

A Self-Study Report Prepared for Accreditation by the Council on Education for Public Health

**University of Connecticut
Program in Applied Public Health Sciences
Master of Public Health Degree**

May 2024

Preparing Leaders for a Healthier Tomorrow

Table of Contents Page

Tables and Figures	ii
Abbreviations	iii
Electronic Resource File Directory	iv
Introduction	1
A1. Organization and Administrative Processes	8
A3. Student Engagement	16
B1. Guiding Statements	17
B2. Evaluation and Quality Improvement	18
B3. Graduation Rates	27
B4. Post-Graduation Outcomes	29
B5. Alumni Perceptions of Curricular Effectiveness	30
C1. Fiscal Resources	34
C2. Faculty Resources	39
C3. Staff and Other Personnel Resources	42
C4. Physical Resources	44
C5. Information and Technology Resources	46
D1. MPH Foundational Public Health Knowledge	48
D2. MPH Foundational Competencies	51
D4. MPH Concentration Competencies	57
D5. MPH Applied Practice Experiences	60
D7. MPH Integrative Learning Experience	65
D13. MPH Program Length	70
E1. Faculty Alignment with Degrees Offered	71
E2. Integration of Faculty with Practice Experience	74
E3. Faculty Instructional Effectiveness	78
E4. Faculty Scholarship	87
E5. Faculty Extramural Service	91
F1. Community Involvement in School or Program Evaluation and Assessment	96
F2. Student Involvement in Community and Professional Service	100
F3. Delivery of Professional Development Opportunities for the Workforce	103
G1. Diversity and Cultural Competence	109
H1. Academic Advising	117
H2. Career Advising	120
H3. Student Complaint Procedures	124
H4. Student Recruitment and Admissions	127
H5. Publication of Educational Offerings	130

Table	Title	Page
Intro 1.e.	Accreditation Status of UConn Schools and Programs.	3
Intro 3.	Instructional Matrix: Degrees and Concentrations.	6
Intro 4.	Matriculating Cohorts by Degree Pathway, 2019-20 to 2023-24	6
A1.1a.	Members and Affiliations on the Program's Advisory Council.	8
A1.1b.	Members and Role on the Program's Operating Committee.	9
A1.1c.	Members and Affiliations on the Program's Admissions Committee.	9
A1.1d.	Members and Affiliations on the Program's Curriculum Committee.	10
A1.1e.	Members and Affiliations on the Program's Student Engagement Committee.	10
A1.4.	PIF Contributions to Institutional Decision-making.	13
A3.1.	Student Engagement in Program Policy and Decision-making, 2021-24.	16
B2.1.	Program's evaluation plan, including measures, targets, data sources, responsibilities and assessment.	19
B2.2a.	Summary of student responses to our 2023 annual survey.	24
B2.3.	Examples of Program Improvements Prompted by Evaluation Data and Discussion.	25
B3.1.	MPH Graduations by Time of Entry, 2016-17 to 2022-23.	27
B4.1.	Post-Graduation Outcomes, Graduation Cohorts 2018-23.	29
B5.1.	Alumni perceptions of Curricular Effectiveness (N=37).	30
C1.2.	Sources of Revenue and Expenditures by Major Category, 2019-20 to 2023-24.	37
C2.1.	Instructional Faculty, 2023-24.	39
C2.4.	Faculty regularly involved in advising, mentoring and integrative learning experiences.	40
C3.1.	Program Staff.	42
D1.1.	Foundational Public Health Learning Objectives for MPH.	48
D2.1a.	Course Requirements & Credits for Students Pursuing the Standalone MPH Pathway.	51
D2.1b.	Course Requirements & Credits for Students Pursuing the FastTrack Pathway.	51
D2.2.	Course Requirements & Credits for Students Pursuing a Dual Degree Pathway.	52
D2.3.	Assessment of Foundational Competencies for MPH.	53
D4.1.	Assessment of Concentration-specific Competencies for MPH.	57
D5.1a.	Didactic Sessions for the 2-semester PUBH 5407 Practicum in Public Health.	60
D5.1b.	Community Partner Organizations Contributing APE sites, 2020-24.	61
D7.1.	Integrative Learning Experience (ILE) for the Interprofessional Public Health Practice Concentration.	65
D7.2.	Integrative Learning Experience (ILE) Format for Thesis or Capstone Projects.	66
D7.4a.	Integrative Learning Experience (ILE) Project Evaluation Rubric.	67
D7.4b.	Integrative Learning Experience (ILE) Project Poster Rubric.	68
E1.1.	PIF Alignment with Degree offered – All serve the Interprofessional Practice Concentration.	71
E1.2.	Non-primary Instructional Faculty Involved in Instruction - All serve the Interprofessional Practice Concentration.	72
E2.1	ILE External Readers, 2021-23.	75
E3.5.	Overview of PUBH Course Evaluations, 2023.	85

E4.6.	Outcome Measures (Targets) of Research and Scholarly Activities by Department Faculty (PIF & Non-PIF).	90
E5.4.	Outcome Measures for PIF Service Activities.	93
F1.1.	Community Partners Participating in Program's Administration.	96
F1.6.	Employer Assessment of Graduate's Qualifications to Practice (N=12).	98
F3.1	Examples of Educational/Training Activities by Program Faculty.	103
G1.5.	Demographic/experience backgrounds of program faculty, staff and students, 2023-24.	115
H2.1.	Speakers/presenters in program courses, 2022-24.	120
H2.4.	Current student's perception of program's career advising.	123
H4.3.	Outcome Measures for Recruitment & Admissions.	129
H5.1.	Online sources of university and program information.	130
Figure		Page
Intro 2.a.	Internal Organization of The UConn Program in Applied Public Health Sciences.	4
Intro 2.b.	Relation of Program in Applied Public Health Sciences to UConn Academic Units.	5
Intro 2.c.	Relation of Program in Applied Public Health Sciences to UConn Administration	6

Abbreviations

AAC&U	American Association of Colleges and Universities
AAUP	American Association of University Professors
AITs	Academic Information Technology Services
APE	Applied Practice Experience
ARC	Alcohol Research Center
CETL	Center for Excellence in Teaching and Learning
CEPH	Council on Education for Public Health
CICATS	Connecticut Institute for Clinical and Translational Science
CBPR	Community-based Participatory Research
CPES	Center for Prevention Evaluation and Statistics
CREATE	Clinical, Research, Education, Administration, Transitional and Excellence
ERF	Electronic Resource File
HDI	Health Disparities Institute
ILE	Integrative Learning Experience
InCHIP	Institute for Collaboration on Health, Intervention, and Policy
IPPHP	Interprofessional Public Health Practice
LCME	Liaison Committee on Medical Education
MPH	Master of Public Health
NEASC	New England Association of Schools and Colleges
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NPF	Non-Primary Instructional Faculty
OIE	Office of Institutional Equity
PIF	Primary Instructional Faculty
PHP	Public Health Program
PHS	Public Health Sciences
PHSO	Public Health Student Organization
SDoH	Social Determinants of Health and Disparities
SEBAC	State Employees Bargaining Agent Coalition
SoM	School of Medicine
STARS	Sustainability, Tracking, Assess and Rating System
TRHT	Truth, Racial Healing and Transformation
UConn	University of Connecticut

Electronic Resource File Directory

Criterion A

- **Criterion A1**

- A1.3 Bylaws-Policy Documents
 - Graduate School Bylaws
 - School of Medicine Bylaws
 - UCHC-AAUP CBA
 - UConn Bylaws
- A1.5 Faculty Interaction
 - Admissions Committee Agendas & Minutes
 - Advisory Council Agendas & Minutes
 - Curriculum Committee Agendas & Minutes
 - Faculty Meetings Agendas & Minutes
 - Newsletters
 - Student Engagement Committee Agendas and Minutes

Criterion B

- **Criterion B2**

- B2.2 Evidence for evaluation plan
 - B2.2 Evidence for evaluation plan
 - Practicum Exit Survey
 - SET Evaluation Open Ended Qs
 - SET Evaluation Quantitative Qs

- **Criterion B5**

- B5.2 Data collection methodology
 - Alumni Survey
 - Community Partner Survey
 - Employer Survey
 - Student Survey
 - Mid-course Evaluation Tool

Criterion C

- **Criterion C2**

- C2.6 Faculty resources qual data
 - Qualitative Data
 - Student Perceptions of Class Size & Availability of Faculty

Criterion D

- **Criterion D1**

- D1.2 Supporting documentation
 - Course Assessments
 - Course Syllabi
 - Learning Objectives & Competency Assessment Tools
 - Mid-course Evaluation Tool
 - Student Handbook

- **Criterion D2**

- D2.4 Syllabi and supporting documentation
 - Course Assessments
 - Course Syllabi
 - Learning Objectives & Competency Assessment Tools

- **Criterion D4**

- D4.3 Syllabi and supporting documentation

- Course Assessments
 - Course Syllabi
 - Student Handbook
- **Criterion D5**
 - D5.2 APE requirements
 - APE Syllabi
 - Misc. APE Related Products
 - Student Handbook
 - D5.3 Student samples
 - Students 1-5
- **Criterion D7**
 - D7.3 ILE requirements
 - GRAD 5950 Thesis Syllabus
 - ILE Proposal Form
 - Objectives & Competency Checklist
 - PUBH 5497 PH Competency Assessment
 - PUBH 5499 Capstone Syllabus
 - Student Handbook
 - D7.4 Methods of competency assessment
 - Learning Objectives & Competency Checklists
 - Student 1-10 ILE Evaluations
 - D7.5 Student samples
 - Students 1-10 (e.g., ILE Proposals, ILE Thesis or Capstone, Poster, Video)

Criterion E

- **Criterion E1**
 - E1.3 Faculty CVs
 - Non-PIF
 - PIF

Criterion F

- **Criterion F1**
 - F1.5 Evidence of community input
 - Advisory Council minutes
 - Community Partner Survey
 - F1.7 Employer feedback methodology
 - Employer Surveys 1-10
 - Employer Survey Template

Criterion H

- **Criterion H1**
 - H1.4 Sample of advising materials
 - Program Newsletters
 - Mentoring Guide
 - MPH Graduating Class Website
 - Student Handbook
- **Criterion H4**
 - H4.2 Admissions policies and procedures
 - Admissions Committee Member Attestation

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.)

The University of Connecticut (UConn), the state's flagship public university, was founded in 1881 as the Storrs Agricultural School. It is among a small number of U.S. institutions that is designated a Land-, Sea-, and Space-Grant University. The UConn School of Medicine (SoM), located in Farmington CT, was established in 1961. It offers the Master of Public Health (MPH) degree through its Department of Public Health Sciences (PHS). UConn's MPH has been continuously accredited by the Council on Education for Public Health (CEPH) since 1984.

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)

UConn is organized according to 14 Schools & Colleges (Agriculture, Health & Natural Resources; Business; Dental Medicine; Neag Education; Engineering; Fine Arts; Graduate; Law; Liberal Arts & Sciences; Medicine; Nursing; Pharmacy; Ratcliffe Hicks Agriculture; Social Work). The University consists of its main academic campus in Storrs, CT, 4 regional campuses at Avery Point, Hartford, Stamford and Waterbury and 4 professional schools (Law, Social Work, Medicine and Dental Medicine) based around Hartford, CT.

UConn awards 8 distinct undergraduate degrees in 123 majors. The university also offers 17 graduate degrees across 95 research and professional practice fields of study, along with 6 professional degree programs in Medicine, Dental Medicine, Nursing, Social Work, Pharmacy and Law.

c. number of university faculty, staff, and students

During the 2023-24 academic year, UConn has 5,059 full-time faculty and staff on its main and branch campuses and 4,919 at UConn Health Campus. There are 24,076 undergraduates, 79% of whom are studying on the University's main campus. Graduate and professional enrollment at the university exceeds 8,000 students.

UConn enrolls 23,837 undergraduate and 8,309 graduate/professional degree students. In 2023, UConn awarded 8,186 degrees - 5,588 baccalaureates, 2,473 post-baccalaureates (1,705 Master's, 352 Doctoral, 184 Law, 82 PharmD, 101 Medicine and 49 Dental Medicine), and 543 Graduate/ Professional Certificates.

Our university, like the state we are in, is remarkably diverse. Within the 2023 entering class of 4,800+ students, roughly one-third come from races or ethnicities traditionally underrepresented in higher education, have personal or family incomes that qualify them for federal Pell Grants and/or are the first generation in their families to attend college.

d. brief statement of distinguishing university facts and characteristics

UConn has demonstrated continued growth of its academic and extramural programs. It stands among the Carnegie Council's 146 R1: Doctoral Universities – Very High Research Activity. Its mission:

The University of Connecticut is dedicated to excellence demonstrated through national and international recognition. Through freedom of academic inquiry and expression, we create and disseminate knowledge by means of scholarly and creative achievements, graduate and professional education, and outreach. With our focus on teaching and learning, the University helps every student grow intellectually and become a contributing member of the state, national, and world communities. Through research, teaching, service, and outreach, we embrace diversity and cultivate leadership, integrity, and engaged citizenship in our students, faculty, staff, and alumni. As our state's flagship

public University, and as a land and sea grant institution, we promote the health and well-being of citizens by enhancing the social, economic, cultural, and natural environments of the state and beyond.

Beyond its 23 national athletic championships, the university has established itself as a leader in academics and engaged scholarship. More than 100 research centers and institutes serve the University's teaching, research, diversity, and outreach missions. According to the U.S. News & World Report of America's Best Colleges in 2024, UConn ranks 26th among the nation's public universities. According to the Wall Street Journal, UConn is one of the 50 best universities in America, and 9th among all public universities in the country. Recent data compiled by the National Science Foundation's Center for Science and Engineering Statistics ranks UConn 79th with \$368M in overall investment and 69th with \$231M in federal expenditures in research and development.

As Connecticut's public research university, UConn has been the recipient of substantial state support that includes \$1B for its *UConn 2000* strategic plan to rebuild, renew and enhance its educational programs and \$2.8B to initiate Bioscience CT and NextGen CT programs that have witnessed both an expansion in size and quality of its undergraduate, graduate and academic research programs. Its operating and capital budget currently exceeds \$1.9B.

UConn is committed to building and supporting a multicultural and diverse community of students, faculty and staff who are the critical link to fostering and expanding a vibrant, multicultural and diverse University community. In 2011, the Connecticut General Assembly allocated funding to support the development of a Health Disparities Institute within the UConn SoM to enhance research and the delivery of health care to minority and medically underserved populations of the state. In November 2022, the American Association of Colleges and Universities announced UConn was among 71 Truth, Racial Healing and Transformation Campus Centers. These Centers play a vital role in the national effort to address historical and contemporary effects of racism "by building sustainable capacity to promote deep, transformational change to prepare the next generation of leaders and thinkers to build equitable and just communities and dismantle the false belief in a hierarchy of human value."

UConn Health is a vibrant component of the university, consisting of the SoM and School of Dental Medicine, John Dempsey Hospital, the UConn Medical Group, UConn Health Partners and University Dentists. UConn Health pursues the mission of providing outstanding health care education in an environment of exemplary patient care, research and public service.

The mission of the UConn School of Medicine is "innovation, discovery, education and service." The school trains the next generation of medical students, residents, specialty fellows, and clinical practitioners in an environment of exemplary patient care, research, and public service. The School of Medicine's mission is reflected in its programs, which incorporate four basic interrelated goals:

- to advance knowledge through basic, biomedical, clinical, translational, behavioral, and social research;
- to provide educational opportunities for Connecticut and U.S. residents pursuing careers in the patient care professions, education, public health, biomedical and/or behavioral sciences;
- to develop, demonstrate, and deliver health care services based on effectiveness, efficiency, and the application of the latest advances in clinical, translational and health care research;
- to help health care professionals maintain their competence through continuing education programs.

Within the SoM, the PHS Department is the university home for public health education. The Department's mission is "to advance the science of public health and promote equity across communities through education, research, and service." It fulfills this mission, in part, through its various contributions to medical and dental education. For example, department faculty play a sizable role in the School of Medicine's Phase I curriculum. PHS is the source of curriculum for the University's medical and dental students on topics of epidemiology and biostatistics, social and behavioral dimensions of health, law and medical humanities and health systems sciences. Our medical students are required (and dental students can elect) to complete the equivalent of a 4-course graduate certificate on the Social

Determinants of Health and Disparities (SDoH). To date, the program has awarded more than 525 certificates to our medical and dental students.

e. names of all accrediting bodies (other than CEPH) to which the institution responds

UConn is accredited by the New England Association of Schools and Colleges, with its accreditation extending to 2026. Our SoM is accredited by the Liaison Committee on Medical Education with accreditation extended to 2026. Our MPH program, accredited by the Council on Education for Public Health, extends to July 2024. Table Intro 1.e. provides a full list of UConn programs, their accrediting bodies and accreditation status.

Table Intro 1.e. Accreditation Status of UConn Schools and Programs.

	Accrediting Body	Accredited through
UConn	New England Association of Schools & Colleges	2026
Business	Association to Advance Collegiate School of Business	2026
Agriculture, Health & Natural Resources	National Accrediting Agency for Clinical Laboratory Sciences Accreditation Council for Education in Nutrition and Dietetics Landscape Architectural Accreditation Board Commission on Accreditation in Physical Therapy Education Commission on Accreditation of Athletic Training Education	2027 2026 2024 2032 2028
College of Liberal Arts & Sciences	Council on Education in Journalism & Mass Communications American Psychological Association Network of Schools of Public Policy, Administration & Affairs	2026 2032 2025
School of Engineering	Accreditation Board for Engineering & Technology	2025
School of Law	American Bar Association	2025
School of Medicine	Liaison Committee on Medical Education	2026
School of Dental Medicine	Commission on Dental Accreditation of the American Dental Association	2030
School of Nursing	Commission on Collegiate Nursing Education	2025
School of Pharmacy	Council on Pharmacy Education	2028
School of Fine Arts	National Association of Schools of Art and Design National Association of Schools of Music	2025 2029
School of Social Work	Council on Social Work Education	2029

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 unit, etc.)

The Department of Public Health Sciences (PHS) is based in the SoM on the UConn Health campus in Farmington CT. The Department has an extensive and noteworthy history that began in 1971 with the founding of the UConn SoM as the Department of Medicine and Society. Under the leadership of James E.C. Walker, M.D., M.S., the department was instrumental in the school's focus on the medical humanities, geriatrics, occupational health, community-based primary care, international health and health care administration. Such breadth of scholarly interest and academic disciplines has been sustained over the subsequent 50 years.

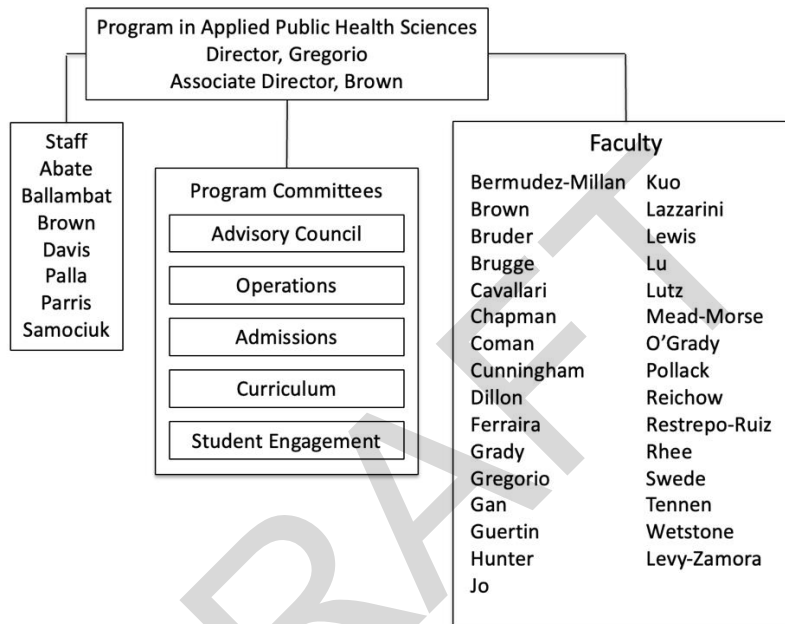
Public Health Sciences serves the UConn SoM as the academic home of faculty in the socio-behavioral, health services and public health sciences, law and medical ethics. The department faculty consists of 31 full and part-time members, 35 adjunct instructors, 4 emeritus professors and more than 25 support and research staff. Its current portfolio of research commitments covers topics of cancer epidemiology, environmental science, substance use disorders, health services evaluation, health law and ethics, behavior, public health dentistry, HIV/AIDS and global health.

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

Since 1976, the Department of Public Health Sciences has offered a graduate degree in population health sciences. Its original M.S. in Community Health laid the groundwork for eventual accreditation of the MPH degree in 1984. Today, our Program in Applied Public Health Sciences is led by Director Dr. David Gregorio and Associate Director for Practice, Dr. Stacey Brown, with input from 5 standing committees and support from 7 program staff.

Figure Intro 2.a. Internal Organization of The UConn Program in Applied Public Health Sciences.



b. the relationship between our program and other academic units within the institution

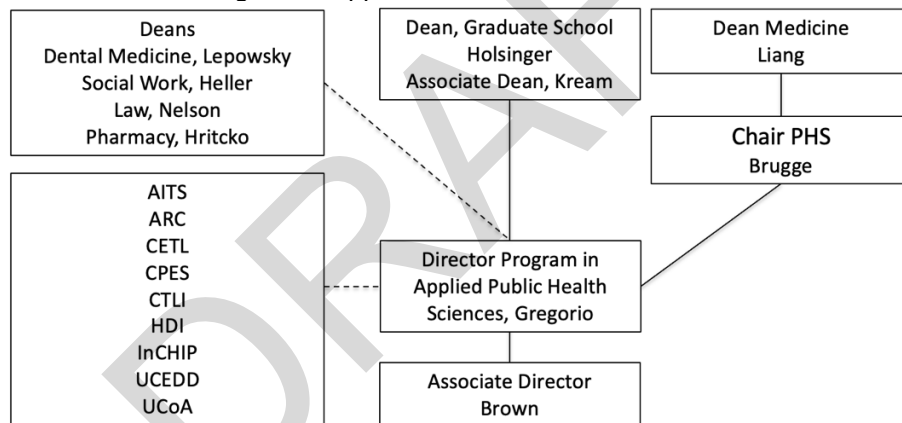
The Program in Applied Public Health Sciences reports dually to the UConn Graduate School on matters related to student admissions, graduate faculty status, curriculum, degree procedures and requirements, and the SoM on matters related to budgeting, faculty and staff administration, equipment/supplies and facilities. In addition, the program maintains a direct, but not reporting relationship, with several UConn schools through its dual degree pathways and its interaction with several health-related research initiatives. Our program benefits, as well, from its relationship with several key UConn research and service centers (See Figure Intro 2.b).

- Academic Information Technology Services supports the educational missions of the SoM, School of Dental Medicine, and Graduate Studies on the Farmington Campus through the integration of contemporary technologies, pedagogy, content, and learning theories.
- The Alcohol Research Center is focused on substance use that encompasses alcohol, other psychoactive substances (including heroin, marijuana, cocaine), pathological gambling and HIV/AIDS.
- The Center for Excellence in Teaching and Learning (CETL) supports faculty in becoming more effective teachers, promotes equity-minded and inclusive practices that improve learning outcomes for every UConn student, advances teaching and learning excellence through dissemination of technological pedagogical content knowledge, and supports the development of new and innovative academic programs that extend UConn's academic strengths to new learner audiences.
- The Center for Prevention, Evaluation and Statistics (CPES) at UConn Health supports the CT Department of Mental Health and Addiction Services (DMHAS) Prevention and Health Promotion Unit

in its efforts to identify, collect, analysis, interpret and disseminate data on substance abuse prevention, chairs the State Epidemiological Outcomes Workgroup (SEOW) and manages the SEOW data portal, an interactive repository for behavioral health and related data and products.

- The C.T. Laurencin Institute offers resources, tools and services to faculty including but not limited to biostatistics consultations, survey administration through REDCap, and research ethics consultation.
- The Health Disparities Institute (HDI) is committed to producing evidence-for-action and the implementation of multi-sectoral strategies designed to eliminate health disparities and advance health equity among Connecticut's minority and medically underserved populations. HDI supports work featuring community based participatory research, interdisciplinary collaboration and university-community partnerships.
- The Institute for Collaboration on Health, Intervention, and Policy (InCHIP) is a multidisciplinary research institute dedicated to the creation and dissemination of new scientific knowledge and theoretical frameworks in the areas of health behavior and health behavior change at multiple levels of analysis. InCHIP is a nexus for UConn investigators to stimulate collaborative partnerships in the development of major research initiatives in health behavior.
- The University Center for Excellence on Developmental Disabilities (UCEDD) provides leadership and innovation in advancing early intervention, health care and community-based services for people with disabilities to challenge expectations, achieve personal goals and engage in community life.
- UConn Center on Aging (UCoA) supports research faculty committed to increasing knowledge of the aging process and discovering strategies to promote the functional health and quality of life of older adults.

Figure Intro 2.b. Relation of Program in Applied Public Health Sciences to UConn Academic Units.



c. the lines of authority from the program's leader to the institution's chief executive officer, including intermediate levels

As depicted in Figure Intro 2.c., the Program Director maintains a direct report to the Department Chairperson, and in turn, indirect reporting to the SoM Dean, Provost and University President. This structure reflects the dual reporting responsibilities of the program to the SoM and graduate School report

Figure Intro 2.c. Relation of the Program in Applied Public Health Sciences to UConn Administration.



3) An instructional matrix presenting all the program's degree programs and concentrations

UConn offers the professional MPH degree as a 'Standalone' pathway, as well as Dual degree pathways with Medicine, Dental Medicine, Social Work, Law and Pharmacy and an accelerated BA/BS + MPH pathway. All pathways are offered through a place-based curriculum.

Table Intro 3. Instructional Matrix: Degrees and Concentrations.

Degree	Academic	Professional	Place based	Distance based
Interprofessional Public Health Practice (IPPHP)			MPH	
FastTrack (Accelerated BA/BS + MPH)			MPH	
Dual degrees - 2 nd Degree Area				
Medicine		MPH-MD	MPH	
Dental Medicine		MPH-DMD	MPH	
Social Work		MPH-MSW	MPH	
Law		MPH-JD	MPH	
Pharmacy		MPH-PharmD	MPH	

4) Enrollment data for all the program's degrees

The following table identifies the number of matriculating students enrolled during Fall semesters by the type of degree sought for the last five enrolled cohorts. Enrollment over the last 3 years has trended toward larger student cohorts in our effort to admit 50 students per year. To reach this target, the program has committed additional resources to marketing and communication to ensure we reach an adequate pool of applicants.

Table Intro 4. Matriculating Cohorts by Degree Pathway, 2019-20 to 2023-24.

Degree pathways	Matriculating Cohorts					
	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Total 2019-24
Standalone MPH	22	23	31	20	27	123
Dual degree MPH	6	7	15	10	8	46
FastTrack MPH	8	5	4	8	6	31
FastTrack Undergraduate students*	5	4	8	6	12	35
Total	41	39	58	44	53	235

During Fall 2023, we have 105 students matriculating toward the MPH, consisting of 66 individuals pursuing the MPH through the Standalone pathway and 8 who are part of the FastTrack pathway. The interprofessional nature of our program is evident given the 31 students who are pursuing a dual degree (20 MPH/MD, 6 MPH/MSW and 5 MPH/PharmD). There are 12 undergraduate FastTrack students currently taking our graduate courses while simultaneously completing BA/BS degree requirements.

DRAFT

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.

1) List the program's standing and significant ad hoc committees. For each, indicate the formula for membership and list the current members.

Our program is led by a Director and an Associate Director with regular input from 6 standing committees. The Director is responsible for all matters of day-to-day administration and governance. It is also the Director's responsibility, with backup from the Associate Director, to monitor student issues pertaining to admission, degree completion and recognition of distinction (e.g., meritorious awards for exemplary academic and service products) that fall outside other committee responsibilities.

Decision-making within the program benefits from a committee structure that assures input from important constituencies of students, staff, faculty and community partners. Members of all program committees are identified in Tables A1.1a. to A1.1e. below.

Table A1.1a. Members and Affiliations on the Program's Advisory Council.

Members	Status	Affiliation
Narayani Ballambat	Student	Public Health Sciences
Angela Bermúdez-Millán PhD, MPH	Faculty	Public Health Sciences
Audrey Blondin, JD, MPH	Alumni	Private Practice Attorney & Adjunct Professor-University of New Haven
Deborah Chyun, PhD, RN, FAHA, FAAN	UConn	UConn School of Nursing
Zygmunt Dembek, PhD, MS, MPH	Alumni	Battelle, USA
Bruce Gould, MD	Community	CT AHEC Program
David Henderson, MD	Community	American Medical Association
David Hoyle, PT, DPT, MA, OCS, MTC, CEAS	Community	National Clinical Services at Select Medical
Amy Hunter, PhD, MPH	Faculty	Public Health Sciences
Celeste Jorge, MPH	Community	CT Department of Public Health
Barbara Kream, PhD, ex officio	UConn	Associate Dean, UConn Graduate School
Cara Passaro, JD, MPH	Community	Office of the CT Attorney General
Denise Parris	Staff	Public Health Sciences
Parit Patel, MPH	Student	Public Health Sciences
Julia Prescott	Student	Public Health Sciences
Adam Seidner, MD, MPH, Chairperson	Community	Chief Medical Officer, Hartford Insurance Co.
Alversia Wade, MPH	Alumni	Ctr. for Prevention Evaluation & Statistics
Doug Brugge, PhD, ex officio	Faculty	Chair, Public Health Sciences
Amy Gorin, PhD, ex officio	UConn	Vice Provost for Health Sciences

Our Advisory Council reviews general policy and practices related to program administration and performance in accordance with (a) CEPH accreditation criteria, (b) UConn Graduate School regulations and (c) the program's mission, goals, objectives and values. Our Advisory Council consists of 19 members that include community-based practitioners, state government and local health agency personnel, program faculty, students, alumni and other interested stakeholders. Participants are individuals who express interest in program design and implementation. Decision-making typically occurs by consensus but voting by all members, including students, occasionally occurs. Examples of the agendas and minutes of Advisory Council meetings are available for review (ERF - A1.5 Faculty

Interaction).

Table A1.1b. Members and Role on the Program's Operating Committee.

Members	Status	Role
David Gregorio, PhD, MS	Faculty	Program Director
Stacey Brown, PhD	Faculty	Associate Program Director for Practice
Denise Parris	Staff	Department Administrator
Michael Abate*	Staff	Technical Analyst
Narayani Ballambat*	Student	
Danica Brown*	Staff	Administrative Assistant
Jini Davis*	Staff	Marketing/Media Specialist
Tharun Palla*	Student	
Holly Samociuk*	Staff	Administrative Program Coordinator
Helen Swede, PhD**	Faculty	

*supporting staff, **faculty and student

Our Operating Committee addresses all daily operational concerns regarding enrollment, curriculum, facilities, equipment, supplies, personnel and financing. The Committee, consisting of 3 members, 4 staff and 3 student and faculty, meets weekly. Its members include David Gregorio, Program Director, who is responsible for overall leadership of the Program in Applied Public Health Sciences, accreditation requirements, staff management, student recruitment and retention, faculty development, budgeting and expenditures, outreach and programmatic reporting; Stacey Brown, Associate Program Director, who is responsible for APE/practicum placements and related student engagement, linkages to community partners and programs and monitoring of dual-degree candidates; and Denise Parris, PHS's Administrative Officer, who is responsible for monitoring staffing and procurement of equipment, supplies and services. Decision-making typically occurs by consensus.

Table A1.1c. Members and Affiliations on the Program's Admissions Committee.

Member	Status	Affiliation
Daniela Babcock	Alumni	Public Health Sciences
Maria Baratau, MPH	Alumni	Public Health Sciences
Narayani Ballambat	Student	Public Health Sciences
Nafeiza Gregory	Student	Public Health Sciences
Amy Hunter, PhD, Chairperson	Faculty	Public Health Sciences
Tara Lutz, PhD	Faculty	Public Health Sciences
Mahima Mehta	Student	Public Health Sciences
Amir Mohammad, MD, MPH	Community	USVA/Orange Health Department
Greg Murphy, MPH	Alumni	Connecticut Children's Medical Center
Sara Namazi, MPH, PhD	Alumni	Faculty, Johnson & Wales University
Cindy Pan	Student	Public Health Sciences
Kim Radda, RN, MA	Community	Institute for Community Research
Greg Rhee, PhD	Faculty	Public Health Sciences
Amber Sagan, MPH	Alumni	Public Health Sciences
Alexandra Stupakevich	Alumni	Public Health Sciences
Adekemi Suleiman, MPH	Student	Public Health Sciences
Helen Swede, PhD	Faculty	Public Health Sciences
Howard Tennen, PhD	Faculty	Public Health Sciences
Joel Villalba	Student	Public Health Sciences
Landyn White	Student	Public Health Sciences

The Admissions Committee evaluates all applications for matriculation in our program and advises the Program's Operating Committee on matters related to program marketing, student recruitment and admissions criteria as set by the Advisory Council. The Committee consists of 23 members and meets bi-weekly between January and May. Membership includes faculty, alumni, students and community partners and individuals who are recruited based on their stated interest in student recruitment & retention. Decision-making occurs by vote of all committee members. Examples of the agendas and minutes of Admissions Committee meetings are available for review (ERF – A1.5 Faculty Interaction).

Table A1.1d. Members and Affiliations on the Program's Curriculum Committee.

Member	Status	Affiliation
Maria Baratau, MPH	Alumni	Public Health Sciences
Angela Bermúdez-Millán PhD, MPH	Faculty	Public Health Sciences
Stacey Brown, PhD	Faculty	Public Health Sciences
Matthew Cartter, MD, MPH	Community	CT Department of Public Health
Audrey Chapman, PhD, MDiv, STM, Chairperson	Faculty	Public Health Sciences
Shayna Cunningham, PhD	Faculty	Public Health Sciences
Caitlin Evans	Student	Public Health Sciences
Naime Gilani	Student	Public Health Sciences
Alyssa Gilbert, MPH	Alumni	B. Weyland Smith Consulting, LLC
Amir Mohammad, MD, MPH	Community	Director, Orange CT Department of Health
Mayte Restrepo-Ruiz, PhD, MPH	Faculty	Public Health Sciences
Helen Swede, PhD	Faculty	Public Health Sciences
Helen Wu, PhD	UConn	Department of Psychiatry

Our Curriculum Committee monitors all aspects of our degree program, from course design to scheduling and course and instructor evaluations. The Committee consists of 13 members and meets monthly. Membership includes faculty, alumni, students and community partners who are recruited based on their stated interest in curriculum development. Decision-making is by vote of all committee members. Examples of the agendas and minutes of Curriculum Committee meetings are available for review (ERF - A1.5 Faculty Interaction).

Table A1.1e. Members and Affiliations on the Program's Student Engagement Committee.

Member	Status	Affiliation
Narayani Ballambat	Student	Public Health Sciences
Angela Bermúdez-Millán PhD, MPH	Faculty	Public Health Sciences
Stacey Brown, PhD, Chairperson	Faculty	Associate Program Director
Sara Hanna	Student	Public Health Sciences
Nora Hartnett	Student	Public Health Sciences
Brent Heineman	Student	MPH/MD Dual Degree
Mary Looney	Student	Public Health Sciences
Jacqueline Lucibello	Student	MPH/MSW Dual Degree
Mahima Mehta	Student	Public Health Sciences
Eunices Pineda, MPH, MSW	Alumni	Public Health Sciences
Joel Villalba	Student	Public Health Sciences
Ned Wilson	Student	MPH/MD Dual Degree

In 2022 our program's Advisory Council supported the initiation of a Student Engagement Committee to (a) discern opportunities for community engaged scholarship and intentional action, (b) catalog student engaged activities within our community, and (c) advocate for and coordinate a necessary support structure to sustain student engagement for the future. The Student Engagement Committee consists of 2 members of our program's faculty and 10 students and alumni who meet bi-monthly. Participation on the Student Engagement Committee reflects interest of individuals to support engaged learning of students in public health practice. Decision making typically occurs by consensus. Examples of the agendas and minutes of Student Engagement Committee meetings are available for review (ERF - A1.5 Faculty Interaction).

In 2022, our program's Advisory Council also supported the initiation of a Workforce Development Committee. Preliminary work identifying the committee's focus has been undertaken, led by Dr. Jennifer Cavallari, with input from local and state health department personnel (Marco Palmeri MPH, RS, Director Bristol-Burlington Health District, Michael Pascucilla, PhD, MPH, REHS, DAAS, East Shore Health District and Thomas St. Louis, MSPH, CT Department of Public Health Epidemiologist) (information from upcoming Workforce Development Committee will be submitted with final report). The Workforce Development Committee will be operationalized to discern training needs of the local and state public health workforce, catalog workforce development activities undertaken by the program's faculty, staff, and students, and provide leadership in advocating for and coordinating resources and a necessary support structure to sustain workforce development for the future. A committee chairperson has been identified and invitations to participate as committee members have been issued.

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

Our program's organizational approach to governance respects the value of shared, cooperative decision-making. Here, we highlight several key roles and responsibilities of our program's governance.

a. degree requirements

MPH degree requirements are monitored by the Program Director, in consultation with the UConn Graduate School. The Program Director works directly with students and advisors to ensure all program requirements are addressed prior to a student's application for graduation. For example, the Director approves all waivers and/or transfers of credit or courses, certifies that plans of study include all required coursework, approves all proposed and completed Integrative Learning Experience (ILE) projects. The Program's Associate Director, in turn, addresses all conditions related to the Applied Practice Experience (APE) requirement (e.g., selecting sites and students for APE projects, training site preceptors and grading student performances).

b. curriculum design

The Curriculum Committee, in consultation with the Graduate School and Public Health Sciences faculty, monitors the substance of our program's course of study. The Committee regularly reviews all course descriptions and syllabi to assure that introductory, intermediate and advanced subject matter is adequately addressed with complementarities between courses noted and redundancies avoided. The Committee also recommends standards regarding the formatting of course descriptions and syllabi for easy access and interpretability by the public. Recommendations reflect the Committee's attention to the program's mission, goals and values. Specific activities undertaken by the Curriculum Committee include:

- assess demand for public health curriculum at UConn and elsewhere.
- prioritize subject matter for curricular development.
- identify appropriate personnel & material resources necessary to meet educational objectives.
- review & recommend learning objectives consistent with program mission, goals and objectives.

c. student assessment policies and processes

The Director is responsible for establishing and monitoring faculty performance in their implementation of Program policies and processes intended to assess student performance. Administrative, governance and academic procedures and policies of the MPH program are established in consultation with the UConn Graduate School and according to CEPH requirements.

Course grades are reported by the Graduate School registrar to the Program. For students failing to achieve required grades (i.e., 'B' or better in foundational courses, 'C' or better in electives and overall GPA of 3.0 or better), their advisors are notified of deficiencies and remedial actions are put forth. Similarly, the Director reviews grade books for all courses to assure consistency of practices across courses and semesters. Students intending to complete their ILE must submit a Plan of Study and ILE Proposal for approval by their Advisory Committee (See Criterion D7) and Program Director before commencing work.

The Associate Director monitors the performance of students enrolled in our APE course to assure consistency of effort. Students are made aware of all assessment policies and procedures throughout their matriculation through printed resources (e.g., *Public Health Happenings* Newsletter, HuskyCT, email blasts, Program Handbook, website) and engagement with program and academic advisors.

d. admissions policies and/or decisions

The Director, in consultation with the Graduate School and SoM administration, sets enrollment targets for our Standalone, Dual and FastTrack pathways. The Admissions Committee is responsible for selecting appropriate candidates for enrollment using a 6-step holistic screening process to identify individuals with qualifications, experiences, motives and backgrounds consistent with our program's vision and mission. All applications to the program receive a pre-screen for eligibility by the Graduate School (i.e., undergraduate grade point average and English language ability) before they are transferred to the program for consideration. The Director reviews all applications for the appropriateness of the applicant's degree, coursework and stated expectations. Suitable applicants are advanced to review by the Admissions Committee where Student Members of the Committee interview applicants to discern their motivation, readiness and 'fit' for graduate study in our program. Student interviews help to (a) identify attributes that may not be evident in an applicant's official application, (b) establish interpersonal links between applicants and our students, and (c) provide our students with experience conducting candidate interviews. The Admissions Committee, by reviewing student interviews, an applicant's personal statement of interest, letters of recommendation, and employment and volunteer history, forwards a recommendation to the Graduate School which sends official communication of admissions decisions to applicants. Applicants who appeal a decision to deny admission are referred to the program's Operating Committee for consideration.

e. faculty recruitment and promotion

Faculty and staff recruitment is delegated by the SoM Dean to the Chairperson of the Department of Public Health Sciences. All PHS faculty, tenured, tenure-track or in-residence, are expected to commit time to teaching, advising and/or committee assignments within the public health program commensurate with time not otherwise committed to scholarship (i.e., grants or contract support), SoM teaching or various administrative/service functions within the University. Faculty time and effort are quantified according to our Clinical, Research, Education, Administration, Transitional and Excellence (CREATE) profiles jointly defined by the Chairperson and Dean. The Director contributes to this process by meeting annually with faculty to identify opportunities to populate their CREATE profiles with programmatic responsibilities as instructors and/or committee members.

f. research and service activities

The extent of faculty involvement in research and service is a determination made jointly by the individual and the Department Chairperson through annual performance reviews. During such meetings, the Chairperson who strongly promotes opportunities for individuals to maintain robust research and service programs relevant to the public health sciences, establishes the research and service expectations of individuals for the following year. These meetings are the basis upon which merit compensation for educational, research and service activities are established according to principles set forth in the UConn Health – AAUP Collective Bargaining agreement (ERF - A1.3 Bylaws-Policy Documents).

3) A copy of the by-laws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the program.

By-laws of the University of Connecticut, UConn Graduate School, UConn SoM, SOM Medicine Faculty Handbook and Collective Bargaining Agreement between UConn Health and the faculty AAUP are available (ERF - A1.3 Bylaws-Policy Documents).

4) 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.

Beyond the roles faculty play in our program, they also play significant roles within the School of Medicine, UConn Graduate School and University administration. Table A1.4. provides several examples of the current involvement of PIF in institutional governance and administration.

Table A1.4. PIF Contributions to Institutional Decision-making.

Faculty Member	Activity	Domain
Angela Bermúdez-Millán	InCHIP Global Health Committee, Member InCHIP Graduate Certificate in Obesity Prevention and Management, Member Affiliate of UConn EI Instituto Faculty Community, Member Advisory Council Meeting for UConn Program in Applied Public Health Sciences, Member	UConn UConn UConn UConn Health
Stacey Brown	Admissions Committee, Member Diversity Committee, Member Dental Senate, Member Student Evaluation and Appeals Review Committee, Member Global Health Scholarship Committee, Member Steering Committee, Member Selectives Course Committee, Chair Clinical Medicine Course Teaching Awards Committee, Member	SoM SoM UConn Health SoM SoM UConn SoM SoM
Jennifer Cavallari	Director of Faculty Development Oversight Committee, Member Academic Merit Executive Committee, Member	SoM SoM SoM
Audrey Chapman	Ethics Committee, Member Humanities Institute, Member Merit Appeals Committee, Member Stem Cell Research Oversight Committee, Chair Department of Public Health's Curriculum Committee, Chair Institute for Systems Genomics, Member Gladstein Human Rights Committee, Member	UConn Health UConn SoM UConn Health UConn Health UConn Health UConn

	Human Rights Institute, Member Global Health and Human Rights Working Group, Member Economic and Social Rights Working Group, Member U21 Public Health Group, Member	UConn UConn UConn UConn
David Gregorio	Public Issues Council, Member Certificate in Social Determinants of Health & Disparities, Director M Delta Curriculum, VITAL Planning Committee, Member Student Evaluation and Appeals Committee, Member UConn – AAUP Collective Bargaining Council, Member Admissions Committee, Member Graduate Faculty Council, Member Graduate Programs Committee, Member Universitas 21, UConn Representative	SoM SoM SoM SoM SoM SoM UConn UConn Health UConn
Tara Lutz	Steering Committee, Member Course Grading Committee, Member Block Assessment Review Committee, Member CT Leadership Education in Neurodevelopmental and related Disabilities program, Discipline Coordinator	SoM SoM SoM UConn Health
Zita Lazzarini	Honor Board	SoM
Megan O'Grady	Institute for Collaboration on Health Intervention and Policy, Affiliate Center for mHealth and Social Media, Faculty Affiliate	UConn UConn
Mayte Restrepo-Ruiz	Curriculum Committee, Member Dept. of Public Health Sciences, Diversity Champion	UConn Health SoM
Greg Rhee	Grant Review Committee for Clinical Research and Innovation Seed Program, Member Office of MD Program Admissions, Member	UConn SoM
Helen Swede	Capstone Project, Director Electronic Medical Record Access Protocol, Member Student Evaluator on and Appeals Review Committee, Member Dean's Council on Diversity, Member Academic Integrity Advisory Committee, Member Graduate Faculty Committee, Member Education Council, Member Graduate Program Committee, Member UCH Biostatistics Group Scientific Committee, Member Breast Cancer Research Program Scientific Committee, Member	SoM SoM SoM SoM SoM UConn SoM UConn Health UConn Health UConn Health

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

The program's Operating Committee actively seeks input from faculty and reaches out for feedback through several channels. Examples of our program's faculty meetings and newsletter are available for review. (ERF - A1.5 Faculty Interaction).

- The program informs faculty of issues and developments through its monthly reports at departmental and program faculty meetings. The program schedules meetings throughout the year where full-time, affiliated and adjunct faculty receive updates on program developments and provide input on modification to operational procedures and practices. Proposed operational changes (e.g., modification of APE requirement, implementation of new advisory system, change to enrollment targets, etc.) are brought to our program's faculty for discussion on at least 2 occasions before action is undertaken.

- The program supports a robust schedule of activities (e.g., convocation, 12th Week seminars, etc.) in concert with department seminars wherein faculty meet and discuss conceptual and operational aspects of the program.
- The program distributes our bi-monthly *Public Health Happenings* newsletter to students, community stakeholders and faculty to highlight program/student accomplishments, along with occasional email blasts on time-sensitive subjects of current interest.

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

We believe Criterion A1 is met.

Strengths: Our program has a robust structure of advisory and operational committees with well-defined roles and responsibilities for decision-making and implementation across a range of operational issues (e.g., degree requirements, curriculum design, student assessment policies and processes, admissions policies and/or decisions, faculty recruitment and promotion, and research and service activities). All committees have representation of faculty, staff, students and community partners and all committee members enjoy equivalent rights and privileges of participation. Input from program faculty and staff is routinely sought through our regularly scheduled department meetings. Likewise, the program actively encourages and maintains numerous opportunities to solicit input from its numerous community partners. Such engagement has benefited the operation and quality of our program. Our School and Program by-laws and the collective bargaining agreement between the University and our faculty clearly define the rights and obligations of program leaders and related personnel.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: Program leaders will continue to rely on its committees to monitor performance and recommend modification to its operation.

A3. Student Engagement

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

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

The program's Operating Committee actively seeks and utilizes input from students. All are eligible to participate on program committees and invitations to do so are routinely extended through program functions and electronic communications. Our Student Engagement Committee actively solicits nominations from fellow students to serve on committees. As committee members, students have responsibilities and rights equivalent to other committee members.

Table A3.1. Student Engagement in Program Policy and Decision-making, 2021-24.

Program Committee	Student Participants
Advisory Council	Narayani Ballambat, Hillary Barigye, Danica Brown, Parit Patel, Julia Prescott, Alversia Wade
Operating Committee	Narayani Ballambat, Danica Brown
Admissions Committee	Daniela Babcock, Narayani Ballambat, Maria Baratau, Cindy Pan, Amber Sagan, Emily Lopez-Santa, Alexandra Stupakevich, Joel Villalba, Landyn White
Curriculum Committee	Maria Baratau, Caitlin Evans, Naime Gilani, Steffany Gomes, Mayte Restrepo-Ruiz
Student Engagement Committee*	Narayani Ballambat, Sara Hanna, Nora Hartnett, Brent Heineman, Mary Looney, Jacqueline Lucibello, Mahima Mehta, Eunices Pineda, Joel Villalba, Ned Wilson

* Committees constituted in Winter 2022

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

We believe Criterion A3 is met.

Strengths: Students enjoy formal representation on all program committees, for which they hold roles and responsibilities equivalent to all other committee members. Student representatives can originate through self-nomination or recommendation by the Student Engagement Committee.

Weaknesses: No significant weaknesses have been identified regarding this criterion. However, student surveys revealed that students' participation in program committees is hampered by their lack of time (17%), scheduling conflicts (25%) and lack of awareness about opportunities to participate (50%). To address these issues, the program's Operating Committee continues working with students to identify effective mechanisms for communicating opportunities for their engagement in program decision-making and policy development.

Plans for improvement in this area: Program leaders will continue to find opportunities for faculty, staff and students to come together and expand opportunities for joint decision-making. We will continue working with students to find effective ways of communicating issues and opportunities for student input in program decision-making.

B1. Guiding Statements

The program defines a vision that describes how the community/world will be different if the program achieves its aims and a mission statement that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities in advancing the field of public health and promoting student success. The program defines goals that describe strategies to accomplish the defined mission. The program defines a statement of values that informs stakeholders about its core principles, beliefs, and priorities.

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

Our program's vision is "to be an integral contributor in assuring Americans and others can enjoy healthy, productive and satisfying lives." Our program's mission is "to assure public health students and practitioners are prepared to address 21st century challenges through a comprehensive program of educational experiences, mentorship and career guidance." Our program's goals are:

- Produce competent interprofessional practitioners to fill leadership roles in applied public health settings (education)
- Further understanding of disease to better control the health burdens of at-risk populations (research)
- Engage community partners to pursue effective approaches to community health (service/engagement)
- Build an inclusive workforce to equitably address community needs and aspirations (equity)

The values guiding our program were developed through extended discussion among program and department members:

- Fostering reciprocal, equitable partnerships with stakeholders
- Seeking justice through wellness as a public good and fundamental right of all
- Incorporating differing beliefs and practices into all program activities
- Promoting ethical standard in all actions and interactions

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

We believe Criterion B1 is met.

Strengths: Our program has a vision that informs its mission, goals and values as they relate to our responsibilities for instruction, scholarship and service. They reflect our program's forward-looking perspective to prepare the next generation of public health practitioners who will contribute to the discovery of disease processes and practices for better disease control. Moreover, they directly address the importance of building diverse, inclusive and sustainable networks of parties, programs and institutions committed to public health and the common good. They are both aspirational and practical. As such, they are relevant to the allocation of resources (e.g., our attention to 21st century health concerns, the resource requirements of engaging community partners in our educational program, etc.). They also provide the benchmark by which our evaluation criteria and targets are specified.

These guiding statements are widely available to the public through the program's website and printed material (e.g., student handbook, newsletter, etc.). These statements are periodically reviewed and revised through input from faculty, members of program committees and our community partners.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: Program leadership will continue to seek input regarding our guiding statements from all relevant constituencies. We will continue working with all stakeholders to ensure that our curriculum adequately reflects the vision, mission and goals and values which we have identified.

B2. Evaluation and Quality Improvement

The program defines and consistently implements an evaluation plan.

- 1) An evaluation plan 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 (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)**

Our program relies on evaluation/quality improvement protocols to assess the impact of our program's policies and practices on the educational, research, service and diversity experience of our students. The data inform possible modifications of our guiding statements and performance targets. Institutional data and constituent feedback are utilized to identify areas for improvement. Table B2.1. lists measures and targets for assessing our program's performance during the prior 3-year period, accompanied by information about parties responsible for data collection/analysis and the relevance to these measures to our program's goals and program performance. Through this self-study experience, our program has initiated several meaningful modifications to its curriculum and operating procedures. At their November 2023 meetings, both the Program's faculty and its Advisory Council voted to advance this report to CEPH for preliminary review and make the document available through the program's media for examination by students and community stakeholders. Highlights of our program's performance, in relation to the evaluation measures and targets, are presented in Table B2.2a. We proceed to identify four priority areas of program improvement in Table B2.2b.

Table B2.1. Program's evaluation plan, including measures, targets, data sources, responsibilities and assessment.

Measure – (Target)	Criterion	Data Source & Method of Analysis	Timing	Responsible party	Relevant Goal
Student enrollment - (50 students enroll per annual cohort)	Intro-2	UConn Registrar enrollment reports. Data used to set future enrollment targets.	Fall, Spring	Operating Committee	Education
5 Unit-defined measures					
1. Affordability - (33% of students receiving tuition/ financial support)	B2-1	Program database on tuition/financial support. Data used in recruitment efforts.	Fall	Operating Committee	Diversity
2. Selectivity - (median GPAs of accepted students >3.50)	B2.1	UConn Registrar's admission software. Data used in recruitment efforts.	Spring	Admissions Committee	Education
3. Yield – (60% of accepted students matriculate into our program)	B2.1	UConn Registrar's admission software	Spring	Operating Committee	Education
4. Readiness to practice - (80% of students confident in undertaking APE requirements)	B2-1	Student survey. Data used for course development.	Fall, Spring	Associate Program Director	Service
5. Facilities – (80% of students satisfied with the program's learning environment)	B2-1	Student survey. Data used for program development and recruitment	Fall, Spring	Program Director	Education
4 Examples of Program Improvements Undertaken based on Evaluation Plan					
1. Student Life (student request for dedicated workspace met)	B2-2	Student survey. Data used for program enrichment.	NA	Operating Committee	
2. Advisement (100% of first-year and graduating student cohorts receive tandem advising on program information and content expertise)	B2-2	Student survey. Data used to improve communication with students	Fall, Spring	Program Director	Education
3. APE Requirement (75% of students complete 2-semester APE experience)	B2-2	UConn Registrar's enrollment data	Spring	Associate Program Director	Education & Service
4. Faculty Recruitment (fill 5 positions to augment curriculum options)	B2-2	UConn SoM and Human Resources Department	Spring	Department Chairperson	Education & Research
5. Holistic Admissions review (100% of applicants receive holistic review)	B2-2	UConn Registrar's admissions data	Spring	Admissions Committee	Education & Diversity

Graduation rates - (70% of entering cohorts completing degrees within 6 years)	B3-1	UConn Registrar enrollment data	Spring	Program Director	Education
Post-graduation outcomes - (100% of graduates employed/in school within 12 months)	B4-1	12-month follow-up survey of graduates. Data used for curriculum development and recruitment.	Spring	Program Director	Education
Alumni preparation for post-graduation destinations - (50% of students in public health practice)	B5	Annual alumni survey. Data are used in recruitment efforts.	Fall	Program Director	Education
Budget Table	C1-1	Annual revenue & expenditure reports. Data are used to anticipate program needs	Spring	Operating Committee	Education
Student perceptions of faculty availability (75% expressed satisfaction)	C2	Student survey. Data are used to monitor faculty workloads	Fall, Spring	Program Director	Education
Student perceptions of class size & relationship to learning (75% expressed satisfaction)	C2	Student survey. Data are used to evaluate adequacy of institutional resources	Fall, Spring	Program Director	Education
List of all faculty & their FTE allocation to the program	C2-1 E1-1 E1-2	Program database. Data used to plan course offerings	Spring	Operating Committee	Education
Ratio for PIF faculty to student academic advising (1:7 ratio)	C2-2	Program database. Data used to monitor faculty workloads.	Spring	Program Director	Education
Ratio for PIF faculty to student supervision of ILE requirement (1:2) ratio	C2-2	Program database. Data used to monitor faculty workloads.	Fall, Spring	Program Director	Education
FTE and type/categories of staff resources	C3-1	Program database. Data used to monitor staff workloads.	Spring	Program Director	Education
Faculty in activities designed to improve instructional effectiveness	E3	Faculty merit reviews. Data used to monitor faculty qualifications.	Spring	Program Director	Education
3 Measures of Faculty Currency and Instructional Techniques					
1. Engaged learning – (66% of foundational courses use team-based/engaged learning pedagogy)	E3	Program database on course syllabi. Data used to facilitate practices across curriculum	Fall, Spring	Program Director	Education
2. Public Health training (66% of PIF hold public health degrees)	E3	Program database on course syllabi. Data used to facilitate practices across curriculum	Fall, Spring	Program Director	Education & Diversity

3. Instructional modality – (100% of foundational courses offered in synchronous, hybrid format)	E3	Program database on course schedules. Data used to monitor faculty qualifications.	Fall, Spring	Program Director	Education
Faculty research/scholarly activities with connections to instruction	E4	Faculty merit reviews. Ongoing list of exemplars is maintained.	Spring	Program Director	Research & Education
4 Measures of Faculty Scholarship					
1. Research Output - (75% of PIF publish peer reviewed papers)	E4-1	Faculty merit reviews. Data documents faculty productivity.	Spring	Program Director	Education
2. Research Impact - (50% of PIF with h-index ≥ 20)	E4-1	Google Scholar. Data used to document faculty productivity.	Spring	Program Director	Research & Service
3. Total Research Funding	E4.1	Faculty merit reviews. Data used document exemplary research.	Spring	Program Director	Research
4. Educational Impact - (25% of PIF engage MPH students in research projects)	E4-1	Faculty merit reviews. Data used to document faculty productivity.	Spring	Program Director	Education & Research
Faculty extramural service activities with connections to instruction	E5	Faculty merit reviews. An ongoing list of exemplars is maintained.	Spring	Program Director	Service & Education
3 Measures of Faculty Extramural Service					
1. Service Output- (50% of PIF faculty participating in extramural service activities)	E5	Faculty merit reviews. Data used to document exemplary professional service.	Spring	Program Director	Service
2. Total Service Funding (Exceeds \$100,000 annually)	E5	Faculty merit reviews. Data used document exemplary community-engaged service.	Spring	Program Director	Service
3. Educational Impact - (25% of PIF engaged in student service collaborations).	E5	Faculty merit reviews. Data used to document exemplary educational effort.	Spring	Program Director	Service
Employer assessment of graduate's preparation for post-graduation destination (75% of express 'satisfaction' with graduate's abilities)	F1	Employer surveys. Data are used to evaluate concentration-specific competencies and performance assessments	Fall	Workforce Committee	Education
Feedback from external stakeholders on changing practice & research needs that might impact program priorities and/or curricula.	F1	Stakeholder survey on program graduate's readiness for public health practice. Data are used to evaluate concentration-specific competencies and performance assessments	Spring	Workforce Committee	Education
Feedback from stakeholders on guiding statements and ongoing self-evaluation data.	F1	Advisory Council input about program's guiding statements and self-evaluation practices. Data is used to update guiding statements.	Fall, Spring	Program Director	Education

Professional and community service activities by students - (100% of student complete intention action requirement)	F2	Program data. An ongoing list of exemplars is maintained.	Spring	Associate Program Director	Service
Current educational and professional development needs of self-defined communities of public health workers (20% of course registrants on non-degree students)	F3	UConn Registrar report on enrollment of non-degree students. Data is used to design and implement programs and services for the public health workforce.	Fall & Spring	Associate Program Director	Service
Continuing education events presented for the external community, with number of non-students, non-faculty attendees per event	F3-1	On-going list of continuing education programs and services. Data are used to design/market continuing education offerings.	Fall & Spring	Operating Committee	Service
Unit's efforts to increase representation and support of self-defined priority underserved populations – (1 st generation college graduates, persons from socioeconomically disadvantaged communities, non-native English speakers and persons without prior health-related training)	G1	UConn Registrar reports enrollment by demographic categories. Data used in recruitment efforts.	Fall	Operating Committee	Diversity
Student and faculty perceptions of program's climate regarding diversity and cultural competence - (66% will favorably perceive the climate around diversity & cultural competence)	G1	Student surveys and faculty feedback include questions about satisfaction with the impact of actions about diversity and cultural competence. Data is used to improve inclusivity within student, faculty and staff.	Fall, Spring	Operating Committee	Diversity
Student satisfaction with academic advising - (Students' judgment of academic advising practices)	H1	Student surveys. Data are used to monitor faculty performance and workloads in relation to student needs	Fall, Spring	Operating Committee	Education
Student satisfaction with career advising – (75% of student judge career advising practices favorably)	H2	Alumni surveys include questions on satisfaction with career advising. Data is used to inform program administrators about student needs.	Spring	Operating Committee	Education
Events or services provided to assist students and alumni with career readiness, job search, enrollment in additional education, etc.	H2	Program staff maintains inventory of activities/services geared to career counseling for students. Data is used to document exemplary efforts.	Spring	Operating Committee	Education

Student complaints – (Complaints filed)	H3	UConn maintains processes for student complaints.	Fall & Spring	Program Director	Education
Applicants without previous health- or public health-related experience - (Entering students lack prior public health experience)	H4	UConn Registrar reports attributes of admitted students. Data are used for recruitment.	Spring	Program Director	Education & Diversity

DRAFT

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.

We present brief descriptions of how our program's performance compares to several measures/targets described above in Table B2.1. (ERF - B2.2 Evidence for evaluation plan).

During both fall and spring 12th Week Seminars, students are polled regarding their impressions and recommendations about the degree program. Surveys address such topics as student perceptions of degree requirements, adequacy of research and service opportunities, advisement, classroom environments, teaching effectiveness, etc. Our student survey results for 2023 are available (ERF - B5.2 Data collection methodology).

Table B2.2a. Summary of student responses to our 2023 annual survey.

How do you judge the following attributes of the MPH Program?	Responses	% Responding	
		% Very good/ Good	% Poor/ Fair
Clarity of requirements for earning the MPH degree	57	82	17
Clarity of requirements for completing the APE	44	77	23
Clarity of requirements for completing the ILE	39	64	36
Program support while completing the APE	35	83	17
Advisor's support while completing the ILE	37	78	32
Adequacy of research opportunities for students	53	60	40
Adequacy of service and other practice opportunities	48	62	38
Opportunities to network with community-based partners	46	78	22
Faculty responsiveness to issues of diversity	47	85	15
Faculty teaching effectiveness	54	91	9
Faculty teaching about cultural competency	45	91	9
Advisor's effectiveness	44	89	11
Quality of classrooms	56	88	12
Quality of common space	56	73	27
Quality of library resources	53	89	11
Quality of HuskyCT learning platform	61	97	3
Quality of parking	59	98	2
		% Satisfied	% Not satisfied
Faculty availability	68	100	0
Advisor availability	65	97	3
Advisor's guidance about program requirements	44	89	11
Overall experience in program	46	91	9
Effectiveness of faculty instruction	54	91	9
		% Very well/ Well	% Not very well
How does class size relate to learning environment?	67	78	22

- 3) Provide at least three specific examples of improvements undertaken in the last three years based on the evaluation plan in the format of Template B2-2. At least one of the changes must relate to an area other than the curriculum.

Table B2.3. Examples of Program Improvements Prompted by Evaluation Data and Discussion.

	Measure/data that informed that improvement was needed	Improvement undertaken
1. Student meeting & workspace	Annual student survey questions about available common space for informal interaction indicated general dissatisfaction with the lack of available space for meetings, work and social activities.	The program secured institutional funding to renovate an area in our department office space for student use and also achieved access to UConn Health's student lounge.
2. Advisement	Annual student survey questions about the satisfaction with advisors and the program's advisory system indicated dissatisfaction with insufficient guidance about program/degree requirements by some program faculty.	The program instituted an advisory system for 'entering' and 'graduating' students that complements the responsibilities for mentoring by program faculty. Program advisors monitor procedural/programmatic requirements (e.g., registration procedures, mandatory training, university deadlines, etc.) while faculty mentors guide students on substantive topics in public health.
3. Expanded APE Requirement	Annual student survey questions and Employer survey questions about student readiness to practice indicated uncertainty about student readiness for independent practice.	The program implemented a 2-semester APE requirement, expanded our opportunities for supplemental field experiences and initiated a 20-hour volunteer action requirement. The program also subsidizes the cost of attending the Connecticut Public Health Association for all APE students.
4. Faculty recruitment	Student commentary cited limitations on substantive elective topics available for study.	With the arrival of our Department Chairperson, our SoM Dean has provided support for the recruitment of 15 new faculty positions for the department to expand curricular offerings in environmental health, chronic disease epidemiology, injury prevention, and quantitative methods and implementation science.
5. Holistic admissions	Commentary from faculty and other sources about the need to develop a diverse public health workforce led to an objective or completing more holistic reviews of applicants to the program.	All applications receive quantitative and qualitative assessment of qualifications through a 3-step process involving (a) evaluation of the appropriateness of academic background, (b) qualitative assessment of applicant strengths by student interviewers, and (c) comprehensive assessment by program's admission committee.

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

We believe Criterion B2 is met.

Strengths: The program has an ongoing evaluation process that monitors performance and outcomes in relation to established performance targets. Impact of that evaluation process is evident in numerous changes/improvements to program policies & practices. We have identified 5 unit-specific measures

(affordability, selectivity, yield, readiness and facilities) that we believe reflect the character of our curriculum and educational experience.

- A majority of students (65%) receive some form of tuition support/financial aid.
- The academic experience of our students is strong; median GPAs for each entering cohort is 3.6.
- Four of five students report being 'well prepared' to address APE objectives and 96% of recent graduates reported "the program prepared us well" for work in public health.
- Nine in 10 students judge our classroom environment to be 'satisfactory.'

Since our previous self-study in 2015, our program has initiated a number of modifications that we believe have greatly enhanced the quality of our program.

- Our Admissions Committee uses a holistic review of all applicants to the program.
- Our APE requirement has been extended to 2 semesters to permit more extensive engagement of students with our practice community.
- All entering and graduating students benefit from a tandem advising system that combines interpersonal guidance on addressing program requirements with substantive support from individual academic advisors.
- We have implemented complementary procedures for students to document mastery of learning objectives and competencies that extend beyond foundational coursework in the program.
- 91% of respondents to our 2023 Student survey reported being satisfied with their overall experience in the program.

Weaknesses: No significant weaknesses have been identified regarding this criterion. Our registrar's report indicates that annual yield of matriculants based on admission decisions (47-53%) was below expectations (60%). Our Operating Committee continues to work on identifying incentives to increase the number of students who accept our program's offer of admissions. Feedback from our annual student survey revealed 63% reported satisfaction with faculty availability.

Plans for improvement in this area: The program, with its committees, will continue to refine its strategic plan and work to implement its recommendations.

B3. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (e.g., BS, MPH, MS, PhD, DrPH). The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation.

Table B3.1. MPH Graduations by Time of Entry, 2016-17 to 2022-23.

Student Cohorts (Maximum time permitted by UConn for MPH degree completion is 6 years)		Academic Year of Cohort Entry						
		16-17	17-18	18-19	19-20	20-21	21-22	22-23
2016-17	# Students entering	37						
	# Students withdrew, dropped, etc.	1						
	# Students graduated	3						
	% Cumulative graduation rate	8						
2017-18	# Students continuing/entering	33	33					
	# Students withdrew, dropped, etc.	3	1					
	# Students graduated	13	0					
	% Cumulative graduation rate	43	0					
2018-19	# Students continuing/entering	17	32	26				
	# Students withdrew, dropped, etc.	0	1	1				
	# Students graduated	5	17	7				
	% Cumulative graduation rate	57	52	27				
2019-20	# Students continuing/entering	12	14	18	36			
	# Students withdrew, dropped, etc.	0	1	3	1			
	# Students graduated	7	3	6	8			
	% Cumulative graduation rate	76	61	50	22			
2020-21	# Students continuing/entering	5	10	9	27	35		
	# Students withdrew, dropped, etc.	1	0	0	0	2		
	# Students graduated	0	5	5	12	5		
	% Cumulative graduation rate	76	76	69	56	14		
2021-22	# Students continuing/entering	4	5	4	15	28	51	
	# Students withdrew, dropped, etc.	0	1	0	1	1	2	
	# Students graduated	2	1	1	6	15	5	
	% Cumulative graduation rate	81	79	73	72	57	10	
2022-23	# Students continuing/entering	2	3	3	8	12	44	37
	# Students withdrew, dropped, etc.	0	0	0	0	1	1	1
	# Students graduated	1	2	1	2	9	16	6
	% Cumulative graduation rate	84	85	77	78	83	41	16
2023-24	# Students continuing/entering	1	1	2	6	2	27	30

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

The program has been successful in assuring that most students complete their degree. For cohorts of entering students reported in Table B3.1., approximately one-half completed their degrees within 2 years; for cohorts with sufficient follow-up, roughly 80% of students completed degrees within 4 years. Our success can be attributed to several features of our program.

- Students are expected to adhere to our foundational course sequence that assures timely completion of courses that traditionally delayed their progress toward the degree (e.g., biostatistics, APE). Waivers from this prescribed schedule are evaluated on a case-by-case basis.
- Our requirement that students complete 6 credits per semester maintains their steady progression toward degree completion. Waivers from this credit-load requirement are evaluated on a case-by-case basis.
- FastTrack BA/BS+MPH candidates typically spend 1 year as matriculating graduate students, being able to complete 12 program credits during their baccalaureate education.

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

We believe Criterion B3 is met.

Strengths: We continue to meet expectations that more than 70% of enrolled students complete their degrees within 6 years of initial enrollment and observe that 4 of 5 students complete their degrees within 4 years.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: Leadership will continue to monitor student progress for evidence of ways to strengthen their matriculation through the curriculum. Program directors will continue to explore the proper balance of students in our Standalone, FastTrack and Dual Degree pathways.

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.

Table B4.1. Post-Graduation Outcomes, Graduating Cohorts 2018-22.

	Graduating Cohort				
	2018 # (%)	2019 # (%)	2020 # (%)	2021 # (%)	2022 # (%)
Employed	18 (67)	17 (63)	20 (65)	17 (71)	20 (69)
Continuing post-graduate education	9 (33)	9 (33)	11 (35)	7 (29)	9 (31)
Not seeking employment or education		1 (4)			
Total graduates	27 (100)	27 (100)	31 (100)	24 (100)	29 (100)

*Student completing degree requirements within calendar year (i.e., May, August or December)

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

Our target for post-graduation outcomes is for 100% of graduates to be employed or in school within 12 months of receiving the MPH degree. Of 138 graduates over the last 5 years, 99% have met this target. Our success reflects both the extent of employment options within our region and our extensive relationships with the region's employers and our program's reputation for producing productive graduates.

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

We believe Criterion B4 is met.

Strengths: The population and health care employment sector in Connecticut is strong and our program has been effective in placing graduates across the State and among its many service and academic institutions. The program routinely shares job and internship opportunities with current students so that they can better design plans of study consistent with workforce needs and opportunities. As a result, 99% of graduating students are either enrolled in a graduate program or employed within 12 months of completing their MPH degrees.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: We will continue to work with our University's Career center to identify opportunities for ongoing career and professional development.

B5. Alumni Perceptions of Curricular Effectiveness

The program collects information on alumni perceptions of their preparation for the workforce (or for further education, if applicable). The program defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. 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.

Alumni Feedback.

The program maintains regular contact with recent graduates/alumni for feedback regarding our curriculum's effectiveness in their career development/trajectories. Alumni are contacted to answer survey questions on job placement and title and perceptions of how the program affected their readiness for careers in public health as part of our annual report to CEPH. (ERF - B5.2 Data collection methodology). Surveys seek information on graduates' overall assessment of the program's impact on their career preparation and their mastery of program competencies.

Overall, survey responses indicate that alumni feel the program prepared them 'very well' for their careers in public health by connecting them with people associated with their field, teaching technical skills required for work, and securing their aspiring position. Alumni found courses, faculty, advisement, fellow students, administration staff, the APE experience, and opportunities for fieldwork experiences very helpful in promoting their professional standing. A summary of the findings is presented below.

Table B5.1 Alumni Perceptions of Curricular Effectiveness (N=37).

	% Responding		
	Very well	Somewhat Well	Less well
How well did the program prepare you for your career?			
It connected me with people to support my work.	47	37	16
It provided technical skills required in my work.	53	42	5
It assured me I could secure the job I envisioned.	45	34	21
	Very helpful	Helpful	Less Helpful
How helpful did you find the following aspects of UConn's MPH program?			
The courses I took	62	38	0
The faculty who taught and advised within the program	70	27	3
My advisor	73	18	8
Fellow students in the program	68	24	8
UConn facilities and services	43	46	11
MPH Program administration & staff	70	24	5
My APE experiences	59	30	11
Other options for fieldwork experiences	60	17	23
	Very confident	Confident	Less confident
How confident are you that you've mastered the following competencies "because" of MPH coursework?			
Apply epidemiological methods to a range of settings and situations	44	50	6
Select quantitative and qualitative data appropriate to a given context	58	39	3

Analyze data using biostatistics, informatics, computer-based programming.	42	44	14
Interpret data for public health research, policy or practice	56	44	
Compare organization, structure and function of public health systems	53	47	
Discuss how structural bias, social inequities and racism undermine health and efforts to achieving health equity	62	37	2
Assess population needs, assets and capacities that affect communities' health	61	36	3
Apply awareness of cultural values and practices to implementation of public health policies or programs	56	44	
Design a population-based policy, program or project	40	48	11
Explain basic principles/tools of budget and resource management	34	40	28
Select methods to evaluate public health programs	42	56	3
Discuss the policy-making process	39	50	11
Identify stakeholders and partnerships for influencing public health outcomes	51	37	11
Advocate for political, social or economic policies	50	47	3
Evaluate policies for their impact on public health and health equity	44	53	3
Apply leadership and/or management principles	33	53	14
Apply negotiation and mediating skills to address organizational or community challenges	28	56	17
Select communication strategies for different audiences	48	48	4
Communicate audience-appropriate public health content	50	44	6
Describe the importance of cultural competence in communicating public health content	53	47	
Integrate perspectives from other sectors/professions to advance population health	64	39	3
Apply systems thinking to visually represent a public health issue.	50	47	3

Alumni expressed positive views that the MPH program prepared them to use quantitative and qualitative data, interpret results of data analyses for public health research, policy, or practice, compare the organization, structure, and function of health systems, address structural bias, social inequalities, and racism in health, assess population needs and assets, identify stakeholders and build coalitions, evaluate and advocate for political, social, or economic policies and programs and perform effectively on interprofessional teams. Looking forward, our program continues to refine attention to budgeting and project management, enhancing negotiation and fostering leadership and management skills.

Qualitative statements by alumni underscore the above quantitative findings. Several individuals expressed their appreciation for program requirements and personnel.

- *"I appreciated the breadth of classes and the varying careers our professors had experience with to better understand the opportunities available to us. Stacey Brown's approach to letting us find our own field placement really helped me do the project I wanted and work with the people I wanted, which led to career opportunities after graduation. Grateful for this!"*
- *"The faculty were very passionate and knowledgeable about their specialties. The quality of the education was incredible! I liked the variety of courses and flexibility for in-class projects."*
- *"I found the relationships with professors to be the most valuable. I appreciated the breadth of classes and the varying careers our professors had experience with to better understand the opportunities available to us. The foundational courses (Epi/Biostats, Health Admin, Public Health Law, etc.) were*

valuable in the first couple semesters to establish a good basis for students' understanding of the field of public health."

- *"I loved 12th Week; I hope you still do this! It is a great way to know what alums are up to and learn about new research."*
- *"Balancing the demands of coursework and having a full-time job put strain on me mentally, physically, and emotionally. I ended up reducing my hours which was slightly better."*
- *"It's difficult in graduate school, but I wish I had a stronger connection with my professors."*
- *"Law and public health were the most difficult since it requires a different way of thinking, but it was also the most interesting and I learned the most."*

Likewise, survey responses were frank in their recommendations for changes to the curriculum.

- *"There should be ways of connecting students to faculty."*
- *"Offer more real-world experiences and fewer hypothetical ones. Classes would have been an opportunity to do real projects that had impact."*
- *"Encourage first year students to start thinking about research/APE ideas at the onset and refine the topic over the course of the semester."*
- *"Exploration of job paths, certifications and other career advancements within the public health field. Any kind of networking would be valuable- there was none when I was in the program. Hopefully, that has changed."*
- *"More working with data, and field work."*
- *"More funding and financial aid opportunities."*
- *"More options for the APE requirement"*

Our program has found feedback of this type VERY helpful in guiding revisions to our curriculum and services. In response, we have implemented a series of activities/services designed to improve student experiences. We have expanded our advisory system to balance the interests of substantive mentoring with procedural oversight. Students now have access to two advisors, one of whom assists them in addressing various program requirements and another who supports their subject matter interests. The program also brings students together each semester as part of our 12th Week seminar series to update students and faculty on modifications to program requirements. These sessions include content focused on skill building (a session focused on building effective LinkedIn pages) and networking (a session bringing local practitioners to mentor students on preparing for job placements).

Program graduates are encouraged to maintain ongoing relationships with our program, serving, for example, as APE preceptors, independent study directors and adjunct instructors. Feedback has revealed that many of our alumni do hold or have held leadership positions in the state and regional public health system: Connecticut Public Health Association (CPHA) Board of Directors, CPHA President, CPHA President Elect, CPHA Secretary, Delta Omega Public Health Honor Society President, New England Public Health Association President, Connecticut Association of Directors of Health President, Connecticut Public Health Association Foundation President and Executive Director, Board Chairman for North Central District Health Department, Vice President of the Rotary Club, New Mexico Public Health Association President, President and President-Elect for the Occupational and Environmental Medical Association of Connecticut and the Director of Women's Health at Hartford Hospital.

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

We believe Criterion B4 is met.

Strengths: Our program regularly provides opportunities for alumni to express views on program operations and outcomes, and, as appropriate, acts on recommendations to improve curriculum and services. Alumni report feeling "well prepared for post-graduate destinations," reflective of the 67% of graduates over the prior 5 years who have secured employment in public health agencies and 33% who have continued their education (the majority of whom are Dual degree MPH/MD and MPH/DMD who enroll in clinical residency training programs). 83% of survey respondents expressed satisfaction with the

program preparing them “for careers they had envisioned.” Nearly 3 in 5 graduates report employment in public health-related careers. Employers express widespread satisfaction in our graduates and express intentions to hire students as future needs arise.

Weaknesses: No significant weaknesses have been identified regarding this criterion. Nonetheless, the program administration recognizes its limits in providing a breadth of coursework and concentrations to address the varied interests of our students. We will work with Institutional leaders to further broaden the curriculum available to students.

Plans for improvement in this area: Program leaders will continue to monitor perceptions and expectations of our graduates and their employers. We will work to expand student opportunities to network for job placement.

DRAFT

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.

Our program's budgeting is centralized within the SoM. Every year, the Program Director submits a revenue projection along with an expenditure request to senior administrators. Based on their decision, program operations are adjusted to fall within authorized expenditures. The annual budgeting process begins after the first of the year through discussion with program staff regarding material needs (e.g., equipment, supplies, etc.), faculty time and effort, and pending programmatic directions (e.g., course offerings, professional development, etc.). These initial projections are reviewed by the Department Chairperson to minimize redundancies and maximize impact and forwarded to the SoM for consideration. Information regarding the program's approved operating budget, reconciled against other institutional needs, is communicated to the department in late spring for implementation during the next fiscal year (July 1 – June 30).

The program does not receive a direct State appropriation. It does receive University Funds through the SoM that is allocated for expenditure as salary support of our program faculty (tenured, tenure-track, in-residence/non-tenurable and adjunct) and staff. Beginning in 2023, the program will receive and manage direct funding of extramural education contracts and anticipates sharing (10%) any related indirect costs associated with projects sponsored by faculty holding primary appointments in the Department of Public Health Sciences.

All tuition for in-person course enrollment is paid to the UConn Graduate School, which returns the tuition to the SoM and retains fees to support its operating expense. In turn, the SoM utilizes revenue projections to determine the program's annual operating budget.

a) Briefly describe how the program pays for faculty salaries.

UConn faculty are institutional members of the American Association of University Professors (AAUP) and, as such, salaries and other compensations are bound by the terms and conditions of employment negotiated between UConn Health and the UConn Health-chapter of the AAUP. UConn's general fund supports 100% of salary and fringe benefits of faculty holding tenured and tenure-track appointments, minus any offsets accrued from extramural grants and contracts. Faculty who hold in-residence/non-tenurable appointments are eligible to receive UConn general fund support for the portion of time and effort deemed essential to the operation of institution (e.g., teaching, administration, service programs), with the remainder of their salary to be derived from extramural grants and contracts. Similarly, University funds purchase services of adjunct faculty on a course-by-course basis (\$8000 for teachers of foundational courses and \$5,250 for those teaching elective courses).

The starting salaries of tenure-track and tenured faculty are determined through negotiation between the Department Chairperson and individuals, based on precepts contained in the UConn Health – AAUP Collective Bargaining Agreement (i.e., salary targets are the median salary, by rank and specialty as established by the American Association of Medical Colleges). Based on UConn by-laws, all faculty receive annual performance evaluations to determine whether their education, research and service activities fall within expectations set jointly by department heads and individuals (teaching expectations for our program faculty are recommended to all parties by the Program Director). General wage increases are negotiated prior to the sunset of every collective bargaining agreement (the current agreement expires in 2024). Fringe benefits are uniformly available to all employees, as determined through a negotiated settlement between the State Employees Bargaining Agent Coalition (SEBAC) and the State of Connecticut.

Faculty time and effort are quantified according to UConn Health's CREATE accounting system. By long-standing precedent, a 0.15 FTE is credited to individuals offering a semester-long graduate course, with prorated credits for any part-time contributions to the curriculum. Chairpersons of program

committees are credited 0.05 FTE while committee membership is credited 0.02 FTE. The Program Director is credited 0.50 FTE, and the Associated Director is credited 0.10 FTE.

All department faculty, tenured, tenure-track or in-residence/non-tenurable, are expected to commit time to teaching, advising and/or committee assignments within the public health program, commensurate with time not otherwise committed to research (grants or contract support) or other extramurally funded activities (e.g., SoM teaching or various other administrative/service functions within the University). Faculty are strongly encouraged to maintain a robust program of research and community engagement that contributes to the public's well-being and is accessible to students and community stakeholders.

b) Briefly describe how the program requests and/or obtains additional faculty or staff.

Program expenditures for faculty are distributed between UConn personnel (individuals holding endowed, tenured, tenure-track and in-residence appointments that carry 'obligated' expenditures by the SoM) and adjunct faculty whose salary for teaching and other program responsibilities is 'allocated' through funds appropriated in the budgeting process.

The allocation of new faculty and staff positions is the responsibility of the SoM Dean. Requests for new positions are generated by the Department Chairperson. When the program perceives a need for additional faculty, the Program Director and Department Chairperson develop a request forward to the Dean. On occasions when the allocation of new positions is achieved, the task of faculty and staff recruitment is delegated to the Department Chairperson who assembles a search committee that typically comprises representation of full- and part-time faculty, of the Department of Public Health Sciences, administrative and/or research staff and key community stakeholders. The committee's designated chairperson is responsible for preparing job postings which are reviewed by the UConn Health Human Resources Department before distribution is permitted. All search committee members receive training on how to review and interview candidates. Since 2018, the department has filled 15 faculty positions (8 tenure-track/tenured and 7 in-residence). Of these, 9 individuals have, or will have, time & effort allocated to the MPH program.

c) Describe how the program funds the following:

a. operational costs

The program's operating budget is determined, in large measure, by the projected level of revenue for a given year. Operational costs, such as purchased services, travel, registrations, supplies, computers, furniture and other expenses, are requested through the annual budgeting process described above. The SoM commits funds commensurate with the approved level of support for faculty and staff salaries. The program's operating costs are funded through 3 sources.

- Tuition: In-state MPH students are expected to pay tuition and fees (for the 2023-24 academic year) of \$3,508 per 3-credit graduate course or \$9,784 for full-time semester of study; out-of-state students are expected to pay tuition and fees of \$7,159 per 3-credit graduate course or \$20,740 for full-time semester of study.
- University funds: The SoM pays the costs of salary and fringe benefits for program faculty in proportion to their involvement in program-related teaching and administration.
- Gifts and Endowment: Our program has access to spendable dollars associated with 3 accounts managed by the UConn Foundation. These funds, with defined purposes are used to enhance the quality of our program's offerings:
 - Jonathan Clive, Ph.D. Biostatistics Fund (\$4,423 to maintain and purchase materials for the MPH Library at the UConn Health Center).
 - Joan Segal Fellowship Fund for Public Health (\$8,812 to support the academic achievement of enrolled public health students in financial need).
 - Master of Public Health Program Fund (\$30,856 for unrestricted support of the program).

b. student support (scholarships, travel, etc.)

As a leading education and research institution, UConn provides the opportunity for students to receive tuition waivers and graduate stipends. The affordability of our program is clear; 64 of 98 (65%) active students during 2023-24 are receiving full or partial tuition waivers, including:

- 16 full-time Graduate Assistantships (tuition and fee waiver with a \$34,000 stipend)
- 13 stipends (\$5,000 per semester) to students participating in CT Department of Public Health workforce pipeline project.
- 11 tuition waivers for Fall and Spring semesters for students participating in CT Department of Public Health workforce pipeline project.
- 10 tuition waivers to MPH/MD candidates completing their graduate year of academic study.
- 9 stipends (\$5,000 per course) to students assisting in the instruction of the program's foundational courses.
- 16 tuition waivers to UConn undergraduates participating in our FastTrack program.
- 1 tuition waiver to a Clinical Fellow completing MPH coursework.
- 10 tuition waivers to students who are U.S. military veterans, members of the National Guard, residents over age 62, dependents/spouses of 9/11 victims, or State employees of covered bargaining units.

c. faculty development expenses, including travel support.

At the time of hiring, new faculty are given start-up funds that they can use for various elements of faculty development (e.g., travel and registrations, learning materials, etc.). It is expected that after 3 years employment, faculty will have generated such discretionary funds via indirect cost recovery from grants, contracts and other academic related activities. Upon their continuing employment, faculty have access to professional development opportunities using discretionary fund accounts based on grant and contract income. The Dean also reviews requests for funds when other resources are unavailable.

The current UConn Health – AAUP Collective Bargaining Agreement provides Assistant Professors \$500 annually (during the first five years of appointment or until promotion to senior rank) for professional development.

d) Describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

Annually, the Program Director meets with the Department Administrator and Chairperson to identify operating costs for the pending budget period. This request is reviewed and approved by UConn Health Administration.

The Program has limited support for student activities that is restricted to supporting travel, registration at professional meetings and registration at the CT Public Health Association annual meeting. Faculty development funds are not provided through this program. Rather, funds for faculty development are provided through startup packages and distribution of indirect costs recovery from extramural grants and contracts.

e) Explain how tuition and fees paid by students are returned to the program.

Students who enroll in graduate courses pay tuition and fees, in amounts described above, which are set by the UConn administration. From the program's inception in 1985 through 2004, tuition (not fees) paid by students or employers for course registration was returned directly to the program which autonomously determined the 'appropriate' use of such funds to cover operating costs. During that time period, there was no explicit line of institutional support for faculty or staff salaries, equipment or general

operating expenses and unexpended funds within a given year were held in reserve until needed. Since 2004, however, all returned tuition reverts to the SoM. Through its centralized budgeting process, the amount and purpose of funding allocations to the program assures necessary institutional support for all program operations.

- 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.**

Indirect revenue from extramural grants or contracts accrues to the school, department and award recipients. Such funds are not part of our program budget.

- 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.**

Table C1.2. Sources of Revenue and Expenditures by Major Category, 2019-20 to 2023-24.

	2019-20	2020-21	2021-22	2022-23	2023-24
Revenue					
Tuition & Fees	\$881,000	\$908,556	\$899,862	\$1,035,692	\$1,276,543
State Appropriation	\$0	\$0	\$0	\$0	\$0
University Funds	\$699,125	\$1,068,600	\$1,105,255	\$1,179,305	\$1,307,294
Endowment				\$26,869	\$25,317
Gifts	\$2,250		\$7,500		
Total	\$1,582,375	\$1,977,156	\$2,012,617	\$2,241,866	\$2,609,154
Expenditures					
Faculty Salaries & Benefits	\$1,154,568	\$1,360,027	\$1,375,092	\$1,350,095	\$1,563,218
Staff Salaries & Benefits	\$137,173	\$280,097	\$297,263	\$402,635	\$516,000
Operations	\$111,331	\$165,532	\$167,732	\$187,446	\$229,136
Travel	\$4,937	\$9,500	\$12,530	\$16,700	\$40,800
Student Support	\$174,366	\$162,000	\$160,000	\$284,990	\$260,000
Total	\$1,582,375	\$1,977,156	\$2,012,617	\$2,241,866	\$2,609,154

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

We believe Criterion C1 is met.

Strengths: A centralized budgeting procedure is in place by which the university's administration allocates funds for MPH program operation. Beginning in 2007-08, the SoM has provided salary support for time and effort of SoM faculty within the MPH program. The extent of that support has increased substantially over time, allowing the program to broaden its reach and assure its sustainability. With the arrival of our new Chairperson, the department faculty has increased by 15 individuals, 9 of whom have direct responsibilities in our program.

The SoM Dean is committed to finding additional revenue streams to support our program. We now are recipients of direct educational funding and anticipate sharing in indirect cost recovery from these

activities. Roughly two-thirds of enrolled students are receiving full or partial tuition waivers to attend our program.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans relating to this criterion: The Program Director will continue to monitor student interests and developments within the field to identify needs for additional program support.

DRAFT

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.

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

The MPH Program Director nominates individuals for appointment to the Graduate School based on their credentials (Masters, Doctoral or Professional degree), relevant experience and commitment to engage in graduate education. The UConn Graduate School maintains ultimate authority as to who among the faculty is recognized as eligible to serve as academic advisors for matriculating students within the Public Health area of study.

Our program's primary instructional faculty (PIF) hold the academic rank of Assistant Professor or above, are employed full-time at UConn, have regular teaching responsibilities, and commit at least 50% time and effort to program activities. Our program's non-primary instructional faculty (NPF) hold the academic rank of Assistant Professor or above, are employed at least 50% of time at UConn, have regular teaching responsibilities and commit 15-49% time and effort to program activities.

Table C2.1. Instructional Faculty, 2023-24.

	First Degree Level			Second Degree Level	Third Degree Level	Additional Faculty
Concentration	PIF 1	PIF 2	PIF 3	PIF 4	PIF 5	
Interprofessional P.H. Practice	Gregorio 0.85 FTE	Brown 0.88 FTE	Bermúdez-Millán 0.94 FTE	Guertin 0.85 FTE	Hunter 1.0 FTE	PIF: 10 NPF: 19

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.

Our program monitors the time and effort of both PIF and NPF who hold appointments within the SoM through the CREATE accounting system. The SoM Dean distributes time allocations to Education upon the recommendation of the Program Director. Through long-standing precedent, course instructors are recognized to commit 0.15 FTE per semester to teaching PUBH-related courses (with pro-rated amounts for shared responsibilities). Chairpersons of program committees receive between 0.05 FTE time while committee members receive 0.02 FTE time for their participation. The Program Director receives 0.50 FTE 'E' time, the Associate Director receives 0.10 FTE 'E' time.

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

From year to year, the Time & Effort allocation to individual PIF and NPF varies in accordance with the program's scheduling of courses, student demand and time available in lieu of other research or administration responsibilities. PIF and NPF time & effort is monitored by the Program Director and included in annual reviews of personnel by the Department Chairperson. Adjunct faculty (i.e., individuals who do not hold UConn faculty appointments) engaged to teach specific courses are compensated on a semester-by-semester basis (\$8,000 for teaching a foundational course and \$5,250 for teaching electives).

4) Data on the following for the most recent year in the format of Template C2-2.

Program faculty are expected to commit time mentoring students, and that time is acknowledged in their CREATE profiles. In practice, however, a number of individuals given their backgrounds and

competing time/effort commitments have limited engagement advising or mentoring of students (i.e., 1-2 students). Table C2.4. summarizes activities of 15 PIF who are predominantly engaged advising and mentoring MPH students.

In further support of student advisement, the program provides support (0.10 FTE) to 2 faculty members (Drs. Guertin and Bermúdez-Millán) with responsibilities to advise and support students in their final year of study to address administrative matters pertaining to deliverables in anticipation of degree conferral (i.e., approved plans of study, competencies, ILE proposals and final products, etc.) while Dr. Guertin works with first-year students to assist them in navigating various UConn systems(e.g., IDs, parking permits, health assessments, registration and tuition payment, etc.). Together, their efforts are invaluable in assuring that students receive timely and accurate information about university and program requirements and supporting individuals should administrative difficulties arise.

Table C2.4. Faculty regularly involved in advising, mentoring and the integrative experience.

Faculty Involvement	Average	Min	Max
PIF involved in general MPH advising & career counseling	6.47	0	14
NPF involved in general MPH advising & career counseling	1	1	1
PIF involved as Major ILE Advisors	2.1	0	7
NPF involved As Major ILE Advisors	1.4	0	2

Note: 103 matriculating students and 36 graduating students for 2023-24.

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

Every semester, the program brings students together during our 12th Week seminar series where they receive updates on program requirements and professional/career advisement. On those occasions, students can submit candid, anonymous assessments of program operations and their recommendations for improvements.

a) class size and its relation to quality of learning

Students responding to the 2023 student survey see class size as positively affecting the quality of learning.

b) availability of faculty

Of the students who responded to the 2023 student survey, 78% were very satisfied or satisfied with the availability of program faculty to address their learning needs and expectations (80% were very satisfied or satisfied with the availability of their primary advisor). Of the students that responded to the survey, 84% reported that their advisor's guidance about course load and course selection was very good or good.

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

The annual student survey revealed that 96% of students considered class size contributed favorably to the quality of their learning. 85% of respondents judged faculty availability favorably and 93% judged the availability of their individual advisors similarly.

Perceptions of class size and learning:

- *"The small classes allow for interactive conversations."*
- *"I've had the opportunity to engage in good discussions with classmates in smaller elective classes."*
- *"Even large classes break into small groups which works well."*
- *"I like how the classes allow for bonding and networking with future colleagues."*
- *"Class size doesn't really have a negative effect, even the largest classes are filled with opportunities to learn."*

- *“Foundational courses are larger in size and are good for getting to know new classmates and work in teams. Smaller classes for electives are good for more personalized, in-depth learning.”*
- *“Classes are big enough for diversity of opinion so the same people don’t have to talk all the time but small enough that you don’t feel drowned in the crowd.”*

Perceptions of faculty availability

- *“I have never felt like the staff was not available for me.”*
- *“Whenever I have had a question, my professors and advisors were available to assist me.”*
- *“I have easily been able to contact my advisor and other faculty members should I need to ahold of them.”*
- *“I like all the faculty I have dealt with, so far, and have had no major issues.”*

Recommended changes to the program

- *“Opportunity to connect faculty with students. I don’t know what research faculty were doing or opportunities available for mentorship.”*
- *“More technical skills (SAS and R requirements).”*
- *“Provide more real-life opportunities and experiences, not just theoretical examples.”*
- *“I am confused as to why there is only one concentration and why we are unable to select varying concentration types... I think having other concentration options would be nice.”*

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

We believe Criterion C.2 is met.

Strengths: The program has PIF and NPF faculty sufficient to sustain its stated mission and goals. Most of our program faculty hold full-time positions within the Department of Public Health Sciences and are expected, as a condition of their appointments, to regularly teach, advise and mentor students. The program’s course offerings address a range of subject matter and intellectual perspectives and students are encouraged to pursue their substantive areas of interest. Students generally view program size as conducive to learning and the advisory support they receive from faculty to be good. The program has instituted a tandem advisory system in which students receive input from academic (substantive) and program (procedural) advisors that facilitates their matriculation.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The program will continue monitoring student feedback regarding the adequacy of faculty resources needed to assure their success. The Program Director will provide feedback to the Dean and Department Chairperson regarding the equitable distribution of instructional and advising responsibilities of program faculty.

C3. Staff and Other Personnel Resources

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

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

Our program is supported by 7 individuals who, together, account for 4.40 FTEs. Denise Parris is the Administrative Officer for the Department of Public Health Sciences and provides a direct link between the program and our department. Holly Samociuk maintains our administrative databases regarding enrollment and program finance. Jini Davis, our media and marketing specialist, is responsible for developing and posting all recruiting and program information in print and digital forms. Michael Abate serves the program as a Technical Analyst who provides video support to the curriculum and assists program faculty on a range of IT issues. Tharun Palla is a graduate assistant who supports various media/information projects. Narayani Ballambat is a graduate assistant who supports a range of program activities.

The recruitment and retention of program staff is the prerogative of the school within which an individual would work. During a given budget planning cycle, the Program Director can request salary support for unmet staffing needs. The request is processed and reviewed by the SoM budget committee. Staff recruitment is facilitated through the UConn Human Resources Office, which posts and advertises available openings, screens eligible candidates and monitors compliance with recruitment goals for diversity. With approval to fill a position, hiring decisions are the responsibility of the Program Director and senior staff. Professional development opportunities for program staff are available through state and university training pathways.

Table C3.1. Program Staff.

	Role/Function	FTE
Denise Parris	Administrative Officer	0.20
Holly Samociuk	Administrative Program Coordinator	0.90
Jini Davis	Marketing/Media Specialist	1.00
Danica Brown	Administrative Assistant	1.00
Michael Abate	Technical Analyst	0.30
Tharun Palla	Graduate Assistant	0.50
Narayani Ballambat	Graduate Assistant	0.50

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

Although not quantified by FTE allocation, the UConn Graduate School and Communications Department provide significant administrative support to our program. The UConn Graduate School provides support through the Associate Dean's Office (Dr. Barbara Kream), Office of the Registrar (Ms. Sandra Cyr) and Bursar (Mr. Charley Rowland). The Communications Department provides support through the Communications Specialist (Chris DiFrancesco), Web Communications Officer (Sheryl Rosen), and Assistant Vice President of Health Communications and Director of Communications, UConn School of Medicine, (Lauren Woods).

- 3) Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.

Staff of the program are considered sufficient in number, qualification and experience to satisfactorily address program needs. Roughly two-thirds of respondents to the 2022-23 annual student

survey perceived the level of support from program staff for their enrollment concerns to be “very good or good”.

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

We believe Criterion C3 is met.

Strengths: The SoM and Department of Public Health Sciences have committed resources to adequately staff program offices and the University assures an infrastructure adequate to address administrative processes related to enrollment and matriculation.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Program Director will continue to monitor student impressions of the adequacy of program staff and ease of meeting various administrative requirements.

DRAFT

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.

Faculty workspace: All faculty in our program have individual offices with computing setups that are fully offsite or work-from-home capable. Of our 31 faculty, 21 have offices within our designated space at 195 Farmington Avenue, the remainder have offices distributed across the UConn Health campus. All offices are equipped with furniture, storage equipment and computer hardware.

Within the 195 Farmington Avenue site, there are 21 individual faculty offices spread out among 3 office clusters. Only 1 room has shared space for 2 or more individuals. In addition, there are 5 adjacent workstations for research support staff. Faculty have access to 2 group printers and copiers. Faculty have access to 3 bathrooms and 2 kitchenettes with refrigerator and microwave access. Faculty also have access to 2 conference rooms, one with 3 tables, 12 chairs, a whiteboard, and a TV monitor. Survey respondents were uniform in expressing their satisfaction with the quality of office space available to them.

Staff workspace: The program is administered within space assigned by the SoM, including offices for the Director and Associate Program Director and workstations for program staff. Staff have 12 workstations spread out between 2 office spaces with 1-2 tv monitors located at each station. Staff also have access to 2 conference rooms and two copiers/printers. Staff have access to 3 bathrooms. Staff have access to a kitchenette with refrigerator, microwave, and water dispenser.

Student workspace: The Department recently established a student meeting space at our office at 195 Farmington Avenue. Students have a designated study space with 10 monitors, 10 desks (8 individualized with sectioned walls), and a whiteboard. The recreational student area contains 3 workspace areas, 2 couches, a kitchenette, a copy machine, a whiteboard, and a tv monitor. In addition, a student work area, with eight current generation desktop PCs capable of accessing SAS, SPSS all Microsoft Office Suite products and high-speed/high-volume printing is available. All systems are connected to the institution's high-speed Internet backbone.

Classrooms / Instructional space: Rooms for instruction are available within our building and across the UConn Health Campus. Electives, generally limited to 15-20 students, are usually held in seminars or small classrooms, whereas most of the core courses (30-50 students) are scheduled in the larger classrooms and auditoriums. All seminars, continuing education and workforce development events are held in the various auditoriums at UConn Health.

The department has two conference rooms with full video conferencing capabilities that can interact with any Internet connected site, person or group. The building's large classroom has been upgraded this past year with 3 screens, 4 whiteboards, 13 tables, 38 chairs, and room divider. We are connected to the UConn Health LAN/WAN that provides access to the library and all network servers and resources.

The department has over 50 Intel based PCs/Macs connected via gigabit Ethernet and/or enterprise wireless network access. Every department faculty member has a laptop computer with a full workstation docking station in his or her office.

Laboratories: Our program does not maintain laboratory space for instruction as there is no laboratory requirement for graduation from this program. A faculty member (Misti Levi-Zamora) who requires laboratory space for her research has designated space in another building for that purpose.

Other space: The UConn Health Wellness Center is a 3,600-square foot, 24/7, badge-accessible facility offering cardio machines, cycling bikes, resistance machines, and free weights, along with showers, 'healthy' food items and fitness classes. UConn Health maintains a cafeteria, bookstore and several public lounges accessible by MPH students. Parking is available.

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

During Spring 2023, program faculty were questioned about their satisfaction with available physical resources. Eleven responses were received, and all 11 respondents rated faculty office space to be satisfactory, and 8 of 10 judged instructional space also to be satisfactory. Approximately one half provided similar ratings regarding staff space and departmental common space.

Student surveys generated each semester (during 12th Week activities) indicated that 43 of 48 (90%) respondents judged classroom available for course instruction to be 'good or very good'. Regarding common space available for informal student interaction, 37 of 48 (77%) respondents to our recent survey classified common space to be 'good or very good.' The recent addition of a dedicated student lounge at our 195 Farmington Avenue site has yielded many favorable comments from students.

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

We believe Criterion C4 is met.

Strengths: Faculty offices are located together, which optimizes opportunities to interact. Staff offices are proximate to faculty to facilitate workloads. Students have designated space within our department.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: As the Department and the Program see continued success, space will become more limited, and we will continue to work with the University Space Committee and Leadership to identify additional student, faculty and staff space needs as they arise.

C5. Information and Technological 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: The University of Connecticut Libraries form the largest public research collection in the state. The collection contains some 3.6 million volumes; 51,000 currently received print and electronic periodicals; 4.3 million units of microform; 15,000 reference sources; 232,000 maps; sound and video recordings; musical scores; and a growing array of electronic resources, including eBooks, eSound recordings, and image databases.

- The University's main library, the Homer Babbidge Library, is located at the center of the Storrs, CT academic core, and serves both graduate and undergraduate programs. The Learning Commons, featured on Level 1, offers two large information retrieval cafes; a 40-workstation computer lab; two electronic instruction classrooms; digitizing and scanning services; a writing center; a quantitative tutoring center; a learning resource center (for computer technology training); as well as reference and research services. The Homer Babbidge Library also houses a Map and Geographic Information Center (MAGIC), which is the largest public map collection in New England and a nationally acclaimed resource for geospatial data, an Art & Design Library and reading room, the Roper Center Public Opinion Archives, comprehensive collections of current and retrospective Federal and Connecticut documents, extensive video and audio collections, and two video theaters.
- The Lyman Maynard Stowe Library at the University of Connecticut Health Center provides access to print and electronic materials in the biomedical sciences including books, journals, audiovisuals and computer software. These materials support the educational, research, clinical and service programs of the faculty, staff and students at the University of Connecticut Health Center. The library's collection includes 37,729 books, 1,753 current journal subscriptions, over 150,000 bound journal volumes, 1,445 audiovisual materials, and 423 software titles.

Student access to hardware and software: The Lyman Maynard Stowe Library at UConn Health maintains a Computer Education Center (CEC) that provides educational and technical support and resources to students and faculty. The CEC is used for several MPH courses, including Introduction to Epidemiology and Biostatistics I and II, Public Health Informatics, SAS Data and Programming, and Measuring the Built Environment for Health Research. The CEC has 3 PC classrooms equipped with overhead projectors and SMART Board® technology available for teaching, as well as student use when classes are not in session. The library's automated online card catalog, LYMAN (Library Management and Access Network), provides off-site access to the books, journals, computer software and audiovisuals in the collection. The library, accessible through all networked computers on campus has available 255 electronic databases (including PubMed and Community of Science), over 10,000 electronic journals, including linkage to the full electronic resources of the main campus library in Storrs and is a National Library of Medicine repository.

Faculty access to hardware and software: The University offers and supports a range of computer facilities, resources and services for students, faculty, administrators, and staff. Our wireless network is accessible to students, faculty and staff. At a minimum, every member of the UConn faculty has a personal computer and capacity to print or fax, either off- or on-site. Several faculty members' computers operate the latest research software (e.g., SPSS, SAS, Microsoft Office, ArcView, etc.). The MPH program maintains a wide-carriage color printer that is available for students or faculty preparing posters and related presentations. AV equipment is available on a checkout basis for students, faculty and staff.

The department also has access to support services through the Network Systems Operations (NSO) group. The department and institution have licensed use of all major software packages (e.g., Microsoft Office Suite, Acrobat CC, RefWorks, EndNote, Adobe CC Suite, Blender, Audacity, SPSS, SAS,

Stata, TreeAge, Tableau, SQL Server, ATLAS.ti, NVivo, Visual Studio, R Server, Azure Dev, ESRI, Google Earth, SQL, FileMaker, WebEx and REDCap).

The department maintains two departmental high-volume document centers, capable of high-speed printing, scanning and copying. In addition, the department has two large format production printers, which support poster and banner printing for the entirety of the medical, dental and graduate schools. Each administrative staff user and most faculty users, have high-speed document scanners.

Technical assistance available for students and faculty: The department has a full-time technical analyst who maintains all hardware and software, produces and edits video content and print productions, and provides technical support to all faculty, staff and students within the department and affiliated groups.

The SoM's Faculty Instructional Technology Services (FITS) Unit is dedicated to supporting faculty in their use of technology for teaching and assessment. As a division of the IT Department's Health Informatics unit, their primary mission is to support faculty in maximizing the effectiveness of their instruction.

The UConn Health Academic Information Technology Services (AITS) supports the educational missions of the SoM, School of Dental Medicine, and Graduate School through the wise integration of contemporary technologies, pedagogy, content, and learning theories. AITS aims to serve as a one-stop shop for all student and faculty technology needs.

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

Responses from the Spring 2023 faculty survey indicated that 8 of 10 respondents judged Library/information resources to be 'satisfactory'; 41 of 48 (85%) students classified our library and study facilities to be 'good or very good.'

With respect to IT support, 9 of 10 faculty judged it to be 'satisfactory.' Students who were questioned provided overwhelmingly positive assessments of IT-related support. The HuskyCT instructional platform was rated "good or very good" by 47 of 48 (98%) respondents. Likewise, student assessment of the availability of statistical software was strong (85% rated it 'good or very good'), as was their assessment of the availability of reliable databases for courses and projects (77% rated it 'good or very good').

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

We believe Criterion C5 is met.

Strengths: The program has access to an extensive array of information and technical resources (e.g., library resources and services, IT support, computers and software) that facilitate instruction and contribute to faculty and student research opportunities. Responses to the 2023 student survey found favorable judgments (i.e., 'very good' or 'good') related to UConn Library holdings (89%), classrooms (88%), the HuskyCT learning platform (97%) and the availability of parking (98%).

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: As the Department of Public Health Sciences continues to grow and expand its extramural funding, the capacity of given existing physical resources to sustain activities and morale may be strained. The Program Director will continuously monitor faculty and student perceptions of our environment through annual faculty and bi-annual student surveys and communicate any concerns to administrators.

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 that indicates how all MPH students are grounded in each of the defined foundational public health learning objectives.

Students enrolled in the Standalone, Dual degree or FastTrack pathways to the MPH are expected to demonstrate understanding of the 12 learning objectives of Table D1.1. Student performance on assignments to demonstrate mastery of learning objectives can occur through classroom or homework assignments that are completed either by individuals or student teams. Individual performance is evaluated by course instructors who validate the student's ability to master a specific learning objective. Team performance is evaluated, in aggregate, with adjustments between individuals, as justified according to attestations by individual team members as to their contribution to the team's submission accompanied by midterm and final confidential peer assessments of the productivity of team members (ERF - D1.2 Supporting documentation). Beyond basic determinations that a learning objective has been mastered, the program encourages students to pursue additional activities to refine such knowledge.

With the start of the 2023-24 academic year, our program revised course and assigned activities associated with required learning objectives. For each of the 12 learning objectives, Table D1.1 identifies the prior and current instructional sources related to each objective by course and session number, along with brief descriptions of the required educational activity. Full examples of the course activities are available (ERF - D1.2 Supporting documentation).

Table D1.1. Foundational Public Health Learning Objectives for MPH.

Learning Objectives	Prior Course(s)	Current Course(s)	Educational requirement to assess knowledge
1. Explain public health history, philosophy, and values	PUBH 5403 5406	PUBH 5411	Individuals complete graded homework highlighting 2 sentinel events in public health history that reflect philosophical and ethical aspects of the field. (Session 2)
2. Identify the core functions of public health and the 10 Essential Services*	PUBH 5403	PUBH 5403	Individuals complete graded homework providing examples of how public services are administered at the state or local level. (Session 1)
		PUBH 5411	Teams complete graded homework providing examples of essential public health services applicable to childhood lead poisoning harm reduction. (Session 2)
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 5400 5405 5408 5409	PUBH 5411	Teams complete graded classwork defining a mixed methods approach to understanding alcohol consumption by college undergraduates. (Session 5)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 5404 5405 5408 5409	PUBH 5411	Individuals complete graded homework using <i>WHO (World Health Organization)</i> , <i>The top 10 causes of death</i> , to distinguish leading causes of mortality for U.S. and Global populations. (Session 3)

5. Discuss the science of primary, secondary, and tertiary prevention in population health	PUBH 5409		Individuals complete graded quizzes & exams on the principles and application of disease screening in public health practice. (Session 1)
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 5406		(Testing) Individuals complete exam questions evaluating the validity and impact of public health law in the news.
7. Explain effects of environmental factors on a population's health	PUBH 5404		Teams complete graded classwork preparing a Health Impact Assessment on a hypothetical proposal to develop a food preparation and distribution facility within an urban setting. (Session 11)
8. Explain biological and genetic factors that affect a population's health	PUBH 5404	PUBH 5405	Individuals complete graded homework identifying genetic, biological, behavioral and societal causes of Infant Mortality in Black/African American communities. (Session 6)
9. Explain behavioral and psychological factors that affect a population's health	PUBH 5405		Teams complete graded homework identifying intra-, inter-, institutional, community and policy factors as potential contributors in the prevention of motor vehicle fatalities. (Session 2)
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	PUBH 5406		(Testing) Individuals complete exam questions on their ability to identify environmental and behavioral aspects of a Yellow Fever outbreak.
11. Explain how globalization affects global burdens of disease	PUBH 5404		Teams complete graded homework describing how globalization has affected social and health burdens of Americans. (Session 13)
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	PUBH 5404		Teams complete graded classwork selecting a disease outbreak scenario from CDC's One Health website and describe interactions among environmental, animal and human health systems that contribute to the global burden of disease. (Session 10)

2) Provide supporting documentation that clearly identifies how the school or program ensures grounding in each area. Documentation may include detailed course schedules or outlines to 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.

Syllabi for every required course, along with classwork/homework assignments and/or exam questions relating to the 12 Learning Objectives above are available for review (ERF - D1.2 Supporting documentation). The Program's handbook is available for review (ERF - D1.2 Supporting documentation).

Because dual degree and transfer students may not complete the entirety of our foundational courses that address the above learning objectives, they are expected to demonstrate mastery through alternative means. Typically, these students self-identify activities they believe demonstrate mastery of learning objectives using the program's MPH Learning Objectives and Competency Checklist. Beginning in Fall 2023, a second alternative is available to students. When self-identified activities do not

adequately demonstrate mastery of a specific learning objective, students will be directed to a 0-credit, independent study option (PUBH 5497 Public Health Competency Assessment) that provides them with basic resources (articles, PowerPoint, and recordings) and required assignments that can be completed in a manner equivalent to students who complete assignments within our didactic curriculum. This second option also provides a means by which any student who initially does not demonstrate mastery of learning objectives can have the opportunity for reassessment. In all instances, student performances will be evaluated by the Program's Director and Associate Director for evidence that learning objectives have been satisfactorily addressed. To date, we do not have examples of students utilizing this second option. Descriptions of these options are available for review (ERF - D1.2 Supporting documentation).

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

We believe Criterion D1 is met.

Strengths: Our curriculum explicitly addresses all required learning objectives through assigned and graded exercises. Seeking greater instructional effectiveness, our program relies increasingly on curricular techniques of flipped classes and team-based learning to enhance the learning experiences of students. Through their coursework, students are assured they have mastery of the required information. All students, regardless of their MPH pathway, have multiple means of demonstrating their knowledge of required areas of public health. The program's Director and Associate Director review student records to validate their mastery of required knowledge.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The program will continue to monitor student performance in foundational courses and evaluate methods to increase instructional effectiveness of our program.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity for each competency, for which faculty or other qualified individuals validate the student's ability to perform the competency. Assessment may occur in simulations, group projects, presentations, written products, etc.

- 1) List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each MPH pathway.

Our Standalone MPH Degree pathway requires students to complete 48 credits, consisting of 7 foundational courses, 1 concentration-specific course, a 2-semester APE and either 5 electives combined with a 3-credit capstone project, or 3 electives combined with 9-credit thesis. Students may request a 6-credit transfer or reduction of the prescribed credit load. Tables D2.1a. lists course requirements for our Standalone pathway for non-thesis and thesis options.

Table D2.1a. Course Requirements & Credits for Students Pursuing the Standalone MPH Pathway.

COURSE			Credits
Foundational Courses			
PUBH 5403 Health Administration			3
PUBH 5404 Environmental Health			3
PUBH 5405 Social and Behavioral Foundations of Public Health			3
PUBH 5406 Law and Public Health			3
PUBH 5408 Epidemiology & Biostatistics I			3
PUBH 5409 Epidemiology & Biostatistics II			3
PUBH 5431 Public Health Research Methods			3
Concentration Course			
PUBH 5411 Introduction to Interprofessional Public Health Practice			3
APE Requirement			
PUBH 5407 Practicum in Public Health (didactic & experiential)			6
Non-Thesis (Plan B)	Credits	Thesis (Plan A)	Credits
PUBH-electives (5 courses)	15	PUBH-elective courses (3 courses)	9
PUBH 5499 Capstone Project	3	GRAD 5950 Thesis Research	9
TOTAL CREDITS			48

Our FastTrack BA/BS + MPH Degree pathway, available only to UConn undergraduates, requires students to complete 42 credits, consisting of 7 foundational courses, 1 concentration-specific course, a 2-semester APE and either 3 electives combined with a 3-credit capstone project, or 1 elective combined with 9-credit thesis. Tables D2.1b. lists course requirements for our FastTrack pathway for non-thesis and thesis options.

Table D2.1b. Course Requirements & Credits for Students Pursuing the FastTrack Pathway.

COURSE NAME	Credits
Foundational Courses	
PUBH 5403 Health Administration	3
PUBH 5404 Environmental Health	3
PUBH 5405 Social and Behavioral Foundations of Public Health	3

PUBH 5406 Law and Public Health			3
PUBH 5408 Epidemiology & Biostatistics I			3
PUBH 5409 Epidemiology & Biostatistics II			3
PUBH 5431 Public Health Research Methods			3
Concentration Course			
PUBH 5411 Introduction to Interprofessional Public Health Practice			3
APE Course			
PUBH 5407 Practicum in Public Health (didactic & experiential)			6
Non-thesis (Plan B)	Credits	Thesis (Plan A)	Credits
PUBH-electives (3 courses)	9	PUBH-elective (1 course)	3
PUBH 5499 Capstone Project	3	GRAD 5950 Thesis Research	9
TOTAL CREDITS			42

- 2) List the required curriculum for each combined degree pathway 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.

Our Dual degree pathway, available in conjunction with UConn SoM, Dental Medicine, Law, Social Work and Pharmacy, requires students to complete 36 credits. As a Dual degree, the program recognizes and grants a reduction of 12 credits for curriculum completed in the student's partnering program. Depending on the substance of the partnering Dual degree curriculum, students are required to complete 6-7 foundational courses, a 1-semester APE, 1-3 PUBH-electives and a 9-credit thesis. Students may not request a transfer or reduction of the prescribed credit load. Table D2.2. lists course requirements and credits for our Dual degree pathways.

Table D2.2. Course Requirements & Credits for Students Pursuing a Dual Degree Pathway.

COURSE NAME	MPH Dual Degree Pathways				
	MD	DMD	JD	MSW	PharmD
PUBH Required Courses (Foundational)					
PUBH 5403 Health Administration	X	X	X	X	X
PUBH 5404 Environmental Health	X	X	X	X	X
PUBH 5405 Social/Behavioral Foundations	X	X	X		X
PUBH 5406 Law and Public Health	X	X	X	X	X
PUBH 5408 Epidemiology & Biostatistics I	VITAL Cert*	VITAL Cert*	X	X	X
PUBH 5409 Epidemiology & Biostatistics II	VITAL Cert*	VITAL Cert*	X	X	X
PUBH 5431 Public Health Research Methods or PUBH 5497 Public Health Research Appraisal	X	X	X		X
APE Course					
PUBH 5407 Practicum in Public Health	X	X	X	X	X
Thesis (Plan A)					
PUBH-Elective Courses	3	3	2	3	1
GRAD 5950 Thesis Research (9 credits)	X	X	X	X	X
Total Credits	36	36	36	36	36

* UConn Medical students, as a part of their training, are required to complete the equivalent of a 4-course sequence of graduate study leading to a University Certificate on the Social Determinants of Health and Disparities (SDoH). The certificate includes content offered within our PUBH 5408 and 5409 curriculum. UConn Dental students may elect to earn the SDoH certificate.

3) Provide a matrix that indicates the assessment activity for each of the program's foundational competencies.

Students enrolled in the Standalone, Dual degree or FastTrack pathways to the MPH are expected to demonstrate their mastery of the following 22 foundational competencies listed in Table D2.3. Student performance on assignments to demonstrate mastery of foundational competencies can occur through classroom or homework assignments that are completed either by individuals or student teams. Individual performance is evaluated by course instructors who validate the student's ability to master a specific competency. Team performance is evaluated, in aggregate, with adjustments between individuals, as justified according to attestations by individual team members as to their contribution to the team's submission accompanied by midterm and final confidential peer assessments of the productivity of team members. Beyond basic determinations that a foundational competency has been mastered, the program encourages students to pursue additional activities to refine such abilities.

With the start of the 2023-24 academic year, our program revised course and assigned activities associated with required foundational competencies. For each of the 22 foundational competencies, Table D2.3. identifies the prior and current instructional sources related to each competency by course and session numbers, along with brief descriptions of the required educational activity. Full examples of the course activities are available (ERF – D2.4 Syllabi and supporting documents).

Table D2.3. Assessment of Foundational Competencies for MPH.

Foundational Competencies	Prior Course(s)	Current Course(s)	Educational requirement to assess mastery
1. Apply epidemiological methods to settings & situations in public health practice	PUBH 5408 PUBH 5409		(Testing) Individuals complete graded quizzes & exams on their ability to compute basic measures of association and draw appropriate conclusions using epidemiologic data gathered through various analytic approaches.
2. Select quantitative & qualitative data collection methods appropriate for a given public health context		PUBH 5408 5409	(Testing) Individuals complete graded quizzes & exams testing ability to identify appropriate study design and data collection methods to analyze health outcomes.
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	PUBH 5409	PUBH 5431	Students complete graded homework designing interview questions for stakeholder surveys. (Session 2)
		PUBH 5409	Individuals complete graded homework developing a research hypothesis for SPSS analysis of Youth Risk Behavior Survey data. (Session 6)
4. Interpret results of data analysis for public health research, policy or practice		PUBH 5431	Individuals complete 2 graded homework observations (both unstructured and structured) of a public field site. (Session 7)
5. Compare the organization, structure, and function of		PUBH 5408	Individuals complete graded homework requiring written and oral presentation as "subject matter specialists" who summarize etiologic and disease burden data for a selected health topic. (Session 9)
		PUBH 5403	Individuals complete a graded homework comparing the U.S to 2 other OECD nations

health care, public health, and regulatory systems across national and international settings			regarding measures of healthcare expenditure & finance, resources, quality and utilization. (Session 3)
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	PUBH 5406	PUBH 5406	Teams complete graded classwork evaluating assigned articles for their focus on SDoH and structural racism. (Session 6)
		PUBH 5407	Individuals view “Changing Internal Practices to Advance Health Equity” and complete graded homework identifying ethical/legal issues affecting access, availability and/or quality of health and social services for at-risk communities. (Session 19*)
7. Assess population needs, assets, and capacities that affect communities’ health	PUBH 5405 5411 5431	PUBH 5407	Individuals complete graded classwork drawing on observed community attributes in completing a needs assessment/asset map of an assigned location. (Session 6)
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	PUBH 5411	PUBH 5405	Teams complete graded homework acknowledging cultural understanding, attitudes, values, and practices of an assigned community of interest in designing and implementing a community health intervention. (Session 7)
9. Design a population-based policy, program, project, or intervention	PUBH 5431	PUBH 5411	Teams complete a graded term project designing a community health intervention focused on a refugee resettlement concern. (Session 15)
10. Explain basic principles and tools of budget and resource management	PUBH 5403		Individuals complete graded homework using information on revenue and expenses for a small, community-based, non-profit service organization to calculate key pieces of the budget and project expenses and revenue for the next two years. (Session 5)
11. Select methods to evaluate public health programs	PUBH 5431		Individuals complete graded homework using evaluation methods to measure the effectiveness of a multi-media program to affect eating preferences and behaviors in young children. (Session 8)
12. Discuss the policy-making process, including the roles of ethics and evidence	PUBH 5406		Individuals complete graded homework on designing ethical public health interventions pertaining to communicable disease control. (Session 3)
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PUBH 5411		Teams complete graded homework identifying appropriate participants to an interprofessional ‘brainstorming’ group that initiates a community-based health intervention project. (Sessions 8 & 9)
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	PUBH 5406	PUBH 5406	Individuals complete graded homework preparing advocacy statements for use in legislative or regulatory actions in health. (Session 14)
		PUBH 5407	Individuals complete graded homework reviewing health planning and policy

		directives and providing advocacy statement appropriate for a selected community of interest. (Session 23*)
15. Evaluate policies for their impact on public health and health equity	PUBH 5406	(Quizzes & Exams) Individuals complete exam questions on governmental/legal power.
16. Apply principles of leadership, governance and management to foster collaborative decision-making	PUBH 5411	Individuals complete graded homework proposing vision and mission statements to a governing board of an organization to encourage use of non-motorized modes of transportation (Session 7)
17. Apply negotiation and mediation skills to address organizational or community challenges	PUBH 5411	Individuals complete graded homework describing & testing their negotiation strategy to secure community buy-in of a facility for injection drug users. (Session 6)
18. Select communication strategies for different audiences and sectors	PUBH 5405	Teams complete graded homework designing complementary messages across differing communication platforms (e.g., social media, infographics and visuals, apps, PSAs, etc.) to disseminate evidence-based public health. (Session 10)
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	PUBH 5405	Teams complete graded homework presenting appropriate written and oral summaries of evidence-based guidance on HPV vaccination to 2 distinct non-academic audiences (i.e., parents, community members, teens, etc.). (Session 8)
20. Describe the importance of cultural competence in communicating public health content	PUBH 5411	Teams complete graded homework as equity consultants to LHDs on practices to enhance cultural awareness among agency staff. (Session 4)
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	PUBH 5411	Teams complete graded homework describing their interactions to design an interprofessional care team to address accommodations for a person with functional disabilities. (Session 10)
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative	PUBH 5411	Teams complete graded homework describing system elements affecting low birth weights in B/AA. (Session 5)

*2 semester APE only

Because dual degree and transfer students may not complete the entirety of our foundational course sequence that addresses the above competencies, they are expected to demonstrate mastery through alternative means. Typically, these students self-identify activities they believe demonstrate mastery of competencies using the program's MPH Learning Objectives and Competency Checklist. Beginning in Fall 2023, a second alternative is available to students. When self-identified activities do not adequately demonstrate mastery of a competency, students will be directed to a 0-credit, independent study option (PUBH 5497 Public Health Competency Assessment) that provides them with basic resources (articles, PowerPoint, and recordings) and required assignments that can be completed in a manner equivalent to students who complete assignments within our didactic curriculum. This second option also provides a means by which any student who initially does not demonstrate mastery of foundational competencies can have the opportunity for reassessment. In all instances, student performances will be evaluated by the Program's Director and Associate Director for evidence that

foundational competencies have been satisfactorily addressed. To date, we do not have examples of students utilizing this second option. Descriptions of these options are available for review (ERF – D2.4 Syllabi and supporting documentation).

4) Provide supporting documentation for each assessment activity listed in Template D2-2 above.

Syllabi for every required foundational course, along with assessment activities addressed via classwork/homework assignments and/or exam questions relating to the 22 Foundational Competencies above are available for review (ERF - D2.4 Syllabi and supporting documentation).

Because dual degree and transfer students may not complete the entirety of our foundational courses that address the above foundational competencies, they are expected to demonstrate mastery through alternative means. Typically, these students self-identify activities they believe demonstrate mastery of foundational competencies using the program's MPH Learning Objectives and Competency Checklist. Beginning in Fall 2023, a second alternative is available to students. When self-identified activities do not adequately demonstrate mastery of a specific learning objective, students will be directed to a 0-credit, independent study option (PUBH 5497 Public Health Competency Assessment) that provides them with basic resources (articles, PowerPoint, and recordings) and required assignments that can be completed in a manner equivalent to students who complete assignments within our didactic curriculum. This second option also provides a means by which any student who initially does not demonstrate mastery of foundational competencies can have the opportunity for reassessment. In all instances, student performances will be evaluated by the Program's Director and Associate Director for evidence that foundational competencies have been satisfactorily addressed. To date, we do not have examples of students utilizing this second option. Descriptions of these options are available for review (ERF – D2.4 Syllabi and supporting documentation).

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.

Not applicable, the syllabi for every required foundational course and assessment activities are available for review (ERF – D2.4 Syllabi and supporting documentation).

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

We believe Criterion D2 is met.

Strengths: Our curriculum explicitly addresses all required foundational competencies through assigned and graded exercises. Seeking greater instructional effectiveness, our program relies increasingly on curricular techniques of flipped classes and team-based learning to enhance the learning experiences of students. Through their coursework, students are assured they have mastery of the required practices. All students, regardless of their MPH pathway, have multiple means of demonstrating their knowledge of required areas of public health. The program's Director and Associate Director review student records to validate their mastery of required competencies.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Operating and Curriculum Committees will continue to monitor student performance in mastering competencies and employer feedback on graduate's readiness to practice.

D4. MPH Concentration Competencies

The program defines at least five distinct competencies for its concentration. These competencies articulate the unique set of knowledge and skills that justifies awarding a degree in the designated concentration (or generalist degree). 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., component of existing course, paper, presentation, 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.

- 1) Provide a matrix that lists at least five competencies in addition to those defined in Criterion D2 and indicates at least one assessment activity for each of the listed competencies.

Students enrolled in the Standalone, Dual degree or FastTrack pathways to the MPH are expected to demonstrate their mastery of the following 5 concentration-specific foundational competencies listed in Table D4.1. Student performance on assignments to demonstrate mastery of these competencies can occur through classroom or homework assignments that are completed either by individuals or student teams. Individual performance is evaluated by course instructors who validate the student's ability to master a specific competency. Team performance is evaluated, in aggregate, with adjustments between individuals, as justified according to attestations by individual team members as to their contribution to the team's submission accompanied by midterm and final confidential peer assessments of the productivity of team members. Beyond basic determinations that a foundational competency has been mastered, the program encourages students to pursue additional activities to refine such abilities.

With the start of the 2023-24 academic year, our program revised course and assigned activities associated with our program's concentration competencies. For each of the 5 competencies, Table D4.1. identifies the prior and current instructional sources related to each competency by course and session number, along with brief descriptions of the required educational activity.

Table D4.1. Assessment of Concentration-specific Competencies for MPH.

Concentration Competencies	Prior course(s)	Current course(s)	Educational requirement to assess mastery
Consider evidence-informed practices across related disciplines to define comprehensive, system-level approaches to public health practice	PUBH 5407	NA, no longer a competency	
Engage with community stakeholders to disseminate evidence-based public health information to varied audiences	PUBH 5407	NA, no longer a competency	
1. Apply a health equity lens to the design, implementation and/or evaluation of community health programs	New	PUBH 5405	Teams complete graded homework on the effect of residential location on health. (Session 6)
		PUBH 5406	(Testing) Individuals complete exam questions on the impact of felony

			disfranchisement effects on community health status.
2. Employ legal-ethical reasoning to advance public health policies & practices	PUBH 5406		(Testing) Individuals complete exam questions on substantive and procedural due process & equal protection to ethical advance public policy.
3. Ensure robust agreement and enforcement of data sharing protocols across IT platforms and/or stakeholders	New	PUBH 5411	Teams complete graded homework that addresses principles and strategies related to accessing and integrating personal and programmatic data on the health and social status of individuals. (Session 11)
		PUBH 5406	(Testing) Individuals complete exam questions on an individual's right to privacy.
4. Use CBPR methods to collect, interpret & disseminate information to promote equity in health care access	PUBH 5407	PUBH 5405	Teams complete graded homework proposing a Community-Based Participatory Research (CBPR) project focused on food security within a Connecticut community. (Session 11)
5. Explain the purpose and functioning of governmental regulatory/advisory bodies	New	PUBH 5406	Individuals complete graded homework evaluating the structure, purpose and performance of a local/regional regulatory agency. (Session 10)

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

This standard is not applicable. Our program does not permit students to tailor competencies at the individual level.

- 3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D4-1, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.**

Syllabi for every required foundational course, along with exam questions, classwork or homework assignments relating to the above 5 Concentration Competencies are available for review (ERF – D4.3 Syllabi and supporting documentation). The Program's handbook is available for review (ERF – D4.3 Syllabi and supporting documentation).

Because dual degree and transfer students may not complete the entirety of our foundational course sequence that addresses the above competencies, they are expected to demonstrate mastery through alternative means. Typically, these students self-identify activities they believe demonstrate mastery of competencies using the program's MPH Learning Objectives and Competency Checklist. Beginning in Fall 2023, a second alternative is available to students. When self-identified activities do not adequately demonstrate mastery of a competency, students will be directed to a 0-credit, independent study option (PUBH 5497 Public Health Competency Assessment) that provides them with basic resources (articles, PowerPoint, and recordings) and required assignments that can be completed in a manner equivalent to students who complete assignments within our didactic curriculum. This second option also provides a means by which any student who initially does not demonstrate mastery of learning

objectives can have the opportunity for reassessment. In all instances, student performances will be evaluated by the Program's Director and Associate Director for evidence that concentration-specific competencies have been satisfactorily addressed. To date, we do not have examples of students utilizing this second option. Descriptions of these options are available for review (ERF – D4.3 Syllabi and supporting documentation).

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

We believe Criterion D4 is met.

Strengths: Our curriculum explicitly addresses our concentration-specific competencies that expand upon/enhance their mastery of foundational competencies. Students are assured they have mastered skills to enhance their practice of public health. Our program relies increasingly on curricular techniques of flipped classes and team-based learning to enhance the learning experiences of students. Through their coursework, students are assured they have mastery of the required activities. All students, regardless of their MPH pathway, have multiple means of demonstrating their knowledge of required areas of public health. The program's Director and Associate Director review student records to validate their mastery of required competencies.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Operating and Curriculum Committees will continue to monitor student performance in mastering competencies and employer feedback on graduate's readiness to practice.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

Our APE (PUBH 5407 Practicum in Public Health) is a required experiential service-learning requirement for all MPH students. No waiver of the APE requirement or transfer of APE-related credits from another institution is permitted. The APE is organized for students to demonstrate their mastery of foundational competencies of public health practice and to provide valuable service to the agencies where students are placed. While providing assistance on needed and valued projects, students are able to demonstrate the understanding, knowledge, skills and values necessary to function successfully as public health practitioners. APE projects afford students the opportunity to integrate theory and problem solving on behalf of the State's citizenry and foster strong interprofessional collaboration that enhances students' employability.

2-semester APE for Standalone and FastTrack pathways

In 2020, our program implemented a 2-semester, 30-week APE sequence (i.e., 2 semesters of PUBH 5407 Practicum in Public Health) required of all students in the Standalone and FastTrack pathways to the degree. The intention of this expanded requirement is two-fold:

- providing didactic content proximate to experiential activities that students will undertake. Didactic topics address general public health topics and then, each student applies the learning to their specific APE projects.
- underscoring the importance of evidence-based practice by linking experiential activities with public health principles and theories.

Students complete 135+ hours of off-site field activity under the supervision of an agency-based preceptor, spread over 30 weeks of the late-fall and early-spring portions of the academic year, and conclude with the presentation of the APE project to faculty and site preceptors. In addition, students enrolled in 2-semesters of PUBH 5407 complete 10 class sessions (i.e., weeks 1,4,6,7,9,16,19,23,25,27; approximately contact 24 hours) of instruction by Drs. Stacey Brown and Angela Bermúdez-Millán on topics independent of, but relevant to, their APE projects. Foundational competencies associated with PUBH 5407 pertain to didactic elements of the curriculum occurring through classroom experiences, independent of the experiential elements of an APE field placements. Table D5.1a. identifies didactic sessions distributed across the 2-semester course sequence.

Table D5.1a. Didactic Sessions for the 2-semester PUBH 5407 Practicum in Public Health.

Week	Session focus/assignment
4	Principles of Community-based Participatory Research Participation in CPHA's 'Mentoring on Request' program
6	Principles of Community Needs Assessments/ Asset Mapping
7	Designing and Implementing Qualitative Interviews
9	Attend CT Public Health Association Annual Meeting
16	Identifying Evidence-based Practices in Public Health
19	Strategies to Advance Health Equity through Practice
23	Advancing Health Policy & Program Advocacy
25	Completing Ethical/Legal Appraisal of Public Health Policy Options

These didactic sessions are theoretically, rather than experientially, focused on topics of CBPR, community asset mapping, qualitative interviewing, program and policy advocacy and legal/ethical reasoning. Classwork, activities and assignments within these didactic sessions are not explicitly tied to

the APE placements of students. Rather, content is sufficiently broad to be applicable across a range of subjects and settings that students are likely to later encounter as public health practitioners.

APE requirements

Students, regardless of their pathway followed, prepare for APE placement after completing the bulk of foundational courses. They have opportunities to complete APE placements in numerous government and non-government settings. Our APE Coordinator, Dr. Stacey Brown, regularly monitors APE sites and community-based public health preceptors to affirm their suitability for our program's objectives.

Dr. Brown maintains a current list of opportunities for student placements by routinely contacting community partners for feedback on potential projects appropriate for APE credit. Prior to authorizing student placements, Dr. Brown regularly confers with agency leaders and preceptors to understand their current challenges/opportunities for meaningful engagement between students and the agency and clarify APE expectations so that a fulfilling project can be designed and implemented. Such outreach assures a volume of opportunities sufficient for enrolled students at any given semester. Our approved site inventory varies semester-by-semester, as the needs and availability of eligible preceptors change.

Most approved APE sites are within the Greater Hartford area, although Connecticut, a relatively small state, makes it feasible to identify sites/projects that extend almost anywhere within our borders. For example, while we have consistently worked with the Hartford Health Department, additional local health department sites are often engaged based on convenience of location to students, as well as suitability of proposed projects. Table D5.1b. lists agencies that have recently served as sites for APE placements.

Our principal cadre of field preceptors are drawn from our longstanding community-based partnerships. Program faculty (PIF or NPF) cannot serve as APE preceptors. Adjunct faculty engaged in the practice of public health (e.g., local/state government employees, NGO personnel, etc.) can, and occasionally do serve in this capacity. Potential APE site preceptors are required to submit written descriptions of proposed projects to Dr. Brown, our APE coordinator, for review. Background requirements include masters-level training and evidence of previous supervisory roles. Dr. Brown also meets with each potential APE preceptor to ensure expectations are realistic and roles and responsibilities are clarified. Eligible preceptors receive a copy of an updated syllabus, preceptor guidelines, and a "Save the Date" regarding the schedule for final oral presentations. They are advised that the APE coordinator is available 24/7 to troubleshoot or help solve problems that may arise. Further, each preceptor is contacted mid-semester to check-in and troubleshoot, as necessary. Our reliance on sustaining this cadre of sites and preceptors has yielded a consistent, energized and deeply committed core of community-based partners in education.

The APE begins with students meeting with Dr. Brown where she assesses the student's interests, capabilities and availability. Among the list of 'approved' APE sites/projects for the semester, students prioritize choices and provide a) a summary of their academic, employment, volunteer and other relevant experiences, and b) reasons for prioritizing particular projects. Dr. Brown evaluates the appropriateness of the project and proposed preceptor before enrollment is permitted. Dr. Brown finalizes potential matches of students and preceptors and notifies each of their selections. To date, the majority of students are accommodated with their first choice. Occasionally, students will self-identify a potential APE site/project for consideration. Dr. Brown will review and approve the request prior to the student starting any activities.

Table D5.1b. Community Partner Organizations Contributing APE sites, 2020-24.

Aetna	End Hunger CT!	New Haven Health Department
American Red Cross	Asylum Hill Family Medicine Center	PBS KIDS
American Public Health Association	Farmington Valley Health District	Pinnacle Behavioral Health
Asylum Hill Family Practice Center	Glastonbury Health Department	Root Center for Advanced Recovery

Aware Recovery Care	Hartford Food Systems	Sudanese American House
Bristol-Burlington Health District	Hartford Health Initiative	Town of Vernon Youth Services Bureau
Center for Outcomes Research and Evaluation	Hartford Healthcare Medical Group	UConn Center for mHealth & Social Media
Chesprocott Health District	Hispanic Health Council	UConn Dept of Dermatology
Community Health Center, Inc	Hopkins Clinical/Epidemiology Lab	UConn Health Disparities Institute
CT Children's Medical Center	Institute for Community Research	UConn Husky Programs
CT Dept of Corrections	Integrated Health Services	Institute for Collaboration on Health, Intervention and Policy
CT Dept of Public Health	InterCommunity Center	UConn Rudd Center for Food Policy & Obesity
CT Oral Health Initiative	Janssen Pharmaceuticals	UConn SHARP lab
CT Harm Reduction Alliance	Keney Park Sustainability Project	UConn Urban Service Track
CT Dept Mental Health & Addiction Services	Lawrence & Memorial Hospital	UConn Women's Center
CT State Public Health Laboratory	Ledge Light Health District	University Center for Excellence in Developmental Disabilities
East Hartford Health Department	McCall Center for Behavioral Health	West Hartford Prevention Center
East Shore Health District	Middletown Health Department	West Hartford-Bloomfield Health District

The APE requires 135+ hours dedicated to project-related activities in addition to the 24 hours pertaining to didactic sessions. To personalize the experiential nature of the APE, students create a digital vision board that self-defines 3 personal and professional learning objectives related to their APE experience. The learning objectives are written using S.M.A.R.T.I.E. goals (i.e., the objectives should be Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive and Equitable). At the APE's conclusion, students are asked to reflect on their performance considering the expectations that were initially set via their vision board and their project learning contracts. This reflection is accompanied by student self-assessments of how changes in perspective or activities might have yielded different results.

In addition to their vision boards and APE site assignments, students propose a workplan (a 2-page service-learning contract), developed in consultation with the APE site preceptor and Dr. Brown. The workplan outlines project objective(s), foundational and/or concentration-specific competencies they intend to address during their APE experience, and tasks to be completed to achieve those objectives within the course timeline. Workplans are important to student's success managing their APE project by experiencing the setting of specific goals, and effectively managing the scope, processes and products of their projects.

APE project activities that count toward expected 135+ hours are those directly related to the student's work of the project and may include things like research, data generation and analysis, report writing, interaction with community members, participating in agency meetings and trainings. Travel time to and from an APE site is not counted, although travel time related to APE project activities (i.e., travel to participate in off-site activities) may qualify. The time and effort of individuals is centrally monitored as students submit weekly time & effort logs that declare the number of hours committed during the previous week and a brief description of the activities undertaken which are reviewed by Dr. Brown.

Throughout their APE experience, students are asked to reflect on the broader context of their work including: the mission and structure of the host agency and how it fits into the broader public health system, the interdisciplinary nature of public health practice, how the student agency partnership contributes to the provision of the 10 essential public health services, how their work demonstrates mastery of program competencies, what challenges are evident among those groups served by the APE

site and how these challenges might be addressed on a structural level. Reflection is achieved through class discussions and written submissions.

For 2-semester students, performance evaluations of the site and site preceptors are collected at the midterm and completion of each APE project using fillable Qualtrics forms. (ERF - D5.2 APE requirements). 1-semester students complete the site and site preceptor evaluation once at the end of their semester. Data is used to assess the suitability of future placements and make recommendations for improvements to the setting, personnel and/or project activities. Similarly, 2-semester students receive mid-term and final evaluations from their site preceptors, while 1-semester students receive end of semester final evaluations from their site preceptors.

Students who are unable to satisfactorily account for time committed to project-related activities, who fail to produce satisfactory products within the required time commitment, and/or those who do not engage productively in APE course-related activities receive an incomplete grade for the semester and must remediate through completion of additional duties and responsibilities commensurate with any observed deficiencies. Students contribute to the evaluation of each APE site through mid-term and end of year assessments of the staff, project and overall experience. These data are helpful in maintaining a current list of preferred sites and improvements to our oversight of student experiences.

1-semester APE for the Dual Degree pathway

Because a 2-semester APE experience for the dual degree pathway is not feasible given scheduling and credit load restrictions on these students, their APE requirement is fulfilled by completing 1-semester of PUBH 5407 Practicum in Public Health (typically during the spring semester). The field requirement for the 1-semester experience is equivalent in performance expectations. Dual degree students are expected to complete 135+ hours of fieldwork under the supervision of an agency-based preceptor, culminating in a presentation and project summary. Since some competencies are not covered during the 1 semester APE, dual degree students are expected to demonstrate their mastery of competencies through additional work. In the past, students only had the opportunity to self-identify relevant activities which would be evaluated by the Program Director. Currently, students still have this option, or they can complete identified online modules offered on HuskyCT. The students' performances are assessed and approved by the Program and Practicum Directors.

2) Provide documentation, including syllabi and handouts of the official requirement through which students complete the applied practice experience.

Syllabi for PUBH 5407 1-Semester Practicum in Public Health and PUBH 5407 2-Semester Practicum in Public Health, are available for review (ERF – D5.2 APE requirements). The Program's handbook is available for review (ERF – D5.2 APE requirements).

Below are samples of comments from field preceptors regarding the performance of our students completing their APE requirement.

- Site: Community Health Centers, Inc.
"I thoroughly enjoyed the precepting opportunity. Caleb will be a huge asset to any organization as he clearly exhibits leadership skills, expertise in population health, knowledge in research modalities and compassion that allows him to relate to patients and staff on all levels. It was an absolute pleasure to work with Caleb on this project and we look forward to being a part of his bright future."
- Site: Intercommunity Health Care
"Gian did an excellent job on the MPH practicum project, especially under the unfortunate pandemic circumstances. Right when the pandemic began, we were supposed to have Gian onsite in the clinic and to present her project to the providers. Unfortunately, this was not possible, and we developed a remote project instead. Gian was insightful and provided a detailed data analysis regarding our patient population on antipsychotics that are at-risk for metabolic syndrome and created a pamphlet and screening tools for our EMR for this population. I think she recognized the importance of assessing this population and educating both patients/providers in order to help improve health outcomes, especially for the vulnerable patients we serve at our community health centers that have many complex comorbidities."
- Site: End Hunger Connecticut!

“Maxwell has displayed a keen interest in public health and has been a pleasure to work with. He’s demonstrated an ability to work directly with community members by completing SNAP surveys over the phone. He’s also taken part in our population health grant, and he continues to assist EHC! with outreach projects related to SNAP, Summer Meals and nutrition policy and advocacy. End Hunger Connecticut! has had a great experience with the UConn MPH internship program this semester. Although Maxwell has primarily worked remotely for us, he continues to check-in with our team and follow-up with us as needed.”

- Site: PBS KIDS Ready to Learn
“What a pleasure it has been to collaborate with Annika this year. Her contributions to Ready to Learn, especially around co-design and self-paced learning for early educators, have been invaluable and deeply appreciated by myself and the Ready to Learn team. We couldn’t have asked for a more thoughtful, dedicated, and talented partner in this practicum experience.”
 - Site: Farmington Valley Health District
“Kate has been a wonderful addition to the FVHD team and has been immensely helpful in building our capacity to respond to COVID outbreaks in LTC, AL and IL environments. Her ability to work with the team as well as work with the community partners has been so valuable. Her understanding of Public Health implications combined with her nursing background has been so important when working with this demographic.”
 - Site: UConn Institute for Collaboration on Health, Intervention and Policy (InCHIP)
“Landyn is a model intern. She shows up weekly. She finishes all the assigned work with excellence. She is friendly with everybody in the lab. She will continue to develop her final project in our lab.”
- 3) Provide samples of practice-related materials for individual students. 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 5 competencies) from at least five students in the last 3 years.**

The ERF contains examples of the following APE-related activities by students, site preceptors and MPH program instructors/staff. Examples of coursework specific to the didactic content of PUBH 5407 is available for review (ERF - D5.3 Student samples).

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

We believe Competency D5 is met.

Strengths: Our program maintains both a 2-semester and 1-semester APE requirement, tailored to the pathways that students follow. APE projects are designed to yield tangible service products that address a range of significant public health concerns across Connecticut. Our APE Coordinator has established effective mechanisms to recruit and support field preceptors and monitor student performance. Field preceptors are well-oriented and knowledgeable about our curriculum and the APE requirement. Students, for their part, also are well-prepared, through classroom and experiential exposure. The APE coordinator maintains frequent contact with students and preceptors throughout their APE experience to ensure an effective, meaningful experience for all.

Our 2023 student survey indicated that 77% of respondents judged the requirements for the APE as being clearly defined and 83% of respondents judged the support they received while completing the APE favorably.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans relating to this criterion: Program leaders will continue to monitor student performance and survey both students and community preceptors regarding ways to improve this essential element of our curriculum.

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.

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

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

UConn Graduate School requires all programs to identify multiple culminating degree requirements. Options for our program consist of a Plan A research thesis or Plan B capstone paper. Both options for the ILE consist of an individualized project. No substitute or waiver to this culminating requirement is permitted.

Table D7.1. Integrative Learning Experience (ILE) for the Interprofessional Public Health Practice Concentration.

ILE Options	How competencies are synthesized
PLAN A 9 credit Thesis GRAD 5950 or PLAN B 3 credit Capstone PUBH 5499	An ILE project requires students to self-identify 3 foundational and 2 concentration competencies that will be addressed in the completion of their thesis or capstone paper. Selected competencies must be justified in an ILE proposal that is subject to review and approval by the student's ILE advisory committee. The student's advisory committee will consist of 3 persons: 2 members of the program faculty and 1 external reader. Selected competencies must be identified and addressed within the student's final ILE project, accompanying poster presentation and 5-minute video for online viewing.

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

The initiation of ILE projects typically begins a semester or more before students declare their intention to complete their degree (every fall semester, the program polls students about their intentions within the next academic year). Dr. Bermúdez-Millán, our 'graduating cohort' advisor holds a meeting to orient prospective graduates about timelines and deliverables expected by the graduate program. In addition, she holds weekly office hours specifically for students with questions pertaining to the ILE. Particular attention is given to the importance and complexity of securing IRB review and approval before data collection/analysis can be undertaken. Students are encouraged to meet individually with Dr. Bermúdez-Millán to identify administrative issues and their possible remedies. Students subsequently will meet with and secure the approval of their advisory committee that is charged with providing topic-specific support to the project.

Typically, the ILE, whether configured as a 9-credit thesis or 3-credit capstone project, is undertaken near the conclusion of a student's program of study. Both are expected to yield high-quality written products appropriate for the student's educational and professional objectives. It is expected that the thesis will address knowledge gaps, whereas capstone project will demonstrate the application of public health knowledge and principles.

The ILE thesis is focused on “discovery” of new knowledge that answers questions about the causes and/or consequences of a population health concern. The ILE thesis can embody ...

- A theoretical statement about the relationships among one or more exposures, interventions and/or health outcomes.
- A qualitative/quantitative descriptive study measuring the distribution or determinants of a relevant public health concern.
- An analytic study utilizing accepted research designs to evaluate one or more hypotheses regarding the causes and consequences of a health concern within a community.
- An experimental study to evaluate the efficacy/effectiveness of a potentially relevant intervention for population health.
- A meta-analysis that synthesizes existing knowledge to generate a composite estimate of risks and/or consequences of a population health concern.

The ILE capstone project is focused on “dissemination/integration” of established knowledge for the purpose of bringing evidence-based practices to new settings in the interest of reducing a population health concern. The ILE capstone project can embody ...

- A case study offering detailed examination of a unique or important manifestation of a health issue or intervention to describe relevant background, process, outcome and lessons to be learned.
- A program evaluation that assesses whether an intervention is efficacious and effective in achieving a desired outcome.
- An educational resource intended to enhance public health practices by communities.
- A data management protocol to improve access, efficiency and impact of data collection and analysis.
- A policy analysis bringing together available data from various sources for critical assessment of strengths and weaknesses of policy options for decision makers.

Table D7.2. Integrative Learning Experience (ILE) Format for Thesis or Capstone Projects.

ILE Thesis (9 credits)	ILE Capstone Project (3 credits)
1. Title page with thesis title, author, credentials, date and degree	1. Title page with project title, author, credentials, date and degree
2. Approval page with advisor/reader names and titles	2. Approval page with advisor/reader names and titles
3. Acknowledgements	3. Acknowledgements
4. Abstract: Background, Methods, Results, Conclusion and Discussion; 150 words	4. Abstract: Background, Methods, Results, Conclusion and Discussion; 150 words
5. Table of Contents	5. Table of Contents
6. Foundational and concentration competencies addressed	6. Foundational and concentration competencies addressed
7. Outline and summary of systems thinking framework guiding this research; 1-2 pgs.	7. Outline and summary of systems thinking framework guiding this project; 1-2 pgs.
8. Background of pertinent theory and findings on the subject; 5-8 pgs.	8. Background of pertinent theory and findings on the subject; 5-8 pgs.
9. Materials and Methods used; 3-5 pgs.	9. Materials and Methods used; 3-5 pgs.
10. Research results; 5-8 pgs.	10. Project results; 5-8 pgs.
11. Thesis relevance to interprofessional public health research; 1-3 pgs.	11. Project relevance to interprofessional public health practice; 1-3 pgs.
12. Conclusions, ‘next steps’ 2-3 pgs.	12. Conclusions, ‘next steps’; 2-3 pgs.
13. Footnotes/Endnotes, References, Bibliography	13. Footnotes/Endnotes, References, Bibliography

Students preliminarily choose to complete a thesis or capstone project after consultation with their academic advisor about their substantive, methodological interests, their academic workload and career

ambitions. In our program, Plan B capstone projects are the default option for meeting the ILE requirement. Students who elect a Plan A ILE thesis must satisfactorily demonstrate to their advisory committee their 'readiness' to undertake thesis-related work (i.e., mastery of appropriate technical skills and substantive knowledge, understanding of thesis requirements, timelines, and attention to provisions for IRB approval, if necessary). Based on that discussion, students draft an ILE proposal and organize a 3-person advisory committee charged with review and approval of the student's intended work. The ILE Proposal describes the substance and rationale of the intended work, the relevant "at-risk" groups to be addressed, how the work might inform interprofessional public health practice, its theoretical underpinnings, the foundational (3) and concentration (2) competencies to be addressed, information/data sources to be used (with necessary IRB, HIPAA, etc. assurances), the interpretive/analytic methods to be used, listing of deliverables and timelines (ERF - D7.3 ILE requirements).

Upon approval of the ILE proposal by the student's Advisory Committee and Program Director, students proceed to complete their ILE thesis or capstone project. Whether configured as a thesis or capstone project, the resulting manuscript should not exceed 10,000 words (approximately 30 pages), exclusive of footnotes/endnotes, references and/or bibliography. In all other respects beyond their respective focus on discovery (thesis) or dissemination/integration (non-thesis capstone project) of their work, the structures of these ILE manuscripts are equivalent.

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

The UConn Graduate School determines the eligibility of all PIF and NPF to serve as major and associate advisors to ILE projects. A list of approved external readers and their institutional affiliations is available for review (Table E2.1. ILE External Readers, 2021-23). The MPH Student Handbook provides a summary of all program requirements and expectations related to the ILE (ERF – D7.3 ILE requirements).

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

At the conclusion of an ILE project, students submit either the 'ILE Plan A Thesis Evaluation Form or the ILE Plan B Capstone Project Evaluation Form (to their Advisory Committee for review and comment. Advisory Committees use these forms to document their perceptions of the substance and quality of the final ILE manuscript according to the rubric in Table D.7.4a. Manuscripts receiving a composite 100 points will be judged to demonstrate 'highest quality'; those receiving 90-99 points will be judged to have achieved 'high quality' and those receiving 80-89 points will be judged to be 'satisfactory quality.' ILE manuscripts receiving fewer than 80 points will be considered 'unsatisfactory' and required to be redone. Examples of Plan A and Plan B evaluations are available for review (ERF - D7.4 Methods of competency assessment).

Table D7.4a. Integrative Learning Experience (ILE) Project Evaluation Rubric.

ILE Thesis or Capstone Project Evaluation Rubric	
Criterion	Points
1. Reflects knowledge of core public health disciplines	10
2. Addresses a relevant and timely public health issue	10
3. Demonstrates appropriate use of analytic methodologies, models and/or theories	10
4. Presents findings generalizable to other settings	10
5. Acknowledges relevance of work to interprofessional public health	10
6. Exemplifies professional conduct interacting with mentors, advisors and the public	10
7. Embodies self-reliance/direction through timely completion of activities	10
8. Appropriately presents text, tables, figures and other related materials within ILE manuscript	10

9. Appropriately presents text, tables, figures and other related materials within ILE poster	10
10. Appropriately presents project purpose, methods, findings & conclusions in ILE video	10

Our Program's final ILE requirement is completed by students through a) their in-person presentation of a poster for public review at our Program's Annual Spring Poster Session and b) an online 3–5-minute voiceover video presentation of their work. ILE posters are intended to summarize the rationale and content of the ILE manuscript in visual form for review and discussion by session attendees. ILE voiceover video presentations are intended to disseminate their work to persons outside the program via our social media opportunities. Advisory Committee members evaluate the substance and presentation of an advisee's ILE poster using the following rubric for which students must achieve a score of 10 of 16 points or higher to participate.

Table D7.4b. Integrative Learning Experience (ILE) Project Poster Rubric.

Criterion	Scoring		
	2	1	0
Organization/flow	<u>Explicitly</u> structured with numbers, headings or other visual guides	<u>Implicitly</u> structured with headings that imply organization	Does not indicate orderly progression of ideas
Objectives	Objectives <u>explicitly</u> noted in title and text	Objectives <u>implicitly</u> noted in title and text	Objectives not readily identified
Competencies	<u>Explicitly</u> includes competencies addressed	<u>Implicitly</u> includes competencies addressed	Does not include competencies addressed
Graphics/Data	Figures/tables communicate results clearly viewable and from 3-5 feet	Figures/tables communicate results, but not clearly viewable from 3-5 feet	Figures/tables do not effectively communicate results
Narrative	Titles, headings and substance legible from 3-5 feet away	Titles, headings and substance not legible from 3-5 feet away	Titles, headings or substance are confusing or distracting
IPP impact	<u>Explicitly</u> notes relevance to interprofessional practice communities	<u>Implicitly</u> notes relevance to interprofessional practice communities	Does not address relevance to interprofessional practice communities
Conclusions	Main points clearly presented and easily found	Main points presented, but not easily found	Main points are not presented
References	References and acknowledgments are included	References OR acknowledgments are included	References and acknowledgments are not included
Total	10+ points- satisfactory; 0-9 points- not satisfactory		

*Based upon

https://writingcenter.catalyst.harvard.edu/files/catalystwcc/files/rubric_for_scientific_posters_harvard_catalyst?m=1643146101.

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

Examples of completed ILE projects from the last 3 academic years are available for review. (ERF - D7.5 Student samples).

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

We believe Criterion D7 is met.

Strengths: To date, approximately 1,100 individuals have completed the ILE (or its earlier equivalent) to receive the MPH degree. As required by our Graduate School, all MPH candidates complete a Plan A Thesis or Plan B non-Thesis project. Topics reflect a rich array of public health issues that, among other things, demonstrate their competence as public health scientists and/or practitioners. The program and University have explicit, available guidance regarding deliverables and deadlines for ILE projects, whether conforming to the Thesis or non-Thesis format. The program provides hands-on support to students completing ILE requires through our tandem advising system in which a member of our faculty monitors the temporal progress of students as they complete ILE requirements during their graduating year of enrollment, while a student's Advisory Committee simultaneously supports the substantive work of the ILE project.

Our 2023 student survey indicated that 64% of respondents judged the requirements for the ILE as being clearly defined and 78% of respondents judged the support they received while completing the ILE favorably.

Weaknesses: No significant weaknesses are identified regarding this criterion.

Plans relating to this criterion: The Program Director will work with our Student Engagement Committee to refine communication to effectively express the options and requirements of UConn for completing their ILE requirement. The Department Chairperson will continue to monitor the equitable and appropriate distribution of mentoring/advising roles to PIF and NPF faculty.

DRAFT

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 pathways.

Our Standalone MPH degree requires students to complete 16 courses/48 credits. However, students with evidence of appropriate coursework completed prior to matriculating to our program may obtain a credit-load reduction or transfer of 6 credits. Credits for the MPH degree are distributed among 8 required courses (24 credits), a 2-semester APE (6 credits), 3 to 5 elective courses (9-15 credits) and a thesis (9 credits) or capstone project (3 credits). Course numbers and titles for the Standalone pathway are listed in Table D2.1a. above. Credit waivers and transfer credits are reviewed on an individual basis, requiring students to demonstrate satisfactory performance (grade of B or better) in the course considered for waiver/transfer and evidence the course content is relevant to the MPH degree (i.e., suitable for inclusion as coursework within a CEPH-accredited program or school).

Our FastTrack BA/BS+MPH pathway requires students to complete 14 courses/42 credits, distributed among 8 required courses (24 credits), a 2-semester APE (6 credits), 1 to 3 elective courses (3-9 credits) and a thesis (9 credits) or capstone project (3 credits). Students completing the FastTrack pathway are not eligible for credit waiver or transfer. Course numbers and titles for the FastTrack pathway are listed in Table D2.1b. above.

Our Dual degree pathways require students to complete 12 courses/36 credits in recognition of complementary coursework completed within their accompanying degree program. Students completing a Dual degree pathway are not eligible for credit waiver or transfer. Course numbers and titles for each Dual degree pathway are listed in Table D2.2. above.

2) Define a credit with regarding to classroom/contact hours

A graduate credit at UConn is understood to be the equivalent of 15 direct student-instructor contact hours per semester. (i.e., 1 hour per week for 15 weeks), accompanied by an expectation students will commit 3 to 4 hours per week on related out-of-class work.

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.

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

For each PIF listed in Table E1.1., a CV is available for review (ERF- E1.3 Faculty CVs).

Table E1.1. PIF Alignment with Degree offered – All serve the Interprofessional Practice Concentration.

Name	Academic Rank	Tenure Status	Graduate degrees earned	Institution from which degree was earned	Discipline in which degrees were earned
Bermúdez-Millán, Angela	Associate Professor	In-residence	PhD MPH	UConn	Nutritional Sciences
Brown, Stacey	Associate Professor	In-residence	PhD MA	Kent State UConn	Sociology
Cavallari, Jennifer	Associate Professor	Tenured	ScD MS	Harvard	Environmental Health
Chapman, Audrey	Professor	In-residence	PhD MA	Columbia	Public Law & Government
Cunningham, Shayna	Assistant Professor	Tenure-track	PhD MHS	Johns Hopkins	Social & Behavioral Determinants of Health
Gregorio, David	Professor	Tenured	PhD MS	Buffalo	Sociology, Epidemiology
Guertin, Kristin	Assistant Professor	In-residence	PhD MPH	Cornell Yale	Nutritional Sciences, Epidemiology
Hunter, Amy	Assistant Professor	In-residence	PhD MPH	West Virginia	Epidemiology
Lazzarini, Zita	Associate Professor	Tenured	JD MPH	California Harvard	Law, Public Health
Levy-Zamora, Misti	Assistant Professor	Tenure-track	PhD MS	Texas A&M	Atmospheric Science
Lutz, Tara	Assistant Professor	In-residence	PhD MPH	UConn	Health Education, Developmental Disabilities
O'Grady, Megan	Assistant Professor	Tenure-track	PhD MA	Colorado St SE Louisiana	Applied Social Psychology, Psychology
Restrepo-Ruiz, Mayte	Assistant Professor	In-residence	PhD MPH	UConn	Global Health, Social/Behavioral Sciences
Rhee, Greg	Assistant Professor	Tenure-track	PhD MSW	Minnesota Chicago	Psychiatric Social Work, Pharmacology-epidemiology
Swede, Helen	Associate Professor	Tenured	PhD MS	SUNY Buffalo	Epidemiology, Industrial/ Systems Engineering

- 2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly

provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1.2. Non-primary Instructional Faculty Involved in Instruction - All serve the Interprofessional Practice Concentration.

	Academic Rank	Current Employer	%FTE*	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline
Banach, David	Associate Professor	UConn	NA	MD, MPH	UConn	Infectious Diseases
Bruder, Mary Beth	Professor	UConn	NA	Ph.D., MS	Oregon	Developmental Disabilities
Brugge, Doug	Professor	UConn	NA	PhD, MS	Harvard	Biology & Industrial Hygiene
Chan, Grace	Assistant Professor	UConn	0.30	PhD, MS	Australian National Univ., Simmons	Statistics
Coman, Emil	Assistant Professor	UConn	NA	PhD	UConn	Statistics
Dillon, Ellis	Assistant Professor	UConn	NA	PhD	UC San Diego	Sociology
Fortinsky, Richard	Professor	UConn	0.07	PhD, MA	Brown	Sociology (Aging)
Grady, James	Professor	UConn	NA	DrPH, MPH	UNC, Yale	Statistical Methods
Kuo, Chia Ling	Associate Professor	UConn	NA	PhD, MS	Pittsburgh, Nat'l Taiwan U	Biostatistics
Jo, Youngji	Assistant Professor	UConn	0.40	PhD. MA	Johns Hopkins	Infectious Disease Epidemiology
Lu, Bing	Professor	UConn	0.20	MD, PhD	UNC	Epidemiology and Biostatistics
Mead-Morse, Erin	Assistant Professor	UConn	NA	PhD, MHS	Johns Hopkins	Health Behavior
Mohammad, Amir	Assistant Professor	VAMC	0.15	MBBS, MPH	Dow Medical College, UConn	Health Administration
Moore, Natalie	Assistant Professor	UConn	0.15	MD, MPH	UConn	Disaster Management
Reichow, Brian	Associate Professor	UConn	NA	PhD	Vanderbilt	Special Education
Robison, Julie	Professor	UConn	0.08	PhD	Cornell	Human Development
Tennen, Howard	Professor	UConn	0.05	PhD. MS	UMass	Psychology
Wetstone, Scott	Associate Professor	UConn	0.60	MD	UConn	Epidemiology
Wu, Helen	Associate Professor	UConn	0.15	PhD	U Texas	Socio-Epidemiology

* Time and effort allocations here reflect approved salary allocation for teaching/advising. All other NPF faculty participate in the program as ILE advisors, guest speakers and/or committee members.

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

CVs for all PIF and NPF listed in Tables E1.1. and E1.2. are available for review. (ERF - E1.3. Faculty CVs).

4) Provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document).

All PIF faculty hold primary appointments in the Department of Public Health Sciences and are recognized as committing time and effort exceeding 0.60 FTE to education, research and service activities pertinent to the MPH student experience. NPF faculty hold primary appointments in the Department of Public Health Sciences (e.g., Drs. Bruder, Brugge, Grady, Kuo, Jo, Lu, Tennen and Wetstone), other SoM departments (e.g., Banach, Chan, Fortinsky, Moore, Robison and Wu) or service the program as adjunct instructors of Foundational courses (e.g., Mohammad). NPF faculty are recognized as committing time and effort of 0.05 to 0.50 to teaching, research and service activities pertinent to the MPH student experience.

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

We believe Competency E1 is met.

Strengths: The program's PIF and NPF consist of an array of individuals of diverse academic and demographic backgrounds. Foundational courses are taught by a blend of PIF, NPF and adjuncts that offers students exposure to both academic and practical aspects of the field. All PIF and NPF hold terminal degrees in public health and related disciplines. The program complements the diversity and quality of faculty interests through recruitment of adjunct faculty who provide important curriculum across a range of topics such as maternal-child health, health program evaluation, infectious disease epidemiology, policy development and advocacy, health education, data visualization and child environmental health.

The SoM is highly committed to recruiting and supporting faculty who demonstrate significant research capability and teaching excellence. University administration continues to support the growth of program faculty in line with enrollment needs. PIF are distributed across academic ranks (2 Professors, 6 Associate Professors and 8 Assistant Professors) and status (4 tenured, 4 tenure-track and 8 non-tenure track/in-residence).

Recognizing that increasing opportunity and interest among students on topics of data analytics, the SoM Dean is providing faculty support (0.30 FTE) to Dr. Kristin Guertin to initiate an assessment and possible plan for an MPH concentration focused on Public Health Metrics and Evaluation, with a potential start date of Fall 2025. As initially conceived, this concentration would address interests of students who desire careers in commercial or health care delivery system, federal/state service or academic research. Among potential areas of attention are competency in accessing data networks and information systems that have potential to enhanced health-related data analyses, addressing disparities of access, efficiency and equity of data access across health care delivery systems, evaluation of potential benefits and costs of particular health care interventions and employing computational tools to project management and data analysis. Decisions to proceed will depend on the qualification and availability of faculty, student interest and identification of appropriate experiential learning opportunities (i.e., APE placements and preceptors).

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Program Director will continue to monitor enrollment and faculty availability regarding student needs. In particular, we continue to stress the importance of recruiting additional faculty on subjects of Health Systems Science, Health Communication and Women's Health.

E2. Integration of Faculty with Practice Experience

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

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

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, 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.

Our students benefit from the experience and insight of many instructors and advisors who are currently employed in the private sector and public agencies, along with department faculty with work experience in governmental and/or private sector positions before their appointment to our faculty. Among our adjunct faculty:

- Fawatih Mohamed-Abouh, MD (University of Gezira), MPH (UConn) is a Community Epidemiologist for the Yale New Haven Health System. She has taught Health Administration and currently teaches an elective on data visualization for our program.
- A. Karim Ahmed, PhD (Karachi) was senior fellow and deputy director of the Program on Health, Environment, and Development at the World Resources Institute (WRI) in Washington, D.C. He teaches electives on child environmental health for the program.
- Amir Mohammad, MBBS (Dow Medical College), MPH (UConn) currently serves as Director of Health for the Orange CT Health Department and as Medical Officer for the Veterans Benefit Administration where he oversees the clinical quality of Veterans' disability exams. Dr. Mohammad is dual boarded in Internal Medicine and Occupational & Environmental Medicine. He teaches PUBH 5403 Health Administration and serves on our Admissions and Curriculum Committees.
- Jordanna Frost, DrPH (Boston U) serves as Director of Strategic Partnerships at the March of Dimes. She teaches electives on Maternal and Child Health for our program.
- Celeste Jorge, MPH (UConn) is an Epidemiologist with the CT Department of Public Health. She has taught Social & Behavioral Foundations for the program.
- Sally Mancini, MPH (UConn) worked at the Rudd Center for Food Policy and Health and currently works as an Outreach and Project Coordinator for the Food Research & Action Center in Washington DC. Sally has taught electives on Public Health Advocacy and has served on our Curriculum Committee.
- Joleen Nevers, MAEd (East Carolina) is Program Director for Regional Wellness at UConn. She teaches an elective on health education/promotion for the program.
- Marco Palmeri, MPH (UConn), RS (Southern Connecticut State U) serves as Director of Health for the Bristol-Burlington Health District. He teaches PUBH 5404 Environmental Health.
- Cara Passaro, JD, MPH (UConn) works as the Chief of Staff at the Office of the Connecticut Attorney General. She teaches an elective in public health policy development.
- Barry Zitzer, JD, MPH (UConn) is an attorney in private practice focusing on elder law and civil litigation. He teaches a variety of electives for the program.

Students in our program also benefit from their exposure to several presenters and guest speakers who contribute to our required and elective courses. (See Table H2.1. for a list of speakers and their institutional affiliations who participated in our curriculum over the last two academic years.) Lastly, our program's ILE projects require students to identify readers who are not affiliated with our program.

These external readers reflect our program's focus on interprofessional practice in that they subtly guide students to topics and writing that reaches out to an array of constituencies. Table E2.1. lists the external readers of ILE programs completed between 2021 and 2023. The program benefited by 76 external readers (presented below) who demonstrate a broad range of experience and skill.

Table E2.1. ILE External Readers, 2021-23.

Reader	Affiliation
R. Acabchuk, PhD	Adjunct Professor, Psychology, UConn
Y. Addo, MBA	Deputy Commissioner, CT DPH
A. Alerte, MD	Physician, CT Children's Medical Center
P. Baker, MPH	West Hartford-Bloomfield Health District
J. Beaudet, PhD, MS	Professor, Allied Health Sciences, UConn
D. Bryant, MEd, LPC, CCTP	Clinical Director, Community Health Center
K. Bulsara, MD, MBA	Professor and Chief, Neurosurgery, UConn
L. Burnsed, MPH, MBA	Director, East Hartford Health Department
S. Callaway, LCSW	Senior Social Worker, Veterans Affairs, Atlanta, GA
H. Cole, PhD	Assistant Professor, Africana Studies Institute, UConn
E. Coman, PhD	Health Disparities Institute, UConn
C. Cowles, MPH, RS	Senior Sanitarian, New Britain Health Department
K. Dieckhaus, MD	Physician, Infectious Diseases, UConn
J. Dineen, PhD	Associate Professor, School of Public Policy, UConn
A. Dugan, PhD	Assistant Professor, Medicine, UConn
M. Fine, MD	Chief Health Strategist, City of Central Falls, RI
M-J. Foster, JD	President and CEO, Interval House
W. Frazier, III, MPH	Research Associate, Health Disparities Institute at UConn Health
J. Frost, DrPH	Director, MCH and Government Affairs, March of Dimes
L. Garrison, MS	Environmental Analyst, CT Department of Public Health
J. Garza, PhD, ScD	Assistant Professor, Medicine, UConn
S. Gordon, DDS, PhD	Associate Dean, Kansas City University College of Dental Medicine
S. Harding, PhD	Interim Associate Dean, Social Work, UConn
D. Henderson, MD	V.P. for Equity, Diversity and Belonging, AMA
A. Hromi-Fiedler, PhD, MPH	Research Scientist, Social and Behavioral Sciences, Yale
A. Hulick, JD, MS	Director, CT Clean Water Action
N. Hussain, MD	Professor, Pediatrics, UConn
J. Kamath, MD, PhD	Professor, Psychiatry, UConn
R. Kelly, MA	Data Analyst, CT Coalition to End Homelessness
B. Kurz, PHD, MSW	Professor, Social Work, UConn
P. Lantos, MD	Physician, Infectious Diseases, Duke University
P. Lillard, DO, MPH	Physician, UConn Student Health and Wellness
T. Lishnak, MD	Assistant Professor, Family Medicine, UConn
M. Paulina Lopez, MPH	Bilingual Comm. Engagement Specialist, CT Dental Health Partnership
Ju. Lu, PhD	Associate Professor, Genetics, UConn
S. Mancini, MPH	Director of Advocacy Resources, Rudd Ctr. for Food Policy and Health

F. Manzur, MS	Sr. Commissioning Engineer, Merrick & Company
T. Mehta, MD	Neurologist, Hartford Healthcare
M. Messier, MA	Eastern Connecticut Health Network, Special Education Teacher
F. Mohamed-Abouh, MD, MPH	Epidemiologist, Yale New Haven Health
N. Moore, MD, MPH	Physician, Emergency Medicine, UConn
C. Morosky, MD	Physician, OB/GYN, UConn
S. Namazi, PhD, MPH	Assistant Professor, Springfield College
R. Nicoletti, MS	Operations & Informatics Analyst, Root Center for Advanced Recovery
C. Nishimura, MS	CT State Public Health Laboratory - Bacteriology & BioResponse
E. Pagano, MS, CPH	Assistant Director, Health Promotion and Community Impact, UConn
S. Pagoto, PhD	Director, UConn Center for mHealth and Social Media
M. Palmeri, MPH, RS	Director, Bristol-Burlington Health District
M. Pascucilla, MPH, PhD, REHS, DAAS	Director, East Shore District Health Department
S. Pearce, MPH	Epidemiologist, The Collaborative
L. Pisto, MPH	Network Coordinator, McCall Center for Behavioral Health
K. Radda, RN, MA	Community Outreach Nurse, CT Harm Reduction Alliance
C. Rash, PhD	Associate Professor, Medicine, UConn
C. Rees, MPH	Director, Middlesex Health
N. Rickles, PharmD, PhD	Professor, Pharmacy Practice, UConn
A. Rola, Med	Director, Asian American Cultural Center, UConn
J. Schensul, PhD	Senior Scientist, The Institute for Community Research
M. Schwartz, PhD	Executive Director, Rudd Center for Food Policy and Health
A. Senetcky, MPH	Data Scientist, CT Department of Public Health
W. Shaw, PhD	Associate Professor, Occupational & Environmental Medicine, UConn
K. Skoczen, PhD	Professor, Anthropology, Southern CT State University
C. Steele, MD, MPH, MS	Assistant Professor, Medicine, UConn
K-A Stewart, PhD	Assistant Professor, UConn Health Career Opportunity Programs
S. Tannenbaum, MD	Associate Professor, Medicine, UConn
K. Thilakarathne, MD, MSc	Professor, Dental Science, University of Peradeniya
Setu Vora, MD	Chief Medical Officer, Mashantucket Pequot Tribal Nation
F. Wang, MSc, PharmD, BCPS	Associate Clinical Professor, Pharmacy Practice, UConn
K. Wang, PhD, MS	Assistant Professor, Social and Behavioral Sciences, Yale
M. Westcott, MPH	Epidemiologist, West Hartford-Bloomfield Health District
S. Willen, PhD	Associate Professor, Anthropology, UConn
M. Williams, PhD	Associate Professor, Psychology, UConn
V. Williams, MD	Assistant Professor, Orthopedic Surgery, UConn
J. Wood, MBA	Project Manager, Epilepsy Foundation of CT
H. Wu, PhD	Associate Professor, Psychiatry, UConn
K. Zajac, PhD	Assistant Professor, Medicine, UConn
S. Zane, PhD	Connecticut Court Appointed Special Advocates for Children (CASA)
K. Zarfes, MD	Physician, Trinity Health New England

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

We believe Criterion E2 is met.

Strengths: Our program draws on the experience of individuals across a range of collaborating disciplines and backgrounds who share the program's commitment to interprofessional practice. These individuals contribute to the program as committee members, speakers, instructors, field preceptors, project mentors and ILE readers. Through their individual and collective contributions, students gain important insight, experience and relationships with an array of practitioners throughout Connecticut.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Program Director will continue reaching out to practitioners in the interest of expanding and strengthening our research and service network for students. We will also monitor student feedback on their satisfaction working with and learning from external partners.

DRAFT

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.

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

Faculty affairs regarding appointment, retention and promotion are governed by the by-laws of the University and those of the SoM (ERF - A1.3 Bylaws-Policy Documents). UConn Health's Human Resources Department facilitates and monitors all faculty recruitment, with attention to the University's policies/practices on diversity and affirmative action.

Individuals proposed for a faculty appointment typically will have completed academic training sufficient to function autonomously in his/her academic role and contribute meaningfully to the academic missions of the school. They can be awarded a faculty appointment in professional categories that have a "promotional clock" that are time limited and require a decision regarding promotion to higher rank (e.g., Investigator, Clinician-Investigator and Clinician-Scholar) and must have a realistic opportunity to be promoted within the requisite period. Persons also may hold in-residence appointments (i.e., medical educators) not linked to a promotional clock.

Decisions by the SoM regarding faculty retention and promotion are based on the performance of individuals as teachers, researchers, service providers to the university and, as appropriate, providers of patient care. With a few exceptions, initial appointments to the faculty are made at the Assistant Professor level. Appointment or promotion at senior rank and/or tenure reflect expectations that a faculty member's job description and academic professional category match the allocation of his/her time. Specific criteria for promotion and tenure reflect the diverse activities of the faculty and provide a basis by which performance may be rewarded. As required, the Program Director provides input to department heads and the School's Senior Appointments and Promotions Committee about the level and quality of faculty participation as teachers, advisors, researchers and program administrators. Recent promotions of PHS faculty to senior rank were approved for Drs. Angela Bermúdez-Millán, Chia-Ling Kuo (with tenure) and T. Greg Rhee.

The UConn Students Evaluation of Teaching (SET) platform affords our program's teaching faculty both formative and summative feedback on their teaching performance. Confidential questionnaires ascertain student judgments of the quality and scope of the specific course requirements, the value of class activities and the quality of program supports (ERF – B2.2 Evidence for evaluation plan). Instructors and the Program's Director receive summaries of student responses to course evaluations. The process has served the program well, both as a quality improvement device and to acknowledge performance excellence for matters of promotion/retention and merit. Information from course evaluations is shared by the program with department heads in merit and other performance assessments of individual faculty. Per Connecticut State Statute (1985b Sec.10a-154a), performance and evaluation records of faculty and professional staff are not public records and an individual's performance evaluations are not subject to FOI disclosure.

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

Within Public Health Sciences, a mentoring policy for both PIF and NPF junior faculty is in place in which senior faculty periodically meet with junior faculty to discuss teaching and research activities and to recommend steps/approaches to be taken to enhance their prospects for retention, promotion and (if appropriate) tenure. Time and effort commitments of junior faculty are often subject to input by senior

faculty to assist advisees in setting time/effort priorities. Dr. Jennifer Cavallari of PHS, currently serves as Director of Faculty Development in the SoM, a position responsible for overseeing workshops, programs and other professional development resources available to enhance the teaching and/or research skills of faculty.

UConn's Center for Excellence in Teaching and Learning (CETL) supports our program's faculty and teaching assistants in becoming more effective teachers who promote equity-minded and inclusive practices in their courses and assist in the dissemination of pedagogical technology. New faculty can take advantage of a one-day orientation that provides them with an overview of scholastic and logistic resources to enhance the design, delivery and evaluation of their teaching. Numerous teaching workshops and seminars (e.g., Using an iPad to teach remotely, Using LockDown browsers for online testing, creating short lecture videos for your class, etc.) are scheduled throughout the year. CETL also offers a diverse set of consultation services. Seminars, workshops and tutorials by the University's Center for Education in Teaching and Learning provide tangible support to faculty seeking to modify/improve their teaching skills.

UConn Health's Academic Information Technology Services (AITS) supports the educational missions of the Farmington-based Graduate School across contemporary technologies, pedagogy, content, and learning theories. Services include support of classroom technology, web conferencing, HuskyCT support, gradebooks, etc. Recently, the SoM recruited Dr. Bernard Cook to provide writing, editing and illustration help to faculty generating grants, manuscripts, presentations, instructional resources and/or promotional materials.

Complementary to AITS, UConn Health's Office of Information Technology (OIT) offers IT professionals who support our program's mission through the provision of leading edge, value-added technology across the institution. Services include support of HuskyCT, our university's web-based instructional platform, video conferencing and recording studios and instructional design.

UConn's Statistical Consulting Service (SCS) provides support on statistical problems arising in the preparation of studies, the analysis of data and the interpretation of results. The SCS is available to graduate students, faculty members and non-UConn clients in government and industry. Dr. Wenqi Gan of PHS, with a background in epidemiology and public health was recruited by the SoM to support the design and interpretation of faculty research.

Our program's position within the SoM offers a rich and supportive environment for faculty to be effective educators. Time and effort allocations for faculty, which are agreed upon by the individual, Department Chairperson and Program Director, are sensitive to everyone's unique strengths (i.e., allocations are tailored to the relative strengths of individuals). Examples of how teaching effectiveness is enhanced by institutional/program resources include:

- Our School's Office of Education and Assessment has been instrumental in supporting faculty efforts to embed pedagogy of Flipped Classrooms and Team-based Learning (TBL) for population content within the curriculum. Zita Lazzarini and Scott Wetstone were supported in their attendance at training workshops at Wright State University to observe TBL and meet with faculty. Their training and experiences have provided the impetus to the redesign of foundational public health courses that they teach (PUBH 5406 Law and Public Health, PUBH 5408 Epidemiology & Biostatistics I and PUBH 5409 Epidemiology & Biostatistics II), which, in turn, has been instrumental in encouraging similar developments in other public health courses (PUBH 5404 Environmental Health, PUBH 5405 Social & Behavioral Foundations of Public Health and PUBH 5411 Introduction to Interprofessional Public Health Practice).
- Our FastTrack pathway that enrolls undergraduates in our foundational courses is sustainable despite the 35+ mile distance between our Farmington and Storrs campuses, in large measure, because of the collaborative support of IT support on each campus. Likewise, through the support of OIT, our program was able to maintain classes and enrollments during the COVID shutdown. That office was instrumental at the time in assisting faculty on practices and procedures for building online content for course instruction (i.e., instructional videos, remote portals for submission of course materials and instructor feedback, etc.). The experience and support of OIT has proven invaluable as our curriculum has transitioned from being exclusively in-person to as much as 50% of course content delivered remotely in synchronous fashion.

- UConn's Graduate School regularly holds informational sessions for 'new' Graduate Faculty Advisors to provide an overview of how graduate student advising works at UConn, including the roles and responsibilities of advisors.
- Institutional funds have been made available to augment instructor needs for material and human resources in the delivery of course content. Through budgetary allocations from the SoM our program can provide support for professional growth and faculty development (e.g., textbook and software acquisition, AV equipment, professional dues and travel reimbursement). Typically, such funding does not exceed \$5,000/year, as approved operating expenses have been dramatically reduced over the years. Instructors can access funds for guest speaker honoraria. Our program also offers instructors additional time and effort coverage as compensation for extended preparation time when courses are first offered (i.e., faculty receive 0.15 FTE time allocations for teaching ongoing courses and 0.20 for first time offerings). These supports have proven crucial for faculty development as our enrollment grows (requiring reconceptualization of teaching methods) and students express interest in increasingly specific topics of public health.

3) Describe means through which the 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.

The application of current, evidence-based instructional practices is encouraged by the faculty's collective bargaining agreement and SoM by-laws. Innovative practices and original content in teaching are considered in decisions regarding faculty retention, promotion and merit-based compensation (ERF - A1.3 Bylaws-Policy Documents). Five domains of scholarship excellence in education are recognized (Teaching, Curriculum Development, Assessment of Learners, Advising and Mentoring and Instructional Leadership).

Here, we provide several examples of self-directed efforts by program faculty within the past 3 years to enhance the quality and currency of their instructional efforts:

- Dr. Stacey Brown has completed a Service-Learning Faculty Fellowship during which she developed a course on CBPR using service learning as its pedagogy. Principles of that fellowship have been embedded in her teaching on SDoH and our APE requirement. Stacey also has received the of UConn's Provost's Distinguished Instructor Award for Excellence in Community Engagement.
- Dr. Shayna Cunningham has completed Community-based Participatory Research Academy fellowship through UConn's Center for Education and Teaching. The Academy is a training/ mentoring program designed for generating community-academic partnerships that encourage CBPR approaches to eliminating health inequities in communities. Lessons learned from that fellowship have been incorporated into Dr. Cunningham's Research Methods foundational course and her elective on Essentials of Social Inequality and Health Disparities.
- Dr. Kristin Guertin participated in a workshop on "supporting neurodivergent students" sponsored by UConn's Center for Neurodiversity and Employment Innovation.
- Dr. Tara Lutz maintains her credential as Master Certified Health Education Specialist (MCHES®) through a minimum of 75 hours of continuing education credits every 5 years. She also regularly participates in UConn's Medical Education Grand Rounds which focuses on building instructional capacity to design educational guidelines for diversity and inclusion, address racism and eliminate biases in medical education, utilize individual learning opportunities in online environments, support the struggling learner, etc.
- Dr. Misti Levy Zamora completed training at the Johns Hopkins Teaching Academy to enable successful and confident classroom teaching by exploring the benefits of active learning, ongoing assessment, and inclusive classrooms. Lessons learned through her participation in this program have been incorporated into her teaching on Climate Change and Health.
- Drs. Helen Swede and Ellis Dillon participated in a 3-day workshop directed by Dr. Jennifer Cavallari on research mentoring training, based on the principles and practices of the Center for the Improvement of Mentored Experiences in Research. Workshop goals included skills to optimize mentoring relationships with students.

Ultimately, the greatest indicator of the currency of our PIF, NPF and adjunct faculty is the innovation reflected in recent curricular content. Below are course descriptions of new electives offered by program faculty over the last academic year. The topics reflect great attention to current methodological approaches and pending public health challenges that will inform the practice of our students for several decades.

Courses by PIF faculty:

- Dr. Jennifer Cavallari, Work as a Social Determinant of Health
This course provides students with an overview of the health status of working adults, especially in the United States, and the mechanisms underlying work as a social determinant of health. We will examine how working conditions, the work environment, physical and psychosocial job stressors impact worker well-being. We will examine a sample of programs, policies, and laws that impact the protection and promotion of workforce health and well-being. Students will hear from practitioners about their practices to support worker safety, health and well-being and will begin to understand the opportunities and potential obstacles for pursuing these goals through a multi-disciplinary workplace team.
- Dr. Kristin Guertin, Systematic Reviews & Meta-Analysis
Students develop a systematic review on a public health topic of their choosing throughout the course of the semester. Students spend the semester learning about and developing systematic review protocols, including the use of tools that support the process of conducting a systematic review. This course fosters the development of practical research synthesis skills, with the overall course deliverable being a systematic review (or, at minimum, the foundation for one) by the semester's end.
- Dr. Kristin Guertin, Lifestyle Factors in Chronic Disease Epidemiology
This course surveys a variety of lifestyle factors (largely modifiable) and explores their relationship to chronic disease risk and survival. Exposures that will be examined throughout the course include tobacco use, alcohol use, diet and nutrition, obesity, sleep hygiene, and physical activity. We will explore these exposures in relation to a wide spectrum of chronic or noncommunicable diseases. We will use scientific literature to reflect on recent epidemiologic findings to gain a better understanding of exposure measurement, study designs focused on modifiable lifestyle factors, and the distribution of lifestyle factors in the population. Examples will focus primarily on observational studies within the United States population.
- Dr. Amy Hunter, Child Health and Safety
This course will explore the six stages of child development. At each stage, students will examine safety in the built and social environments and evaluate educational interventions and health policies designed to mitigate childhood morbidity and premature death. Special topics will include nutrition and food safety, brain development, child maltreatment, sports safety, and the role of social media in self-inflicted and interpersonal violence.
- Dr. Mayte Restrepo-Ruiz, Mixed Methods Research in Public Health
This is an introductory course to mixed-methods research (MMR) in public health. Students in this course will learn how to integrate quantitative and qualitative methodologies in research in meaningful ways. Intended for advanced students in the MPH program and doctoral students, this course will provide the opportunity to develop the research design section for a dissertation and any other research proposal. Students will identify a topic for an MMR project, elaborate the rationale for using a mixed-methods approach, develop a research model and research questions, and identify data sources appropriate for an MMR project. In addition, students will learn about MMR designs (convergent parallel, explanatory sequential, exploratory sequential), the importance of sampling design in MMR, and data integration. The overall objective of this course is to provide students with the foundational knowledge to appreciate the complexities of MMR while developing the skills and courage to design an MMR on a topic they feel passionate about.
- Dr. Misti Levy Zamora, Climate Change and Public Health
Climate change is one of the greatest threats to public health, affecting every nation and individual. Human health is influenced by weather, air and water quality, and food security, which are all sensitive to changes in climate. This course will explore the effects of climate change on food systems, water, air, and disease, through the lens of public health. After completing this course, students will be able to: describe the science of climate change and how climate is predicted to change in the future; explain the connection between climate and public health, ranging from temperature-related mortality, exposure to extreme weather events and wildfires, food and water shortages, waterborne infections,

and insect-borne diseases; discuss inequities in the risks associated with climate change; evaluate research related to climate change and health; and discuss adaptation and mitigation strategies to reduce adverse health impacts due to climate change.

- Dr. Greg Rhee, Aging & Mental Health

This is an introductory course on aging and mental health using epidemiological, psychosocial, and public health approaches. The course will cover demographics of aging and key clinical features of both physical and mental health (e.g., frailty, dementia, and multi-morbidities) in older adults. Psychosocial interventions (e.g., formal and informal care, retirement sources, and end-of-life care) across diverse settings (e.g., community-, assisted living-, and nursing home levels) will be introduced. Public health topics (e.g., access to care (e.g., Medicare and Medicaid policies and reimbursement), delivery of health services for older adults across diverse settings, and clinical outcomes) will also be discussed. Finally, contemporary topics (e.g., COVID-19 pandemic and global aging) will also be explored.

Courses by NPF faculty

- Dr. Natalie Moore, Health Topics in Humanitarian Crisis, Disaster Preparedness and Response

Students who take this course will get a general understanding of the public health impact of disasters and humanitarian crises, disaster preparedness and response to an acute emergency. Students will learn practical strategies and tools for disaster planning/ preparedness and disaster response. We will also discuss history and ethics behind humanitarianism and public health problems that arise in a protracted crisis caused by disaster or conflict settings including emergence of infectious disease, displacement, malnutrition, gender-based violence, and psychiatric disease. In addition, students will learn about all elements of a response to a long-term crisis including Water, Sanitation and Hygiene (WASH) considerations, logistic and security challenges, and healthcare. They will learn how to design a response plan to a crisis or disaster situation and understand the health needs of a displaced population.

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

Teaching is valued and a faculty's time committed to it is supported by the SoM's General Fund. It is recognized as an important contributor to promotion and tenure decisions. Position descriptions at the time of appointment and reappointment include explicit expectations for teaching and advising of students. The program monitors all faculty performance through student feedback in course evaluations and occasional focus groups. Students are invited to comment anonymously about the quality of instruction they receive, including their perceptions regarding the qualifications of individuals to teach within the program, both through online course evaluations and confidential feedback. Every MPH course is monitored through end-of-semester course evaluations. Confidential questionnaires ascertain student judgments of the quality and scope of the specific course requirements, the value of class activities and the quality of program supports. Feedback is routinely provided to instructors and, as conditions warrant, concerns/issues are communicated directly to instructors by the Program Director. The process has served the program well, both as a quality improvement device and to acknowledge performance excellence. Information from course evaluations is shared by the program with department heads in merit and other performance assessments of individual faculty. At the University level, excellence in education is demonstrated by any of the following criteria:

- Recognition by students as an exceptional teacher and/or advisor (e.g., receives formal teaching award).
- Recognition by the Graduate School leadership team of input from educational leaders as having made a superior contribution to an educational initiative.
- Receipt of state or national recognition for teaching or other educational activities.
- Receipt of an extramural education-related grant.
- Serving as principal author of an education-related article in a peer-reviewed journal, print or electronic publication, including textbooks.

- Serving as a contributing author on two or more education-related articles in a peer reviewed journal, print or electronic, including textbooks.
- Developing a new curriculum or program improvement that improves student learning and performance.
- Organizing/leading of a peer-reviewed national or statewide education-related workshop.
- Developing new and/or innovative education-related evaluation assessment tools or processes.
- Encouraging/supporting students in scholarly activities with evidence of success, such as recognition of a trainee with a significant award or a trainee publication in a high-quality peer reviewed journal.
- Excelling in acquisition of institutional accreditation for external program accreditation and/or the internal program review process.

Teaching criteria used by the SoM in considering faculty for appointment or promotion to senior rank requires quantitative evidence of its impact on student learning. Additional criteria include:

- knowledge and level of mastery of subject matter,
- effectiveness in oral and written communication,
- ability to lecture and to conduct conference and discussion groups,
- ability to stimulate student interest, to encourage independent study, and to direct student research projects,
- development of teaching and evaluation methods,
- effectiveness as a student mentor, and
- leadership in a teaching program (e.g., clerkship, medical school course, graduate program).

Internal to our program, the Joan Segal Award for Excellence in Teaching was established in recognition of the Founding Associate Director of our Program and is awarded to individuals based on the nominations from students. PIF recipients of the Segal Award over the last 5 years are Drs. Audrey Chapman, Angela Bermúdez-Millán, Stacey Brown and Amy Hunter. Adjunct faculty recipients over this period are Marco Palmeri and Dr. Fawatih Mohamed-Abouh.

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.

Our program self-identified the following indicators of instructional effectiveness by our faculty.

- A commitment to engaged-learning using team-based pedagogy in our foundational courses. Based on student feedback and emerging educational theory, we sought to embed 'active learning' pedagogy across our curriculum. Briefly, the concept of engaged-learning is embedded in practices of flipped instruction (a reversal of the traditional teaching model in which didactic study occurs outside of classes and in-class lectures are replaced by application exercises that encourage student engagement) and team-based learning (an instructional strategy emphasizing collaboration over individual performance and peer assessment of individual contributions to collective output). All 9 of our 9 foundational courses now embrace, to varying degrees, elements of engaged-learning (i.e., individual and team readiness assessments, team-based application exercises with peer evaluations of individual performances, reflection and self-assessment). In the coming years, attention will be spent encouraging elective courses to embrace this pedagogy.
- Evidence of appropriate training of faculty in the science and practice of public health. The PIF associated with our program represent diverse backgrounds, but to provide models of research and service for our students, we seek personnel who hold public health degrees. Ten of 15 PIF (Drs. Bermúdez-Millán, Cavallari, Cunningham, Gregorio, Guertin, Hunter, Lazzarini, Lutz, Restrepo-Ruiz and Swede) hold public health degrees, as do 7 of 14 NPF faculty (Banach, Brugge, Grady, Lu, Mohammad, Moore and Wu).
- A commitment to offering courses in synchronous, hybrid formats. Traditionally, our program offered only in-person course options for students. During the COVID-19 disruption, our program faculty moved quickly and seamlessly (i.e., mid-semester) to offer synchronous, remote instruction. The experience was facilitated by substantial support of our institution's instructional support team. Subsequently, we have moved to supporting distance-related instructional options. The decision

recognizes (a) the growing need to support a responsive, flexible academic schedule that can operate across numerous and changing demands of time and availability of students and instructors, (b) acknowledges the vagaries of weather and health concerns that occasionally interfere with schedules, due dates and deliverables, and (c) accedes to preferences of both students and instructors. All foundational courses are offered in synchronous hybrid formats. Presently, we offer foundational courses that principally employ in-person instructional formats for PUBH 5403, 5404, 5405 and 5406 (classes occurring on specified days, times and locations), in-person remote formats for PUBH 5408, 5409, 5411 and 5431 (classes occurring on specified days, times and locations with some students who participate synchronously from another location) and hybrid format for PUBH 5407 (a minimum of 50% of instruction occurring on specified days, times and locations, with all students participating synchronously from other locations). Ranked-choice responses to our 2023 student survey reveal a preference split between hybrid instruction (49%) and in-person learning (37%), with substantially fewer expressing preference for remote coursework (14%) learning.

Furthermore, our program embraces the following indicators of instructional effectiveness by our faculty:

- Courses that involve community-based practitioners. 2 of our 9 foundational courses are led by adjunct faculty whose primary employment is as directors of local public health agencies (PUBH 5403 Health Administration –Amir Mohammad, MD, MPH, Director of Health for Orange CT, and PUBH 5404 Environmental Health –Marco Palmeri, MPH, RS, Director of Health, Bristol-Burlington Health District). Furthermore, a number of our elective courses are led by adjunct instructors holding various positions in public health and human service organizations. During the 2023-24 academic year, our program has offered the following electives by community-based, adjunct faculty:
 - Jordanna Frost, DrPH, MPH, CPH, CD(DONA), Director of Strategic Partnerships at March of Dimes, recently taught an elective on Health Transformation in Maternal and Child Health. This online course is designed to integrate the theory, research, and evidence-supported practices that promote optimal health outcomes in maternal and child health populations. Course participants will examine and apply new skills in the following areas: quality improvement, systems thinking, change management, and promotion of access to care for women and children.
 - Fawatih Mohamed-Abouh, MD, MPH Health equity epidemiologist, Yale-New Haven Health System, recently taught an elective on Data Visualization in Public Health. This elective encourages students to critically visualize data in explaining and communicating areas of need, setting priorities, tracking change, and making decisions. This course introduces students to the basic knowledge and principles of analytic design and the ethical concepts of presenting data. It also includes substantial skill building by introducing the students to graphic design. This involves exploring publicly available datasets, selecting and organizing data of interest, then creating compelling data visuals that are accurate, easy to understand, and visually appealing to the audiences. This course is applied in nature with hands-on activities using an online tool called VISME.
 - Cara Passaro, JD, MPH, Chief of Staff, Office of the Connecticut Attorney General, recently taught an elective on Policy Development & Advocacy. This course introduces the public health function of policy development. It prepares future public health advocates with substantive knowledge on how policy is crafted and provides practical skills on engaging policymakers, the press, and advocacy organizations to support public health initiatives. The course combines policy development, real-life case studies, lectures by Connecticut legislators and staff, and community activists in a series of classroom discussions and exercises.
- Student satisfaction with instructional quality. Overall, we are pleased with student evaluations of our program faculty. Our 2023 student survey indicated that 91% of respondents favorably judged the effectiveness of our teaching faculty. As indicated by Table E3.5. below, 7 of 9 foundational course instructors received student ratings equal to the composite score (4.0) for UConn's Graduate School faculty and every elective course instructor received ratings in excess of that value. Two exceptions in the past year, pertaining to foundational courses offered by new instructors, were noted. In each instance, the Program Director consulted with instructors about their performance. In one, feedback on ways to improve performance was offered, in the other, a new instructor to lead the course was identified.

Table E3.5. Overview of PUBH-Course Evaluations, 2023.

	The instructor ... 1 - Presented the course material clearly. 2 - Stimulated interest in the subject. 3 - Showed interest in helping students learn. 4 - Used class time effectively. 5 - Treated all students with respect. 6 - Graded fairly. 7 - Promoted student learning. 8 - Overall Instructor rating.							
	1	2	3	4	5	6	7	8
Foundational Courses	Rating: 1 Low – 5 High							
PUBH 5403 Health Administration	2.0	3.5	3.5	3.0	4.0	4.0	2.0	2.0
PUBH 5404 Environmental Health	4.0	5.0	5.0	5.0	4.5	3.0	4.0	3.0
PUBH 5405 Social Foundations	4.0	2.0	4.0	3.0	4.0	4.0	2.0	2.0
PUBH 5406 Law and Public Health	4.0	5.0	5.0	4.0	5.0	4.0	4.0	4.0
PUBH 5407 Practicum in Public Health	5.0	5.0	5.0	4.5	5.0	5.0	5.0	4.5
PUBH 5408 Epi/Biostats I	4.5	5.0	5.0	5.0	5.0	5.0	4.5	4.5
PUBH 5409 Epi/Biostats II	4.5	4.8	4.8	4.5	4.8	4.8	4.0	4.0
PUBH 5411 Interprofessional Practice	4.0	4.0	4.5	4.0	5.0	5.0	4.5	4.0
PUBH 5431 Research Methods	4.8	5.0	5.0	4.5	5.0	4.5	4.5	4.3
Elective Courses								
Work as a Social Determinant of Health	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
SAS Programming	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Public Health Ethics	4.5	5.0	5.0	5.0	5.0	5.0	5.0	4.5
Essentials of Social Inequality	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Lifestyle Factors in Chronic Disease	5.0	4.5	4.5	4.5	5.0	4.5	5.0	5.0
Climate Change and Public Health	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Public Health Research Appraisal	4.5	5.0	5.0	4.5	5.0	5.0	5.0	5.0
Leadership Education in Disability	4.0	4.0	4.0	4.0	4.0	4.0	4.0	3.0
Foundations of Public Health and Disability	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Data Visualization in Public Health	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Health in Humanitarian Crisis	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Composite Program Ratings – Fall	4.4	4.8	4.9	4.6	4.9	4.8	4.6	4.4
Composite Program Ratings – Spring	4.6	4.6	4.7	4.5	4.7	4.6	4.3	4.1

- Annual or other regular reviews of faculty productivity, relation of scholarship to instruction. The Department Chairperson's annual review of individual faculty includes consideration of the form, extent and impact of one's instructional effectiveness. On the basis of that evaluation, meritorious performance is acknowledged by salary increments (either as base increases or one-time bonus payments, dependent on one's salary level). Five domains of excellence in education are recognized (Teaching, Curriculum Development, Assessment of Learners, Advising and Mentoring and Instructional Leadership) and can be distinguished by evidence of any of the following:
 - Recognized by students or other educational leaders as an exceptional teacher and/or advisor.
 - Received state or national recognition for teaching or other educational activities.
 - Receipt of an extramural education-related grant or contract.
 - Principal or contributing authorship of a peer-reviewed education-related print or electronic publication.

- Development of new curriculum offering or program for significant course improvement as evaluated by educational leadership.
- Organization and leadership of a peer-reviewed national or state-wide education-related workshop.
- Excelling in mentoring of graduate students or junior faculty.
- Excelling in acquisition of program accreditation.

Over the past 3 academic cycles (2020-21 to 2022-23), the following individuals have been recognized for superior educational merit by our Department Chairperson: Drs. Bermúdez-Millán, Brown, Chapman, Hunter, Lazzarini, Lutz, Rhee, Tennen, Wetstone and Zamora.

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

We believe Criterion E3 is met.

Strengths: Our faculty are committed to delivering timely course content through evidence-based pedagogy. Course options reflect the faculty's attention to current and emerging public health threats. Students express support for the content of the curriculum and modalities for course delivery. Our SoM supports our educational efforts and is committed to an expanded curriculum. The University, for its part, provides the infrastructure necessary to deliver team-based curriculum.

The following measures (and targets) reflect the program's assessment of PIF instructional currency.

- Our 2023 student survey indicated that 91% of respondents favorably judged the effectiveness of our teaching faculty.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Program Director will continue to work with faculty and the Curriculum Committee to identify additional opportunities to embed practices of team-based learning and increase attention to topics of health equity across our foundational curriculum.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in 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.

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

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

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

At UConn, faculty appointments, promotion and tenure are determined within the schools where individuals hold primary appointments. Expectations for research by UConn SoM faculty are defined within the University and SoM by-laws and are operationalized by annual review of faculty performance by the Department Chairperson. Reappointment, renewal and tenure decisions are made by the School's Senior Appointments and Promotions Committee.

Our program's policies and practices support faculty involvement in research. While extramural research funding is encouraged, faculty have opportunity to secure unfunded research time at initial appointment and at appointment renewal. It is understood that ongoing engagement in research is necessary to ensure that faculty remain relevant within their field of study and effective as educators. When justified, unfunded research time/salary support is available to all faculty, regardless of their tenure-track status. Presently, our School supports salary support across our 16 PIF equivalent to 1.57 FTE (ranging across individuals from 5-34%).

An individual's CREATE profile, set before the start of every fiscal year (July-June) reflects the expected time and effort that is to be spent in clinical, research, education, administration and "transition to excellence." No faculty in the Department of Public Health Sciences has clinical responsibility. Education and administrative time are allocated according to the needs of the SoM and our program. Research time is intended to reflect the level of extramural funding individuals secure through grants and contracts. Transitional funding reflects institutional funding which is anticipated to transition to other domains in the next funding cycle.

Faculty holding tenure-track and tenured appointments are fully funded by the University's general fund. As such, faculty compensation may include unfunded research time equaling the balance of institutional support not allocated to any of the above categories. By comparison, faculty who hold in-residence (non-tenure track) appointments may receive general fund support for that portion of work deemed essential to the education and/or administrative functions of the University, with any remaining salary derived from external grants and contracts.

Regarding the character of scholarly work completed by our faculty, the institution places principal importance on peer-reviewed publications that demonstrate the content expertise of individuals and the sequencing of authorship that reveals the relative contribution of individuals to the research product.

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

The Department of Public Health Sciences maintains computer and internet services, software, physical space and services for students, faculty, administrators and staff. UConn Health's wireless network is accessible to all. All faculty are provided personal computers that operate the latest research software (e.g., SPSS, SAS, Microsoft Office, ArcView, etc.) and the capacity to print or fax, either off- or on-site. The Department maintains a high-quality, wide-carriage color printer. The Department also

supports research-funded equipment and resources. AV equipment is available on a checkout basis for students, faculty and staff.

The UConn Office of Research Administration and Finance oversees an umbrella of policies aimed at ensuring best practices in research administration, provides guidance to researchers on emerging issues and maintains the infrastructure necessary for a world-class educational and research organization. Its pre- and post-award services assure efficient management of extramural funded awards.

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.

- Dr. Angela Bermúdez-Millán has extensive experience engaging students in her community nutrition research projects that have culminated in the production of ILE theses, manuscripts and presentations. In 2021, she was awarded UConn's InCHIP Junior Faculty Research Excellence Award recognizing her significant scientific contributions.
 - *Food Security Status, Dietary Behaviors and Health Outcomes in Cambodian Americans with Depression and at High-Risk for Diabetes, Living in New England (2017).*
 - *Household Food Security Status, Dietary Patterns and Diabetes Risk (Hemoglobin A1c) among Cambodian Refugees with Depression (2020).*
 - *An Exploratory Study About Childhood Obesity, Fruit and Vegetable Dietary Patterns and Farmer's Markets Use Among Hartford WIC Participants. (2023).*
 - *SNAP Assistance, Food Purchasing Behaviors and Dietary Patterns Among Overweight/Obese, Pregnant, Low-income Latinas"(2020).*
- Dr. Jennifer Cavallari has mentored two MPH students on the Total Teacher Health Study, part of the Center for the Promotion of Health in the New England Workplace (CPH-NEW) Center grant from the NIOSH (PI, Cavallari). One assisted with preparation of transcripts of qualitative data from focus groups on educator well-being and another currently serves on the Total Teacher Health Study preparing protocols, recruitment materials, and information sheets for a qualitative photovoice project. (*Precarious Work Schedules and Sleep: A Study of Unionized Full-Time Workers. *Occup Health Sci.* 2022;6(2):247-277.*
- Dr. Shayna Cunningham and Professor Judy Lewis are mentoring an MPH student on a project (Baby Boxes in Uganda: A measure of cultural acceptability and impact on healthcare engagement) in the evaluation of a community-based project employing community and home-based interviews with mothers to evaluate their use of materials intended to provide 'safe sleep' environments for young children.
- Dr. David Gregorio is mentoring an MPH student on a 30-year analysis of breast cancer incidence in Connecticut and geographic differences in survival time after diagnosis.
- Dr. Amy Hunter has engaged MPH students in oral presentation at the APHA Annual Meeting on presentations assessing the relationship between geographic location of residence and self-harm in adolescents, along with manuscripts (Child maltreatment-related children's emergency department visits before and during the COVID-19 pandemic in Connecticut. *Child Abuse & Neglect*, 2021;128,105619).
- Dr. Megan O'Grady currently supports MPH students as research assistants within the Center for Prevention Evaluation and Statistics (CPES) at UConn Health, allowing them an opportunity to work with data in an applied way on a variety of research and evaluation projects, as well as understand how to work with State agencies to support statewide public health. She also has engaged students in production of manuscripts and presentations regarding work on health behavior (Implementing a Text-Messaging Intervention for Unhealthy Alcohol Use in Emergency Departments: Protocol for Implementation Planning and Pilot Cluster Randomized Implementation Trial. *Implementation Science Communications*, 3;86, 1-11).

- Dr. Misti Levi Zamora worked with 2 MPH students on a thematic analysis of survey data for a study of the use of in-school air purifiers.
- Dr. Helen Swede has collaborated with a number of MPH students on the presentation of cancer studies (Dietary Inflammatory Index, Food Insecurity, Race, and Adolescent Non-Alcoholic Fatty Liver Disease. CT Public Health Association Meeting, 2020).

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.

We strive to balance the attention to research productivity with the intention to prepare students for applied practice careers.

- Dr. Mayte Restrepo-Ruiz uses mixed-methods to evaluate both empirical and qualitative measures of political violence on the risk of intimate partner violence. She now offers a graduate seminar on mixed methods study design that draws from that experience. Dr. Restrepo-Ruiz's curriculum highlights the strengths and limitations of specific mixed-methods strategies and engages students to identify a research topic that would benefit from using a mixed methods approach to generate and test hypotheses.
- Dr. Restrepo-Ruiz offers a graduate seminar on global health, reflecting the focus of her research on South America. In that seminar, she takes a service-learning approach to connect students with human service organizations (e.g., CT Coalition for Immigrants and Refugees) to complete key informant interviews of recently resettled migrants to our state. On the basis of those experiences, students proceed to develop relevant and culturally appropriate health promoting materials for use in recently resettled migrant communities.
- Dr. Amy Hunter offers a graduate seminar focused on Child Health and Safety that examines aspects of the built and social environments. Through that seminar, she collaborated with an MPH student on a peer-reviewed manuscript (*JEM* 2019;56(6):719) investigating incidence of child sexual abuse through the study of ICD-9-CM coding recorded in hospital emergency departments.
- Dr. Angela Bermúdez-Millán teaches graduate seminars on Food Policy and Nutritional Epidemiology. Through that focus, she has collaborated with students on peer-reviewed manuscripts (e.g., *CDN* 2023(7(Suppl):1000307).

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

UConn, an "R1" research university, places significant emphasis and support on the research and other scholarly activities of its faculty. In-residence, tenure-track and tenured faculty, alike, are expected to maintain programs of research in their fields of interest, consistent with their time & work. In that regard is a determinant of compensation, retention and promotion at the University.

Individuals occupying the 'investigator' track of faculty appointment should be recognized as contributors of major ideas and innovations through their publication in refereed journals. According to the UConn SoM by-laws (ERF – A1.3 Bylaws-Policy Documents), criteria to be considered in the evaluation of any individual's research for purposes of appointment or promotion to senior rank include:

- Quality, independence, originality and importance of published work.
- Continuity of record of scientific contribution.
- Level of acceptance by peers, and national and international standing.
- Quality of presentations at local, national, and international meetings.
- Leadership in a research program, or significant, essential and independent contributions to the work of more than one principal investigator on multiple projects.

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.

The Department of Public Health Sciences strongly encourages faculty to maintain a robust research program that is relevant to public health concerns and accessible to students and community stakeholders. Between 2020-21 and 2022-23, research productivity, reflected in extramural grant/contract funding increased roughly 20%, with the average award increasing by 34%.

Table E4.6. Outcome Measures (Targets) of Research and Scholarly Activities by Department Faculty (PIF & NPF).

	2020-21	2021-22	2022-23
Research Output (PIF) – 80% publish 1 or more peer-reviewed manuscripts	75%	75%	88%
Research Output (PIF) – # of peer-reviewed manuscripts	44	59	58
Research Output (PIF) – # peer-reviewed presentations	22	29	34
Research Impact (PIF) – 50% will have an h-index \geq 20	NA	NA	56%
Educational Impact (PIF) – 25% involve MPH students in research projects	31%	38%	38%
# extramural grant and contract applications submitted (PIF & NPF)	38	44	37
# extramural grants and contracts funded (PIF & NPF)	33	28	32
Total research funding (PIF & NPF)	\$3,347,267	\$4,173,715	\$4,058,701

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

We believe Criterion E4 is met.

Strengths: Scholarly productivity by our program faculty is strong with a total of 161 peer-reviewed publications and 85 presentations over the most recent 3 years, resulting in more than 20,000 citations. NPF, for their part have produced 316 publications and 117 presentations over this period.

A majority of our PIF (9 of 15) currently hold h-index scores of research impact of 20 or greater. Extramural research funding by department faculty has exceeded \$3.5M over each of the past 3 years.

More than one-third of PIF have a record of engaging MPH students in their scholarly work.

Weaknesses: A sizable number of individuals (40%) who responded to the 2023 student survey found the adequacy of research opportunities to be limited.

Plans for improvement in this area: The Program Director will continue working with the Department Chairperson and School leaders to enhance support and opportunities for program faculty to prosper as public health investigators.

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 program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

Faculty service activities are not formally defined by the University by-laws, but service is relevant to retention and promotion decisions. The SoM expects faculty to be engaged in teaching, research and other professional activities. Among factors considered in evaluating performance of individuals for retention and promotion, are evidence of participation and leadership in critical SoM committees and departments, participation and leadership in professional societies and scholarly organizations (e.g., editorial boards, scientific advisory boards, and research review panels). Explicit attention also is given to evidence of an individual's participation and leadership in public engagement, which the by-laws define as "an academically relevant research, teaching, or service activity by a faculty member in their area of expertise that simultaneously addresses the needs of the community and the mission of the SoM. Such activities are understood to include providing expert services to the community in the forms of advocacy, outreach, assistance to and membership in public service organizations or advisory committees.

Faculty service is reported within our School's annual merit/performance review that is completed within departments where individuals maintain their primary academic appointment. Our faculty engage in a variety of service activities ranging from committee, board and advisory panel memberships to reviewing/editing journals and book series, speaking to off-campus groups, and mentoring community members. The program has and will continue to maintain formal linkages between governmental and non-governmental organizations that enhance service opportunities and activities for students and faculty. Such relationships are essential for student access to practicum, research and internship experiences; for fostering practitioner participation in course instruction, lectures and independent studies; and for career mentoring and employment opportunities for students and graduates.

Our program actively works to sustain productive interrelationships with State and local public health and social service agencies wherein students can participate in interprofessional problem solving and obtain subsequent employment. For example, program faculty actively work with colleagues at the Connecticut State agencies of Public Health, Mental Health and Addiction Services, Social Services and Education. There also are numerous collaborations between faculty and local directors of health and organizations such as Qualidigm, March of Dimes, Hartford CT Health Department, American Cancer Society, etc.

2) Describe available university and program support for extramural service activities.

The University of Connecticut, one of the nation's original land grant universities, has long embraced service within its mission. Since 2006, UConn's Code of Conduct defines and sets standards for public engagement and outreach:

"The primary purpose of public engagement is to serve external constituents in a manner that leads to enhanced teaching and research.... Public engagement, which includes outreach and public services, consists of all activities where the University offers its resources, both human and physical, to external constituencies in such a manner where there is a partnership or that engaged scholarship results. These efforts are on behalf of public good and not for private gain."

In 2010, the Carnegie Foundation for the Advancement of Teaching recognized our university for its ongoing commitment to public engagement and service to the community (one of roughly 300 institutions of higher education to earn the elective 'Community Engagement' designation). In 2014, UConn was recognized on the President's Higher Education Community Honor Roll for general community services (with distinction), economic opportunity, community service and education. The University holds membership in the Campus Compact and The Research University Civic Engagement Network (TRUCEN).

UConn's Office of Outreach & Engagement creates and coordinates opportunities to connect UConn with the community, with the goal of building and strengthening partnerships that advance an inclusive society, environmental sustainability, and economic growth in Connecticut. Every year, UConn's Provost's recognizes faculty and staff for excellence in community engaged scholarship (PAECES). The award identifies individuals and teams that integrate community engagement with research, creative work, and teaching that benefits society. Typically, awardees demonstrate their capacity to collaborate with local, regional/state, national, or global communities to create conditions for the public good, culminating in sustainable change and dissemination of these activities. In 2022, Stacey Brown was honored with the University's Distinguished Faculty Teaching Award for engaged scholarship.

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.

- Dr. Angela Bermúdez-Millán is a current member of NIDDK Network of Minority Health Research Investigators and participates on the Food Insecurity working group of the Hartford Advisory Commission on Food Policy. Dr. Bermúdez-Millán brings this expertise and experience to her teaching in electives on Food Policy and Public Health Nutrition.
- Dr. Stacey Brown serves on several regional and local service organizations (e.g., she is Board Director of the Connecticut Harm Reduction Alliance, Member of the CPHA Advisory Council for Public Health Schools and Programs, a member of the Advisory Board, New England Conference on Multicultural Education's Advisory Board and former Advisory Board Member of the New Britain Head Start Program). She served as the Chairperson of the Connecticut Multicultural Health Partnership for three years and was a member of the Board of the Family Life Education initiative. She also is an Advisory Board member of the North Central Regional Mental Health Board, the Connecticut Health Improvement Coalition and formerly a member of the Connecticut Commission on Health Equity. Dr. Brown brings this focus on equity, minority health and leadership to her seminar teaching Eliminating Social Inequality and Health Disparities and her leadership of the program's APE requirement.
- Dr. Jennifer Cavallari has led the creation and execution of an online course for Occupational Safety and Health Professionals to learn about the Total Worker Health® approach. She also has served as Chairperson of the Human Studies Review Board (HSRB) of the US Environmental Protection Agency (EPA), Office of the Science Advisor. Dr. Cavallari uses the development and product of this effort in her graduate teaching of PUBH 5497 Work as a Social Determinant of Health.
- Dr. Audrey Chapman serves as an expert for the WHO Office of the High Commissioner for Human Rights, and UNICEF Committee on Protecting Children from Harmful Products. Her experiences and background in these areas are reflected in her teaching and mentoring of students on topics of Human Rights and Health, Reproductive Rights and Ethics and Public Health Ethics.
- Our faculty are recognized for the competence and willingness to serve on national research study sections:
 - Dr. Doug Brugge is a member of the NIMHD Centers of Excellence in Investigator Development and Community Engagement panel and the ComPASS CHESI Review Panel.
 - Dr. Audrey Chapman is a member of the NIH Study Section on Social and Ethical Issues in Research.
 - Dr. Shayna Cunningham is a member of the of the NIAID's Biomedical Prevention in HIV Research Education (B-PHRE) initiative, the NIH's Panel Meeting for Small Business: Biobehavioral and Behavioral Processes across the Lifespan, and grant reviewer for the Ford Foundation's Sexuality,

Health and Rights among Youth in the United States: Transforming Public Policy and Public Understanding through Social Research initiative.

- Dr. James Grady serves on the NIDCR special emphasis panel.
- Dr. David Gregorio serves on the study section of the Florida Department of Health Bankhead-Coley Research Program.
- Dr. Amy Hunter has served on the NIH Special Emphasis Panel on Child Abuse and Neglect, and CDC Special Emphasis Panels on Research Grants to Prevent Firearm-Related Violence and Injuries and Research Grants to Inform Firearm-Related Violence and Injury Prevention Strategies.
- Dr. Erin Mead-Morse has served as reviewer for NIH study sections on Tobacco Regulatory Science Review, Addiction Risks and Mechanisms (ARM) Study Section.
- Dr. Megan O'Grady serves as an ad-hoc study section member on the Lifestyle and Health Behaviors (LHB) Study Section and as a reviewer of a PCORI research report.
- Dr. Greg Rhee is a member of the Health Services: Quality and Effectiveness (HSQE) study section, PCORI methodology review committee and SAMHSA ad-hoc grant review committee.
- Dr. Amy Hunter is the Immediate Past Chairperson of the APHA, Injury Control and Emergency Health Services (ICEHS) Section and utilizes that experience in her teaching on Injury Epidemiology.
- Dr. Zita Lazzarini is a member of the CT Department of Public Health's Crisis Standards of Care Advisory Committee that is charged with presenting an ethical perspective for the Department as it implements disease control plans for Connecticut. Professor Lazzarini is a recognized spokesperson on topics of health care regulation, particularly on topics of women's reproductive health and emergency response. These subjects are integral parts of her teaching and advocacy in PUBH 5405 Law and Public Health.
- Dr. Tara Lutz is the training director for the UConn Center for Excellence in Developmental Disabilities Education, Research and Service (CT UCEDD) providing community outreach and training to increase disability competency of the public health workforce around the state. Dr. Lutz also has participated on the CEPH workgroup for disability integration and the APHA Annual Meeting Planning Committee.
- Professor Judy Lewis received the 2023 Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology and Practice from the American Public Health Association, which rewards outstanding achievement in community-oriented public health epidemiology and practice.
- Dr. Megan O'Grady currently supports MPH students as research assistants allowing them an opportunity to work with data in an applied way on a variety of research and evaluation projects, as well as understand how to work with State agencies to support statewide public health. She also has engaged students in production of manuscripts and presentations regarding work on health behavior (Implementing a Text-Messaging Intervention for Unhealthy Alcohol Use in Emergency Departments: Protocol for Implementation Planning and Pilot Cluster Randomized Implementation Trial. *Implementation Science Communications*, 3;86, 1-11).

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.

Table E5.4. Outcome Measures for PIF Service Activities.

	2020-21	2021-22	2022-23
Percent of faculty participating in extramural service activities	11 (74%)	10 (67%)	10 (67%)
Total service funding	\$298,461	\$80,000	\$550,536
Number of faculty-student service collaborations	5 (33%)	5 (33%)	4 (27%)

Our faculty have opportunity to collaborate with students on service projects within our community. Examples of such activities include:

- Dr. Mary Beth Bruder (with Dr. Tara Lutz) maintains a significant service initiative the involves students in numerous ways:
 - A student working with the State Department of Developmental Services is involved in data collection efforts on behalf of the National Core Indicators by collecting information from

individuals with intellectual and developmental disabilities (IDD) and the families' receiving services and supports from their state developmental disabilities agency. Over 100 hours was committed to survey 25 individuals with IDD, their family members, and/or support staff. The student wrote: *"Hearing directly from individuals about their experiences accessing and navigating the Medicaid long-term services and supports (LTSS) delivery system in Connecticut has been an invaluable opportunity. As a student interested in the quality of LTSS for people with IDD and their families, I was able to learn from people who graciously shared their lived experiences instead of relying solely on information documented in the scientific literature. This experience has impacted and informed my current research as I move forward in my academic training."*

- A student committed approximately 100 hours to participate on the national IDEA Infant & Toddler Coordinators Association (IDEA ITCA) Task Force. Through surveys and focus groups, the Task Force evaluated collaboration between IDEA Part C Programs and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. Commenting on the experience, the student wrote: *"This experience increased my understanding of Part C and MIECHV service systems, giving me a foundation to better understand how to enhance collaboration and integration between these programs."*
- A student coordinated a hybrid global social work student conference with the United Nations: *Respecting diversity through joint social action: Reframing disability as ability* at Fordham University. The conference included speakers from across the globe on topics such as building productive lives in society for people with disabilities through interdisciplinary work; intersectionality, identity, and belonging; social perceptions of disability & counter-narratives, and community driven action.
- UConn MPH students, along with those from our medical and dental school, have volunteered as health educators, health promoters and activity support for Special Olympics CT.
- Students attend and have active participated in the quarterly meetings of the Medical Home Advisory Council (MHAC) which was established to provide guidance and advice to the CT Department of Public Health to improve the community-based system of care for children and youth with special health care needs.
- Students regularly attend monthly meetings of the CT Accessible Medical Diagnostic Equipment Task Force which examines barriers to health care access among adults with disabilities in CT.
- Dr. Stacey Brown regularly joins students in activities that support the Keney Park Sustainability Project (See: <https://keneyparksustainability.org/>). Activities there have included park cleanup days, blazing new walking trails, and hosting pop-up health education booths. Dr. Brown also collaborated with several students on a presentation "Making a Difference One Class at a time: Community-University Collaborations to Address Health Equity" for the Association for Prevention Teaching and Research.
- Dr. Mayte Restrepo-Ruiz engages students from her Global Health class to work with the Connecticut Immigrants and Refugees Coalition (CIRC) identifying health needs of the Afghan refugee population and develop infographics to convey different messages. During the Fall 2023 semester, students have focused attention on the topic of reproductive health.

5) Describe the role of service in decisions about faculty advancement.

Service, whether within the University or across the community, is expected of all faculty. Promotion and tenure decisions at UConn are the responsibility of the school where an individual holds a primary academic appointment. A recent amendment to the SoM by-laws includes criteria pertaining to public engagement as a component of promotion and tenure decisions. Public engagement, for the purpose of promotion and tenure is defined as "academically relevant research, teaching or service activities that simultaneously address the needs of the community and the mission of the SoM including advocacy, outreach, assistance to a membership in public service organizations or Advisory Committees and providing expert services to the community. In the spring of 2015, the SoM faculty voted to amend by-laws to include consideration of educational activities for the public, developed or improved public engagement services, and public engagement as evidence of a national reputation in the evaluation of promotion to senior faculty rank and/or tenure.

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

We believe Criterion E5 is met.

Strengths: Faculty engagement in extramural service is understood to both enhance their research and educational activities and provide models for student engagement. Leadership in service and professional organizations includes roles in organizational leadership, editorial boards, review committees, etc. Engagement in 'community-based service activities' includes advisory/consultancy roles, technical support, etc.

Weaknesses: A sizeable number of individuals (38%) who responded to the 2023 student survey found opportunities for service and other practice opportunities to be limited.

Plans for improvement in this area: The Program Director will continue working with program faculty to identify opportunities to engage faculty in extramural service and provide students extramural service experiences.

DRAFT

F1. Community Involvement in Program Evaluation and Assessment

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

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

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

UConn's Program is administered by its Director, Associate Director, and 4 standing committees. Decision-making within the program aspires to be inclusive and transparent so that we can benefit from a multiplicity of perspectives. Below in Table F1.1. are the names and affiliations of individuals who currently participate on our program's standing committees. Community partners experience full membership with rights and responsibilities equivalent to all other committee members.

Table F1.1. Community Partners Participating in our Program's Administration.

Advisory Council	Affiliation
Bruce Gould, MD	CT AHEC Program
David Henderson, MD	American Medical Association
David Hoyle, PT, DPT, MA, OCS, MTC, CEAS	National Clinical Services at Select Medical
Celeste Jorge, MPH	CT Department of Public Health
Nichelle Mullins, JD, MHA	President and CEO, Charter Oak Health Center
Cara Passaro, JD, MPH	Office of the Connecticut Attorney General
Adam Seidner, MD, MPH, Chairperson	National Medical Director, Hartford Insurance Co.
Admissions Committee	
Laurene Buzdon, DMD, MPH	Membership Committee, CT Public Health Assoc.
Kim Radda, MA	Town Council member, Newington CT
Curriculum Committee	
Matthew Cartter, MD, MPH	CT Department of Public health
Amir Mohammad, MD, MPH	Director of Health, Orange CT
Workforce Development Committee	
Marco Palmeri, MPH, RD	Director, Bristol-Burlington Health District
Michael Pascucilla, PhD, MPH, REHS, DAAS	Director of the East Shore District Health Department
Thomas St. Louis, MPH	Epidemiologist, CT Department of Public Health

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

As described in Section E5 of this report, our faculty are involved in a range of regional and local community-based organizations and activities. We benefit from the longstanding, committed and diverse relationships that have evolved with several governmental, commercial and community-based health and social service organizations around Connecticut. These activities extend across the curriculum to include their involvement in program guidance, precepting, mentoring and instructing our students. A partial list of community-partnering organizations that contribute field sites for APE and ILE projects is available in Table D5.1b. and a list of external readers is available in Table E2.1.

3) 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.

Obtaining input on a range of topics relevant to our program is relatively easy. Given the frequency of contact between the program and many of our partners engaged as guest speakers, field preceptors, external ILE readers and members of our program's Operating Committee, we feel the ongoing feedback that accompanies many of those encounters is a powerful resource that guides thinking of our program leaders and operating committees. For example, input from community partners was crucial to our implementing a 2-semester APE (See Criterion D5), encouraging student participation in CT Public Health Association activities (See Criterion H2) and requiring intentional action hours (See Criterion F2). Communication from several local health directors has led to modifications in our foundational Health Administration course (PUBH 5403) that now incorporates content and student activities on topics of budgeting and project management. Likewise, such input was important to the design of our concentration Interprofessional Practice course (PUBH 5411) that now includes topics and activities focusing on negotiated decision-making, IT and protection of confidentiality and systems thinking. Lastly, community partners have been instrumental in forging ongoing service collaborations at such settings as Hartford's Urban Ecology and Wellness Program, CT State Agencies, etc. Community partners understand their importance to the program and our reliance on their activities and judgement. Community partners frequently offer guidance to program officers in response to notifications in our *Public Health Happenings* newsletter, program offerings and website.

Periodically, the program obtains information from community partners through standardized surveys. An example of the instrument used during 2022-23 and responses is available for review (ERF - F1.5 Evidence of community input).

4) 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.

In many instances external partners to our program also function as adjunct instructors, field preceptors, ILE external readers and program graduates! As such, they come to understanding the value and opportunity for their contributions to our program's ongoing self-reflection of its vision and mission and those policies and practices meant to reflect them. Community partners identified above in Table F1.1. are full members of our Advisory Council, Admissions and Curriculum Committees which address both operational (e.g., program requirements) and conceptual aspects of our program.

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

Minutes from our Advisory Council meetings are available for review (ERF – F1.5 Evidence of community input). Minutes from the organizing meeting of our Workforce Development Committee are available for review (*information from upcoming Workforce Development Committee will be submitted with final report*).

6) Summarize the findings of the employers' assessment of program graduates' preparation for post-graduation destinations and explain how the information was gathered.

Employers of our graduates are periodically contacted for feedback about the program's capacity to produce capable public health practitioners. Our most recent survey yielded responses from employers of our graduates at health care institutions, local public health departments and human service organizations. Overall, employers of our graduates have been positive in their assessments of individuals' ability in problem solving and analysis, ability to communicate verbally and in writing, organize

workflow, use IT and in cultural competency. Regarding workplace behaviors, employers indicated satisfaction with graduates' capacity to work independently or collaboratively, to take initiative and exemplify high ethical standards and professionalism.

Table F1.6. Employer Assessment of Graduate's Qualifications to Practice (N=12).

	Good/ Very Good	Poor	NA
Problem solving	100%		
Analytics and assessment	92%	8%	
Application of statistical methods	58%	17%	25%
Application of systems thinking	75%	17%	8%
Cultural competency	100%		
Oral/Writing communication skills	92%	8%	
Leadership skills	66%	8%	26%
Organizing workflow	100%		
Using information technology	83%	9%	9%
Based on your experience with UConn MPH graduates at your organization, how would you rate their performance?	Satisfied/ Very Satisfied	Dissatisfied	NA
Seeking clarification as needed	83%	17%	
Working independently	92%	8%	
Working collaboratively	92%	8%	
Demonstrating team building practices	92%	8%	
Taking initiative	83%	17%	
Meeting goals and deadlines	92%	8%	
Promoting high ethical standards	100%		
Exhibiting professionalism in behavior	100%		
Exhibiting professionalism in appearance	100%		

These empirical results were reinforced by many positive comments provided by employers:

- “C.S. is a highly motivated individual with strong independent work, as well as collaborative, skills. She needs little to no direct oversight, once assigned a task/project. She prioritizes her work appropriately in order to meet all deadlines and requirements of additional projects/initiatives in addition to her standard expected responsibilities.”
- “I’ve been working with R.B. for almost two years. She has been a tremendous asset to our organization.”
- “UConn students have been very good at identifying projects that are mutually beneficial to the agency and the student. Working independently is extremely valuable and presenting project results is useful to our board and students.”
- “L.M. was an excellent employee; extremely professional, independent, bilingual, and exhibited very high ethical standards. We were sad to see her leave, but she had a goal of becoming a Nurse Midwife.”
- “Their work in the academic program, community internships/APE projects, thesis projects, and more have all been valuable ... they also have been able to bring their expertise while in the program to our larger team operating as a “Community of Practice” amongst other staff, faculty, and graduate assistants working within programs across academic disciplines such as education, social work, sport management, higher education & student affairs, kinesiology, nutritional sciences, and adult learning.”

Employer feedback has been found valuable in instances of “less favorable” observations. The following comments, for example, have been motivation to modify coursework and bring attention to an area not sufficiently addressed. Likewise, negative assessments of student performance are taken seriously. While we do not typically address the individual in question with such feedback as they have left our program, we do utilize the themes expressed in our preparation of current students and follow-up with employers to maintain effective collaborations.

- “I have noticed that they tend to struggle navigating through anything budget/finance-related with their roles. In my experience, having a level of proficiency in administering project budgets and contracts ties into effectively meeting deliverables.”
- “It’s been a mixed bag. All could benefit from improved writing. Most think public health is education and don’t come with broader public health perspective. Most are very polite, professional and willing to learn.”
- “I think B.S. is extremely smart but she was difficult to work with. She often talked over me rather than listening to me and was not particularly effective in her organization. She never met deadlines.”

7) Provide documentation of the method by which the program gathered employer feedback.

The employer and community partner surveys were developed by the program’s Operating Committee and distributed by program staff. (ERF - F1.7 Employer feedback methodology; ERF – F1.5 Evidence of community input). Both surveys were developed using Qualtrics and were distributed online utilizing our student database of employers and stakeholder inventory. In each instance, multiple requests for participation were made and invitations to participate were included in our program’s bimonthly *Public Health Happenings* newsletters and on the program’s Facebook and LinkedIn accounts.

Our employer survey (ERF - F1.7 Employer feedback methodology) seeks information on the preparedness of our students for employment regarding 12 dimensions (e.g., problem solving, use of IT, systems thinking, leadership, etc.), and reflects on individual strengths and weaknesses to perform on the job (e.g., seeking needed clarifications, meeting deadlines, professionalism, independence, etc.). The Community Partner survey (ERF - F1.5 Evidence of community input) requests information on respondents’ perceptions of our programs operating principles (e.g., mission, goals, etc.) and their level of engagement with the program.

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

We believe Criterion F1 is met.

Strengths: Our program benefits from input from a rich and experienced body of community stakeholders who participate on our program’s operating committees, as guest speakers in courses, fieldwork preceptors and external readers of ILE projects. These relationships have fostered fruitful communication about the workforce needs and student experiences that affect the readiness of our graduates to be contributors to public health practice. Many of these community stakeholders are program graduates so their knowledge of our program’s vision and practices is detailed and comprehensive.

Weaknesses: While survey results from employers are generally positive regarding the performance of our graduates, respondents did identify two areas (statistical applications and leadership) as areas for growth. While taken seriously, the small number of responses to our survey requests limits our capacity to act based on those findings.

Plans for improvement in this area: Going forward, our Workforce Development Committee will be empowered to routinely gather information regarding workforce needs and student readiness to practice. Steps are already underway to enhance the leadership capability of students through plans for a Fall 2024 elective on public health leadership. We continue to recruit community partners to our Advisory Council and operating committees.

F2. Student Involvement in Community and 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.

As our students aspire to be leaders in the practice of public health, they carry expectations about service that are interwoven and operationalized throughout our curriculum. Our required coursework, in particular, places significant emphasis on preparing students to work in service to communities. Beyond our APE requirements, student's academic projects are intended to be responsive to community needs. Examples of classroom projects to be completed by all students that emphasize the importance of providing public health services to a community include:

PUBH 5405 Social & Behavioral Foundations of Public Health

- Design guidance appropriate to targeted communities (i.e., parents, community members, teens, elderly, etc.) regarding sensitive health topics (e.g., regarding HPV vaccination).
- Propose complementary messages across social media, infographics and PSA platforms to disseminate evidence-based public health guidance promoting breast cancer screening.
- Outline Community-based Participatory Research (CBPR) projects focused on food security.

PUBH 5406 Law and Public Health

- Prepare advocacy statements for use in legislative or regulatory actions to promote equitable, ethical health services.

PUBH 5411 Introduction to Interprofessional Public Health Practice

- Simulate working as equity consultants to LHDs on practices to enhance cultural awareness by agency staff.
- Use 'systems thinking' to illustrate immediate, distal and root causes of birth outcome disparities among B/AA women.
- Recommend negotiation strategies to enhance community buy-in for controversial interventions (e.g., safe injection drug use facilities).
- Define vision, mission and goals pertinent to community-oriented programs (e.g., promoting non-motorized modes of transportation).
- Defining data sharing protocols for organizations and individuals working across IT platforms.

PUBH 5431 Public Health Research Methods

- Evaluate community-based human service activities (e.g., school-aged nutrition programs).

Our APE requirement (PUBH 5407 Practicum in Public Health) requires students to complete a number of didactic activities intended to accompany the 170+ hours of precepted field activities:

- Completion of a community asset/needs assessment.
- Analysis of an ethical/legal issue affecting access, availability and/or quality of health and social services for at-risk communities served by the APE site.
- Evaluate how structural racism and socioeconomic inequity affects health and health outcomes relevant to the APE site.
- Contribute to advocacy efforts on behalf of the APE site.

Our program requires students to pursue service-learning opportunities beyond the program's APE requirement through a minimum of 20 hours of intentional action. Appropriate activities are those in which students engage with external governmental or non-governmental service agencies or small local businesses. We consider this 'requirement' to be a critical pathway for students to gain dynamic experience(s) learning from individuals and entities of various cultures, backgrounds and needs. Moreover, such action can potentially boost academic achievement, provides transformational

experiences that engender a sense of social responsibility and prompts ongoing community involvement while developing the students' deeper sense of self.

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

- Intentional actions by students takes place anytime between starting the program and March of the student's graduating year. Among the graduating class of 2022-23, a total of 25 graduates completed a total of 791 hrs. (32 hrs. on average). As examples, students reported volunteering by:
 - meeting with a Ukrainian citizen online to help her improve her English as part of the ENGIN Program.
 - preparing take-out containers with family-sized portions of food to deliver to the homes of families in Port Chester, NY, to overcome food insecurity.
 - inputting information into CT WiZ and monitoring patient's health after vaccination at a community center.
 - teaching elementary students proper handwashing techniques to reduce transmission of norovirus.
 - speaking at the 2023 Groton Earth Day Expo. Presentation: "Climate Change in Southeastern CT: What is happening, and what we can do."
 - judging the New Haven Science fair.
 - assisting Cheshire Police during a drug takeback event.
 - teaching the Nepali language to kids to stress the importance of preserving culture and building strong communities.
 - conducting motivational interviews to encourage modifiable lifestyle choices.
 - managing the NAMI Waterbury Instagram page by creating weekly mental health promotion posts and linking youth to resources.
 - conducting community blood pressure screenings at a barbershop, mentoring younger students participating in our program, and running the overall program.
 - entering survey data on participants who were screened in the 'Every Smile Counts' project by CTDPH.
 - collecting data for the Long Island Sound Coastal Zone Survey and describing soil cores with the USDA-NRCS Earth Team.
- Hanako Agresta, an MPH/MD student, maintains ongoing involvement with the Keney Park Sustainability Project, an urban service initiative that provides hands-on training, outreach and community collaborations that help at-risk families become more self-sustainable and environmentally conscious. Hanako is a 2021 recipient of a National Health Service Corps Scholarship in acknowledgement of her commitment to community service.
- Mauro Diaz-Hernandez, a 2023 program graduate, has developed an educational platform "*Climate Change and Health in Connecticut*" that guides students through workshop-based modules on the effects of climate and health and the skills needed to be effective advocates at local and state levels.
- Julia Prescott, a 1st year student, is coordinating efforts across our campus to secure donations of menstrual products for girls attending public schools in underserved areas and increase public awareness of the importance of action to combat period poverty.
- Sara Schulwolf, an MPH/MD student cofounded Students for Accurate Vaccine Information, an interdisciplinary student organization dedicated to building COVID-19 vaccine confidence in the community through education, advocacy and outreach. For her effort, Sara won a 2022 Excellence in Public Health Award from the U.S. Public Health Service.
- Nuratu Quarshie, a 2nd year student, launched the Health Haven Foundation, in 2023 to provide pop-up clinics that provide accessible and comprehensive primary care services (blood pressure measurements, diabetes screening, cholesterol checks, HIV testing and counseling) to underserved populations, promote early detection, preventive care, and empower individuals to take control of their health. (See: <https://www.healthhavenfdn.org/>)

- Cindy Pan, a 2nd year student, undertook extensive research in summer 2023 in Mumbai, India's slums, focusing on the empowerment of young girls through smartphones. Her study involved close interactions with various community leaders, NGO workers, teachers and young girls to discuss pressing issues faced by their communities and the role of smartphones' impact on their education, social connections, and future aspirations. She is also currently working as an AmeriCorps VISTA volunteer, focusing on enhancing early childhood literacy in the North Hartford Promise Zone. She works to foster and strengthen relationships with stakeholders in the North Hartford community, participating in workgroups and community meetings, as well as conducting household surveys, parental interviews, and collecting educator feedback to evaluate current educational initiatives.
- Our Public Health Graduate Student Organization sponsors a number of activities throughout the year.
 - 'Baby Safety Shower' with the Connecticut Children's Medical Center (Volunteers will help at a children's activity station, so moms can attend the educational portion while the kids are entertained. We will provide art activities and other things to keep kids busy.)
 - 'World Day of Remembrance for Road Traffic Victims' (Volunteers are needed, especially setting up before the start of the event! One big job will be putting small flags into the ground to represent those who have been lost in traffic crashes. After that, volunteers can help direct attendees, hand out water, and staff the info booths.)
 - Annual Day of Service – every Fall, students, staff and faculty join with our partner at the Keney Park Sustainability Project in cleanup efforts to maintain the park.
 - Every holiday season, our students solicit gifts (toys, wearables, etc.) for distribution to community partner organizations involved in direct outreach to disadvantaged constituents around Hartford.

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

We believe Criterion F2 is met.

Strengths: Student involvement in community and professional services is a hallmark of this program. Our coursework and related program activities provide students with many opportunities to contribute to the well-being of the community. Through our intentional action requirement, students contribute a minimum of 20 hours to community service. 78% of respondents to the annual student survey judged the opportunity to network with community-based partners favorably.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: Our Student Engagement Committee continues to identify opportunities for engaged scholarship and community service.

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. 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 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 program) and an indication of how the unit identified the educational needs.

Our program maintains regular contact with Connecticut's local and state public health practitioners and stakeholders. We value their input on program committees, contributors to our curriculum as speakers, preceptors and project mentors. In conjunction with these various encounters, our program leadership periodically engages these practitioners in discussion about workforce needs in the state. As a consequence of such discussions, we have expanded our curriculum in several ways (e.g., expansion of a 2-semester APE requirement, development of course content on budgeting and project management, selection of seminar speakers, etc.).

In Spring 2023, our Program recommended the organization of a standing committee on Workforce Development that would (a) discern training needs of the local and state public health workforce, (b) catalog workforce development activities undertaken by the program's faculty, staff, and students, and (c) provide leadership in advocating for and coordinating resources and a necessary support structure to sustain workforce development for the future. Tentative members of this committee include local health directors (Dr. Michael Pascucilla and Mr. Marco Palmeri), state health department personnel (Thomas St. Louis) and program faculty (Dr. Jennifer Cavallari). As a starting point, the Committee reviewed Connecticut's 2023-28 Connecticut Workforce Development Plan that documented several stressors that comprise the effectiveness and sustainability of the public health workforce.

- Budget and financial management
- Systems and strategic thinking
- Community engagement
- Justice, equity, diversity and inclusion

In response to the state report and other information sources, our program has undertaken several educational activities (summarized in Table F3.1. below) to support the professional development of community partners.

Table F3.1. Examples of Educational/Training Activities by Program Faculty.

	Education/training activity	How unit identified educational need	External Participants served
1	Every fall and spring semester, our program extends invitations to more than 850 community stakeholders to participate in our online 12 th Week seminars. A list of speakers and topics is available (See below). Attendees from outside the program are able to hear from regional and national experts about contemporary topics of interest. These seminars have been successful in identifying potential new collaborators for student projects and faculty research/service.	The Program Director seeks speaker nominations from various sources, including our community partners.	10 - 15 per seminar

UConn Program in Applied Public Health Sciences 12th Week Seminars

2019

- *The Climate Crisis and Health*, Barry Levy, MD, MPH, Past President APHA, (2019)
- *Social Justice and Health*, Tekisha Dwan Everette, PhD, MPA, Executive Director of Health Equity Solutions, Inc.

2020

- *Assessing COVID-19 knowledge, attitudes and behavioral adaptations of Connecticut residents*, Stephen L. Schensul, PhD, Professor Emeritus of Public Health Sciences
- *Transforming Child Health Services*, Woodie Kessel, MD, MPH Senior White House Advisor and Paul Dworkin, EVP Community Child Health at the Connecticut Children's Medical Center

• *Climate Change Communication* Jim O'Donnell, PhD, Executive Director of the Connecticut Institute for Resilience & Climate Adaptation (CIRCA) and Professor of Marine Science at UConn and Connie Roser-Renouf, PhD, is an Associate Research Professor, George Mason University

- *Enhancing Student Educational Experiences*, Sarah Levin-Lederer, MPH, New England Region of the National Network of the Library of Medicine

2021

- *Policy Analysis in Practice: A Public Insurance Option for Connecticut*, Kevin Lembo, Comptroller, State of Connecticut
- *Opportunities for Engage Scholarship*, Julia Yakovich, UConn University Director of Service Learning Initiatives
- *Addressing Social Determinants of Health: Food, Food Security and Health*, Martha Page, Executive Director, Hartford Food System
- *Reinventing Food Banks and Pantries*, Katie Martin, PhD, Executive Director, Foodshare Institute for Hunger Research & Solutions
- *Promoting physical activity through transportation improvements*, Tim Malone, Principal Planner at Capitol Region Council of Governments
- *Extreme heat, heat waves, and human health: Today and tomorrow*, Michelle L. Bell, Ph.D. Mary E. Pinchot Professor of Environmental Health Yale University School of the Environment
- *Does exposure to urban heat vary systematically by demographic group?*, Glenn Sheriff, Ph.D. School of Politics and Global Studies Arizona State University
- *Enlightened Health Policies for Disadvantaged Communities*, Harald Schmidt, Ph.D., M.A. Department of Medical Ethics and Health Policy Perelman School of Medicine, University of Pennsylvania

2022

- *Are Lessons Ever Learned? Reflections on Pandemics Past, Present, and Future*, Dr. Pietro D. Marghella, D.Sc., M.Sc., M.A., CEM, Milken Institute School of Public Health, George Washington University, Former Director, New York State Office of Emergency Management
- *Violence as a SDoH*, Mighty Fine, CHES Director of the Center for Public Health Practice and Professional Development at APHA
- *Public Health on the Ballot: Connecting Voting, Policy, and Population Health*, Dawn Hunter, JD, MPH

	<p>is Network for Public Health Law's Southeastern Region Director</p> <ul style="list-style-type: none"> • <i>Social Connections, Trust, and Social Support: Implications for Community Health</i>, Renata Schiavo, Ph.D., MA, CCL, Founder and Board President of Health Equity Initiative (HEI) • <i>The Health of the People</i>, Esther Yazzie-Lewis, MA, University of New Mexico, board member to Southwest Research and Information Center. She works with the Navajo people on the reservation in relation to environmental and social justice. • <i>Sustaining DEIJ and Health Equity Initiatives at Academic Health Programs: Headwinds and Landmines are Here</i>, Jeffrey Hines, MD, Associate Vice President and Chief Diversity Officer of UConn Health 2023 • <i>Public Health and Advocacy for Eating Disorders: Current Efforts and Future Directions</i>, Dr. Brooke Bennett, Assistant Professor, Psychology, Clemson University • <i>Transformative and Responsive Community Engagement</i>, Dr. Nancy McHugh, Executive Director of Fitz Center, University of Dayton • <i>Racism is a Public Health Crisis, and the State is Aiming to Address It</i>, Pareesa Charmchi Goodwin, Executive Director, Commission on Racial Equity in Public Health for the Connecticut General Assembly 		
2	<p>Dr. Jennifer Cavallari, PI of the Center for the Promotion of Health in the New England Workplace, a NIOSH Total Worker Health Center of Excellence, has provided a broad range of professional development for workers and employers to improve work well-being.</p> <p>1-Hour Presentations at Trade and Professional Conferences:</p> <ol style="list-style-type: none"> 1. Total Worker Health: A Holistic Approach to Workplace Safety, Health & Wellbeing. Connecticut Small Business Association, April 2023. (150 attendees) 2. Cavallari JM and Nobrega S. Supporting Workplace Mental Health and Well-being. AIHce EXP (American Industrial Hygiene Association) 2023, Phoenix, AZ, May 2023. (30 attendees) 3. Cavallari JM et al. Addressing Total Worker Health® Approaches to Advancing Worker Well-Being. AIHce EXP 2023, Phoenix, AZ, May 2023. (30 attendees) 4. Cavallari JM. Engaging workers to achieve Total Worker Health® outcomes. AIHce EXP 2022, Nashville, TN, May 2022. (30 attendees) 5. Cavallari JM. A Total Worker Health® approach to address emerging OSH needs in a changing workforce. AIHce EXP 2021, Virtual, May 2021. (20 attendees) 6. Cavallari JM. HearWell: A participatory approach to hearing protection use and 	<p>The offerings were tailored following a needs assessment of over 200 professionals who support worker well-being between July and November 2022. Furthermore, an advisory group of safety professionals provided feedback on the content and pedagogy used in the on-demand course.</p>	280 persons

	training. AIHce EXP 2021, Virtual, May 2021. (20 attendees)		
	1-hour Recorded Webinars Available for Continuing Education Credit 1. Total Worker Health. American Conference of Governmental Industrial Hygienists. On-Demand Webinar, May 2021. (100 attendees) 2. Cavallari JM. Keynote Address: Total Worker Health for Occupational Health and Safety Professionals. OH&S Virtual Summit, June 2020. (300 attendees)		400 persons
3	The DMHAS Center for Prevention Evaluation and Statistics at UConn Health is a program within the DPHS that support state, regional and community partners in a public health approach to substance misuse prevention and mental health promotion. Directed by Megan O'Grady, a core function of CPES is to conduct training and capacity building among the behavioral health workforce at the regional and community level.		
	1a. CPES provided group training and capacity building on data-driven needs assessment with DMHAS-funded regional planning entities (Regional Behavioral Health Action Organizations, or RBHAOs), as well as substance misuse prevention coalitions. These trainings were supported by CPES-developed guidance documents, worksheets, data workbooks, report templates, and review rubrics.	A data-driven strategic planning process, using SAMHSA's Strategic Prevention Framework, highlighted the need for data capacity building for Connecticut's behavioral health prevention and health promotion workforce at various levels.	Regional: 15 individuals representing 5 regional planning organizations that serve all CT towns/cities.
	1b. Regional needs assessment training and support efforts with RBHAOs supported their biennial regional planning processes (2020/21 and 2022/23) and were ongoing from 7/1/2020 - 7/1/2021 and 10/1/2022 - 5/1/2023.		20 individuals representing coalitions in 17 towns.
	1c. Community-level needs assessment trainings, in the form of virtual and in-person Learning Communities/Collaboratives, spanned two funding initiatives, with training sessions 8/13/2021, 9/24/2021, 9/15/2023, 10/27/2023, followed by ongoing support, TA and report review. A data-driven strategic planning process, using SAMHSA's Strategic Prevention Framework, highlighted the need for data capacity building for Connecticut's behavioral health prevention and health promotion workforce at various levels.		TOTAL: 35 individuals representing 5 CT planning regions and 17 town coalitions

	2. CPES used regionally customized interactive data profiles (regional data stories) as a base for 5 regional trainings (Data Walks) with professionals and other stakeholders, to enhance local capacity to utilize regional and local data for public health planning. Data Walks trainings were conducted in all five regions 5/31 – 7/1/2023.	A data-driven strategic planning process, as well as key informant data collected through the regional planning process, highlighted the need for data capacity building for behavioral health prevention and health promotion workforce and stakeholders.	50 individuals
--	---	--	----------------

As members of the Community Health Alliance (See: <https://cracthealth.org/>), Public Health Science faculty have access to competitive funding that brings together a community partner(s) with PHS faculty for formative or pilot intervention research addressing a significant community need of economically or otherwise marginalized communities. The Alliance is a diverse group of community organizations and academic entities around Hartford CT that is focused on building collaborative research and service programs across multiple sectors through balanced power sharing and systems thinking approaches to addressing population health needs. Two examples are:

- Dr. Angela Bermúdez-Millán is working with the Hartford Special Supplemental Nutrition Program for Women, Infants and Children to understand the barriers to WIC Farmers Market Voucher Redemption among Hartford participants. Preliminary findings will inform the design of a community-based intervention to target childhood obesity designed for low-income WIC program participant. This project has led to student research and engagement opportunities, capstone/thesis and public presentations.
- Drs. Shayna Cunningham and Jennifer Cavallari are working in partnership with Hartford Communities That Care to characterize, determine root causes of, and identify interventions that promote the well-being of Community Health Workers (CHWs) in Connecticut. Following best practices for community-based participatory research, all aspects of the study are being guided by a Steering Committee consisting of CHWs, and representatives from organizations that are CHW employers or advocates. To date, funding has supported the development of the academic-community partnership, generated preliminary data needed to obtain extramural funding, and provided evidence to support ongoing CHW advocacy efforts in Connecticut.

Our program offers 3 Graduate Certificates (See: <https://health.uconn.edu/public-health-sciences/education-and-training/>) for persons who are not matriculating in our public health program. These certificates have proven valuable to persons working in various public health and social service agencies. Between 2019 and 2023, coursework associated with our Certificate in Interdisciplinary Disabilities Studies in Public Health had 67 enrollments, courses associated with our Foundations in Public Health Certificate had 51 enrollments and those pertaining to the Social Determinants of Health and Disparities Certificate had 36 enrollments (beyond required medical students discussed in the self-study's introduction). In aggregate, more than 150 registrations in graduate courses occurred during this period.

Our program also is popular for non-degree students with specific academic interests. During the 2022-23 academic year, 24% of course registrations in our PUBH courses were non-degree students, while that percentage for the 2020-21 and 2021-22 academic years exceeded 30%.

Beginning in Fall 2024, Dr. Michael Pascucilla, Director of the East Shore District Health Department will offer an online elective on Public Health Leadership addressing topics of budget & grant writing, labor law, personnel management /human resources, ethical/moral leadership, networking/partnerships, time management and staff recruiting. The course is antecedent to program plans to engage Dr. Pascucilla in guiding the development of an online graduate certificate on Public Health Leadership for the public health workforce. The 4-course/12-credit certificate will include this leadership seminar along with electives on program evaluation, strategic planning and human resource management. The program maintains dialogue with the CT Department of Public Health about opportunities for tuition waivers and field placements.

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

We believe Criterion F3 is met.

Strengths: Our program maintains extensive and productive interaction with community partners and is able to offer education/training activities that are in response to community-identified needs. In particular, our 12th Week seminar series is well attended by stakeholders, as well as students and faculty. Together, these presentations offer ample opportunity for all to express needs and identify collective capacities.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: Our Workforce Development Committee is committed to identifying training and service opportunities within the public and private workforce.

DRAFT

G1. Diversity and Cultural Competence

The program defines systematic, coherent, and long-term efforts to incorporate elements of diversity. Diversity 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 competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

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

Connecticut, with roughly 3.6 million residents, is both a place of considerable wealth (per capita income \$83,572, ranked 1st in the nation) and a place of impoverishment (9.8% of the population currently lives below the federal poverty level) and inequity (Gini coefficient = 0.501, ranked 2nd in the nation). 70% of the State's population identifies as Caucasian, 17% as Hispanic and 13% as Black/African American. While Connecticut is among the healthiest places in our nation, it is also a place of substantial inequities of health and health care.

We desire to sustain an academic community that is inclusive of individual differences and reflects the diversity of Connecticut's population. Included among our program's goals is the intention to "build an inclusive workforce to equitably address community needs and aspirations." In turn, among our values we seek to sustain equitable partnerships with stakeholders and incorporate differing beliefs and practices within all program activities.

We seek a faculty that is diverse regarding race and gender. The UConn Office of Institutional Equity oversees training of personnel serving on faculty search committees to assure their understanding about AA/EEO compliance and overcoming implicit bias in the search and hire process.

At UConn, the recruitment, retention and promotion of program faculty is the prerogative of the school within which a faculty member is appointed. The need for full- or part-time faculty to be recruited, retained and/or promoted is communicated as non-binding recommendations of the Program Director to the Administration during the annual budget cycle. Recruitment for authorized faculty positions adheres to guidelines established and monitored by the UConn Department of Human Services. Job descriptions are posted on the UConn Health's Human Resources website and advertised on national employment sites (e.g., Higher Ed Jobs, publichealthjobs.net, etc.). Candidates for full-time positions are reviewed by a Search Committee that screens all applications and recommends a subset of individuals for in-depth interviews. Search Committees, in turn, reflect a broad representation of interests and training on practices that support diverse, equitable recruitment.

With regard to student recruitment and admissions, our program values differences of culture, beliefs and experiences that are present across race/ethnicities, socioeconomic standing, places of residence and educational/employment histories. We do so with the understanding that diverse, inclusive places for work and study benefit all individuals who come to feel safe and recognized in those settings. Recognizing and addressing the needs of vulnerable groups is an essential element of social justice and an efficacious means of assuring a responsive, resourceful and respectful public health workforce. To this end, we employ holistic review procedures that allow the knowledge, experiences and expectations of every applicant to be fully considered in relation to our program's mission and goals. We encourage application by individuals within any of the following groups:

- first-generation college graduates,
- non-native English speakers,
- residents of socioeconomically disadvantaged communities,
- persons with no prior health- or public health-related work experience,

We understand that approximately 20% of persons pursuing a post-graduate degree in Connecticut are first-generation college graduates; 1 in 5 individuals report a primary language other than English, 1 in 10 of our State's residents reside in census tracts with $\geq 15\%$ of households below the federal poverty level and approximately 9% of adults have work histories in health-related employment.

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

In pursuit of diverse, inclusive enrollment, we have undertaken several steps to ensure that populations that historically have been difficult to reach have information and access to materials and support needed to complete applications for admission.

- Our program recruiters regularly hold information sessions for students attending one of UConn's branch campuses that enroll large proportions of students in one or more of the above categories. We are committed to holding 1 or more information sessions per month throughout the academic year. Informational resources on our program's website include a recruitment video that by presenters and topics attempts to be reflective of the backgrounds, interests and concerns of these applicants.
- Our program recruiters regularly reach out to persons who visit our web page or reach through any social networking site (e.g., Facebook, X, Instagram and LinkedIn), providing updates on our admissions process, sharing news of program events and personnel and nudging those with 'in process' applications to submit before established deadlines.
- We value engagement and follow-up with 'non-traditional' applicants (e.g., state employees, persons over age 30, veteran's, etc.) who tend to be less aware of the public health curriculum and career options. Each semester, our program recruiters schedule live, web-based information sessions for individuals who inquire online about our program. Those information sessions are tailored to encourage people with diverse experiences to apply to our program by using clear and accessible language to describe potentially unique impact on the field.

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

UConn's Office of Institutional Equity (OIE) provides services and support essential to preserving the university's commitment and responsibility to equitable and inclusive working and learning environments. It administers non-discrimination policies of the university specific to discrimination and harassment, accessibility and employment equity, as articulated in state and federal regulations (e.g., the Americans with Disabilities Act, Title IX of the Education Amendments Act of 1972, etc.). The OIE also is a source of faculty, staff and student training on topics of diversity awareness, sexual harassment prevention, and search committee activities. UConn Health's Chief Diversity Officer, Jeffrey F. Hines, MD, functions as a 'converger' who regularly shares information to foster collaborative efforts to strengthen diversity and inclusion throughout the campus. UConn's Graduate School, for its part, hosts regular training sessions for faculty on these topics. Its *Timely Topics Seminars*, which are routinely advertised, free to take and maintained for later retrieval, addressed the following topics:

- *Advising and mentoring historically excluded or racially oppressed graduate students* (Discusses the experiences of graduate students of color, the challenges of mentoring and best practices toward better mentoring and provided action items and ideas to make change.)
- *Neurodiversity and the advisor/advisee relationship* (Addresses the importance of open communication to support the success of neurodiverse graduate students in STEM programs and common scenarios in the neurodiverse graduate student experience.)
- *Racial microaggressions and the cumulative and deleterious effects on historically excluded and racially oppressed faculty, staff and students* (Discussed racial microaggressions and how racial microaggressions harm historically excluded and racially oppressed faculty, staff, and students by

looking at both the individual, as well as through a structural lens to get a clearer picture of life at historically white colleges and universities.)

- *Supporting graduate students with disabilities* (Using a case-based approach, this seminar examines UConn's authority to engage in an interactive process with each student and determine appropriate accommodations on an individualized basis.)
- *What does talking about career in the classroom have to do with equity?* (This seminar examines career inequity, the implications for marginalized and first-generation students, and how to help by incorporating career development instruction via assignments and through course conversation.)

Our program seeks to sustain diversity and cultural competency by incorporating such considerations throughout the curriculum, by its support of scholarship and service that reflects such values, by policies that support a climate of equity and inclusion that is free of harassment and discrimination, by recruiting and retaining diverse faculty, staff and students. Through ongoing performance reviews, we have proceeded to amend our program's vision, mission and goals, transform our approach to instruction (i.e., greater reliance on team-based learning) and student evaluation (emphasis on competencies) and adopt holistic review of applicants. The result has been greater collective attention to health equity in the curriculum, encouraging faculty development efforts and providing opportunities for equity-focused research and service.

- Community-based partnerships. Our program maintains active collaboration and regularly receives feedback from a network of community-based programs that informs our priorities for equity-focused research and service and contributes to the training of our students. Examples of these organizations include:
 - The Hispanic Health Council, which has operated since the early 1970s to improve the health and social well-being of Latinos and other diverse communities. The Council has conducted groundbreaking work in several areas including alcohol abuse and smoking among Puerto Rican teenagers; child abuse prevention; hunger, food insecurity and nutrition practices and beliefs; substance abuse during pregnancy; diabetes management, HIV risk reduction; and many others.
 - The Institute for Community Research conducts research in collaboration with community partners to promote justice and equity in a diverse, multiethnic, multicultural world. The Institute engages in and supports community-based research partnerships to reverse inequities, promote positive changes in public health and education, and foster cultural conservation and development.
 - UConn Migrant Farm Worker Clinics allow our students with clinical care interests to conduct no-cost medical and dental health screening on site for farm workers throughout summer months.
 - The Connecticut Area Health Education Centers (AHEC) works to improve health care access across Connecticut with a focus on linking local community groups to, or with, other health professions training programs.
 - The Connecticut Primary Care Association (CPCA) seeks to educate the public, health policy makers and health care providers in its effort to promote comprehensive health care across its network of not-for-profit community health centers.
 - The A.J. Pappanikou Center for Excellence in Developmental Disabilities provides interdisciplinary leadership on evidence-based practices and policies to ensure all of Connecticut citizens with disabilities and their families fully participate in all facets of community life.
 - The Connecticut State Departments of Public Health, Children and Families, Social Services and Mental Health and Addiction Services maintain robust research and service initiatives intended to sustain the 'safety net' for our state residents.

Every year at the conclusion of the admission cycle, the Admissions Committee reports on the backgrounds and academic characteristics of our applicant pool, along with follow-up information on offers of admission made by the committee and the yield from that effort. UConn's Office of Institutional Research provides constituents with timely data and analysis of student registration for planning and decision-making. Data on the graduate student lifecycle (i.e., applied, admitted, matriculated, enrolled 1st Term) are available regarding student diversity (gender, ethnicity, underrepresented minority status and citizenship) and student residency. The program administration and Advisory Council considers these findings with the intent of adjusting future enrollment projections and to recommend changes/improvements to our student recruitment strategies.

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

Institutional support UConn Health maintains a diversity plan that addresses such topics as HIV/AIDS non-discrimination, Persons with Disabilities and Prohibition of Sexual Harassment. These plans are routinely updated and continuously monitored by the State of Connecticut Commission on Human Rights and Opportunities (CHRO).

The CT Multicultural Health Network facilitates communication, coordination, and awareness through an electronic system that routinely shares information and notifies members of multicultural initiatives and opportunities (i.e., local, State, and National Webinars, grant opportunities, conferences, meeting notices, data resources, reports, comments and discussion on major documents that effect state and national laws and changes in government, calls for proposals, surveys, etc.).

A health equity focus across the curriculum – Our faculty has embedded topics and activities emphasizing the importance of health equity in public health practice in courses that are responsive to foundational competencies #6, 8, 12 and 20 and concentration competency #1 (See Criteria D2 and D4, respectively). Below, we summarize active learning assignments for 6 of our 9 foundational courses that address diversity and cultural competency:

PUBH 5403 Health Administration

- Individuals complete graded homework selecting and defining one essential service from each core functions (Assessment, Policy Development, Assurance) and provide examples of how these services are administered at either state or local level through the lens of equity.
- Individuals complete graded homework reviewing functions of CT Legislative Committees (Public Health, Public Safety, Committee on Children, etc.) and identifying an act closely linked to public health policy, education, administration or regulation to describe the act's potential impact on providing equitable public health services in Connecticut.
- Individuals use the OECD database to compare the U.S. and 2 OECD nations regarding health expenditures, healthcare resources, utilization and quality.
- Individuals complete classwork describing how, as health directors, they would undertake study of root causes of diabetes disparities across towns that they serve.

PUBH 5404 Environmental Health

- Teams complete graded classwork preparing a Health Impact Assessment about a proposed food preparation and distribution facility in an urban setting.

PUBH 5405 Social & Behavioral Foundations of Public Health

- Teams complete graded homework describing biological, genetic and behavioral determinants of elevated IMRs within Black/African American communities and offer evidence-based recommendations for public health action.
- Teams will complete graded homework describing the socioeconomic effects of residential location on personal health and offer evidence-based recommendations for public health action.
- Teams complete graded homework proposing an implementation strategy that is culturally sensitive to a marginalized community of interest.
- Teams complete graded homework designing Community-Based Participatory Research (CBPR) project focused on food security within a Connecticut community.

PUBH 5406 Law and Public Health

- Individuals complete graded homework on designing ethical public health interventions pertaining to communicable disease control.
- Teams complete graded classwork evaluating assigned articles for their focus on SDoH and structural racism.
- Individuals complete graded homework preparing advocacy statements for use in legislative or regulatory actions to promote equitable, ethical health services.

PUBH 5407 Practicum in Public Health (APE)

- Individuals complete graded homework mapping community assets relevant to a community of interest, drawing on available demographic, survey and organizational records to prepare a quantitative and qualitative characterization of situational factors affecting community health status.
- Individuals complete graded homework identifying ethical/legal issues affecting access, availability and/or quality of health and social services for at-risk communities.
- Individuals complete graded homework identifying an ethical/legal issue relevant to a community of interest that affects the availability of access to and quality of health services and identifies the rights of individuals and the responsibilities of stakeholders to act.

PUBH 5411 Introduction to Interprofessional Public Health Practice

- Individuals complete graded homework highlighting 2 sentinel events in public health history that reflect philosophical and ethical aspects of the field.
- Teams complete graded homework as equity consultants to LHDs on practices to enhance cultural awareness by agency staff.
- Teams complete graded homework using a 'systems thinking' to characterize disparities in birth outcomes among B/AA women.

Public seminars Our program, through its various speaker series, has maintained an ongoing focus on diversity, equity and inclusion. Examples include:

2021

- Dr. Helen Swede, Public Health Sciences, *Sickle Cell Trait: Evidence of disparities in cancer outcomes & other chronic conditions*.
- Dr. Angela Bermúdez-Millán, Public Health Sciences, *Food insecurity & health outcomes*.
- Professor Judy Lewis, Public Health Sciences, *Haiti resilience & recovery*.

2022

- Dr. Shameen Jinadasa, Visiting Fulbright Scholar from Sri Lanka, *Community engagement in water & health in Sri Lanka*.
- Dr. Jean Schensul/Candida Flores, Institute for Community Research, *Principles of community research*.
- Dr. Krishna Thilakarathne, Visiting Scholar from Sri Lanka, *Dental Fluorosis & its impact on quality of life for adolescents in Sri Lanka*.
- Dr. Margaret Weeks, Institute for Community Research, *Community participatory system dynamics – HIV treatment & prevention*.
- Dr. Zita Lazzarini, Public Health Sciences, *Structural racism: A systemic illness*.
- Dr. Renata Schiavo, Founder and Board President of Health Equity Initiative (HEI), *Social connections, trust, and social support: Implications for community health*.
- Professor Esther Yazzie-Lewis, University of New Mexico, Board Member to Southwest Research and Information Center, *The health of the people*.
- Dr. Jeffrey Hines, Associate VP and CDO of UConn Health, *Sustaining DEIJ and health equity initiatives at academic health programs: Headwinds and landmines are here*.

2023

- Dr. Jean Berchmans Uwimana, *Innovative approaches to health promotion and behavior change*.
- Ken Barela, CEO of Hispanic Health Council, *Serving people of color – Integration, collaboration & sustainability*.
- Dr. Nancy McHugh, Executive Director of Fitz Center, University of Dayton, *Transformative and responsive community engagement*.
- Pareesa Charmchi Goodwin, Executive Director, Commission on Racial Equity in Public Health for the Connecticut General Assembly, *Racism is a public health crisis, and the state is aiming to address it*.
- Dr. Emil Coman, CT Health Disparities Institute, *Racial/ethnic differences in life expectancy in CT: Combining 'naive' statistics and spatial econometrics into modern spatial epidemiology*.
- Rosa Raudales, UConn Director of Outreach & Engagement, *Promoting an inclusive society*.
- Dr. Zita Lazzarini, Public Health Sciences, *The end of Roe v. Wade – States' power over health and well-being*.
- Tina Huey, Associate Director of Faculty Development UConn CETL, *Equity-minded teaching*.

Faculty publications/presentations addressing diversity, equity and cultural competency Our program maintains a robust program of faculty research and service that addresses, among other things, the health implications of diversity, inclusion and cultural competency in health/well-being, health care utilizations and health outcomes. Several Examples are provided here:

Dr. Angela Bermúdez-Millán

- Wagner J, Bermúdez-Millán A, Buckley T, et al. Self-reported outcomes of a randomized trial comparing three community health worker interventions for diabetes prevention among Cambodian Americans with depression. *Patient Education and Counseling*, 2022,105,3501-3508.
- Berthold SM, Fein R, Bermúdez-Millán A, et al. Self-reported pain among Cambodian Americans with depression: patient-provider communication as an overlooked social determinant. *J Patient Rep Outcomes*, 2022, 23;6(1):103.
- Wagner J, Bermúdez-Millán A, Berthold SM, et al. (06/13/22). Exposure to Starvation: Associations with HbA1c, Anthropometrics, and Trauma Symptoms Four Decades Later Among Cambodians Resettled in the USA. *International J Behav Med* 2023;30(3):424-430.
- Wagner J, Bermúdez-Millán A, Berthold SM, et al. Risk factors for drug therapy problems among Cambodian Americans with complex needs: a cross-sectional, observational study. *Health Psychol Behav Med* 2022, 2410:145-159.
- Polomoff CM, Bermúdez-Millán A, Buckley T, et al. Pharmacists and community health workers improve medication-related process outcomes among Cambodian Americans with depression and risk for diabetes. *J Am Pharm Assoc* 2003, 2021, 30:S1544-3191.

Dr. Stacey Brown

- How to engage in ‘successful’ conversations about race and equity: Developing and evaluating an anti-racism elective for future health professionals,” Webinar, American Public Health Association: Public Health Education and Health Promotion, May 2022.
- “Anti-racism education: an elective for future professionals.” Presentation, Society for Public Health Education, Virtual Conference, March 2022.
- “Race, Disabilities and Children: Teaching about Intersectionality.” Presentation, Council on Medical Student Education in Pediatrics, International Virtual Conference, April 2021.

Dr. Mary Beth Bruder

- Dibble KE, Lutz TM, Connor AE, & Bruder MB. Breast and ovarian cancer among women with intellectual and developmental disabilities: An agenda for improving research and care. *Women's Health Issues*, 2023, S1049-3867(23)00118-4.
- Bruder MB, et al. The Early Childhood Personnel Center: Building Capacity to Improve Outcomes for Infants and Young Children with Disabilities and Their Families. *Infants & Young Children*, 2023,34(2), 69-82.

Dr. Doug Brugge

- Gan W, Manning KJ, Cleary EG, Fortinsky RH, Brugge D. Exposure to ultrafine particles and cognitive decline among older people in the United States. *Environmental Research* 2023, 227:115768.
- Dimitri NC, Ginzburg SL, Ron S, Xu D, England SA, Lowe L, Botana Martínez P, Brinkerhoff CA, Haque S, Brugge D, Sprague Martinez L. Advancing Environmental Justice in the Community Using Charrette: A Case Study in Boston Chinatown. *Environmental Justice* (online).

Dr. Richard Fortinsky

- Fortinsky RH, Robison J., Steffens DC, et al. Association of Race, Ethnicity, Education, and Neighborhood Context with Dementia Prevalence and Cognitive Impairment Severity Among Older Adults Receiving Medicaid-Funded Home and Community-Based Services. *The American Journal of Geriatric Psychiatry*, 2023,31(4):241-251.

Dr. Kristin Guertin

- Harris HR, Guertin KA, Camacho TF, et al. Racial disparities in epithelial ovarian cancer survival: An examination of contributing factors in the Ovarian Cancer in Women of African Ancestry consortium. *Int J Cancer*. 2022 Oct 15;151(8):1228-1239.

Dr. Helen Wu

- Wu H; Ruaño G; Wang B; et al. HbA1c Reduction in Diabetic Older Blacks and Hispanics: A Study on Mobile Physical Activity Tracking. *Translational Journal of the ACSM* 8(3):e000231, Summer 2023.

The UConn Office of Diversity and Equity maintains clear policy and directives regarding the prohibition of harassment and discrimination. The University of Connecticut Compliance Program requires all individuals to report any known or suspected violations of laws, regulations, standards, policies and procedures that apply to UConn Health. The investigation of compliance inquiries is the responsibility of the UConn Health Corporate Compliance Office. The Office may delegate investigations to appropriate units, such as Human Resources, the Office of Diversity & Equity, or the Research Safety Office. Persons who suspect a violation can contact their program administration, the Assistant Dean of the Graduate School, the Compliance Officer of the appropriate UConn Health domain (there are five domains: Administration, Clinical, Research, Finance, and Education), or the REPORTLINE-this is a confidential telephone reporting system operated by a private firm under contract with UConn Health.

Our program requires all matriculating students to complete training in the protection of research subjects and the privacy of health records BEFORE enrolling in coursework. Students, faculty and staff also receive communication related to the Family Education Rights and Privacy Act (FERPA) which summarizes their rights/responsibilities regarding the inspection and review of student records, procedures for amending records, mechanisms to consent to disclosing identifiable information to others and procedures for filing complaints to our Office of Diversity and Equity.

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

Table G1.5. Demographic/experience backgrounds of program faculty, staff and students, 2023-24

	Gender		Race/Ethnicity	
	Female	Male	Caucasian	Other
PIF	13 (87%)	2 (13%)	10 (67%)	5 (33%)
NPF	7 (47%)	8 (53%)	9 (60%)	6 (40%)
Staff	5 (71%)	2 (29%)	3 (43%)	4 (57%)

Student Enrollment Category	2020-21	2021-22	2022-23	2023-24
% 1 st generation college graduates	NA	NA	25%	NA
% Non-white (Other race/ethnicities)	35%	17%	33%	40%
% non-native English speakers	14%	23%	15%	12%
% Residents of SES-disadvantaged communities ¹	8%	9%	19%	18%
% Applicants without health- or public health-related work experience	47%	46%	49%	44%

¹ SES disadvantage = census tracts with greater than 15% of residents below the federal poverty level.

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

Responses to our 2023 student survey indicate that 85% rated faculty and the program to be positive (i.e., "Very good" or "good") to sensitive issues of diversity and 91% rated them to the same degree regarding their teaching about cultural competency. Our alumni survey offers equally positive assessments on the program's impact on issues of diversity and cultural competency.

- 94% expressed confidence in their ability to evaluate policies for impact on public health and health equity,
- 96% of alumni consider themselves 'confident or very confident' regarding their ability to discuss how structural bias, social inequities and racism undermine health and efforts to achieve health equity,
- 98% responded similarly to their ability to apply awareness of cultural values and practices when implementing public health policies or programs and

- 100% of respondents acknowledged the importance of cultural competency when communicating public health content.

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

Strengths: The program has 5 self-defined, priority underrepresented populations that it works to recruit to the program through a health equity focused curriculum and a multi-faceted recruitment program that has succeeded in recruiting students in proportion to our expectations. A rich array of invited speakers, along with institutional and program support provides an inclusive environment for staff, faculty and students. The quality of faculty teaching about cultural competency was judged favorably by 91% of students who responded to the annual student survey. Faculty responsiveness to issues of diversity was judged favorably by 85% of survey respondents.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: The Program Director and our Operating Committee will work to identify additional ways to recruit and retain a diverse student body.

DRAFT

H1. Academic Advising

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

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

Academic advising occurs through both formal, scheduled events and through ad hoc meetings of advisors with their advisees. Every academic year begins with a half-day orientation for incoming students pursuing our Standalone, Dual degree and FastTrack pathways to the MPH. Approximately, one month prior to orientation day, students receive a packet of forms necessary to the University's on-boarding process (e.g., immunizations, IDs, parking, bursar, etc.), along with a video that explains procedures to follow in preparation for orientation day.

Our program orientation is an opportunity for the Program Director to introduce students to various campus administrators (e.g., Bursar, Registrar, Graduate School and Medical School Deans, etc.), tour the UConn Health campus and begin social relationships with faculty, staff and students. Orientation is the program's first opportunity to emphasize principles of interprofessional practice by including several team-based activities during the session. Before leaving, students will have registered for required fall courses, receive confirmation of tuition and fee bills, obtain an email address and access to the UConn mail system, secure a UConn Health ID necessary for building and library access, confirm their immunization status, pass a background check, learn how to access the university's online learning platform (i.e., HuskyCT), obtained a parking pass and receive instruction about required trainings to be completed (e.g., online courses on research ethics and conduct as a member of the UConn community, web-based CITI Training on research ethics, regulatory oversight, responsible conduct of research, research administration, and other topics pertinent to the interests of member organizations and individual learners and training on HIPAA principles). Incoming students unable to participate in the program's orientation are required to meet individually with the Program Director who covers the above requirements and responsibilities.

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.

When a student accepts our invitation to matriculate in the program, whether on the Standalone, Dual degree or FastTrack pathway to the MPH, he/she is assigned an academic advisor who our Admissions Committee believes best relates to the student's stated background and interests. All academic advisors are on the UConn faculty and nearly all are based within the Department of Public Health Sciences. Typically, incoming students and initial academic advisors will work together over the first year. Depending on the synchronicity of student and advisor interests, procedures are in place whenever a change of advisors is desirable. By their second year of study, all MPH students will have completed at least 4 foundational courses. Academic advisors are expected to focus their support of students on the design of their ILE projects.

Feedback from students during the COVID lockdown revealed a level of dissatisfaction with the quality of advising and career counseling they received from advisors. Several observed that identifying a major advisor to supervise ILE projects sometimes was difficult because sufficient information about faculty interests and availability was not readily accessible. They recommended that the program take a more active role informing students of opportunities to work with individual faculty and that the Program Director closely monitor the performance of faculty in this capacity. However, students did express

satisfaction with faculty advisement once their major advisor had been identified. They judge advisors to be highly knowledgeable and helpful in completing their program assignments. Other students noted that some advisors were either uninformed or difficult to connect with throughout the year.

Aware of these concerns, the program's Operating Committee has instituted several additional practices that appear to have reduced such concerns. During a student's first year of study, we have limited the role of their assigned academic advisors to a specific, limited domain for which they are responsible. Assigned academic advisors are expected to meet with students to (a) help them articulate appropriate educational and career goals, (b) assist in the selection of elective courses that best align with those goals and intellectual interests, and (c) help the program to identify and address obstacles that may limit student success. To assist academic advisors in meeting those responsibilities, we provide program advisors for 'entering' (i.e., Dr. Kristin Guertin) and 'graduating' students (i.e., Dr. Angela Bermúdez-Millán). Dr. Guertin works with first-year students to assure that they are aware and complete the various program and university requirements to efficiently matriculate. In her communication and interaction with this student cohort, Dr. Guertin addresses topics of course sequencing and prerequisites, required training and documentation, potential credit/course waivers, and procedures to request waivers and other modifications to the standard plan of study.

For students who are approaching graduation, a 0-credit HuskyCT 'course' (titled: MPH Candidates: 2nd Year/Graduating Students) has been implemented to support students in completing the program's anticipated timeline and deliverables for successful completion of a graduating year plan of study. This HuskyCT site provides students with deadlines, instructions for completing program requirements and a portal for submission of required materials (ERF - H1.4 Sample of advising materials – presented in MPH Graduating Class Website.pdf). This tandem advising of academic and organizational content has been well-received by students and significantly reduced the numbers of individuals unsure or unable to address program requirements.

In addition, the program has implemented several practices intended to inform students of university and program requirements and support their explorations of research, service and career opportunities. Our bi-monthly *Public Health Happenings* newsletter regularly features information about requirements and pending deadlines, internship and employment opportunities and featured articles about the work and experiences of faculty, program graduates and community partners. Our newsletters distributed using email and social media are available for review (ERF – H1.4 Sample of advising materials).

Our 12th Week seminar series routinely includes a Wednesday evening in-person session that students and faculty advisors are expected to attend. These sessions typically include program updates by the Program Director and our student organization leadership on degree requirements and available academic support services. Complementary to the above efforts, UConn's Graduate School guide to faculty on best practices when mentoring of graduate students is available for review (ERF - H1.4 Sample of advising materials).

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

Faculty identified in Tables E1.1. and E1.2. are expected to contribute, as needed, as advisors of MPH students. 'Training' occurs informally through their participation in department and program meetings that are held throughout the year. Initially, the Program Director will speak with the faculty about their responsibilities as advisors and how they can receive follow-up support from the director and/or the program advisors described above. Annual student surveys provide information on the overall effect of our advising system and practices on student performance and satisfaction. Exit surveys from recent graduates provide feedback on the performance of specific in their roles as ILE mentors. Feedback from representatives of our student organizations has been brought to the attention of all standing committees on which students are participating. Based on that information, our Operating Committee reviews and considers modifications to current policies and practices.

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

Our program's student handbook, listing all degree requirements, timelines and program/university supports is available (ERF – H1.4 Sample of advising materials). The content of our HuskyCT course, MPH Candidates: 2nd Year/Graduating Students is available for review (ERF - H1.4 Sample of advising materials – presented in MPH Graduating Class Website.pdf).

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

Students express satisfaction with advisement once a major advisor has been identified. Results from our 2023 student survey indicate 97% of respondents judged the availability of faculty advisors favorably and 89% had a favorable view of advisor's knowledge and input on program requirements. All survey respondents expressed favorable opinions regarding overall faculty availability.

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

We believe Criterion H1 is met.

Strengths: Program faculty's and staff's investment in supporting student learning is reflected in positive feedback received from annual student surveys. Responses to the annual survey indicate 82% of students consider the requirements for earning the MPH degree to be clearly expressed by the program. Nearly all respondents to the 2023 survey judged the availability of faculty and their advisors, favorably (100% and 97%, respectively). Similarly, survey respondents judged the clarity of degree requirements and the advice received from advisors favorably (82% and 89%, respectively). Roughly 9 of 10 survey respondents view the quality of our communication of program news and information to be favorable.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: We continue working with the SoM to secure sufficient resources of time and effort for faculty to address the advisement needs of our students. The Program Director will continue to work the faculty and program advisors to communicate differences and rationales for students in selecting to complete a Plan A thesis or Plan B capstone paper as their ILE project.

H2. Career Advising

The program provides accessible and supportive career advising services for students. 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 sensitive to their professional development needs; these faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable.

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.

Career and placement advice is provided in a variety of ways ranging from in-person consultation with program advisors to print and electronic resources on job and internship availability, to guidance on resume building, interview skills and social networking. The effort is jointly initiated by the program's administration, faculty advisors, community partners and the University's Center for Career Development. Students are regularly informed about local and other institutional resources at their disposal through our electronic newsletter and through the program's bulletin board. Public health students also have access to a large network of alumni who interact with the program as field preceptors, course instructors/lecturers and committee members.

Keenly aware of the public health worker shortage, the Connecticut Public Health Association (CPHA) leaders established a Mentors on Request (MOR) program in 2007 to seed the state's pipeline of public health workers with a culturally diverse and academically prepared workforce. The MOR has prioritized introducing career options in public health to students from high to graduate school through mentoring activities intended to encourage advocates and knowledgeable citizens, even if they do not pursue a career in the field. Since its onset, MOR has grown from 7 organizational members to 45.

Our program, for its part, offers numerous opportunities for indirect career guidance for students by providing a large array of outside speakers within our curriculum where students are able to hear, engage and connect with speakers/presenters who represent public health practice, health system, community service and academic careers.

Table H2.1. Speakers/presenters in program courses, 2022-24.

Speaker	Affiliation
Mark Abraham, MPH	Director, DataHaven, New Haven
Emily Ahonen, PhD, MPH	Director, Utah Center for Promotion of Work Equity Research
Anne Bracker, MPH	CONN-OSHA, CT Department of Labor
Karen Buckley, MS	VP for Advocacy, Connecticut Hospital Association
Stan Chartoff, MD	Emergency Medicine, Hartford Hospital
Kevin Collins, MS	Director of Grant Marketing, CT Health Foundation
Deana D'Amore, MPH	Director, City of Norwalk Health Department
Mehul Dahal MD	Director of Chronic Disease, CT Department of Public Health
Valery Danilack-Fekete, MPH, PhD	Associate Research Scientist, Yale/YNHHS Center for Outcomes Research and Evaluation

Steven Dashiell, PhD	School of Communications, American University
Steve Delaronde, MPH	Senior Director, Project Management 3M Corporation
Mauro Diaz-Hernandez, MPH	Program Administrator, Yale Center on Climate Change and Health
Mike Flynn, MA	Occupational Health Equity Program, NIOSH
Madeline Granato, MSW	CT Paid Family Leave Authority
Lucinda Hogarty, MPH	Director, CT Cancer Partnership
Anne Hulick, MS, JD	Coalition for a Safe and Healthy CT
Samia Hussain, MPH	Director, Office of Multicultural Health, CT Department of Mental Health and Addiction Services
Shubhada Kambli, MDS	Sustainability Director, City of Hartford
Diana Lombardi, MSW	Connecticut TransAdvocacy Coalition
Brenda Lowther, BS	Training Coordinator for Sponsored Research, UConn
Julia McGowan, MPH	Microbiologist, CT DPH Laboratory
Brianna Munoz, DMD	Public Health Advocacy, CT Dental Association
Luis Pantoja, MPH	Director, Quinnipiac Health District
Kate Parker-Reilly, LMSW	CT Dental Health Partnership
Marco Palmeri, MPH, RS,	Director, Bristol-Burlington Health District
Justin Peng, MPH	Supervising Epidemiologist, CT DPH
Frederica Perera, DrPh, PhD	Professor, Environmental Health Sciences, Columbia University
Preethi Pratap, PhD	University of Illinois Chicago School of Public Health
Laura Punnett, ScD	Co-Director, Center for the Promotion of Health in the New England Workplace
Serena Rice, MA	Trainer, Center for the Promotion of Health in the New England Workplace
Jay Sicklick, JD	Former Director, Center for Children's Advocacy
Veena Singla, PhD	National Research Defense Council
Danielle Smiley-Daniel, RD	Formerly with Hartford Department of Health and Human Services
Bonnie Smith, MPH, CPH	B. Weyland Smith Consulting, LLC
Emily Stiehl, PhD	Health Policy & Administration, University of Illinois Chicago
Derrick Tin, MD	Disaster Medicine Specialist, BIDMC/ Harvard Medical School Disaster Medicine Fellowship
Joseph Tucker, MD	Genetic Counseling Services, UConn Health
Taylor Tucker, MSW	Health Equity Solutions, Inc.

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

Career advising begins in our foundational courses. In PUBH 5411 Introduction to Interprofessional Public Health Practice, for example, students are apprised of the extensive interprofessional network of disciplines and settings where public health practice occurs. For example, they complete homework assignments exploring education and licensure requirements, scope of work, and workforce size (in relation to public need/demand) of careers that frequently interact with public health practitioners (e.g., recreation specialists, transportation managers, industrial hygienists). In PUBH 5407 Practicum in Public Health, students must complete interviews with key community stakeholders.

In addition, the program benefits from the contributions of several community-based practitioners who contribute to our array of elective course offerings. Since 2022, adjunct faculty have included:

- A. Karim Ahmed, PhD, (Global Environmental Health)

- Jordanna Frost, DrPH, MPH, CPH, CD(DONA), Director strategic partnerships, March of Dimes (MCH)
- Celeste Jorge, MPH, CT DPH, (Social Foundations of Health)
- Sally Mancini, MPH, Director of Advocacy Resources, UConn Rudd Center for Food Policy and Health – (Policy Development and Advocacy)
- Amir Mohamad, MD, MPH, Director, Orange Health Department (Health Administration)
- Fawatih Mohamed-Abouh, MD, MPH, Epidemiologist, Yale New Haven Health (Data Visualization)
- Natalie Moore, MD, MPH (Disaster Preparedness)
- Joleen Nevers, MAEd, CHES, Director of Regional Wellness Education, UConn (Health Education).
- Marco Palmeri, MPH, RS, Director, Bristol-Burlington Health District (Environmental Health)
- Cara Passaro, JD, MPH, Chief of Staff at the CT Office of the Attorney General (Policy Development and Advocacy)
- Barry Zitzer, JD, MPH, (Critical Health Issues)

3) 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 UConn Center for Career Development offered a 12th Week presentation for alumni and students on practices to establish/enhance social media presence (e.g., LinkedIn). (60+ attendees)
- As part of an NSF-funded graduate training program (Team-TERRA), Mark Urban of UConn's Center for Access and Postsecondary success sponsored a 2 ½ hour online presentation by Ann Krook entitled "The non-academic job search for graduate students & postdocs." Dr. Crook trains graduate students and postdoctoral scholars on how to prepare themselves for non-academic employment.
- The UConn Center for Career Development located on the Storrs campus, holds workshops, events and provides online resources to help students enhance self-knowledge; clarify career aspirations; prepare networking and professional materials for various career pathways; research companies, organizations and industries to uncover jobs and connect with employers and employment opportunities both *in-person and online* (See: (<http://career.uconn.edu/graduate-students/>)). During the Fall 2023 semester, for example, the Center held open workshops, other events and available online resources addressing building a digital presence (e.g., LinkedIn), CV/Resume and cover letter preparation, finding mentors and recommenders, providing headshots, career fairs and numerous networking opportunities. Center staff are available to guide students in all aspects of exploring careers and searching for jobs. The Center website also lists potential job and internship opportunities. The services include one-to-one and group services and maintains a large and active website listing potential jobs and trainings. A review of recently available sessions include:
 - Handshake, a web-based recruiting system which allows the Center for Career Development to manage many of the recruiting-related activities we offer to students.
 - Guide to preparing a resume and cover letter.
 - Partnering with faculty and staff to provide information, resources, tools, and referral language to help empower students to identify and achieve their career aspirations.
 - Using AI to be career ready.
 - Letters of Recommendation: Who and How to Ask.
 - Attending Conferences & Annual Meetings.
 - CVs for Academic and Industry Jobs.
 - Establishing & Cultivating your Digital Presence.
 - Preparing for an employment interview.

The Center for Career Development also hosts career fairs focused on job and internship opportunities with local/regional employers, along with "Career Tuesdays: that provide in-person and virtual contacts with top employers.

- Our program held a networking event in 2022 for students to interact with several program alumni and partners currently working in public health (Dr. Chinenye Anyanwu, UConn School of Pharmacy; Christopher Seery- LHD Environmental Health Services; John Basso, American Red Cross Disaster Preparedness; Dr. Stephen Schensul, global health studies; Adora Harizaj - CT DPH). (60+ attendees)

- Our program pays the registration fees for all APE students to attend the CT Public Health Association Annual Meeting. (30+ attendees).

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

When questioned in student surveys, respondents generally indicated they were satisfied with career counseling available through the program and that they were confident in secure counseling should it arise. Several students commented that much of their career advice emanated from fellow classmates. Students did express appreciation for the program's newsletter, news flashes and regular posting of job opportunities. However, students did recommend that the program focus greater attention on counseling and placement services through job fairs and networking with community providers. It also was recommended that community practitioners who offer courses or guest lecturers should discuss their careers in public health, including how they entered their field.

TABLE H2.4. Current student's perception of program's career advising.

How well did the program prepare you for your career?	Very Well	Well	Somewhat Well
It connected me with people to support my work.	47%	37%	16%
It provided technical skills required in my work.	53%	42%	5%
It assured me I could secure the job I envisioned.	45%	34%	21%

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

We believe Criterion H2 is met.

Strengths: The program has an ongoing outreach effort to connect students with faculty and community partners through our regular newsletter and news flashes. Our 12th Week seminar series is an ongoing source of advisement related to both program requirements and career opportunities. The program maintains a relationship with the university's Center for Career Development which hosts a sizable and diverse resource inventory for students seeking employment and other career opportunities.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans relating to this criterion: The Program Director will continue to work the UConn's Office of Career Services to improve preparation of faculty and program advisors to communicate important career-related information to students.

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 program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.

Our program maintains a number of channels by which students may communicate concerns about their academic experiences and/or interactions with faculty, staff or other students. Procedural information is made available within our orientation materials, student handbook, every course syllabus, the program's website and at each semester's program advisory sessions during our 12th Week activities.

The University of Connecticut is committed to providing a safe and healthy environment for all of our students, staff, and faculty. As part of that commitment, students are required to complete an online interpersonal violence prevention program entitled "U Got This 2!" that addresses issues related to consent, bystander intervention, sexual assault, dating, domestic violence, stalking, and more. Elements of the UConn Students' Code of Conduct can be reviewed at <https://community.uconn.edu/the-student-code-pdf/>. At the start of a student's matriculation in our program, they must complete a required online training about research ethics as a member of the UConn community.

During both fall and spring 12th Week activities, students are surveyed regarding a range of issues, from which concerns complaints can be informally, and anonymously registered. The program's Operating Committee reviews such comments and responds, as warranted, with additional guidance and/or program modifications.

Students also are advised of their rights/responsibilities to appeal University or Program policies, practices or decisions. Appeals can be submitted to redress disagreement with actions taken or academic consequences imposed by a member of the faculty, program or school after a student's good faith effort has proven unsuccessful. Any materials submitted as part of the student's appeal should be clearly organized and labeled. Appeals judged appropriate for hearing by the Graduate School will proceed according to university guidelines (detailed at Complaint, Appeal, and Hearing Procedures, <https://gradcatalog.uconn.edu/grad-school-info/appeal-hearing-procedures/>).

Students are advised that the Family Educational Rights and Privacy Act (FERPA) affords them certain rights with respect to their education records that include:

- The right to inspect and review the student's education records within 45 days of the day the University receives a request for access.
- The right to request the amendment of the student's education records that the student believes is inaccurate or misleading.
- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.
- The understanding that the University may disclose Directory Information (i.e., name, University-assigned identifiers (NetID); date of birth; addresses; telephone number; school or college; major field of study; degree sought; expected date of completion of degree requirements and graduation; degrees, honors, and awards received; dates of attendance; full or part time enrollment status; the previous educational agency or institution attended; class rosters; participation in officially recognized activities and sports; weight and height of athletic team members and other similar information) without a student's prior written consent.

Scholarly activity at the graduate level takes many forms, including, but not limited to, classroom activity, laboratory or field experience, writing for publication, presentation, and forms of artistic expression. Integrity in all activities is of paramount importance, and our program, consistent with UConn

by-laws requires that the highest ethical standards in teaching, learning, research, and service be maintained. Scholarly conduct is broadly defined as the effort to uphold standards of scholarly integrity in teaching, learning, research, or service. Students are advised that misconduct includes:

- Cheating involves dishonesty during a course, on an examination required for a particular degree, or at other times during graduate study, e.g., copying the work of another student.
- Plagiarism involves using another person's language, thoughts, data, ideas, expressions, or other original material without acknowledging the source.
- Distorted reports by omitting or misrepresenting information necessary and sufficient to evaluate the validity and significance of research, at the level appropriate to the context in which the research is communicated.
- Fabrication or falsification of grades by making unauthorized changes to one's grades or an instructor consciously misreporting grades of students.
- Misrepresentation by taking an examination for another student, submitting work done by another individual as one's own, submitting the same work for evaluation in two or more courses without prior approval, unauthorized use of previously completed work for a thesis or capstone project, or making false, inaccurate, or misleading claims or statements when applying for admission to any scholarly or research related activity.
- Academic or research disruption involves unauthorized possession, use, or destruction of examinations, library materials, laboratory or research supplies or equipment, research data, notebooks, or computer files, or it might involve tampering with, sabotage of, or piracy of computer hardware, computer software, or network components.
- Fabrication or falsification in research involves falsification of, tampering with, or fabricating results or data.
- Research violations that include violation of protocols governing the use of human or animal subjects, breaches of confidentiality, obstruction of the research progress of another individual, or disregard for applicable University, local, State, or federal regulations.
- Professional misconduct that involves violation of standards governing the professional conduct of students.
- Deliberate obstruction that involves hindering investigation of any alleged act of scholarly misconduct.
- Aiding or abetting actions that assist or encourage another individual to plan or commit any act of scholarly misconduct.

Beginning in Fall 2023, our program added as part of our standard course curriculum the following regarding intellectual property and use of AI in student deliverables:

Honesty is vital to our academic community and essential for the fair evaluation of your work. All work that you submit in this course will be assumed to be your own. The use of large language models (LLMs) such as ChatGPT, Bing, PaLM, LLaMA or other AI composition software in any part of a submitted assignment, without prior authorization of the instructor, puts your academic integrity at risk.

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

Complaints, whether confidential or anonymous, should include a detailed description, with documentary evidence as warranted, of actions or behaviors giving rise to the complaint, a description of actions already attempted to resolve the issue and a requested resolution. Consistent with the University's Non-Retaliation Policy, retaliation against any person who makes or participates in a complaint under this policy is strictly forbidden. Students may file complaint on a range of topics that include:

- Unfair application of policies, which includes differential application of policies or regulations within a particular degree program or department that is not commensurate with individual differences in skills, contributions, or performance.
- A hostile environment, which includes personal conflict or behavior within a laboratory, degree program, or department that has the effect of interfering with a person's performance; Note: A hostile environment claim may be referred to another office for resolution if it arises because a person is a member of a protected class under the University's Policy Against Discrimination, Harassment, and Related Interpersonal Violence.

- Unfair decisions related to differential work assignments, allocation of research resources, allocation of financial support, or allocation of authorship that are not commensurate with individual differences in skills, contributions, or performance.
- Interference or intimidation, which includes actions or behaviors that limit, impede, or delay a person's completion of a task or degrade the person's performance in any aspect of the person's scholarly work.

In accordance with the Graduate School's strong encouragement for parties to resolve disputes before pursuing more formal resolutions, the Program Director is available as a first line responder to the airing of student complaints/concerns. Assistance is also available through the University Ombuds. Depending on the nature or severity of the expressed concern, issues are referred in a timely and confidential manner to the Graduate School Dean for follow-up. Matters pertaining to civil or criminal matters are to be referred to the UConn Office of Public Safety.

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 over the last 3 years.

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

Strengths: The program has a well-established protocol, consistent with UConn requirements for receiving and addressing student completes.

Weaknesses: No significant weaknesses have been identified regarding this criterion.

Plans for improvement in this area: We will continue to inform students of their rights and responsibilities to express concerns about the curriculum and their educational experiences and we will monitor responses and process complaints through appropriate channels.

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.**

Our student recruitment efforts focus on individuals who aspire to work (practice) in public health. We offer a curriculum that emphasizes interprofessional action and we seek students who are capable and motivated for collaborative problem solving. We encourage applications from individuals

- whose educational experiences and/or work responsibilities have enriched their thinking about systems-oriented solutions to health concerns of communities and the individuals residing therein,
- are committed to working collaboratively with other health-related professionals to design and implement comprehensive approaches to the social determinants of health and well-being,
- who demonstrate through academic and personal achievements a readiness and resilience to tackle complex health concerns, and
- reflect the growing social and economic diversity of the communities they are expected to serve.

Such individuals may have had limited formal exposure to the public health sciences, particularly as they increasingly are drawn to our program directly from a range of undergraduate disciplines. We recognize that they view, and we facilitate, graduate work as a blend of didactic and experiential learning. The preference of many such individuals is to acquire skills relevant to on-the-job problem solving. Our program also welcomes joint degree students who have primary interests in medicine, dental medicine, pharmacy, nursing, social work and law.

To identify suitable candidates for admission, our program staff maintains a rigorous schedule of in-person outreach through workshops/seminars, open houses, career fairs, etc. During the 2023-24 recruitment cycle, student recruitment by program staff included in-person visits to regional campuses and a series of interactive web-based presentations. Our program's web page, LinkedIn, Instagram and X also are used to disseminate information about our program and the application process. Through these devices, interested parties are provided guidance about admissions requirements and deadlines, as well as information about upcoming program events and activities.

- 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.**

Admissions procedures and services are set by the UConn Graduate School and outlined in the University's online Graduate Catalog (<http://gradcatalog.uconn.edu/fields-of-study/public-health/>). Applications for admission are processed using SLATE (UConn's Application Management Software). Persons are considered for admission upon receiving a completed application with demographics educational history, a residency affidavit, 3 letters of recommendation and a personal statement. In 2023, our Admissions Committee revised its personal statement prompt to solicit information from applicants regarding any unique aspects of their background and/or orientation that could further inform admission decisions. The prompt now reads:

"Health in the U.S. is marked by inequities in care and disparities in outcomes. Our Program in Applied Public Health Sciences understands that each of us brings unique strengths to our collective, organized effort to resolve these imbalances and improve the public's health. Describe how your background, education, experience or commitment can contribute to those efforts to improve the well-being of all individuals."

Beginning in 2022, our Admissions Committee implemented a 6-step holistic review:

1. The Graduate School audits all applications for academic merit and English fluency. Applications meeting the following benchmarks are forwarded to our program for further consideration.
 - A baccalaureate degree or its equivalent from a regionally accredited college or university.
 - A GPA of ≥ 3.0 for the entire two most recent years of full-time undergraduate coursework, or a GPA of ≥ 3.5 or higher for the entire most recent year of full-time undergraduate coursework, or a GPA of ≥ 3.0 for one semester of full-time graduate study.
 - Proficiency in the English language (if English is not the native Language as assessed by TOEFL >78 , IELTS >6.4 , PTE >52 or Duolingo >99).

Race/ethnic data on applicants are collected by the SLATE system but are not acted upon during the review process. Each year, members of the Admissions Committee complete attestations pertaining to potential conflict of interests and their understanding of the SCOTUS decision prohibiting racial preference in our recruitment decisions (ERF - H4.2 Admissions policies and procedures).
 2. The Program Director completes a review of the academic transcript for evidence of successful coursework (i.e., 'B' grades or better) in subjects relevant to our graduate program (i.e., biological sciences, quantitative methods, social/behavioral sciences etc.). Personal statements and letters of recommendation are reviewed for information regarding the applicant's career plans and expectations about graduate study. Instructions about the personal statement make a direct appeal for information about the applicant's background and life experiences that may be relevant to further consideration by the program.
 3. Appropriate applications are transmitted to student interviewers who contact applicants for insights that may not be readily evident in their formal application (e.g., "What in particular interests you about UConn's Program?," "Can you talk about significant events or circumstances in your life and how they may have affected you?," "What do you like to do in your free time?," etc.). Consideration is given to the applicant's intentions and fit with our program, commitment to public/community service, capacity to matriculate "on time," etc.
 4. Beginning with the 2024 admission cycle, the Program Director will review applications and student interview transcripts to assign 'resilience scores' to all applications. These scores are to acknowledge the capacity of applicants to overcome circumstantial factors that otherwise could diminish the competitiveness of an application for program admissions. Resilience scores will range from 0 to 3 points based on information that applicant and/or admission's records reveal:
 - first generation college graduates (1 point)
 - residence within a socioeconomically disadvantaged community (i.e., $\geq 15\%$ residents of census tract households living below federal poverty level) (1 point)
 - non-native English speakers (1 point)
 5. With evaluations of academic and personal background in hand, our Admissions Committee reviews applications by randomly assigning to 2 committee members to confer on a recommendation for action to admit, defer or deny to the Committee at-large.
 6. Decisions by the Admissions Committee to admit or deny are forwarded to the Graduate School for communication to the applicant. Decisions to defer typically reflect applicants who are marginally ineligible for admission due to uncertain academic ability and/or an inexact fit with our curriculum. In such instances, the Program Director typically reaches out to the applicant to explore options.
- 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.**

Table H4.3. Outcome Measures for Recruitment & Admissions.

Outcome Measure	Target	2021-22	2022-23	2023-24
Enrollment target - students per annual cohort	50	50	38	41
Selectivity -median GPA of newly matriculating students	≥ 3.50	3.62	3.61	3.58
Yield – percent of accepted students who matriculate	$\geq 60\%$	47%	45%	53%
Affordability - students receive tuition/financial support.	50%	>50%	>50%	65%
Percentage of newly matriculating students with previous health- or public health-related work experience	50%	54%	54%	46%

We continue working to increase our applicant and admitted student pool to reach our target of 50 matriculating students from each admissions cohort. We have been successful in recruiting students who have strong undergraduate GPAs and the proportions of matriculating students who had no prior health or public health-related work experience is considerable.

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

We believe Criterion H4 is met.

Strengths: The program continue to recruit knowledgeable, experienced and motivated students. We have implemented a holistic review process that provides greater consistent with UConn requirements for receiving and addressing student completes.

Weaknesses: We continue struggling to enroll a satisfactory number of applicants with academic and experiential records appropriate for our program's concentration.

Plans for improvement in this area: The program has recruited a full-time marketer/media specialist who is helping to bring our program's stories and experiences to light. The Operating Committee will continue to explore avenues to increase applications, admissions and enrollments.

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. Online sources of university and program information.

UConn's academic calendar	https://registrar.uconn.edu/academic-calendar/
UConn Graduate Catalog	https://gradcatalog.uconn.edu/
UConn Admissions policies	https://mph.uconn.edu/admissions/
MPH Program Admissions Policies	https://mph.uconn.edu/admissions/#:~:text=For%20admission%2C%20applicants%20must%20demonstrate,the%20health%20of%20the%20community.
MPH Program Handbook	https://mph.uconn.edu/wp-content/uploads/sites/2779/2023/08/2023-24-MPH-Student-Handbook.pdf
MPH Degree requirements	https://mph.uconn.edu/program-description/#:~:text=The%20curriculum%20requires%20successful%20completion,program%2Dspecific%20requirements%20in%20interprofessional
Standalone Pathway requirements	https://mph.uconn.edu/m-p-h-program/
Dual Degree Pathway requirements	https://mph.uconn.edu/dual-degrees/
FastTrack Pathway requirements	https://mph.uconn.edu/fasttrack-program/
MPH Program Resources for students	https://mph.uconn.edu/resources/
UConn Graduate School Forms	https://registrar.uconn.edu/forms/#
UConn Grading policies	https://gradcatalog.uconn.edu/grad-school-info/academic-regulations/ .
UConn Academic integrity standards	https://gradcatalog.uconn.edu/grad-school-info/scholarly-integrity-and-misconduct/