UCONN | UNIVERSITY OF CONNECTICUT

PROGRAM IN APPLIED PUBLIC HEALTH SCIENCES

2024

SELF-STUDY REPORT PREPARED FOR THE COUNCIL ON EDUCATION FOR PUBLIC HEALTH

UConn Program in Applied Public Health Sciences

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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
SoDm	School of Dental Medicine
SoM	School of Medicine
STARS	Sustainability, Tracking, Assess and Rating System
TRHT	Truth, Racial Healing and Transformation
UConn	University of Connecticut

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, 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.

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 24 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 School of Medicine 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 Schools of Medicine and 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.

The Department of Public Health Sciences is based in the UConn School of Medicine 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 School of Medicine 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. 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 through its extensive public health curriculum as well as various contributions to University's 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. The department faculty currently 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, health behavior, public health dentistry, HIV/AIDS and global health.

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 School of Medicine 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.)

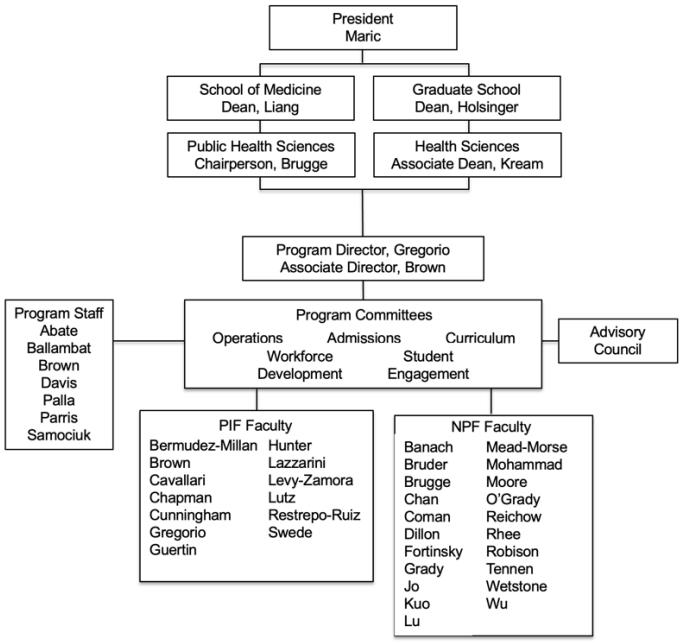
UConn's initiative into public health preceded by several years the initial accreditation of the MPH program. An MS in community health, established in 1976, was initially designed to enable medical students, residents, practitioners to study community health in some depth while pursuing their other studies or employment. In 1979, Holger Hansen was recruited from Columbia University School of Public Health as Program Director who eventually sought CEPH accreditation of the degree in October 1984. One year later in 1985, the MS in Community Health transitioned to the Master of Public Health degree. Dr. Hansen lead the program through 2004 when David Gregorio assumed leadership of an expanded graduate education program.

To acknowledge the interprofessional nature of its faculty, curriculum, student body and academic pursuits, the program was formally designated in 2018 as the University's Program in Applied Public Health Sciences.

2) Organizational charts that clearly depict the following related to the program:

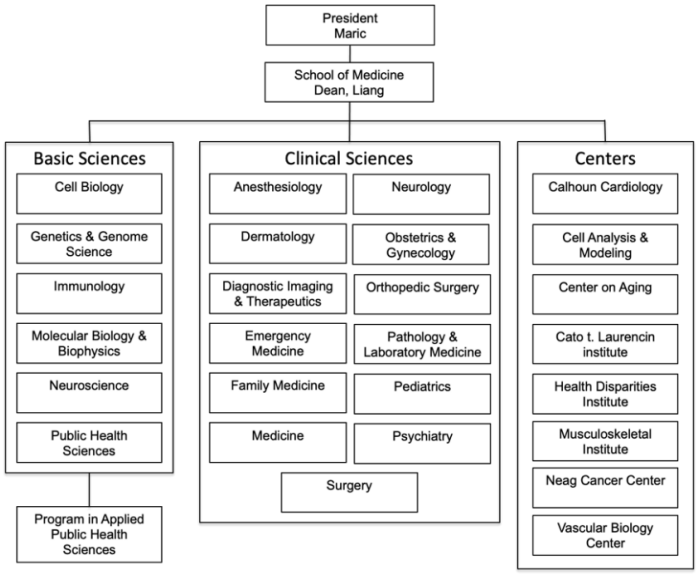
a. the program's internal organization, including the reporting lines to the dean/director

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

Figure Intro 2.b. Relationship of Program to UConn School of Medicine.

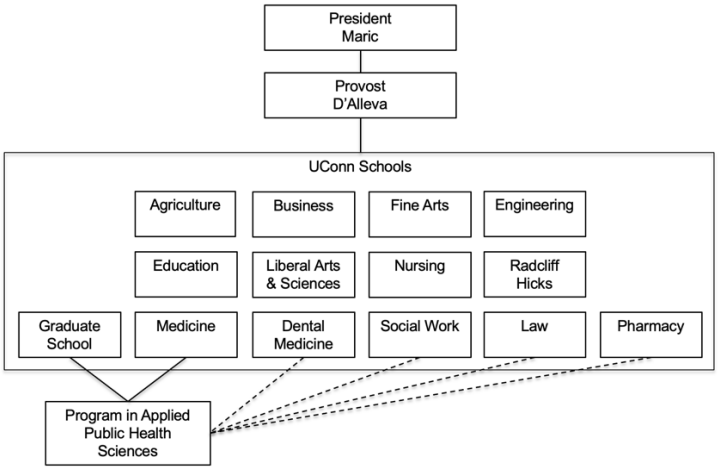


c. the lines of authority from the program's leader to the institution's chief executive officer, including intermediate levels

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 School of Medicine on matters related to budgeting, faculty and staff

administration, equipment/supplies and facilities. The Program Director maintains a direct report to the Department Chairperson, and in turn, indirect reporting to the School of Medicine Dean, Provost and University President. In addition, the program maintains a direct, but not reporting relationship, with several UConn schools through its Dual Degree pathways.

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 through 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 to the degree are offered through a place-based curriculum.

Table Intro 3. Instructional Matrix: Degrees and Concentrations.

				Place-based	Distance-based
Master's Degrees		**Academic**	**Professional**		
Interprofessional Public Health Practice (IPPHP)			MPH	MPH	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		**Academic**	**Professional**		
2nd Degree Area	**Public Health Concentration**				
BA/BS + MPH FastTrack	IPPHP		MPH	MPH	
Medicine (MD)	IPPHP		MPH-MD	MPH	
Dental Medicine (DMD)	IPPHP		MPH-DMD	MPH	
Law (JD)	IPPHP		MPH-JD	MPH	
Social Work	IPPHP		MPH-MSW	MPH	
Pharmacy	IPPHP		MPH-PharmD	MPH	

4) Enrollment data for all the program's degrees

The following table identifies the number of matriculating students currently enrolled in our program.

Table Intro 4.a. Student enrollment, 2023-24.

Degree		Current Enrollment
Master's		
	MPH	103
	Academic public health master's	0
	All remaining master's degrees (SPH)	NA
Doctoral		
	DrPH	NA
	Academic public health doctoral	NA
	All remaining doctoral degrees (SPH)	NA

Table Intro 4.b. identifies student cohorts enrolled in Fall semesters over the previous 5 academic years by the type of degree. 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.b. 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 & FastTrack* MPH	30	28	35	28	33	154
Dual degree MPH	6	7	15	10	8	46
Total	36	35	50	38	41	200
Undergraduate FastTrack candidates**	5	4	8	6	12	35

*FastTrack students have completed their baccalaureate degree and are enrolled in the UConn Graduate Students as MPH candidates.

**Undergraduate FastTrack students are not formally admitted by the UConn Graduate School while they complete their baccalaureate degrees, but they are approved to take PUBH-related courses that will be credited toward the MPH degree upon their successful graduation from undergraduate studies.

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 (David Gregorio) and Associate Director (Stacey Brown) with regular input from 4 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, Primary Instruction Faculty (PIF), Non-Primary Instructional Faculty (NPF) and community partners. Members of all program committees are identified in Tables A1.1a. to A1.1e. below.

Our program's Operating Committee addresses all daily administrative and procedural concerns regarding enrollment, curriculum, facilities, equipment, supplies, personnel and financing. The Committee, consisting of 10 members (5 staff, 2 students and 3 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; Denise Parris, PHS's Administrative Officer, staff who support all operational aspects of the program Helen Swede, Program faculty and who is responsible for monitoring staffing and procurement of equipment, supplies and services. Decision-making on all matters typically occurs by consensus. Examples of the agendas and minutes for all standing committees of the program are available for review (ERF – A1.5 Faculty Interaction).

Table A1.1a. Members and Roles 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	Graduate Assistant
Danica Brown	Staff	Administrative Program Assistant
Jini Davis	Staff	Marketing/Media Specialist
Tharun Palla	Student	Graduate Assistant
Holly Samociuk	Staff	Administrative Program Coordinator
Helen Swede, PhD	Faculty	Faculty Representative

Our Admissions Committee evaluates all applications for matriculation in our program and advises the Program's Operating Committee on matters related to program marketing and student recruitment. The Committee consists of 19 members and meets bi-weekly between January and May. Membership includes 5 faculty, 6 alumnus, 6 students and 2 community partners. Individuals are recruited based on their stated interest in student recruitment & retention. Decision-making occurs by vote of all committee members.

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

Member	Status	Affiliation
Daniela Babcock, 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, MPH	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, MPH	Alumni	Public Health Sciences

Our Curriculum Committee monitors all aspects of our degree program, from course design to scheduling and course and instructor evaluations. The Committee consists of 11 members and meets monthly. Membership includes 6 faculty, 2 students, 1 alumnus and 2 community partners. Individuals are recruited based on their stated interest in curriculum development. Decision-making is by vote of all committee members.

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

Member	Status	Affiliation
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
Mahima Mehta	Student	Public Health Sciences
Alyssa Gilbert, MPH	Alumni	B. Weyland Smith Consulting, LLC
Amir Mohammad, MD, MPH	Community	Director, Orange CT Department of Health
Julia Prescott	Student	Public Health Sciences
Mayte Restrepo-Ruiz, PhD, MPH	Faculty	Public Health Sciences
Helen Swede, PhD	Faculty	Public Health Sciences

In 2023 our program's Advisory Council (Described in Criterion F1.) supported the initiation of a Student Engagement Committee to (a) identify 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 12 members including 2 faculty, 9 students and 1 alumnus of our program's faculty and 10 and meets bi-monthly. Individuals participating on the Student Engagement Committee express interest in supporting engaged learning by students. Decision-making typically occurs by consensus.

Table A1.1d. 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
Mayte Restrepo-Ruiz, 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 2023, our program's Advisory Council also supported the initiation of a Workforce Development Committee. The Workforce Development Committee operates to (a) identify 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. Membership includes 2 faculty, 1 student and 6 community partners. Participation reflects in the interest of individuals in strengthening the public health practice pipeline. Decision-making occurs by vote of all committee members.

Table A1.1e. Members and Affiliations on the Program's Workforce Development Committee.

Member	Status	Affiliation
Fawatih Mohammad Abouh, MD, MPH	Community	Epidemiologist, Yale-New Haven Health
Maritza Bond, MPH	Community	Director, New Haven Health Department
Caleb Cowles, MPH, RS	Community	Sanitarian, New Britain Health Department
Naime Gilani	Student	Public Health Sciences
David Gregorio, PhD, MS	Faculty	Public Health Sciences
Amy Hunter, PhD, Chairperson	Faculty	Public Health Sciences
Amir Mohammad, MD, MPH	Community	Director, Orange Health District
Marco Palmeri, MPH, RS	Community	Director, Bristol-Burlington Health District
Michael Pascucilla, PhD, MPH	Community	Director, East Shore Health District

Our Public Health Student Organization (PHSO) does not have responsibilities for program operation but plays a significant role in the ways students, faculty and staff interact and communication. As such, the in-direct impact of this organization is considerable. Membership is open to all public health students. The PHSO solicits nominations for students to serve on our program committees and provides 'real time' feedback on various directives issued by our operating committee. The PHSO enhances student experiences in the Program by through mentoring, hosting socials and seminars, fundraising, participating in philanthropies, and working with program staff to address students' needs.

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 approach to governance respects the value of shared, cooperative decision-making. Here, we highlight several key roles and responsible parties related to 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 reviews and approves all waivers and/or transfers of credit or courses, certifies that a student's plan of study meets all degree requirements, approves all proposed and completed Integrative Learning Experience (ILE) projects. The Program's Associate Director, in turn, reviews performance by students regarding the Applied Practice Experience (APE) requirement (e.g., selecting sites and students for projects, training site preceptors and grading student performances) and verifies that all APE requirements are met.

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. It recently recommended the inclusion of language and practices pertaining to the use of inclusive language in program materials and student deliverable, and the appropriate use of generative Artificial Intelligence (Gen A1) in courses. The Committee's 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 the ways they implement 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.

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 School of Medicine administration, sets enrollment targets for our Standalone, Dual Degree and FastTrack pathways. The Admissions Committee is responsible for selecting appropriate candidates for enrollment using a 4-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 then 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 School of Medicine 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), School of Medicine 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.

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 School of 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	UConn
	InCHIP Graduate Certificate in Obesity Prevention and Management, Member	UConn
	Affiliate of UConn El Instituto Faculty Community, Member	UConn
	Advisory Council Meeting for UConn Program in Applied Public Health Sciences, Member	UConn Health
Stacey Brown	Admissions Committee, Member	SoM
	Diversity Committee, Member	SoM
	Dental Senate, Member	UConn Health
	Student Evaluation and Appeals Review Committee, Member	SoM
	Global Health Scholarship Committee, Member	SoM
	Steering Committee, Member	UConn
	Selectives Course Committee, Chair	SoM
	Clinical Medicine Course Teaching Awards Committee, Member	SoM
Jennifer Cavallari	Director of Faculty Development	SoM
	Oversight Committee, Member	SoM
	Academic Merit Executive Committee, Member	SoM
Audrey Chapman	Ethics Committee, Member	UConn Health
	Humanities Institute, Member	UConn
	Merit Appeals Committee, Member	SoM
	Stem Cell Research Oversight Committee, Chair	UConn Health
	Department of Public Health's Curriculum Committee, Chair	UConn Health
	Institute for Systems Genomics, Member	UConn Health
	Gladstein Human Rights Committee, Member	UConn
	Human Rights Institute, Member	UConn
	Global Health and Human Rights Working Group, Member	UConn
	Economic and Social Rights Working Group, Member	UConn
	U21 Public Health Group, Member	UConn
David Gregorio	Public Issues Council, Member	SoM
	Certificate in Social Determinants of Health & Disparities, Director	SoM
	M Delta Curriculum, VITAL Planning Committee, Member	SoM
	Student Evaluation and Appeals Committee, Member	SoM
	UConn – AAUP Collective Bargaining Council, Member	SoM
	Admissions Committee, Member	SoM
	Graduate Faculty Council, Member	UConn
	Graduate Programs Committee, Member	UConn Health
Tara Lutz	Steering Committee, Member	SoM
	Course Grading Committee, Member	SoM
	Block Assessment Review Committee, Member	SoM
	CT Leadership Education in Neurodevelopmental and related Disabilities program, Discipline Coordinator	UConn Health
Zita Lazzarini	MDelta Stage I Curriculum Committee	SoM
	Education Council	
	Honor Board	
Mayte Restrepo-Ruiz	Curriculum Committee, Member	UConn Health
	Dept. of Public Health Sciences, Diversity Champion	SoM
Helen Swede	Capstone Project, Director	SoM
	Electronic Medical Record Access Protocol, Member	SoM
	Student Evaluator on and Appeals Review Committee, Member	SoM
	Dean's Council on Diversity, Member	SoM
	Academic Integrity Advisory Committee, Member	SoM
	Graduate Faculty Committee, Member	UConn

	Education Council, Member	SoM
	Graduate Program Committee, Member	UConn Health
	UCH Biostatistics Group Scientific Committee, Member	UConn Health
	Breast Cancer Research Program Scientific Committee, Member	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.

All 13 of our PIF and 12 of the 21 NPF listed in Tables E1.1. and E1.2 below are full-time faculty within the Department of Public Health Sciences; The remaining NPF instructors/advisors within our program are UConn faculty who hold secondary appoints within our Department. Both constituencies can participate in all department and program meetings and vote, without restriction, on matters that come before the faculty. As such, there is regular and substantive interaction among colleagues regarding the program's policies and practices. Over the past 12 months, for example, discussions have occurred about how to sustain a diverse student body in light of the past SCOTUS decision, needed modification to APE requirements, implementation of a tandem advisory system, changes to enrollment targets, rules/constraints regarding use of generative AI platforms, best strategies to encourage more faculty-student engagement on research and service projects, and whether to revise timelines and deliverables pertaining to student submission of ILE theses and projects.

Informal interaction between PIF and NPF personnel also is plentiful. The substance of our monthly meetings often prompts extensive email exchanges (meetings are not recorded, nor attendance taken, but extensive minutes of the proceedings are available). Organic interaction also occurs during the program's many social and instructional events (e.g., convocation, 12th week seminars, holiday parties, student gatherings, commencement, etc.) for which the PIF, NPF and adjunct instructors and field preceptors (without formal affiliation to UConn) are invited to participate. Input from our adjunct faculty and preceptors has proven helpful in numerous instances. For example, recommendations about 'necessary' modifications to the curriculum increasing its focus on the day-to-day performance of practitioners (e.g., to emphasize topics of human resource management, process evaluation, informatics, advocacy, project management) has contributed to updates of our Health Administration course. Likewise, feedback from APE preceptors was instrumental in the program's decision (described fully in Criterion D5) to expand the ALE requirement to 2-semesters.

To further sustain such interaction, the program distributes our bi-monthly *Public Health Happenings* newsletter to all stakeholders (e.g., faculty, preceptors, community partners, as well as students and staff) along with occasional email blasts on time-sensitive subjects of current interest. Examples of the minutes and newsletters are available for review (ERF – A1.5 Faculty Interaction).

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 operational committees with well-defined roles and responsibilities for decision-making and implementation across a range of 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 students, staff and community partners is routinely sought through regularly scheduled meetings, program functions and frequent social media posts. 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, Mahima Mehta, Steffany Gomes, Julia Prescott, Mayte Restrepo-Ruiz
Student Engagement Committee	Narayani Ballambat, Sarah Hanna, Nora Hartnett, Brent Heineman, Mary Looney, Jacqueline Lucibello, Mahima Mehta, Eunices Pineda, Joel Villalba, Ned Wilson
Workforce Development	Naime Gilani, Hillary Barigye

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% report why they are not participating), 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, as well as examining time and format options for conducting meetings that permit greater student participation.

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.

The following guiding statements have been endorsed by our program's faculty and advisory council and have been communicated to our staff, students and general public through various channels (e.g., program handbook, website).

- 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 our understanding of factors impacting health to better control the burdens of at-risk populations (research)
  - Engage community partners to pursue effective approaches to community health (service/engagement)
  - Build an inclusive public health workforce to equitably address community needs and aspirations (equity)
- The values guiding our program are:
  - Fostering reciprocal, equitable partnerships with stakeholders
  - Seeking justice through wellness as a public good and fundamental right of all
  - Acknowledging differing beliefs and practices into all program activities
  - Promoting ethical standard in all actions and interactions

2) A school- or program-specific strategic plan or other comparable document. (Not applicable)

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. These guiding statements 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 demonstration of practices for better disease control. Moreover, they directly address the importance of building diverse, inclusive and sustainable networks of partners, 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 personnel, material and other resources to our educational program. 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., newsletter, etc.). These statements are periodically reviewed and revised through input from faculty, members of program committees, our Advisory Council and other community partners. The faculty, at a Fall 2023 meeting expressed unanimous support for the above-stated vision, mission,

goals and values as being representative of our program ambitions, expectations and performance. At their most recent meeting, our Advisory Council did likewise.

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 partners. Highlights of our program's performance, in relation to the evaluation measures and targets, are presented in Table B2.1.

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

Program Goals:
Goal 1: Produce competent interprofessional practitioners to fill leadership roles in applied public health settings.
Goal 2: Further understanding of disease to better control the health burdens of at-risk populations.
Goal 3: Engage community partners to pursue effective approaches to community health.
Goal 4 Build an inclusive workforce to equitably address community needs and aspirations.

Measures - Targets	**Criterion/ *Template***	**Data source & method of analysis**	**Review & decision-making responsibility**	**Measures Goals**			
				1	**2**	**3**	**4**
Student enrollment (Enrollment exceeds 30 students per year)	*Intro-2*	UConn Registrar reports enrollment data to the Program Director throughout the year for use with Operating Committee to set future enrollment targets.	Operating Committee	X			
Affordability – (% of students receiving tuition/ financial support)	*B2-1*	Program staff compiles the database on tuition/financial support and prepares summaries for use in recruitment efforts.	Operating Committee				X
Advisement - (% students having access to academic and program advisors during first and final years in the program.)	*B2-1*	The Graduate School maintains list of academic advisors to the program. The Program Director monitors the adequacy of advisor's performance.	Operating Committee	X			
Experiential Learning Opportunities (% of students completing a 2-semester APE and % of students completing 20 intentional action hours)	*B2-1*	The Registrar maintains academic transcripts of all students. transcripts are reviewed by the Program Director to verify program requirements are met before graduation.	Program Director	X		X	
Holistic Admissions (% applications receiving reviews by faculty, student and Admission Committee)	*B2-1*	The Program Director monitors the Admissions process to assure that all applicants are evaluated across individual, academic and experiential criteria.	Admissions Committee	X			X
Student meeting & learning space (% students expressing satisfaction with the program's learning and informal space)	*B2-1*	Annual student surveys are completed during 12th Week seminars. The Program Director reviews data with the Operating Committee to facilitate program development and recruitment.	Operating Committee	X			

At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum.	*B2-2*						
Graduation rates - (% of entering cohorts completing degrees within 6 years)	*B3-1E*	UConn Registrar enrollment data are reported to the Program Director who generates a report for the Operating and Curriculum Committees, the Advisory Council and faculty for program review.	Operating Committee	X			
Post-graduation outcomes - (% of graduates employed/in school within 12 months)	*B4-1*	12-month follow-up survey of graduates is implemented by the Program Director who uses information for curriculum development and recruitment.	Curriculum Committee	X			
Actionable data: Alumni preparation for post-graduation destinations (% of students employed in public health practice)	B5	Annual alumni survey is distributed to all recent graduates by the Program Director who compiles information for review by the Operating and Admissions Committees to evaluate recruitment efforts and the Curriculum Committee to evaluate curricular effectiveness.	Admissions Committee	X			
Budget table	*C1-1*						
Student perceptions of faculty availability (% expressing satisfaction)	C2	An annual student survey is distributed to all matriculating students by the Program Director who compiles information for review by the Operating Committee that monitors faculty workloads.	Operating Committee	X			
Student perceptions of class size & relationship to learning (% expressing satisfaction)	C2	An annual student survey is distributed to all matriculating students by the Program Director who compiles information for review by the Operating Committee that evaluates the adequacy of program and institutional resources.	Operating Committee	X			
List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole	*C2-1, E1-1, E1-2*						

Ratios for student-to-faculty academic advising	*C2-2*	The Operating Committee maintains a database of faculty workloads.	Operating Committee	X			
Ratios for student-to-faculty supervision of ILE	*C2-2*	The Operating Committee maintains a database of faculty workloads.	Operating Committee	X			
Count, FTE and type/categories of staff resources	*C3-1*						
Faculty participation in activities/resources designed to improve instructional effectiveness (ongoing list of exemplars)	E3	The Department Chair annually reviews faculty performance and shares information with the Program Director who reviews the data to monitor faculty qualifications and performance.	Program Director	X			
Engaged learning – (% of foundational courses using team-based/engaged learning pedagogy)	E3	The Operating Committee maintains a course syllabi database reviewed each semester to monitor the program faculty's adoption of new teaching modalities.	Curriculum Committee	X			X
Instructional modality – (% of foundational courses offered in synchronous, hybrid format)	E3	The Operating Committee keeps a course schedule database reviewed each semester to address faculty and student interest/concerns about instructional effectiveness.	Operating Committee	X			
Pedagogy - (% of faculty who participate in workshops focused on innovative techniques for instruction and student engagement)	E3	The Department Chair annually reviews faculty participation in instructional effectiveness workshops and shares information with the Program Director who maintains an on-going list of exemplars for discussion with program faculty.	Operating and Curriculum Committee	X			
Faculty research/scholarly activities with connections to instruction (ongoing list of exemplars)	E4	The Department Chair annually reviews faculty performance and shares information with the Program Director who maintains an on-going list of exemplars for discussion with program faculty.	Operating and Curriculum Committees		X		
Research Output - (% of PIF who publish peer reviewed papers)	*E4-1*	The Department Chair annually reviews faculty performance and shares information with the Program Director who maintains an on-going list of exemplars for discussion with program faculty.	Operating Committee	X	X		
Research Impact - (% of faculty with h-index $\geq$ 20)	*E4-1*	The Program Director monitors Google Scholar to evaluate faculty productivity.	Operating Committee		X		

Total Research Funding	*E4-1*	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee		X		
Educational Impact - (% of PIF who engage MPH students in research projects)	*E4-1*	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee	X	X		
Faculty extramural service activities with connections to instruction (ongoing list of exemplars)	E5	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee	X	X		
Service Output- (% of PIF faculty participating in extramural service activities)	E5	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee			X	
Total Service Funding	E5	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee			X	
Educational Impact - (% of PIF who engage MPH student in service collaborations).	E5	The Department Chair annually reviews faculty performance and shares information with the Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee			X	
Actionable data: Employer assessment of graduate's preparation for post-graduation destination (% or survey respondents express 'satisfaction' with graduate's abilities)	F1	Employer surveys are distributed by the Associate Program Director who reviews data to evaluate concentration-specific competencies and performance assessments.	Workforce Development Committee	X			

Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1	Stakeholder survey on program graduate's readiness for public health practice are distributed by the Associate Program Director who reviews data are to evaluate concentration-specific competencies and performance assessments	Workforce Development Committee	X			
Feedback from stakeholders on guiding statements and ongoing self-evaluation data	F1	Community Stakeholder surveys are distributed by the Associate Program Director who reviews data to update the program's guiding statements.	Operating Committee	X	X	X	X
Professional AND community service activities that students participate in, maintain ongoing list of exemplars (% of student complete intention action requirement)	F2	The Department Chair annually reviews faculty performance and shares information with the Associate Program Director who compiles an on-going list of exemplars for discussion with program faculty.	Operating Committee			X	
Current educational and professional development needs of self-defined communities of public health workers (% of course registrants who are non-degree students)	F3	UConn Registrar reports on enrollment of non-degree students which the Associate Program Director reviews to design and implement programs and services for the public health workforce.	Operating Committee			X	
Continuing education events presented for the external community, with number of non-students, non-faculty attendees per event (maintain ongoing list)	*F3-1*	The program maintains an on-going list of continuing education programs and services available within the program and department that is distributed to interested stakeholders as continuing education offerings.	Operating Committee			X	
Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations of STUDENTS	G1	UConn Registrar reports enrollment by (1st generation college graduates, persons from socioeconomically disadvantaged communities, non-native English speakers and persons without prior health-related training) to the Program Director who reviews data for insights into mechanisms to enhance student diversity.	Operating and Admissions Committees				X

Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations	G1	Human Resources provides listing of priority hiring areas to the Program Director who reviews the report for insights into mechanisms to enhance diversity among faculty and staff.	Operating Committee				
Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural competence (% of students and faculty who 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. The Program's Associate Director reviews data to improve inclusivity within student, faculty and staff.	Operating Committee	X			
Student satisfaction with academic advising (% expressing satisfaction)	H1	Student surveys. The Program Director monitors responses to assess faculty performance and workloads in relation to student needs.	Operating Committee	X			
Student satisfaction with career advising (% judging career advising practices favorably)	H2	Alumni surveys include questions on satisfaction with career advising. The Associate Program Director reviews data to inform program administrators about student needs.	Operating Committee	X			
Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni	H2	Program staff maintains inventory of activities/services geared to career counseling for students. Data is used to document exemplary efforts.	Operating Committee	X			
Number of student complaints filed	H3	UConn graduate School maintains processes for student complaints.	Program Director	X			
Applicants without previous health- or public health-related experience	H4	UConn Registrar reports attributes of admitted students. The Program Director reviews information.	Admission Committee	X			X

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

Below, we briefly highlight examples of our program's response to constituent feedback related to several measures/targets described above in Table B2.1. Our electronic resource file contains an assessment of the program's performance on each of the measures identified in Table B2.1. (ERF - B2.2 Evidence for evaluation plan).

- Student feedback expressing dissatisfaction with the effect of class size on their learning experience raised the unexpected subject of under-enrollment! In 2020, increases in the numbers of teaching faculty and their courses was not accompanied by commensurate increases in student enrollments. The effect was periodic cancellation of electives offered by adjuncts or moving program faculty from in-class to independent study modalities because of insufficient enrollments. Students expressed frustration at being unable to include specific subjects on their plans of study (usually with no notice of the change) and the disproportionate cancellation of practice-oriented courses by adjuncts. In response, our Operating Committee in 2022 undertook a strategy to increase enrollment by 50% (from 30 to 45 admissions per year), with the effect of essentially eliminating the need to cancel electives. As collateral consequence of this decision, the program will be evaluating the feasibility of a move toward multiple sections of foundational courses to keep enrollments for all courses below 25 students.
- Over the last several years, our department has recruited 13 individuals to our faculty, essentially doubling the size of our department. Decisions about areas of specialization were strongly influenced by judgements of our legacy faculty to increase instructional and research capabilities regarding global health (2 recruits), environmental sciences (2), epidemiology (4) health systems science (3) and disability studies (2).
- Faculty concerns about how to preserve student-faculty cohesion after 2+ years under COVID restrictions encouraged the Operating Committee to incentivize great use of team-based and experiential learning instructional modalities. Today, all foundational courses and most electives exhibit evidence of these approaches, for which reported student satisfaction is high.

Our program committees, themselves, are sources for various improvements to our program policies and practices.

- The Operating Committee, for example, has recommended to the Curriculum Committee that admitted students be encouraged to enroll in a self-directed 'onboarding' course to prepare them from graduate study by offering a menu of topics ranging our IT and AV capacities, to required UConn trainings, professionalism and academic integrity standards, campus orientation (e.g., parking, badging, etc.) and library retrieval skills. Beginning with the 2025 admitted cohort we believe this option will assure that students are better prepared procedurally to undertake graduate coursework.
- Our Curriculum Committee, for its part, has advanced a policy change that would better differentiate expectations pertaining to the ILE Thesis and Capstone Project. Going forward with graduating cohorts from December 2024, the Capstone Project will be our program's default ILE, with an option for students to petition their advisory committee and program director to justify their pursuit of the ILE thesis (described in Criterion D7 Integrative Learning Experience). The Committee's recommendation reflects their interest (a) in our program's goal to "produce competent interprofessional practitioners, and (b) to further clarify expectations about effort and productivity associated with a thesis project.
- Our Workforce Development Committee has advanced a recommendation to develop a University Certificate on Public Health Leadership. The envisioned 4 course/12 credit certificate would be designed for working professionals, able to complete certificate requirements within 12-18 months of enrollment through an executive-formatted pedagogy (monthly day-long Saturday sessions augmented during intervals by on-line activities/assignments) consisting of 1 foundational public health course, a 2-semester course sequence of team-based/problem-based learning opportunities addressing program evaluation, risk communication, community development, strategic planning, implementation science and project management, advocacy, not-for-profit budgeting and fiscal management, informatics, asset mapping, systems thinking, human resource management, public health ethics/moral leadership, and community-based participatory research methods and a

semester-long independent research/service project that demonstrates their mastery of 2-3 competencies specific to the role of Chief Community Health Strategist.

The Program Director regularly updates faculty and staff about organizational/procedural changes to our daily operation through individual (email) and group (faculty meetings) communication. For example, recent communication explored and ultimately determined the desirability of producing standard course syllabi, procedures/forms now available for faculty to request honoraria for guest speakers and expanded our AV production capabilities for faculty and student use. Through more structure meetings, faculty have been able to develop policies regarding the use of generative AI in the classroom, deliberate the value of additional program concentrations and certificate options, and express ideas about levels of equity in teaching/advising loads. In response to data needs for this self-study report, the faculty was surveyed regarding their views of program diversity (summarized in Criterion G1) and options for increasing faculty-student collaborations on research and service projects (summarized in Criteria E4 Faculty Scholarship and Criterion F2 Student Involvement in Community Services). A plan is now moving forward, tentatively envisioned for implementation in Fall 2025, to establish a second MPH contraction on Public Health Metrics and Evaluation. Conceptually, this concentration would emphasize analysis of population health data, drawing upon topics in informatics, economics program evaluation, policy analysis and health systems sciences for students who express interest in data analytics for careers working in commercial enterprises, health care delivery systems, federal/state service or academic research.

Students also have multiple opportunities for constructive comment about program procedures. For example, feed-back sessions between students, their advisors and program leadership occur during both Fall and Spring 12th Week Seminars. Survey responses for the Spring and Fall 2023 cycles are reported below in Table B2.2.

Table B2.2. Summary of Student Responses to our 2023 Annual Surveys (N=57).

How do you judge the following attributes of the MPH Program?	**% Responding**	
	% Satisfied	**% Not satisfied**
Overall experience in program	91	9
How do you judge the following attributes of the MPH Program?	**% Very good/ Good**	**% Poor/ Fair**
Clarity of requirements for earning the MPH degree	82	17
Clarity of requirements for completing the APE	77	23
Clarity of requirements for completing the ILE	64	36
Program support while completing the APE	83	17
Advisor's support while completing the ILE	78	32
Adequacy of research opportunities for students	60	40
Adequacy of service and other practice opportunities	62	38
Opportunities to network with community-based partners	78	22
Faculty responsiveness to issues of diversity	85	15
Faculty teaching about cultural competency	91	9
Quality of library resources	89	11
Quality of HuskyCT learning platform	97	3
Quality of parking	98	2

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. Affordability	Annual student survey distributed during 12th Week seminars repeatedly documented importance of financial support in decisions to continue education	Our program continues to identify funding sources and opportunities for students to be compensated to partially offset educational and other costs incurred in school. Presently, 65% of matriculating students are receiving some form of tuition and/or income support.
2. Advisement	Annual student surveys and faculty feedback highlighted the need for students to receive, in addition to academic guidance, advisement on program and university requirements/ deadlines.	The program instituted a tandem advisory system for 'entering' and 'graduating' students that complements the responsibilities around academic mentoring by program faculty. Our 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. 75% of students express satisfaction with the advisory system now in place.
3. Expanded experiential learning opportunities	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. 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.
4. Holistic admissions	Commentary from faculty and other sources about the need to develop a diverse public health workforce led to an objective of 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.
5. Student meeting & learning space	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 within our department for student use. In addition, the program secured access to an otherwise restricted UConn Health student lounge.

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 student performance and outcomes in relation to established performance targets. We also have invested personnel and resources to better understand the motives and disincentives of prospective applicants to tailor messages that will attract students most appropriate to our program's guiding statements.

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.

Since our previous self-study in 2015, our program has initiated several modifications that we believe have greatly enhanced our program's quality.

- 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 and a graduation requirement for students to complete a minimum of 20 hours of intentional action on behalf of the community is in place.
- All entering and graduating students benefit from a tandem advising system that combines interpersonal guidance on addressing program requirements for both first year and graduating student cohorts.
- A majority of our students benefit from some level of financial support to reduce education burdens.
- A new area within the Department has been created to increase student engagement outside of class experiences.

Overall, 91% of respondents to our 2023 Student Survey reported being satisfied with their experience in the program.

Weaknesses: No significant weaknesses have been identified regarding this criterion. Our registrar's report indicates that the annual yield of matriculants based on admission decisions (47-53%) was below our 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

2) Data on public health doctoral student progression in the format of Template B3-2. (Not applicable)

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.

UConn standards call for Masters-level degrees to be completed within 6 years of initial enrollment, whereas our program strives for full time students to complete their degree within 2 years and part-time students within 4 years. Our program has been successful in supporting students to graduate "on-time." 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 were understood to delay the progress of earlier cohorts (e.g., biostatistics, APE). Waivers from this prescribed schedule are infrequent and 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 infrequent and evaluated on a case-by-case basis.
- Financial assistance provided to a majority of matriculating students (See Criterion C1) has decreased the number of students who leave the program for financial reasons.

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 exceed expectations that more than 70% of enrolled students complete their degrees within 6 years of initial enrollment. 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 additional ways to strengthen their matriculation through the curriculum. In this regard, we continue to make available and market summer course offerings that can shorten students time in the program.

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*					
	2017-18 # (%)	**2018-19 # (%)**	**2019-20 # (%)**	**2020-21 # (%)**	**2021-22 # (%)**	**Total # (%)**
Employed	18 (67)	17 (63)	20 (65)	17 (71)	20 (69)	92 (67)
Continuing post-graduate education	9 (33)	9 (33)	11 (35)	7 (29)	9 (31)	45 (32)
Not seeking employment or education	0	1 (4)	0	0	0	1 (1)
Actively seeking employment or education	0	0	0	0	0	0
Status Unknown	0	0	0	0	0	0
Total graduates	27 (100)	27 (100)	31 (100)	24 (100)	29 (100)	138 (100)

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

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. The one exception pertains to a student who elected not to seek employment or further education after graduation. Our success reflects the extent of employment/educational options within our region and our extensive working relationships with the region's health and social service employers. The program's reputation for producing productive graduates is, in large part, a consequence of the considerable efforts of Dr. Brown, our Associate Program Director to nurture APE sites and those field preceptors.

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 health 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. We do so, in part, because our alumni come to play important roles in the curriculum as preceptors, research/service mentors and course instructors. In addition, alumni periodically are contacted to answer survey questions on their experiences with job/education placement and their perceptions of how the program affected their readiness for careers in public health as part of our annual report to CEPH.

Here, we present information compiled by our most recent alumni survey. The information received provides invaluable information on our graduate's overall assessment of the program's impact on their career preparation and their mastery of program competencies. The survey instrument explicitly addresses the extent to which our attention to foundational competencies (and their mastery through curricular requirements) prepared individuals for their eventual careers, as well as the impact of the overall program.

Overall, with regard to the question "how well did the program prepare you for your career?", recent survey responses (N=48; see Table B5.1) indicated that, in most instances, the program did prepared them 'very well" in public health by providing technical skills required in their work, connecting them to people who would support their work and assure them they could secure the job they envisioned. For example, regarding the provision of technical skills required at work, 53% of survey respondents answered, "very well', with another 42% answering "well". As for their assessment of faculty who taught them, 70% judged them to be "very helpful", with another 27% responding that they were "helpful". Similar positive comments were expressed regarding program administrations and their advisors. On the other hand, somewhat less favorable responses were registered regarding student's assessments of their APE experience (11% categorized it as "less helpful") and the availability of other options for field experiences (23% responded similarly).

Alumni expression of agreement with the statement "The MPH program prepared me to address the following competencies" was favorable. More than 50% of respondents expressed "strong agreement" with statements. Exceptions were noted regarding Competency 7 Explain basic principles and tools of budget and resource management, which included 28% of respondents who disagreed with the premise that the MPH program prepared them to address that competency. Lesser, but nonetheless concerning disagreement was recorded regarding Competency 16 Apply leadership and/or management principles to address a relevant issue and Competency 17 Apply negotiation and mediation skills to address organizational or community challenges.

Table B5.1. Alumni Perceptions of Curricular Effectiveness (N=48).

	% Responding		
	Very Well	**Somewhat Well**	**Less Well**
How well did the program prepare you for your career?			
It provided technical skills required in my work.	53	42	5
It connected me with people to support my work.	57	27	16
It assured me I could secure the job I envisioned.	55	34	11

	% Responding		
	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
MPH Program administration & staff	70	25	5
My advisor	73	18	9
Fellow students in the program	68	29	8
UConn facilities and services	46	50	4
My APE experiences	59	30	11
Other options for fieldwork experiences	60	17	23

Express your agreement with the following statement:
The MPH program prepared me to address the following competencies.

	% responding			
	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
1. Apply epidemiological methods to settings and situations in public health practice	50	44	6	0
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	58	40	3	0
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	50	44	6	0
4. Interpret results of data analysis for public health research, policy or practice	56	44	0	0
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings	50	44	6	0
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	63	34	3	
7. Assess population needs, assets, and capacities that affect communities' health	63	34	3	0
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	56	44	0	0
9. Design a population-based policy, program, project, or intervention	53	38	9	0
10. Explain basic principles and tools of budget and resource management.	33	39	25	3
11. Select methods to evaluate public health programs	56	41	3	0
12. Discuss the policy-making process, including the roles of ethics and evidence	50	47	3	0
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	50	42	8	0

14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	50	47	3	0
15. Evaluate policies for their impact on public health and health equity	53	44	3	0
16. Apply leadership and/or management principles to address a relevant issue	53	33	14	0
17. Apply negotiation and mediation skills to address organizational or community challenges	56	28	16	0
18. Select communication strategies for different audiences and sectors	50	47	3	0
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	53	47	0	0
20. Describe the importance of cultural competence in communicating public health content	61	36	3	0
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	53	47	0	0
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative	50	47	3	0

Qualitative statements by alumni underscore the above quantitative findings.

Favorable comments expressed by alumni regarding their time in the program:

- *"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."*
- *"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."*

Recommended improvements to the program expressed by alumni:

- *"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."*
- *"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 oversite. 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.

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

The alumni survey presented here was completed in Spring and Fall 2023, using Qualtrics instruments to record both quantitative and qualitative responses. Invitations to participate were distributed by email to graduates since 2015, with follow-up messages distributed roughly 6 weeks apart to increase the number of responses. To assess the impact of COVID and the need for distance learning, we intend to continue distributing alumni surveys each fall to better ascertain the impact of the pandemic on student learning. A copy of the current alumni survey is available for review (ERF – B5.2 Data collection methodology).

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

We believe Criterion B5 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 regularly participate on all program standing and ad hoc committees. Alumni surveys are periodically distributed to gather information for a wide range of individuals.

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.

We are aware of alumni disagreement with statements about the program's ability to prepare them to address Foundational Competency 10: "Explain basic principles and tools of budget and resource management" and in 2022 added a unit and graded exercise to our PUBH 5403 Health Administration on this subject. Similarly, we have taken note of their disagreement regarding Foundational Competencies 16 "Apply leadership and/or management principles to address a relevant issue"; and 17: "Apply

negotiation and mediation skills to address organizational or community challenges” and have added units and graded exercises to our PUBH 5411 Introduction to Interprofessional Public Health Practice. We are confident that these course modifications will be reflected in more positive assessments by students graduating in 2024 and thereafter and will monitor their responses for confirmation of success.

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

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.

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 School of Medicine. 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 School of Medicine 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 School of Medicine 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 started to 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 School of Medicine and retains fees to support its operating expense. In turn, that revenue is used to project the program's 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 Associate 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., School of Medicine 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 partners.

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 School of Medicine) through funds appropriated in the budgeting process.

The allocation of new faculty and staff positions is the responsibility of the School of Medicine 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 partners. 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).

c) Describe how the program funds the following:

1) 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 School of Medicine 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 School of Medicine 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 4 accounts managed by the UConn Foundation. These funds, with available dollars and defined purposes noted below 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 accrued interest from endowment to support the academic achievement of enrolled public health students in financial need).
- Joseph Sheehan Memorial Fund for Public Health ($5,996 for unrestricted support of the program).
- 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 startup funds that they can use for various elements of faculty development (e.g., travel and registrations, learning materials, etc.). After 3 years of employment, it is expected faculty will have generated discretionary funds via indirect cost recovery from grants, contracts and other academic activities to offset their salaries and generate a small discretionary fund for which they have opportunity for travel, professional development and incidental expenditures. 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. The Dean also reviews faculty requests for funds when other resources are unavailable.

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 financial support for student activities restricted to supporting travel, registration at professional meetings and 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 School of Medicine. 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 <u>not</u> 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	$1,201,768	$1,303,799
Endowment	$0	$0	$0	$4,406	$8,812
Gifts	$2,250	$0	$7,500		
Total	$1,582,375	$1,977,156	$2,012,617	$2,241,866	$2,589,154
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	$20,800
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	$2,589,154

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 School of Medicine has provided salary support for time and effort to faculty serving significant roles within our program (I.e., Primary Instructional Faculty). The extent of that support has increased substantially over time (roughly doubling in size since 2018), allowing the program to broaden its reach and assure its sustainability.

The School of Medicine 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 or salaries to offset costs of attending our program.

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

Plans relating to this criterion: The Program's Operating Committee will continue to look for additional revenue sources that can sustain activities not currently covered through our operating budget. For example, a business plan to expand our program's reach through social media is available for review (ERF - C1.3 Supporting documentation). Also, a proposal to 'revenue-share' excess tuition payments (e.g., based on enrollment above a designated base) is in development.

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			Additional Faculty
Concentration	**PIF 1**	**PIF 2**	**PIF 3**	
Interprofessional Public Health Practice	Gregorio 0.85 FTE	Brown 0.88 FTE	Bermúdez-Millán 0.94 FTE	PIF: 10 NPF: 22

Named PIF	3
Total PIF	13
Non-PIF	22

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 School of Medicine through its CREATE accounting system. The School of Medicine Dean distributes time allocations to Education upon the recommendation of the Program Director. Through long-standing precedent, course instructors are recognized to commit 0.20 FTE to develop and initiate a PUBH-related course and 0.15 FTE per semester to teach that course thereafter (with prorated amounts for shared responsibilities). Chairs of program committees receive 0.05 FTE time and committee members receive 0.02 FTE time for their participation. The Director receives 0.50 FTE time, the Associate Director receives 0.10 FTE time for their roles in program leadership.

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). For the 2024-25 budget period, a request to raise adjunct compensation is being considered.

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

Table C2.4. summarizes activities of 13 PIF who are predominantly engaged advising and mentoring MPH students. Program faculty are expected to commit time mentoring students, although the number of advisees per faculty varies from year to year depending on student interests and faculty availability. In further support of student advisement, the program provides support (0.10 FTE) to 2 faculty members who support our tandem advisory effort. Independent of the academic advisors assigned to each matriculating student, Dr. Guertin works with first-year students to assist them in navigating various UConn administrative systems (e.g., IDs, parking permits, health assessments, registration and tuition payment, etc.) and support them as they transition to graduate study. Dr. Bermúdez-Millán advises and supports students in their final year of study striving to keep them 'on track' addressing administrative matters pertaining to deliverables in anticipation of degree conferral (i.e., approved plans of study, competencies, ILE proposals and final products, etc.). Together, their efforts are invaluable in assuring that students receive timely and accurate information about university and program requirements and supporting individuals should difficulties arise.

Table C2.4. Faculty involved in advising and mentoring, 2023-24.

Faculty Involvement	**Average**	**Min**	**Max**
PIF involved in general MPH advising & career counseling (103 students)	6.5	1	14
NPF involved in general MPH advising & career counseling (103 students)	1	1	5
PIF involved as Major ILE Advisors (36 graduating students, 2023-24)	2.1	1	7
NPF involved As Major ILE Advisors (36 graduating students, 2023-24)	1.3	0	2

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 survey assessments of program operations and their recommendations for improvements. Table C2.5, below, reports responses to questions focused on faculty availability and effectiveness, and the impact of class size on the learning environment.

a) class size and its relation to quality of learning

To the question, "How well do you feel class sizes in the program contribute to your quality of learning?," student responses to the 2023 survey indicated that 78% perceive class size to contribute "well" or "very well" to their education, while another 20% judged class size to contribute 'somewhat well' to their educations.

b) availability of faculty

To the question "How satisfied are you with faculty availability?," student responses indicated that 100% expressed "satisfied" with faculty availability, as did 98% of respondents regarding Academic advisor availability. Of the students who responded to the survey, 89% reported that their advisor's guidance about program requirements was 'satisfactory*".*

Table C2.5. Survey Responses from the 2023 Student Surveys Regarding Class Size and its Relation to the Quality of Learning and Availability of Faculty (N=47).

How do you judge the following attributes of the MPH Program?	% Responding	
	% Very Good/ Good	% Poor/ Fair
Faculty availability	100	0
Academic Advisor availability	97	3
Advisor's guidance about program requirements	89	11
Faculty teaching effectiveness	91	9
Academic Advisor's effectiveness	89	11
Class size relate to learning environment?	78	22
Quality of classrooms	90	10
Quality of common space	77	23

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

Qualitative responses to the question regarding class size and learning mirrored those quantitative findings:

- "Classes are not too large, to allow for one-on- one interaction between students and faculty. Size is large enough to create professional/background diversity among students."
- "The class size doesn't really have a negative effect, even the largest classes are filled with opportunities to learn."
- I like the medium size classes (electives can get to be a bit small) but it works well for TBL. I love the TBL style classes."
- "Core class sizes are large, which is fine, and electives are usually small, which is good because they can be a lot more discussion based."
- "Small and large classes have benefits. The larger core classes have allowed for responses and questions for a variety of students of different backgrounds which all contribute to a unique perspective. Smaller elective courses were more focused and interactive."
- "Foundational courses are large size and are good for getting to know new classmates and working in teams. Smaller classes for electives are good for more personalized, in-depth learning."
- I think the best learning experience is done in small classes, but I like the larger classes that split students into groups. I've had some greater teammates and made close friends."
- "Classes are big enough for diversity of opinion and so the same people don't have to talk all the time, but small enough that you don't feel drowned out in the crowd."

Commentaries on satisfaction with faculty availability yielded positive and negative responses consistent with the quantitative breakdown of responses.

- Examples of favorable comments:
- "All professors are easily accessible."
- "Faculty are an email message away! Most respond promptly and either answer questions/concerns or set up meetings."
- "Meetings with advisors and professors are easy to schedule and timely."
- "in my years in the program, I never had trouble reaching faculty when as needed. Emails have always been answered in a reasonable amount of time."
- Examples of less favorable comments:
- "My advisor didn't bother to tell me that she was leaving for like a month during a time period when she was going to need to be approving a bunch of things."
- "Some professors were great and attentive, while others did not seem to care much."
- My advisor is great. The rest are mediocre.

Further qualitative data are available for review (ERF-- C2.6 Faculty resources qual data).

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

We believe Criterion C2 is met.

Strengths: The program has PIF and NPF faculty (as documented in Criterion E1) 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. Students are encouraged to pursue their substantive areas of interest.

Ratios for both PIF and NPH faculty-to-student mentoring and advisement are low and the distribution of such responsibility across faculty is equitable.

Results of our Annual student survey indicate that 9 of 10 respondents consider the availability and effectiveness of faculty and advisors to be "good to very good". Likewise, 8 of 10 students view our program's size to be conducive to learning.

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 research and service opportunities along with the quality of faculty resources needed to assure their success. The Program Director will provide feedback to the Dean and Department Chairperson and program faculty 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 8 individuals who, together, account for 5.4 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. Danica Brown is an assistant to the program director for accreditation, 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. Narayani Ballambat, Mahima Mehta and Tharun Palla are graduate assistants who support 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 School of Medicine 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 the Department's senior staff. Professional development opportunities for program staff are available through state and university training pathways.

Table C3.1. Program Staff.

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

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 School of Medicine 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.

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 the programs 34 faculty members, 20 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 26 individual faculty offices spread out among 4 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 School of Medicine, 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 (summarized in Table B2.2. above) indicated that 90% of respondents judged the 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 at the center of the Storrs, CT academic core, and serves 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 UConn Health 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 UConn Health. 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 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.). 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 School of Medicine'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 main mission is to support faculty in maximizing their instruction's effectiveness.

The UConn Health Academic Information Technology Services (AITS) supports the educational missions of the Schools of Medicine, Dental Medicine, and the 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 master the content of the 12 learning objectives as mapped to foundational courses as listed in Table D1.1. These objectives can be addressed through our PUBH-required or dual degree coursework. A spreadsheet that details how our curriculum previously and currently addresses Learning Objectives through coursework assignments is available for review (ERF – D1.1 Supporting documentation).

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

Content Coverage for MPH: Interprofessional Public Health Practice Concentration	
Content	**Course number, name and Educational Requirement**
1. Explain public health history, philosophy, and values	PUBH 5403 Health Administration, Session 1: Individuals complete graded homework highlighting 2 sentinel events in public health history that reflect philosophical and ethical aspects of the field.
2. Identify the core functions of public health and the 10 Essential Services	PUBH 5403 Health Administration, Session 3: Individuals complete graded homework selecting and defining one essential service from each core function and provide examples of how these services are administered at either state or local level through the lens of equity.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 5409 Epidemiology & Biostatistics II, Session 2: Teams complete graded homework and present information from a contemporary 'news' story about a recently published peer-reviewed epidemiologic manuscript.
	Alternative for MD and DMD students
	MDelta, Launch and Vital-Stage 1 (Quizzes and Exams)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 5403 Health Administration, Session 2: Teams complete graded homework to compare U.S. morbidity, mortality/disability trends in 1900, 2000 and 2020, identify likely factors contributing to those findings (e.g., demographics, lifestyle, environments, etc.) and how public health might mitigate the challenges posed by these conditions.
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 5409 Epidemiology & Biostatistics II, Session 11: Individuals complete a graded homework assignment using the stages of prevention to recommend actions to reduce the health burdens associated with colorectal cancer.
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 5406 Law and Public Health, Session 1: Individuals complete graded homework 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 Environmental Health, (Quizzes & Exams) Individuals complete quizzes and exams on a range of environmental health topics.

8. Explain biological and genetic factors that affect a population's health	PUBH 5405 Social & Behavioral Foundations of Public Health, Session 4: 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.
9. Explain behavioral and psychological factors that affect a population's health	PUBH 5405 Social & Behavioral Foundations of Public Health, Session 2: Teams complete graded classwork identifying intra-, inter-, institutional, community and policy factors as potential contributors in the prevention of motor vehicle fatalities.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	PUBH 5406 Law and Public Health, Quizzes & Exams: Individuals complete midterm and final exam questions testing their understanding that legal and other and public institutions function as social determinants of health and disparities.
11. Explain how globalization affects global burdens of disease	PUBH 5404 Environmental Health, Session 13: Teams complete graded homework describing one example of how globalization has affected the social and health burdens of Americans.
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	PUBH 5404 Environmental Health, Session 10: Teams complete graded homework selecting a disease outbreak scenario from CDC's One Health website to describe interactions among environmental, animal and human health systems that contribute to the global burden of disease.

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.

Table D1.1 reflects how learning objectives map to our curriculum for students who have graduated through May 2024. Syllabi, including related assignments, writing prompts/guidelines, and sample exam questions 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 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 experiences and preparation for practice-based careers of students. All students are able to demonstrate mastery of learning objectives through our PUBH-related curriculum or an approved curricular alternative.

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

Plans for improvement in this area: Our Curriculum Committee has unanimously endorsed a change to Dual Degree program requirements eliminating the waiver of PUBH 5411 Introduction to Interprofessional Public Health Practice, Dual Degree candidates will enroll along with other MPH students. A petition to waive this requirement must document (a) a rationale for requesting a waiver, (b) the elective coursework intended to replace PUBH 5411, (c) the student's plan and timeline for addressing learning objectives linked to PUBH 5411, and (d) evidence of approval of the petition by their academic advisor. The PUBH 5411 Waiver request form is available for review (ERF – D.1.3 Supporting documentation).

3) 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 MPH can be earned by students enrolled in traditional (i.e., Standalone), FastTrack or Dual Degree pathways. Competencies listed in Table D2.3 are mapped to foundational courses rather than program electives, the APE or ILE. Students can address these foundational competencies through PUBH-related coursework; Dual Degree students can do so as well in combination with approved coursework available through their complementary degree program.

Our Standalone MPH requires students to complete 48 PUBH-related credits, consisting of 5 foundational courses (PUBH 5403, 5404, 5405, 5408 and 5409), 3 concentration courses (PUBH 5406, 5411 and 5431), a 2-semester APE (PUBH 5407), and 5 elective courses combined with a 3-credit ILE Capstone Project. No student on the Standalone pathway may request/receive a credit transfer of more than 6 credits based on prior academic work and every student on the Standalone pathway completes their degree with a minimum of 42 PUBH-related credits earned. Applications for credit transfer or course waivers are reviewed individually by the Program Director. Approval of a credit load reduction is conditional on the student having demonstrated satisfactory performance (grade of B or better) in a course and evidence that the course content is relevant to the MPH degree (i.e., suitable for inclusion as coursework within a CEPH-accredited program or school).

Table D2.1. Courses & Credits for Standalone MPH Pathway with ILE Capstone Project.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social/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 5411*	Introduction to Interprofessional Public Health Practice	3
PUBH 5431*	Public Health Research Methods	3
APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	6
PUBH 5499	Capstone Project	3
Electives (as applicable)		
PUBH - electives		15
	TOTAL CREDITS	**48**

* Concentration Courses

Students desiring a research-focused MPH may petition the program to substitute the 3-credit ILE Capstone project by completing 3 rather than 5 electives along with a 9-credit ILE Thesis. To be

approved for thesis work, a student must demonstrate the capacity to produce a rigorous, thorough product that benefits from ongoing, timely input from the student's advisory committee. Of paramount concern is documentation of a student's 'readiness' to undertake thesis-related work as defined by their mastery of appropriate technical skills, substantive knowledge of subject matter in question and a thorough understanding of thesis requirements and timelines (at least 2 semesters prior to graduation must be evident). The ILE Thesis Petition is available for review (ERF - D2.1 Supporting documentation).

Before graduation, the Graduate School completes an audit of every student's Plan of Study to verify that all degree requirements have been completed.

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.

BA/BS + MPH FastTrack Degree

Students on the FastTrack BA/BS-MPH pathway begin by completing 12 credits of required coursework while undergraduates. Credits for PUBH 5408, 5409, 5411 and 5431 are earned while FastTrack candidates complete their undergraduate baccalaureate degrees. Per UConn Undergraduate School standards, our FastTrack pathway acknowledges12 'shared' credits between a student's undergraduate and graduate plans of study. Upon conferral of the BA/BS degree, students enroll in the MPH program and proceed to complete an additional 30 credits. Table D2.2a. lists requirements for our FastTrack BA/BS + MPH Degree pathway, consisting of 5 foundational courses (PUBH 5403, 5404, 5405, 5408 and 5409), 3 concentration courses (PUBH 5406, 5411 and 5431) a 2-semester APE, and 3 electives combined with a 3-credit ILE Capstone Project. All requirements for the MPH degree can be completed through PUBH-related coursework. FastTrack candidates cannot receive a further credit load reduction; every student completes their degree with a minimum of 42 PUBH-related credits earned.

FastTrack students desiring a research-focused MPH may petition the program to substitute the 3-credit ILE Capstone project by completing 1 rather than 3 electives along with a 9-credit ILE Thesis. Before graduation, the Graduate School completes an audit of every student's Plan of Study to verify that all degree requirements have been completed.

Table D2.2a. Course & Credits for Students Pursuing the FastTrack Pathway with ILE Capstone Project.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social & 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 5411*	Interprofessional Public Health Practice	3
PUBH 5431*	Public Health Research Methods	3
APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	6
PUBH 5499	Capstone Project	3
Electives (as applicable)		
PUBH- electives		9
	TOTAL CREDITS	**42**

* Concentration Courses

Dual Degrees

Our program has offered Dual Degrees since 1990 and currently maintains partnerships with UConn Schools of Medicine, Dental Medicine, Social Work, Law and Pharmacy. Between 2020 and 2023, 32 Dual Degrees were completed (20 MPH/MD, 2 MPH/DMD, 7 MSW/MPH and 3 MPH/PharmD).

Per UConn Graduate School standards, Dual Degree pathways acknowledge 6 'shared' credits between two approved, complementary disciplines. For the MPH, Dual Degree candidates are required to earn 42 credits, of which 36 must be completed through PUBH-related courses, with 6 'shared' credits acknowledging the completion of approved coursework within the complementary degree program. Dual Degree candidates cannot receive a further credit load reduction, every student completes their degree with a minimum of 36 PUBH-related credits earned.

In 2015, when our program's concentration in Interprofessional Public Health Practice was initiated, dual degree students were occasionally granted waivers from enrolling in PUBH 5411 Introduction to Interprofessional Public Health Practice to permit their taking an elective on a topic related to their substantive interests (Because of the 36-credit limit Dual degree students otherwise lack the opportunity to complete electives toward their degree). Students who did not complete PUBH 5411 were required to self-document their mastery of foundational and concentration competencies through activities/experiences elsewhere within the curriculum. Reviews of Dual Degree student's self-evaluations were conducted by the Program Director to verify that all foundational competencies had been mastered before advancing a student's candidacy for graduation to the UConn Graduate School. Examples of approved competency self-assessments are available for review (ERF: D2.2. Supporting documentation).

The practice of waiving PUBH 5411 proved popular and over time, became more commonplace. However, after discussion about the importance of standard assessments of student competencies, our Curriculum and Operating Committees advised the Program Director to eliminate the routine waiver of PUBH 5411 for students who will enter the program beginning in Fall 2024. Going forward, every student admitted to our program will be required to enroll in PUBH 5411. To encourage students to pursue electives of interest, the program now recommends that Dual degree students, like those on the Standalone and FastTrack pathways, complete the ILE as a 3-credit Capstone Project rather than 9-credit ILE Thesis. Those who prefer a research-oriented degree remain eligible to petition the program for approval.

MPH/MD and MPH/DMD

Table D2.2b. lists course requirements for our MPH/MD and MPH/DMD pathways that require students to complete 36 PUBH-related credits, consisting of 8 foundational or concentration courses, a 1-semester APE, 2 electives and a 3-credit ILE Capstone Project. All requirements for the MPH degree can be completed through PUBH-related and School of Medicine coursework.

<u>'Shared' credits</u>

Beyond PUBH-related courses, MPH/MD and MPH/DMD students earn 6 'shared' credits for required coursework completed within the Schools of Medicine or Dental Medicine's MDelta Stage I curriculum (found within the content in Launch, VITAL, PACTS, CLIC). MDelta-Stage I is an 18-month curriculum designed to prepares physicians and dentists with skills to effectively adapt to emerging health issues through the application of health system science and other threads that complement and encompass the practice of medicine (e.g., law and ethics; evidence-based decision-making; interprofessional education; the social determinants of health and health disparities; the health care system and high value care; public and population health). The substantive content of specific portions of the MDelta-Stage I course has been, and continues to be, jointly reviewed by our program faculty and the School of Medicine's MDelta course directors to verify its relevance to the study and practice of public health. As such, it is understood by the Schools of Medicine and Dental Medicine, the Graduate School and our program to warrant 6 graduate credits for students. Outlines of content of these courses are available for review (ERF D1.2 Supporting documentation)

In addition to those shared credits, MPH/MD and MPH/DMD candidates are eligible to receive course waivers/substitutions relevant to PUBH 5407, 5408, 5409.

- Students substitute coursework embedded within VITAL, a course within the MDelta-Stage 1 curriculum that medical and dental students complete toward earning a required Graduate Certificate on the Social Determinants of Health & Disparities. Completion of that portion of the curriculum is considered equivalent to content delivered through PUBH 5408 and 5409.
- Students complete a 1- rather than 2-semester Practicum in Public Health (PUBH 5407) to satisfy the APE requirement of our accreditors.
- To facilitate scheduling, students can complete PUBH 5497 Public Health Research Appraisal in place of PUBH 5431 Public Health Research Methods.

Before graduation, the School of Medicine's Dual Degree Coordinator (Mellisa Held, MD) or the School of Dental Medicine's Dual Degree Coordinator (Eric Bernstein, JD, EdD) verifies that a student has completed required coursework within the School of Medicine or Dental Medicine and, therefore, is eligible to receive 6 'shared' credits toward the MPH degree. In turn, the Graduate School audits the student's plan of study to verify that they have satisfactorily completed all PUBH-related degree requirements.

Table D2.2b. Required Courses & Credits for Students Pursuing the MPH/MD and MPH/DMD Dual Degree Pathways.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social/Behavioral Foundations of Public Health	3
PUBH 5406*	Law and Public Health	3
MDelta (in place of PUBH 5408)	*LAUNCH, VITAL– Stage I, PACTS*	3
MDelta (in place of PUBH 5409)	*LAUNCH, VITAL– Stage I, PACTS*	3
PUBH 5431* or *PUBH 5497*	Public Health Research Methods *Public Health Research Appraisal*	3
PUBH 5411*†	Introduction to Interprofessional Public Health Practice	3
APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	3
PUBH 5499	Capstone Project	3
Electives (as applicable)		
PUBH-electives		6
Requirements for degree completion not associated with a course (if applicable)		
MDelta curriculum	Additional elements of LAUNCH, VITAL-Stage 1, PACTS	6
	TOTAL CREDITS	**42**

*Concentration Courses

† Dual Degree candidates enrolling before 2024 were able to obtain a waiver of this requirement, and in its place, were expected to document mastery of related learning objectives and competencies through self-assessment alternative activities/experiences completed while in the program. Candidates, beginning in Fall 2024, will enroll in PUBH 5411.

MPH/MSW Dual Degree

Table D2.2.c. lists course requirements for MPH/MSW Dual Degree candidates that requires students to complete 36 credits, consisting of 8 foundational or concentration courses, a 1-semester APE, 2 electives and a 3-credit ILE Capstone Project. All requirements for the MPH degree can be completed through PUBH-related and School of Social Work coursework.

'Shared' credits

Beyond completing required PUBH-related coursework, MPH/MSW students earn 6 'shared' credits for coursework completed within the School of Social Work which requires its students to complete BASC 5300 Human Oppression, BASC 5350 Analysis of Social Welfare Policy, POPR 5310 Program Planning, Development & Evaluation and POPR 5312 Political Advocacy. The foci of these courses address foundational (history & policy, theories of human behavior and social environments and research methods), practice (direct & group, community organizing) and specialized (clinical, healthcare, school, geriatric, etc.) subjects of Social Work practice. Their content has been, and continues to be, jointly reviewed by program faculty and the School of Social Work instructors to verify their relevance to the study and practice of public health. As such, it is understood by the School of Social Work, the Graduate School and our program to warrant 6 graduate credits. Syllabi for these courses are available for review (ERF D1.2 - Supporting documentation)

MPH/MSW candidates are eligible to receive course waivers/substitutions relevant to PUBH 5405, 5407 and 5431):

- Students may substitute BASC 5362 Human Behavior in the Social Environment for PUBH 5405 Social & Behavioral Foundations of Public Health (NOTE: In recent years, all MPH/MSW students have completed PUBH 5405).
- Students complete a 1- rather than 2-semester Practicum in Public Health (PUBH 5407) to satisfy the APE requirement of our accreditors.
- Students may substitute BASC 5333 Research Methods for Social Work Practice for PUBH 5431 Public Health Research Methods.

Before graduation, the School of Social Work's Dual Degree Coordinator (Carlton Jones, MS) verifies that a student has completed required coursework within the School Social Work and, therefore, is eligible to receive 6 'shared' credits toward the MPH degree. In turn, the Graduate School audits the student's plan of study to verify that they have satisfactorily completed all PUBH-related degree requirements.

Table D2.2c. Required Courses & Credits for Students Pursuing the MPH/MSW Dual Degree Pathway.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social/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* or *BASC 5333**	Public Health Research Methods *Research Methods for Social Work Practice*	3
PUBH 5411*†	Introduction to Interprofessional Public Health Practice	3
APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	3
PUBH 5499	Capstone Project	3

Electives (as applicable)		
PUBH-electives		6
Requirements for degree completion not associated with a course (if applicable)		
School of Social Work Courses	BASC 5300 Human Oppression BASC 5350 Analysis of Social Welfare Policy POPR 5310 Program Planning, Development & Evaluation POPR 5312 Political Advocacy	6
	TOTAL CREDITS	**42**

*Concentration Courses

† Dual Degree candidates enrolling before 2024 were able to obtain a waiver of this requirement, and in its place, were expected to document mastery of related learning objectives and competencies through self-assessment alternative activities/experiences completed while in the program. Candidates, beginning in Fall 2024, will enroll in PUBH 5411.

MPH/JD Dual Degree

Table D2.2d. lists course requirements for MPH/JD Dual Degree candidates that requires students to complete 36 credits, consisting of 8 foundational courses, a 1-semester APE, 2 electives and a 3-credit ILE Capstone Project. All requirements for the MPH degree can be completed through PUBH-related and School of Law coursework.

'Shared' credits

Beyond completing required PUBH-related coursework, MPH/JD students earn 6 'shared' credits for completing LAW 7587 Public Health Ethics and LAW 7592 Health and Human Rights within the School of Law. Their content has been, and continues to be, jointly reviewed by our program faculty and the School of Law instructors to verify their relevance to the study and practice of public health. As such, it is understood by the School of Law, the Graduate School and our program to warrant 6 graduate credits. Syllabi for these courses are available for review (ERF D1.2 - Supporting documentation). MPH/JD candidates are not eligible for a course waiver; however, they only complete a 1- rather than 2-semester Practicum in Public Health (PUBH 5407) to satisfy the APE requirement of our accreditors.

Before graduation, the Law Dual Degree Coordinator (Susan Schmeiser, JD) verifies that a student has completed required coursework within the School of Law and is eligible to receive 6 'shared' credits toward the MPH degree. In turn, the Graduate School audits the student's plan of study to verify that they have satisfactorily completed all PUBH-related degree requirements.

Table D2.2d. Required Courses & Credits for Students Pursuing the MPH/JD Dual Degree Pathway.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social/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
PUBH 5411*†	Introduction to Interprofessional Public Health Practice	3
APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	3

PUBH 5499	Capstone Project	3
Electives (as applicable)		
PUBH-electives		6
Requirements for degree completion not associated with a course (if applicable)		
School of Law courses	LAW 7587 Public Health Ethics LAW 7592 Health and Human Rights	6
	TOTAL CREDITS	**42**

*Concentration Courses

† Dual Degree candidates enrolling before 2024 were able to obtain a waiver of this requirement, and in its place, were expected to document mastery of related learning objectives and competencies through self-assessment alternative activities/experiences completed while in the program. Candidates, beginning in Fall 2024, will enroll in PUBH 5411.

MPH/PharmD Dual Degree

Table D2.2e. lists course requirements for MPH/PharmD candidates that require students to complete 36 credits, consisting of 8 foundational courses, a 1-semester APE, 2 electives and a 3-credit ILE Capstone Project. All requirements for the MPH degree can be completed through PUBH-related and School of Pharmacy coursework.

'Shared' credits

Beyond completing required PUBH-related coursework, MPH/Pharmacy students earn 6 'shared' credits for completing PHRX 3050 Public Health & Healthcare Policy, PHAR 4057 Developing Pharmacy Leaders and/or PHRX 4054 Pharmacy Communications. Their content has been, and continues to be, jointly reviewed by our program faculty and the School of Pharmacy instructors to verify their relevance to the study and practice of public health. As such, it is understood by the School of Pharmacy, the Graduate School and our program to warrant 6 graduate credits. Syllabi for these courses are available for review (ERF D1.2 - Supporting documentation). MPH/PharmD candidates are not eligible for a course waiver, but they only complete a 1- rather than 2-semester Practicum in Public Health (PUBH 5407) to satisfy our accreditors' APE requirement.

Before graduation, the School of Pharmacy Dual Degree Coordinator (Chinenye Anyanwu, PharmD, MPH) verifies that a student has completed required coursework within the School of Pharmacy and is eligible to receive 6 'shared' credits toward the MPH degree. In turn, the Graduate School audits the student's plan of study to verify that they have satisfactorily completed all PUBH-related degree requirements.

Table D2.2e. Required Courses & Credits for Students Pursuing the MPH/PharmD Dual Degree Pathway.

Course number	Course name	Credits
Required courses (foundation and concentration)		
PUBH 5403	Health Administration	3
PUBH 5404	Environmental Health	3
PUBH 5405	Social & 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
PUBH 5411*†	Introduction to Interprofessional Public Health Practice	3

APE & ILE courses (as applicable)		
PUBH 5407	Practicum in Public Health	3
PUBH 5499	Capstone Project	3
Electives (as applicable)		
PUBH-electives		6
Requirements for degree completion not associated with a course (if applicable)		
School of Pharmacy courses	PHRX 3050 Public Health & Healthcare Policy PHAR 4057 Developing Pharmacy Leaders PHRX 4054 Pharmacy Communications	6
	TOTAL CREDITS	**42**

*Concentration Courses
† Dual Degree candidates enrolling before 2024 were able to obtain a waiver of this requirement, and in its place, were expected to document mastery of related learning objectives and competencies through self-assessment alternative activities/experiences completed while in the program. Candidates, beginning in Fall 2024, will enroll in PUBH 5411.

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 mastery of the 22 foundational competencies listed in Table D2.3. Foundational competencies are mapped to our required foundational courses rather than to electives, the APE or ILE. Student performance on assignments can occur through classroom or homework assignments completed by individuals or student teams. Individual and team performances are evaluated by course instructors. Beyond basic determinations that a foundational competency has been mastered, the program encourages students to pursue additional activities to refine such abilities. A spreadsheet that details how our curriculum previously and currently addresses Foundational Competencies through coursework assignments is available for review (ERF – D2.3 Supporting documentation).

For each of the 22 competencies, Table D2.3. identifies the performance criterion related to each competency by course and session numbers, along with brief descriptions of the required educational activity. Detailed information regarding assignments and assessments are contained in individual course syllabi. Alternative assessments are described for MD, DMD, MSW and PharmD students who receive waivers from foundational course requirements; alternative assessments are not presented for JD students as no MPH/JD candidate has enrolled in recent years. In instances where an individual obtains a waiver of a required foundational course or has completed coursework elsewhere without evidence of having addressed a foundational competency, the student will be expected to demonstrate mastery through alternative means. A 0-credit, online, pass/fail assessment tool (PUBH 5497 Competency Assessment) has been established by the program to provide such students access to relevant assigned and recommended readings, videos, PowerPoint materials etc., along with a portal to submit responses to specific learning objective or competency prompts. A preview of the PUBH 5497 Competency Assessment HuskyCT site and examples of assessments approved by the Program Director are available for review (ERF: D2.2 Supporting documentation).

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

Competency	Course number(s) and name(s)*	Describe specific assessment opportunity[n]
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	PUBH 5408 & 5409 Epidemiology/ Biostatistics I & II, Quizzes & Exams	Individuals complete graded quizzes, mid-term and final exams testing their ability to distinguish the strengths and limitations among study designs when computing basic measures of association and draw appropriate conclusions using epidemiologic data.
	Alternative assessment for MD and DMD students	
	MDelta, SDoH&D Certificate, Project 1	Individuals complete a graded project selecting, displaying and interpreting census and health data for a specific catchment area served by a community health center.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PUBH 5405 Social & Behavioral Foundations of Public Health, Session 5	Teams complete graded homework designing, collecting and interpreting quantitative and qualitative measurements of public behavior.
	PUBH 5431 Public Health Research Methods, Session 7	Individuals complete graded homework designing and testing an interview that solicits information on the public's perception of social media
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	PUBH 5409 Epidemiology/ Biostatistics II, Session 6	Individuals complete graded homework developing a research hypothesis for SPSS analysis of Youth Risk Behavior Survey data.
	Alternative assessment for MD and DMD students	
	MDelta, VITAL, Session Vital C6	Individuals complete graded assignments 'Homework by the numbers' developing a research question that can be addressed using a large, clinical database.
4. Interpret results of data analysis for public health research, policy or practice	PUBH 5408 Epidemiology/ Biostatistics I, Session 9	Individuals complete graded homework requiring written and oral presentation as "subject matter specialists" who present etiologic and disease burden data on a selected health topic to faculty reviewers.
	Alternative assessment for MD and DMD students	
	MDelta, VITAL, Sessions C10, D5 and E2	Individuals complete graded homework requiring written and oral presentation as "subject matter specialists" who present etiologic and disease burden data on selected health topics through presentation to faculty during Journal Club presentations to faculty reviewers.

Public Health & Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings	PUBH 5403 Health Administration, Session 4	Individuals complete a graded homework comparing the U.S to 2 other OECD nations regarding measures of healthcare expenditure & finance, resources, quality and utilization.
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 5404 Environmental Health, Session 12	Teams complete graded classwork preparing a Health Impact Assessment about a proposed food preparation and distribution facility in an urban setting.
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	PUBH 5407 Practicum in Public Health, Session 6	Individuals complete graded classwork drawing on observed community attributes in completing a needs assessment/asset map of an assigned location.
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	PUBH 5405 Social/Behavioral Foundations of Public Health, Session 6	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.
9. Design a population-based policy, program, project, or intervention	PUBH 5411 Introduction to Interprofessional Practice, Sessions 6 & 15	Teams complete a graded term project designing a community health intervention focused on refugee resettlement.
	Alternative Assessment for MD and DMD students	
	MDelta, SDoH&D Certificate, Project 3	Teams complete a graded project designing a population-based intervention using Social Determinants of Health to reduce a community's burden with a non-communicable disease.
	Alternative Assessment for MSW students	
	BASC 5300 Human Oppression, Assignment 4	Teams complete a graded project in which they design an anti-oppression project that can be implemented after graduation.
	Alternative Assessment for PharmD Students	
	PHRX 3050 Public Health & Healthcare Policy, Session 8	Teams complete graded homework designing a public health project that addresses concepts of SDoH and health disparities related to *Healthy People 2020.*
10. Explain basic principles and tools of budget and resource management[1]	PUBH 5403 Health Administration, Session 5	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.
11. Select methods to evaluate public health programs	PUBH 5431 Public Health Research Methods, Session 8	Individuals complete graded homework defining evaluation plan for community-based school-aged nutrition program.
	Alternative Assessment for MD and DMD students	
	PUBH 5497 Public Health Research Appraisal, Sessions 8 & 10	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. Individuals submit graded homework employing common process and outcome approaches to evaluating several public health interventions.
	Alternative Assessment for MSW students	
	POPR 5310 Program Planning, Development and Evaluation, Assignment 5	Individuals submit graded homework as part of a semester-long project examining the appropriateness of evidence used by their assigned human service agency to measure the impact of 2 or more services for a target population.
Policy in Public Health		
12. Discuss the policy-making process, including the roles of ethics and evidence	PUBH 5406 Law and Public Health, Session 3	Individuals complete graded homework on designing ethical public health interventions pertaining to communicable disease control.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PUBH 5406 Law and Public Health, Session 7	Individuals complete graded homework defining advocacy efforts by identifying primary goals, key stakeholders in support and in opposition of the effort, and potential legal/regulatory steps to be taken in advancing the effort.
	PUBH 5411 Introduction to Interprofessional Public Health Practice, Sessions 9 & 10	Teams complete graded homework as part of their term project on brainstorming with community stakeholders.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	PUBH 5406 Law and Public Health, Session 12	Individuals will complete graded homework identifying a public health topic to a community of interest that can benefit from immediate advocacy activities.
15. Evaluate policies for their impact on public health and health equity	PUBH 5406 Law and Public Health, Quizzes & Exams	Individuals complete graded exams that include questions on governmental/legal power to regulate behavior.
Leadership		

16. Apply leadership and/or management principles to address a relevant issue	PUBH 5411 Introduction to Interprofessional Practice, Session 7	Individuals complete graded homework proposing vision and mission statements for a governing board of a human services organization to encourage use of non-motorized modes of transportation
	Alternative Assessment for MD and DMD students	
	PUBH 5497 HUSKYCT Competency Assessment	Individuals submit responses proposing vision and mission statements for a governing board of a human services organization to encourage use of non-motorized modes of transportation.
	Alternative Assessment for MSW students	
	BASC 5300 Human Oppression, Assignment 5	Teams complete graded projects developing an intervention project that addresses a social problem.
	Alternative Assessment for PharmD students	
	PHRX 3050 Public Health and Healthcare Policy, Session 2	Individuals complete a graded assignment producing a 4-minute video describing the mission and impact of agencies and organizations that promote public health.
17. Apply negotiation and mediation skills to address organizational or community challenges	PUBH 5405 Social & Behavioral Foundations of Public Health, Session 10	Teams complete graded homework describing a negotiation strategy to address disagreement about funding allocations within a LHD budget
	PUBH 5411 Introduction to Interprofessional Public Health Practice, Session 6	Teams complete graded homework describing a negotiation strategy to secure community buy-in of a facility for injection drug users.
Communication		
18. Select communication strategies for different audiences and sectors	PUBH 5405 Social/Behavioral Foundations of Public Health, Session 8	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.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	PUBH 5405 Social/Behavioral Foundations of Public Health, Session 7	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.)
20. Describe the importance of cultural competence in communicating public health content	PUBH 5411 Introduction to Interprofessional Public Health Practice, Session 3	Teams complete graded homework functioning as equity consultants to a health service organization to recommend practices that enhance cultural awareness by agency staff.
	Alternative Assessment for MD and DMD students	

	MDelta, VITAL, Session D1	Teams complete a graded Problem Based Learning assignment analyzing the sustained effects of political trauma on health status and care seeking by immigrants to the U.S.
	Alternative Assessment for MSW students	
	BASC 5300 Human Oppression, Assignments #2 and 3	Students write individual reflection papers on cultural humility, implicit bias, and self-awareness to address how those concepts impact their practice and communication strategies.
	Alternative Assessment for PharmD students	
	PHRX 3050 Public Health & Healthcare Policy, Session 5	Students submit graded commentary addressing how culture can impact the way individuals make healthcare decisions, what factors affect a person's health literacy level, and how pharmacists can improve health literacy of clients.
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	PUBH 5411 Introduction to Interprofessional Practice, Session 8	Teams complete graded homework engaging with other professions to devise a comprehensive care plan for a person with physical disability
	Alternative Assessment for MD and DMD Students	
	MDelta, PACTS, Sessions 5 and 8	Students complete a graded assignment reflecting on their experience attending and interacting with service providers at a community-based substance use reduction program. Students complete a graded assignment meeting with service providers and residents of an economically disadvantaged community to identifying social determinants of health and gathering local perceptions about workable solutions to these problems. (PACTS, Session 13) Students complete a graded assignment meeting with home health agency personnel about available services, and potential barriers to client utilization.
	Alternative Assessment for MSW students	
	BASC 5312 Political Advocacy, Assignments 3-5	Teams complete graded projects developing an advocacy plan, with input from fellow proponents to address

		a community problem facing a marginalized community through legislation.
	Alternative Assessment for PharmD students	
	PHRX 3008 Pharmacy Communication, Session 4	Individuals submit a graded assignment reflecting on their experiences communicating with and integrating information from other healthcare providers about prescribing practices and their physical and related (e.g., adherence, cost, etc.) effects.
Systems Thinking		
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative[7]	PUBH 5411 Introduction to Interprofessional Practice, Session 4	Teams complete graded homework describing system elements affecting low birth weights in B/AA.
	Alternative Assessment for MD and DMD students	
	MDelta, VITAL, Session D1	Individuals complete graded homework using a concept map to describe relationships among factors contributing to the 'social' origins of a patient's response to trauma.
	Alternative Assessment for MSW students	
	BASC 5362 Health Behavior in the Social Environment, Assignment 1	Individuals read *When they Call you a Terrorist* and complete graded homework using eco maps to describe the inter-relationship among social factors contributing to the experience
	Alternative Assessment for PharmD Students	
	PUBH 5497 Competency Assessment	Individuals submit a graded assignment describing system elements affecting low birth weights in B/AA.

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

Table D2.3 reflects how foundational competencies map to our curriculum for students who have graduated through May 2024. Syllabi and related assessment activities for foundational courses (PUBH 5403, 5404, 5405, 5407, 5408, 5409), concentration courses (PUBH 5406, 5411 and 5431) and alternative course for Dual Degree candidates (MDelta-Stage I, BASC 5300, 5333, 5350, 5362, PHRX 3008, 3050, 4097, POPR 5310, 5312) are available for review (ERF – D1.2 Supporting documentation).

Beyond successful performance in required coursework, our program has long enjoyed and strived to cultivate a diversity of backgrounds and career interests among our students. In that spirit, Dual Degree candidates were exempt from completing PUBH 5411 Introduction to Interprofessional Public Health practice in favor of their completing an elective in their area of interest After extensive discussion, our Operating Committee has moved to eliminate the automatic waiver of PUBH 5411 for Dual Degree candidates entering in 2024.

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

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. In the interest of greater instructional effectiveness, our program relies increasingly on curricular techniques of flipped classes and team-based learning to enhance the learning experiences of students and better prepare them for practice-based careers. Through their coursework, students can mastery foundational competencies. Those with waivers from required coursework are expected to complete assignments linked to foundational competencies through our online, independent study portal where they can review all pertinent course materials, receive assignments and submit responses for grading. 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 continues to engage with other UConn degree programs that express interest in designing Dual Degree options for their students. To improve consistency and facilitate documentary requirements, our Curriculum Committee at its February 2024 meeting, unanimously endorsed a change in program requirements for Dual Degree candidates that limits waivers of PUBH 5411 to students who successfully petition such a request. Approvable petitions must document (a) the reason justifying a waiver of the PUBH 5411 requirement, (b) the elective coursework to replace PUBH 5411, (c) the student's plan and timeline for addressing learning objectives linked to PUBH 5411, and (d) approval of petition by their academic advisor.

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 mastery of 5 concentration competencies listed in Table D4.1. Concentration competencies are mapped to concentration courses, rather than foundational courses, electives, the APE or ILE. Student performance on assignments can occur through classroom or homework assignments completed by individuals or student teams. Individual and team performances are evaluated by course instructors. Beyond basic determinations that a concentration competency has been mastered, the program encourages students to pursue additional activities to refine such abilities. A spreadsheet that details how our curriculum previously and currently addresses Concentration Competencies through coursework assignments is available for review (ERF – D4.1 Supporting documentation).

For each of the 5 competencies, Table D4.1. identifies the performance criterion related to each competency by course and session numbers, along with brief descriptions of the required educational activity. Detailed information regarding assignments and assessments are contained in individual course syllabi. Alternative assessments are described for MD, DMD, MSW and PharmD students who may receive waivers from concentration course requirements; alternative assessments are not presented for JD students as no MPH/JD candidate has enrolled in recent years. In instances where an individual obtains a waiver of a required concentration course or has completed coursework elsewhere without evidence of having addressed a concentration competency, the student will be expected to demonstrate mastery through alternative means. A 0-credit, online, pass/fail assessment tool (PUBH 5497 Competency Assessment) has been established by the program to provide such students access to relevant assigned and recommended readings, videos, PowerPoint materials etc., along with a portal to submit responses to specific learning objective or competency prompts. A preview of the PUBH 5497 Competency Assessment HuskyCT site and examples of assessments approved by the Program Director are available for review (ERF: D2.2 Supporting documentation).

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

Assessment of Competencies for MPH Interprofessional Public Health Practice Concentration		
Competency	**Course number and name**	**Describe specific assessment opportunity[n]**
1. Describe social, environmental, economic, political, or cultural determinants affecting human behavior, health or health outcomes.	PUBH 5406 Law and Public Health, Quizzes & Exams	Teams complete graded classwork evaluating assigned articles for their focus on social determinants of health and structural racism, and individuals complete a graded exam question testing their understanding of the impact of felony disfranchisement effects on community health status.
	PUBH 5411 Introduction to Interprofessional Public Health Practice, Session 5	Teams will complete graded homework describing the socio-economic effects of residential location on personal health and offer evidence-based guidance public health action.
2. Employ legal-ethical principles when evaluating public health policies & practices.	PUBH 5406 Law and Public Health, Quizzes & Exams	Individuals complete exam questions on substantive and procedural due process & equal protection to ethical advance public policy.
3. Identify necessary protections to personal information in the conduct of population health practice or study.	PUBH 5406 Law and Public Health, Quizzes & Exams	Individuals describe the legal basis used by the SCOTUS to find a “right to privacy” that encompassed a right to terminate a pregnancy and explain how these cases are related to other rights that impact public health.
	PUBH 5411 Introduction to Interprofessional Public Health Practice, Session 5	Teams complete graded homework ensuring robust agreement and enforcement of data sharing protocols across IT platforms and/or stakeholders
4. Use CBPR principles to develop logic models that effectively plan, manage and promote community-based interventions.	PUBH 5411 Introduction to Interprofessional Public Health Practice, Session 14	Teams complete a graded assignment drafting a logic model for a community intervention to improve food security within an at-risk Connecticut community.
	PUBH 5405 Social & Behavioral Foundations of Public Health, Session 11	Teams complete graded homework designing a CBPR project focused on food security within a Connecticut community.
	Alternative Assessment for MD and DMD students	
	PUBH 5497 HUSKYCT Competency Assessment	Individuals submit a graded response drafting a logic model for a community intervention to improve food security within an at-risk Connecticut community.
5. Account for the role and impact of governmental regulatory/advisory bodies in advancing population health initiatives.	PUBH 5406 Law and Public Health, Session 10	Individuals complete graded homework describing and evaluating the structure, purpose and performance and impact of a local/regional regulatory agency.

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.

Table D4.1 reflects how concentration competencies map to our curriculum for students who have graduated through May 2024. Syllabi and related assessment activities for concentration courses (PUBH 5406, 5411 and 5431) are available for review (ERF – D4.3 Syllabi and supporting documentation).

Beyond successful performance in required coursework, our program has long enjoyed and strived to cultivate a diversity of backgrounds and career interests among our students. In that spirit, Dual Degree candidates were exempt from completing PUBH 5411 Introduction to Interprofessional Public Health practice in favor of their completing an elective in their area of interest. After extensive discussion, our Operating Committee has moved to eliminate the automatic waiver of PUBH 5411 for Dual Degree candidates entering in 2024.

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 concentration competencies. 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. In addition to assigned course activities, all students, regardless of their MPH pathway, are encouraged to undertake multiple means of demonstrating their mastery 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 concentration 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 the understanding, knowledge, skills and values necessary to function successfully as public health practitioners and, in the process, contribute needed and valued effort to the programs where they are placed. 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 requirement

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 for which each student applies learned experiences to their specific APE projects.
- underscoring the importance of evidence-based practice by linking experiential activities with public health principles and theories.

Students complete 240+ 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, 22, 26, 28; approximately 24 contact hours) of instruction by Drs. Stacey Brown and Angela Bermúdez-Millán on topics independent of, but relevant to, their APE projects. Foundational competencies (e.g., 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
22	Completing Ethical/Legal Appraisal of Public Health Policy Options
26	Advancing Health Policy & Program Advocacy

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.

The APE begins with students meeting with Dr. Brown where she assesses the students' 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, most 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.

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.

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

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.

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.

<u>1-semester APE for the Dual Degree pathway</u>

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 candidates are expected to complete 4 hours of didactic learning and 135+ hours of fieldwork under the supervision of an agency-based preceptor, culminating in a presentation and project summary. In the past, students identified as needing to demonstrate their mastery of additional competencies, 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 Director.

<u>Activities/Deliverables - 1 and 2 semester options</u>

1) 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.
2) 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), at least 3 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 (note, across the two semesters, the course covers 7 foundational competencies; 3 in the first semester and 4 in the second semester).

Workplans are important to students' success managing their APE project by experiencing the setting of specific goals and effectively managing their scope, processes and products.

3) APE project activities that count toward expected 170+ hours for the 2-semester sequence (135+ hours for the 1-semester alternative) 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.
4) 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.
5) Student performance evaluations of the site and site preceptors are collected at the midterm and completion of each APE project using fillable Qualtrics forms. 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 (ERF - D5.2 APE requirements). Data are used to assess the suitability of future placements and make recommendations for improvements to the setting, personnel and/or project activities.
6) At the culmination of their project, each student completes a final paper and presentation. Students present their final projects to the class, faculty, and invited APE site preceptors. Presentation attendees complete an online feedback form. This data is compiled and shared with the student along with the Practicum Coordinator's assessment. In addition, when possible and requested, students also present their work at their APE sites. The final paper is an executive summary of their work, and the presentation includes a description of their site agency, the APE project, competencies addressed, connection to the 10 essential public health services, and an assessment of their overall experience.

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

Syllabi for PUBH 5407 2-Semester Practicum in Public Health and PUBH 5407 1-Semester Practicum in Public Health and are available for review (ERF – D5.2 APE requirements). The Program's Student Handbook is available for review (ERF – H1.4 Sample of advising materials).

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 APE-related activities by students, site preceptors and MPH program instructors/staff (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 Criterion 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. Our experience implementing a 2-Semester APE requirement has been reported at the 2024 APTR Annual Meeting (ERF D5.4 Supporting documentation).

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's Graduate School requires all programs to identify multiple culminating degree requirements. Every Standalone, FastTrack or Dual degree candidate completes either a Capstone Project or Research Thesis as their ILE culminating requirement. No substitute or waiver of this requirement is permitted.

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.

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.

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

ILE Options	How MPH competencies are synthesized
PUBH 5499 Capstone Project (3 credits)	• Students self-identify 3 foundational and 2 concentration competencies addressed in the manuscript. • 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 (2 members of the program faculty and 1 external reader) evaluate the extent to which designated competencies were appropriately addressed in the final ILE and accompanying poster presentation and 5-minute video for online viewing.
GRAD 5950 Research Thesis (9 credits)	• Students self-identify 3 foundational and 2 concentration competencies addressed in the manuscript. • 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 (2 members of the program faculty and 1 external reader) evaluate the extent to which designated competencies were appropriately addressed in the final ILE and accompanying poster presentation and 5-minute video for online viewing

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

The capstone project is expected to show the application of public health knowledge and principles, whereas the thesis will address knowledge gaps. Both are expected to yield high-quality written products appropriate for the student's educational and professional objectives. Students are advised that the ILE, whether configured as a 3-credit Capstone Project or 9-credit Research Thesis to be undertaken near the conclusion of their program of study.

The initiation of ILE projects typically begins 2 semesters before students declare their intention to complete their degree (e.g., students intending to complete their degree within 2 years to must obtain approval before commencing their 3rd semester of study; students intending to complete their degree within 4 years must obtain approval before starting 6th semester of study.

In Fall 2023, the Curriculum Committee queried the faculty about their experiences mentoring students through the ILE process and concluded that students often underestimate the time required to complete a 9-credit ILE Research Thesis. When that occurs, work products can suffer as students hurry to meet graduation deadlines. In response, the Curriculum Committee recommends that students be encouraged to complete a 3-credit ILE Capstone Project. In accepting this recommendation, the Operating Committee established a procedure by which students undertaking ILE projects after May 2024 are expected to complete the Capstone Project unless they receive approval of an application to undertake an ILE as a Research Thesis. A copy of this application for permission to undertake an ILE Thesis is attached for review (ERF D2.1 Supporting documentation).

Dr. Bermúdez-Millán, our tandem advisor to the 'graduating cohort' holds a meeting to orient prospective graduates about timelines and deliverables expected by UConn and 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 and completing any necessary CITI-training 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.

The ILE work product is structured similarly, whether as a Capstone project or Thesis. 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 or dissemination/integration, the structures of these ILE manuscripts are equivalent (See Table D7.2).

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

ILE Capstone Project (3 credits)	**ILE Thesis (9 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 project; 1-2 pgs.	7. Outline and summary of systems thinking framework guiding this research; 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. Project results; 5-8 pgs.	10. Research results; 5-8 pgs.
11. Project relevance to interprofessional public health research; 1-3 pgs.	11. Thesis 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

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

The MPH Student Handbook also summarizes all program requirements and expectations related to the ILE (ERF – H1.4 Sample of advising materials).

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.

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 (ERF E2.1 Supporting documentation).

Based on discussion between a student and major advisor, a draft ILE proposal and recruit 2 additional persons (one from the program faculty and one from outside the program) to their ILE advisory Committee commences. 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. At the start of every fall semester, the program polls students about their intentions to complete their ILE within the next academic year. A copy of the ILE proposal form is available for review. (ERF - D7.3 ILE requirements).

At the end of an ILE project, students submit the ILE Capstone Project Evaluation Form or the ILE Research Thesis Evaluation Form to their Advisory Committee for review and comment. Advisory Committee members individually 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 ILE Evaluation forms 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 student 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 points or higher.

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

	Scoring		
Criterion	**2**	**1**	**0**
Organization/ flow	Explicitly structured with numbers, headings or other visual guides	Implicitly structured with headings that imply organization	Does not indicate orderly progression of ideas
Objectives	Objectives explicitly noted in title and text	Objectives implicitly noted in title and text	Objectives not readily identified
Competencies	Explicitly includes competencies addressed	Implicitly includes competencies addressed	Does not include competencies addressed
Graphics/Data	Figures/tables communicate results and clearly viewable 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	Explicitly notes relevance to interprofessional practice communities	Implicitly 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 10 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.

7) 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 48 PUBH-related credits, consisting of 5 foundational courses (PUBH 5403, 5404, 5405, 5408 and 5409), 3 concentration courses (PUBH 5406, 5411 and 5431), a 2-semester APE (PUBH 5407), and 5 elective courses combined with a 3-credit ILE Capstone Project (PUBH 5499), or (upon petitioning the program for permission) 3 elective courses combined with a 9-credit ILE Thesis (GRAD 5950). No Standalone student completes their degree with fewer than 42 credits earned; no student in our Standalone pathway may request a credit-load reduction or transfer of more than 6 credits based on prior academic work. 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 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 42 PUBH-related credits, consisting of 5 foundational courses (PUBH 5403, 5404, 5405, 5408 and 5409), 3 concentration courses (PUBH 5406, 5411 and 5431), a 2-semester APE (PUBH 5407), and 3 elective courses combined with a 3-credit ILE Capstone Project (PUBH 5499), or (upon petitioning the program for permission) 1 elective courses combined with a 9-credit ILE Thesis (GRAD 5950).

Our Dual Degree pathways with medicine, dental medicine, social work, law and pharmacy require students to complete 42 credits of which 36 credits are earned through PUBH-courses. Individuals complete required coursework in their complementary degree program for which 6 ‘shared’ credits are recognized by the Program and Graduate School. Dual Degree candidates are <u>not</u> eligible for credit waiver or transfer credits. No Dual Degree candidate completes their MPH with fewer than 42 credits earned.

In all instances, the Graduate School completes audits of every student’s Plan of Study before graduation to verify that credit and course requirements have been met.

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

A graduate credit at UConn is 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 to 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.

Table E1.1. Primary Instructional Faculty (PIF)* Alignment with Degree Offered – All serve the Interprofessional Practice Concentration.

Name	Title/ Academic Rank	Tenure Status/ Classification	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	SUNY 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	Public Health
Restrepo-Ruiz, Mayte	Assistant Professor	In-residence	PhD MPH	UConn	Public Health
Swede, Helen	Associate Professor	Tenured	PhD MS	SUNY Buffalo	Epidemiology, Industrial/ Systems Engineering

*Persons identified as PIF are employed full-time by UConn and have regular responsibility as instructors and advisors within our program. Their annual evaluations and promotion consideration includes assessment of classroom teaching and involvement in education of MPH students.

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 (NPF)* Involved in Instruction - All serve the Interprofessional Practice Concentration.

Name	Academic Rank	Title/ Current Employer	%FTE*	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline
A. Department of Public Health Sciences Faculty						
Bruder, Mary Beth	Professor	UConn, PHS	NA	PhD, MS	Oregon	Developmental Disabilities
Brugge, Doug	Professor	UConn	NA	PhD, MS	Harvard	Biology & Industrial Hygiene
Coman, Emil	Assistant Professor	UConn	NA	PhD	UConn	Statistics
Dillon, Ellis	Assistant Professor	UConn	NA	PhD	UC San Diego	Sociology
Dugan, Alicia	Assistant Professor	UConn	NA	PhD	UConn	Industrial/ Organizational Psychology
Grady, James	Professor	UConn	NA	DrPH, MPH	UNC, Yale	Statistical Methods
Jo, Youngji	Assistant Professor	UConn	0.05	PhD. MA	Johns Hopkins	Infectious Disease Epidemiology
Kuo, Chia Ling	Associate Professor	UConn	NA	PhD, MS	Pittsburgh, Nat'l Taiwan U	Biostatistics
Lu, Bing	Professor	UConn	0.05	MD, PhD	UNC	Epidemiology and Biostatistics
Mead-Morse, Erin	Assistant Professor	UConn	0.05	PhD, MHS	Johns Hopkins	Health Behavior
O'Grady, Megan	Assistant Professor	UConn	0.05	PhD MA	Colorado St SE Louisiana	Applied Social Psychology
Reichow, Brian	Associate Professor	UConn	NA	PhD	Vanderbilt	Special Education
Rhee, T Greg	Associate Professor	UConn	0.05	PhD MSW	Minnesota Chicago	Pharmaco-epidemiology, Psychiatric Social Work
Tennen, Howard	Professor	UConn	0.05	PhD. MS	UMass	Psychology
Wetstone, Scott	Associate Professor	UConn	0.60	MD	UConn	Epidemiology
B. UConn Faculty holding Secondary Appointments in Public Health Sciences						
Banach, David	Associate Professor	UConn	NA	MD, MPH	UConn	Infectious Diseases
Chan, Grace	Assistant Professor	UConn	0.30	PhD, MS	Australian National Univ., Simmons	Statistics
Fortinsky, Richard	Professor	UConn	NA	PhD, MA	Brown	Sociology
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
Robison, Julie	Professor	UConn	NA	PhD	Cornell	Human Development
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.

Persons identified as Non- Primary Instructional Faculty (NIF) in Table E1.2 include 13 members of the Department of Public Health Sciences who are not employed full-time, or while serving as advisors do not have regular responsibility as instructors within the program. As such, their annual evaluations and promotion considerations may include assessment of classroom teaching and involvement in education of MPH students. Another 9 individuals hold secondary appointments within the Department of Public Health Sciences where they intermittently serve as instructors and/or advisors in the program.

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., respectively, 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 13 of our PIF and 14 of the 21 NPF listed in Tables E1.1. and E1.2 below are full-time faculty within the Department of Public Health Sciences. 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 instructors/advisors within our program are UConn faculty who hold primary appointments in the Department of Public Health Sciences (n=14) or other School of Medicine departments (n=6) and are recognized for committing significant time and effort (0.05 - 0.50 FTE) 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 Criterion 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 School of Medicine 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 School of Medicine 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 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 adjunct instructors and advisors who are currently employed in the private sector and regional public agencies. Their work experience in governmental and/or private sector positions brings both relevant information and networking possibilities to our students.

- 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.
- Amanda Durante, PhD (Yale) is an epidemiologist with the CT Department of Public Health and teaches an elective on Outbreak Investigations.
- 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 dually boarded in Internal Medicine and Occupational & Environmental Medicine. He teaches our foundational course on PUBH 5403 Health Administration and serves on our Admissions and Curriculum Committees.
- Jordana 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.
- Matthew Cartter, MPD, MPH (University of Rochester) was the Connecticut State Epidemiologist. He teaches an elective on Outbreak Investigations.
- 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 our foundational course on 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 Zitser, 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 many guest speakers each semester who contribute to our required and elective courses. We believe bringing such individuals to campus is an important part in the interprofessional education of students and incentivize the practice by providing an ample source of honoraria for that purpose.

To further underscore our program's commitment to bringing community partners directly into our curriculum, student's ILE projects require that they identify an external reader for their 3-person advisory committee. External ILE Readers are typically community partners who participate in our curriculum to encourage students to address topics and write in the interest of many community-based constituencies that partner in public health practice. Identities and affiliations of 77 external readers are available for review (ERF E2.1 Supporting documentation).

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 many practitioners throughout Connecticut.

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

Plans for improvement in this area: The Program Director will continue contacting practitioners to expand and strengthen our research and service network for students. We will also monitor student feedback on their satisfaction working with and learning from external partners.

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 School of Medicine (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 holding faculty appointments typically will have completed academic training sufficient to function autonomously in his/her academic role and contribute meaningfully to the school's academic missions. 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 School of Medicine 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 Student Experience 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 Statue (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.

In instances where teaching performance or student learning is in question, the Program Director will meet with the course instructor to review the assessment and work collaboratively to define and implement a remediation process.

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 School of Medicine, 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) support 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 School of Medicine 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 School of Medicine to support the design and interpretation of faculty research.

Our program's position within the School of Medicine 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 services 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 School of Medicine 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.
- Our program offers instructors additional (0.05%) time and effort coverage as compensation for extended preparation time when courses are first offered (i.e., faculty receive 0.20 FTE allocation for first time course offerings and 0.15 FTE allocation for ongoing course instruction). 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 (e.g., MetaAnalysis, Mixed Methods, etc.).
- A program fund is set aside for instructors to access funds for guest speakers ($50 honoraria per presenter). This support has proven valuable in maintaining our connection to the practice network that will support the interests of our current students and future graduates.

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 School of Medicine 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. Mayte Restrepo-Ruiz completed a Service-Learning Faculty Fellowship during which she developed a course on CBPR using service learning as its pedagogy.
- 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 Public 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 tools that support 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 examined throughout the course include tobacco, alcohol, 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.
- Dr. Angela Bermúdez-Millán, Food, Health and Politics
  This course is a comprehensive overview of the factors that influence how our food is grown, what foods are available, affordable, and advertised, and the ensuing public health implications. It examines the history of food production in America, the development of public and private food assistance programs, the fast-food movement, and food marketing. Students will explore the political, social, economic and environmental factors that impact food availability and consumption and discuss the implications of these factors on health outcomes, such as obesity, hunger, chronic diseases, and health disparities.
- Dr. Audrey Chapman, Reproductive Ethics, Rights and Public Policy
  This course will explore ethical, human rights, and policy issues related to the provision of reproductive health care using an interdisciplinary perspective that examines the requirements of reproductive justice and evolving views over time of the obligations of governments to provide reproductive health services to all women and men. A variety of assisted reproductive technologies, both current and developing, (e.g., genetic screening, egg donation, sex selection, mitochondrial replacement, and gene editing) are discussed.
- Dr. Youngji Jo, Infectious Disease Modeling
  This course addresses concepts, methods and tools used to understand, predict, and control the spread of infectious diseases within populations. The course covers both deterministic and stochastic models of causation and their application in public health decision-making.
- Dr. Megan O'Grady, Principles of Implementation Science
  This course introduces the use of implementation science approaches to systematically identify barriers and facilitators to implementation and adapt, integrate, and sustain evidence-based practices and innovations in healthcare and other settings. Students will learn to use the language of implementation science to describe key concepts and methods for translating scientific evidence into practice. Course sessions will emphasize practical application of concepts, critical thinking, and discussion.

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.

- Dr. Matthew Cartter, Outbreak Investigation. Students gain conceptual and practical knowledge of procedures used by public health epidemiologists to trace the spread of infectious disease agents across populations. Both real and simulated cases are presented to implement procedures for case finding, and mitigating measures.

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 School of Medicine'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 School of Medicine 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 represents 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). 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:

- Jordana 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.
- 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. Based on that evaluation, meritorious performance is acknowledged by salary increments (either as base increases or one-time bonus payments, depending 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 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.
- 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 3.0 or better 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 Public Health 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

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 School of Medicine 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. 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 School of Medicine faculty are defined within the University and School of Medicine 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 can secure unfunded research time at initial appointment and 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 School of Medicine 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 expected 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 with 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.

Our program's research benefits, as well, from its relationship with several key UConn research and service centers:

- Academic Information Technology Services (AITS) supports the educational missions of the School of Medicine, 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, analyze, 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. InCHIP will provide up to $ 5,000 for UConn faculty whose work is aligned with InCHIP's mission to access training in a new area or topic relevant to the research agenda of the applicant.
- 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.

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 several 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 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. Based on those experiences, students 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 School of Medicine 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.

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

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

The Department of Public Health Sciences encourages faculty to maintain a robust research program 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%.

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 161 peer-reviewed publications and 85 presentations over the most recent 3 years, resulting in over 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: Responses to our student surveys indicated interest in more faculty-student research opportunities. A sizable number of individuals (40%) who responded to the 2023 student survey question ("what would you recommend to improve the program"?) 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. A faculty discussion in response to student desire for additional research opportunities identified several options for consideration.

- Each spring the faculty will continue distributing an inventory of projects suitable for a student's summer research experience. These inventories will include guidance on minimal conditions for student-faculty collaboration that will incentivize faculty to engage in such activities (e.g., time and effort requirements, etc.).
- A summer research institute could be established providing students opportunities to gather longitudinal data on the health status of Hartford City residents. Such experiences would include the design of interview and focus group tools, data collection, database support and analysis, with the information available for preliminary research reports to local stakeholders.
- Discussions with DataHaven (a regional nonprofit organization) to establish a cooperative agreement for access to de-identified data on well-being, equity, and quality of life of Connecticut Communities. The program's leadership will evaluate the feasibility for action over the next several months, hoping to act by Fall 2025.

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 School of Medicine 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 School of Medicine 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 School of Medicine." 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 in our School's annual merit/performance review 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 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 can collaborate with students on service projects in 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 were spent surveying 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 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 focused on 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 school where an individual holds a primary academic appointment. A recent amendment to the School of Medicine 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 School of Medicine 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 School of Medicine 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.

A faculty discussion in response to student desire for additional service opportunities identified several options for consideration.

- Discussion with the graduate school about notation of 'service-engaged scholars' on student transcripts based on their completion of designated program electives that are recognized as including components of service learning.
- Starting spring 2024, the Student Engagement Committee began distributing an inventory of opportunities for service opportunities in the community via email; however, they are working on uploading these ongoing opportunities to the HuskyCT course managed by Drs. Guertin and Bermúdez-Millán, All MPH students get enrolled in this course site which offers a variety of programmatic information (e.g., graduate school deadlines, capstone project processes, etc.). The Student Engagement Committee will be posting their identified service and engaged scholarship opportunities on this site. In addition, opportunities will be shared through our program's website, newsletters and email blasts.
- The program's Intentional Action requirement can be expanded for 20 to 40 hours to encourage increased volunteer experiences. The program's leadership will evaluate the feasibility for action over the next several months, hoping to act by Fall 2025.

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.

In support of our program's Operating Committee, our Advisory Council offers important input from the perspective of community-stakeholders who meet with program faculty and students to consider the broader strategic issues of program leadership. We benefit from an Advisory Council that 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).

In the past 3 years the Advisory Council has played an important role in deliberation around the following topics:

- The Advisory Council strongly supports efforts to enhance recruitment of students from historically underrepresented communities and has prioritized recruitment/admissions criteria for MPH candidates in light of the 2023 SCOTUS decision on affirmative action (e.g., 1st generation students, non-native English speakers, residents of socioeconomically disadvantaged communities, persons with no prior health- or public health-related work experience).
- The Council endorses and continues to monitor the program's intention to offer a second MPH concentration on public health metrics and evaluation for prospective students interested in quantitative methodologies.
- The Council recommended to the program's Operating Committee that 2 standing committees be established:
  - Workforce Development (to identify 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).
  - Student Engagement (find opportunities for community engaged scholarship and intentional action, catalog student engaged activities within our community, and advocate for and coordinate a necessary support structure to sustain student engagement for the future).

Table F1.1a. Advisory Council Members, 2023-24.

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 program also benefits from a committed cadre of community partners who have long-standing connections to UConn and our program's efforts. Below in Table F1.1b. are the names and affiliations of community partners who currently are members of our program's standing committees. These individuals experience full membership with rights and responsibilities equivalent to all other committee members.

Table F1.1b. Community Partners Participating on Program Committees.

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.; a list of external readers is available in ERF E2.1. Supporting documentation.

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 the topics of budgeting and project management. Likewise, such input was important to the design of our concentration's 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.

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.

Community partners who regularly participate in our program are identified above in Table F1.1b. Their numbers include full members of our Advisory Council, Admissions and Curriculum Committees for which they make important contributions to the operational (e.g., program requirements) and conceptual aspects of our program. In many instances, our community partners also function as adjunct instructors, field preceptors and ILE external readers. As such, they come to understand 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.

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.

The minutes from Advisory Council and Workforce Development Committee meetings are available for review (ERF F1.5 Evidence of community input). Examples of current Alumni, Employer and Community Partner surveys are also available for review (ERF - B5.2 Data collection methodology).

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 F1.6a. Employer/Community Partner Assessments of Graduate's Qualifications to Practice (N=22).

Based on your experience as an employer of UConn MPH graduates, how would you rate their performance?	**Very Good/ Good**	**Poor**	**NA**
Problem solving	100%		
Analytics and assessment	95%	5%	
Application of statistical methods	75%	17%	8%
Application of systems thinking	75%	17%	8%
Cultural competency	100%		
Oral/Writing communication skills	95%	5%	
Leadership skills	68%	8%	24%
Organizing workflow	100%		
Using information technology	84%	8%	8%
Based on your experience as an employer of a UConn MPH graduate, how satisfied are you regarding their ….	**Very Satisfied/ Satisfied**	**Dissatisfied**	**NA**
Seeking clarification as needed	86%	14%	
Working independently	95%	5%	
Working collaboratively	95%	5%	
Demonstrating team building practices	95%	5%	
Taking initiative	86%	14%	
Meeting goals and deadlines	95%	5%	
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."

Complementing employer feedback, our program also surveyed community partners who may not have employed a program graduate. Our Community Partner Survey requests information on respondents' perceptions of our program's guiding statements.

Table F1.6b. Community Partner Survey Results (N=22).

How do you assess our program's.....	**Very Appropriate**	**Appropriate**	**Inappropriate**
Vision "to be an integral contributor in assuring Americans and others can enjoy healthy, productive and satisfying lives."	95%	5%	
Mission "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."	91%	9%	
Educational Goal to "produce competent interprofessional practitioners to fill leadership roles in applied public health settings."	100%		
Research Goal to "further our understanding of factors impacting health to better control the burdens of at-risk populations."	86%	14%	
Service Goal to "engage community partners to pursue effective approaches to community health."	91%	9%	
Diversity Goal to "build an inclusive public health workforce to equitably address community needs and aspirations."	100%	0	
Our value statements to "fostering reciprocal, equitable partnerships with stakeholders, seeking justice through wellness as a public good and fundamental right of all, acknowledging differing beliefs and practices into all program activities, and promoting ethical standard in all actions and interactions.	91%	9%	

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 our community partner/stakeholder e-mail list. In each instance, requests for participation, beginning in Spring 2023 with follow-up 6 months later, were made through direct email contact and through invitations to participate included in our program's bimonthly *Public Health Happenings* newsletters and on the program's Facebook and LinkedIn accounts.

Our surveys sought information on the respondent's perceptions of how prepared our students were to begin practicum/internship experiences and proceed to joining the public health workforce. (e.g., problem solving skills, use of IT, systems thinking, leadership, etc.) and their assessments of our program's guiding statements.

The program acknowledges that Employer and Community Partner surveys have been conducted irregularly over the past 7 years, in part because of limited time and administrative support in prior years and, in part, due to strong, interactive relationships with community-based partners who have made numerous informal contributions to our understanding of student performance and workforce needs. Our Advisory Council is committed to a rigorous schedule of biennial surveys of these constituencies.

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 partners/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 partners 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 expected 170+ hours of precepted field activities for the 2-semester sequence (135+ hours for the 1-semester alternative):
- 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.

Students who would like opportunities to get real-world experience applying what they've learned in the program, beyond that available through our APE requirement are able to enroll in PUBH 5498 Field Experience in Public Health Systems, an elective under the direction of Dr. Stacey Brown. The course provides intensive service-learning experiences addressing such topics as health indicators/ disease surveillance; policy development; planning, implementation, or evaluation of public health services; essential public health functions; and operational issues of a large complex public health agency/organization. Since 2020, we have had 19 students work with various public health organizations (e.g., governmental agencies, non-profit organizations, healthcare institutions, non-profits) contributing to ongoing projects, conducting research, analyzing data, developing interventions, and engaging directly with communities. Below are examples of the types of field experiences pursued by students enrolled in PUBH 5498.

Table F2.2. Student Field Experiences, 2020-23.

Hanako Agresta	Keney Park Sustainability Project	Vacant Lot Activation Project
Annika Anderson	CT Public Broadcasting Station	Media Literacy Pedagogy in Early Education
	UConn Student Health and Wellness (SHaW)	NatureRx Initiative (a multi-stakeholder organization chart, facilitator guides, social media campaigns, etc.) to mobilize the effort and UConn students will have an opportunity to engage in nature-based mental health activities
Arminda Bici	CT Oral Health Initiative	Advocacy initiatives related to the Medicaid Gap analysis
Patricia Bowen	UConn Health NIOSH grant	Participatory action research (PAR) study on the return-to-work experiences of breast and colorectal cancer survivors
Jennifer Casparino	UConn Health Disparities Institute	Project BrEAtHe
Shamira Chappell	UConn Health Disparities Institute	Analyze qualitative and quantitative data pertaining to the impacts of COVID-19 Black Adult Male Medicaid Recipients behavioral health services access and utilization
Charis Cox	Lawrence & Memorial Hospital	Building off data summarization of community profiles for 5 Delivery Networks (DNs) of YNHHS + data visuals for the CHNA reports.
Makayla Dawkins	CT Department of Public Health	Addressing social determinants of health, quality of life, HIV care, and stigma in the State of CT
Kelsey Grenus	East Hartford Health Department	Community health assessment and initiatives to improve the COVID-19 vaccine rates in East Hartford
Sarah Gwinn	Unified Command, which is a Joint Task Force of National Guardsman	Worked collaboratively with emergency state response organizations and laboratories to increase COVID testing capacity and surveillance
Sarah Hanna	Unified Command, which is a Joint Task Force of National Guardsman	Enhancing WISEWOMAN Program Retention through Quantitative Surveys and Targeted Interventions
Marta Holovatska	CT Department of Public Health	Connecticut Newborn Screening Program

Destiny LaPointe	West-Hartford-Bloomfield Health District	Comprehensive disaster response to COVID pandemic: interprofessional integration and utilization of key stakeholders
Melissa McCann	UConn Rudd Center for Food Policy & Obesity	Comprehensive disaster response to COVID pandemic: interprofessional integration and utilization of key stakeholders
Jeffrey Necio	Wallingford Health Department	Comprehensive disaster response to COVID pandemic: interprofessional integration and utilization of key stakeholders
Katia Ruesta-Daley	Universal Healthcare Foundation of CT	Comprehensive disaster response to COVID pandemic: interprofessional integration and utilization of key stakeholders
Isha Walawalker	Systemic Health Action Research Program, UConn	Employing the Compassionate-Accountability Behavior Change Model to Instigate Antiracist Framework and Policies in Public Health Systems

- Intentional actions (referring to activities focused on engaging with others for the purpose of learning different perspectives while committing skills and resources that address the needs of others) is a necessary requirement of students graduating from our program. It takes the form of volunteering in service to others and can take place any time before individuals graduate from the program. At least 20 hours, without regard to setting or circumstance, must be documented. Among the graduating class of 2022-23, a total of 25 individuals completed a total of 791 hrs. (32 hrs. on average). Examples of the intentional action initiatives of these students include:
  - 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/).
- Khadija Danazumi has established a nonprofit program of comprehensive support to underprivileged students (e.g., college prep, mentoring, and financial literacy education) to empower high school students to achieve their academic and career goals despite facing significant challenges. Additionally, she works with SEARCH, a transition-to-work program for young adults with intellectual and developmental disabilities to prepare them for competitive employment in a variety of industries. Project SEARCH partners with local businesses and organizations to provide internship opportunities and support for program participants.
- 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 several 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.
  - The Public Health Student Organization (PHSO) will be participating in Save the Sound's Beach Clean-Up in honor of Earth Day. Students will come together as a group in New Haven to clean up litter along the Long Island Sound on Sunday April 21st.
  - Our PHSO also is sponsoring a spring QPR Training session (QPR stands for Question, Persuade, and Refer, and is a suicide prevention training program designed to teach individuals the warning signs of a suicide crisis and how to respond).

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 community partners. 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's Advisory Council 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 (Mr. 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 partners to participate in our online 12th Week seminars. A list of speakers and topics is available (See below). Attendees from outside the program can 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. A listing of 12th Week Seminar Presenters and Titles is available for review (ERF F3.1 Supporting Documentation)	The Program Director, with faculty input, seeks speaker nominations from various sources, including our community partners.	10 - 15 per seminar

2	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. A summary of Presentations and Webinars by Dr. Cavallari is available for review (ERF F3.1 Supporting Documentation)	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.	280 persons attended workshops; 400 persons attended webinars
3	Program faculty affiliated with the DMHAS Center for Prevention Evaluation and Statistics at UConn Health support state, regional and community partners in a public health approach to substance misuse prevention and mental health promotion. Directed by Megan O'Grady, the Center provides a range of services.	Through discussion with community partners and CT Agencies, a data-driven strategic planning process, using SAMHSA's Strategic Prevention Framework, was identified as needed for efficient data capacity building for Connecticut's behavioral health prevention and health promotion workforce at various levels.	
	• group training and capacity building on data-driven needs assessment with DMHAS-funded regional planning entities (Regional Behavioral Health Action Organizations, or RBHAOs), and substance misuse prevention coalitions. These trainings were supported by CPES-developed guidance documents, worksheets, data workbooks, report templates, and review rubrics.		Regional: 15 individuals representing 5 regional planning organizations that serve all CT towns/cities
	• 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.
	• 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		35 individuals representing 5 CT planning regions and 17 town coalitions

	Connecticut's behavioral health prevention and health promotion workforce at various levels		
	• 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.		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. Bermúdez-Millán is collaborating with the Hartford WIC Program (*Title: Barriers to WIC Farmers Market Vouchers Redemption among Hartford WIC Participants: A Community-Based Pilot Study to Strengthen WIC Benefits Use and to Develop a Childhood Obesity Intervention*), gathering quantitative and qualitative data to inform the design of a community-based intervention to promote healthy weight through increased fruit and vegetables consumption among overweight/obese, low-income children ages 2-5 participating in the WIC program. The project involves 2 students working on the seed grant. Preliminary findings will inform the design of a community-based intervention to target childhood obesity designed for low-income WIC program participants. 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 and students pursuing degrees in other disciplines, 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 Heath 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 community partners, 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.

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 recognize that diversity takes many forms (e.g., ability/disability, age, country of birth, national origin and citizenship, culture, ethnicity, gender, gender identity and expression, health status, historical under-representation, language, political ideology, privilege, race, refugee status, religion/spirituality, sexual orientation, shared ancestry or ethnographic characteristics, socioeconomic status, tribal sovereign status, and veteran status). While we aspire to be inclusive of these and other personal attributes, we also acknowledge the absence of data to evaluate program performance regarding many of the dimensions noted here. Consequently, our attention is drawn to matters of gender, race/ethnicity and selected measures of the marginalization of groups within this society.

Program faculty and staff

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, and priority groups therein, is communicated as non-binding recommendations of UConn Health Human Resources to the Program Director and Department Administration. The 2024 faculty hiring goals (designated by 'X') and personnel self-designating with race/ethnic categories are presented in Table G1.1. Overall, our faculty reflects the ambitions of our Institution's hiring priorities, as does our program staff. However, deficiencies in the recruitment/retention of Hispanic males across several relevant employment categories is apparent.

Recruitment for authorized faculty positions adheres to guidelines established and monitored by the UConn Department of Human Resources. Job descriptions are posted on the UConn Health's Human Resources website and advertised on national employment sites (e.g., publichealthjobs.net, Higher Ed Jobs, 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.

Table G1.1. UConn Health Hiring Goals by Employment and Race/Ethnic Category (X), with PIF and Program Staff, 2024.

	White		Black		Hispanic		Other	
	Male	Female	Male	Female	Male	Female	Male	Female
Professor	Gregorio	X			X		X	
Associate Professor		X Cavallari Chapman Lazzarini Swede		X S Brown Hunter	X	X Bermúdez-Millán Restrepo-Ruiz		
Assistant Professor	X	X Cunningham Guertin Levy-Zamora Lutz						
Administrative Group		Parris						
Administrative Program Coordinator	X	Samociuk		D Brown	X			
Technical Professional	Abate				X		X Palla	
Administrative Program Assistant	X				X		X	
Office Assistant								Ballambat

Regarding student recruitment and admissions, our program values differences of culture, beliefs and experiences 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, veterans, 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 (OEI) 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 carte 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 to adjust future enrollment projections and 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

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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 G1.5a. Demographic Backgrounds of Program Faculty & Staff, 2023-24

	Gender		Race/Ethnicity			
	Female	**Male**	**Caucasian**	**Black**	**Hispanic**	**Other**
PIF (N= 13)	12 (92%)	1 (8%)	9 (67%)	2 (15%)	2 (15%)	0
NPF (N= 21)	10 (48%)	11 (52%)	13 (62%)	0	1 (5%)	7 (33%)
Staff (N= 8)	6 (75%)	2 (25%)	3 (38%)	2 (25%)	0	3 (38%)

Table G1.5b. Socio-demographic Backgrounds of Admitted Students 2020-24.

Student Enrollment Category	**2020-21**	**2021-22**	**2022-23**	**2023-24**
% 1st 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.

Responses of faculty to several open-ended survey questions (What are your perceptions of the program's climate regarding diversity and cultural competence? How are we doing? What might be limiting our practices? What suggestions do you have for moving forward?) yielded the following responses:

Generally positive comments:

- "My sense is the climate is good, but given my perch above everything, perhaps I am missing issues about which we should be more concerned? I think the conscious intent of both the leadership and faculty is positive."
- "Over the 17 years I have been in the Department it has become increasingly more diverse in both the faculty and student composition. I think this is one of our accomplishments."

- "I would say that the climate is generally positive regarding diversity and cultural competence. For example, topics related to diversity and cultural competence are built into many courses, faculty research programs, and presentations geared towards students. I think we do a good job of making sure that diverse voices are heard and valued, whether it be who we invite as guest speakers for students, how we explore course topics, or who we select as research participants or partners. One way to be sure we are on the right track is to, on a regular basis, assess course materials, speakers, and available research and practicum experiences to be sure that we are properly reflecting a positive climate regarding diversity and cultural competence."

Positive, but cautionary comments from the faculty:

- "Our admissions committee appears to have met a competence standard regarding diversity - many, if not the majority, of my advisees and students in my classes are from a diverse set of race/ethnic backgrounds. However, if a climate of cultural competence would be measured by program-wide activities (seminars, social events), I would suggest we could do better."
- "This is a big question for which we don't have answers yet. Overall, I think faculty has become more diverse in race/ethnicity and age, and knowledge. However, faculty from underrepresented minorities groups do not hold tenure-track positions in our department."
- "In terms of curricula, we are good at identifying health disparities. Several courses integrate SDoH and health disparities in their syllabus. However, it is not clear to me to what extent we are providing training on cultural competence to students."
- "We could do more to educate students in the historical challenges and agency of non-white groups and how to talk and inquiry about cultural differences and practices and their effects on health. If we want to know about the perceptions of the program's climate related to diversity and cultural competence, we should make it a regular practice to survey faculty, administrative staff, and students."

In the interest of responding to these perceptions, the program is committed to ongoing faculty discussions about how we can build a more inclusive and interactive educational and social environment where students, staff and faculty flourish. These discussions are to occur in combination with UConn Health initiatives to address the subject of DEI across our campus.

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

We believe Criterion G1 is met.

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. Many invited speakers, along with institutional and program support, provide 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.

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 ensure 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 which 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 our advising system's overall effect on student performance and satisfaction. Exit surveys from recent graduates provide feedback on the performance of specific advisors 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.

Our program has only intermittently polled students on this question. Information provided through a Fall 2019 student survey indicated concern by several students expressing their difficulty connecting with advisors. To address this deficiency, the program launched advisement sessions as a regular (Wednesday) part of our 12th Week Seminars. The idea was to bring students and advisors together every semester to facilitate interaction. These advisement sessions consisted of 45-minute group discussions with program advisors followed by information presentations on a range of program requirements (e.g., administrative deadlines, software and other resource availability, etc.) and/or career advising (e.g., utilizing LinkedIn, etc.). It is from these large group sessions that program leadership has received commentary and recommendations from students about ways to enhance advisement of students. Survey responses from 2022-24 have subsequently expressed satisfaction with these sessions and several comments have noted greater ease connecting with advisors, as needed. The program also proceeded to implement our tandem advising system described earlier. Responses to the question from our 2023 student survey "How would you judge the quality of advisement you've received while in the program?" indicated 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.

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 School of Medicine 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 Hussein, 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 partners.

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)

- Jordana 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 Mohammad, 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. Krook 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 training. 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 Students' 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 several 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 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.

We believe Criterion H3 is met.

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 seeks 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 given guidance about admissions requirements and deadlines and 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 the writing prompt to the application's required personal statement 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 dimmish 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., ≥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	≥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://grad.uconn.edu/admissions/requirements/
MPH Program Admissions Policies	https://mph.uconn.edu/admissions/.
MPH Program Handbook	https://mph.uconn.edu/2023-24-MPH-Student-Handbook.pdf
MPH Degree requirements	https://mph.uconn.edu/program-description/
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/