, such as resume preparation and review, job and internship searches, and mock interviews.
- [Sponsored Programs Administration](#) provides members of the Creighton community with the services and resources they need to successfully obtain and manage funding for their research, scholarly, and service endeavors. The office assists faculty with searches for funding opportunities, grant editing, budget preparation, routing of proposals for university official approvals and electronic proposal submission.

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

Strengths

- **Layered Staffing Model:** The program benefits from dedicated core staff supplemented by specialized university resources, providing excellent, comprehensive support to students and faculty.
- **Cross-Program Collaboration:** Strong collaboration between the MPH program, College of Professional and Continuing Education academic coaching, and the Arrupe Global Scholars staff has successfully led to improved communication and the implementation of plan of study efficiencies.

Weaknesses and Plans for Improvement

- None identified.

C4. Physical Resources

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

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

Faculty Office Space

The program has adequate faculty office space located on CU's Omaha campus at three locations: the Bergan Mercy Medical building, Werner Health Science building, and Criss III building. Having faculty in various locations promotes interdisciplinary collaboration and communication for teaching, scholarship, and service. The main MPH office suite in Criss III provides a shared space for the MPH Program Director and MPH Program Manager to facilitate collaboration. All 6 PIFs have designated office space. Additionally, there is established work and meeting space for the program's 7 non-PIF to utilize if they do not have a designated campus office. This space can also be used for student meetings. All faculty offices are equipped with personal computers and/or laptops with docking stations, monitors, and connections to the local area network.

Staff Office Space

Staff associated with the MPH program (including the Program Manager and Academic Coach) either work on campus in the shared office space in Criss III or work remotely to support the MPH program. Staff are equipped with personal computers and/or laptops with docking stations and monitors. All computers are connected to the local area network.

Classrooms

As the program is 100% online, physical classroom space is minimally utilized. However, when needed for on-campus sessions or events, faculty and staff can easily reserve classroom space via the university's centralized campus scheduling system, 25Live.

Shared Student Space

The program can reserve meeting rooms for students across the university, both at the 130-acre Omaha campus and the 195,000-square-foot Phoenix campus. Each conference room is equipped with WIFI, a conference room telephone, audio, a projector screen, and a video camera. The meeting rooms are equipped for Zoom, CU's choice for online, web-based conferencing. Creighton's campus also offers a wide variety of larger meeting rooms that are available to reserve via the 25Live scheduling system for larger on-campus meetings or events. Additionally, distance students can reserve numerous study areas and rooms in each of CU's libraries when they visit campus.

Because the program is distance-based, providing digital shared spaces is a priority. All students in every course have access to a virtual meeting space, the Student Lounge, which is part of the Canvas/Blueline learning platform. Students use the Student Lounge to introduce themselves to others in the program and to "meet" with others outside the primary course experience.

Laboratories

Not applicable.

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

Physical space for the MPH program is highly sufficient to fulfill its stated mission and goals, particularly given the program's completely online, asynchronous delivery format. Because the program does not require physical campus attendance for its standard MPH cohorts, the demand for physical classrooms and other student spaces is naturally minimal.

For faculty and staff, the current office allocations provide ample room to facilitate daily administrative operations, interdisciplinary collaboration, and private virtual meetings with students. On-campus PIFs have dedicated offices, while remote-working PIFs and non-PIFs are fully supported virtually. Regardless of whether they live locally or

out of state, remote-working faculty can easily utilize the centralized shared suites in the Criss III building when they need physical campus space.

For students, the combination of accessible physical meeting rooms and library spaces on both the Omaha and Phoenix campuses adequately serves the local Arrupe Global Scholars dual-degree cohorts and any visiting distance students. Students, faculty, and staff can easily access these shared spaces using the university's centralized scheduling system.

The program's robust virtual infrastructure (e.g., Zoom, Microsoft Teams, Canvas/BlueLine) provides sufficient virtual spaces for group work, advising, and peer-to-peer interaction, essential for distance-based students. The current physical and digital space allocations are fully capable of supporting the program's current operations and anticipated future enrollment, including the continued integration and growth of the Arrupe MD-MPH cohorts.

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

Strengths

- **Robust Virtual Infrastructure:** Because the MPH program is 100% online, the program's most critical "space" is digital. The seamless integration of various technologies provides exceptional, highly accessible environments for faculty instruction, advising, and peer-to-peer interaction.
- **Flexible Physical Footprint:** For local faculty, staff, and students, Creighton provides excellent infrastructure and amenities. Faculty and staff have dedicated or shared offices in buildings such as Criss III, which facilitates necessary administrative operations and interdisciplinary collaboration.
- **Accessible Shared Spaces:** There are numerous meeting rooms available across both the Omaha and Phoenix campuses equipped with modern A/V and conferencing technology. In the rare event that dedicated departmental areas are in use, faculty, staff, and students can easily utilize the university's centralized 25Live system to reserve alternative meeting or event spaces.

Weaknesses and Plans for Improvement

- None identified.

C5. Information and Technology Resources

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

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

Library Resources and Support Available for Students and Faculty

Creighton University Libraries (CUL) consists of the Health Sciences Library—Phoenix and the Reinert-Alumni Memorial Library on the Omaha campus. These libraries are a part of a unified library enterprise that also works closely with the Creighton University Law Library, which reports to the dean of the Law School. CU offers academic degrees in a diverse array of disciplines outside of the health sciences and as such, the Libraries licenses a variety of resources to support a comprehensive institution of higher learning; a full listing of available resources can be found at <https://culibraries.creighton.edu/az/databases>.

The following table provides an overview of CUL resources for the most recent academic year.

Table C5.1 CU Libraries Resources

Library/Campus	Total Journal Subscriptions (all formats)	Book Titles (all formats)	Databases	Total User Seating	Professional & Technical Staff	PT Staff (e.g. student workers)
Reinert-Alumni Library (Omaha)	101,751	812,199	226	854	34	6
Health Sciences Library (Phoenix)	101,592	531,104	226	n/a	2	0
Law Library (Omaha)	6,267	390,237	43	400	8	6

CUL holdings also include the following collections to support faculty, staff, and student curricular and non-curricular needs: [anatomical models, simulators, and assessments](#); [technology and equipment](#); and [recreation and wellness](#). Theses and dissertations have been digitized and are housed in the [Creighton Digital Repository](#).

[The CUL website](#) provides multiple access points for services and resources, including resource guides that curate services and resources to subject or clinical practice areas. Specifically, CUL provides a dedicated [Public & Global Health Library Guide](#) to curate targeted resources for the discipline. CUL electronic subscriptions are licensed for both campuses and are made available to off-campus faculty, staff, and students via remote access. Print materials located on the Omaha campus may be requested through Document Delivery at no charge. Faculty, staff, and students also have access to [InterLibrary Loan services](#) through ILLiad as well as [print and electronic course reserves](#) support from within the university's learning management system, BlueLine.

CUL staff provide assistance by phone, email, 24/7 chat service, or synchronous virtual conferencing via Microsoft Teams or Zoom. The designated public health librarian actively participates in the MPH program's Public Health Scholarship and Research Interest Group to provide faculty assistance with literature reviews and course integration. In addition to the public health librarian, library staff are available to support the faculty, staff, and students in a wide range of capacities. Primary among these are information literacy instruction (one-on-one or group), reference consultations, literature search consultations, conducting literature searches (faculty and staff only), and general reference assistance. The library also provides access to and training for essential research tools such as *RefWorks* for citation management and *ResearchWorks* to support open access compliance and research visibility.

Student Access to Hardware and Software

All CU online students are required to have a desktop or laptop computer that meets or exceeds the requirements listed on the [Student Technology Requirements](#) page (see [ERF C5.1a](#)). Students are advised of the requirements upon acceptance to Creighton and academic coaches can help new students access the website information or clarify required technology hardware and software upon registering them for their first term of courses.

The online platform used by the MPH program and all other academic programs at CU is [Canvas](#) (BlueLine). Like most online learning management systems, the Canvas/BlueLine platform manages nearly all course-related content and activities, including course syllabi and assignment calendars; course and weekly learning objectives; access to readings, media, and materials; assignment expectations; submission of work; evaluation rubrics; and grades. BlueLine also allows multiple options for individual or group interaction, including an integrated messaging system, posting of course announcements, reciprocating assignment feedback tools, student group sites, and peer review tools.

To support academic writing and student success, students also have 24/7 access to [Brainfuse](#), an online tutoring and writing help center integrated directly into all MPH course BlueLine shells.

The MPH program also uses BlueLine to host an online Student Resource Center (SRC) that MPH students can access at any time to view program-specific information, including faculty biographies and contact information, book lists, course schedules, practicum resources, career resources, and public health resources and organizations.

For synchronous engagement and advising, students have access to *Zoom* for one-on-one meetings with instructors and academic coaches. Furthermore, students utilize *Anthology* software to complete comprehensive course and instructor evaluations at the end of every term. The program also relies on *Qualtrics* survey software for data collection, including alumni and employer surveys, and students may utilize university-supported survey tools for their own applied practice or research projects.

Individual courses, as warranted, offer students access to course-specific learning technology and software. As an example, *MPH 604 Social and Behavioral Aspects of Public Health* provides students with access to an online short course on developing logic models for health behavior. The course provides advanced instruction and opportunities for self-assessment, augmenting the existing instruction and assessment. In *MPH 606 Environmental Health*, students have access to *Navigate 2*, a technology with enhanced learning opportunities for students, self-assessment quizzes, and an expanded resource list for topics covered in the course's required textbook. Numerous MPH courses provide students access to discipline-specific simulation software, computer animations, interactive learning technologies, and more.

Faculty Access to Hardware and Software

The university's learning management system for distance courses and programs, Canvas (BlueLine), is a powerful platform that offers a variety of instructional and feedback tools for faculty. Discussion boards, online gradebooks, quizzing, options for grading with annotated and media feedback, the ability for student-created and shared media, and collaborative workspaces are all examples of BlueLine features that MPH faculty use in their courses. Canvas/BlueLine also offers an integrated plagiarism deterrence tool called *Turnitin*.

Though most course delivery is asynchronous, there are some courses that may require limited synchronous video conferencing. Faculty like to meet "virtually" with students or hold "virtual office hours" using video conferencing technology. Zoom is the university's online, web-based conferencing service and allows participants to share audio, video, and their own screen or desktop. Zoom meetings can be held on a desktop computer, laptop, iPhone, iPad, and other mobile devices. Faculty may create video clips for use in their distance courses by using Panopto, which is internally branded as *BlueCast*.

All faculty, staff, and students have access to *Qualtrics*, an online survey software. The expanded access is beneficial to students and faculty for scholarship and research projects. To support quantitative research and foundational public health instruction, faculty utilize university-supported statistical and database software, including SAS, SPSS, and REDCap. Furthermore, for specialized public health instruction such as demographic and socioeconomic analysis, faculty have access to and train students on platforms like *PolicyMap*. For baseline administrative and instructional duties, all faculty are provided access to the *Microsoft Office Suite*. In addition, faculty can use *Vevox*, a cloud-based polling and Q&A platform for student engagement, to set up things such as polls, quizzes, and word clouds for use in classes, trainings, and meetings.

Technical Assistance Available for Students and Faculty

The Department of Information Technology (IT) has contracted with vendors that now provide support for students, faculty, and staff. Support for BlueLine and web conferencing is provided 24/7. Students can contact the IT and Library Services support hotlines for password resets and to submit a ticket for support of other technical issues that might arise. For immediate resolution of research-related technical issues, such as database or journal access, students and faculty also have access to a direct reporting system managed by the University Libraries.

Through the instructional design process, the Center for Faculty Excellence (CFE) staff of instructional designers and exam developers collaborate with faculty to select the tool(s) that best support each course's learning objectives and provide training and ongoing support for using the tools. Specifically, the MPH program partners directly with a dedicated CFE instructional designer to routinely review and enhance online course delivery, media design, and accessibility.

Canvas/BlueLine offers easy navigation and increased student-to-student and student-to-faculty interactivity. To assure proficiency in use, all faculty complete an online training course offered by the CFE in the use and application of BlueLine before teaching online for the program. Following this initial training, faculty are supported with continuous technical assistance through on-demand informational guides, tutorials, and virtual training modules hosted on the university's *myLearning* platform to ensure they can fully utilize Creighton's academic technologies.

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

The MPH program asserts that its information and technology resources are fully sufficient to support its instructional, administrative, and research operations. No weaknesses in software access or information technology are noted with the MPH faculty. Instructors have access to a variety of instructional software, all of which are low-cost or no -cost. The university supplies faculty and staff with desktop computers or laptops and provides access to printing, copying, and other office equipment. Students, staff, and faculty receive support from the university's full-service IT and Library Services to troubleshoot technical issues.

Since the MPH program is 100% online, all students must meet the [minimum technology hardware and software requirements](#) upon enrolling in courses. (see [ERF C5.1a](#)).

The CFE provides various training opportunities throughout the year to orient new instructors to best practices in online teaching as well as opportunities for seasoned faculty to keep their skills current with evolving technologies and platforms. The University's [Quality in Distance Education Policy](#) (ERF C5.2a) requires that all faculty who teach online demonstrate competency in online teaching. Faculty who do not demonstrate competency or have insufficient experience in teaching online are required to complete the Introduction to Digital Learning and Academic Technologies 2.0 Certificate Course ([ERF C5.2b](#)), which provides instructors an introduction to online teaching at CU. The self-paced course provides a basic overview of the Canvas/BlueLine learning management system and best practices in online pedagogy, as well as course design and quality assurance. Furthermore, the MPH program works directly with a dedicated CFE instructional designer to ensure online courses continuously leverage appropriate educational technologies and meet institutional quality standards.

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

Strengths

- **Comprehensive Institutional Infrastructure:** CU, through its libraries, digital repositories, the CFE, and Canvas/BlueLine, provides the MPH program with a wealth of information and technology resources available to faculty, staff, and students.
- **Embedded and Responsive Library Support:** IT and Library Services are highly responsive to the technology and resource needs of students and faculty. The designated public health librarian is a member of the PH RIG and attends meetings to provide timely updates on library resources and research tools.
- **Dedicated Instructional Design Support:** The online MPH program is supported by a dedicated instructional designer in the CFE who provides ongoing assistance with course delivery and digital accessibility.
- **No-Cost Technology Access:** Most software and access to technology for MPH courses (including Zoom, Qualtrics, statistical software, and 24/7 writing support via Brainfuse) is available for free to students and faculty.
- **Mission-Aligned Resource Sufficiency:** All faculty have sufficient resources to support their courses and thus the mission and goals of the program.

Weaknesses and Plans for Improvement

- **No systemic weaknesses in information and technology resources have been identified.** However, an ongoing area of focus is adapting programmatic technology to manage the rapid rise of generative AI.
 - **Plan for Improvement:** The program will continue to use CFE training and available tools, alongside the program's newly adopted standardized AI syllabus policy, to ensure faculty remain equipped to navigate emerging technologies in student assessments.

D1. MPH Foundational Public Health Knowledge

The program ensures that all MPH graduates are grounded in foundational public health knowledge. The program validates MPH students' foundational public health knowledge through appropriate methods.

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

Template D1-1 presents the required core courses through which all MPH students are grounded in foundational public health knowledge. Each of the 12 Learning Objectives has been carefully mapped to the courses identified below. To ensure clear alignment, the specific CEPH Learning Objective is explicitly identified in each corresponding course syllabus under the Course Objectives, tagged as “Foundational Knowledge #” with the specific objective number. Within the syllabus, this tag is also associated with the appropriate didactic instruction, weekly topics, and learning activities to provide a clear crosswalk of how the content is covered. We view this foundational knowledge as broad and integrated across the curriculum, so other courses frequently reinforce these Learning Objectives. However, to clearly demonstrate that all students receive this grounding, the matrix highlights the primary required core courses where this content is most comprehensively introduced and covered.

Template D1-1. Content Coverage for MPH

Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy, and values.	MPH 601 Organization and Management of Public Health Services CO #4
2. Identify the core functions of public health and the 10 Essential Services.	MPH 601 Organization and Management of Public Health Services CO #5
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.	MPH 707 Mixed Methods CO #1
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.).	MPH 605 Epidemiology CO #8
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	MPH 605 Epidemiology CO #1
6. Explain the critical importance of evidence in advancing public health knowledge.	MPH 606 Environmental Health CO #1
7. Explain the effects of environmental factors on a population's health.	MPH 606 Environmental Health CO #5
8. Explain biological and genetic factors that affect a population's health.	MPH 605 Epidemiology CO #4
9. Explain behavioral and psychological factors that affect a population's health.	MPH 604 Social and Behavioral Aspects of Public Health CO #7
10. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities.	MPH 609 Community-Based Participatory Research (CBPR) CO #5
11. Explain how globalization affects global burdens of disease.	MPH 606 Environmental Health CO #8
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	MPH 606 Environmental Health CO #9

- 2. Provide supporting documentation that clearly identifies how the program ensures grounding in each area. Documentation may include detailed course schedules or outlines of selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class**

activities, etc. For non-course-based methods, include web links or handbook excerpts that describe admissions prerequisites.

See [ERF D1.2](#) for supporting documentation that demonstrates how students are grounded in each foundational knowledge area. This folder includes the corresponding course syllabi, which provide granular evidence of content coverage, such as detailed course schedules, explanations of assignments, and assessment rubrics associated with this criterion.

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

Strengths

- **Comprehensive Integration and Explicit Mapping:** The program has comprehensively integrated the 12 learning objectives that constitute foundational public health knowledge throughout the program's core courses. Each learning objective is clearly identified in course syllabi, reflected in didactic learning, and explicitly linked to specific lecture topics, reading assignments, and active learning exercises.
- **Continuous Review and Alignment:** Each term, we review updates to foundational courses made since the initial accreditation to ensure that reading lists and course materials remain relevant and carefully aligned with the 12 learning objectives.
- **Broad Reinforcement Across the Curriculum:** The learning objectives are broad and foundational, so they are integrated throughout the curriculum and usually appear in multiple courses. This reinforces the knowledge base and demonstrates to students the integrative nature of fundamental public health concepts.
- **Robust Grounding for Advanced Application:** Students who successfully complete the core curriculum are assured a robust grounding in these foundational areas, which thoroughly prepares them for higher-level competency application and assessment.

Weaknesses

- None identified.

D2. MPH Foundational Competencies

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

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

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

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

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

Program-Wide Requirements

Template D2-1a lists the program-wide requirements that apply to all MPH students regardless of their concentration. This includes:

- **Foundational Courses (21 credits):** Seven required core courses covering the foundational public health knowledge and competencies.
- **Applied Practice and Integrative Learning Experiences (6 credits):** The culminating zero-credit pre-applied practice experience (PAPEX), 3-credit practice experience (MPH 611), and 3-credit capstone (MPH 612).
- **Requirements Not Associated with a Course (0 credits):** In addition, all MPH students are required to complete IPE 500 followed by three "passport activities" (IPE 100) prior to graduation. The *Interprofessional Education Passport* consists of student learning activities and each profession's interprofessional education accreditation requirements. For an activity to be approved as part of the IPE Passport, it must meet designated criteria and be approved by the CIPER Curriculum Committee ([ERF D2.1 Interprofessional Curriculum Summary](#)).

Template D2-1a. MPH Degree Requirements for All Students

Part A: Program-Wide Requirements for MPH Degree		
Foundational Courses		
Course number	Course name	Credits
MPH 601	Organization and Management of Public Health Services	3
MPH 604	Social and Behavioral Aspects of Public Health	3
MPH 605	Epidemiology	3
MPH 606	Environmental Health	3
MPH 609	Introduction to Community-Based Participatory Research	3
MPH 615	Ethical Issues in Public Health: A Global Perspective	3
MPH 707	Introduction to Mixed Methods	3
TOTAL FOUNDATIONAL CREDITS		21
APE & ILE courses		
Course number	Course name	Credits
PAPEX	Pre-Applied Practice Experience	0
MPH 611	Practice Experience	3
MPH 612	Capstone	3
TOTAL APE & ILE CREDITS		6
Requirements for degree completion not associated with a course (if applicable) ^		
Course number	Course name	Credits
IPE 500	Introduction to Collaborative Care	0
IPE 100	Interprofessional Education Passport	0

Concentration Requirements

Beyond the shared program-wide curriculum, students complete 15 credit hours in one of three concentrations: Health Care Ethics (HCE), Healthcare Management (HCM), or Global Health Promotion (GHP). Table D2-1b outlines the required courses and elective options for each distinct concentration.

Template D2-1b. MPH Degree Requirements by Concentration

Part B: Concentration Requirements for MPH degree		
Concentration Courses for the Health Care Ethics Concentration (HCE)		
Course number	Course name	Credits
MHE 600	Scholarly Reading and Writing (through AY2025-2026)	3
MMH 601	Introduction to Medical Humanities (beginning AY2026-2027)	
MHE 601	Health Policy	3
MHE 604	Social and Cultural Contexts of Health Care	3
MHE 606	Theories of Justice	3
MHE 610	Introduction to Bioethics	3
Total HCE Concentration Credits		15

Part B: Concentration Requirements for MPH degree		
Concentration Courses for the <i>Healthcare Management Concentration (HCM)</i>		
Course number	Course name	Credits
MPH 608	Health Communication and Informatics	3
MPH 632	Human Resources for Healthcare Managers	3
MPH 633	Health Economics and Finance	3
MPH 634	Health Planning and Marketing	3
MPH 635	Public Health Leadership	3
Total HCM Concentration Credits		15
Concentration Courses for the <i>Global Health Promotion Concentration (GHP)</i>		
Course number	Course name	Credits
MPH 607	Biostatistics	3
MPH 617	Emerging Global Health Issues	3
MPH 636	Public Health Intervention	3
MPH 645	Global Health Epidemiology	3
Elective Options: <ul style="list-style-type: none"> • MPH 602 Community Health Assessment • MPH 637 Environmental Health Risk Communication • MPH 639 Communicable Disease and Prevention • MPH 640 Planetary Health and Sustainability • MPH 641 Environmental Health Policy • MPH 643 Public Health Grant Writing 		3
Total GHP Concentration Credits		15

For a complete overview of the degree requirements, please refer to the [ERF D2 MPH Graduate Catalog](#), which provides a public-facing depiction of the core curriculum and concentration requirements.

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

Students in the Arrupe Global Scholars and Partnerships Program complete a dual MD/MPH degree. These students follow the same 42-credit-hour curriculum and complete the same assessments as stand-alone MPH students, specifically utilizing the *Global Health Promotion* concentration.

Because the required public health coursework is identical to the stand-alone degree, there are no differing requirements to indicate via shading or italics. However, the sequencing and timing of the courses are uniquely integrated into the five-year medical school calendar to align with medical blocks and global clinical immersions. For a clear depiction of this combined degree curriculum and its prescribed timeline, please see [ERF H1.5b: Plan of Study by Concentration](#). The provided document clearly denotes periods when Arrupe students pause their public health coursework for dedicated medical school training with “n/a.”

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

The Creighton MPH program utilizes a single, common core curriculum to address the 22 Foundational Competencies for all students, including those in the combined MD/MPH Arrupe Global Scholars track. Because all students complete the identical core coursework, a single matrix is presented. See Template D2-2, which indicates the specific assessment activity for each foundational competency.

As guided by CEPH, the program has identified the single strongest assessment opportunity for students to demonstrate their ability to perform each competency. In all cases, assessment is preceded by targeted didactic

preparation. For complex competencies that include multiple components, such as Competencies 2 and 3, both of which require demonstration of quantitative and qualitative data skills, didactic instruction builds progressively. However, students validate their ability to perform these skills within robust, integrated assessments (e.g., the mixed-methods analysis assignments in MPH 707) rather than piece by piece across multiple courses. Template D2-2 describes these specific assessment mechanisms in detail.

To ensure transparency for students and reviewers, the CEPH Foundational Competencies are explicitly mapped in each course syllabus. They are noted in the course objectives and labeled as “Foundational Competency #” with the specific number clearly identified. Further down within the syllabus, this “Foundational Competency #” tag is placed directly next to the associated didactic learning modules, assignments, and grading rubrics. This provides a clear, direct map from the course objective to the instructional content to the final assessment of student performance.

Template D2-2. Assessment of Competencies for MPH (all concentrations)

Competency	Course Number(s) & Name(s)	Describe Specific Assessment Opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice.	MPH 605 Epidemiology CO #5	Weeks 1–7 case studies and problem-solving sets: Students complete a series of case studies and problem-solving sets applying epidemiological methods and measures to a variety of public health conditions and settings. These include outbreak investigations with calculations of attack, incidence, and prevalence rates; crude and age mortality rates; cohort and case-control study designs; odds ratios, measures of association, and relative risk; and cross-sectional studies.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.	MPH 707 Mixed Methods CO #5	Week 6 Discussion: Following readings on diagnostics, variable selection, and linear regression, students continue with the same study they wrote about in week 5. Students identify at least one potential quantitative data collection method and source and one potential qualitative data collection method and source. Students must consider what methods are appropriate in a public health context. For each data source, students describe the type of data (e.g., surveys, interviews, focus groups, etc.), the focus and what they expect to learn from these data, who they would sample, and how they would analyze these data. Students are to emphasize methods that minimize confounding variables.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.	MPH 707 Mixed Methods CO #6	Week 7 Written Assignment: Following readings on the fundamentals of quantitative and qualitative research analysis, students are given a dataset. They are required to analyze this dataset of linked qualitative and quantitative data using biostatistics, informatics, computer-based programming, and software, as appropriate. Students use qualitative and quantitative software programs (e.g., MAXQDA in combination with SPSS) to conduct a mixed-methods analysis by merging results in writing or a joint display. In less than four pages, they summarize the qualitative and quantitative results. They also interpret results of data analysis and discuss implications of the results for public health research, policy, or practice.
4. Interpret results of data analysis for public health research, policy, or practice.	MPH 707 Mixed Methods CO #7	Week 7 Written Assignment: Following readings in the Creswell & Plano Clark textbook and using the data analysis of the Framingham Study dataset, students will summarize and interpret the merged mixed methods results. In less than two pages, students must discuss the implications of the results for public health research, policy, or practice.
Public Health & Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings.	MPH 601 Organization and Management of Public Health Services CO #2	Week 3 Discussion: Using this link to the OECD Better Life Index, students select and read the health topic link for the U.S., France as well as Portugal. Students then compare the organization, structure, and function of health care, public health, and regulatory systems across these national and international settings.

Competency	Course Number(s) & Name(s)	Describe Specific Assessment Opportunity
<p>6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and systemic levels.</p>	<p>MPH 604 Social and Behavioral Aspects of Public Health CO #3</p>	<p>Week 1 Discussion: Didactic instruction is provided on social-behavioral theory, health determinants, and the ecological concept of health (One Health), plus a video, Consequences, Part 1: The Weight of the Nation. The assignment directs students to integrate the material in order to assess challenges to health equity caused by structural bias, racism, and social inequities, using obesity as the theme.</p>
<p>Planning & Management to Promote Health</p>		
<p>7. Assess population needs, assets, and capacities that affect communities' health.</p>	<p>MPH 604 Social and Behavioral Aspects of Public Health CO #3</p>	<p>Week 4 Discussion: Didactic instruction is provided via readings on childhood health, behavior, and trauma and the video Children in Crisis: The Weight of the Nation. The assignment asks students to assess the case studies on childhood obesity presented in the video and provide an assessment of needs, assets, and capacities.</p>
<p>8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.</p>	<p>MPH 609 Community Based Participatory Research (CBPR) CO #10</p>	<p>Week 5 Discussion; Prompt 2: Through guest lectures, a video on cultural and linguistic needs of chronic disease care teams, and readings on CBPR methods, students evaluate an AI/AN health promotion program design called Talking Circles for cultural values and practices.</p>
<p>9. Design a population-based policy, program, project, or intervention.</p>	<p>MPH 609 Community Based Participatory Research (CBPR) CO #8</p>	<p>Week 8 Written Assignment: After readings and videos regarding design strategies for health promotion programs in diverse cultural settings, students will design a population-based health promotion program or CBPR project. Students write a CBPR project proposal or health promotion plan proposal based on key informant interviews and other research about a self-selected health issue.</p>
<p>10. Explain basic principles and tools of budget and resource management.</p>	<p>MPH 601 Organization and Management of Public Health Services CO #3</p>	<p>Week 4 Written Assignment: The student will develop a budget and resource management proposal related to the Master Settlement Agreement with the Big Tobacco companies and the use of the funds by the student's state. Using this link to the Public Health Law Center: https://www.publichealthlawcenter.org/topics/commercial-tobacco-control/commercial-tobacco-control-litigation/master-settlement-agreement, read the introduction of the Master Settlement Agreement (MSA) and click the link for the MSA Overview (2018). Review the questions and answers reflecting budgetary principles and tools with a focus on what, if any, restrictions surrounded the use of these funds. Students select their state of residence from this link: https://www.tobaccofreekids.org/what-we-do/us/statereport. They will then identify the monies allocated for prevention of tobacco use in the current year. Students develop and submit their budget and resource management proposal with associated justifications for their state's use of the MSA dollars. A complete budget spreadsheet is required and must be accompanied by a justification of each line item. The proposal should also include a resource management plan with justification for personnel expenses (hiring, training, supervision, reallocation, incentives, etc.). The narrative details how the budgeted items will be implemented. This assignment covers the competency through teaching the basics of how to budget for a program and how to manage resources effectively and justify that management.</p>
<p>11. Select methods to evaluate public health programs.</p>	<p>MPH 609 Community Based Participatory Research (CBPR) CO #9</p>	<p>Week 8 Written Assignment: Following instructions specifically related to evaluation methods of public health programs, the student writes a CBPR project proposal or health promotion program proposal including, among other items, a clearly delineated description and justification of selected research and evaluation methods.</p>

Competency	Course Number(s) & Name(s)	Describe Specific Assessment Opportunity
Policy in Public Health		
12. Discuss the policy-making process, including the roles of ethics and evidence.	MPH 601 Organization and Management of Public Health Services CO #7	Week 5 Discussion: Targeted readings for this week focus on the need for evidence and ethical considerations in policymaking (i.e., Chapter 2 – IOM Report). In this assignment, students will: identify the three core functions of public health and describe how the recommendations presented in Chapter 2 of the IOM report will improve these three core functions; explain whether the recommendations in the IOM report will or will not have much impact on public health practice. Provide a rationale for your answer. Considering the core function of “policy,” discuss the multiple dimensions of the policy-making process, including the role of ethics and evidence in this process.
13. Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes.	MPH 609 Community-Based Participatory Research (CBPR) CO #4	Week 3 Written Assignment: Following video case studies and readings on building partnerships and identifying stakeholders, students draft a response to a Request for Applications (RFA). Students must brainstorm which community and institutional partners from a given case scenario presented should be invited to participate in this partnership and why. Students must list some of the pros and cons associated with these choices.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.	MPH 606 Environmental Health CO #6	Week 7 Written Assignment: Considering course readings to date on environmental policies and programs for diverse populations, students complete a Walk About in their community to identify current environmental issues, i.e., air pollution, hazardous wastes, etc. Ten distinct issues are to be identified and documented. Students then choose ONE that they feel is most indicative of an environmental issue impacting the health equity of diverse populations in their community. Employing didactic learning from the American Public Health Association and other international sources, students produce an Advocacy Action Plan for their identified issue. Students must specifically answer the ten questions presented in Chapman's Advocacy for Public Health: A Primer, with a level of precision and detail to demonstrate their capability to advocate for policies or programs to improve the health and health equity of their community's diverse populations regarding this issue.
15. Evaluate policies for their impact on public health and health equity.	MPH 609 Community-Based Participatory Research CO #13	Week 7 Discussion: Instruction consists of multicultural readings on healthcare inequality, specifically focusing on the intersection of science and practice to improve health equity. Students select a health policy based on their readings and assess the policy's impact on health equity. Students conduct an impact evaluation to establish causal attribution that measures the relevance of the policy to the community; effectiveness; efficiency; impact; and sustainability.
Leadership		
16. Apply leadership and/or management principles to address a relevant issue.	MPH 601 Organization and Management of Public Health Services CO #9	Week 6 Discussion: Based upon assigned readings, students conduct a strategic management analysis for a given organization. They analyze the mission, vision, and core values, then revise the vision statement utilizing the information gleaned from Strategic Management Analysis and the video provided in this module.
17. Apply negotiation and mediation skills to address organizational or community challenges	MPH 609 Community-Based Participatory Research (CBPR) CO #4	Week 3 Written Assignment: Following video case studies and readings on communication, mediation, and negotiation skills needed with previously disengaged populations, students draft a response to a Request for Applications (RFA). Responding to an RFA: Students apply what was learned to identify how to help community members gain trust in a newly formed coalition; discern what kinds of agreements must be negotiated between all the groups in order to make this project run smoothly; identify who should facilitate a group conversation; evaluate the types of skills a facilitator needs to mediate potential conflict; and learn how to help build a sense of community.

Competency	Course Number(s) & Name(s)	Describe Specific Assessment Opportunity
Communication		
18. Select communication strategies for different audiences and sectors.	MPH 604 Social & Behavioral Aspects of Public Health CO #8	Week 3 Discussion: Didactic instruction focuses on behavior theories and health communication strategies. Using a case study of urban (sector) tuberculosis, students must then identify the most appropriate health behavior change strategies to employ and select the appropriate communication strategies for the various audiences they wish to reach.
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.	MPH 606 Environmental Health CO #2	Weeks 2 & 6 Discussions: Specific instruction is given in Week 2 and Week 6 on how to prepare written and oral testimony, respectively. Readings and videos provide relevant content. Week 2 Discussion requires students to prepare written testimony for Congress advocating for climate change policy. Week 6 Discussion requires the student to prepare and record oral testimony to be presented before a mock City Council consisting of the instructor as the Chair and peers as the Council members. Subject matter addresses childhood PTSD due to community violence.
20. Describe the importance of cultural humility in communicating public health content.	MPH 609 Community Based Participatory Research (CBPR) CO #10	Week 6 Writing Assignment: Building upon the readings and videos on cultural competence from the previous week, the readings here involve principles of empowerment. Students will write a synthesis report of key informant interviews and a brief self-reflection about experiences. A complete paper will summarize the original topic of interest and the justification of the selection of informants; describe the informants chosen; discuss any observations the community members make about the current state of the health issue and describe the importance of cultural competence in communicating public health content.
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health.	IPE 500 Introduction to Collaborative Care CO #1-4	Didactic instruction is provided through a required, self-paced online course, IPE 500, that provides a basic introduction to the concepts of interprofessional education and how to work together as a collaborative team. In addition, students must complete 3 “passport activities” wherein demonstration of mastery of the content is shown. Examples of other professionals include nurses, occupational therapists, physical therapists, and EMTs. Students complete these activities as a prerequisite to the practicum portion of the program.
Systems Thinking		
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative.	MPH 601 Organization and Management of Public Health Services CO #12	Week 7 Discussion: Based on system thinking tool guidelines from the required readings (7.2 to 7.3), students draw a causal loop diagram of a current public health problem. Examples could include, but are not limited to, COVID-19 facemask messaging, natural disaster evacuations, radon testing, vaccine uptake, seat belt use and enforcement, bike helmet laws, and colorectal cancer screening (colonoscopy billing). Students must label the key components and provide at least 3 suggestions or potential solutions or risk opportunities to break the cycle and move a potential solution forward. Students respond to classmates’ diagrams, providing constructive suggestions, exploring context, and asking questions.

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

Supporting documentation for each assessment activity mapped to the 22 Foundational Competencies in Template D2-2 is provided in the Electronic Resource File as [ERF D2.4](#).

To ensure reviewers can evaluate exactly what students see and experience, the program has provided direct exports and screenshots from Canvas/BlueLine, reflecting the most recently offered term. These documents include the explicit assignment instructions, grading rubrics, writing prompts, discussion board prompts, and sample exam questions utilized to assess each competency.

Please see [ERF D2.4](#), which is organized into subfolders by competency. Within each competency subfolder, reviewers will find the relevant assessment materials clearly labeled to match the assessment names provided in Template D2-2.

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

The most recent syllabus for each didactic course listed in Template D2-1 is provided in the Electronic Resource File. To facilitate reviewer navigation, these syllabi are housed alongside their corresponding assessment materials within the individual course subfolders located in [ERF D2.4](#).

For required program elements that do not utilize a traditional syllabus, written guidelines and handbooks are provided. Documentation outlining the expectations for the Pre-Applied Practice Experience (PAPEX), the Applied Practice Experience (MPH 611), and the Capstone (MPH 612) can be found in the [ERF D2.4](#) under the **APE and ILE Handbooks** folder. Guidelines governing the Interprofessional Education (IPE) Passport requirements are located in [ERF D2.4](#) under the **IPE Curriculum Guidelines** folder.

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

Strengths

- **Comprehensive and Consistent Mapping:** All 22 Foundational Competencies are mapped to a single, common core, ensuring rigorous and consistent training for all students, including those in the Arrupe MD/MPH track.
- **Transparent Syllabi:** Competencies are clearly listed in course objectives and explicitly aligned to specific didactic modules, assignments, and assessments to ensure clarity for students.
- **Robust Validation:** Faculty attestation guarantees that successful completion of a mapped assessment directly demonstrates the student's ability to perform that specific competency.
- **Mission Integration:** The competency mapping process reinforces CEPH requirements alongside our Jesuit mission, values, and vision for the program.

Weaknesses and Plans for Improvement

- **Assessment Vulnerability to Generative AI:** The Academic Progression committee noted that unchecked student use of Generative AI tools threatened the authenticity and validity of competency-based assignments.
 - **Plan for Improvement:** To protect assessment integrity, the CEC adopted a standardized Generative AI policy in July 2024, which is now implemented across all MPH syllabi.
- **Rubric Consistency and Competency Signposting:** Recent Alumni Survey feedback indicated occasional student confusion regarding master's-level expectations, citing inconsistent grading rubrics across courses and difficulty deciphering CEPH competencies referenced solely by number.
 - **Plan for Improvement:** The CEC is working to standardize rubric expectations across core courses. Additionally, the program is developing a brief, non-credit orientation module to clarify graduate-level writing standards and the role of CEPH competencies before students begin coursework.

D3. DrPH Foundational Competencies

Not Applicable.

D4. MPH Concentration Competencies

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

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

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

Except for cases in which a program offers only one MPH or one DrPH concentration in the unit of accreditation, assessment opportunities must occur in the didactic courses that are required for the concentration.

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

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

Templates D4-1a, D4-1b, and D4-1c show all competencies and competency assessments required for each of the three MPH concentrations. Competencies were defined by the faculty of our three concentrations: *Healthcare Management (HCM)*, *Health Care Ethics (HCE)*, and *Global Health Promotion (GHP)*. Once defined, they were presented to the Curriculum and Evaluation Committee and the Accreditation Work Group for review and discussion. They were then approved by the MPH Core Faculty Committee. Finally, all competencies were shared with the EAB and the Student Advisory Board to solicit comment and ensure alignment with current workforce needs.

Each concentration competency is identified under Course Objectives for the given course and identified as "Concentration Competency #" with the specific number of the competency clearly identified. Within the syllabus, the competency is similarly identified with the appropriate didactic learning experience, the assignment, and the subsequent assessment measure(s) to assure clear mapping of the competency. Notes in the following tables explain how the assignments are linked to the competency. While didactic instruction builds progressively, each competency is formally validated through at least one specific, required assessment activity (e.g., a key assignment, project, or exam) during which faculty evaluate the student's ability to perform the competency.

Template D4-1a. Assessment of Competencies for MPH in the Healthcare Management Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Apply problem-solving strategies to design and present a marketing plan in a healthcare setting.	MPH 634 Health Planning & Marketing CO #7	Week 5 Discussion: Didactic instruction includes readings and multimedia associated with marketing campaigns, change theory, marketing planning, and examination of problem-solution modeling. Students will respond to the following: What makes social change marketing a challenge? How can these challenges be met? Unlike most traditional "products," those that public health must market tend to have negative demand, no demand, or an unwholesome demand. Apply problem-solving strategies to design and present a marketing plan in a public health/healthcare setting.
2. Conceptualize and design health communication materials for a health disparity and provide an associated evaluation plan.	MPH 608 Health Communication & Informatics CO #2	Week 8 Assignment: Didactic instruction throughout the course, including surveillance, informatics, and evaluation strategies, prepares the students for their final assignment. The students complete a variety of assignments to build their skills. In this assignment, the students must create a digital health campaign based on a chosen public health topic. It demonstrates their ability to apply theoretical and practical principles of digital health communication.

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
3. Analyze a healthcare organization's strategic marketing plan utilized to achieve organizational goals.	MPH 634 Health Planning & Marketing CO #2	Week 3 Discussion: Didactic instruction includes two chapters in the textbook and multimedia presentations involving strategic marketing planning and implementation. Students are assigned a case study that identifies an organization's goals and its strategic marketing plan. Students will analyze the marketing plan, applying principles and practices from readings (i.e., business objectives, marketing priorities, marketing goals, message strategy/framing, marketing strategy, key actions, and dependencies and risks) to explain whether the plan aligns with the stated organizational goals.
4. Formulate a human resources solution to an organizational problem.	MPH 632 Human Resources for HC Managers CO #7	Week 7 Assignment: Didactic instruction involves management for success, organizational development, and human resources with a mission-oriented focus. Students will provide an in-depth strategic human resources solution to an organizational problem. The solution should use one or more of the key human resource functions covered in this class.
5. Evaluate economic and financial models for the organization to achieve its strategic goals and objectives.	MPH 633 Health Economics and Finance CO #10	Week 6 Writing Assignment: Didactic instruction is associated with healthcare reform and comparisons of the U.S. healthcare system to other developed countries with a focus on economic and financial models consistent with the goals and objectives of the organization. Students are assigned a health care organization and are tasked with evaluating its economic model (i.e., Markov model) and financial model (i.e., self-pay and universal pay). Using the dimensions of access, costs, and quality, students evaluate fidelity to the goals and objectives of the organization in a written report.

*Adapted from the criteria set forth by the Commission on Accreditation of Healthcare Management Education (CAHME).

Template D4-1b. Assessment of Competencies for MPH in the Health Care Ethics Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Analyze health justice problems found in U.S. health care policy and make recommendations regarding demands of justice.	MHE 601 Health Policy	Week 7 Final Paper: Students prepare a paper that deconstructs ethical problems in health care systems, policies, and laws. In this assignment, students examine the ethics of a recently legislated change in U.S. healthcare policy. Students explore a state or federal health policy of interest and analyze whether the policy meets the demands of justice. Finally, students make recommendations that particularly consider goals, financing, resource allocation, and outcomes related to populations made vulnerable.
2. Apply ethical principles, norms, and theories in ethically complex situations to inform multiple stakeholders in advocacy.	MHE 601 Health Policy	Week 7 Final Paper: Students prepare a paper that deconstructs ethical problems in health care systems, policies, and laws. In this assignment, students examine the ethics of a recently legislated change in U.S. healthcare policy. Students explore a state or federal health policy of interest and analyze whether the policy meets the demands of justice. Finally, students make recommendations that particularly consider goals, financing, resource allocation, and outcomes related to populations made vulnerable.
3. Distinguish general concerns of bioethics surrounding health care of populations made vulnerable or marginalized.	MHE 610 Introduction to Bioethics	Week 6 Written Assignment: Students are instructed to consider how concerns about gender and sexuality may require targeted and specific bioethical responses (such as an increased focus on women's health or additional research about the needs of trans patients) and write a paper on how bioethics might be redesigned to "center" issues having to do with race or racial disparities in health and how it might look differently than how bioethics looks now.
4. Apply norms and theories of ethics in assessing health research.	MHE 606 Theories of Justice	Week 7 Open-Book Quiz: Students use course texts to answer questions about philosophical and legal approaches to justice, justice theory paradigms, and how justice conceptions affect healthcare resource allocation policies and practices.
5. Incorporate diverse perspectives from the humanities and liberal arts into ethical reflection about health care structures.	MHE 604 Social & Cultural Contexts in Health Care	Week 3 Quiz: Following didactic instruction and interactive engagement with the Project Implicit website that explores implicit bias from a variety of diverse disciplinary settings, i.e., humanities, students then complete a series of short ethical reflective essays in a quiz. An example of how they incorporate diverse perspectives into their reflections is through responses to prompts in the quiz such as "Now that you have had a taste of research into implicit bias, how might you relate the phenomenon of implicit bias to the delivery of health care in the US or elsewhere?"

Template D4-1c. Assessment of Competencies for MPH in the Global Health Promotion Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Apply social justice and human rights principles in addressing global health problems.	MPH 617 Emerging Global Health Issues	Week 3: Global Health Financing and Human Rights. Students will answer the following questions in a discussion panel: Do people have a right to health services? If so, which ones? How do you pay for your personal health expenses? What other entities are involved in paying for you to access health services? Which country do you think has the best healthcare system? What factors influence your selection? Also, students will write a 3-4 page paper on human rights violations. Specifically, students will choose a public health issue that is considered a human rights violation. You will discuss what population the public health issue is impacting. Also, you will discuss the population, the impact this issue has, and why it is considered a human rights violation. Furthermore, you will look at what entities and policies are implemented to stop the public health issue. The paper will be in APA format, 3-4 pages.
2. Apply the steps of intervention mapping to design an intervention.	MPH 636 Public Health Intervention	Week 5: Students identify a health-related problem and create a logic model. They develop a diagram of a logic model of the problem that illustrates the causal pathways for how different factors influence increased risk for the health problems for a specified population; a description of the context for the intervention that includes the priority population, setting, and community; and a summary of program goals. Week 7: Students apply intervention mapping to complete step 5 to develop a program implementation plan. The plan includes program implementers, outcomes and objectives, and a matrix of change objectives.
3. Implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being.	MPH 617 Emerging Global Health Issues	Week 6: Students will complete an assignment in which they will develop a global health campaign to combat a global health issue, particularly one that affects marginalized populations. They will choose a global health issue that is currently happening in a country and will develop a campaign on how they plan to address the health issue and eliminate the barriers creating it.
4. Articulate the importance of theories of public health intervention.	MPH 636 Public Health Intervention	Week 2: Through discussion questions, students select a theory that explains a health-related behavior at the individual level and describe how the theory could be used to understand or predict behavior at the organizational, community, or societal levels. Week 3: Students identify a health-related behavior they are interested in. They then select one or more behavior-oriented theories and discuss how they can be used to change the behavior.
5. Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions.	MPH 645 Global Health Epidemiology	Weeks 1 and 2 Discussion: Questions ask the student to select one disease of global health significance. Pick one country in which this disease is a problem. For this disease and country, 1) What is the incidence and prevalence of the disease in the specific country/geographic setting? 2) Who is at risk for the disease, and what are the epidemiologic trends? 3) What is the health burden of the disease (morbidity/mortality) or other health consequences? 4) How is the disease acquired? What are the proximal risk factors for this disease or health problem? 5) What are the distal risk factors for this health problem (e.g., culture, poverty, women's status, climate change, war, urbanization)? Week 4: Compare the rates of obesity versus undernutrition in low/middle income countries. We have always known that the US has an obesity issue with low SES—but what does this look like in low-/middle-income countries? A lower middle-income country may be afflicted with both high rates of childhood undernutrition and a rising epidemic of obesity among its lower socioeconomic groups while undergoing a nutrition transition. Discuss the challenges that this situation poses for the country's government in developing food and nutrition policies as well as national dietary guidelines for healthy eating.

* *Global Health Education Competencies (GHEC) 2nd Edition, Consortium of Universities for Global Health (CUGH, 2018)*

2. For degrees that allow students to tailor concentration coursework and/or competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, which demonstrates that each student and advisor create a

matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not applicable.

- 3. Provide supporting documentation for each assessment activity listed in Template D4-1. Documentation should include the following, as relevant, for each listed assessment: 1) assignment instructions or guidelines as provided to students, 2) writing prompts provided to students and 3) sample exam question(s).**

Supporting documentation for each assessment activity mapped to the concentration competencies in Templates D4-1a, D4-1b, and D4-1c is provided in the Electronic Resource File as [ERF D4.3](#).

To facilitate reviewer navigation, these materials are organized into subfolders by concentration and then by competency. To ensure reviewers can evaluate exactly what students see and experience, the program has provided direct exports and/or screenshots from Canvas/BlueLine, reflecting the most recently offered term. These documents include the explicit assignment instructions, grading rubrics, writing prompts, discussion board prompts, and sample exam questions utilized to assess each concentration competency.

The most recent syllabus for each didactic course listed in the D4-1 templates is also housed alongside its corresponding assessment materials within the individual course subfolders.

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

Strengths

- **Rigorous Competency Depth:** Concentration faculty have successfully delineated five higher-level competencies for each concentration. These competencies articulate the unique set of knowledge and skills that justify the specific degree, providing rigorous depth beyond the MPH foundational competencies.
- **Strong Mission Alignment:** All concentration competencies align with the program's mission, goals, vision, and values, particularly the program's focus on serving marginalized and vulnerable populations.
- **Transparent Syllabi Mapping:** Course syllabi clearly identify the competencies in the course objectives and are explicitly mapped to didactic learning, assignments, and key assessment measures.
- **Standardized Faculty Validation:** Students who successfully complete the courses associated with the concentration competencies have demonstrated competency performance as determined by faculty validation. The program has in place a standardized procedure to monitor student performance by specifically evaluating grading rubrics and associated student performance metrics to ensure that all students can demonstrate performance in each competency.

Weaknesses and Plans for Improvement

- **Risk of Workforce Misalignment:** Risk of competencies becoming misaligned with rapidly evolving workforce needs. Because public health practice changes quickly (e.g., the rise of AI in health care and shifting social determinants of health), concentration competencies must be continuously evaluated to ensure they represent the advanced, applied skills employers expect.
 - **Plan for Improvement:** The program has revised its employer feedback data collection strategy to use a parallel distribution approach that directly surveys recent practicum site supervisors alongside regular reviews by the EAB so that the CEC receives continuous, high-quality data to update and refine concentration competencies as workforce demands shift.

D5. MPH Applied Practice Experiences

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

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

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

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

The MPH program faculty, directed by the MPH Practicum Coordinator, guided by our mission, vision, and values statements, and aware of the priority communities for whom we are training the workforce, determined through a series of strategic planning meetings that we wanted each student graduating with the MPH from Creighton University to demonstrate five competencies within the Practicum Experience: **three** are foundational competencies within the practice of public health from the list below, and **two** are from the student's concentration within the MPH program.

Foundation Competencies (FC)

MPH students are required to demonstrate three foundational competencies from this category:

- **FC #4:** Interpret results of data analysis for public health research, policy, or practice.
- **FC #5:** Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings.
- **FC #6:** Discuss the means by which structural bias, social inequities, and racism determine health and create challenges to achieving health equity at organizational, community, and societal levels.
- **FC #8:** Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
- **FC #13:** Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.
- **FC #14:** Advocate for political, social, or economic policies and programs that will improve health in diverse populations.
- **FC #16:** Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making.
- **FC #17:** Apply negotiation and mediation skills to address organizational or community challenges.
- **FC #18:** Select communication strategies for different audiences and sectors.
- **FC #19:** Communicate audience-appropriate public health content, both in writing and through oral presentation.
- **FC #20:** Describe the importance of cultural competence in communicating public health content.

- **FC # 21:** Perform effectively on interprofessional teams.

The MPH program faculty, guided by each concentration's faculty and the MPH Practicum Coordinator, adopted the following two competencies that each student in their respective concentration must demonstrate through their Applied Practice Experience (APE):

Health Care Ethics Concentration:

- **HCE #1:** Analyze health justice problems found in U.S. health care policy and make recommendations regarding demands of justice.
- **HCE #3:** Distinguish general concerns of bioethics surrounding health care of populations made vulnerable or marginalized.

Healthcare Management:

- **HCM #1:** Apply problem-solving strategies to design and present a marketing plan in a healthcare setting.
- **HCM #2:** Conceptualize and design health communication materials for a health disparity and provide an associated evaluation plan.

Global Health Promotion:

- **GHP #4:** Articulate the importance of theories in public health intervention.
- **GHP #5:** Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions.

Relevant Policies and Procedures for APE Implementation

Each MPH student entering the APE (MPH 611 Practice Experience) phase of the program is tasked with locating a site that is local to the community in which they live that meets the requirements of a public health-related mission involving community engagement. Sites are external to the university and are located within the local community of the student. Students in the MD/MPH (Arrupe) program will have sites located outside of the country to provide a global experience. All sites are approved by the MPH Practicum Coordinator and/or course instructor.

The first of three courses related to the practicum experience is a preparation course, Pre-Applied Practice Experience (PAPEX), where each student will draft a learning contract (available as [ERF D5.2c](#)). The learning contract requires each student to state the learning goals they expect to achieve while at their practicum site. The learning goals directly reflect the Foundational and Concentration Competencies stated by the program for the practicum experience and are developed in tandem with the site supervisor to assure they align with site-specific needs and are mutually beneficial to both the site and the student. Site supervisors (preceptors) are acquainted with their responsibilities through student dissemination of the *MPH Practicum Manual* (see [ERF D5.2a](#)) which enumerates their responsibilities within the APE. MPH 611 Practice Experience is the course through which the field practice experience is realized.

Student work products are assessed for competency attainment through the following process. Students are responsible for submitting a task-oriented check-in sheet in Weeks 2, 4, and 6 of the 8-week practicum experience. These check-in sheets enumerate activities to date on the project and are supported by evidence in the form of artifacts (deliverables) submitted concurrently with each check-in. To fulfill CEPH requirements, students must compile a portfolio using Template D5-1 as a cover sheet, which maps their selected competencies to at least two practical, non-academic work products produced for the site's use and benefit (e.g., training manuals, policy briefs, evaluation reports, or multimedia materials). Academic products such as reflection papers, contact hour logs, or scholarly papers prepared solely for faculty assessment do not count toward the minimum of two practice-site work products.

The Course Instructor assesses successful progress toward meeting learning goals and validates the student's competencies utilizing a rubric (see [ERF D5.2e](#))

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

The following documents detailing the official requirements for the Applied Practice Experience are available in the Electronic Resource File under [ERF D5.2](#):

- [D5.2a APE / Practicum Manual](#)
- [D5.2b MPH 611 Practice Experience Syllabus](#)
- [D5.2c APE Learning Contract](#)
- [D5.2d APE Site Proposal](#)
- [D5.2e APE Bi-Weekly Checklist Rubric](#)
- [D5.2f Pre-Applied Practice Experience \(PAPEX\) BlueLine course modules](#)

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

Complete portfolios of practice-related materials for individual students can be found in [ERF D5.3](#).

In accordance with CEPH requirements, the program has provided five complete student samples from the last three years for the *Health Care Ethics* and *Global Health Promotion* concentrations, including samples from students completing the combined MD/MPH (Arrupe Global Scholars) degree program.

Over the past three years, the *Healthcare Management* concentration has graduated fewer than five students; therefore, we have provided the three students' portfolios that are available.

Each student sample in the ERF includes:

- A site form indicating where the experience occurred and the supervisor.
- A customized Template D5-1 portfolio cover sheet mapping the student's work to at least five competencies (minimum three foundational).
- At least two practical, non-academic work products produced for the practice site's use and benefit.

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

Strengths

- **Clear Competency Expectations:** The program has clearly articulated foundational and concentration competencies that students must demonstrate during their APE.
- **Rigorous Portfolio Evaluation:** There are clearly articulated evaluation methods through a portfolio approach requiring at least two practical, non-academic work products produced for the site's use and benefit, ensuring that student performance is documented and verified by faculty.
- **Mission Alignment:** The competencies reflect the program's mission, vision, and values; advance the public health field; and demonstrate our commitment to priority communities.
- **Transparent Policies and Procedures:** Policies and procedures inform students of the competencies and give them opportunities to attain them.
- **Demonstrated Competency Attainment:** The program is confident that students who successfully complete the series of APE courses have demonstrated performance of the stated competencies.

Weaknesses and Plans for Improvement

- **Communication and Rubric Consistency for the APE:** Recent qualitative feedback from the program's alumni survey indicated occasional student confusion regarding practicum communication and the consistency of grading rubrics. While students are successfully completing the experience, the program identified a need to streamline how APE expectations are communicated to students before they enter the field.

- **Plan for Improvement:** The program is working to standardize rubric expectations across the APE sequence and is developing a brief orientation module to clarify graduate-level expectations and the portfolio process before students begin their field placements.

D6. DrPH Applied Practice Experience

Not Applicable.

D7. MPH Integrative Learning Experience

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

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

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

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

As detailed in Template D7-1 below, all students in the MPH program, regardless of concentration or combined degree status (i.e., the MD-MPH Arrupe Global Scholars program), complete the same Integrative Learning Experience (ILE), which is the MPH 612 Capstone course.

Template D7-1. MPH Integrative Learning Experience for All Concentrations

Integrative Learning Experience (list all options)	How competencies are synthesized
<ul style="list-style-type: none"> • MPH with Concentration in Health Care Ethics • MPH with Concentration in Healthcare Management • MPH with Concentration in Global Health Promotion • MD-MPH (Arrupe Global Scholars) 	<p>Students complete a high-quality written capstone paper (a publishable-quality article or commentary) in MPH 612 that synthesizes at least three competencies, including at least one foundational and one concentration-specific competency. Competencies are identified in consultation with faculty prior to enrollment in the capstone course and are developed through applied practice activities completed in the Pre-APEX module and MPH 611. In MPH 612, students integrate these competencies through analysis of practicum data, artifacts, and deliverables, demonstrating how competencies intersect and inform public health practice. Faculty assessment verifies synthesis and integration of competencies through review of the written capstone product.</p>

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

Process

Unlike the Applied Practice Experience (APE), where competencies may be preselected by the program, the ILE process requires students, in consultation with the Practicum Coordinator and faculty, to select the specific foundational and concentration competencies most appropriate to their individual academic and professional goals. The ILE is the culmination of a phased sequence: students are introduced to competencies in the Pre-APEX module, apply them in the field during the MPH 611 Practice Experience, and finally synthesize them in MPH 612 Capstone at or near the end of their program.

Expectations

In MPH 612 Capstone, students are expected to draw upon the data, artifacts, and practical deliverables generated during their practicum to produce a high-quality written product, specifically a publishable-quality article or commentary. This document must explicitly demonstrate the synthesis and integration of the student's selected competencies. Ideally, the written product is developed in a manner that is also useful to external partners. Additionally, students are expected to synthesize their insights and present their findings to fellow students and faculty; however, this presentation supplements the experience and does not replace the substantive written requirement.

Assessment

The primary focus of ILE assessment is the student's ability to synthesize their selected competencies within the written capstone document. At least one qualified faculty member assesses each student's paper using a

standardized grading rubric (see [ERF D7.4](#)) that emphasizes higher-level analysis, synthesis, and the application of best public health practices. While site preceptors or other qualified individuals may provide supplementary feedback, the faculty member retains primary responsibility for validating competency synthesis. Only when all ILE requirements are met is the student approved to graduate; otherwise, an “incomplete” is issued to allow additional time.

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

The following documents are available in [ERF D7.3](#) and communicate integrative learning experience policies, procedures, and expectations to students enrolled in the MPH program. These materials describe the structure of the capstone course, the required written integrative product, and supplemental learning activities.

- [ERF D7.3a MPH 612 Capstone Syllabus](#)
- [ERF D7.3b E-Portfolio Guide](#)
- [ERF D7.3c Final Capstone Paper Part II Guidelines](#)
- [ERF D7.3d Poster Presentation Instructions](#)

Note: The specific grading rubrics used by faculty to assess the written capstone product, as well as the rubrics used for supplementary activities, are provided in the response to Criterion D7.4.

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

The following documents are available in [ERF D7.4](#) and describe the methods through which faculty and other qualified individuals assess students’ demonstration and synthesis of their student-selected foundational and concentration competencies.

- [ERF D7.4a Capstone Paper Rubric](#)
Used by faculty to evaluate the primary integrative learning experience, including the student's synthesis of practicum deliverables and selected competencies through the required high-quality written product.
- [ERF D7.4b Reflective Essay Rubric](#)
Used as a formative assessment to support student reflection on applied learning; not used as primary evidence of integrative learning.
- [ERF D7.4c Poster Presentation Rubric](#)
Used to assess the supplementary poster presentation communication activity; not used as primary evidence of integrative learning.

At least one qualified faculty member applies the Capstone Paper Rubric to assess each student’s integrative learning experience and verify achievement and synthesis of the selected competencies.

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

Completed, graded high-quality written capstone papers (publishable-quality articles or commentaries) associated with MPH 612 are available in [ERF D7.5](#).

The ERF includes five completed capstone papers from each MPH concentration and the Arrupe Global Scholars MD-MPH program, representing at least 10% of the number produced over the last three years. In accordance with CEPH guidelines, the samples are organized by concentration and by individual students. Each student sample folder includes a planning form explicitly identifying the student-selected competencies, alongside the graded high-quality written product that demonstrates students’ synthesis of those competencies through applied analysis of practicum-based deliverables.

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

Strengths

- **Phased, scaffolded process.** A deliberate course sequence (Pre-APEX → MPH 611 Practicum → MPH 612 Capstone) builds competency synthesis step-by-step, clarifying expectations and promoting student success.
- **Student-driven competency selection.** Students select at least three foundational and concentration competencies that align with their specific career objectives, ensuring the ILE is highly personalized and relevant.
- **Structured assessment framework.** A clearly defined process and a comprehensive capstone paper rubric guide students and ensure consistent, objective faculty evaluation of competency synthesis.
- **High-quality written product.** Students effectively demonstrate their synthesis of competencies by producing a rigorous, publishable-quality article or commentary.

Weaknesses/Plans for Improvement

- **Sequencing the ILE for combined-degree students.** Integrating the ILE into the rigorous Arrupe Global Scholars (MD-MPH) schedule presented logistical and mentorship challenges.
 - **Plan for Improvement:** The CEC recently approved moving MPH 612 from the M4 Fall to the Spring of the dedicated MPH year, allowing students to synthesize their learning before returning to heavy clinical rotations. Program leadership is also actively establishing structured mentorship with Arrupe partners for dual-degree ILE projects.

D8. DrPH Integrative Learning Experience

Not Applicable.

D9. Public Health Bachelor's Degree Foundational Domains

Not Applicable.

D10. Public Health Bachelor's Degree Foundational Competencies

Not Applicable.

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

Not Applicable.

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

Not Applicable.

D13. MPH Program Length

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

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

The MPH degree requires the completion of a minimum of **42 semester-credit hours** for graduation. This requirement applies to all students, including those enrolled in the standalone MPH program across all three concentrations (*Health Care Ethics, Healthcare Management, and Global Health Promotion*) and those enrolled in the Arrupe Global Scholars MD-MPH dual-degree track.

Unit of Academic Credit

Creighton University uses the semester credit hour as the standard unit of instruction. The University's [Academic Credit Hour Policy](#) (ERF D13.2) aligns with the federal definition and the Carnegie Unit. One credit hour constitutes a minimum of one hour of classroom or direct instruction plus a minimum of two hours of out-of-class student work each week for a standard 15-week semester.

Academic Term Equivalency (8-Week Terms)

While the University standard is a 15-week semester, the MPH program is delivered primarily in an 8-week term format. To ensure compliance with credit hour standards, the University requires that courses meeting for fewer than 15 weeks must demonstrate reasonable equivalency in total effort. Specifically, the total combined direct instruction and student work must equal the standard of three hours of work per week, per credit, calculated over a 15-week semester.

Therefore, a 3-credit MPH course delivered over 8 weeks requires the same total amount of student engagement and effort as a 3-credit course delivered over 15 weeks, simply condensed into a shorter timeframe.

Minimum Credit Hour Requirements

The distribution of the 42 required credits is consistent across all degree options as detailed in Table D13.1 below.

Table D13.1. Minimum Credit Hour Requirements for MPH Degree

Requirement Category	Credit Hours
Integrated Core Curriculum	21
Concentration Courses	15
Applied Practice Experience (MPH 611)	3
Integrative Learning Experience (MPH 612)	3
TOTAL DEGREE CREDITS	42

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

The MPH program follows Creighton University's *Academic Credit Hour Policy*, which defines the semester credit hour as the standard unit of instruction.

Standard Definition

According to the policy, one credit hour constitutes a minimum of one hour of classroom or direct instruction plus a minimum of two hours of out-of-class student work each week for a standard 15-week semester. Following the Carnegie Unit, "one hour" of instruction is defined as 50 minutes.

Distance Learning and Accelerated Terms

Because the MPH program utilizes 8-week terms and distance learning formats, the program adheres to the University's guidelines for "Courses Meeting Fewer than 15 Weeks." To ensure rigor, the credit hours awarded must be reasonably equivalent to the standard of three hours of combined direct instruction and student work per credit hour calculated over a 15-week semester.

For distance learning courses that do not have a direct face-to-face equivalent, the program verifies credit hour compliance using the University's guidance that quantifies engagement through activities such as virtual course meetings and interactions, reading assigned texts, experiential learning activities, and synthesis, processing, and reflection activities (e.g., journals, formal papers, and discussion boards).

See [ERF D13.2 Academic Credit Hour Policy](#) for the full text.

D14. Dr PH Program Length

Not Applicable.

D15. Bachelor's Degree Program Length

Not Applicable.

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

Not Applicable.

D17. Academic Public Health Doctoral Degrees

Not Applicable.

D18. All Remaining Degrees

Not Applicable.

D19. Distance Education

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

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

1. Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro1 may be referenced for this purpose.

The MPH program and its concentrations (Healthcare Management, Health Care Ethics, and Global Health Promotion), as well as the Arrupe Global Scholars MD-MPH joint degree, are offered as a completely online program housed within the Department of Clinical Research and Public Health in the School of Medicine at Creighton University. Please see Template Intro-1 for the instructional matrix detailing these distance-based offerings.

2. Describe the public health distance education programs, including:

a. an explanation of the model or methods used,

The MPH program at CU is an entirely online program that does not require students to travel to the campus at any time. Students apply to the program by July 15 to be considered for Fall admission. The curriculum is provided in a fully online, asynchronous format to better meet the needs of adult learners who are geographically diverse, working professionals, or enrolled as dual-degree students, such as the MD/MPH students who are part of the Arrupe Global Scholars and Partnership program.

Technology

Creighton University uses [Canvas \(Instructure\)](#) as its learning management system and internally branded it as *Blueline*. The Canvas/Blueline platform is available to all Creighton faculty and staff for the development of courses, co-curricular content, and other university-sponsored programming. Canvas/Blueline provides students with quick and secure access to class materials, assignments, course calendars, syllabi, and course content, as well as offering a host of other tools designed specifically to assist in meeting student learning needs.

Curriculum Development

Faculty define course objectives and develop learning and assessment activities with the support of an instructional designer from the CFE eLearning team. Faculty collaborate with the MPH Course Directors and the larger MPH Curriculum and Evaluation Committee to ensure that course content addresses department and program goals as well as the public health competencies. Course instructors review the course for quality control and provide additional comments for revision during and after a course is offered.

Course Instructors

Each instructor is responsible for facilitating classroom discussions, providing substantive feedback on assignments, and answering students' questions on the course materials. Instructors are selected for their educational and professional experience related to the course topic and are encouraged to incorporate their background into their interaction with students.

Course Directors

Course Directors serve as content experts for the assigned courses and maintain the course curriculum to ensure alignment to the required competencies. Changes are documented and presented to the Program Director and the Curriculum and Evaluation Committee.

Course Material

Classes are divided into eight weekly modules, and students must complete the work in each module in the corresponding week of the class. In addition to lectures, any webinars or presentations in class are delivered online through [Panopto](#) (“BlueCast”) lecture capture or [Zoom](#) web conferencing and are recorded for students to access at any time and as many times as they wish to view them. Panopto lecture captures are integrated into the Canvas environment. There is one four-week course in the MPH program that was designed and adjudicated to be a three-credit-hour course by the CFE to ensure compliance with the University's Academic Credit Hour Policy regarding distance course equivalency.

Learning Environment

Class sizes in the program are no larger than 20 students per section. To ensure regular and meaningful interactions among online students and faculty, all MPH courses contain multiple discussion boards, with most requiring weekly threaded discussions. Students must compose an original post addressing the week's prompt and 1-2 guided responses to their classmates. Some classes require work within smaller groups of five or fewer students. Faculty communicate regularly with students and participate in and facilitate meaningful discussions. While coursework is entirely distance-based, students complete their Applied Practice Experience (MPH 611 Practice Experience) at physical practice sites within their own local communities. These practical experiences, along with the Integrative Learning Experience (MPH 612 Capstone), are managed, guided, and assessed remotely by faculty through the Blueline platform.

Faculty Feedback

Course instructors grade all discussion posts and assignments, as it is a program expectation that faculty provide substantive feedback using the rubrics and commenting tools in Canvas. It is also a program expectation that faculty post their availability to students and how to best get in touch with them. Additionally, instructors typically post weekly announcements with personalized content, including important updates, learning tips for the week's content, general class feedback on the previous week's assignments, and relevant trends or resources from the field.

b. the program's rationale for offering these programs

Strategic Institutional Alignment

In December 2007, a university task force identified a strategic initiative to expand distance education to strengthen local outreach and extend the University's mission beyond the Omaha region. This was summarized in a report: *Graduate Education at Creighton: A Vision for Growth*. An education advisory board was created with university representation to develop this strategic initiative. The MPH program was one of the outcomes of this initiative, specifically identified as a priority due to its strong alignment with Creighton's comprehensive health professions schools.

Jesuit Mission and Global Reach

Specifically, the program aligns with the [Jesuit mission](#) of Creighton University to reach diverse audiences globally. In presenting a values-centered, interdisciplinary program in public health, students are provided with many opportunities throughout the curriculum to reflect on the meaning and application of social justice and, in some cases, to experience first-hand the manifestations of unjust societal conditions that adversely impact the health of certain populations. As noted in our guiding statements (Section B), we are committed to training a public health workforce to address marginalized, vulnerable, and at-risk populations wherever they are. A distance education format makes it possible to achieve this on a national and even international level.

Accessibility for Professionals and Dual-Degree Students

There is a need to provide graduate degree options for other health sciences students at Creighton University. There are several health sciences programs that enroll large numbers of professional, post-baccalaureate students, some of whom will want to enter their profession with a public health background. The online format is the most flexible and sustainable way to offer a quality MPH program to students in various geographical locations. The ability to complete courses on an asynchronous schedule allows many working professionals and students pursuing dual-degree

options, such as the Arrupe Global Scholars MD-MPH program, to obtain the education needed to enhance their skill sets and advance their careers while they are physically deployed in clinical or global community settings.

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

CU offers several undergraduate and graduate degree programs online, so appropriate infrastructure related to administrative, technological, and student support services for distance programs is well established.

Student Services and Support

An academic coach monitors the academic progression of all MPH students, offers regular office hours, and is available in person, via email, phone, and video conferencing. The duties of the academic coach include a) serving as the first point of contact for students; b) onboarding and orienting new students; c) registering, adding, cancelling, and withdrawing students from courses; d) creating and maintaining plans of study; e) handling requests for transfer credits and temporary withdrawal paperwork; and f) monitoring ongoing support for academic success throughout a student's plan of study.

The university also provides students, faculty, and staff access to several advising and retention tools that can be accessed online:

- **[DegreeWorks](#)**: A degree management system that outlines plans of study and allows a student to track progress toward their degree.
- **CreightonConnect**: An online retention tool that streamlines communication between students, instructors, advisors, and other university resources.
- **[Student Resource Center](#)**: A centralized, virtual space housed in Canvas/BlueLine that provides essential and comprehensive resource information for students.
- **Graduate Student Orientation to Creighton**: A self-paced, non-credit, comprehensive online course that covers policies and support for technology, student health and well-being, library use and research support, writing assignments and requirements, and an introduction to the university's Jesuit/Ignatian mission and tradition. [H1.1c GRD 600 Modules Page](#)

Instructional Design and Administrative Support

The CFE staff of instructional designers, exam developers, and assessment professionals collaborate with faculty to select the tool(s) that best support each course's learning objectives and provide training and ongoing support for using the tools. To support ease of use, the CFE offers online Canvas orientation for faculty and students. The CFE serves and supports Creighton's distance learning initiatives through several key avenues:

- **Faculty Preparation**: The CFE provides support for teaching at a distance, including an online teaching certification course, a Distance Education Mentoring Initiative (pairing novice online instructors with experienced instructors), access to professional development resources, and webinars on a variety of distance education-related topics.
- **Course Development**: Instructional design and technology services are provided by professional staff with training in designing online courses (including course layout, aligning outcomes and assessments, and building interactivity); using technology to support teaching (including BlueLine tools); and multimedia creation.
- **Institutional Planning and Administration**: In collaboration with university leadership, the CFE establishes the vision for distance education, collaborates with academic deans and program directors to plan online programming, drafts new policies, and manages the academic integrity aspects of contractual relationships related to online education.
- **Assessment and Evaluation**: Employing standards from the Higher Learning Commission and specialized accreditation, the CFE promotes best practices, conducts reviews of distance course

design, implements continuous quality improvement processes, and builds necessary evidence files for external accreditation agencies.

Library Services

[Creighton University Libraries \(CUL\)](#) consists of the Health Sciences Library—Phoenix and the Reinert-Alumni Memorial Library on the Omaha campus. These libraries are a part of a unified library enterprise that also works closely with the Creighton University Law Library, which reports to the dean of the Law School. To ensure equitable support for distance-based students, CUL provides comprehensive remote services and resources:

- **Remote Access and Document Delivery:** CUL electronic subscriptions are licensed for both campuses and are made available to off-campus faculty, staff, and students via remote access using the single sign-in through OpenAthens. Print materials located on the Omaha campus may be requested through Document Delivery at no charge. Faculty, staff, and students also have access to InterLibrary Loan services through [ILLiad](#) that enable requests through manual entry or pre-populated information through most major databases, like MEDLINE. These materials are cleared through copyright and sent to the requestor's inbox if electronic or mailed if printed. Several library vendors also provide free mobile apps for their products, which require the user to register with the vendor and create a personal login and password.
- **Virtual Research Support:** CUL staff [provide assistance](#) by phone, email, 24/7 chat service, or synchronous virtual conferencing via Microsoft Teams or Zoom. The CUL website provides multiple access points for services and resources, including [resource guides](#) that curate services and resources by subject or clinical practice area. Search engines, like Google Scholar, and research databases include additional points of service; examples include the FullText@CreightonU link in Google Scholar or [JaySearch](#) (the CUL catalog) shortcuts within MEDLINE Complete.
- **Course Integration:** CUL [supports electronic reserves](#) and library access directly from within the university's learning management system, BlueLine. Library staff coordinate and upload faculty requests; materials may be scanned or linked from university holdings or requested through various consortia, cleared through copyright, and run through optical character recognition (OCR) software to improve accessibility and searchability.

Information Technology (IT) Support

IT contracts with vendors that provide support for faculty, staff, and students. They also provide support for Canvas, Panopto, BlueQ, Microsoft 360, and Zoom web conferencing to students, faculty, and staff. Students may contact the Information Technology and Library Services support hotline **24/7** for password resets and to submit a ticket for support of other technical issues that might arise. Additional information on hours for various technology support can be found on the [IT webpage](#).

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

The MPH program, like all other distance courses and programs at Creighton University, is designed, approved, and delivered according to rigorous standards that ensure consistent quality and comparability to traditional, place-based degree programs.

Institutional Standards and Policies

The university maintains strict guidelines to govern distance learning, including the Quality in Distance Education Programs Policy ([ERF D19.2d-i](#)). The CFE oversees the application of these quality standards, including the CU Quality Assurance Standards for Distance Education Programs ([ERF D19.2d-ii](#)). This framework encompasses nine categories and is based on nationally accepted standards of quality for online courses and programs, including the Council of Recognized Accrediting Commissions (C-RAC) Interregional Guidelines for the Evaluation of Distance Education.

Committee Oversight

Established university committees continuously monitor academic rigor and program equivalence:

- **The Distance Program Administrator Committee (DPAC)** develops and promotes practices that contribute to the quality and growth of distance education at Creighton University. The committee represents students, faculty, and support units in matters pertaining to distance education and technology integration by bringing forth issues, concerns, questions, and ideas for innovation.
- **The Academic Planning Review Committee (APRC)** is a university-wide committee responsible for formulating and recommending academic planning goals and initiatives for the university. Specifically, the committee recommends actions and procedures for new and existing academic programs and acts in an advisory capacity to the Provost and Council of Deans to ensure equivalence across all university offerings.

Course Review and Quality Assurance

To maintain academic rigor over time, all distance education courses undergo a formal review after initial development and every five years thereafter. These reviews ensure alignment with the University's Online Course Design Rubric criteria ([ERF D19.2d-iii](#)), which are based on the nationally recognized Quality Matters course review criteria.

Credit Hour Equivalency

To explicitly ensure comparability to place-based programs, verification of credit hours is accomplished as a mandatory part of the review for each distance education course. The university utilizes a set of standardized metrics for seat-time and distance education courses ([ERF D19.2d-iv](#)) to verify that the workload and rigor of an online course perfectly match the expectations of a standard face-to-face credit hour.

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

The MPH program completes an annual assessment review and report to identify areas of strength and opportunities for improvement. This process ensures that the specific program objectives are met through the program's core courses. The MPH curriculum and public health competencies are mapped to program objectives, and a curriculum assessment map provides a visual representation of the linkages between the learning goals and the program objectives. The assessment reports and curriculum assessment map are available as [ERF D19.2ei](#) and [ERF D19.2eii](#) Summative Assessment Documents.

The MPH program uses a variety of formative and summative measures in the courses to assess student learning and the effectiveness of the distance education format.

Formative Assessment of Educational Outcomes

The MPH program uses formative measures to directly assess outcomes at the course level through a review of papers, case studies, discussions, reflections, and presentations. These are embedded in each online course's modules and used by faculty to determine if the learning objectives have been met.

Summative Assessment of Educational Outcomes

All students confirm that the learning outcomes of the courses and selected CEPH and concentration competencies have been successfully mastered through the integration of knowledge and skills demonstrated in the pre-practicum, practicum, and capstone courses. These courses are the culmination of the program and serve as direct, summative evaluation measures because they require students to develop a scholarly practicum project and capstone paper on an approved public health topic under the direction of the Practicum Coordinator.

Summative assessment activities are also part of a program-level annual analysis of qualitative feedback from students and recent graduates. These qualitative data are reviewed on an annual basis, analyzing them for themes and rich quotes. The following data sources are considered:

- **Reflection Essays:** Capstone students complete a reflective essay synthesizing their practicum experiences in combination with their academic MPH coursework, including the program goals

and the core functions of public health professional practice. Included in the integration are the five CEPH foundational and concentration competencies as they apply to the practicum experiential learning experience.

- **Graduate Exit Survey:** Shortly after degree completion, graduates are invited via email to anonymously complete an online survey about the quality of the program's curriculum and instruction and the effectiveness of the online format and learning environment.

Continuous Program Improvement (Evaluating Format and Methods)

The MPH Assessment Plan summarizes the various ways in which the graduate program collects evidence of student learning and opportunities for course and program improvement. Student learning, as it relates to program objectives, is directly and indirectly assessed by formative and summative data to guide changes and refinements to the program, its curriculum, the distance learning environment, and instructional strategies.

Formative elements of the assessment plan at the course level, such as individual assignments or course/faculty evaluations, are considered a continuous data source and are used by the Program Director and faculty for improving individual courses and assignments. At the end of each term, course instructors are asked to review student feedback from course evaluations to self-assess instructional methods, the appropriateness of online delivery tools, and course delivery. Faculty conduct annual course reviews, using feedback from the Student Evaluation Reports to guide curricular changes and modifications to learning outcomes. When modifications are substantive, the CEC reviews the course and makes recommendations or approves the changes. See [ERF E3.5 Course Evaluation Data](#).

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

Upon admission, new students receive a unique user ID (NetID) and a unique user-determined password to access Creighton courses and other online systems or services. Canvas integrates with university authentication services to ensure appropriate and secure student access to courses and other student information systems.

Secure Login, Passcode, and Multi-Factor Authentication

Creighton University uses a secure login process with a user identification number (NetID) and password to determine that any student who registers in a distance education course is the same student who participates in, completes, and receives credit for the course. To further verify identity and secure access, Creighton University requires multi-factor authentication (MFA) for all students accessing university systems. The student's NetID is an identifier or username for logging in and accessing many university resources, such as the CU email system, the campus wireless network, the university library resources, and many others. A NetID account, combined with MFA, allows the account holder to authenticate securely.

Safeguarding Credentials and Privacy

Students are responsible for providing their complete and true identity information in any identification verification process. It is against university policy for a user to give someone his or her password or MFA code or to allow others to use his or her account. Further, all users of Canvas are responsible for maintaining the security of NetIDs and passwords or any other access credentials as required. Attempting to discover another user's password or attempting to gain unauthorized access to another person's files or email is prohibited. These processes are designed to protect student privacy in accordance with FERPA, and students are not assessed any additional charges associated with the verification of their identity.

Identity Verification in the Learning Environment

In addition, the university's student information system provides instructors and department personnel access to class rosters that include student names and NetIDs. With Canvas/BlueLine, students also have the option to upload photos associated with their accounts. This is visible in areas of the course such as discussion boards and the messaging system.

Because technology and personal accountability are not absolute in determining a student's identity, faculty members are encouraged to use assessments that include audio and video presentations at several points in the

course and in the program. Most, if not all, courses begin with a video biographical sketch by each student as well as by the course instructor. For example, the Capstone course's last assignment is a video presentation by the student describing the practicum project, competencies attained, and overall experience in the MPH program.

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

Strengths

- **Rigorous Quality Assurance:** The program adheres to Quality Matters guidelines and utilizes the CFE for instructional design support and a mandatory five-year review cycle for all online courses. Course Directors regularly review assignment courses.
- **Supported Faculty:** Professional development for online distance learning is required of all faculty, ensuring instructors are well-prepared for the asynchronous teaching environment.
- **Dedicated Distance Student Support:** Adoption of a model to provide student support through a dedicated academic coach to enhance the advising responsibilities of regular faculty is beneficial in facilitating student success and retention for geographically diverse learners.
- **Continuous Evaluation:** The MPH program includes a standing agenda item at their monthly Academic Progression Committee meetings to discuss teaching and evaluation topics to make curricular changes that are informed by student feedback.

Weaknesses and Plans for Improvement

- None identified.

E1. Faculty Alignment with Degrees Offered

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

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

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

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Benedict, Tanya	Professor	Tenured	PhD MS	<ul style="list-style-type: none"> University of North Carolina-Chapel Hill (PhD) University of Arkansas (MS) 	<ul style="list-style-type: none"> Health Policy & Administration Rural Sociology/Rural Health 	Healthcare Management
Kim, Kwanghyun	Assistant Professor	Tenure-Track	MD PhD	<ul style="list-style-type: none"> Yonsei University (MD and PhD) 	<ul style="list-style-type: none"> General Medicine Public Health 	Global Health Promotion
Lux, Sarah	Assistant Professor	Non-Tenure Track	PhD MS	<ul style="list-style-type: none"> Iowa State University (PhD) University of Nebraska-Omaha (MS) 	<ul style="list-style-type: none"> Education Counseling 	Health Care Ethics
O'Keefe, Anne	Professor	Non-Tenure Track	MD MPH	<ul style="list-style-type: none"> University of Nebraska (MD) Emory University (MPH) 	<ul style="list-style-type: none"> General Preventive Medicine Public Health 	Global Health Promotion
Ratnapradipa, Dhitinut	Professor	Tenured	PhD MPA	<ul style="list-style-type: none"> University of Utah (PhD and MPA) 	<ul style="list-style-type: none"> Health Promotion and Education Environmental Technology 	Healthcare Management
Robinson, Mark	Associate Professor	Tenured	MBE PhD	<ul style="list-style-type: none"> Harvard Medical School (MBE) Princeton University (PhD) 	<ul style="list-style-type: none"> Bioethics Anthropology 	Health Care Ethics

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

Template E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction

Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Beste, Jason	Associate Professor	<i>Executive Director, Arrupe Global Scholars & Partnership Program</i> Creighton University	0.15	MD MPH	<ul style="list-style-type: none"> Creighton University University of Washington 	<ul style="list-style-type: none"> Infectious Diseases Global Health 	Global Health Promotion
Casanave, Leah	Special Faculty	<i>Division Chief, Community Health, Nutrition and Clinical Services</i> Douglas County Health Dept.	0.18	DrPH MPH	<ul style="list-style-type: none"> University of Kentucky (DrPH and MPH) 	<ul style="list-style-type: none"> Epidemiology 	Healthcare Management / Core Curriculum and APE
Davis, Rebecca	Assistant Professor	<i>Assistant Professor</i> Creighton University	0.06	DNP MSN	<ul style="list-style-type: none"> Creighton University University of Nebraska Medical Center 	<ul style="list-style-type: none"> Advanced Public Health/Global Health Health Systems Nurse Specialist 	Global Health Promotion
Doll, Joy	Resident Associated Professor	Program Director, Health Informatics Program Creighton University	0.06	OTD OTR/L	<ul style="list-style-type: none"> Creighton University 	<ul style="list-style-type: none"> Doctor of Occupational Therapy 	Healthcare Management
Guetterman, Timothy	Special Faculty	<i>Associate Professor</i> University of Michigan	0.18	PhD MA	<ul style="list-style-type: none"> University of Nebraska-Lincoln University of Iowa 	<ul style="list-style-type: none"> Counseling, Rehabilitation and Student Development Educational Psych— Quantitative, Qualitative & Psychometric Methods. 	Healthcare Management / Core Curriculum
Smith, Melanie	Research Assistant Professor	<i>Instructor</i> Creighton University	0.06	JD	<ul style="list-style-type: none"> Widener University 	<ul style="list-style-type: none"> Healthcare Law and Policy 	Health Care Ethics
Weissenburger-Moser, Lisa	Special Faculty	<i>Ad Ops Team Lead</i> Sojern	0.12	PhD MPH	<ul style="list-style-type: none"> University of Nebraska Medical Center (PhD and MPH) 	<ul style="list-style-type: none"> Epidemiology 	Global Health Promotion

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

CVs for all primary instructional faculty and non-primary instructional faculty listed in Templates E1-1 and E1-2 are provided in [ERF E1.3 Faculty CVs](#).

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

The MPH program faculty possess a diverse blend of academic training, professional public health practice, and interdisciplinary expertise that directly supports the program's concentrations and core curriculum.

Global Health Promotion Concentration

- **Kwanghyun Kim, MD, PhD:** Dr. Kim brings a physician-epidemiologist perspective to the concentration. With a PhD in Public Health and an MD, combined with his role as a Senior Collaborator for the Global Burden of Disease study, he is uniquely qualified to lead the program's analytic coursework in MPH 645 Global Health Epidemiology.
- **Anne O'Keefe, MD, MPH:** Dr. O'Keefe's qualification is supported by her dual identity as a physician and a former senior epidemiologist for the Douglas County Health Department. Her practice experience in disease surveillance directly informs her teaching in MPH 617 Emerging Global Health Issues, where she bridges the gap between local health department operations and global health security.
- **Leah Casanave, DrPH (Non-PIF):** Serving as the Division Chief for Community Health at the Douglas County Health Department, Dr. Casanave connects theory to practice as the primary instructor for MPH 605 Epidemiology. Her daily leadership in local public health ensures that student surveillance training is relevant to current workforce needs.

Health Care Ethics Concentration

- **Sarah Lux, PhD:** Dr. Lux holds a PhD in Education and serves as the Program Director for the *MA in Medical Humanities and Ethics*. Her academic leadership and instruction of MHE 600 Scholarly Reading & Writing qualify her to coordinate the concentration, while her social science background supports her teaching in the core course, MPH 604 Social and Behavioral Aspects of Public Health.
- **Mark Robinson, PhD:** Dr. Robinson holds a Master of Bioethics from Harvard Medical School in addition to his PhD in Anthropology. This specialized training allows him to expertly guide students through the complex ethical frameworks found in MHE 610 Introduction to Bioethics and MHE 606 Theories of Justice.

Healthcare Management Concentration

- **Dhitinut Ratnapradipa, PhD:** Dr. Ratnapradipa supports the management concentration through his Master of Public Administration, which complements his PhD in Health Promotion. His academic background in public administration, combined with his leadership experience as department chair, directly informs his oversight of the management curriculum. Additionally, his practice background in environmental risk communication supports his instruction of MPH 606 Environmental Health.
- **Tanya Benedict, PhD:** With a PhD in Health Policy and Administration, Dr. Benedict brings specialized expertise to MPH 601 Organization and Management of Public Health Services and MPH 634 Health Planning and Marketing. Her background aligns perfectly with the concentration's focus on policy development, strategic planning, and health systems management.

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

Interdisciplinary Faculty Appointments

As an interdisciplinary program housed within the School of Medicine, several Primary Instructional Faculty hold joint or shared appointments with other departments. Data in Template E1-1 and Template C2-1 reflects the specific FTE allocated to the MPH program for instruction, advising, and administration, distinct from their clinical or other institutional responsibilities. This shared-appointment model is intentional, allowing the program to leverage specialized expertise (e.g., bioethics, clinical epidemiology) that a program of this size would otherwise not have access to.

Recent Faculty Recruitment (Global Health)

Data in Template E1-1 includes Dr. Kwanghyun Kim, who joined the faculty in July 2025. His recruitment was a strategic priority identified in the previous self-study cycle to bolster the Global Health Promotion concentration and increase the program's capacity for quantitative research mentorship. His inclusion in the table reflects the program's current and forward-looking staffing capacity.

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

Strengths

- **Deep integration of high-level practice experience:** Faculty include current and former health department leaders who integrate real-time public health data and crisis management scenarios into instruction. This ensures the curriculum remains grounded in applied workforce readiness rather than theory alone.
- **Alignment of interdisciplinary expertise:** Faculty qualifications map directly to specialized concentrations rather than relying on generalists. For example, the Health Care Ethics track is led by faculty with advanced degrees in bioethics and the humanities, while Healthcare Management is taught by faculty with specific training in public administration and policy.

Weaknesses and Plans for Improvement

- **Limited faculty depth in specific concentration areas:** Meeting minimum staffing levels creates vulnerability to turnover or leave.
 - **Plan for Improvement:** To bolster stability, the program has: 1) hired a new tenure-track assistant professor in Global Health (Dr. Kim) to expand epidemiology capacity; 2) formalized a "bench" of non-primary faculty from key partners, such as the Douglas County Health Department, to ensure instructional continuity during transitions; and 3) newly hired faculty in the Department of Clinical Research and Public Health (Amy Brower, PhD, and Christopher M. Kaiputs, PhD, MPH) will be available to teach and mentor MPH students.

E2. Integration of Faculty with Practice Experience

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

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

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

The program assures a broad public health perspective by recruiting faculty who are not only content experts but also active practitioners. This approach ensures that theoretical concepts are grounded in real-world application. The examples below are illustrative and highlight the two primary mechanisms used to integrate practice perspectives into the classroom: 1) Full-time faculty leveraging prior and current practice experience and 2) Employment of high-level practitioners as adjunct faculty.

Full-Time Faculty with Professional Practice Experience

Faculty members draw upon extensive careers in public health practice to ground theoretical concepts in reality.

- **Dr. Tanya Benedict** integrates her ongoing practice as the founder of [Pascal's Pantry](#) in the Dominican Republic into **MPH 601 Organization and Management**. She shares operational data regarding nutritional supply chains and community assessments from the Batey communities, challenging students to apply management theories to resource-limited settings.
- **Dr. Anne O'Keefe** uses her prior experience as the Senior Epidemiologist for the Douglas County Health Department to teach surveillance and outbreak investigation. In **MPH 617 Emerging Global Health Issues**, she uses de-identified datasets and case studies from her time leading local H1N1 and Ebola preparedness responses to illustrate the complexities of real-world epidemiology.
- **Dr. Kwanghyun Kim** brings applied experience from the corporate health sector, having served as a department manager at the Bain Safety and Health Center. He integrates this operational perspective into **MPH 645 Global Health Epidemiology**, where he prepares students to manage health safety protocols and disease prevention strategies in non-governmental and industrial settings.
- **Dr. DT Ratnapradipa** draws on his background in state and local environmental health government agencies to incorporate applied risk communication scenarios into **MPH 606 Environmental Health**. He uses his current work with the *National Environmental Health Association (NEHA)* to introduce students to the political and regulatory realities of environmental policy enforcement.

Employment of Part-Time Practice-Based Faculty

The program intentionally hires active public health leaders to serve as instructors of record, ensuring students receive training aligned with the current workforce.

- **Dr. Leah Casanave**, Division Chief at the Douglas County Health Department, serves as the primary instructor for **MPH 605 Epidemiology**. She integrates real-time local health department data and case-control studies into the curriculum, offering students a direct window into current public health operations.
- **Dr. Joy Doll** serves as a subject matter expert for the CDC on health systems transformation. In **MPH 608 Health Communication**, she utilizes tools from the *Omaha Pathways HUB* evaluation to illustrate how informatics drives cross-sector care coordination.

Finally, members of the program's External Advisory Board, all of whom are public health practitioners, regularly review curricula to ensure relevance and to provide input on current and emerging practice needs.

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

Strengths

- **Active professional practice by primary faculty.** Key regular faculty maintain professional practice experience outside of academia, including engagement within local communities and applied work in international settings, such as the Dominican Republic. This ensures that core instruction is informed by current field realities.
- **Strategic employment of practitioner-educators.** The program intentionally employs special faculty who bring current or recent practice experience across a range of professional roles. By serving as instructors of record, these practitioners contribute applied perspectives that ground theoretical coursework in workforce needs.
- **Intentional curricular integration of practice.** Faculty intentionally integrate practitioner perspectives into coursework through mechanisms such as guest lectures, applied case studies, and mentoring. This approach supports students' exposure to real-world public health practice beyond the practicum experience.

Weaknesses and Plans for Improvement

- **Inconsistent quantitative tracking of practitioner integration.** While practitioner engagement is robust, the program does not systematically collect recent quantitative data on the frequency or modalities through which external practitioners are integrated into coursework. This limits the ability to report aggregate metrics across the faculty body.
 - **Plan for Improvement:** To better summarize these activities, the program will implement a brief annual reporting template for courses involving community-based practitioners. This will systematically capture data on guest lectures and applied projects, ensuring consistent documentation across the curriculum.

E3. Faculty Instructional Effectiveness

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

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

The program supports professional development and advancement in instructional effectiveness, including support for working with diverse students and communities.

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

The MPH program evaluates faculty instructional effectiveness through coordinated university-, departmental-, and program-level processes that apply to all primary and non-primary instructional faculty. These procedures support the continuous monitoring and improvement of teaching quality.

Student Course Evaluations

All courses use Anthology (formerly Campus Labs), the university's official course evaluation platform, to administer standardized end-of-term student course evaluations. Students complete anonymous evaluations at the end of each 8-week term, providing feedback on instructional quality, accessibility, engagement, and the extent to which the instructor fostered an equitable and inclusive learning environment (see [ERF E3.1a MPH Course Survey Instrument](#)). Faculty receive evaluation reports after grades are submitted and use these results to guide course modifications and set individual improvement goals. The Program Director and Department Chair review evaluation data each term to identify trends and provide targeted feedback as needed.

For courses with very small enrollments where anonymity protections prevent the generation of quantitative reports (fewer than 4 respondents), instructional effectiveness is reviewed through alternative mechanisms. These include direct review of course artifacts (e.g., assignments and grading patterns), faculty self-reflection, and qualitative updates provided during standing "Teaching and Learning" agenda items in monthly Academic Progression Committee meetings. These mechanisms ensure that instructional quality is monitored consistently across all courses, regardless of class size.

Program and Departmental Review

Instructional performance is examined during annual faculty reviews, following university policies and Faculty Handbook Section III.E.1. Reviews assess teaching effectiveness, responsiveness to student feedback, alignment of course materials with learning objectives, and contributions to the program curriculum (see [ERF E3.1b Faculty Annual Review Template](#)).

Instructional effectiveness is also a critical component of faculty advancement. In accordance with Faculty Handbook Section III.G, evidence of teaching competence, which is evidenced by student evaluations, peer reviews of syllabi, and annual performance reviews, is required for all tenure and promotion decisions.

Online Course Quality Review Cycle

All MPH online courses undergo a formal quality review every five years through the university's Center for Faculty Excellence (CFE), which uses standards aligned with *Quality Matters* (see [ERF E3.1c CFE Quality Review Standards](#)). Reviews assess course design, clarity of navigation, alignment of objectives and assessments, accessibility, and use of evidence-based teaching methods. Faculty receive structured feedback to guide revisions, and results are integrated into program-level discussions of course quality (see [ERF E3.1d Sample CFE 5-Year Course Review Report](#)).

Collegial Peer Review

In addition to formal review structures, the program maintains an established culture of collegial peer review. Review of course materials, instructional reflections, and alignment discussions occurs through the Curriculum & Evaluation Committee and the Academic Progression Committee. These structures provide regular opportunities for peer input on syllabi, assignments, and curriculum alignment. Additionally, new faculty often serve as

observers in existing online courses to review instructional delivery and course design organization prior to teaching.

- 2. Describe available university and programmatic support for continuous improvement in teaching practices and student learning, including support for working with diverse students and communities. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.**

The MPH program benefits from a wide range of university-, departmental-, and program-level resources that support continuous improvement in teaching and student learning. These opportunities are available to all faculty, including both primary and non-primary instructional faculty, and they emphasize evidence-based pedagogy, culturally responsive practice, and inclusive instructional environments.

University-Level Teaching and Learning Supports

Creighton University's CFE provides a comprehensive infrastructure to support instructional quality. CFE resources include workshops, webinars, book clubs, and 1:1 consultation designed to strengthen course design, assessment alignment, accessibility, and inclusive pedagogical practices. These offerings are available to all faculty ranks, including adjuncts. Recent programming has focused on "ungrading" for equity, artificial intelligence in the classroom, and inclusive course design (see [ERF E3.2a CFE Faculty Development Programming](#)).

Program and Department Level Supports

The Department of Clinical Research and Public Health and the MPH program jointly support continuous improvement through coordinated professional development and mentoring.

- **Structured Faculty Development:** Departmental professional development focuses on reflective teaching practice and applied public health scholarship. One example of this approach is the MPH Program Faculty Retreat, which brings PIF and non-PIF faculty together to discuss equity-oriented instruction and community engagement (see [ERF E3.2b MPH Faculty Retreat Agenda 2023](#)).
- **Professional Development Stipend:** The MPH program provides an annual professional development stipend to PIFs (see [ERF E3.2c Faculty Development Funding Policy](#)). Faculty regularly use these funds to attend national, regional, and virtual professional meetings (e.g., APHA, ASPPH), strengthening both disciplinary currency and pedagogical practice.
- **Mentoring & Communication:** The Program Director provides ongoing faculty mentoring, routinely sharing opportunities for scholarship and course improvement. Program staff regularly disseminate teaching resources to ensure that full-time, part-time, and adjunct instructors have consistent access to instructional supports and opportunities for continuous improvement.

Examples of Faculty Involvement (Last 3 Years)

- **Inclusive Pedagogy (CFE Book Club):** In AY 2023–2024, faculty participated in the CFE-sponsored "Ungrading" book club. This interdisciplinary cohort examined equitable assessment practices designed to reduce bias and support diverse learners. Faculty participants used these insights to refine grading rubrics in core MPH courses.
- **Structural Competency Training (MPH Program Faculty Retreat):** During the 2023 Faculty Retreat, all primary faculty participated in a session focused on the history of redlining in Omaha. This training provided faculty with the historical context necessary to teach structural determinants of health effectively and to support students working in local marginalized communities.
- **Disciplinary Currency (Professional Networks):** Faculty utilize the program's professional development funds to maintain active leadership in national public health organizations. For example, Dr. Ratnapradipa uses his engagement with the National Environmental Health Association (NEHA) to ensure that the environmental health curriculum remains aligned with current workforce standards and policy shifts.
- **Online Teaching Excellence (Quality Matters):** Faculty utilize CFE consultations to prepare for the 5-year online course review cycle. This support ensures that courses like MPH 615 Ethical Issues in Public Health meet *Quality Matters* standards for learner engagement and accessibility, benefiting the program's distance-based student population.

3. Describe the means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current. (self-study document)

The MPH program ensures that both PIF and non-PIF maintain disciplinary currency through a structured system of expectations, verification, and application. Faculty currency is supported through regular performance review processes, ongoing professional engagement in public health scholarship and practice, and the intentional integration of current knowledge into teaching.

Structured Expectations and Review of Faculty Disciplinary Currency

Faculty are expected to remain current in their fields through participation in professional organizations, continuing education, scholarly activity, engagement with applied public health practice, and regular review of disciplinary literature. These expectations apply to both PIF and non-PIF and are reinforced through the annual faculty performance review process in accordance with university policy (see [ERF E3.3a Faculty Handbook Sections III.E.1 and III.G](#)).

During faculty annual reviews, faculty document professional development activities, scholarly productivity, and the alignment between their disciplinary expertise and assigned teaching responsibilities. This process provides a formal mechanism for verifying that course content reflects current public health research, practice standards, and policy developments. Annual reviews also support mentoring conversations and, when appropriate, inform decisions about teaching assignments and instructional responsibilities (see [ERF E3.3b Faculty Annual Review Template](#)).

Non-PIFs, including adjuncts, are selected based on their active professional roles in public health (e.g., health department leadership). Their currency is verified at the time of appointment renewal through the review of updated CVs and student evaluation feedback regarding the relevance of course material (see [ERF E3.3c Non-PIF Evaluation Policy](#)).

Ongoing Professional Engagement in Public Health Practice and Scholarship

Faculty maintain disciplinary currency through sustained engagement in professional, scholarly, and practice-based public health communities. Faculty participate in national, regional, and virtual conferences (e.g., APHA, ASPPH), professional organizations, and short courses that expose them to emerging research, evolving practice standards, and discipline-specific innovations. Program-level professional development stipends support these activities, and faculty document them during annual reviews.

In addition, faculty engage with state and local public health networks, community-based initiatives, and applied evaluation or practice projects. Participation in interdisciplinary scholarly communities, such as university-sponsored research interest groups (e.g., the PH RIG), interprofessional retreats, and practice-focused institutes, further supports exposure to new research methods, policy discussions, and community-engaged approaches.

Integration of Current Scholarship and Practice into Teaching

The MPH program emphasizes the integration of current disciplinary knowledge into course content and instructional activities. Annual faculty reviews assess the relationship between faculty scholarship, professional engagement, and teaching responsibilities, providing structured opportunities to reflect on how new research, policy developments, and practice experiences are incorporated into coursework.

Faculty routinely update syllabi, readings, assignments, case studies, and applied learning activities to reflect emerging public health scholarship and real-world practice trends. For online courses, the CFE conducts a formal five-year review cycle aligned with *Quality Matters* standards. While these reviews focus on instructional design, the process serves as a mandatory prompt for faculty to audit their disciplinary content.

In practice, however, faculty update courses more frequently to ensure currency with evolving public health standards. This culture of continuous improvement is demonstrated by:

- The comprehensive update of MPH 615 Ethical Issues in Public Health in Summer 2023 by Dr. Kate Nolt to align with global health ethics frameworks (see [ERF E3.3d CEC Meeting Minutes Spring 2023](#)).
- The disciplinary refresh of MPH 634 Health Planning and Marketing in AY2023-24 by Dr. Tanya Benedict incorporates new strategic planning models (see [ERF E3.3e AP Committee Minutes 2023-24](#)).

- The update of MPH 608 Health Communication and Informatics in AY2024-25 by Dr. Joy Doll (Non-PIF), who integrated new data visualization tools from her practice work with the *Omaha Pathways HUB* (see [ERF E3.3f CEC Meeting Minutes Fall 2024](#)).
- The planned revision of MPH 602 Community Health Assessment in AY2025-26 by Dr. Kwanghyun Kim to reflect current epidemiological methods (see [ERF E3.3g AP Committee Minutes Fall 2025](#)).

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

Evaluations of instructional effectiveness play a decisive role in faculty advancement decisions at Creighton University. As a teaching-focused institution committed to the Jesuit value of *Magis* (excellence), the MPH program considers high-quality instruction a prerequisite for both continued employment and promotion in rank.

Annual Performance Reviews (Retention and Merit)

For all faculty (PIF and non-PIF), the results of instructional evaluations directly inform annual decisions regarding contract renewal and merit salary adjustments.

In accordance with Faculty Handbook Article III, Section 5 (see [ERF A1.4c University Faculty Handbook](#)), the Department Chair conducts a summative review of every faculty member annually. This review incorporates quantitative data from student course evaluations and qualitative evidence of course improvements.

Positive evaluations of teaching are required for merit raises. Conversely, evidence of instructional deficiencies triggers a requirement for remediation (e.g., CFE consultation) and, if persistent, can be grounds for non-renewal of contracts for non-tenure-track faculty.

Promotion and Tenure Decisions

Instructional effectiveness is a structural requirement for promotion in rank. The Faculty Handbook (Article VIII) explicitly differentiates rank based on the *quality* and *consistency* of teaching. The *University Committee on Rank and Tenure* will not recommend promotion without documented evidence of teaching excellence.

- **Promotion to Associate Professor:** Candidates must demonstrate “consistent effectiveness in teaching” alongside their scholarship and service.
- **Promotion to Professor:** Candidates must meet a higher threshold, demonstrating a “consistent record of *distinguished* teaching.”

Evidence Considered in Advancement Decisions

To demonstrate effectiveness for advancement, faculty dossiers must include multiple sources of evidence, ensuring a holistic review rather than reliance on a single metric.

- **Student Voices:** Quantitative and qualitative summaries of *Anthology/Campus Labs* course evaluations.
- **Peer Assessment:** Letters from peer reviewers who have examined course materials, syllabi currency, and assessment rigor.
- **Instructional Growth:** Evidence of engagement with professional development (e.g., CFE workshops) and the subsequent integration of new pedagogical methods into the classroom.

5. Provide quantitative and/or qualitative information that characterizes the unit’s performance over the last three years on its self-selected indicators of instructional effectiveness. Select at least three indicators meaningful to the unit, with one from each of the listed categories. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on their public health degree programs.

Indicator 1: Faculty Currency

Category: Faculty Currency

Corresponding CEPH Options: 1) Annual or regular reviews of faculty productivity and the relationship of scholarship to instruction and 2) Peer/internal review of syllabi for currency of readings, topics, and methods

The program conducts annual faculty performance reviews in accordance with university policy (Faculty Handbook Section III.E.1). These reviews evaluate faculty productivity in teaching, scholarship, and service and explicitly assess the relationship between faculty scholarly activity and instructional currency. Faculty document updates to readings, emerging public health topics integrated into their courses, and new assignments informed by research, practice, or community engagement.

Over the past three years, annual reviews and peer reviews of syllabi have led to documented curriculum improvements across the program:

- AY 2022–2023:** **Alignment and Competency Updates.** Faculty reviews of courses initiated updates to *MPH 634 Health Planning and Marketing*, including the adoption of a new textbook and revised course content to ensure tighter alignment with concentration competencies.
- AY 2023–2024:** **Comprehensive Course Refreshes.** Feedback mechanisms led to a comprehensive update of *MPH 615 Ethical Issues in Public Health* in Summer 2023, streamlining content to better reflect current ethical challenges in the field.
- AY 2024–2025:** **Real-Time Adaptation to the Environment.** Faculty responded to the rapidly evolving external environment by integrating new technologies and updating resources. For example:
- **Emerging Technology:** The CEC approved a standardized AI policy for all syllabi in July 2024, preparing students for the ethical use of generative AI.
 - **Data Currency:** In *MPH 606 Environmental Health*, the instructor updated materials in real-time to address changes in federal government websites, ensuring students retained access to accurate environmental health data.
 - **Skills Enhancement:** In *MPH 608 Health Communication and Informatics*, the instructor introduced a “pitch deck” assignment to provide a contemporary method for practicing communication skills
- AY 2025–26:** **Curricular Efficiency and Interdisciplinary Alignment.** In September 2025, the CEC approved a revision to the Health Care Ethics concentration, replacing *MHE 600 Scholarly Reading and Writing* with *MMH 601 Introduction to Medical Humanities* to better support the program’s interdisciplinary goals.

Indicator 2: Faculty Instructional Technique

Category: Faculty Instructional Technique

Corresponding CEPH Option: Student satisfaction with instructional quality

The MPH program utilizes Anthology (formerly Campus Labs), an online course evaluation system, to assess student satisfaction with instructional quality. Course evaluations are completed anonymously by students at the end of each 8-week term. The survey solicits students’ perceptions of faculty engagement, accessibility, course organization, and the ability to foster an equitable and inclusive learning environment.

Students are asked to rate selected items using a five-point Likert scale (strongly disagree = 1 to strongly agree = 5), including items assessing whether the instructor demonstrated care for the quality of students’ learning experiences. Mean scores by academic year for this item are summarized below:

- **AY 2023–24:** 4.60 (mean) (n = 101)
- **AY 2024–25:** 4.41 (mean) (n = 205)
- **AY 2025–26:** in progress (n = __)* *academic year in progress*

Aggregated course evaluation reports for the most recent three academic years are available as [ERF E3.5b Course Evaluation Data Reports](#).

Because the program has small cohort sizes, quantitative reports are only generated for courses with 3–4 or more students to protect anonymity. In these cases, instructional effectiveness is assessed using complementary qualitative evidence, including written student feedback and reviews of course artifacts. Discussion of this data is a standing agenda item at monthly Academic Progression Committee meetings. Recent qualitative reviews have

consistently affirmed high faculty engagement and responsiveness, even in courses where quantitative data could not be reported.

Indicator 3: Program-Level Outcome

Category: Program-Level Outcomes

Corresponding CEPH Option: Courses that involve community-based practitioners

Consistent with the program's mission to prepare practice-ready public health professionals, the MPH curriculum integrates community-based practitioners across multiple core and elective courses. This indicator reflects the extent to which students engage with applied public health perspectives and reinforces the program's emphasis on community engagement, equity, and real-world problem-solving. Key examples include:

- **MPH 605 Epidemiology:** This course is taught by Dr. Leah Casanave, a current Division Chief at the Douglas County Health Department. She integrates real-time data and case-control studies from the local health department into the curriculum. Additionally, students are required to interview a public health practitioner to explore how epidemiological methods are applied in daily workplace settings.
- **MPH 609 Community-Based Participatory Research:** To prepare for their final proposals, students are required to conduct interviews with two community experts/practitioners regarding health disparities. Students must integrate these practitioner insights into their course assignments to identify barriers and facilitators for creating change in their communities.
- **MPH 611 Practicum Experience:** Students partner with community-based site supervisors who provide direct mentorship and guide project development and implementation. These practitioners evaluate student performance and the application of public health competencies in a real-world setting.

Three-Year Summary

Over the past three years, the program has maintained and expanded practitioner involvement, ensuring that key community-engaged courses are taught by or directly involve active public health professionals.

AY 2022–23: The program solidified the integration of practitioner-led instruction in core courses. Dr. Leah Casanave (DCHD) serves as the primary instructor for MPH 605 Epidemiology, bringing local health department data into the classroom.

AY 2023–24: Faculty reinforced the requirement for practitioner engagement in MPH 609 Introduction to Community-Based Participatory Research. Course reports confirmed that students successfully completed required interviews with two community partners, ensuring direct engagement with practice-based perspectives on health disparities.

AY 2024–25: The program expanded its practitioner network through the MPH 611 Practice Experience, managing placements for both traditional and Arrupe Global Scholar students. This included the onboarding of a new Practicum Coordinator effective July 1, 2024, Andy Wessel, a practitioner with the Douglas County Health Department.

AY 2025–26: In October 2025, the program faculty further deepened its collaboration with DCHD practitioners to design a process assisting students in bridging training needs for public health surveillance, directly preparing students to fill gaps in local health department operations (see [ERF E3.5c PH RIG Minutes Oct 2025](#)).

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

Strengths

- **Consistent, multi-source evaluation.** Instructional effectiveness is rigorously monitored through a triangulated system of student evaluations, annual performance reviews, and direct mentoring.
- **Robust development infrastructure.** Faculty utilize comprehensive university and program resources, including annual professional development stipends, to advance evidence-based and equity-oriented pedagogy.
- **Strong disciplinary currency.** Active faculty engagement with practice networks and applied scholarship keeps course content aligned with current public health priorities and workforce trends.

- **Systematic practitioner integration.** The program integrates community-based practitioners into 100% of community-engaged courses, reinforcing the curriculum's applied focus through guest lectures and site supervision.
- **Externalized online quality review.** The mandatory five-year *Quality Matters* review cycle ensures all online courses meet rigorous external standards for accessibility, alignment, and instructional design.

Weaknesses and Plans for Improvement

- **Decentralized tracking of faculty development.** While faculty participation in professional development is robust, documentation is currently fragmented across individual and departmental records, making aggregate reporting difficult.
 - **Plan for Improvement:** The program will implement a centralized tracking system to track faculty engagement in CFE workshops and conferences, streamlining data collection for accreditation and faculty annual reviews.
- **Inconsistent quantitative tracking of practitioner engagement.** Although practitioner involvement is high, the program lacks a systematic mechanism to aggregate data on the frequency and modalities of these interactions across the curriculum.
 - **Plan for Improvement:** The program is implementing a brief annual reporting template for community-engaged courses. Managed by the Practicum Coordinator, this tool will systematically capture practitioner contributions to ensure consistent documentation.
- **Variable adjunct engagement with teaching resources.** Awareness of institutional teaching supports (e.g., CFE resources, inclusive pedagogy guides) varies among non-PIFs.
 - **Plan for Improvement:** The program will formalize the Adjunct Onboarding Process to include specific modules on inclusive teaching expectations and direct links to CFE resources, ensuring equitable access to support regardless of faculty rank.

E4. Faculty Scholarship

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the program's research portfolio in those areas takes on greater importance.

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

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

1. Describe the school or program's definition of and expectations regarding faculty research and scholarly activity.

Scholarship and research are critical to the impact and reputation of the MPH program and Creighton University. In addition to generating new knowledge for solving real-world public health problems, faculty engagement in scholarship and research ensures that students are learning methods in applied contexts that are both current and significant. Consistent with the university's teacher-scholar model, the program adopts a broad definition of scholarship that values the generation of new knowledge (*discovery*), the application of evidence to solve real-world problems (*public health practice*), and the advancement of pedagogical effectiveness (*scholarship of teaching and learning*).

The scholarship and research expectations of the MPH faculty are identified in Article IV of the *2025 Faculty Handbook* (see [ERF A1.4c University Faculty Handbook](#)) and the *School of Medicine Promotion and Tenure Guidelines* (see [ERFA1.4d School of Medicine Bylaws](#)). As the MPH program is housed within the Department of Clinical Research and Public Health in the School of Medicine, promotion decisions are governed by school-specific policies. According to the *School of Medicine Bylaws* (2025), appointments and promotions to the Associate Professor or Professor category "shall be based on the School of Medicine Guidelines for promotion of Faculty to Associate Professor or Professor, respectively."

Consistent with these guidelines and the program's mission, achievement in scholarly activity is demonstrated by the publication of peer-reviewed articles, books, and reviews; the delivery of scholarly papers; activity in scholarly societies; and appointments as editors or reviewers. Furthermore, the program prioritizes scholarship that advances health equity and addresses the needs of vulnerable populations, aligning with the university's mission.

The MPH program has a two-tiered system for measuring faculty scholarship:

- **Primary Instructional Faculty:** These faculty adhere to the School of Medicine tenure and promotion policies referenced above. Targets for each measure in Template E4.1 for Primary Instructional Faculty (N=6) reflect expectations for 100% of all primary instructional faculty to be engaged in scholarship.
- **Non-Primary Instructional Faculty:** The program does not have formal scholarship expectations for non-PIFs beyond those required for their specific appointment rank. However, consistent with the program's commitment to hiring experts in their respective fields, the program seeks non-PIFs who demonstrate evidence of scholarship in their curriculum vitae at the time of hiring. While this scholarship is often situated within their home organizations and professional roles, as teacher-scholars, faculty are encouraged to integrate their scholarly and professional expertise into their teaching within the MPH program.

2. Describe available university and school or program support for research and scholarly activities.

University-Level Research Infrastructure

The university provides a comprehensive infrastructure to support the full lifecycle of faculty research, from proposal development to dissemination:

- **Grant Management & Compliance:** The [Office of Sponsored Programs Administration](#) assists faculty with funding searches, budget preparation, and proposal submission. To ensure accessibility, they host

daily “Open Door” hours via Zoom for immediate faculty assistance. This is complemented by the [Research Compliance Office](#), which oversees the Institutional Review Board (IRB) and provides guidance on ethical conduct and human subjects research.

- **Data & Literature Support:** The [University Libraries](#) offer specialized research support, including assistance with systematic reviews, data management plans, and open-access publishing through *Creighton ResearchWorks*. Faculty have access to a dedicated Health Sciences Librarian, Karina Kletscher, who collaborates directly with the program to provide training on tools such as *RefWorks* and *Covidence* for systematic reviews. Additionally, the library supports essential research software, including *PolicyMap* for demographic analysis and *REDCap* for secure data collection.

University-Level Funding Opportunities

The university provides robust internal grant opportunities to foster faculty scholarship, including:

- **Health Science Strategic Investment Fund (HSSIF) Faculty Development Grants:** These seed grants support faculty developing new biomedical or health-related research projects. Awards provide up to \$50,000 over a two-year period. MPH faculty, including Dr. Ratnapradipa, have successfully utilized this mechanism to fund projects such as the *Midwest Floodplain Literacy* study.
- **The Dr. George F. Haddix President’s Faculty Research Fund:** This fund supports the scholarly productivity of full-time faculty, with specific tracks for new investigators and interdisciplinary team projects. Faculty are explicitly encouraged to involve students in these endeavors.
- **State-Funded Biomedical Research Grants (LB692 & LB595):** The university administers state-allocated funding to support health research. The *LB692 New Initiative Grants* provide up to \$100,000 for cancer and smoking-related disease research.
- **Center for Faculty Excellence (CFE) Grants:** Formerly the Teaching and Learning Center, the CFE offers the *Scholarship of Teaching and Learning (SoTL) Grant* and the *eLearning Innovation Grant* to support research into effective pedagogical practices and technology integration. Awards range from \$500 to \$2,000.

Program-Level Support

To supplement university resources, the MPH program maintains the *Public Health Scholarship and Research Interest Group* (PH RIG). Meeting monthly, this group serves as a collaborative hub where faculty brainstorm research ideas, identify collaborators for the “Active Scholarly Project List,” and receive updates on funding opportunities. Additionally, the program allocates a dedicated professional development stipend (currently \$2,250 annually per full-time faculty member) to support travel for the dissemination of scholarship at professional conferences, such as the American Public Health Association (APHA) annual meeting.

3. Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. This response should focus on instances in which students were employed or volunteered to assist faculty in faculty research projects and/or independent student projects that arose from or were related to a faculty member’s existing research.

It is a common practice within the MPH program for faculty to teach courses aligned with their areas of research expertise, which facilitates the integration of faculty scholarship into student learning. In addition to course-based research activities, MPH students have opportunities to be employed or volunteer as research assistants on existing faculty research projects. Through these experiences, students engage in applied research activities that support competency development in research methods, evaluation, and data analysis and, in some cases, contribute to conference presentations or scholarly publications.

Examples of student involvement in faculty research and scholarly activities include the following:

- **Community Flood Risk Perceptions:** A Health Science Strategic Investment Fund (HSSIF) project led by Dr. DT Ratnapradipa and Dr. Timothy Guetterman examined community perceptions of flood risk in the Midwest. Multiple students served as research assistants on this funded project, supporting data collection, analysis, and manuscript preparation. Specifically, MPH graduate Kevin Boes and current student Danielle Hotalling contributed to the data analysis and co-authored presentations delivered at the *National Environmental Health Association (NEHA)* and the *MAXQDA International Conference* in Berlin, Germany.

- **Health Care Utilization and Social Care Informatics: Dr. Joy Doll** actively mentors students across three distinct projects involving health systems data. In the *Nebraska Healthcare Utilization in Relation to Climate-Induced Flooding Events* project (2020–2023), she mentored a student in analyzing electronic health record (EHR) utilization data alongside weather data to inform hospital disaster preparedness. Additionally, for the *Opportunities with Linking Surgical with Social Care (OWLSS)* project, a student assisted in reviewing EHR data and conducting stakeholder interviews to improve social care support for surgical patients. Finally, students participated in the *Omaha Pathways HUB* evaluation by analyzing stakeholder interviews and meeting weekly with Dr. Doll for mentoring on qualitative results.
- **Public Health Surveillance & Workforce Development:** Dr. Anne O’Keefe mentors students in applied public health practice through her partnership with the Douglas County Health Department (DCHD). In Summer/Fall 2025, medical/MPH student Seth Warner collaborated with Dr. O’Keefe to evaluate and assist with public health surveillance processes. This volunteer research opportunity allowed the student to address a specific workforce gap identified by the health department, and he subsequently presented his findings to the program’s PH RIG.
- **International Faculty Research Collaborations:** MPH students partner with international faculty to support ongoing research. For example, students work with the *Institute for Latin American Concern (ILAC)* in the Dominican Republic, collecting and analyzing longitudinal BMI data to assess the impact of nutritional interventions in Batey communities (Dr. Tanya Benedict). Arrupe Global Scholars, under faculty supervision (e.g., Dr. Jason Beste, Dr. Anne O’Keefe), students contribute to data analysis connected to established international research initiatives, providing applied global public health research experience

4. Describe and provide three to five examples of faculty integrating research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Faculty in the MPH program integrate their research and scholarly activities into instruction in ways that expose students to real-world public health problems, applied data, and current practice contexts. Faculty draw on their own funded research, evaluation projects, and scholarly expertise to develop case examples, assignments, and discussions that connect theory to practice.

Examples of faculty integration of research and scholarly activity into instruction include the following:

- **Dr. Tanya Benedict** integrates her scholarly activity regarding malnutrition and food insecurity in the Dominican Republic into ***MPH 601 Organization and Management of Public Health Services***. She utilizes data and operational experiences from her leadership of *Pascal’s Pantry* and the *Institute for Latin American Concern (ILAC)* to illustrate the management of public health interventions in resource-limited settings. This allows students to apply management theories to real-world scenarios involving health delivery to marginalized populations.
- **Dr. Jason Beste** draws on his research regarding post-conflict health systems strengthening and peacebuilding in ***MPH 617 Emerging Global Health Issues***. Through course readings, discussions, and comparative case examples drawn from his work in zones of conflict, students are introduced to the real-world complexities of global health delivery and the "Health as a Bridge to Peace" framework.
- **Dr. Joy Doll** integrates her applied research in informatics and health systems into ***MPH 608 Health Communication and Informatics***. She utilizes de-identified data and tools from her active studies, including the *Opportunities with Linking Surgical with Social Care (OWLSS)* initiative and the *Omaha Pathways HUB* evaluation. By incorporating these real-world datasets into course assignments, she allows students to engage with authentic public health informatics challenges and applied evaluation strategies.
- **Dr. Timothy Guetterman** integrates findings and methodological approaches from his funded research on overdose prevention (OD2A) and flood risk perception into ***MPH 707 Introduction to Mixed Methods***. As a methodological expert, he uses his own active research protocols to illustrate complex study designs, data collection strategies, and analytic decision-making, providing students with concrete examples of how mixed methods are applied in current public health contexts.

- **Dr. DT Ratnapradipa** incorporates examples from his *Health Science Strategic Investment Fund (HSSIF)* research on Midwest flood risk perceptions into **MPH 606 Environmental Health**. He uses this project as an applied case study to support student learning related to risk communication, environmental hazards, and the design of interventions for vulnerable populations affected by climate change.

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

Creighton University is strongly committed to research and scholarship and requires all tenured and tenure-track faculty to develop and maintain a program of research in areas that reflect their expertise. As the MPH program is housed within the School of Medicine, decisions regarding faculty advancement are governed by the *School of Medicine Bylaws* and the university-wide *2025 Faculty Handbook*.

Research and scholarly activity play a decisive role in faculty advancement at two distinct levels:

- **Annual Reviews:** Every faculty member undergoes an annual performance review by the Department Chair. This summative evaluation assesses the faculty member's productivity regarding the "production of scholarly works, including peer-reviewed publications... [and] the preparation of, applications for, or receipt of external and internal grants." These reviews directly influence merit salary adjustments and continued contract renewal.
- **Promotion and Tenure:** For advancement in rank, the *Faculty Handbook* establishes specific thresholds for scholarship that distinguish between ranks:
 - **Associate Professor:** Candidates must demonstrate "an emerging record of recognized scholarly achievement that contributes to one's discipline(s)" (Article VIII, Section 5.A.9.b.ii).
 - **Professor:** Candidates must demonstrate "an established record of nationally recognized scholarly achievement that contributes to one's discipline(s)" (Article VIII, Section 5.A.9.c.ii).

As outlined in the *University Faculty Handbook* and the *School of Medicine Promotion and Tenure Guidelines* (see [ERF A1.4d School of Medicine Bylaws](#)), achievement in scholarly activity is demonstrated by the publication of books, reviews, and articles; by the delivery of scholarly papers; by activity in scholarly societies; and by appointments as editor, reviewer, and referee. We also take acceptance of patents, procedures, methods, and consulting activity into consideration as appropriate to the discipline.

6. Provide quantitative data on the unit's scholarly activities from the last three years in the format of Template E4-1, with the unit's self-defined target level on each measure for reference. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

The program has selected three indicators that best reflect its teacher-scholar model and its mission to promote health equity through community-engaged public health practice.

- **Percent of faculty participating in research activities:** Chosen to demonstrate the program's success in maintaining high scholarly engagement across all Primary Instructional Faculty (PIF) through the Public Health Research Interest Group (PH RIG).
- **Number of community-based research projects:** Chosen to reflect the program's Jesuit mission and its emphasis on Community-Based Participatory Research (CBPR) in local and global settings.
- **Presentations at professional meetings:** Chosen to capture the active dissemination of scholarship to the public health workforce, often co-presented with students or community partners.

Rationale for Targets

The targets defined in Template E4-1 are derived directly from the program's staffing model and commitment to the teacher-scholar model.

- **Faculty Participation (80%):** The program establishes a benchmark of 80% for faculty participation in research. Given the current staffing size of primary instructional faculty, this target accounts for the interdisciplinary nature of the faculty body. Specifically, it accommodates the inclusion of faculty from the medical humanities and industry practice sectors (e.g., Health Care Ethics concentration) whose professional contributions may not align with traditional public health research metrics. This target

ensures that while the vast majority of faculty are active scholars, the program maintains the flexibility to employ practice-based experts.

- **Productivity Counts (6):** Consequently, the targets of 6 for “community-based research projects” and “presentations” represent a productivity benchmark of approximately one significant output per active research faculty member annually.

Template E4-1. Scholarly Activities (2023-2026)

Outcome Measure	Target	Year 1: 2023-24	Year 2: 2024-25	Year 3: 2025-26
Percent of faculty participating in research activities	80%	88%	80%	83%
Number of community-based research projects	6	8	6	5
Presentations at professional meetings	6	7	6	5

Note: Year 3 data include activities currently in progress and presentations accepted through March 2026.

Analysis of Selected Indicators

The data in Template E4-1 reflects a period of high engagement and strategic transition. A complete inventory of specific project titles, funding sources, and citation details supporting these counts is available in [ERF E4.6 List of Scholarship Activity](#).

- **Indicator 1. Faculty Participation in Research:** The program consistently met or exceeded its 80% participation target. The variance from 100% in each year is attributable to a single PIF position within the Health Care Ethics concentration. As detailed in [ERF E4.6](#), while this faculty member contributes vital industry and humanities expertise to the curriculum, their professional outputs differ from the traditional public health scholarship tracked in this metric. When adjusted for this interdisciplinary role, the remaining public health faculty maintained 100% participation throughout the self-study period, supported by the peer accountability structure of the monthly PH RIG.
- **Indicator 2. Number of Community-Based Research Projects:** The program exceeded its target in Year 1. The slight decrease to 5 projects in subsequent years correlates with the departures of two research-active faculty members. However, a qualitative review of [ERF E4.6](#) demonstrates that the *depth* of the remaining projects increased. Faculty shifted focus from short-term studies to longitudinal, high-impact partnerships. For example, the OD2A (Overdose Data to Action) prevention work with the Douglas County Health Department and the Dominican Republic malnutrition study has evolved into sustained, multi-year initiatives. These fewer, larger platforms provided stable opportunities for student engagement despite the lower total project count.
- **Indicator 3. Presentations at Professional Meetings:** The program met or exceeded its dissemination target in the first two years. The decrease in Year 3 (5 presentations) reflects a strategic pivot in faculty efforts toward securing external sustainability funding. For example, senior faculty efforts in AY 2025-26 were heavily dedicated to the submission of a \$3.3 million NIH/NIMHD grant. Furthermore, dissemination efforts shifted toward student engagement in that faculty prioritized mentoring students as co-authors for abstracts at the *National Environmental Health Association (NEHA)* conference rather than focusing solely on faculty-led travel. This temporary trade-off prioritized long-term program sustainability and student competency over raw faculty presentation counts.

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

Strengths

- **Structural Support for Scholarship:** The program maintains a robust infrastructure for faculty collaboration through the monthly Public Health Research Interest Group. As evidenced by meeting minutes, this body facilitates peer review, grant brainstorming, and skill-building, ensuring that research remains a collective, supported endeavor even for a small faculty body.
- **Integration of Scholarship and Practice:** Faculty scholarship is deeply embedded in community practice rather than theoretical abstraction. As detailed in the Active Scholarly Project List, research projects directly address community-identified needs, fulfilling the program’s social justice mission.

- **Student Engagement in the Teacher-Scholar Model:** The program successfully transitions students from learners to contributors. Recent data demonstrates a shift toward high-quality faculty-mentored student dissemination, evidenced by student co-authored presentations at national venues like the *National Environmental Health Association (NEHA)* and local platforms like the *University Research Week*.

Weaknesses

- **Resource Constraints on Dissemination:** Although faculty scholarship productivity is high, defined professional development allotments lag behind the rising costs of dissemination, particularly for conference travel and open-access publication fees. This financial constraint limits the scope and frequency with which faculty can disseminate their findings to the broader public health community.
 - **Plan for Improvement:** The program is actively moving from internal seed funding to major external grant acquisition to sustain long-term research agendas. The submission of a significant NIH/NIMHD grant in October 2025 and the mentorship that faculty received on writing data management plans provide evidence of this.
- **Vulnerability to Faculty Transitions:** Due to the small size of the primary instructional faculty cohort (N=6), the program's aggregate scholarship metrics are highly sensitive to individual faculty transitions. As noted in the analysis of Template E4-1, the departure of two research-active faculty in Year 2 resulted in a visible dip in active project counts (from 7 to 5), highlighting a need for rapid onboarding of new faculty into the research infrastructure.
 - **Plan for Improvement:** To stabilize aggregate productivity, the program has prioritized hiring faculty with established research agendas. The recruitment of Dr. Kwanghyun Kim, who brings a strong publication record in global health epidemiology, is an immediate step to bolster the program's research capacity and mitigate the impact of recent retirements. Amy Brower, PhD, is a new Professor in the Department of Clinical Research and Public Health and an associate dean of research for the School of Medicine. She is an expert in genomics, informatics, and translational research, as well as policy implementation. She contributed to the Human Genome Project at the U.S. Department of Energy's Joint Genome Institute at Lawrence Berkeley National Laboratory. She has collaborated extensively to advance genomics in newborn and childhood screening. She can serve as a mentor for MPH students for research projects and practicum/capstone experiences. In the near future, she may teach courses in informatics or health policy. Christopher M. Kaipust, PhD, MPH, is director of the Core for Applied Research and Evaluation (CARE) for Creighton University's Institute for Population Health. He is an epidemiologist and mixed-methods researcher with broad expertise in mental health, chronic disease, nutrition, health disparities, substance use, and occupational health and safety. In the next academic year, he will teach a section of Mixed Methods. He will be available to serve as a mentor to MPH students with public health projects and as a consultant regarding complex survey design projects.

E5. Faculty Extramural Service

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

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1. Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)

Definitions and Expectations

The MPH program defines service as contributions of professional expertise to the community, including professional practice. It is an explicit activity that benefits the greater society, beyond what instruction and research accomplish. This definition aligns with the program's social justice mission and the university's Jesuit identity, prioritizing engagement with marginalized populations.

The program expects that **100% of primary instructional faculty (PIF)** engage in extramural service activities. This service must align with the program's goal to promote culturally responsive community engagement through outreach, education, and partnership. Faculty are expected to engage with marginalized populations in their geographic areas or in areas aligned with their disciplinary expertise.

For **non-primary instructional faculty (non-PIF)**, including teacher-practitioners, the program expects that approximately 85% demonstrate evidence of extramural service at the time of hiring. While this service is often conducted within their professional roles (e.g., health department leadership), the program expects such service to be clearly integrated into instruction to inform student learning.

Alignment with University Definitions

These expectations align with the *2025 University Faculty Handbook* (Article VIII, Section 5.A.8), which defines service as "professional, University, College or School, Departmental, community, church, or volunteer activity which is not directly related to teaching, research, clinical, or librarianship assigned duties." Furthermore, the *School of Medicine Bylaws* (2025) stipulate that promotion to Associate Professor requires "evidence of active service consistent with the Mission of Creighton University," and promotion to Professor requires "evidence of recognized leadership in service." However, while Creighton University recognizes internal governance (such as departmental or college committees) as service for the purposes of promotion and tenure, the MPH program specifically emphasizes the "community" and "professional" aspects of this definition to meet CEPH Extramural Service requirements (Criterion E5).

Furthermore, the *University Faculty Handbook* (Article VIII, Sections 9.b.v and 9.c.v) stipulates that promotion to Associate Professor requires "evidence of active service consistent with the Mission of Creighton University," and promotion to Professor requires "evidence of recognized leadership in service." The MPH program fulfills these university-wide advancement standards by encouraging faculty to focus their service portfolios on external public health leadership.

2. Describe available university and school or program support for extramural service activities. (self-study document)

The MPH program has a robust combination of university-level infrastructure and program-specific resources to support faculty extramural service, as detailed in Table E5.2.

Table E5.2. University and Program Support for Faculty Extramural Service

Level	Org Unit / Resource	Description of Support & Impact on Service
University	<i>Center for Faculty Excellence (CFE)</i>	Mission-Based Development & Training: The CFE supports faculty success in "service/practice" through professional development workshops and the administration of Mission Innovation Grants, which fund projects advancing the university's Jesuit, Catholic service mission. Additionally, the CFE provides training on inclusive instruction and accessibility, ensuring faculty service outputs effectively reach diverse community populations.
	<i>Center for Interprofessional Practice, Education and Research (CIPER)</i>	Collaborative Practice Networks: Facilitates interprofessional education and practice. This resource provides a network for MPH faculty to engage in service alongside colleagues from pharmacy, medicine, and nursing, supporting service activities related to clinical settings and workforce development.
	<i>Creighton Community Collaborative (CCC)</i>	Advancing Community Health Equity: The CCC oversees reinvestment funds for North and South Omaha organizations to advance critical health equity outcomes. This service directly provides funded CBPR and applied practice experience opportunities for students and faculty to study these outcomes and measure the impact of community-driven initiatives.
	<i>Global Engagement Office (GEO) & Institute for Latin American Concern (ILAC)</i>	International Service Infrastructure: Provides logistical, safety, and administrative support for faculty engaged in global service-learning. This resource supports long-standing partnerships in the Dominican Republic (e.g., Pascal's Pantry, nutrition centers), allowing faculty to focus on health delivery and community engagement rather than travel logistics.
	<i>Schlegel Center for Service and Justice (SCSJ)</i>	Community Partnership Infrastructure: The SCSJ facilitates relationships with local Omaha community organizations, providing a vetted network for faculty to engage in service and advocacy projects rooted in the Jesuit mission of "building a more just world."
	<i>Sponsored Programs Administration</i>	Grant Infrastructure & Internal Funding: This office assists faculty in identifying, budgeting, and managing external funding for service and practice-based contracts. It also manages internal funding programs, like the Dr. George F. Haddix President's Faculty Research Fund and the Health Science Strategic Investment Fund (HSSIF), which give important seed money to faculty for starting community-engaged initiatives.
	<i>Office of Sustainability Programs</i>	Environmental Advocacy Platforms: Connects faculty with the <i>Laudato Si' Action Platform</i> and the <i>Climate Leadership Network</i> . This office provides a platform for faculty to align local environmental health services (e.g., flood resilience) with broader national and international advocacy efforts.
	<i>Public Health Research Interest Group (PH RIG)</i>	Service Coordination & Collaboration: A monthly forum where faculty discuss community partnerships (e.g., Health Center Association of Nebraska), identify service gaps, and prevent duplication of effort with partners like the Douglas County Health Department.
	<i>Professional Development Stipend</i>	Financial Support: The program provides an annual stipend (\$2,250 for FY2026) to full-time faculty. This funding supports travel to professional association meetings (e.g., APHA, NALHD) where faculty hold leadership and committee roles.
	<i>Practicum Coordinator</i>	Structural Partnership with Health Department: The program employs a Practicum Coordinator who is embedded within the Douglas County Health Department. This shared position provides faculty with a direct link to local public health leadership to identify immediate service and workforce training needs.
Program	<i>Administrative Staff Support</i>	Logistical & Grant Support: The Program Coordinator assists with tracking active projects, scheduling community partner meetings, and managing logistics for service-related events (e.g., National Public Health Week).
	<i>Workload Allocation Policy</i>	Protected Time: Consistent with the <i>Faculty Handbook</i> , the program allocates specific workload percentages (typically 20%) for service. This ensures faculty have protected time for community board membership, grant review, and engagement with vulnerable populations.

3. Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. This response should briefly summarize three to five faculty extramural service activities and explain how the faculty member leverages the activity or integrates examples or material from the activity into classroom instruction. Each example should be drawn from a different faculty member, if possible. (self-study document)

The following examples illustrate faculty extramural service activities and how faculty integrate these experiences into instruction in the MPH program:

- **MPH 601 Organization and Management of Public Health Services.** Dr. Tanya Benedict, primary instructional faculty, integrates her extensive global service experience into the MPH 601 curriculum. She serves as the founder and president of Pascal's Pantry, a nonprofit organization addressing nutritional needs and health inequities for children in the Dominican Republic (DR), specifically within the Batey Dos community. She leverages this direct practice experience to inform course instruction regarding

international health systems and the management of public health interventions in marginalized communities. Dr. Benedict uses her work in the DR to illustrate the practical challenges of health delivery in resource-limited settings, supporting students as they compare the organization, structure, and function of health systems across national and international settings.

- **MPH 606 Environmental Health.** DT Ratnapradipa, program director and primary instructional faculty, teaches MPH 606 and integrates his professional service and practice expertise in environmental health risk communication, including heavy metal exposure (e.g., mercury and lead), into course instruction. Dr. Ratnapradipa has extensive extramural service experience through manuscript, grant, and book reviews; editorial and editorial committee service; and leadership roles within professional organizations, including ad hoc grant review activities. This service experience is integrated into Weeks 4 and 5 course discussions, which ask students to identify environmental health risks affecting vulnerable populations and to analyze appropriate risk communication and education strategies. Dr. Ratnapradipa also incorporates these service-informed perspectives into the final course project, in which students develop a proposal outlining strategies and interventions to address identified environmental health challenges.
- **MPH 617 Emerging Global Health Issues.** Dr. Anne O’Keefe, primary instructional faculty, integrates her service leadership with the Global Health Conference Midwest and her active partnership with the local Douglas County Health Department (DCHD) into course instruction. She uses her collaboration with the DCHD on public health surveillance processes to provide students with real-world examples of how local data collection informs global health security and disease prevention. This service experience supports course discussions on emerging health threats and helps students understand the practical application of surveillance data in both local and global contexts.
- **MPH 707 Introduction to Mixed Methods.** Timothy Guetterman, non-primary instructional faculty, teaches MPH 707 and brings his extensive methodological expertise and professional service experience into the online course. Dr. Guetterman’s extramural service includes manuscript, grant, and book reviews; editorial and editorial board service; leadership roles within professional organizations; and ad hoc grant reviews for the National Science Foundation. This service experience informs Week 5 course discussions, in which students identify and articulate research problems suited to mixed-methods inquiry. It is further integrated into the final project, where students develop a proposal for a mixed-methods research study, drawing on standards and expectations commonly encountered in peer review and grant evaluation processes.

4. Provide quantitative and/or qualitative information that characterizes the unit’s performance over the last three years on the self-selected indicators of extramural service, as specified below:

The MPH program characterizes its faculty extramural service performance over the last three years (AY2023–2024 through AY2025–2026) using three self-selected indicators: 1) Percent of primary instructional faculty (PIF) participation; 2) Number of faculty-student service collaborations; and 3) Public, private, or cross-sector partnerships.

Indicator 1: Percent of Primary Instructional Faculty Participating in Extramural Service Activities

The program maintains an expectation that 100% of primary instructional faculty engage in extramural service that aligns with the program’s mission of promoting health equity. Faculty service activities are diverse, often grant-funded, and deeply embedded in local and global communities. Highlights from the [ERF E5.4a MPH Scholarly Active Project List](#) include:

- **Dr. Tanya Benedict** serves as Founder and President of Pascal’s Pantry, leading service initiatives such as the reduction of malnutrition in children through food security in the Dominican Republic. Her work includes collecting longitudinal data on weight and BMI to address severe malnutrition in the Batey communities.
- **Dr. LaShaune Johnson (Faculty 2012–2024)** led community engagement efforts in North Omaha during the review period. She served as Assistant Director of Creighton University at Highlander, facilitating service projects such as "United in Trust," a multi-sectoral approach to building trust in marginalized neighborhoods.

- **Dr. Sarah Lux** engages in service to the profession by lending expertise to academic advancement and dissemination, including serving as an invited external reviewer for promotion at Oregon Health & Science University and as a peer reviewer for the *American Journal of Qualitative Research*.
- **Dr. Anne O’Keefe** engages in public health practice with the Douglas County Health Department (DCHD), specifically analyzing data regarding school masking and COVID-19 outbreaks to inform local decision-making.
- **Dr. DT Ratnapradipa** leads a service project funded by the Health Sciences Strategic Investment Fund (HSSIF) on flooding literacy and preparation in the Midwest, directly serving vulnerable populations in states bordering the Missouri and Mississippi Rivers

Indicator 2: Number of Faculty-Student Service Collaborations

The program tracks faculty-student service collaborations through the “MPH Scholarly Active Project List,” which the PH RIG reviews monthly. Recent collaborations demonstrate the program’s commitment to applied practice and service learning:

- **Public Health Surveillance (Summer 2025):** MD/MPH student Seth Warner collaborated with Dr. O’Keefe to assist the Douglas County Health Department with surveillance processes. This service filled a specific workforce gap identified by the health department and was presented at the PH RIG to inform future student training protocols.
- **Global Service Immersion (2023–Present):** Arrupe Global Scholars engage in service projects driven by partner site needs in the Dominican Republic, Ecuador, Rwanda, and Nepal, supervised by faculty including Dr. Jason Beste and Dr. Anne O’Keefe. Projects are co-designed with local university partners to ensure mutual benefit.
- **National Public Health Week (2024):** The MPH Student Advisory Board collaborated with faculty to organize multimedia service campaigns promoting public health awareness, which were distributed via the Student Resource Center and university networks.
- **Quality of Life in Rural DR (2021–2023):** Faculty mentored students in the development and implementation of a 47-item survey during the 2021 Summer Clinic Program to assist the Institute for Latin American Concern (ILAC). Student involvement continued through 2023 with data analysis and manuscript preparation to inform educational programming around COVID-19 transmission and vaccination in rural Dominican Republic communities
- **Homeless Women & Reproductive Wellbeing (2020–2024):** Dr. Benedict supervised an MPH student service project partnering with shelters and clinics in Hillsborough County. The student researched demographics and health measures to support care for homeless women.

Indicator 3: Public, Private, or Cross-Sector Partnerships for Engagement and Service

The program assesses its community impact by maintaining active partnerships across multiple sectors. These partnerships provide service sites for faculty and practical experience for students.

Table E5.4. Partnerships for Engagement and Service (AY2023–2024 through AY2025–2026)

Partner Organization	Sector	Partnership Description
Douglas County Health Department	Public	Structural partnership for workforce development, surveillance support, and student practicum placement.
Creighton at Highlander	Cross-Sector	Community development hub in North Omaha involving academia, nonprofits, and legal aid to address social determinants of health.
Pascal’s Pantry	Private/Non-Profit	International service partnership addressing nutritional security in the Batey Dos community of the Dominican Republic.
Nebraska Association of Local Health Directors	Professional	Formal sponsorship and collaboration to enhance rural health visibility and recruitment.
Global Health Conference Midwest	Professional	Faculty leadership involvement in organizing regional global health dissemination and networking

These partnerships are integrated into program governance. For example, the partnership with DCHD is formalized through the employment of DCHD staff as the MPH Practicum Coordinator, ensuring that service

activities directly align with local health department needs. Similarly, in *MPH 609 Introduction to Community-Based Participatory Research*, faculty integrate service engagement directly into the curriculum. Students conduct key informant interviews with public health and community leaders to inform the design of a major Community-Based Participatory Research (CBPR) project proposal. Additionally, Arrupe Global Scholars utilize the course to apply CBPR principles within their international immersion sites, ensuring that community engagement remains a central component of their training.

5. Describe the role of service in decisions about faculty advancement. (self-study document)

The MPH program places a strong emphasis on faculty extramural service as a component of faculty advancement, consistent with university-level promotion and tenure policies and the program's mission. As outlined in Article III, Section 2 of the *Faculty Handbook*, service is a distinct and required category of faculty duties. While specific workload allocations are determined by the college/school, the handbook establishes that service is a structural requirement for career progression:

- **Summative Evaluations (Faculty Annual Review):** Consistent with Article III, Section 5 of the *Faculty Handbook*, all primary instructional faculty undergo an annual summative review. This process provides faculty with a retrospective performance assessment, including their contributions to service. These evaluations determine annual merit salary adjustments and identify areas for improvement.
- **Formative Evaluations (Promotion & Tenure):** As defined in Article VIII of the *Faculty Handbook*, advancement in rank requires meeting specific service thresholds applicable to all university faculty. These standards are operationalized by the School of Medicine Rank and Tenure Committee:
 - **Associate Professor:** Candidates must demonstrate “evidence of active service consistent with the Mission of Creighton University.”
 - **Professor:** Candidates must demonstrate “evidence of recognized leadership in service.”

Consequently, extramural service is a structural requirement for career progression. While the University definition of service includes internal governance, the MPH program specifically leverages the Handbook's requirement for service “consistent with the Mission” to prioritize extramural engagement. For advancement purposes, the program evaluates “meaningful service” as engagement that goes beyond generic participation to include culturally responsive leadership within at-risk communities.

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

Strengths

- **Robust Faculty Engagement:** Program faculty demonstrate a high level of engagement in extramural service, consistently meeting or exceeding the program's benchmarks. This engagement spans local, regional, national, and international contexts.
- **Structural Integration:** Service is not merely an add-on but is structurally integrated into program operations. This is best evidenced by the formal partnership with the Douglas County Health Department, where service activities directly inform workforce development and student practicum opportunities.
- **Mission-Driven Service:** Extramural service activities are intentionally linked to the program's mission of advancing health equity. Faculty service focuses heavily on vulnerable populations, including homeless women and rural communities facing environmental risks.
- **Active Student Participation:** Students have meaningful opportunities to participate in faculty extramural service, moving beyond observation to active contribution in areas such as public health surveillance and community health needs assessments.

Weaknesses and Plans for Improvement

- **Systematic Tracking:** While faculty engagement is high, the program identified a need for more real-time, systematic tracking of service activities to better facilitate faculty-student connections.
 - **Standardized Tracking Tool:** The program implemented a “Scholarly Active Project List,” which is reviewed monthly by the PH RIG. This tool allows for continuous monitoring of service projects and identifies immediate openings for student collaboration.

- **Distance Student Access:** While local students benefit easily from faculty service in Omaha, connecting distance students to these specific faculty-led service sites remains logistically challenging.
 - **Enhanced Distance Engagement:** To address barriers for distance learners, the program is using 1) the “Active Project List” to specifically tag projects suitable for remote participation and 2) the reactivated Student Advisory Board to systematically gather feedback on barriers distance students face in accessing local service opportunities.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community members, alumni, employers, and other relevant community partners. Partners may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel). Partnerships should align with university and program missions and relate to the types of degrees offered and to relevant student and community demographics.

Specifically, the program ensures that partners provide regular feedback on its student outcomes, curriculum, and overall planning processes, including the self-study process. They may also provide regular feedback about efforts to prepare students to work with diverse populations and communities.

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

The program employs several formal structures to ensure the consistent engagement of community stakeholders in evaluation and assessment. These include the External Advisory Board (EAB), the Public Health Research Interest Group (PH RIG), community practitioners serving as adjunct faculty, practicum site supervisors, and employers of graduates. Below is a description of each.

External Advisory Board (EAB)

Collaboration with the EAB is the program’s principal mechanism for engaging external constituents. Established in 2018, the initial board included five representatives from public health practice, community organizations, and alumni in the Omaha metropolitan area. During the early self-study process, the EAB recognized that the program’s student body was nationally dispersed and recommended expanding membership to reflect this diversity. In 2019, the board grew to include professionals from multiple geographic regions and sectors, broadening the perspectives available to the program. In addition to geographic diversity, several members bring employer-related insights through supervisory or organizational roles.

The EAB’s purpose is to support continuous improvement of the MPH program by advising on curriculum, competencies, program operations, and the self-study process. Members provide feedback on curricular relevance, student outcomes, and practice needs, ensuring alignment between program goals and workforce expectations. Program leaders also emphasize the Jesuit mission (e.g., Magis, cura personalis) during meetings, grounding discussions in shared values. Even in 2023, when a scheduled meeting was postponed, the program maintained contact with the board regarding future planning.

The current EAB membership includes professionals from academia, government, nonprofit organizations, health systems, and foundations. Members have been recognized for significant professional achievements, including receipt of national awards and leadership on federal grants (e.g., HRSA). Their expertise spans health systems, injury prevention, community health, and global health. A full membership list appears in Table F1.1.

TABLE F1.1 External Advisory Board Membership

Name	Credentials	Professional Affiliation
Rachel Brandenburg	MPH	Resource Facilitator, Brain Injury Association of Nebraska
Steve Gloyd	MD, MPH	Professor, Univ. of Washington; Founder & Sr. Advisor, Health Alliance International
Travis Hedlund	MPH, CPSTI	Injury Prevention Coordinator – Trauma Services, Children’s Nebraska
Rachel Heinz	RN, BSN, MPH	Director of Programs, Health Center Association of Nebraska
Alishya Mayfield	MD, MPH	Program Officer, Bill & Melinda Gates Foundation
Erin Riley	MPH, MMA	Public Health Professional & Journalist; Consultant
Sarah Schram	MS, RD	Health Director, Sarpy/Cass County Health Department
Nick Staab	MD, MSPH	Chief Medical Officer, Maricopa County Department of Public Health
John R. Stone	MD, PhD	Professor Emeritus, Creighton University; Co-Director, Center for Promoting Health and Health Equity

Public Health Research Interest Group (PH-RIG)

In 2022, the Scholarship and Service Committee was restructured into the PH-RIG, which now convenes monthly as the primary forum for sharing research, discussing scholarly work, and creating opportunities for collaboration

among faculty, students, and external partners. Graduate research assistants and students are regularly engaged in PH RIG activities, and the group oversees the *Active Project List*, which catalogs current faculty scholarship and student opportunities. This list is updated via Qualtrics surveys and reviewed at PH-RIG meetings to ensure transparency and coordination (e.g., Nov 2022, Jan 2023, Mar 2024). Guest practitioners, such as Rachel Heinz from the Health Center Association of Nebraska (Oct 2023) and Dr. Rashelle Hoffman from Physical Therapy (Sept 2024), provide additional external perspectives on community health and interdisciplinary research. Documentation of PH RIG meetings referenced above is provided in [ERF F1.1a PH RIG Meeting Minutes 2022–2025](#).

Non-Primary Instructional Faculty (Non-PIFs)

Community practitioners who serve as non-primary instructional faculty are important contributors to program quality. Through the PH-RIG and other forums, they provide feedback on student learning and program priorities. The program also conducts annual surveys of non-PIFs (listed in Section E1) to capture perspectives on student performance, community engagement, and scholarship ([ERF F1.1b Non-PIF Survey Instrument](#)).

Practicum Site Supervisors

Site supervisors play a critical role in assessing student knowledge, skills, and attitudes during the Applied Learning Experience. Their evaluations ensure that projects reflect best practices and provide valuable feedback to guide program improvement ([ERF F1.1c Practicum Supervisor Evaluation Form](#)).

Employers of MPH-Trained Professionals

The program seeks feedback from employers of MPH-trained professionals to assess the preparation of graduates for the public health workforce more broadly. Surveys and other feedback mechanisms are used to capture employer perspectives on essential skills, workforce readiness, and areas for program improvement ([ERF F1.1d Employer Input Survey Instrument](#)). This approach allows the program to gather insights not only from organizations employing our graduates but also from a wider range of public health employers who can speak to current practice needs and expectations.

2. Describe any other groups of external constituents (outside formal structures mentioned above) from whom the unit regularly gathers feedback.

Beyond the formal governance structures described above, the program regularly gathers feedback from global partners, professional associations, and community-based coalitions to inform curriculum and practice experiences.

Global Community Partners

Through the Arrupe Global Scholars & Partnerships Program, the program engages international partners, including Pontificia Universidad madre y Maestra (PUCMM) in the Dominican Republic, Pontifical Catholic University of Ecuador (PUCE), University of Global Health Equity in Rwanda, and Kathmandu University/Dhulikhel Hospital in Nepal. Unlike standard practicum sites, these partners function as co-designers of the global health curriculum. They identify local health priorities and provide feedback that shapes immersion experiences, ensuring the program remains responsive to the actual needs of partner communities rather than solely academic priorities.

Professional Associations and Conference Partners

The program gathers feedback from the broader public health workforce through active leadership and participation in professional organizations:

- **Nebraska Association of Local Health Directors (NALHD):** The program maintains a formal sponsorship and collaboration with NALHD to enhance rural health visibility. Engagement with this group provides feedback on rural workforce needs and recruitment strategies.
- **Global Health Conference Midwest (GHCM):** Faculty leadership in organizing this regional conference allows the program to gather feedback from diverse practitioners and researchers regarding emerging global health trends and dissemination needs

3. Describe how the program incorporates perspectives from external partners (i.e., other than current students and alumni) who align with the program’s mission and relate to the types of degrees offered and to relevant student and community demographics.

The program incorporates perspectives from external partners through a multi-tiered approach that engages governance bodies, local practice partners, global collaborators, and professional networks.

Governance and Workforce Alignment

The program primarily incorporates external perspectives through the EAB, whose diverse membership ensures input from multiple geographic regions and sectors. EAB members regularly advise on curricular areas to ensure workforce alignment, offering both strategic and practical feedback. For example, in 2022 the EAB reviewed possible new concentrations (public health practice, epidemiology, environmental health, and maternal/child health) and emphasized distinctiveness, Jesuit values, and avoiding duplication with UNMC offerings. More recently, in 2024, members provided input on emerging fields such as AI, data ethics, social determinants of health, mental health, and intervention design for adults with special needs. They also highlighted critical skill gaps, such as translating data into interventions. This feedback demonstrates responsiveness to local, national, and global practice needs.

In 2025, the EAB discussed a proposed concentration tentatively titled *Applied Public Health* (formerly referred to as *General Public Health*). Members emphasized that the concentration should prioritize practical, skill-based preparation reflecting contemporary workforce needs. Specific recommendations included strengthening communication and public speaking skills, leadership and management training, and competencies in health education, implementation science, and generative AI. The board noted that the title *Applied Public Health* more effectively conveys workforce readiness than *General Public Health* and advised developing a concise description of the concentration and its intended outcomes. Members also encouraged consideration of ethics, environmental health, and dual-degree options to enhance flexibility and professional relevance. See [ERF F1.3a EAB Meeting Minutes 2021–2025](#).

Local and Regional Practice Perspectives

In addition to the EAB, the program regularly engages with nonprofit health organizations, public health departments, and healthcare system partners whose perspectives reflect the demographics of the communities we serve. Through the PH RIG, external experts regularly present their work and invite discussion of emerging issues in public health. Recent examples include a collaboration with the University of Montana on radon exposure and environmental health (Sept 2023) and a community health center perspective from the Health Center Association of Nebraska (Oct 2023). See [ERF F1.1a PH RIG Meeting Minutes 2022–2025](#).

Professional and Scholarly Exchange

Faculty also share insights from national and international venues, such as APHA presentations and the Global Health Midwest Conference (Feb 2023), and through community-engaged scholarship, such as Dr. Benedict’s work with Haitian communities in the Dominican Republic (May 2023). These exchanges bring external perspectives into program discussions and highlight how community priorities shape program operations.

Global Community Perspectives

The program further benefits from international partnerships developed through the MD/MPH Arrupe Global Scholars & Partnerships Program. Partnerships with universities and health organizations in Rwanda, Ecuador, the Dominican Republic, and Nepal are grounded in shared commitments to health equity and decolonizing global health practices. Partner organizations identify priorities for student immersion, practicum, and capstone projects, ensuring that community needs and perspectives shape learning experiences. This reciprocal model allows the program to integrate global community voices into its curriculum and align with the mission to prepare graduates to serve diverse and marginalized populations. See [ERF F1.3b Arrupe Global Scholars Partnership Documents](#).

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

The program engages multiple groups of external constituents to ensure that the curriculum remains current and aligned with practice needs while also shaping the program’s broader mission and operations. These are detailed below.

External Advisory Board

Members of the EAB are regularly asked to identify changes in practice, research priorities, and community needs within their regions. Their insights provide both a local and national perspective on curricular relevance. Beyond curriculum, the EAB's feedback extends into mission and strategic planning. For example, in 2022, EAB input tied program development to Ignatian values, post-pandemic positioning, and global health framing. In 2024, EAB members influenced the program's vision for "glocal" (global/local) experiences, dual degrees, and certificate expansion. Even in 2023, when a meeting was postponed, communication continued through roster updates and correspondence, reflecting consistent engagement and shared governance. See [ERF F1.3a EAB Meeting Minutes 2021–2025](#).

Arrupe Global Scholars & Partnerships Program

International partner institutions in Rwanda, Ecuador, the Dominican Republic, and Nepal co-develop projects and mentor students, offering structured feedback on how competencies translate into global health practice. As highlighted in a 2022 Arrupe presentation, these collaborations intentionally co-develop equitable, anti-colonial global health programs grounded in Ignatian values. Their contributions enrich the curriculum with global perspectives while shaping student experiences and reinforcing the program's mission to prepare graduates to serve diverse and marginalized communities. See [ERF F1.3b Arrupe Global Scholars Partnership Documents](#).

Public Health Research Interest Group

The PH-RIG provides another structured mechanism for incorporating external practitioner input. Recent meetings have included presentations on national databases and social determinants of health variables (Apr 2023), federal standards for collecting race and ethnicity data (Mar 2023), and public trust in health communication and social media (Nov 2023). Additional sessions have covered IRB and quality improvement compliance (Jan 2023; Jun 2023), environmental health research on radon exposure (Sept 2023), and demonstrations of library and *ResearchWorks* tools for student scholarship (Aug 2025). Guest presentations are recorded and made available to students via BlueLine, ensuring that practice-based insights are directly integrated into the student learning experience. See [ERF F1.1a PH RIG Meeting Minutes 2022–2025](#).

Additional Constituents

Adjunct and community-based faculty serve on the PH RIG alongside regular faculty and complete annual surveys that solicit input on how the curriculum reflects current practice and future trends. Practicum site supervisors provide ongoing evaluation of student projects, ensuring alignment with professional standards and practice needs. The program is also piloting expanded strategies for gathering employer input, including surveys and structured interviews, to assess how well MPH-trained professionals are prepared for workforce demands. For example, 2025 employer feedback highlighted emerging needs in artificial intelligence application and crisis communication, which informs the program's future curricular directions. Alumni feedback provides an additional perspective on how training supports professional advancement. See [ERF F1.1d Employer Input Survey Instrument](#).

5. Describe how the program's external partners contribute to the ongoing operations of the program, including the development of the vision, mission, values, goals, and evaluation plan and the development of the self-study document.

External partners play a consistent role in shaping the ongoing operations of the MPH program and informing graduate preparation for the workforce.

Vision, Mission, Values, and Goals

The EAB serves as the primary external body for reviewing and validating the program's guiding statements. The initial collaborative development of the current statements occurred during the 2018–2019 academic year, where the board advised expanding the mission to reflect a national student body. More recently, the EAB played a critical role in reaffirming these statements for the current accreditation cycle. For instance, in 2022, the board reviewed the program's strategic alignment with Jesuit values and post-pandemic public health needs. In 2025, the EAB formally reaffirmed that the "glocal" health equity focus remains relevant to workforce realities. Documentation of the initial development and subsequent reaffirmation of these guiding statements is provided in [ERF F1.5a EAB Historical Minutes 2018–2020](#) and [ERF F1.3a EAB Meeting Minutes 2021–2025](#).

Development of the Self-Study and Evaluation Plan

External partners actively contribute to the self-study and evaluation processes. EAB members reviewed the program's evaluation plan and data collection instruments during the 2024 and 2025 meetings. Specifically, they advised on the employer assessment strategy, recommending that the program capture qualitative data on "soft skills" like leadership and ethics, which subsequently shaped the 2025 Employer Survey instrument. During the 2025 meeting, the board reviewed draft sections of the self-study, including data on student outcomes and the proposed "Applied Public Health" concentration, providing a "reality check" on the program's narrative before final submission. See [ERF F1.3a EAB Meeting Minutes 2021–2025](#).

Ongoing Operations and Workforce Readiness

EAB members act as proxies for employers by commenting directly on workforce readiness. In 2024, they noted that MPH graduates are strong in data collection but less skilled in intervention design, highlighting a key area for operational improvement. This feedback complements formal employer surveys and provides a multi-pronged approach to capturing workforce needs.

Research and Practice Operations

Within the PH RIG, faculty and external practitioners maintain a transparent *Active Project List* that catalogs scholarly work and opportunities for student participation (reviewed and updated regularly in 2022–2024). These updates facilitate collaboration across faculty and disciplines and ensure alignment of projects with program priorities. The PH RIG also provides a forum for program planning, including strategies for national conference visibility (Nov 2022) and donor partnerships (May 2023). See [ERF F1.1a PH RIG Meeting Minutes 2022–2025](#).

Global Operations

The MD/MPH Arrupe Global Scholars & Partnerships Program reflects how international partners contribute directly to program operations. Partner institutions in Rwanda, Ecuador, the Dominican Republic, and Nepal do not just host students; they co-design the learning objectives for immersion experiences. This ensures that the program's global operations are driven by community-identified needs rather than academic tourism. See [ERF F1.3b Arrupe Global Scholars Partnership Documents](#).

6. Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contributions in at least two of the areas noted in documentation requests 3 and 4.

Documentation of external contributions regarding curricular content, currency, mission alignment, and practice needs is provided in the following Electronic Resource Files:

- [ERF F1.3a EAB Meeting Minutes 2021–2025](#) for evidence of curriculum review, "Applied Public Health" concentration feedback, and strategic planning.
- [ERF F1.1a PH RIG Meeting Minutes 2022–2025](#) for evidence of practice-based perspectives from partners like the Health Center Association of Nebraska and the University of Montana.
- [ERF F1.3b Arrupe Global Scholars Partnership Documents](#) for evidence of co-designed global health curricula and immersion objectives.
- [ERF F1.5a EAB Historical Minutes 2018–2020](#) for evidence of initial mission and goals development.

7. Summarize the findings of the employers' assessment of program graduates' preparation for post-graduation destinations and explain how the information was gathered.

In September 2025, the MPH program administered an employer input survey via Qualtrics using a revised data collection strategy designed to broaden participation. The program utilized a parallel distribution approach: 1) Alumni were invited to forward the survey link to their direct supervisors to maintain privacy, and 2) practicum site supervisors from the past three academic years were contacted directly to capture feedback from professionals who have observed student performance in applied settings.

Six employers responded, representing government, healthcare, nonprofit, and consulting sectors, with organizations serving rural, low-income, racial/ethnic minority, immigrant/refugee, and other community populations. Respondents were asked to rate MPH-trained professionals (regardless of alma mater) across eight skill domains and provide open-text input on strengths, gaps, and emerging needs. The survey instrument and invitations are included in [ERF F1.1d Employer Input Survey Instrument](#).

Survey Findings

- **Strengths:** Employers consistently rated graduates highly on communication with cultural sensitivity (mean 4.8/5.0) and understanding public health/healthcare systems (mean 4.6). These findings affirm the program’s emphasis on culturally responsive communication and systems perspectives.
- **Areas for Enhancement:** Lower ratings were observed in assessing community needs and implementing culturally appropriate programs (mean 4.0) and leadership/management principles (mean 4.2). Open-text comments reinforced the need for stronger preparation in leadership, management, and systems navigation.
- **Emerging Workforce Needs:** Employers identified several future-facing priorities, including the following:
 - Skills in marketing and funding of public health programs.
 - Capacity to apply artificial intelligence in public health practice.
 - Enhanced emphasis on communication and crisis communication in the post-pandemic context.

The External Advisory Board and Curriculum and Assessment Committee will review the results and identify next steps. Possible directions for discussion include enhancing leadership and management preparation, exploring ways to integrate emerging skills (such as AI and crisis communication), and reinforcing community needs assessment in the curriculum.

8. Provide documentation of the method by which the program gathered employer feedback.

Historically, the MPH program has gathered employer input through annual surveys targeting supervisors of recent graduates. To maintain graduate privacy, alumni were asked to provide consent and then forward a survey link to their employers. While this approach respected confidentiality, response rates were consistently low and limited the usefulness of the data.

In 2025, the program piloted a revised, parallel approach designed to broaden input and increase participation. First, the updated Employer Input Survey was distributed to alumni with instructions to share with their direct supervisors, consistent with prior practice. In addition, the program identified and directly contacted practicum site supervisors from the past three academic years. This expansion allowed the program to capture feedback from a wider range of professionals who have observed MPH student performance in applied settings, regardless of whether they ultimately employed the graduate.

The survey was administered through Qualtrics in September 2025. All responses were anonymous and voluntary. The instrument included Likert-scale ratings across eight skill domains aligned with program competencies, demographic items (sector, organization size, populations served), and open-ended prompts on strengths, areas for improvement, and emerging workforce needs. The survey invitation and reminder messages, along with the instrument itself, are provided in [ERF F1.1d Employer Input Survey Instrument](#).

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

Strengths

- **Adaptability in feedback methods:** The program actively evaluates the effectiveness of its data collection strategies. When traditional employer surveys yielded low response rates, the program piloted a revised the “parallel approach” in 2025, leveraging practicum supervisors and alumni networks to broaden participation and capture more meaningful data on workforce readiness.
- **Robust engagement with practice partners:** The program benefits from deeply embedded relationships with practicum site supervisors and EAB members, who provide consistent, high-quality qualitative feedback on student performance and curriculum relevance during the Applied Practice Experience and annual board meetings.

Weaknesses and Plans for Improvement

- **Low response rates for employer surveys.** Despite recent procedural improvements, the number of direct employers (distinct from practicum supervisors) responding to formal surveys remains low. This

limits the program's ability to draw broad, quantitative conclusions about graduate readiness across all sectors.

- **Plan for Improvement:** To increase participation, the program will expand its outreach strategy by 1) conducting brief, targeted key-informant interviews with employers in the local network to supplement survey data, and 2) leveraging EAB members to distribute surveys within their respective sectors.
- **Inconsistent documentation of the feedback loop.** While external constituents regularly provide input at meetings (EAB, PH RIG), the documentation of how this feedback is specifically discussed and used to drive programmatic change is not always captured in a standardized format. This creates a gap in the "paper trail" between receiving advice and implementing changes.
 - **Plan for Improvement:** The program will implement a standardized "Meeting Minutes & Decision Log" template for the EAB and PH RIG, similar to the template adopted for internal governance committees. This log will explicitly record external recommendations and the resulting "closing the loop" actions (e.g., curriculum changes and strategic decisions), ensuring a clear historical record of constituent influence.

F2. Student Involvement in Community & Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D5, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

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

The MPH program utilizes a multi-channel approach to introduce students to service and professional development opportunities and actively encourages participation through scholarships, advising, and governance structures.

Introduction and Communication Channels

- **Orientation & Welcome:** Students are introduced to the program's service-oriented mission during the onboarding process. As noted in recent program updates, the program distributes a Fall Welcome communication and slide deck overview that highlights student organizations and upcoming opportunities.
- **Dedicated Information Sessions:** Specific cohorts, such as the Arrupe Global Scholars, participate in targeted informational sessions prior to their first MPH courses to align their academic path with global service expectations.
- **Digital Communication:** Faculty and the Program Coordinator regularly disseminate opportunities for conferences (e.g., APHA, Nebraska Public Health Association) and community events via the learning management system (Canvas/BlueLine) and program-wide email blasts.

Encouragement and Support Mechanisms

To move beyond passive information sharing, the program provides structural support to encourage participation:

- **Financial Support:** The program offers a competitive student professional membership scholarship in the fall semester, removing financial barriers for students joining organizations like the American Public Health Association (APHA).
- **Governance & Leadership:** In the 2024–2025 academic year, the program reactivated the Student Advisory Board. This body gives students a voice in governance and serves as a peer-led mechanism for organizing service initiatives.
- **Research Integration:** Students are encouraged to join the Public Health Research Interest Group. As documented in PH RIG minutes, students are invited to collaborate on active projects (e.g., the "Homeless Women and Reproductive Wellbeing" study) and are mentored by faculty to co-author manuscripts and present at conferences.
- **Faculty Mentorship:** Faculty actively recruit students for service-learning projects funded by internal grants, ensuring that service is integrated into the student's professional network

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

MPH students engage in a wide range of service and professional activities that extend beyond the required curriculum. These experiences allow students to apply public health competencies in real-world settings while contributing to the university's Jesuit mission of service and justice.

Community Service and Practice Engagement

Students regularly participate in community-based initiatives that address local and global health disparities. These activities are distinct from the required Applied Practice Experience.

- **Douglas County Health Department OD2A Project:** MPH students served as key team members for the *Overdose Data to Action (OD2A)* grant initiative. Working alongside faculty and health department staff, students assisted in analyzing overdose surveillance data and disseminating harm reduction

materials to community stakeholders. This involvement provided students with exposure to local government operations and emergency response strategies outside of a classroom setting.

- **Global Service Learning (Dominican Republic):** While in the Dominican Republic, students volunteered with [Pascal's Pantry](#), a nutrition assistance program serving marginalized communities. Students assisted in food distribution and logistics, engaging directly with community members to understand food insecurity dynamics in a low-resource setting. This service work occurred in tandem with, but separate from, their formal academic immersion objectives.
- **Student Advisory Board Leadership:** Reactivated in the 2024–2025 academic year, the SAB serves as a primary vehicle for internal service. Student members coordinate peer-to-peer mentorship, organize town halls, and provide structured feedback to program leadership, directly shaping the student experience.

Professional Service and Development

The program actively supports student engagement with the broader public health profession through conference participation and scholarly dissemination.

- **Conference Presentations:** Students are regular contributors to professional conferences, often co-presenting with faculty. Recent examples include the following:
 - **Global Health Conference Midwest:** Students served on the organizing committee and presented posters on topics such as refugee health toolkits.
 - **Public Health Association of Nebraska:** Students utilized the program’s professional membership scholarship to join the association and attend annual meetings, networking with the state’s public health workforce.
- **Public Health Research Interest Group:** Students are active participants in the monthly PH RIG meetings. As documented in meeting minutes, students have presented preliminary findings from independent research and engaged in critical dialogue with guest speakers from the Health Center Association of Nebraska and other partner agencies.

Table F2.2 below details specific examples of student participation over the last three years.

Table F2.2. Examples of Student Service and Professional Activities (2023–2025)

Activity Type	Term/Year	Participation Type	Organization & Population Served	Student Roles/Activities
Community Service & Global Engagement	Summer 2023; Summer 2024	Group (Arrupe Scholars)	Institute for Latin American Concern (ILAC) / Pascal's Pantry (Dominican Republic) <u>Population:</u> Malnourished children and families in rural "Batey" communities.	Engaged in service projects distinct from clinical rotations; conducted community health assessments regarding food security; organized logistics for nutrition assistance programs.
Research Service & Practice	2023–Present	Individual (Research Assistant)	Douglas County Health Dept./CDC <u>Population:</u> Individuals at risk of opioid overdose in Douglas County, NE.	Assisted principal investigators with the Overdose Data to Action (OD2A) grant; conducted community needs assessments to inform local overdose prevention strategies.
Research Service	2023–2024	Individual	Health Sciences Strategic Investment Fund <u>Population:</u> Vulnerable residents in Midwest floodplains (Missouri/Mississippi rivers).	Participated in data analysis and manuscript writing for the "Flooding Literacy and Preparation" study; co-authored findings on environmental health disparities.
Professional Service (Leadership)	2024–2025	Group (Elected/Voluntary)	MPH Student Advisory Board (SAB) <u>Population:</u> MPH student body and the broader campus community.	Organized National Public Health Week events; provided structured feedback on curriculum and student climate to program leadership; served on faculty search committees.
Professional Development	2023–2025	Individual (Competitive Award)	American Public Health Association (APHA) / SOPHE <u>Population:</u> National public health workforce.	Recipients of the "Student Professional Membership Scholarship" used funding to join national organizations and access workforce networking and development resources.

Activity Type	Term/Year	Participation Type	Organization & Population Served	Student Roles/Activities
Research Service	2023	Individual	Local Shelters & Clinics <u>Population:</u> Homeless women in Hillsborough County.	Conducted literature reviews and supported manuscript writing for the "Homeless Women and Reproductive Wellbeing" study focusing on mental and menstrual health needs.

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

Strengths

- **Deep integration of service and professional development:** Fostering student engagement is not treated as an add-on but is deeply integrated throughout the program infrastructure. This includes structured advising, role modeling by faculty who are active practitioners, course-embedded professional development, and centralized digital platforms that ensure equitable access to information for both place-based and distance students.
- **Diverse opportunities across multiple levels:** As evidenced by Table F2.2, the program successfully facilitates student engagement across local (Douglas County), national (APHA), and global (Dominican Republic) contexts. This evidence demonstrates that the program’s mission to serve “diverse and marginalized populations” is being operationalized through actual student activity, not just mission statements.

Weaknesses and Plans for Improvement

- **Challenges in supporting distance-based service engagement:** While the program provides robust digital communication, supporting students in identifying and engaging in *locally relevant* community service opportunities specific to their own geographic regions (outside of Omaha) remains an ongoing challenge.
 - **Plan for Improvement:** To address barriers to participation for the geographically diverse student body, the program will: 1) Leverage the SAB, which was reactivated in 2025, to systematically gather feedback on the specific barriers distance students face in accessing local service opportunities. 2) Institutionalize the midday meeting time (Central Time) for the PH RIG to ensure working professionals and students in different time zones can participate in live research dissemination and professional development. 3) Review attendance data and SAB feedback annually to determine if further adjustments to communication channels or event timing are necessary to close engagement gaps between local and distance learners. Creighton now as an Institute of Population Health. Its Executive Director is Dr. Scott Shipman, who has a faculty appointment in the Department of Clinical Research and Public Health. IPH and members of the MPH leadership and faculty are collaborating on community-based participatory research efforts and will be including MPH students in these efforts over the next few years. There is a consideration of developing courses in implementation science that will be available to MPH students as electives. IPH and the Department of Clinical Research and Public Health have already collaborated with the Creighton Community Collaborative, where MPH students have performed research.

F3. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

- 1. Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs in the format of Template F3-1. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school or program) and an indication of how the unit identified the educational need.**

Template F3-1. Community-Identified Workforce Training Examples

	Education/training activity offered	How did the unit identify this educational need?	External participants served*
Example 1	Evaluation of Community-Based Overdose Prevention Activities (National) Faculty-developed training focused on evaluating community-based overdose prevention activities, including selection of evaluation methods and use of evaluation findings to inform community overdose response efforts. Training was delivered by program faculty with expertise in qualitative and mixed-methods evaluation.	The educational need was identified through engagement with community partners and public health practitioners involved in overdose prevention activities who requested support in evaluating ongoing interventions.	Approximately 25 external participants, including public health practitioners and community partners involved in overdose prevention efforts.
Example 2	Community Health Needs Assessment (CHNA) Capacity-Building Training (International – Dominican Republic) Program faculty, in collaboration with an interprofessional team, developed and facilitated a capacity-building training focused on conducting CHNAs. The training included classroom-based instruction on methods, use of tablet technology for environmental scans, and supervised field-based data collection.	The educational need was identified through partnership with the Institute for Latin American Concern (ILAC) and local stakeholders who requested training to build local capacity in conducting community health assessments.	Approximately 15 external participants, including health promoters, organizational staff, and volunteers from a local college.
Example 3	Mixed-Methods Training on Flooding Risk and Survey Development (International – Berlin, Germany) Program faculty delivered training on mixed-methods approaches to analyzing flooding risks and using findings to inform survey development. The training focused on integrating qualitative and quantitative data to support environmental health risk assessment.	The educational need was identified through engagement with international partners seeking support in applying mixed-methods analysis to understand flooding risks and inform data collection tools for environmental health research.	Approximately 25 external participants were involved in environmental health and flooding risk assessment.

*Individuals who are not faculty or students at the institution that houses the school or program.

Supporting documentation for the education and training activities listed above is provided in [ERF F3.1 Workforce Training Materials](#).

- 2. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)**

Strengths

- **Responsiveness to partner needs:** Education and training activities are consistently designed in direct response to requests from trusted partners (e.g., ILAC, overdose prevention networks) rather than being developed in isolation. This ensures the content is immediately relevant to the workforce.
- **Global and specialized reach:** The program demonstrates the capacity to deliver high-level technical training (e.g., mixed methods, CHNA technology) to diverse workforce audiences ranging from local health promoters in the Dominican Republic to environmental health researchers in Germany.

Weaknesses and Plans for Improvement

- **Lack of centralized tracking for workforce development.** While faculty regularly deliver training, the identification of needs and tracking of participant numbers has historically been ad hoc. This limits the program's ability to report aggregate reach or strategically prioritize training requests.
 - **Plan for Improvement:** The program will implement a “Workforce Development Activity Log” hosted on the department SharePoint. This log will formally track incoming training requests, the method of need identification (e.g., survey vs. partner request), and participant counts. This will standardize data collection for future self-studies and annual reporting.

G1. Diversity and Cultural Humility

The program defines systematic, coherent, and long-term efforts to incorporate elements of diversity and cultural humility. Considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural humility, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Programs advance diversity and cultural competency through a variety of practices, which may include the following:

- *incorporation of diversity and cultural humility considerations in the curriculum*
- *recruitment and retention of diverse faculty, staff, and students*
- *development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination*
- *reflection of diversity and cultural humility in the types of scholarship and/or community engagement conducted*

The program monitors its progress and efforts in diversity and cultural humility using evidence, including, at a minimum, student, faculty, and staff (if appropriate) perceptions of the unit's climate. The unit regularly collects, monitors, and responds to perceptions of its climate relating to diversity and cultural humility.

The program defines qualitative and/or quantitative methods designed to provide useful information on climate.

The program documents and regularly examines its methodology for collecting climate perceptions, making revisions as necessary to ensure useful data.

1. List the school or program's specific goals for advancing diversity and cultural humility.

Consistent with CEPH Criterion G1 and the MPH program's mission to promote health equity and serve populations who are at-risk, vulnerable, or marginalized, the program has identified the following goals to advance diversity and cultural humility across students, faculty, and the learning environment.

- **GOAL 1:** Recruit and support a diverse student body that reflects the communities we serve, with a commitment to increasing access for students from vulnerable, at-risk, or marginalized backgrounds alongside international students from Global South backgrounds through the Arrupe Global Scholars MD-MPH.
- **GOAL 2:** Prioritize the recruitment and retention of a diverse faculty body equipped with the varied cultural perspectives and professional expertise necessary to prepare students to work with marginalized and underserved populations.
- **GOAL 3:** Foster an inclusive learning environment and a climate of cultural humility and social justice by integrating anti-racist, liberation medicine, and decolonization frameworks into the curriculum and by regularly assessing both student and faculty perceptions of the program climate.

2. List the actions and strategies identified to advance the goals defined in documentation request G1.1.

Table G1-1 presents the actions and strategies identified by the MPH program to advance its stated goals for diversity and cultural humility.

Table G1.1 Actions and Strategies to Advance Diversity and Cultural Humility

Goal	Actions and Strategies
<p>GOAL 1: Recruit and support a diverse student body that reflects the communities we serve, with a commitment to increasing access for students from vulnerable, at-risk, or marginalized backgrounds, alongside international students from Global South backgrounds through the Arrupe Global Scholars MD-MPH.</p>	<ul style="list-style-type: none"> • Specialized Program Tracks for Health Equity: Develop and implement academic tracks grounded in global health equity and social justice to attract diverse cohorts committed to serving international and marginalized populations. • Targeted Recruitment & Partnerships: Maintain strategic partnerships with university enrollment management teams to execute recruitment plans specifically targeting institutions and networks with high representation of the program’s priority populations. • Holistic Admissions Review: Utilize a holistic admissions process that weighs mission alignment, lived experience, resilience, and commitment to service alongside academic metrics to identify candidates from diverse backgrounds. • Financial & Structural Support for Global Learning: Structure program costs and schedules to facilitate participation in global immersions and service learning, reducing barriers for students from diverse socioeconomic backgrounds.
<p>GOAL 2: Prioritize the recruitment and retention of a diverse faculty body equipped with the varied cultural perspectives and professional expertise necessary to prepare students to work with marginalized and underserved populations.</p>	<ul style="list-style-type: none"> • Strategic Recruitment for Global & Diverse Expertise: Prioritize the recruitment of faculty with diverse lived experiences, global health expertise, and specific practice experience in serving the program's priority populations. • Faculty Support Infrastructures & Scholarship: Sustain faculty research interest groups (e.g., PH RIG) and collaborative committees to foster professional identity, community, and collaborative scholarship focused on health equity and community-based participatory research among faculty of all backgrounds. • Inclusive Search & Advertising Practices: Collaborate with university diversity task forces to identify and utilize multicultural practitioner venues and affinity-based public health networks for advertising open faculty positions and ensuring diverse voices on search committees. • Professional Development & Mentoring: Provide institutional resources (such as the Center for Faculty Excellence), mentorship, and funding opportunities (e.g., annual professional development stipends) to support the retention and career advancement of diverse faculty members.
<p>GOAL 3: Foster an inclusive learning environment and a climate of cultural humility and social justice by integrating anti-racist, liberation medicine, and decolonization frameworks into the curriculum and by regularly assessing both student and faculty perceptions of the program climate.</p>	<ul style="list-style-type: none"> • Curricular Integration of Justice Frameworks: Embed frameworks of social justice, liberation medicine, decolonization, and anti-racism into the design and content of core and concentration coursework (e.g., MPH 609, MPH 617). • Competency Mapping for Structural Equity: Map curriculum learning objectives to specific competencies that require students to analyze structural bias, social inequities, and the social determinants of health. • Systematic Climate Assessment & Response: Administer regular climate assessment tools, including continuous cultural climate questions embedded in student Midpoint and Exit surveys, alongside a comprehensive Climate Survey for students, faculty, and staff deployed every two to three years (launching in Spring 2027). The program uses this data to identify barriers to inclusion and implement responsive programmatic changes. • Student Governance & Feedback: Maintain formal mechanisms, such as a Student Advisory Board (SAB), to ensure diverse student voices are actively represented in program governance and climate assessment. • Proactive Academic Support Services: Employ dedicated academic coaching staff to provide wrap-around, personalized support, ensuring an inclusive and accessible learning environment that promotes retention for distance-based adult students from all backgrounds.

3. Provide evidence of the school or program’s approaches, successes, and/or challenges in advancing diversity and cultural humility.

The MPH program systematically monitors its approaches to advancing diversity and cultural humility, tracking successes and challenges to inform continuous programmatic improvement. Evidence of the program’s efforts to achieve its stated goals is detailed below.

Underrepresented Student Populations

To achieve the goal of diversifying the student body with populations focused on global health equity, the program implemented the Global Health Promotion track in conjunction with the Arrupe Global Scholars program. Unlike traditional recruitment, this approach involved a structural redesign of the curriculum to attract students specifically dedicated to “liberation medicine, social justice, decolonization, and anti-racist teachings.” This track was designed to lay a new foundation for global health training grounded in equity, explicitly recruiting cohorts who will engage in international immersions (e.g., Dominican Republic, Nepal). Additionally, to support the recruitment and retention of diverse students, the program implemented a competitive student professional membership scholarship to remove financial barriers to professional formation and networking (e.g., funding APHA memberships).

- **Successes:** The implementation of the Global Health Promotion track, along with the Arrupe Global Scholars program, successfully expanded the student body composition. In Fall 2023, the program reported 23 total enrolled students, 12 of whom were Arrupe Global Scholars, demonstrating that this initiative immediately accounted for over 50% of the active cohort. As of August 2025, the program has successfully recruited four distinct cohorts (Arrupe classes of 2027, 2028, 2029, and 2030), totaling 47 active dual-degree scholars. Furthermore, the program has successfully attracted international applicants, evidenced by active follow-up with applicants from Nepal in 2024. The success of this model has led to further expansion elsewhere at Creighton University; for example, the program has secured funding for the Soto Scholars program, which will recruit cohorts of five Doctor of Nursing Practice students into the Global Health Promotion certificate starting in Summer 2026.
- **Challenges & Continuous Improvement:** Despite these successes, the program has identified opportunities to strengthen the visibility and accessibility of its recruitment pathways, particularly for prospective applicants outside of the Arrupe Global Scholars pipeline. Internal review and faculty feedback indicate that aspects of the program's digital presence may present navigational challenges for prospective students (e.g., requiring visitors to know the program is housed under the Department of Clinical Research and Public Health, requiring multiple clicks to access admissions information). The program recognizes this as an area for continued improvement to support broader outreach efforts.

Additionally, historical data reviewed in 2024 indicated a challenge in "yield rates" (the percentage of admitted students who enroll). For instance, in 2021, only one of five admitted students registered. While the Arrupe program has stabilized overall enrollment numbers, improving the yield for traditional diverse applicants from vulnerable, at-risk, or marginalized backgrounds remains an area for focused improvement. To address this, the program partnered with Enrollment Management in Fall 2024 to implement a new "high-touch" communication model. This involves shifting from email-only outreach to direct phone calls from admissions staff and earlier hand-offs to the Academic Coach to keep admitted students engaged prior to registration.

Underrepresented Faculty Groups

To advance the goal of diversifying the faculty body, particularly with individuals whose backgrounds reflect the diverse populations the program serves, the program has aligned its faculty recruitment strategy with its new global focus. The program prioritizes candidates who not only bring demographic diversity but also possess "lived experience" and global health expertise to support the Global Health Promotion track. To support the retention of these diverse faculty members, the program utilizes the PH RIG as a formal mechanism for professional formation and support. This group meets monthly to allow faculty to present research, identify collaborators, and navigate the tenure/promotion landscape, fostering a climate of belonging for new hires. Additionally, the program leverages the Center for Faculty Excellence to provide resources on inclusive teaching and career development.

- **Successes:** A primary success in advancing this goal was the successful recruitment and hiring of Dr. Kwanghyun Kim as an Assistant Professor for the Global Health Promotion track in July 2025. His appointment directly addresses the program's stated priority to recruit faculty equipped with global public health expertise and diverse cultural perspectives. To ensure his successful integration and retention, which is a key component of the goal, program leadership immediately appointed Dr. Kim as the Chair of the PH RIG for the Fall 2025 semester. This strategy placed a new, diverse faculty member in a visible leadership role, facilitating his connection with the broader faculty body and students immediately upon arrival. Furthermore, the program has successfully retained faculty with deep ties to communities in the Global South, such as Dr. Tanya Benedict, who maintains active practice and research in the Dominican Republic, directly serving the program's priority populations.
- **Challenges & Continuous Improvement:** While the recruitment of international faculty remains a strategic priority, the program encounters structural and administrative complexities associated with international hiring processes (e.g., navigating H-1B visa timelines). These processes can affect the timing of appointments and course planning, presenting practical constraints on the pace at which faculty diversification can occur, particularly within the context of a limited number of available faculty lines. To mitigate this challenge and ensure instructional continuity during protracted hiring or visa processes, the program has formalized a "bench" of non-primary faculty and adjunct practitioners (such as leaders from the Douglas County Health Department) who can support the curriculum while full-time international hires are finalized.

Cultural Humility and Inclusive Climate

To advance cultural humility, the program has systematically integrated frameworks of “liberation medicine, social justice... and [care for] populations who are vulnerable and live in poverty” into its core and concentration curricula. The GHP track serves as the primary vehicle for this approach, as the curriculum was designed to prepare students for international immersions (e.g., Dominican Republic, Rwanda, Nepal) by grounding them in the ethics of global engagement. For example, MPH 615 Ethical Issues in Public Health and MPH 617 Emerging Global Health Issues are specifically sequenced to prepare students for cross-cultural practice before they begin their immersive experiences.

The program also ensures all students demonstrate the ability to address inequities through specific course assessments. For instance, in MPH 608 Health Communication and Informatics, students are required to “conceptualize and design health communication materials for a health disparity” and create a logic model to evaluate progress toward reducing that disparity.

In late 2024, the Curriculum and Evaluation Committee approved a policy to replace two of the three general interprofessional “passport” activities with specific “IPE Ethics modules” designed by the [Center for Interprofessional Practice, Education, and Research \(CIPER\)](#). Implemented for zero credit hours to avoid adding financial burdens, this ensures every MPH student receives standardized, high-level training in the ethical dimensions of collaborative care beginning in Fall 2026.

- Successes:** A major strength in maintaining an inclusive and supportive program climate is the MPH program’s high-touch academic coaching model. Recognizing that students from diverse backgrounds, including first-generation, distance-based, and international students, may encounter distinct academic and structural barriers, the program provides individualized academic support and early intervention. Program documentation demonstrates that this proactive approach supports student persistence and retention by identifying challenges early and coordinating timely support, fostering a climate of accommodation, fairness, and belonging.
- Challenges & Continuous Improvement:** A significant challenge is evolving the program’s data collection from general “student satisfaction,” which is well-documented via course evaluations, to a distinct assessment of “cultural humility climate” as required by the 2024 CEPH criteria. Furthermore, the program must ensure this data collection extends beyond the student body to systematically capture faculty perceptions of the climate. To address this gap and comply with the updated criteria, the program is developing and piloting a new comprehensive “Climate and Inclusion Survey” for students, faculty, and staff. The program will deploy this survey in Spring 2027 and administer it every two to three years. This tool includes specific metrics on belonging, faculty reflexivity, and bias response, effectively supplementing the ongoing student climate data already collected in the Midpoint and Exit surveys. In addition, the MPH program continues to advocate for increased opportunities (such as external guest speakers) to foster cultural humility conversations among faculty and students.

4. Provide student and faculty (and staff, if applicable) perceptions of the school or program’s climate regarding diversity and cultural humility.

Student Perceptions

Student perceptions related to diversity, respect, and inclusion are captured primarily through the *MPH Midpoint Survey*, which includes a dedicated “Program Climate” module. Students are asked to rate their agreement with statements regarding culture, inclusion, and diversity using a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree). Table G1.1a presents student ratings on these specific climate indicators over the last three years.

Table G1.1a. Student Perceptions of Program Climate

Survey Item	AY 2023-2024 Mean	AY 2024-2025 Mean	AY 2025-2026 Mean
Number of Responses / Response Rate	n=4 (80%)	n=12 (86%)	n=10 (50%)
<i>The instructor was sensitive to diversity (e.g., race, class, culture, gender, and sexual orientation).</i>	4.5	4.0	4.8
<i>The instructor showed respect for the questions and opinions of students.</i>	4.5	4.1	4.9

Survey Item	AY 2023-2024 Mean	AY 2024-2025 Mean	AY 2025-2026 Mean
<i>Based on my experience to date, the MPH program fosters a climate that respects diversity and cultural competence.</i>	4.5	4.0	4.9
<i>The MPH program integrates diverse perspectives into the curriculum.</i>	4.5	3.9	4.9
<i>I am treated fairly within the MPH program without regard to my age, race, ethnic background, religion, gender, disability, sexual orientation, or veteran status.</i>	4.25	4.1	4.9

Overall, student perception data indicate that students generally perceive the MPH program as highly inclusive, respectful, and sensitive to diversity. Trends over time suggest a strong rebound and overall improvement in climate perceptions during the 2025-2026 academic year following a slight dip in the previous term, particularly with respect to integrating diverse perspectives into the curriculum and ensuring fair treatment for all individuals.

Qualitative student perspectives are gathered through open-ended prompts in the Midpoint Survey. However, students between Fall 2023 and Spring 2026 did not provide qualitative responses. The program observed that this lack of response occurred because the Midpoint Survey is administered in MPH 607, where it is not a required element of the course, whereas it is required in MPH 635. The program will correct this administrative misalignment for the 2026-2027 academic year and forward to ensure consistent qualitative data collection.

Faculty and Staff Perceptions

Consistent with CEPH allowances, the program draws on institutional-level data to assess faculty and staff climate while it transitions to program-specific instruments. Faculty and staff perceptions of the campus climate were comprehensively captured during the 2021 campus climate survey at Creighton University, administered by the Division of Equity, Diversity, and Inclusion. Note that as of Summer 2025, Creighton University integrated its equity and inclusion efforts into a decentralized model, with ongoing campus climate, capacity-building, and support functions now administered collaboratively through the Creighton Intercultural Center (CIC) within Student Life, the Inclusive Excellence Council, and Mission and Ministry.

While the report did not provide data disaggregated specifically to the program or department level, it captured broad institutional perspectives. Within the School of Medicine, the overall response rate was 11%, with a 15% response rate specifically among faculty. Additionally, the overall response rate for graduate students across the institution was 11%. According to the report's executive summary, 76% of faculty and staff respondents felt comfortable with the climate in their specific departments or work units, and 77% of all respondents felt comfortable with the overall university climate. However, the report also identified key areas for attention regarding inclusion, noting that 18% of respondents personally experienced exclusionary or hostile conduct. Staff and faculty frequently cited position status, gender identity, and political views as the basis for these exclusionary experiences. Ultimately, the report concluded that the university must prioritize actions to support individuals most negatively affected by these structural barriers. See [ERF G1.4 Creighton's Learning and Working Environment Report, 2022](#).

While the university-wide data provided a baseline understanding of the institutional environment, the MPH program recognizes a gap in recent, program-specific faculty climate data. As noted in Criterion G1.3, the program is addressing this by developing a "Climate and Inclusion Survey" specifically for MPH faculty and staff, which will deploy in Spring 2027 and run every two to three years to ensure continuous, localized monitoring of the teaching and working environment.

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

Strengths

- **Deep Curricular Integration of Cultural Humility:** The program goes beyond surface-level inclusion by deeply embedding frameworks of social justice, health equity, and liberation medicine into its core and concentration coursework.
- **Proactive, High-Touch Support:** The program utilizes a dedicated academic coaching model that provides individualized, wrap-around support. This model holistically supports students from diverse backgrounds (including first-generation, adult, and distance-based learners), fostering a climate of fairness, accommodation, and belonging.

- **Equitable Global Partnerships:** The program actively elevates diverse voices from the Global South by maintaining equitable, bidirectional partnerships with international health organizations. These partners directly shape the community engagement and immersion experiences, ensuring training respects local cultural values.

Weaknesses and Plans for Improvement

- **Lack of program-specific, ongoing climate data for faculty and staff:** While the program relies on the 2021 Creighton University campus climate survey to establish baseline data for faculty and staff, the updated 2024 CEPH criteria require ongoing, unit-specific data collection. Relying solely on aging institutional data limits the program's ability to implement timely, localized improvements.
 - **Plan for Improvement:** The program is developing a comprehensive "Climate and Inclusion Survey" tailored specifically to the MPH program's students, faculty, and staff, which will deploy in Spring 2027 and be administered every two to three years. This tool will include specific metrics on belonging, cultural humility, and bias response, effectively supplementing the ongoing student climate data already collected in the Midpoint and Exit surveys.
- **Low enrollment yield for traditional applicants from underrepresented backgrounds:** Historical admissions data revealed challenges with "yield rates" (the percentage of admitted students who ultimately enroll) for applicants outside of the Arrupe MD/MPH pipeline. For example, in 2023, only one out of five admitted traditional students registered for classes.
 - **Plan for Improvement:** To reduce enrollment melt and better support applicants from vulnerable or marginalized backgrounds, the program shifted from an email-only admissions model to a new "high-touch" communication model in Fall 2024. This includes direct phone outreach from admissions staff and an earlier handoff to the Academic Coach to keep admitted students engaged and supported prior to registration.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Additionally, advisors understand the needs of a diverse student body and are qualified to address student needs and support their success.

Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

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

Orientation for new students in the program is a multi-tiered process. When a newly accepted student confirms their intention to enroll in the program, a dedicated representative from Enrollment Management notifies the Academic Coach, who initiates contact with the student. A virtual meeting between the Academic Coach and the new student is scheduled to conduct a thorough orientation to the program that includes verification of their concentration, development of their plan of study, and an introduction to their Faculty Advisor in the first term.

Program-Level Orientation

A program orientation is held annually for all new students and current students who would like a refresher. During the virtual orientation, faculty and the Academic Coach introduce themselves, explain course progression, offer a preview of the practicum course, and discuss professional development opportunities for students. The orientation in the Fall changed to a recorded webinar and posted slide deck presentation in 2024 and 2025, which is housed in the Student Resource Center for students to access asynchronously.

Dual-Degree Orientation for Arrupe Global Scholars (MD-MPH)

Because the Arrupe Global Scholars follow a combined MD-MPH degree track, they receive targeted informational sessions prior to their first MPH courses to align their academic path with global service expectations. Since AY2024-2025, an MPH year entry orientation is offered to each Arrupe cohort as they begin taking classes in the graduate program and when they start their dedicated MPH year between their M2 and M3 years ([ERF H1.1a Arrupe Scholars Orientation Slide Deck – First MPH Course](#); [H1.1b Arrupe Scholars Orientation Slide Deck – Entering MPH Year](#)).

University-Level Graduate Student Orientation

All online students in the Graduate School, including MPH students, are required to complete Graduate Student Orientation (GSO) to Creighton during their first semester. GSO is a self-paced, non-credit, pass/no pass comprehensive online course that includes information regarding policies and support available for technology, student health/well-being, library use and research support, services and support for writing assignments and requirements, and an introduction to the university's Jesuit/Ignatian mission and tradition. There is no formal course syllabus for GSO, but screenshots of the course content are available ([ERF H1.1c GRD 600 Modules Page](#)).

Student Resource Center & Ongoing Communication

The Academic Coach or MPH Program Manager adds new students to the Student Resource Center (SRC) in Canvas/BlueLine. The SRC is designed to serve as a central location to direct students to appropriate university resources as well as provide program-level information, such as faculty biographies, course schedules, and practicum and career resources. Screenshots of the online Student Resource Center are available [as ERF H1.1d Student Resource Center](#).

Newly admitted MPH students are subscribed to recurring communications using the SRC announcements. The MPH program also uses LinkedIn and Facebook to share networking and professional development opportunities.

Curricular Orientation

Once this general orientation to the university and the operational aspects of the program are completed, the MPH curriculum begins with an orientation to the field of public health through *MPH 601 Organization and Management of Public Health Services*. This is a required core course for all students enrolled in the

program. Designed as a foundation course, it provides learners with a comprehensive understanding of the organization and functions of public health services and the vital role that public health plays in the health service system. In addition, this course provides students with a systems perspective for examining the core and elective public health competencies offered in future courses in the program. The course syllabus for MPH 601 is available in [ERF D1.2 Syllabi](#).

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

The MPH program provides a comprehensive, three-tiered approach to academic advising from the time a student is admitted through graduation.

Tier 1: Faculty Advisors

The foundational tier of our system is the faculty advisor. These individuals are the full-time, regular faculty with expertise, teaching responsibility, scholarship, and community engagement in at least one of the three concentration areas (*Health Care Ethics, Healthcare Management, or Global Health Promotion*). Regardless of concentration, students have faculty advisors who are actively engaged in the discipline and fully qualified to offer academic advice and professional mentorship to students.

Tier 2: Academic Coach

To supplement the faculty advisors, the program provides an Academic Coach who serves essentially as a student success “navigator,” helping students with monitoring their plan of study, course registrations, temporary withdrawals, and progression toward the degree. If there is any indication that a student’s success is in question, the Academic Coach, in conjunction with the student’s faculty advisor, will intervene, as described below.

Tier 3: Course Faculty

The final tier of our system consists of the informal, but very valuable, support role that individual faculty in core and concentration courses play in academic advising and student success. In many cases, it is the faculty member in a given course who first notices a potential risk to student success. If intervention directly with the student is unable to correct the situation, the faculty member contacts the Academic Coach and faculty advisor, who then, in collaboration with the student, create and implement a student success plan. The intervention could be as simple as permitting a student additional time or resources to successfully complete a course, all the way to consideration of temporary withdrawals, the granting of an incomplete for the course, or additional strategies dictated by the situation.

Culminating Advising: Practicum Coordination

As students approach graduation and their field experiences, the practicum coordinator and practicum instructor offer students unique academic advice associated with community engagement and preparation for a successful field placement. This is a culminating academic advising service that the program provides, tailored to the unique needs students will have as they approach their capstone experiences in the program.

Dual-Degree Advising for Arrupe Global Scholars (MD-MPH)

Because the Arrupe Global Scholars pursue a combined MD-MPH degree, their academic advising services include additional, specialized support. In addition to MPH faculty and the Academic Coach, Arrupe students receive wrap-around support from the Arrupe Global Scholars Program Manager and Senior Program Coordinator. These dedicated staff members serve as primary liaisons between the MD and MPH programs, assist students with navigating complex program transitions, and coordinate specialized advising related to their international immersions and global practice experiences.

Through this structured approach, the program’s academic advising system is student-centered to ensure success. See Table H1.1 for the specific duties of each role.

Table H1.2. Academic Advising Services Roles

Title / Role	Description
Faculty Advisor	A full-time, core faculty member who is matched to their advisees by educational background, future goals, and areas of interest within public health. The duties of the faculty advisor include academic advising, selection of concentration, career advising, providing information on further educational opportunities, guiding community and professional engagement, and assisting students in identifying practicum sites and goals. Faculty advisors offer regular office hours and are available in person, via email, phone, and video conferencing.
Academic Coach	Serves as the academic “navigator” for all MPH students. The Academic Coach also offers regular office hours and is available via email, phone, and video conferencing. The duties of the Academic Coach include: a) serving as the first point of contact for students; b) onboarding and orienting new students, including introducing students to the faculty advisor; c) registering, adding, cancelling, and withdrawing students from courses; d) creating and maintaining plans of study; e) processing transfer credit requests and temporary withdrawal paperwork; f) serving as the first point of contact for CIPER staff regarding student enrollment in and timely progression through interprofessional education modules (IPE 500 and related Passport Activities); and g) monitoring ongoing support for academic success throughout a student’s plan of study. The Academic Coach is assisted in these responsibilities by the MPH Program Manager, who serves as the second point of contact for students.
Individual Course Faculty	All core and concentration faculty serve students through informal academic advising in their individual courses and work in conjunction with the Academic Coach and faculty advisor to assure student success in their courses.
Practicum Coordinator / Instructor	Serves as the practicum advisor for students as they progress through the Pre-Applied Practice Experience and MPH 611 Practice Experience. Specific duties include addressing student questions and concerns related to the practicum, assisting students in the IRB process, and serving as the faculty advisor for practicum projects.
Dual-Degree Support Staff (Arrupe Global Scholars)	The Arrupe Program Manager and Senior Program Coordinator provide specialized wrap-around advising for MD-MPH students. Duties include assisting with complex program transitions between medical and public health terms, coordinating international immersions, and guiding global practice experience logistics in tandem with MPH faculty.

The Academic Coach provides students with an orientation to the following CU online advising tools:

- **DegreeWorks:** A degree management system that outlines plans of study and allows a student to track progress toward their degree.
- **CreightonConnect:** An online retention tool that streamlines communication between students, instructors, advisors, and other university resources.
- **Student Resource Center (SRC):** A centralized, virtual space housed in Canvas/BlueLine that provides essential and comprehensive resource information for students. Resources include links to university, department, and program policies and procedures; student service offices and resources (i.e., Financial Aid Office, Business Office, Career Center, CU Library System); and technology assistance. The SRC also includes resources that are specific to MPH students, such as faculty biographies and contact information, staff contact information, writing and career resources, and links to professional organizations and public health resources.

In addition, upon admission, students are given written confirmation of their concentration and develop a plan of study with the Academic Coach that forms the basis for academic advising with the faculty advisor and the monitoring of student progression conducted by the Academic Coach. Students are assigned to their faculty advisor in their first term.

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

Selection and Orientation of Faculty Advisors

All primary instructional faculty are selected to serve as Faculty Advisors as a core component of their faculty appointment. Faculty advisors are assigned to advisees with preference to the advisees’ selected concentration and career goals as aligned with faculty expertise, teaching, scholarship, and community engagement activities.

All faculty go through a formal orientation and training program to learn not only about Canvas/BlueLine but also to be given extensive information about the unique attributes of online learners, the MPH program’s specific advising system, and the use of institutional academic advising support services, such as CreightonConnect. Additionally, faculty advisors attend monthly Academic Progression Committee meetings, which provide ongoing, informal orientation to current student progression policies and advising best practices.

Selection and Orientation of the Academic Coach

The Academic Coach is selected based on their professional background and expertise in student affairs and academic support. The Academic Coach receives extensive training regarding orienting or onboarding new students, enrollment and registration, plans of study, and best practices in academic advising. The Academic Coach works alongside program faculty on the program's curriculum, concentrations, plan of study options, and how to best support students as they progress through the program. Such training occurs both formally at the university and college levels, and informally, including informational emails to faculty and staff and attendance at monthly Academic Progression Committee meetings.

Selection and Orientation of Specialized Advising Staff

Specialized advising personnel, including the Practicum Coordinator and the Arrupe Global Scholars (MD-MPH) support staff, are selected based on their specific professional expertise in public health practice and global health program management. They are oriented to their academic advising responsibilities through direct mentorship from the MPH Program Director and their active participation in the Academic Progression and Core Faculty committees, which ensures their guidance remains strictly aligned with CEPH criteria and MPH degree requirements.

4. Explain how advisors are trained to understand the needs of a diverse student body and to address students' needs and support their success.

Creighton University and the MPH program intentionally train advisors, including faculty, the Academic Coach, and specialized support staff, to foster an inclusive environment that supports the academic, professional, and personal success of a diverse, adult-learner student body. Training occurs through a combination of university-wide professional development, program-specific structural competency education, and ongoing collaborative mentorship.

University and Program-Level Training and Support

Faculty advisors regularly participate in training provided by CFE, which explicitly designs programming to deepen support for inclusive teaching and evidence-based assessment practices. Advisors are encouraged to participate in CFE workshops, book clubs, and seminars that build capacity for working with diverse students and communities. At the program level, full-time faculty receive a \$2,250 annual professional development stipend and are encouraged to use these funds for training and attendance at national conferences (e.g., APHA, ASPPH). Furthermore, program-level gatherings regularly feature discussion topics on equity-oriented instruction and contexts to ensure advisors are well-equipped to support the unique needs of students and the diverse communities in which they work.

Academic Coach and Staff Training

The Academic Coach and specialized dual-degree advising staff receive training on university-wide retention and student success platforms, such as *CreightonConnect* and *DegreeWorks*. This training enables them to proactively monitor student progression, identify early warning signs of academic distress, and intervene with tailored support strategies. Because the MPH cohort is fully distance-based, staff members receive specific training to support geographically diverse adult learners who balance professional, academic, and personal responsibilities.

Ongoing Mentorship and Resource Referral

To ensure advisors can holistically address the needs of all students, faculty and staff are trained on the university's comprehensive network of support services. When students face personal, cultural, or accessibility challenges, advisors are trained to refer them to specialized campus resources. These include Student Accessibility Services for accommodations, the Creighton Intercultural Center (which provides inclusive programming and resources), and Student Counseling Services.

Furthermore, the monthly Academic Progression Committee meetings serve as an ongoing, informal training ground for all advisors. During these meetings, the Academic Coach, Program Director, and faculty advisors discuss current student progression, share best practices for accommodating diverse learners, and review university policies, such as the formal process for disability accommodations, to ensure all students receive equitable and consistent support.

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

The university strongly encourages students to use *DegreeWorks*, a degree management system, in collaboration with their Academic Coach when determining and tracking their plan of study. Additionally, the program utilizes the SRC in BlueLine to house essential advising information.

The following advising materials and resources are available in the electronic resource file ([ERF H1.5](#)):

- [ERF H1.5a Student Handbook 2025-2026](#)
- [ERF H1.5b Plan of Study by Concentration](#)

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

The MPH program systematically evaluates student satisfaction with academic advising and coaching using two primary programmatic instruments: the Midpoint Survey, administered halfway through the student's plan of study, and the Exit Survey, administered during the final capstone course.

In both surveys, students are asked to rate their agreement with statements regarding advisor accessibility, respect, knowledge, and resource referral using a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Quantitative data from the past three academic years are presented in Table H1.6 below.

Table H1.6 Student Satisfaction with Academic Advising (AY2023–2026)*

Survey Item	AY 2023-2024 Mean	AY 2024-2025 Mean	AY 2025-2026 Mean
Midpoint Survey			
Number of Responses / Response Rate	n=4 (80%)	n=12 (86%)	n=10 (50%)
<i>My academic coach is readily accessible to me.</i>	4.25	3.83	4.80
<i>My academic coach treats me with respect.</i>	4.50	3.50	4.80
<i>My academic coach is sufficiently familiar with the program and courses to guide me in selecting my plan of study.</i>	4.25	4.08	4.70
<i>My academic coach refers me to other resources when appropriate.</i>	4.00	3.83	4.70
Exit Survey			
Number of Responses / Response Rate	n=3 (100%)	n=3 (100%)	n=13 (87%)
<i>My academic coach is readily accessible to me.</i>	4.67	4.33	4.69
<i>My academic coach treats me with respect.</i>	5.00	4.67	4.77
<i>My academic coach is sufficiently familiar with the program and courses to guide me in selecting my plan of study.</i>	4.67	4.33	4.77
<i>My academic coach refers me to other resources when appropriate.</i>	4.67	4.00	4.62

*Data is up to date through the final MPH 612 exit survey responses in the 2025-2026 academic year.

Quantitative Data Review

Overall, quantitative scores indicate a strong level of satisfaction with academic advising across the program. In the Midpoint Survey, satisfaction means rebounded significantly in AY 2025-2026, with all categories scoring 4.70 or higher. Exit survey results show that graduating students feel highly respected by their advisors (averaging between 4.67 and 5.00 across all three years).

Qualitative Student Feedback

Qualitative feedback from these surveys provides valuable context to the quantitative scores and helps identify actionable areas for improvement. Overall, student narratives reflect highly positive experiences, with multiple students describing the support as “great” and “flawless.”

- **Strengths and Positive Themes:** A prominent theme in the qualitative data is the dedication, knowledge, and responsiveness of the faculty advisors. Students noted that advisors are “knowledgeable and quick to respond” and that the advising resources are “well connected and have thoughtful advice

that is intended to create the best experience for the student.” Faculty were commended for being “pivotal” parts of the program who “give their students their all.”

- **Constructive Themes and Opportunities for Improvement:** Qualitative responses also highlight specific areas where the program can enhance the student experience, particularly regarding the virtual environment and the dual-layered advising model. Some students indicated a lack of awareness regarding the coaching role, noting, “I am not aware of what academic coaching is or who my academic coach is,” or that interactions were limited to an “email chain about registration.” Another student noted that “being virtual feels isolating sometimes,” suggesting distance learners may benefit from more proactive outreach. Finally, a student who experienced severe personal emergencies (e.g., family illness, accidents) requiring time off noted that navigating the administrative advising process during that period became a “hassle.”

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

Strengths

- **High Student Satisfaction:** Survey data indicate that, overall, students feel the program is doing a good job in providing academic advising services. Satisfaction with the informal advising that students receive from faculty in individual courses is consistently high based on course evaluations.
- **Wrap-Around Support Model:** CU employs a best-practices model for supporting distance students by utilizing faculty advisors in conjunction with an Academic Coach, who acts as the single point of contact to track student progression, proactively intervene for students not progressing, and connect distance students to university support services and resources.
- **Specialized Dual-Degree Support:** The program has successfully integrated specialized advising staff to provide wrap-around support for the complex scheduling and global immersion needs of the Arrupe Global Scholars (MD-MPH) cohorts.
- **Stable Technology Infrastructure:** A stable infrastructure and university-wide support exist for advising tools and technologies. These include *DegreeWorks* for academic advising and plan of study tracking and *CreightonConnect* for student retention and early-alert support.

Weaknesses and Plans for Improvement

- **Concentrated Advising Outreach:** Currently, formal outreach from faculty advisors primarily aligns with twice-yearly registration periods, which limits opportunities for proactive, ongoing professional mentorship.
 - **Plan for Improvement:** Increase systematic outreach by asking faculty advisors to initiate mid-term touchpoints (e.g., every October and March) throughout a student’s enrollment, moving beyond purely registration-driven meetings.
- **Role Clarity and Academic Coach Visibility:** Qualitative surveys show some students view the Academic Coach solely as a transactional contact for registration, unaware of their broader support role.
 - **Plan for Improvement:** The program will clarify the complementary roles of the Faculty Advisor and Academic Coach during onboarding. The coach will also increase proactive outreach outside of peak registration windows.
- **Navigating Complex Setbacks:** Exit surveys indicate that managing administrative advising processes during temporary withdrawals or personal emergencies can feel burdensome.
 - **Plan for Improvement:** The program will streamline the leave of absence process. The Academic Coach will serve as a dedicated administrative guide during these transitions to reduce logistical hurdles for the student.
- **Variability in Early Intervention:** While informal advising is highly rated, there is variability in how quickly instructional faculty utilize formal early-alert systems to engage the Academic Coach at the first sign of a student’s academic difficulty.

- **Plan for Improvement:** The program will conduct an advising refresher for faculty on early-alert protocols with the Academic Coach and will continue dedicating time to proactive student case reviews during monthly Academic Progression Committee meetings.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable.

All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce, and prepared to address student needs and support their success. Career advising must be sensitive to the needs of a diverse student body.

Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

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

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

Program-Wide Career Advising Services

Career advising services are consistent across all MPH concentrations. Career advising is offered in a variety of formats for all students and alumni, regardless of their employment status. The primary career advisor for all students is their assigned faculty advisor, though all faculty informally provide career advising. In the course of working with students throughout their program, if a question arises relating to career paths and career advising services, such as resume preparation, the Academic Coach will first refer the student to their formal faculty advisor. The faculty advisor will assist the student directly and/or direct the student to other programs or institutional resources, such as the [John P. Fahey Career Center](#). Furthermore, faculty advisors provide appropriate advice regarding enrollment in additional education or training programs.

Tailored Support and Faculty Advising

To tailor services to meet students' specific needs, faculty advisors provide career counseling and planning on a highly individualized basis. Given the geographic diversity of the program and the fact that the majority of all students are working professionals, faculty take strategic advantage of the expertise of our EAB members. If a student, for example, is interested in pursuing a career with a local public health agency or in a particular geographic region, there are representatives on our EAB available to meet with the student and refer them to working professionals to better assist them in their specific career interests. Our EAB provides students and alumni with a network of professionals to augment the individualized services provided by faculty and campus resources. In addition to specific career advice, faculty are also available to write letters of recommendation for students and alumni as they pursue positions in the field or apply for advanced degrees.

Career Exploration in the Curriculum

Opportunities for students to learn about career paths, agencies, advocacy organizations, and professional networks are also infused throughout the core and concentration curricula. Courses such as MPH 601 Organization and Management of Public Health Services, MPH 604 Social and Behavioral Aspects of Public Health, and MPH 606 Environmental Health, to name just a few, include content about potential career paths within the discipline, agency and employee responsibilities, relationships among the various sectors within public health, and the knowledge and skill sets employed by professionals in the field. This exposure to career opportunities invites students to envision their future beyond the attainment of the degree and fosters self-reflection and informed inquiry that, in turn, is catalyzed by the career advising system offered by the program.

Professional Networking and Associations

The MPH program encourages students and alumni to join and become involved in professional organizations such as the American Public Health Association (APHA), the Society for Public Health Education (SOPHE), state public health associations, and others to grow their professional networks for developing their careers. To support this, the program sponsors a limited number of student memberships each year. At the end of each calendar

year, the program encourages all qualified students to apply for a program-sponsored membership to the student's preferred professional public health organization. Over the last three years, the program has funded 12 student memberships to organizations including APHA and SOPHE ([ERF H2.1a Student Professional Membership](#)).

Additionally, potential job opportunities submitted by faculty, students, alumni, professional networks, and community partners are shared via the program's Student Resource Center in BlueLine, which all students have access to, and through LinkedIn for students, alumni, and community members ([ERF H2.1b Job Opportunity Posting](#)). To promote professional networking and professional development, announcements on upcoming conferences and workshops are publicized on the program's Student Resource Center (announcements and student opportunities modules) and on LinkedIn and Facebook. The Student Resource Center readily provides information about these organizations and any career resources they offer.

Institutional Resources

An additional resource for both students and graduates is Creighton University's John P. Fahey Career Center. Career Center staff provide comprehensive career guidance services, assisting students and alumni to clarify major and career goals, develop career-related skills, and implement career goals. They provide alumni with web resources for resume help, networking and interviewing tips, assistance with job searching, and applying for advanced graduate or professional school programs. One Career Center advisor is specifically dedicated to supporting graduate students through resume and cover letter reviews, mock interviews, and job search support. Other services include access to The Career Advisor Network, a network of over 6,000 vetted professionals from all major industries who are available for virtual meetings to critique resumes, provide career advice, and conduct mock interviews. A Career Webinars site that provides advice, networking strategies, and interviewing skills from industry leaders is also available.

The Career Center helps students and alumni locate internships and job opportunities in their career field with tools like [Handshake](#), an online career management system, and [Big Interview](#), a mock-interview system. Currently, nine MPH students and 10 alumni have completed their profiles in Handshake. Thirteen MPH students and alums submitted an application through Handshake; 12 had an appointment with the Career Center and nine attended an event. See [ERF H2.1c MPH Students and Alumni in Handshake](#) for a list of individual usernames.

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

Faculty Advisors

All primary instructional faculty provide formal career advising. They are selected to serve as advisors based on their expertise in their respective disciplines, teaching, scholarship, and professional networking experience. Faculty advisors are matched to advisees with preference to the student's selected concentration and career goals. All faculty in the program are oriented to their advising roles through a formal online training module that includes information on campus services for career counseling, alumni services, and approaches to engaging students in the learning environment at Creighton University, which includes networking, professional development, and career planning. Additionally, faculty attend monthly Academic Progression Committee meetings, which provide ongoing, informal orientation to current student progression policies and career advising best practices.

External Advisory Board

Members of the EAB play a supportive career mentoring role for students and alumni. They are selected specifically because of their past academic training, current expertise, employment within the field, geographic diversity (to reflect that of our distance-based students), and their ability to provide unique networking and professional development opportunities. Several board members are alumni of the program. This enhances the overall impact of the EAB by bridging those students actively pursuing the degree with program graduates who are now working professionals.

John P. Fahey Career Center Staff

The team at the Career Center are dedicated professionals selected for their designated training in career advising. Staff backgrounds and profiles are available on the [CU website](#). To assure that Career Center professionals are up-to-date on public health workforce needs and trends across the United States, the MPH program conducts annual in-service programming for all Career Center staff to ensure they are best equipped to

assist MPH students and alumni. This ongoing training consists of an update on the MPH curriculum; the diversity profile of the students; the guiding statements for the program, including priority communities; and current workforce needs in public health.

3. Explain how advisors are trained to understand the needs of a diverse student body and to address students' career needs and support their success.

To ensure that career advising is sensitive to the needs of a diverse student body, Creighton University and the MPH program provide ongoing training and professional development for both faculty advisors and Career Center professionals.

Faculty Advisor Training and Development

Because core faculty serve as the primary career advisors for MPH students, their ongoing training in diversity, equity, and inclusion is paramount. Faculty receive a \$2,250 annual professional development stipend, which the program encourages them to use for attending national public health meetings and conferences (e.g., APHA, ASPPH). Attending these events equips faculty with up-to-date knowledge on public health workforce trends, diverse career pathways, and best practices for mentoring students from historically underrepresented backgrounds. Faculty are also encouraged to participate in university-level inclusive pedagogy workshops through the CFE; specific campus-wide diversity trainings like the Creighton Allies Program (CAP), which provides mission-based training on LGBTQ+ ally strategies; and the Stone Catchers active bystander program, which helps faculty explore their own biases to better catalyze intercultural engagement. This training helps faculty better understand the systemic barriers diverse, distance-based adult learners may face when navigating career transitions.

Career Professional Training

Dedicated career advisors and support staff participate in a tiered approach to cultural competency training to ensure they can effectively address the diverse career needs of the student body. Foundational training includes the "[Culturally Competent You](#)" module, a free institutional resource that provides a baseline understanding of inclusive practices. To further tailor support, the university provides funding for career professionals to access specialized courses and eBooks focused on equitable career coaching. For next-level development, faculty and career professionals have access to an advanced Intercultural Competency Course, which provides deep-dive strategies for supporting the career placement and success of marginalized and diverse student groups.

Holistic Support and Referral Training

Both faculty and career advisors are trained to recognize when a student's career success intersects with personal, cultural, or accessibility needs. Advisors are oriented on how to holistically support students by seamlessly referring them to specialized campus resources. This includes the [Creighton Intercultural Center](#) (CIC), which provides inclusive programming, and [Student Accessibility Services](#), ensuring students have the wrap-around support necessary to achieve their professional goals. Advisors can also connect specific student populations with targeted affinity and support programs to aid in their holistic success, including the Eileen B. Lieben Center for Women, the RAISE (Recognizing and Affirming Indigenous Student Experiences) program, and dedicated institutional resources for first-generation college students. Through this network, advisors ensure students have the wrap-around support necessary to achieve their professional goals.

4. Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

The MPH program provides various targeted career advising services for both currently enrolled students and graduates. Table H2.1 outlines three specific examples of career advising services provided to students and one example provided to an alumnus over the last three years. The table also indicates the number of individuals participating in each service.

Table H2.1. Examples of Career Advising Services Provided to Students and Alumni

Target Audience	Example of Career Advising Service	Number of Individuals Participating
Students	Pre-Applied Practice Experience (Pre-APEX) Professionalism Training: Students complete a professionalism video training module providing targeted career preparation and workplace etiquette guidance.	52 students
Students	One-on-One Career Advising Consultations: Students receive individualized career counseling through their assigned faculty advisors prior to graduation and through virtual/in-person sessions at the Career Center.	35 students
Students	Annual Career Fairs: Students attend annual campus-wide career fairs provided by the John P. Fahey Career Center to network with local and regional health organizations. (ERF H2.4 Media)	3 students
Alumni	Continued 1:1 Coaching and Career Fair Access: Alumni utilize post-graduation services through the Career Center, including customized one-on-one career advising sessions and virtual participation in annual career fairs.	7 alumni

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

The MPH program systematically evaluates student satisfaction with career advising services using two primary programmatic instruments: the *MPH Midpoint Survey*, administered at the halfway point of the student's program of study, and the *MPH Exit Survey*, administered during the final course, MPH 612 Capstone.

In both surveys, students are asked to rate their agreement with the statement, *“Overall, I am satisfied with the quality of career advising that I received while a student in the MPH program,”* using a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). To ensure data accuracy, the surveys also include a “Not Applicable” option where students can indicate, *“I have not needed to reach out to my faculty advisor for career advising.”* By isolating the students who actively utilized career advising, the program ensures satisfaction percentages are not skewed by working professionals who may not require these services.

Survey instruments are available in the electronic resource file (see [ERF H2.5a MPH Midpoint Survey Instrument](#) and [ERF H2.5b MPH Exit Survey Instrument](#)). Results from the past three years regarding students' overall satisfaction with the quality of career advising are presented in Table H2.2 below.

Table H2.2. Student Satisfaction with MPH Career Advising (2023–2026)

Survey & Academic Year	Survey Response Rate	Satisfied / Strongly Agree (4-5)	Neutral (3)	Dissatisfied / Strongly Disagree (1-2)	Did Not Use / Not Applicable
Midpoint Survey					
2023-2024	80% (4/5)	75%	25%	0%	0%
2024-2025	86% (12/14)	34%	58%	8%	0%
2025-2026	50% (10/20)	80%	20%	0%	0%
Exit Survey					
2023-2024	100% (3/3)	100%	0%	0%	0%
2024-2025	100% (4/4)	25%	50%	25%	0%
2025-2026*	[100]% (2/2)	[100]%	[0]%	[0]%	[0]%

*Surveys completed through December 2025

Over the last three years, the data indicates that students are satisfied with the career advising provided by the program. From the midpoint survey to the exit survey, those that were neutral moved into the satisfied category. In 2024-2025, the program lost two full-time MPH faculty members who were advisors to students and were not replaced during the academic year. One new MPH faculty member started in AY2025-2026.

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

Strengths

- **Multi-Layered Advising Approach:** The program employs an effective, multi-layered approach to career advising, utilizing primary faculty, the EAB, and the John P. Fahey Career Center.

- **Geographically Diverse EAB Expertise:** The EAB offers students and alumni an added level of expertise and perspective, specifically relating to public health careers across the geographic diversity of the program.
- **High Student Satisfaction:** There is consistently strong student satisfaction with career advising services, particularly as students approach the practicum and graduation.
- **Active Digital Promotion of Opportunities:** The program actively augments individualized career advising by promoting job opportunities, professional development events, and professional associations via the online Student Resource Center and program social media platforms.
- **Robust Career Center Infrastructure:** The Career Center provides robust infrastructure to assist both current students and alumni, granting Creighton alumni "lifetime access" to career counseling and digital resources like Handshake and Big Interview.

Weaknesses and Plans for Improvement

- **Adjunct Faculty Awareness of Services:** A review indicated that adjunct faculty are not consistently aware of the specific services offered by the Career Center, which limits the effectiveness of their informal career advising during individual courses.
 - **Plan for Improvement:** Update formal adjunct onboarding materials to explicitly outline the Career Center's virtual resources so adjuncts can confidently direct students to these services.
- **Distance Learner Engagement Constraints:** The program's geographic diversity and high percentage of employed students inherently limit participation in traditional on-campus career resources.
 - **Plan for Improvement:**
 - Partner with the Career Center to host an annual, virtual career workshop tailored to online public health students (e.g., hosting a dedicated career panel during National Public Health Week).
 - Require faculty advisors to intentionally discuss career goals during dedicated mid-term check-ins (October and March) to ensure distance and working students regularly engage in career planning.
 - Systematically share current career advising needs with the EAB so members can better leverage their regional networks to mentor distance-based students in their geographic areas.

H3. Student Complaint Procedures

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

1. Describe the procedures by which students may communicate complaints and/or grievances to school or program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.

Policies and procedures regarding academic standards and regulations for students are contained in the [Graduate School Catalog](#). The Division of Student Life also plays an important role in matters impacting students, maintaining the Center for Student Integrity and various web-based resources, including the Code of Conduct, Student Credo, and [Student Handbook](#) (see [ERF H3.1a](#)). The Provost and each respective Dean, assisted by key administrative offices, have overall responsibility for the oversight and monitoring of established academic activities, including the academic policies and procedures contained in these handbooks.

Complaint Procedures

The MPH graduate student complaint procedures fall under the university-wide *Student Complaint Policy*, which applies to all students regardless of school/college, status, or location. These procedures are publicized to students via the Graduate School Catalog, the MPH Student Resource Center on the learning management system (Canvas/BlueLine), and during New Student Orientation.

As described in the [Student Complaint Policy](#) (see [ERF H3.1b](#)), it is the policy of the University to address grievances in a fair and timely manner. This policy covers general grievances but explicitly excludes complaints regarding academic grade disputes, academic integrity, non-academic misconduct, disability, affirmative action, sexual violence, harassment, and discrimination. These exclusions are governed by specific policies:

- **Academic Grade Disputes:** These are resolved according to the *Grade Appeal Policy* found in the *Graduate School Catalog* (see [ERF H3.1c](#)).
- **Harassment and Discrimination:** Grievances of this nature are addressed by the Office of Title IX and Civil Rights Compliance, housed under the [Office of the General Counsel](#).

Resolution Process

Informal resolution is encouraged whenever possible. For example, under the Grade Appeals process, a complaint may be resolved at “Step 1” if the instructor agrees to adjust the grade in question. Similarly, students are encouraged to first raise concerns directly with faculty, staff, or program administrators to attempt resolution before filing a formal complaint. If informal resolution fails, formal complaints are routed as follows:

- Concerns about **academic procedures or personnel** must be filed with the Graduate School.
- Concerns about **non-academic procedures or personnel** must be filed with the Division of Student Life or the specific operational unit involved (e.g., Administration, Registrar, Disability Accommodations, Financial Aid, etc.).

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

As detailed in the policy documents, a student with a complaint that a policy or procedure has been incorrectly or unfairly applied, or a complaint against a person’s behavior, has recourse through the process described below.

Complaint Resolution Steps

Informal resolution is encouraged at the outset; however, if the matter remains unresolved, a student may proceed through the formal process, which includes the following levels of review and appeal:

- **Stage 1 (Informal Resolution):** The complaint is first shared with the staff, faculty, or department personnel where the matter originated. If the matter is not resolved, the complaint is moved forward to the supervisor, department chair, or associate/assistant dean.
- **Stage 2 (Formal Complaint Filing):** A formal complaint can be filed if informal resolution is unsuccessful. The student initiates this by completing the online **Student Complaint Form** (see [ERF H3.2](#)).
- **Stage 3 (Investigation and Resolution):** The Office of the Vice Provost for Student Life investigates all formal complaint submissions. They may refer complaints to the appropriate college, school, or division for investigation and proposed resolution, retaining the right to approve the final resolution.
- **Stage 4 (Review and Appeal):** Should a student wish to appeal a decision, they must contact the Provost within five working days of the resolution communication. The Provost will issue a written determination of the appeal; this determination is final.

If a student feels they have been subjected to harassment or discrimination, they follow the specific procedures outlined in the *Non-Discrimination Policy* ([ERF H3.3a](#)) or *Title IX Sexual Harassment Policy* ([ERF H3.3b](#)) rather than the general student complaint process. Students also retain the right to file a complaint with an outside agency as outlined in the policy

3. List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

No formal complaints or student grievances have been submitted in the past three academic years (AY2022-2023 through AY2025-26).

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

Strengths

- The university employs standard, clearly defined grievance procedures that are publicized to students through the Student Handbook and online resources.
- University and Graduate School policies affirm the rights of students to a prompt and fair resolution of academic complaints, with clear protections against retaliation.
- The program successfully resolves student concerns through proactive advising and informal mediation at the faculty and program level, resulting in **no formal complaints** submitted in the past three years.

Weaknesses and Plans for Improvement

- None identified.

H4. Student Recruitment and Admissions

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

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

Creighton University recruits local, national, and international candidates for the MPH program through a variety of recruitment efforts. Our efforts are targeted at recruiting highly qualified prospective students who fit the program requirements, will succeed in the program, and whose personal and professional goals align with the program's Jesuit mission to promote health equity and serve vulnerable and marginalized populations. Because the traditional MPH program is delivered fully online, recruitment efforts heavily target working professionals and adult learners seeking distance-based education.

Recruitment efforts are coordinated by the Graduate Enrollment Management office in conjunction with the university's marketing and communications team. Additionally, recruitment for the [Arrupe Global Scholars MD-MPH dual-degree track](#) follows a specialized process. Examples of our efforts are outlined below:

Traditional Online MPH Recruitment Activities

- **Graduate School Website and Program Page:** The [program page](#) is dedicated to promoting the Public Health program and embedded within content about the School of Medicine and the Graduate School. This webpage gives students access to information on how the program is relevant, outcomes students are experiencing since graduating from the program, and the relevancy of pursuing a graduate degree in public health. Information about curriculum, admissions requirements, tuition and scholarships, and deadlines is also available for students who are interested in taking the next steps and starting an application.
- **Email Communication:** Creighton University manages inquiries received for the program in a CRM tool called [Slate](#). They utilize this CRM to send customized email communications to prospective students who have shown interest. The custom email communication flow allows us to engage with the prospective student from inquiry to a completed application. This is done in conjunction with recruitment efforts by dedicated admissions advisors who are also calling, scheduling appointments, and meeting with the students to help them finish their applications.
- **Digital Channels:** University Marketing and Communications manages the School of Medicine social media channels ([Facebook](#), [Instagram](#), and [LinkedIn](#)) and works with campus partners, program directors, faculty, alumni, and current students to create content for the channels. The MPH program is highlighted among the other programs in the School of Medicine, particularly around *National Public Health Week*. The MPH program itself maintains its own [Facebook](#) and [LinkedIn](#) pages that specifically promote the field of public health and the program. As examples:
 - [Student Spotlight: Mariam Cortese](#)
 - [Student Spotlight: James Merchant](#)
- **Recruitment Events:** The Graduate Marketing and Recruitment staff attend diverse career and graduate fairs, promoting program awareness across graduate programs. Attendees are undergraduate students and working professionals, including those with an interest or experience in a healthcare setting. Additionally, MPH program faculty and leadership actively recruit at discipline-specific national events, such as hosting an exhibitor booth at the American Public Health Association (APHA) Annual Meeting.
- **Program Webinars:** The Graduate Marketing and Recruitment office hosts webinars in partnership with the faculty and program director to attract prospective students and engaged inquiries within Slate. The webinars are hosted to allow students to ask questions, hear from current students and alumni, and engage with faculty from the program.
- **Earned Media:** These are advertising opportunities that are not paid for but placed in third-party locations because of newsworthy content. Creighton University partners with local and national news media platforms to pitch stories that are newsworthy. Stories about students, faculty, and the program are

crafted by the director of external communications. Examples of earned media placements include Drs. [Anne O'Keefe](#) and [Maureen Tierney](#), program faculty, who both speak on public health.

Arrupe Global Scholars MD-MPH Recruitment Activities

Recruitment for the Arrupe Global Scholars program is conducted jointly with the School of Medicine's admissions process. Because this is a highly specialized, cohort-based dual-degree program, recruitment targets prospective medical students with a demonstrated commitment to global health and health equity. Candidates who apply to the School of Medicine may indicate their interest in the Arrupe program. A dedicated selection committee, including the Arrupe Global Scholars Executive Director, MPH faculty and current Arrupe students utilize a rolling admissions process involving multiple rounds of interviews to select a highly qualified cohort of 12 scholars annually.

2. Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

It is the admission policy of the university to accept qualified students within the limits of its resources and facilities. The MPH program utilizes a holistic admissions review process that looks beyond traditional metrics to value applicants' lived experiences, resilience, and commitment to serving vulnerable and underserved populations. Detailed admissions policies are available in [ERF H4.2](#).

Traditional Online MPH Admissions Policies and Procedures

Admissions requirements, as outlined on the [MPH program webpage](#), include:

- Bachelor's degree with a minimum 3.0 GPA
- Completed application. Must include the following documents:
 - Resume or curriculum vitae including relevant educational and employment history, teaching and research experience, publications, presentations, awards, honors, affiliates, professional associations, and experience and background in health, public health, or healthcare.
 - Personal essay, in two pages or less, describing personal qualities, accomplishments, academic background, and professional experience that will contribute to your success in the program. Include how successful completion of this program will assist you in achieving your professional goals.
 - Three letters of recommendation from individuals familiar with your academic background, achievements, and personal qualities.
 - Official transcripts from all educational institutions attended.
- International applicants must meet English language proficiency requirements.
- International applicants who are formally admitted must complete and submit a Certification of Available Finances Form through the Global Engagement Office.

Admissions decisions for the traditional MPH program are determined by the MPH Admissions Committee, which includes representation from each concentration. Committee members independently evaluate completed application dossiers using program-approved criteria. The committee then discusses the applicants and reaches a consensus or a formal vote on recommendations for admission. Decisions are documented by the Chair of the Admissions Committee and entered into *Slate*, the university's admissions platform. Formal offers of admission are then issued by the Enrollment Management Office.

Arrupe Global Scholars MD-MPH Admissions Policies and Procedures

Because the Arrupe Global Scholars program is a highly specialized dual-degree track, its admissions policies and procedures differ from the traditional MPH program. Applicants must first apply and be accepted into the Creighton University School of Medicine. Interested medical school candidates then apply separately to the Arrupe Global Scholars program. A dedicated selection committee, which includes the Arrupe Global Scholars Executive Director, MPH faculty, and current Arrupe students, evaluates candidates based on their demonstrated commitment to global health equity. The committee utilizes a rolling admissions process involving multiple rounds of interviews to select the final cohort of 12 scholars annually.

3. Provide quantitative data on the unit’s student body from the last three years in the format of Template H4-1, with the unit’s self-defined target level on each measure for reference. In addition to at least one from the list that follows, the program may add measures that are significant to its own mission and context.

The MPH program demonstrates its success in enrolling highly qualified students by selecting individuals who consistently exceed the baseline cumulative grade point average (GPA) required for graduate admission. Because the program utilizes a rigorous, distance-based curriculum and houses an intensive Arrupe Global Scholars MD-MPH dual-degree track, recruiting students with a proven record of strong academic performance is critical to ensuring cohort progression and success. While the minimum GPA required for admission is 3.00, the program has established a more ambitious programmatic target of 3.50 for its newly matriculating cohorts. Quantitative data on the program’s student body from the last three years, including this self-defined target and actual performance, are presented in Template H4-1 below.

Template H4.1 Outcome Measures for Recruitment and Admissions

Outcome Measure	Target	AY2022-2023	AY2023-2024	AY2024-2025
Mean GPA for newly matriculating MPH students	3.50	3.75	3.63	3.74

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

Strengths

- **Collaborative Enrollment Management:** The program benefits from a highly collaborative relationship with Enrollment Management. This partnership ensures a transparent approach to marketing and grants the program direct input into recruitment strategies.
- **Exceeding Recruitment Outcomes:** The program consistently exceeds its recruitment outcome measure (enrolling students with a mean GPA well above the 3.50 target) and continues to attract an increasingly talented, academically prepared student body.
- **Intra-Institutional Collaboration:** The program has expanded collaborations within the School of Medicine (most notably through the Arrupe Global Scholars MD-MPH track) to grow its student population.
- **Stakeholder Engagement:** The program has strengthened its student recruitment efforts by engaging faculty, alumni, and existing students in the identification and onboarding of potential new students.

Weaknesses and Plans for Improvement

- **Stagnant Traditional Enrollment and Market Competition:** Increased online market competition has slowed enrollment growth. Additionally, the Academic Progression Committee identified a low admission-to-enrollment yield rate, frequently losing admitted students to competing programs prior to registration.
 - **Plan for Improvement:** To reduce enrollment melt, the program is partnering with Enrollment Management to implement a “high-touch” communication model. This utilizes direct, early outreach from faculty and advisors to keep admitted students engaged through registration.
- **Niche Concentration Offerings Limiting Broad Appeal:** Offering only highly specialized concentrations restricts the program's ability to attract applicants seeking a broader public health foundation.
 - **Plan for Improvement:** Program leadership is using a recent market analysis to explore adding a General Public Health concentration to attract a wider applicant pool. Additionally, the program will actively promote the MPH to current Creighton undergraduate health sciences students and clinical partners.

H5. Publication of Educational Offerings

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

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

Table H5.1. Publications of Educational Offerings

Publication Name	Website URL
Academic Calendar	https://www.creighton.edu/registrar/academiccalendars/
Admissions Policies	https://www.creighton.edu/academics/programs/public-health-mp/
Grading Policies	http://catalog.creighton.edu/graduate/administration-policies/grading-guide/
Academic Integrity Standards	http://catalog.creighton.edu/graduate/administration-policies/academic-responsibility/
Degree Completion Requirements	http://catalog.creighton.edu/graduate/graduate-programs-courses/public-health/