

**Master of Public Health Program  
CPH 529 Capstone Experience – Handbook**

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**1. Overview**

The capstone addresses a topic of public health significance and is evidence that the student can integrate skills and competencies from across the curriculum to conduct public health research and/or practice. Approval of the final capstone report constitutes an assessment that the student is prepared to enter public health practice.

Students work with a faculty advisor (Capstone Chair) and committee to select foundational and concentration competencies to design a capstone experience appropriate to their educational and professional goals. Capstone planning typically begins halfway through the program of study as the capstone proposal must be approved prior to registering for CPH 529 Capstone Experience (3 credit hours).

Requirements for completion of the capstone experience include: (1) a formal written proposal, (2) a written report, and (3) an oral presentation and defense of the completed project. Students complete the written report and presentation as part of CPH 529 Capstone Experience for MPH students in the final term of enrollment.

Examples of types of capstone projects include: systematic literature review, research report, program planning report, program evaluation report, training manual, policy statement, and legislative testimony with accompanying supporting research. Other written formats are acceptable with the approval of the student's advisory committee and the Director of Professional Programs. Students who work full-time can conduct a project in addition to their regular employment role and responsibilities at their place of employment to satisfy capstone requirements.

The capstone is the culminating experience of the MPH degree and meets requirements of the national accrediting body in public health, the Council on Education for Public Health (CEPH) for an integrative learning experience.

## **2. Capstone Committee**

Students are guided through the capstone experience by a three-person committee. The committee must include at least two CPH faculty members. The committee chair serves as the capstone advisor and must be a CPH faculty member from the students' home department. Committee Chairs and faculty must hold a full or part time appointment in the CPH. Adjunct and courtesy faculty are not eligible to serve as a Committee Chair or Committee Faculty, but may serve as additional members of the committee. Students enrolled in a dual degree program must have a committee member representing the other degree program.

Student's performance is evaluated by the committee to ensure that the experience synthesizes the selected foundational and concentration-specific competencies.

## **3. Capstone Proposal**

The format for the capstone proposal is:

1. TITLE PAGE (1 page)
  - Project Title
  - Student Name and Concentration
  - Committee Information
    - Chair Name, Credentials
    - Member 2 Name, Credentials
    - Member 3 Name, Credentials
  - Abstract (200 words)
2. PROJECT DESCRIPTION (Do not exceed 10 pages, double-spaced)
  - Specific Aims or Problem Statement: State concisely and realistically what the project described in the proposal is intended to accomplish. What hypothesis is to be tested or what question is to be addressed? (1 page)
  - Significance: Briefly sketch the background (or literature review) for the capstone. Critically evaluate existing knowledge, and specifically identify the gaps which the project is intending to fill. State concisely the importance of the research described in the proposal by relating the specific aims to longer term objectives. (Do not exceed four

- pages)
  - Methods: Briefly discuss the design and procedures to be used to accomplish the specific aims of the proposal. Include the kinds of data to be gathered (when applicable) and the means by which the data will be analyzed and interpreted.
- 3. LITERATURE CITED - Cite the pertinent literature in the text and provide the complete reference list in the Literature Cited section. Each citation must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication. Although no page limitation is specified for this part of the proposal, make every attempt to be judicious in compiling the bibliography. It should be relevant and current.
- 4. APPLICATION OF PUBLIC HEALTH COMPETENCIES – list a minimum of 1 foundational competency and 2 concentration competencies that will be the focus for the capstone. Provide an explanation as to how the capstone will integrate the selected competencies. (1 page)
- 5. SUPERVISION AND FACILITIES – If the proposed project will take place at an institution other than UNMC, list the person(s) proposed to be supervising you at the location and include contact information. Provide evidence (email from the site supervisor) that the collaborator(s) agrees to participate.
- 6. HUMAN SUBJECTS – Statement of whether project requires IRB review and approval. If IRB review is needed, attach IRB approval letter or email.

#### 4. **IRB Requirements**

The policy #1.8 Investigational Activities Requiring IRB Review and Approval can be found at: <https://www.unmc.edu/irb/documents/HRPPoliciesProcedures.pdf>. In summary, a systematic investigation conducted by a student that involves living individuals, but is performed solely to meet educational requirements of a single academic course is not considered human subject research providing the results of the investigation are presented only within the confines of the classroom or similar forum and to the students, their instructors, parents/family members, or other invited guests. However, it is recommended that the students' supervisor and/or department exert appropriate review and oversight of the project, including, for example, completion of an IRB application without submission to the IRB. **A systematic investigation conducted by a student with intent to present the results of the investigation outside of the confines of the institution does constitute human subject research.**

#### *Activities Which Are Not Human Subject Research*

- **Public health surveillance activities:** including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in diseases, or increases in injuries from using consumer products).
- **Systematic investigation involving data or human biological materials (HBM) without investigator access to subject identifiers:** A systematic investigation involving data or HBM obtained from living individuals where (1) there are no identifiers which would allow any of the investigators to readily identify the individual, and (2) where the specimen or data was not collected specifically for the purposes of the research does not constitute human

subject research under this policy. Required de-identification (i.e., the number of identifiers which must be removed) before the data or HBM is given to the investigator depends on whether or not the research is subject to HIPAA.

- **Quality Improvement (QI) Activities:** QI activities take place in a particular localized health care setting, their design is expected to incorporate the specific features of the setting, they are led by people who work in that setting, and they incorporate rapid feedback of results to bring about positive change for the patients in that setting. Instead of a fixed protocol implemented for a time period that may last for years, QI methods often require repeated modifications in the initial protocol as experience accumulates over time and as the desired changes engage the local structures, processes, patterns, habits, and traditions.
- **Program Assessment:** Program assessment (or program evaluation) is a systematic collection of information about the activities, characteristics and outcomes of a specific program or model, to contribute to continuous program improvement, and/or to inform decisions about future program development (<https://www.cdc.gov/eval/index.htm>). Program assessments do not constitute human subject research under this policy.

## **5. Course Registration**

Students enroll in the CPH 529 course (3 credit hours) during completion of the capstone project. Students must identify a project title, form a capstone committee, and receive approval of their project from the committee in order to register for the CPH 529 Capstone Experience course. Committee members must sign off on the project to indicate their approval. The completed form must be submitted to the Director of Professional Programs to obtain permission to register for CPH 529. The form can be found in Appendix A. It is recommended that students identify a project and committee members well before registration opens for the semester in which they plan to complete their capstone.

## **6. CPH 529 – Capstone Experience - in Canvas**

Students enrolled in CPH 529 will be enrolled in the course through Canvas. Students must upload all documentation into Canvas, including Appendix A (committee approval of title and project), approved proposal, final written paper, presentation, competency evaluation form, and Appendix B (committee. The College of Public Health must keep all student capstone materials for accreditation purposes, and Canvas is used to submit all documentation to the College. In addition, the CPH 529 course instructor will post announcements and reminders related to due dates, as well as resources students may find useful as they complete their projects.

## **7. Written Report**

The content and format of the written report will vary according to the type of project. The main types of capstone projects include: systematic literature reviews, research reports, program planning, and program evaluation and a suggested format for each of these is provided.

Formatting Requirements for the written capstone are:

- Double-spaced, one-inch margins, 11 or 12 point font, use subheadings
- Use a reference style typical for the discipline.
- Figures must include a key and all tables/figures must be discussed in the paper text.
- Spell out acronyms when first mentioned, but use sparingly. If the paper necessarily contains a significant number of acronyms, provide a glossary.
- Be sure to use correct grammar, punctuation and spelling in all written work.

A journal article accepted for publication/published in a peer-reviewed journal, based on the capstone

project, will be accepted in lieu of a final written report.

### **Examples of types of Capstone projects:**

#### **Example A: Systematic Literature Review**

A *systematic literature review* provides an in-depth analysis of an important public health problem, including describing the problem, evaluating causes and determinants, and proposing evidence-based solutions regarding appropriate interventions or policy or regulatory changes for prevention and control.

##### *Abstract*

##### *Chapter 1 – Introduction*

- Research question
- Objectives
- Rationale for the review

##### *Chapter 2 – Background*

- Description of the health problem

##### *Chapter 3 – Methods*

- Search strategy
- Inclusion and exclusion criteria
- Data extraction
- Quality assessment

##### *Chapter 4 – Results*

- Search results
- Selection process
- Description of studies
- Summary of findings
- Quality assessment

##### *Chapter 5 – Discussion*

- Summary
- Public health implications
- Strengths and limitations
- Gaps in evidence
- Conclusions

##### *Bibliography*

##### *Appendices*

##### *Biography & CV*

#### **Example B: Research Report**

A *research report* addresses a public health related research question and involves the collection, analysis, and interpretation of data.

##### *Abstract*

##### *Chapter 1 – Introduction*

- Research question
- Specific aims
- Significance

*Chapter 2 – Background and Literature Review*

- Description of the health problem
- Scientific background
- Limitations and gaps in existing literature
- Rationale

*Chapter 3 – Data and Methods*

- Study design
- Setting and study population
- Variables (outcomes, exposures, confounders) and operational definitions
- Data sources and measurement
- Analytic plan

*Chapter 4 – Results*

- Study population
- Descriptive data
- Outcome data
- Main results
- Other analyses

*Chapter 5 – Discussion*

- Summary
- Key results
- Strengths and limitations
- Interpretation
- Generalizability

*Cited Literature*

*Bibliography*

*Biography & CV*

Example C: Program Planning

A *program plan* develops a program or policy to address a specific public health problem for a specific organization or agency and involves a needs assessment, implementation and evaluation plans, and discussion of management, fiscal, and ethical factors.

*Abstract*

*Chapter 1 – Introduction*

- Specific aims
- Significance

*Chapter 2 – Background and Literature Review*

- Description of the health problem
- Scientific background and rationale
- Organization/agency description

*Chapter 3 – Methods*

- Needs assessment
- Program description
- Logic model

*Chapter 4 – Results*

- Implementation plan
- Evaluation plan

*Chapter 5 – Discussion*

- Expected outcomes
- Strengths and limitations
- Sustainability plan
- Recommendations

*Bibliography*

*Appendices*

*Biography & CV*

## Example D: Program Evaluation

A *program evaluation* involves the evaluation and/or monitoring of an existing public health program to improve public health services.

### *Abstract*

#### *Chapter 1 – Introduction*

- Specific aims
- Significance

#### *Chapter 2 – Background and Literature Review*

- Epidemiologic description of the health problem (distribution and determinants)
- Program description
- Evaluation framework

#### *Chapter 3 – Methods*

- Evaluation methods
- Standards and criteria
- Data sources and measurement

#### *Chapter 4 – Results*

- Evaluation findings

#### *Chapter 5 – Discussion*

- Summary
- Strengths and limitations
- Recommendations
- Resource implications
- Dissemination plan

### *Bibliography*

### *Appendices*

### *Biography & CV*

## **8. Oral Presentation**

An oral presentation with PowerPoint of the capstone report is required for the successful completion of the capstone. The oral presentation is 20 minutes, and includes 15 minutes for the presentation and an additional 5 minutes for a question and answer session. This is a public presentation therefore notification of the capstone presentation should be sent to all COPH faculty, students and staff. Online students will complete their presentation via Zoom or another digital presentation platform. Following the presentation, the student will meet with their capstone committee for a final defense.

**Note:** *Scheduling of the capstone presentation is the responsibility of the students' department.*

The PowerPoint presentation must include the following (recommended number of slides):

1. Title slide (1 slide)
2. Outline (1 slide)
3. Foundational and concentration competencies (1 slide)
4. Background and significance of the project (1-3 slides)
5. Research/policy/evaluation question (1 slide)
6. Methods (2 slides)
7. Results or Outcomes (3 slides)
8. Summary/Discussion (2 slides)



## **9. Capstone Experience Final Evaluation**

The capstone committee is responsible for assigning the final grade based on the quality of the written product, oral presentation, and professionalism. Upon successful completion (Pass) of the capstone experience, the capstone completion form must be filled out and signed and sent to the Director of Professional Programs to release the final grade. The form can be found in Appendix B.

## **10. Competency Evaluation Form**

The student must demonstrate that identifies competencies were addressed during their capstone project. The competency evaluation form is used to document those competencies (see Appendix D). The student will complete column one during the proposal phase. Upon completion of the capstone the student will complete column two and the committee will complete column three. The committee evaluation should be discussed at the final evaluation meeting with the student and the student will submit to Canvas.

## **11. Capstone Grading**

**Grading:** A rubric is provided to assess the capstone experience. The capstone course is Pass/Fail. Based on the rubric, a result of Meets Expectations and Exceeds Expectations is a Pass and Does Not Meet Expectations is a Fail.

**Incompletion of Project during One Semester:** If a student does not complete the capstone in one semester, s/he will receive a grade of In Progress. In Progress (IP) indicates satisfactory work in progress, as determined by the faculty supervisor. The student will have to re-register for CPH 529 again for 3 credits, which means s/he will have to pay tuition and fees. Students can only take this course a maximum of two times. The CPH 529 course is one-time repeatable, which means students can re-register for the course one time. On a transcript, IP will count toward attempted credit hours.

**Incompletion of Project during Two Semesters:** Students who do not complete the capstone in two terms of registration in CPH 529 will have the equivalent of one academic year of non-enrollment status from the last term of enrollment in CPH 529 to complete the capstone. If a student fails to successfully complete their capstone during this period of time, the grade of IP will be converted to a grade of F. Students can be in non-enrollment status the equivalent of one academic year from the last term of enrollment in CPH 529. The IP remains on the transcript during non-enrollment. Upon successful completion of the capstone, a P (for *Pass*) grade will be submitted and the grade of IP will be converted to a P. Students who do not successfully complete their capstone project at the end of the one academic year of non-enrollment will be subject to the UNMC non-enrollment policy and administrative withdrawal. Any IP grades not resolved at the time of administrative withdrawal will convert to an F grade.

Note: In previous years, students who did not complete their capstone project in one semester registered for CPH 699N. University policy no longer allows students to register for CPH 699N. For students who were enrolled before this policy change, if the student registered for CPH 699N for the maximum two academic terms and has not completed their project, they will not be allowed to further re-enroll. The student will enter non-enrollment status for one academic year. If program completion has not occurred at the end of one year non-enrollment, the College of Public Health will take action to administratively withdraw the student.

**Extenuating Circumstances:** There are circumstances that make it difficult to complete a semester such as medical conditions, death in the family and other emergencies. If a student is facing difficult circumstance, s/he may want to consider taking a Leave of Absence (LOA). LOA is a period of time when a student is not enrolled in classes and the student clock for time to graduation is stopped. The student should contact the advisor, the Director of Professional Programs, or the Assistant Dean of Student Affairs to discuss LOA options. Timelines for completion of the capstone for students on LOA will be determined on a case-by-case basis.

## **12. Plagiarism**

University policy on academic dishonesty is clear: academic dishonesty in any form is strictly prohibited. Anyone found to be cheating or helping someone else cheat will be referred directly to the Dean of Students for disciplinary action. Penalties are severe and may include dismissal from the University. The risks associated with cheating far outweigh the perceived benefits. Academic dishonesty includes citing someone else's work as your own - if you are unsure whether your planned action constitutes academic dishonesty, seek clarification from your instructor. All capstone reports will be checked for originality.

## **13. Electronic Submission of the Capstone Written**

After receiving approval from your Capstone committee, the final approved written report must be submitted electronically (as a PDF file) to the McGoogan Library of Medicine for deposition into the UNMC electronic repository (DigitalCommons@UNMC). There will be no opportunity for editorial or other changes to the capstone after submission to the library.

The submission process consists of the following steps:

- Read and accept the Submission Agreement (provided online at the beginning of the process)
- Provide information about yourself and committee members
- Upload your PDF and any associated files

Before you begin, please be sure you have the following items:

- The exact title of your capstone written report
- The abstract
- A list of keywords
- A PDF file of your work

### **Embargoes & Restrictions**

**What is an embargo?** An embargo is a delayed release of information. Consult with your capstone Committee Chair about whether or not you require an embargo and the appropriate length of the embargo (6 months, 1 year, or 2 years). By default, no embargo will be applied. You will have an opportunity to establish a different embargo duration when uploading your capstone. Your capstone will not be available to download from the DigitalCommons@UNMC until the embargo has expired. If you choose not to embargo your work, it will be immediately available to the public.

**Why would you want to embargo your capstone report?** Some reasons to request an embargo include:

- There may be patentable rights or sensitive data in the work.
- There is an ethical need to prevent disclosure of sensitive information.
- You plan to submit portions of the work for publication in a journal.
- Your committee members plan to use some of the results as preliminary data for a grant.

### Submission Instructions

1. Once you have completed your capstone report and are ready to electronically submit it to DigitalCommons@UNMC, go to [http://digitalcommons.unmc.edu/coph\\_slce/](http://digitalcommons.unmc.edu/coph_slce/) and click on the **Submit Your Work** link, located on the lower right hand menu bar under Author Corner.
2. You will be asked to login or create an account. Most graduates will need to **Create new account**. In order for you to receive monthly usage reports, please use your permanent email address.
3. Before proceeding, you must check the email address you provided to confirm your account.
4. Once confirmed, you will be directed to the **Submission Agreement**. Please read the agreement and accept the terms.
5. You will now see a form in which you must enter all of the required information – title, keywords, capstone committee members, abstract, etc.
6. At the end of the form, you must upload your final paper (**Upload Full Text**) as a PDF file.
7. Upon submission, the library will notify the College of Public Health, Office of Public Health Practice that the submission process has been completed.
8. The document will be available for download from DigitalCommons@UNMC after the library's review or at the end of the embargo period (if any).

**APPENDIX A**  
**UNMC MPH Program**  
**Permission to register for CPH 529 Capstone Experience**

**Project Title:**

\_\_\_\_\_

**Capstone Approval Date:** \_\_\_\_\_

**Approved by Capstone Committee Members:**

\_\_\_\_\_  
Printed Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Printed Committee Chair's Name

\_\_\_\_\_  
Committee Chair's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

**Attachments:**

Approved Capstone Proposal

IRB approval or documentation stating an IRB application is not necessary for the project

*Please submit this form to the Director of Professional Programs via email  
([Nicole.kolmvaldivia@unmc.edu](mailto:Nicole.kolmvaldivia@unmc.edu)) in order to enroll in Capstone.*

**APPENDIX B  
UNMC MPH Program  
Completion of Capstone Experience**

**Student:**

\_\_\_\_\_  
Printed Student's Name

\_\_\_\_\_  
Student's Signature:

**Capstone Title:**

\_\_\_\_\_

**Student Concentration:** \_\_\_\_\_

**Capstone Defense (Presentation) Date:** \_\_\_\_\_

**Final Grade:** \_\_\_Pass \_\_\_Fail \_\_\_Incomplete

**Capstone Committee Members:**

\_\_\_\_\_  
Printed Committee Chair's Name

\_\_\_\_\_  
Committee Chair's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Printed Committee Member's Name

\_\_\_\_\_  
Committee Member's Signature

**Date of Final Presentation:** \_\_\_\_\_

**Date of Submission to Digital Commons:** \_\_\_\_\_

*Please upload this form into Canvas.*

## APPENDIX C: CAPSTONE RUBRIC

Criteria	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
<b>Background/ Literature Review</b>	<ul style="list-style-type: none"> <li>Background/ rationale for the project are incorrect, incoherent, or flawed</li> <li>Does not reflect understanding of subject matter and associated literature</li> <li>Poor critical assessment of the literature and identification of gaps</li> <li>Objectives are poorly supported by background literature</li> <li>[if applicable] Demonstrates poor understanding of theoretical concepts</li> </ul>	<ul style="list-style-type: none"> <li>Background/ rationale for the project coherent and clear</li> <li>Reflects understanding of subject matter and associated literature</li> <li>Adequate critical assessment of the literature and identification of gaps</li> <li>Objectives are adequately supported by background literature</li> <li>[if applicable] Demonstrates understanding of theoretical concepts</li> </ul>	<ul style="list-style-type: none"> <li>Background/ rationale for the project are superior</li> <li>Exhibits mastery of subject matter and associated literature</li> <li>Superior critical assessment of the literature and identification of gaps</li> <li>Objectives are superiorly supported by background literature</li> <li>[if applicable] Demonstrates mastery of theoretical concepts</li> </ul>
<b>Methods/ Process/ Strategies/ Planning &amp; Implementation</b>	<ul style="list-style-type: none"> <li>Methods are partially aligned with objectives</li> <li>Methods are poorly described (e.g., process, setting, participants, measures)</li> <li>Variables, targets, measures, and implementation process is unclear and poorly developed</li> <li>[if applicable] Proposed analyses are wrong, inappropriate, or missing</li> <li>[if applicable] Conceptual framework not identified</li> </ul>	<ul style="list-style-type: none"> <li>Methods are adequately aligned with objectives</li> <li>Methods are adequately described (e.g., process, setting, participants, measures)</li> <li>Variables, targets, measures, and implementation process is clear and adequately developed</li> <li>[if applicable] Proposed analyses are routine, objective, correct</li> <li>[if applicable] Conceptual framework is clear and adequately linked to project</li> </ul>	<ul style="list-style-type: none"> <li>Methods are fully aligned with objectives</li> <li>Methods are superiorly described (e.g., process, setting, participants, measures)</li> <li>Variables, targets, measures, and implementation process is clear, fully developed, and imaginative</li> <li>[if applicable] Proposed analyses are sophisticated, robust, precise</li> <li>[if applicable] Conceptual framework is exceptional with superior links to project</li> </ul>
<b>Results/ Product/ Outcomes</b>	<ul style="list-style-type: none"> <li>Results/ products/ outcomes are partially aligned with objectives</li> <li>Results/ products/ outcomes are poorly described and do not align with description of methods</li> <li>Tables/ figures/ products/ outcomes are missing or do not clearly present the project findings (e.g., formatting, appropriate # of tables/figures to display the range of results)</li> <li>Interpretation of data or outcomes is wrong, inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>Results/ products/ outcomes are adequately aligned with objectives</li> <li>Results/ products/ outcomes are adequately described and aligned with description of methods</li> <li>Tables/ figures/ products/ outcomes are present and adequately present the project findings</li> <li>Interpretation of data or outcomes is routine, objective, correct</li> </ul>	<ul style="list-style-type: none"> <li>Results/ products/ outcomes are fully aligned with objectives</li> <li>Results/ products/ outcomes are superiorly described and aligned with description of methods</li> <li>Tables/ figures/ products/ outcomes are present and superiorly present the project findings</li> <li>Interpretation of data or outcomes is sophisticated, robust, precise</li> </ul>

<b>Discussion/ Conclusion/ Evaluation &amp; Reflection</b>	<ul style="list-style-type: none"> <li>• Key findings are poorly summarized with reference to objectives</li> <li>• Poor integration and interpretation of results across findings (e.g. simply repeats results or describes no results in discussion)</li> <li>• Findings poorly evaluated within the context of the literature</li> <li>• Does not identify or poorly describes project limitations</li> <li>• Poor discussion of impact on community setting/ practice/ end-users</li> <li>• Weak recommendations are made to community settings/ practices/ end-users; recommendations are poorly linked to results /products/ outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Key findings are adequately summarized with reference to objectives</li> <li>• Adequate integration and interpretation of results across findings</li> <li>• Findings adequately evaluated within the context of the literature</li> <li>• Project limitations are adequately identified and described</li> <li>• Adequate discussion of impact on community setting/ practice/ end-users</li> <li>• Adequate recommendations are made to community settings/ practices/ end-users; recommendations are linked to results/ products/ outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Key findings are fully summarized with reference to objectives</li> <li>• Superior integration and interpretation of results across findings</li> <li>• Findings fully evaluated within the context of the literature</li> <li>• Project limitations are superiorly identified and described</li> <li>• Superior discussion of impact on community setting/ practice/ end-users</li> <li>• Superior recommendations are made to community settings/ practices/ end-users; recommendations are very clearly linked to results/ products/ outcomes</li> </ul>
<b>Significance/ Scope</b>	<ul style="list-style-type: none"> <li>• Project represents limited expansion upon previous research/work and has limited evidence of public health significance</li> <li>• Demonstrates rudimentary critical thinking skills</li> </ul>	<ul style="list-style-type: none"> <li>• Project builds upon previous research/work and shows some evidence of public health significance</li> <li>• Demonstrates average critical thinking skills</li> </ul>	<ul style="list-style-type: none"> <li>• Project greatly extends previous research/work and shows exceptional evidence of public health significance</li> <li>• Exhibits mature, critical thinking skills</li> </ul>
<b>Synthesis of competencies</b>	<ul style="list-style-type: none"> <li>• No competencies were not identified</li> <li>• No discussion of how the specified competencies were synthesized</li> </ul>	<ul style="list-style-type: none"> <li>• Competencies were identified</li> <li>• Some discussion of how the specified competencies were synthesized</li> </ul>	<ul style="list-style-type: none"> <li>• Competencies were identified</li> <li>• Thoughtful and extensive discussion of how the specified competencies were synthesized</li> </ul>
<b>Quality of writing and formatting</b>	<ul style="list-style-type: none"> <li>• Writing is weak</li> <li>• Numerous grammatical and spelling errors apparent</li> <li>• Organization is poor</li> <li>• Formatting is poor</li> </ul>	<ul style="list-style-type: none"> <li>• Writing is adequate</li> <li>• Some grammatical and spelling errors apparent</li> <li>• Organization is logical</li> <li>• Formatting is adequate</li> </ul>	<ul style="list-style-type: none"> <li>• Writing is publication quality</li> <li>• No grammatical and spelling errors apparent</li> <li>• Organization is excellent</li> <li>• Formatting is exceptional</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>• Few references (&lt;25%) are timely and appropriate to the subject matter</li> <li>• References selected below average or poor for the chosen subject (relies on websites or non-peer reviewed sources; outdated; missing key works)</li> <li>• Statements consistently not supported by references when references are clearly needed</li> <li>• In-text and reference list citations are formatted incorrectly or inconsistently (e.g., switching between formatting styles, websites improperly cited, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Many references (~50%) are timely and appropriate to the subject matter</li> <li>• References selected are adequate for the chosen subject</li> <li>• Statements generally supported by references when references are clearly needed</li> <li>• The majority of in-text and reference list citations are properly cited (e.g., switching between formatting styles, websites improperly cited, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Most references (&gt;75%) are timely and appropriate to the subject matter</li> <li>• References selected are the best available for the chosen subject</li> <li>• Statements always supported by references when references are clearly needed</li> <li>• All in-text and reference list citations are properly cited (e.g., switching between formatting styles, websites improperly cited, etc.)</li> </ul>

<b>Presentation Design</b>	<ul style="list-style-type: none"> <li>• Presentation slides do not support the key messages.</li> <li>• Font formats, color schemes and contrast are inconsistent used and/or slides are too low contrast and hard to read.</li> <li>• Slides contain too many bullets (no white space) or are too busy that they detract from the presentation.</li> <li>• Tables and charts are not presented or not accurate or not used effectively in the presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation slides support the key messages but are cluttered and unclear.</li> <li>• Font formats, color schemes and contrast are inconsistent.</li> <li>• Some slides contain too many bullets (no white space) or are too busy that they detract from the presentation.</li> <li>• Tables and charts are presented but are not effectively used in making the point of the presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation slides support key messages are clear and uncluttered.</li> <li>• Font formats, color schemes and contrast is consistent, simple and clean.</li> <li>• Slides contain 0-5 bullets and have adequate white space so they do not detract from the presentation.</li> <li>• Tables and charts are clear, accurate and summarize findings effectively and add to the point of the presentation.</li> </ul>
<b>Delivery</b>	<ul style="list-style-type: none"> <li>• Presenter reads the slides and makes no eye contact</li> <li>• Presentation does not reflect a thorough preparation and coordination among students</li> <li>• Presenter was hard to hear and understand the majority of the time</li> <li>• Presentation does not reflect a thorough preparation</li> <li>• Presentation was not within the assigned time limit</li> </ul>	<ul style="list-style-type: none"> <li>• Presenter maintains eye contact and uses the notes effectively</li> <li>• Presenter was easy to hear and understand the majority of the time</li> <li>• Presentation partially reflects a thorough preparation</li> <li>• Presentation was within the assigned time limit or over/under by a small amount of time</li> </ul>	<ul style="list-style-type: none"> <li>• Presenter maintains eye contact and uses the notes effectively</li> <li>• Presenter was easy to hear and understand throughout the presentation</li> <li>• Presentation reflects a thorough preparation</li> <li>• Presentation was within the assigned time limit</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Project timeline poorly managed by student; consistently missed deadlines; consistently required prompting by committee</li> <li>• Student rarely sought feedback; feedback was clearly needed</li> <li>• Minimally response to written/ verbal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Project timeline mostly managed by student with some oversight from committee; some deadlines missed</li> <li>• Student sought some feedback and occasionally asked for help when it was needed</li> <li>• Adequately response to written/ verbal feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Project timeline completely managed by student; student worked independently and met all project deadlines</li> <li>• Student struck an exceptional balance between working independently but asking for necessary feedback/help</li> <li>• Exceptionally responsive to written/ verbal feedback</li> </ul>
<b>FINAL RATING</b>	<input type="checkbox"/> <b>DOES NOT MEET EXPECTATIONS</b>	<input type="checkbox"/> <b>MEETS EXPECTATIONS</b>	<input type="checkbox"/> <b>EXCEEDS EXPECTATIONS</b>



**APPENDIX D: COMPETENCY EVALUATION FORM**

**Student Name and Concentration:**

**Committee Members:**

**Date of Evaluation:**

**Instructions:** The student will complete column one during the proposal phase. Upon completion of the capstone the student will complete column two and the committee will complete column three. The committee evaluation should be discussed at the final evaluation meeting with the student and the student will submit to Canvas.

Competency, Activity/Application	Reflection of Competency Strength/ Professional Growth	Capstone Committee
Competency X:  Activity/Application:	Student Reflection:	<input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does not meet expectations
Competency X:  Activity/Application:	Student Reflection:	<input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does not meet expectations
Competency X:  Activity/Application:	Student Reflection:	<input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Does not meet expectations
<b>Overall Assessment of Foundational Competencies</b>		
Comments regarding student’s progress and professional growth in the above foundational competency areas, including current strengths/weaknesses:		

\*Foundational Competency #21 (Interprofessional teams) cannot be chosen as one of the three main competencies, as it is difficult to evaluate.

Student: Please upload this form into Canvas when complete.

## **APPENDIX E: COMPETENCIES**

### **MPH Foundational Competencies**

#### **Evidence-based Approaches to Public Health**

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice

#### **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
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

#### **Planning & Management to Promote Health**

7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

#### **Policy in Public Health**

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

#### **Leadership**

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges

#### **Communication**

18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

#### **Interprofessional Practice**

21. Perform effectively on interprofessional teams

#### **Systems Thinking**

22. Apply systems thinking tools to a public health issue

## MPH Concentration Competencies: Biostatistics

NAME	TITLE
BIOSMPH1	Employ effect size, sample size, and power calculations in the design or interpretation of studies as appropriate for the specific research questions and hypotheses.
BIOSMPH2	Apply appropriate statistical methods for estimation and inference, using a software package for data management, statistical analyses, and data presentation.
BIOSMPH3	Apply statistical methods for quality control and data cleaning to already collected data, verify assumptions of statistical tests and models, and implement appropriate methods to address any issues discovered.
BIOSMPH4	Develop written and oral presentations based on statistical findings for both public health professionals and lay audiences.
BIOSMPH5	Evaluate the strengths and limitations of study design and statistical analyses of public health and biomedical studies.
BIOSMPH6	Communicate ethical considerations in research, study design, and data handling, analysis, and interpretation.

## MPH Concentration Competencies: Environmental and Occupational Health

EOHMPH1	Analyze sources of exposure in the workplace and the environment that can cause health risks to humans or degradation of ecosystems.
EOHMPH2	Examine exposures and pathways for environmental and occupational agents associated with human injuries and diseases.
EOHMPH3	Compare and contrast specific symptoms and health outcomes associated with occupational and environmental exposures.
EOHMPH4	Apply genetic and physiological factors that affect susceptibility to adverse health outcomes following exposure to environmental and occupational hazards.
EOHMPH5	Apply the dose-response principle in assessing risk from occupational and environmental exposures.
EOHMPH6	Develop and implement methodologies for measurement and estimation of workplace and environmental exposures.
EOHMPH7	Employ measures to control workplace injury and illness including engineering, education, regulations, incentives and best practices.
EOHMPH8	Examine information sources and public health indicators in occupational and environmental health.

## **MPH Concentration Competencies: Epidemiology**

EPIMPH1	Determine strengths and weaknesses of the scientific literature and synthesize the evidence to inform public health practice.
EPIMPH2	Apply appropriate study designs and data collection methods to answer specific epidemiologic questions and address public health issues.
EPIMPH3	Analyze datasets using computer software.
EPIMPH4	Utilize analytical approaches to describe, summarize and interpret epidemiologic data.
EPIMPH5	Apply principles of ethical conduct, cultural sensitivity and social justice to public health research and practice.

## **MPH Concentration Competencies: Health Promotion**

HPROMPH1	Apply scientific theories and models in planning health promotion program, policy, systems, and environmental change strategies.
HPROMPH2	Analyze and address contexts and key factors relevant to the implementation of evidence-informed health promotion strategies.
HPROMPH3	Develop rigorous projects to improve public health outcomes, community wellbeing, and reduce health disparities.
HPROMPH4	Demonstrate skills needed to coordinate and facilitate community partnerships to prioritize community needs, identify community assets, and create action to improve public health outcomes and reduce health disparities.
HPROMPH5	Apply administrative and management plans for health promotion strategies using a systems approach.

## **MPH Concentration Competencies: Maternal and Child Health**

MCHMPH1	Examine the historical development of MCH public policies and practices in the U.S. for federal, state, and local agencies and programs serving MCH populations and analyze the current gaps in MCH services and programs.
MCHMPH2	Apply the life course perspective in addressing health, diseases and behaviors of MCH populations.
MCHMPH3	Identify the key public health issues for MCH populations at the local, state, national, and global levels.
MCHMPH4	Examine how the major determinants of health and disease affect the MCH populations at the local, state, national and global levels
MCHMPH5	Develop rigorous projects to improve health and to reduce inequalities and inequities of MCH populations.

## **MPH Concentration Competencies: Public Health Administration and Policy**

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HSRAMPH1 Demonstrate the skills to analyze and resolve organizational issues through a multidisciplinary systems-based approach.

HSRAMPH2 Demonstrate the skills to evaluate financial and managerial performance, perform asset valuation, conduct operating and capital budget analysis, and undertake financial decision-making in public health and health services organizations.

HSRAMPH3 Apply relevant theories and identify principles, best practices, and challenges of human resources management in health care organizations.

HSRAMPH4 Summarize the legal, political, social, and economic issues that impact the structure, financing, and delivery of health services within health systems in the US.

HSRAMPH5 Examine information about health policy issues and problems, and evaluate alternative policy options for these issues.

## APPENDIX F: LIST OF MPH STUDENT CAPSTONE PROJECTS

Summer 2019 Capstone Projects			
Concentration Area	Student Name	Committee Member Names	Focus/Project Title
BIO	Marlaina Freisthler	Marlaina Freisthler Gleb Haynatzki (Chair) Jeanine Southerland Hyo Jung Tak	Management of Mild Pediatric Head Injury in Ambulatory Care Clinics in Israel
BIO	Michaela Frenzel	Kendra Schmid (Chair) Shinobu Watanabe-Galloway	Comorbidity Profile of Head and Neck Cancer Patients with and Without Depression
EAOH	Corri Synak	John Lowe (Committee) Leslie Scofield Sharon Medcalf Terry Stentz	Early Evaluation of Experiential Learning in a Biocontainment Training for Disaster Medical Assistance Teams
EPI	Wanying Pei	Lorena Baccaglioni (Chair) Andrea Dutoit Katie Goergen Elizabeth Lyden	Trends in intra-operative opioid analgesic use among patients undergoing laparoscopic cholecystectomy from 2014 to 2018
EPI	Ashley Raposo-Hadley	Tricia LeVan (Chair) Jungyoon Kim Charity Evans	Improving Internal Reliability of a Trauma Informed Care Program Evaluation Instrument
EPI	Natalia Trinidad	Evi Farazi (Chair) Hongying Dai Ashley Wysong	Access to Care and Melanoma Incidence and Mortality in Nebraska
EPI	Layan Kaddoura	Lorena Baccaglioni (Chair) Elizabeth Lyden Michelle Desler	The Association Between Occupation and Stage of Pancreatic Cancer
EPI	Emma Schultz	Evi Farazi (Chair) Blake Hendrickson Liz Lyden	Nebraska Epidemiological Profile of Viral Hepatitis, 2008-2018
HPRO	Sahifiya Mahamane Ousmane	Melissa Tibbits (Chair) Mohammad Siahpush Nizar Wehbi	Factors Associated with Clients' Experience in Nebraska Sexual Health Clinics
HPRO	Brooke Linnenbrink	Brandon Grimm (Chair) Jennifer Sharrick Drissa Toure	Evaluation of FAMILY's Home Visitation Program
HPRO	Maria Mushi	Paul Estabrooks (Chair) David Palm Cliff Malemi	Explore Barriers Associated with not Testing For HIV Amon Men Who Have Sex With Men in Dodoma City, Tanzania

HSRA	Augusta Kamara	David Palm (Chair) Nizar Wehbi Susan Bockrath	Integration Public Health and Primary Care Clinics
HSRA	Brooke Fletcher (Student)	Jungyoon Kim (Chair) Debra Wisneski Liam Heerten Rodriguez	The Lived Experience of Psychological- Occupational Stress in Early Childhood Education
HRSA	Allison Vaughn (Student)	Hongmei Wang (Chair) Karen Zelensky Petre Szto	Quality Improvement and Hospital Readmission Analysis in a Skilled Nursing Setting

Fall 2019 Capstone Projects			
Concentration Area	Student Name	Committee Member Names	Focus/Project Title
Epidemiology	Ali Al Rabou	Chandran Achutan (Chair) Nicole Caputo Rennels Chris Wichman	Assessment of Particulate Matter Levels in Homes with Children
Health Promotion	Lindsey Arneson	Paul Estabrooks (Chair) Jungyoon Kim Keyonna King	Examining Racial and Ethnic Disparities in the Reach of Medicare Shared Savings Program
HSRA	Katherine Barrow	Nizar K. Wehbi (Chair) Kathleen Brandert Jungyoon Kim	Organizational Culture Change in the United States Government and its Application in State and Local Public Health Agencies: A Literature Review
Epidemiology	Ahmed Bedaiwi	Christine Arcari (Chair) Eleanor G. Rogan Ashley Wysong	The Association between Melanoma and Exposure to Arsenic Among US Adults Using the National Health and Nutrition Examination Survey (NHANES) from 2003 to 2016
EOH	Charles Bevington	Chandran Achutan (Chair) Chris Wichman Karen Bradham	Evaluation of Relationship between Lead-Dust Loading, Lead-Dust Concentrations and Total Dust Loading across Multiple Datasets
Health Promotion	Emily Blanchard	Shannon Maloney (Chair) Anne Woodruff Johnson Shireen Rajaram	Developing a Training Program for Sexual Assault Nurse Examiners Caring for individuals with Developmental Disabilities: A Collaboration with Physical Therapy Services
HSRA	Arianna Crum	Jungyoon Kim (Chair) Lea Pounds Ciara Warden Jodi McQuillen	Increasing Breastfeeding Supports in Douglas and Sarpy County
Health Promotion	Cheri Farris	Brandon Grimm (Chair) Christine Aracari Tabi Prochazka	Implementing the Chronic Disease Self-Management Program in the Nebraska Panhandle
Epidemiology	Hannah Harrington	Evi Farazi (Chair) Christopher Wichman Carmen Bradley	Influence of Health Habits on the Community Response Program
Epidemiology	FNU Kanishka	Shinobu Watanabe-Galloway (Chair) Lorena Baccaglini	Trends of Endometrial Cancer among Adult Women in the United States
Health Promotion	Catherine Kyle	David Dzewaltowski (Chair) Jesse E. Bell Cody J. Camenzind	Establishing Preliminary Guidelines for Youth Outdoor Activities in Extreme Heat
Health Promotion	Echohawk Lefthand	Paul Estabrooks (Chair) Daniel Schober Armando De Alba Rosales Melissa Leon	Exploring Pathways in Education Towards Health Professions for American Indians/Alaskan Natives



Epidemiology	Rukevwe Madusor	Lorena Baccaglini (Chair) Ted Cieslak Elizabeth Lyden Krista Brown	Association between Gastroduodenal Ulcer and age of Diagnosis of Head and Neck, Gastrointestinal and Pancreatic Cancer
Health Promotion	Diana Ortiz	Melissa Tibbits (Chair) David Palm Armando De Alba Rosales	Analysis of Community Benefit Expenditures and its Role in Addressing the Needs of Maternal Child Health
Epidemiology	Alia Soliman	Ted Cieslak (Chair) Sharon Medcalf M. Salman Ashraf	Systematic Literature Review: Catheter Removal Reminder Interventions to Reduce the Risk of Catheter Associated Urinary Tract Infections
EOH	Christopher Tougeron	Chandran Achutan (Chair) Lorena Baccaglini Kenesh Dzhusupov	Evaluating Occupational Hazards and Personal Protective Equipment Use on Farms in Kyrgyzstan
Epidemiology	Koko Womas	Lorena Baccaglini (Chair) Yeongjin Gwon Shinobu Watanabe-Galloway	Cancer Cluster Investigation: A Method

<b>Spring 2020 Capstone Projects*</b>			
<b>Concentration Area</b>	<b>Student Name</b>	<b>Committee Member Names</b>	<b>Focus/Project Title</b>
EOH	Abdoul aziz Abdoulaye Adily	Chandran Achutan (Chair) Athena Ramos Jesse Bell	An assessment of occupational Heat Stress in a Central Utility Plant
EAOH	Adekunle Adeyemi	Chandran Achutan (Chair) Bernard Ebryke Stephen Ogaro	Occupational Stress in Nigerian Hospitals
Epidemiology	Rima Al Balushi	Christine Arcari (Chair) Wael ElRayes Hyo Jung Tak	Burden of Breast Cancer in Females in Oman and Recommendation for Mammography Screening
Epidemiology	Alexis Bertacini	Christine Arcari (Chair) Ted Cieslak Nicole Kolm-Valdivia	Chronic Hepatitis C Care Continuum in Iowa
Health Promotion	Priyanka Chaudhary	Paul Estabrooks (Chair) Tzeyu Michaud Christopher Wichman	The association of self-reported optimal sleep and cardiovascular risk factors among patients with prediabetes
Health Promotion	Justin Chen	Dejun Su (Chair) Tzeyu Michaud Paul Estabrooks	Estimating the Location and Prevalence of Alzheimer's Signs/Symptoms in the State of Hawaii for Different Racial/Ethnic Groups
Epidemiology	Anlan Cheney	Sharon Medcalf (Chair) Ted Cieslak Caroline Boeke Shaukat Khan	Predictors of elevated maternal HIV viral load (VL) during pregnancy in two districts in Zimbabwe: Baseline analysis of a Clinton Health Access Initiative and Zimbabwe Ministry of Health and Child Care collaboration to prevent vertical transmission

Maternal and Child Health	Sabrine Chengane	Melissa Tibbits (Chair) Melanie Menning Chris Wichman	Retention of Long-Acting Reversible Contraceptives (LARCs) in female patients at a Federally Qualified Health Center (FQHC) in the Midwest
Epidemiology	Sara Donovan	Keith Hansen (Chair) Regina Idoate Juan-Paulo Ramirez	The Development of a Suicide Prevention Program for American Indian Youth in Nebraskan Communities
EAOH	Ekaterina Eriksen	Eleanor Rogan (Chair) Chandran Achutan Brandon Grimm Raju KakarLapudi	Community Health Assessment in the City of Lincoln and Lancaster County, Nebraska
Health Promotion	Jessica Ern	Dejun Su (Chair) Drissa M. Toure Jennie Hill	A Statewide Needs Assessment of Perspectives on Training and Certification of Community Health Workers in Nebraska
Biostatistics	Luc Gagne	Jane Meza (Chair) Kendra Schmid Shelby Mack	Establishing a Data Collection Protocol for a Home Visiting Program Providing Referrals to Families of At-Risk Children
Biostatistics	Sierra Garth	Jennie Hill (Chair) Hongying (Daisy) Dai Kendra Ratnapradipa	An Analysis of Adolescents' Exposures to Tobacco and Vaping Products
Epidemiology	Jacob Grothe	Tricia LeVan (Chair) Lynette Smith Todd Wyatt	The Effect of Childhood Farm Exposure on Adult Respiratory Symptoms and Proinflammatory Cytokine Responsiveness in Agricultural Workers
Biostatistics	Jessica Hart	Kendra Schmid (Chair) Lynette Smith Andreea Boeck	Equivalency Testing for Two Formulations of a Clinical Laboratory Control Material
Epidemiology	Derek Julian	Ted Cieslak (Chair) Robin Williams Sharon Medcalf	Assessing seasonal influenza severity in Nebraska from the 2010-2011 influenza season through 2018-2019 influenza season.
EAOH	Meghan (Cordova) Krajicek	Chandran Achutan (Chair) Lorena Baccaglini Eleanor Rogan	Indoor Air Quality Assessments in a Gross Anatomy Lab
HSRA	Morgan Kristensen	Nizar Wehbi (Chair) Rachel Lookadoo Michelle Paxton	Comprehensive Review of Telehealth Law and Literature: Implications for Future Policy and Patients
Health Promotion	Sarah Larsen	Shireen Rajaram (Chair) Lynette Smith Joshua Dahlke Carl Smith	Prevalence of Intimate Partner Violence Among the Maternal-Fetal Medicine Population
Biostatistics	Sarah (Stanislav) Liewer	Jennie Hill (Chair) Paul Estabrooks Melissa Leon	Surgical Care Perspectives: Exploring Barriers and Facilitators to Surgery in Rural Nebraska
HSRA	Fung Jeng Liu	Hongmei Wang (Chair)	Medical-Legal Partnerships: Assessment of Mental Health Patients and Legal Needs

		Brandon Grimm Ann Mangiameli	
Biostatistics	Ping Liu	Hongying (Daisy) Dai (Chair) Russell J. McCulloh Ming Qu	Characteristics and Trend Study of Hospitalized Pediatric Patients of EVALI (e-cigarette or vaping product use-associated lung injury) in the United States
Health Promotion	Ada Luna	Brandon Grimm (Chair) Regina Idoate Melissa Tibbits	Planning a Culturally and Linguistically Appropriate Obesity Intervention for Hispanic/Latino Children Living in Rural Nebraska.
HSRA	Suswara Mandala Rayabandla	Hongmei Wang (Chair) Jungyoon Kim Tzeyu Michaud	A Review of the Characteristics and Needs of Super-Utilizers and Evidence-Based Approaches to Address their Needs
Health Promotion	Patricia (Wagner) Mitnik	Brandon Grimm (Chair) Dave Palm Karen Kliment Thompson	Program Evaluation: Wellness for Life
Epidemiology	Chacha Mwita	Ted Cieslak (Chair) Gleb Haynatzki Abraham Mengist W. Scott Campbell	The effects of cigarette smoking on CD4 count and viral load suppression among HIV patients at Nebraska Medicine
Health Promotion	Victoria Nakibuuka- Muli	Shireen Rajaram (Chair) Sharon Medcalf Ron Shope	Acceptance of typhoid fever vaccines in Nigeria: Administrators and direct healthcare workers perception of community barriers in Abuja and Kano.
Epidemiology	Jessica Pahwa	Shinobu Watanabe-Galloway (Chair) Lorena Baccaglini Krista Brown	The Utilization of Survivorship Clinic at Nebraska Medicine
Health Promotion	Emiliane Pereira	Paul Estabrooks (Chair) Jennie Hill Tzeyu Michaud	Improving the communication of interactive Dissemination and Implementation online resources for public health professionals
Health Promotion	Sophia Quintero	Keyonna King (Chair) Athena Ramos Sarah Sjolie Sheena Helgenberger	The Wellbeing Partners' use of the School Health Index to identify needs in Omaha Public Schools: A Process Evaluation.
Health Promotion	Oliver Ramirez- Gutierrez	Dejun Su Jennifer Mayhew Regina Idoate	Closing The Loop: Pilot Evaluation of Referral Navigator at OneWorld Community Health Centers
Epidemiology	Zackery Rodriguez	Evi Farazi (Chair) Lynette Smith Ashley Wysong	Urban/Rural Melanoma Incidence and Mortality in Nebraska
Biostatistics	Dylan Scoggins	Hongying (Daisy) Dai (Chair) Ali Shan Khan Russell J. McCulloh	Hierarchical Analysis of Disparities in Suicidal Ideation, Suicidal Planning, and Suicide Attempts among Sexual Minority Youth in the U.S., 2017
EAOH	Tanner Wetzel	Todd Wyatt (Chair)	Dual Substance Use of Electronic Cigarettes and Alcohol: A Systematic Literature Review

		Chandran Achutan JoEllyn McMillan Athena Ramos	
HSRA	Ashton Wyrick	Nizar Wehbi (Chair) David Palm Lori Seibel	Cultural Centers Action Plan Creation & Early Implementation

\*Public presentations were waived for spring 2020 semester