

REVIEW FOR ACCREDITATION
OF THE
GRADUATE PROGRAM IN PUBLIC HEALTH
AT THE
UNIVERSITY OF CONNECTICUT

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Graduate Program in Public Health at the University of Connecticut (UConn). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in November 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The University of Connecticut was founded in 1881 as the Storrs Agricultural School and currently maintains campuses in Hartford, West Hartford, Farmington, Storrs (the main campus) and five regional campuses throughout the state. Serving more than 31,000 students, UConn offers over 7,600 degree programs at the bachelor's, master's and doctoral levels. The university is organized into 14 schools and colleges dedicated to business, dental medicine, medicine, engineering, fine arts, law, liberal arts and sciences, education, nursing, pharmacy, social work, agriculture, health and natural resources. UConn Health, formerly known as the UConn Health Center, comprises the schools of medicine and dental medicine, a teaching hospital and graduate programs in biomedical sciences, dental science and public health.

The School of Medicine (SOM) houses 19 departments and 12 centers and institutes including the Center for Public Health and Health Policy. The Graduate Program in Public Health is located in the Department of Community Medicine and Health Care, along with a public health PhD program, which is not included in the unit of accreditation. Rather than report through the department chair, the program director has joint, yet direct, reporting obligations: to the senior associate dean for education within the SOM, on matters pertaining to material, fiscal and human resource allocation and personnel management; and to the associate dean of the Graduate School, on matters pertaining to the curriculum, degree requirements and admissions criteria. The program offers an MPH degree in interprofessional practice. Joint degrees in medicine, dentistry, pharmacy, social work, law and nursing are also available.

The Graduate Program in Public Health has been accredited by CEPH since 1984. The most recent review, in 2008, resulted in a term of seven years. In 2009, 2010 and 2012, the Council accepted the program's interim reports.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the Graduate Program in Public Health. The program is located in a regionally accredited university and has the same rights and privileges as other professional programs on campus. The program has a planning and evaluation process that is inclusive, timely and focused on public health research, teaching and service.

Faculty are trained in a variety of disciplines, and the program's environment supports interdisciplinary collaboration. Faculty and student connections with public health practitioners and local community members ensure that the program fosters the development of professional public health concepts and values. The program has a clearly defined mission, with supporting goals and objectives, and adequate resources to offer the MPH degree.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

This criterion is met. The program has a clear and concise mission statement with supporting goals and measurable objectives. The program's mission is to offer an exemplary academic environment that prepares interprofessional learners to achieve high standards of public health practice. Seven goal statements support this mission and focus on interprofessionalism, education, service, research and leadership. Each goal is linked to specific, measurable objectives with quantifiable indicators and targets:

- 1) Recruit and prepare MPH students who will engage collaboratively with practitioners in the pursuit of system-level public health solutions to community health concerns.
- 2) Prepare, through exemplary didactic and experiential learning, competent public health practitioners who know and demonstrate interprofessional understanding of public health, medicine, dental medicine, nursing, pharmacy, law, social work and public administration.
- 3) Be recognized nationally as the leading educational institution that prepares leaders in the interprofessional practice of public health.
- 4) Enable students, staff, faculty and community-based partners to contribute competent, collaborative effort toward assuring healthful, satisfying lives of Connecticut residents and beyond.
- 5) Uncover determinants of health and well-being and disseminate that information in support of evidence-based health promotion/disease prevention practices for populations.
- 6) Promote an environment where faculty and students collaborate on research addressing public health concerns and practices.
- 7) Effectively utilize university, program and community resources to sustain a high quality, high impact program in academic public health.

The mission, values, goals and objectives are published on the program website and printed in the student handbook, newsletters, information kits and other recruitment and promotional materials.

These guiding statements were developed through a collaborative and inclusive process. Since the last accreditation review, the Advisory Committee met quarterly and, initially, more frequently to review and revise the mission, values, goals and objectives. The Curriculum Committee was also involved in related discussions. A number of faculty, staff, students, alumni and community partners served on both committees. Final revisions were made in 2014. The Advisory Committee and program administrators continue to review these statements on an annual basis to ensure relevance.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has an ongoing, systematic process to monitor and evaluate its progress toward achieving the mission, goals and objectives. The self-study process also included feedback and participation from a variety of constituents.

The self-study outlines the data sources the program uses to measure its success, as well as the individuals responsible for collecting and analyzing data. The program director assigns such responsibilities. One of the administrative assistants, for example, monitors the course enrollments of joint degree students and those from other programs. The program coordinator reviews alumni and employer survey results. She also tracks faculty participation in community-based research and collaborative projects with students.

Outcome data for the last three academic years was provided to site visitors. Although approximately half of the program's targets (47 total) were not met in 2014-2015, the program achieved or came very close to achieving most of these objectives in the last three years. While 89% of primary faculty authored peer-reviewed manuscripts or presentations in 2014-2015, for example, all primary faculty did so in 2013-2014, thus reaching the program's target of 100%. The fraction of course enrollments that were generated from students matriculating in joint degree or other programs in 2014-2015 (24%) fell short of the target by only one percent.

Deficiencies in program performance are identified and addressed by administrative mechanisms. The program director reports evaluation results and findings to the Advisory Committee for review and feedback. The Advisory Committee, in turn, uses such information to recommend and develop new strategies or procedures to improve program performance. The program director leads an annual faculty meeting to discuss the range of challenges and opportunities faced by the program. In 2013, for example, faculty participated in guided small group discussions to outline key issues and interests for future program development. The 2014 and 2015 meetings outlined program updates and reaccreditation concerns. Additional feedback is occasionally solicited from various constituents prior to implementing new or revised policies.

The Advisory Committee oversaw the preparation of the self-study report. Drafted sections were posted online and circulated among key faculty and staff for comment, revision and recommendations. The

program website and electronic newsletter, *Public Health Happenings*, also invited students, faculty, alumni, community partners and university colleagues to review and comment on drafts. Students who met with site visitors asserted that they were actively involved and asked to provide feedback in the development of the self-study. Discussions with alumni, community representatives and preceptors also confirmed that they were offered multiple opportunities to comment on drafted sections of the self-study. The final document, which reflects the collective contributions of major constituents and committee members, was posted on the program website, along with a public invitation to submit anonymous third-party comments.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. The University of Connecticut has been accredited by the New England Association of Schools and Colleges since 1931; the most recent review for reaccreditation occurred in 2007 and resulted in a ten-year term. The university responds to more than 30 specialized accrediting agencies in fields such as pharmacy, law, social work and medicine.

The University of Connecticut maintains campuses in Hartford, West Hartford, Farmington, Storrs and five regional campuses throughout the state. UConn is organized into 14 schools and colleges dedicated to business, dental medicine, medicine, engineering, fine arts, law, liberal arts and sciences, education, nursing, pharmacy, social work, agriculture, health and natural resources. UConn Health comprises the schools of medicine and dental medicine, a teaching hospital and graduate programs in biomedical sciences, dental science and public health.

The School of Medicine houses 19 departments and a number of centers and institutes including the Center for Public Health and Health Policy.

The Graduate Program in Public Health is located in the Department of Community Medicine and Health Care, along with a public health PhD program, which is not included in the unit of accreditation. Rather than report through the department chair, the program director has joint, yet direct, reporting obligations: to the senior associate dean for education within the SOM, on matters pertaining to material, fiscal and human resource allocation and personnel management; and to the associate dean of the Graduate School, on matters pertaining to the curriculum, degree requirements and admissions criteria. Both associate deans report to the dean of their respective school, who in turn reports to the provost. The provost serves the university president. Ultimately, the Board of Trustees is the highest authority in the chain of governance.

The program director identifies program needs and submits budget requests to the chairperson of Community Medicine within the SOM. Final decisions on the allocation of operating funds are made by

the assistant dean of finance and the senior associate dean for education. Requests for personnel are submitted by the department chairperson to the SOM dean. Recruitment procedures are governed and facilitated by the UConn Human Resources Office, which posts and advertises available openings, screens eligible candidates and monitors compliance with diversity-related policies. The program director is involved in the recruitment of SOM faculty, some of whom participate in the Graduate Program in Public Health. The program director explained that he has the opportunity to negotiate faculty teaching, service and research responsibilities, but the commitment of external departments (eg, law and nursing) to engage the program in such discussions is voluntary. He stated that the program is not always granted this negotiating opportunity in the Department of Medicine, in which five secondary faculty hold primary appointments. Terms and conditions of initial appointments are established by the school and decisions regarding faculty retention and promotion are governed by school and university bylaws.

The program director is invited by the school's Appointments and Promotions Committee to comment on the teaching, service and research capabilities of individuals in annual reviews for reappointment, promotion and/or tenure. Oversight of the curriculum is the responsibility of the Graduate School, which administers policies and practices university-wide through the Graduate Faculty Council and the Graduate Programs Committee.

The self-study recognizes the Graduate Program in Public Health as an integral part of the university and the SOM. According to the report, the Dean's Council and the Education Council agree that the public health program plays a key role in the institution and voted to support its continued accreditation. The department chair told the site visit team that the Graduate Program in Public Health has always been a priority. The program director corroborated the department chair's accounts and agreed that he and the new dean of medicine are very attentive to and supportive of the program. The program director also revealed that the university intends to create a new administrative structure for the health sciences and wants the Graduate Program in Public Health to be a prominent part of that.

The vice provost appeared to be equally interested in population health. She and the dean of medicine met with the site visit team and described a shift of interest toward allied health sciences and the university's plans to redesign the infrastructure of health sciences on campus. They expect this new infrastructure to promote synergy and interdisciplinary collaboration and cement the relationship between the Graduate Program in Public Health and various other health science programs.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The program maintains an organizational structure with clear lines of authority and responsibility.

The program director is responsible for program planning, evaluation and management. He also oversees the program coordinator and all other staff and governing committees. He and the program coordinator are responsible for routine activities pertaining to the establishment of academic performance standards, curriculum development, resource management, student recruitment and retention, faculty appointment and review, community outreach and marketing. The program coordinator is also expected to advise students and oversee the daily operation of the program office and its staff, among other duties.

The program's organizational setting is conducive to interdisciplinary collaboration. UConn Health supports graduate degrees in medicine, dental medicine and several biological sciences. The facility also houses an acute care hospital and ambulatory medical and dental practices. MPH committee participants are drawn from several departments and disciplines across campus (eg, community medicine, behavioral sciences, law, occupational medicine, nutrition and social work, psychology) and in the field (eg, state and local service agencies, governmental organizations, primary care clinics, general medical practices and for-profit health organizations). Faculty are drawn from the Department of Community Medicine and other academic departments (eg, law, medicine and nursing) across UConn Health and the university. Joint degrees in medicine, dentistry, pharmacy, social work, law and nursing are also offered. Faculty who spoke with site visitors stated that they collaborate on research and service projects with faculty and students in various departments, including law, psychiatry, medicine and dentistry.

1.5 Governance.

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

This criterion is met. The program has a well-defined governance structure that supports the involvement of faculty, staff, students, alumni, university officials, community partners and other major stakeholders in decision making. As stated in Criterion 1.4, participants are also drawn from other departments and disciplines across campus. Three standing committees participate in pertinent functions such as policy development, planning and evaluation, budget and resource allocation, student recruitment and admissions and curriculum development:

- Advisory Committee members include faculty, staff, students, alumni, community-based practitioners and state and local health officials. The committee, which meets quarterly, serves as the central governing body and is charged with recommending and reviewing the program's

annual operating budget, general policies and practices related to program administration and performance.

- The Curriculum Committee, which reports to the Advisory Committee, is also comprised of five faculty members, one staff person, two MPH students and two alumni. One alumna and one adjunct faculty member are also community partners. The committee develops and monitors all aspects of the curriculum, from course and degree requirements to certificate programs, and instruction.
- The Admissions Committee, which also reports to the Advisory Committee, includes faculty, staff and alumni—one of whom is also a community-based practitioner. A PhD student also serves on the committee, which is responsible for evaluating the quality of applicants to the program and recruiting an appropriate, well-qualified and diverse student body.

The Alumni Board develops and strengthens the relationship between the program and its graduates and between alumni. Several members also serve as instructors, preceptors and participants on other programmatic committees, and as such play a strong and influential role in program governance.

Contributing to the activities of the institution at large, the program director is a member of the UConn Graduate Programs Committee and several other school- and university-level committees. Various faculty members hold appointments on the SOM's Ethics Committee, Executive Policy Committee, Admissions Committee and Senior Appointments and Promotions Committee, as well as the UConn Public Engagement Forum and the UConn Humanities Institute Board. MPH students participate in the Graduate Student Organization.

Students who serve on the program's committees have equal voting rights. In addition to the aforementioned governing bodies, a Student Affairs subcommittee, a segment of the Student Government Association with exclusive student membership, serves as a liaison between administrators and the student body. The Public Health Student Organization (PHSO), which is open to all MPH students, elects each student representative. The organization promotes student involvement in governance, distributes important information to students, supports their interests and communicates their requests and concerns to program administrators and university leaders. The program coordinator meets with the PHSO Executive Board each semester to discuss student issues and suggestions for programmatic improvements. MPH faculty, alumni and several honorary members serve on the Delta Omega Chapter, which works closely with the Connecticut Public Health Association (CPHA) to support the program and connect students with public health mentors, speakers, internship and job shadowing opportunities and project advisors.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met with commentary. Overall, the program's fiscal resources have remained relatively stable during the last seven years.

The program maintains a distinct account within the SOM. The annual operating budget is developed by the program director, with input from faculty and staff, and reviewed by the Advisory Committee and the Executive Committee of the Department of Community Medicine before revenue projections and expenditure requests are submitted to the assistant dean of finance and other senior SOM administrators for negotiation and approval. Final decisions on the availability of operating funds and allocations of funds for personnel, equipment, etc. within a given year are determined by the dean and the senior associate dean for education. Program operations are adjusted to fall within authorized expenditures.

The program does not receive a direct state appropriation or recover indirect costs from faculty who receive extramural grants and contracts. Instead, salary offsets and indirect costs accrue to the school and department where faculty members hold primary appointments. Historically, tuition payments (minus graduate school fees) were returned to the program through a unique arrangement with the university. Until 2004, there was no explicit line of institutional support for salaries, equipment or general operating expenses. Under the leadership of the previous dean, the program had grown increasingly dependent on tuition dollars and course enrollments to maintain its operations. Today, the Graduate Program in Public Health is the only graduate program on campus that generates tuition revenue, though all recovered tuition is controlled by the SOM with no explicit tuition recapture agreement. Tuition revenue is complemented by university funds that meet the program's needs. Other sources of funds include four gift/endowment accounts, but the program has decided to refrain from using this funding until the principal grows.

Table 1 presents the program budget for the last seven years. Until the current year, institutional funding was on the decline and absorbed by tuition. In 2014-15, tuition recovery exceeded \$800,000. Program expenditures were offset by the SOM's general fund, which covered faculty and staff salaries and benefits, and approved spending of returned tuition for miscellaneous operating expenses (eg, equipment and supplies, student funding, travel, compensation of adjunct faculty). The balance of returned tuition was used at the SOM's discretion for purposes unrelated to the program.

Table 1. Sources of Funds and Expenditures by Major Category, 2008 to 2015

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Source of Funds							
Tuition	\$518,230	\$466,812	\$607,684	\$598,571	\$659,108	\$766,483	\$804,996
University Funds	\$663,688	\$639,697	\$445,935	\$523,728	\$606,986	\$444,691	\$314,572
Total	\$1,181,918	\$1,106,519	\$1,053,619	\$1,112,299	\$1,266,094	\$1,211,174	\$1,119,568
Expenditures							
Faculty Salaries & Benefits	\$726,262	\$667,633	\$705,984	\$691,028	\$742,031	\$857,962	\$712,574
Staff Salaries & Benefits	\$326,673	\$312,527	\$251,322	\$245,677	\$382,372	\$164,215	\$180,665
Operations	\$68,315	\$68,610	\$45,889	\$86,581	\$44,330	\$59,525	\$122,321
Travel	\$4,825	\$5,037	\$6,200	\$5,331	\$5,431	\$4,040	\$4,135
Student Support	\$55,843	\$52,712	\$44,224	\$93,682	\$91,930	\$125,432	\$99,873
Total	\$1,181,918	\$1,106,519	\$1,053,619	\$1,122,299	\$1,266,094	\$1,211,174	\$1,119,568

The program offers tuition awards to MD/MPH students and one graduate assistantship (worth \$29,000 in salary support) per year. The Public Health Student Organization has expressed dissatisfaction with the limited amount of financial support available to students to cover tuition and fees, books and other expenses associated with participation in the program. Faculty expressed similar concerns about fiscal support—particularly with the limited amount of travel awards, which are typically based on the availability of funds associated with their own extramural grants and contracts.

The new dean has invested additional funds in the program's budget and remains committed to identifying new sources of funding. In addition to allocating nearly double the amount of university funds to the Graduate Program in Public Health, he encourages the program to explore new revenue streams and diversify its portfolio. Total projected revenue for 2015-2016 is approximately \$1.4 million. Roughly equivalent amounts of tuition (over \$800,000) and university funds (over \$700,000) will be allocated to the program.

The first commentary relates to the sustainability of the program's financial infrastructure. Fluctuations in expenditures pertaining to staff salaries and benefits reflect external budgeting practices designed to minimize impacts on the SOM's operating account. As a result, program administrators find it difficult to engage in long-term budget analysis and forecasting. The department chair and the program director asserted that the current amount of resources is sufficient to sustain the program as it stands today, but uncertainty about future prospects appears to limit the extent to which the program can engage in strategic planning and priority setting. According to the self-study, the absence of a direct relationship between revenue and operating budget limits the program's capacity to enhance or expand the curriculum. The loss of control over tuition revenue has also hindered programmatic growth, since returns to the program are not guaranteed.

The second commentary is based on the absence of specific outcome measures that focus on fiscal resources. Explicit targets will help to demonstrate the program's needs and support future growth and development efforts.

1.7 Faculty and Other Resources.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met with commentary. The program has sufficient human resources and facilities to offer the MPH and corresponding joint degrees.

At the time of the site visit, the program employed a total of nine primary faculty and 29 secondary faculty. Site visitors verified that those who are also appointed to teach and/or mentor students in the PhD program dedicate at least half of their time to the MPH program. Student-faculty ratios, based on total and

primary faculty FTE, are 6.1:1 and 9.5:1, respectively. Over the last three years, the program employed eight to 11 primary faculty and student-faculty ratios ranged from 5.4:1 to 10.6:1. Despite the loss of faculty due to multiple resignations and retirements, student-faculty ratios meet the expectations of this criterion, and students who met with site visitors did not seem concerned with faculty turnover. The program maintained compliance over the last few years by reducing student admissions to accommodate for the declining availability of faculty. In September 2015, the new dean provided the program with additional faculty (1.8 FTE) lines. Program administrators are committed to stabilizing faculty numbers through recruitment efforts over the next few years.

Faculty support is supplemented by three staff persons: one full-time (1.0 FTE) program coordinator and two program assistants (one full-time and the other at 0.60 FTE). One program assistant focuses on student services, while the other manages the database and provides administrative support.

The program operates within facilities, including staff workstations and offices for program administrators, assigned by the SOM. Two conference rooms in the Department of Community Medicine are available for meetings and seminars. The program does not require laboratory space or equipment. The Faculty Instructional Technology Services (FITS) Unit is dedicated to supporting faculty in their use of technology for teaching and assessment. UConn Health houses a cafeteria, a bookstore and several lounges accessible to MPH students. Although a limited amount of student study space is available in the department, students who met with site visitors were satisfied with the overall availability of space.

The program does not have direct control of any university facilities, but library resources, auditoriums, classrooms, faculty office space and computer facilities are available throughout the university. UConn Health's library houses two computer rooms and a Computer Education Center that provides educational and technical support and resources to faculty and students. Classrooms are available for student use when classes are not in session. The library's collection of resources includes computer software and audiovisuals, over 250 electronic databases and well over 10,000 electronic journals. The availability of seminar rooms, auditoriums, small and large classrooms, conference rooms, laboratories and other venues is determined by the departments and centers that control the facilities. The self-study refers to the program's struggle to compete with other programs and departments for the use of their facilities. Space available for instruction is less than optimal—classroom re-assignments often occur as the needs of other programs with direct control take precedence over the needs of the MPH program. Faculty who met with site visitors, however, did not report any problems reserving classrooms in the SOM.

As with fiscal and human resources, the new dean appears to be responsive to the program's material needs. He indicated that classroom space is expected to grow by 25%. Faculty described extensive renovations and new spaces that are expected to open up on campus in the next few years, though the

site visit team could not elicit a clear or mutual understanding about the amount of space, if any, that will be designated for the program. Program administrators are working with university leaders to identify resources to support the program. A new Health Initiative Organizing Committee is charged with exploring approaches to implementing the new health sciences infrastructure, which may better serve and address the program's needs. Preliminary recommendations will be presented to the provost and the university president in December 2015.

The commentary is based on the program's limited control over external faculty resources. Most faculty (all primary and ten secondary) hold primary appointments in the Department of Community Medicine and Health Care and, in accordance with the terms and conditions of their appointment, dedicate almost all of their time and effort to the Graduate Program in Public Health. The department chair ensures that faculty dedicate a minimum of 20% of their FTE to teaching public health courses. Expectations and time commitments for faculty with primary appointments outside of this department are determined by the respective department chair. The program director explained that he has the opportunity to negotiate faculty teaching, service and research responsibilities, but the commitment of external departments (eg, law and nursing) to engage the program in such discussions is voluntary. He stated that the program is not always granted this negotiating opportunity in the Department of Medicine, in which five secondary faculty hold primary appointments. Limited control leads to inconsistency and uncertainty regarding the availability of external department faculty to teach and advise MPH students, serve on program committees, etc. from year to year.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met. The program strives to recruit and retain a diverse faculty, staff and student body that is representative of statewide demographics. This commitment to diversity is reflected in the program's vision, values and objectives, which stress the importance of social justice and health equity.

The program complies with university policies and procedures that value diversity and support a climate free of harassment and discrimination. UConn's Office of Diversity and Equity monitors the program's compliance with non-discriminatory policies and practices and recruitment goals related to protected populations. UConn Health maintains a diversity plan that addresses affirmative action, HIV/AIDS non-discrimination, persons with disabilities, sexual harassment and other important topics. The program is dedicated to fostering a civil and supportive working and learning environment where differences can be expressed without fear of discrimination or retribution. Recruitment presentations, brochures, catalogs and course syllabi, for example, all include specific mention of the program's commitment to diversity and fair and ethical practices. The program also conveys information to faculty, staff and students so that they are aware of the proper procedures for filing complaints to the Office of Diversity and Equity.

Underrepresented populations include female, African American and Hispanic students, those from low-income communities and those residing outside Hartford County. At the time of the site visit, 66% of students were female, 13% were African American and none self-identified as Hispanic. Just over 20% reside in economically disadvantaged communities, and nearly 70% live outside the greater Hartford area. Three related outcome measures are met. Although the program did not achieve its objectives pertaining to minority student recruitment (15% per group) in fall 2015, it was successful in the previous two years.

Recruitment efforts focus on minority students on the Storrs campus and those enrolled in community colleges across the state. The program coordinator participates in the annual Health Career Opportunity Fair, which actively recruits underrepresented students into medical, dental and other health profession programs. She delivers a presentation on the MPH curriculum and degree requirements, serves on a career panel and talks directly to students who express an interest in pursuing an MPH degree. Five alumni and seven current students have participated in the Health Career Opportunity Program, which supports underrepresented students throughout the academic year. Over the next few months, the recruitment coordinator plans to deliver informational presentations to the Latino Student Association, the African Student Association, the Iranian Student Association, the Arab Student Association and various other minority-led student associations on the Storrs campus. Upcoming tuition waivers and endowed scholarships will expand financial support and serve as additional recruitment tools to attract underserved students and those from low-income families.

The program also focuses its attention on female, African American and Hispanic faculty and staff. Over 60% of faculty and staff combined are female, only three percent are African American and no individuals in the last three years self-identified as Hispanic. The program exceeds its objective pertaining to the recruitment of female faculty and staff. Minority faculty recruitment, however, has not been successful; little progress has been made to achieve its 15% (per group) goal. Search committees, led by the program director, reflect a broad representation of interests. As evidence of his desire to increase faculty diversity across the SOM, the dean recently provided the program with funds to recruit faculty from underrepresented groups. Site visitors met with a newly hired assistant professor of Hispanic decent; she joined the program in September 2015 and described her extensive background of service in underserved communities.

The Curriculum Committee monitors the curriculum to ensure that diversity and cultural competence are well-integrated into the curriculum. Four of the competencies that frame the curriculum address equity, diversity and social determinants of health. All students are required to complete PUBH 5406 Law and Public Health, which focuses on ethical practices, inclusion and health equity. Health disparities and

cultural diversity are addressed in PUBH 5405 Social and Behavioral Foundations of Public Health, a core course. Practica are often conducted in underserved and low-income areas of the state and are often grounded in health equity issues. Relevant elective courses include PUBH 5462 Health and Human Rights, PUBH 5462 International Health, PUBH 5497 Measuring the Built Environment for Health Research, PUBH 5475 Public Health and Policy in an Aging Society and PUBH 5497 Introduction to Global Health. A new annual seminar will explore health disparities from social, behavioral and psychological perspectives and introduce ideas about the meaning of race and ethnicity in American society.

The program identifies a set of diversity-related objectives and outcome measures, and has recently established an 8th program goal affirming its commitment to recruiting and retaining a diverse study body, faculty and staff consistent with University policies.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is partially met. As illustrated in Table 2, the program offers an MPH degree in interprofessional practice. Joint degrees in medicine, dentistry, pharmacy, social work, law and nursing are also available.

Table 2. Instructional Matrix		
	Academic	Professional
Master’s Degrees		
Interprofessional Practice		MPH
Joint Degrees		
Medicine		MD/MPH
Dentistry		DMD/MPH
Pharmacy		PharmD/MPH
Social Work		MSW/MPH
Law		JD/MPH
Nursing		MSN/MPH

At the time of the site visit, the program was in the midst of finalizing and obtaining university approval for a joint degree in public administration (MPA/MPH). The self-study also describes plans to pursue a joint degree option with the School of Business (MBA/MPH) and a fast-track BA/MPH or BS/MPH trajectory for students in a variety of undergraduate majors. Eventually, the Graduate Program in Public Health may also add the PhD program in public health, with concentrations in social and behavioral health sciences

and environmental and occupational health sciences, to the unit of accreditation. Multiple students who met with the site visit team expressed an interest in more specialized concentration offerings.

According to the self-study, the MPH curriculum is designed to train students in the delivery of systems-level services that promote health and prevent disease within populations. Graduates are expected to be well versed in a variety of skill sets and disciplines in order to generate comprehensive systems-level improvements in environment and social structures. Faculty who met with site visitors indicated that the program prepares students to participate in addressing public health problems. They also spoke about the transition from a generalist program to one focused on interprofessional practice, and how the curriculum has evolved over time.

The concern relates to the appropriateness and depth of the curriculum. Site visitors reviewed the plan of study and agreed that the curriculum is reflective of graduate-level public health training; however, they questioned its depth and capacity to thoroughly prepare students for interprofessional public health practice. Beyond the core (in which students are required to take two courses in both biostatistics and epidemiology) practice and culminating experience requirements, two cross-cutting courses are prescribed: PUBH 5406 Law and Public Health and PUBH 5431 Public Health Research Methods. The interprofessional practice concentration is defined by three selective courses in three domains: assessment, assurance and policy development. Each domain from which students make their selections is defined by an extensive list of about 20 courses that address a broad range of topics—from toxicology and risk assessment, cancer epidemiology and applied regression analysis to mental health law, public health ethics and maternal and child health policy. Further blurring the definition of the concentration area, most of these selective courses are tied to core, rather than concentration-specific, competencies. Many others are not linked to the competencies at all. In addition to nine credits of selectives, each student completes six to 12 credits of general public health electives, depending on which culminating experience model he or she chooses. In the context of such an open-ended curriculum, ensuring that all students are thoroughly and consistently prepared in interprofessional public health practice may be challenging. Faculty who met with site visitors asserted that students must consult their advisors before making their selections and that approvals are made based on each student's career interests. The program's efforts to encourage interdisciplinary study and accommodate students' individual interests appear to take precedence over the need for stronger curricular definition.

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

This criterion is met. Most students are expected to complete a minimum of 48 semester-credit hours. One semester credit is defined as 15 hours of classroom instruction. In addition to 15 credits of core

coursework, all students complete PUBH 5406 Law and Public Health (three credits), PUBH 5431 Public Health Research Methods (three credits), three selective courses (nine credits) and two or four elective courses (six to 12 credits), depending on whether a student chooses to complete a nine-credit thesis or a three-credit capstone project. The PUBH 5407 Practicum in Public Health is worth three additional credits.

Individual courses may be waived in lieu of more advanced coursework. Students who merit advanced standing or credit reduction must provide a rationale for the request, as well as evidence of the equivalence (in content, competencies and scope of effort) between prior coursework and standard MPH coursework. The program director and other faculty advisors consider every request individually. Approved credit load reductions and transfers are typically limited to six credits.

In response to concerns raised by the site team concerns, program faculty have taken steps to assure that all students complete a minimum of 42 credit hours within seven years of enrollment. Further, policies regarding course waivers and transfers have been updated and communications to students are being revised to reflect these changes. T

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. All students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion of all courses identified in Table 3.

Table 3. Required Courses Addressing Core Public Health Knowledge Areas		
Core Knowledge Area	Course Number and Title	Credits
Biostatistics	PUBH 5408 Biostatistics & Epidemiology I and	3
	PUBH 5409 Biostatistics & Epidemiology II	3
Epidemiology	PUBH 5408 Biostatistics & Epidemiology I and	3
	PUBH 5409 Biostatistics & Epidemiology II	3
Environmental Health Sciences	PUBH 5404 Environmental Health	3
Social and Behavioral Sciences	PUBH 5405 Social and Behavioral Foundations of Public Health	3
Health Services Administration	PUBH 5403 Health Administration	3

Corresponding syllabi outline the learning objectives and competencies associated with each course. Assignments reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas and provide a broad understanding of public health. Exceptional students who successfully complete equivalent coursework outside of the program may petition to transfer or waive up

to six credits of core coursework. Requests for credit transfers and waivers are subject to the approval of the program director, who reviews corresponding syllabi for equivalence.

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

This criterion is met. All students, without exception, are required to complete a structured, supervised and evaluated practicum that translates theory into practice. Waivers are not granted, regardless of prior coursework or professional experience. Most students begin their fieldwork in the spring semester of their second year, after they have completed most of their core coursework. Practica can be completed individually or in a group setting, which typically consists of two to four students. Regardless of format, each practicum must consist of at least 135 hours of fieldwork conducted under the guidance of a community-based public health practitioner. Reporting mechanisms and grading rubrics associated with each model are equivalent. Policies and procedures differ only slightly between the two formats, as described below.

An increasing number of joint degree students have elected to enroll in the group practicum option, which enhances students' teamwork and collaboration skills. The program strongly encourages all students to participate in the group practicum—to the extent that students must present a strong argument or demonstrate significant constraints for pursuing an individual practicum.

Students select practicum sites and preceptors in consultation with the practicum coordinator and their faculty advisors. Final approval of proposed practicum sites, projects and preceptors is granted by the Curriculum Committee. Organizations that have served as practicum sites include the Community Health Association of Connecticut, the Connecticut Department of Public Health, the March of Dimes Connecticut Chapter and the Town of Manchester School Readiness Council. Preceptors are approved based on their expertise, public health training and leadership experience. Project proposals must outline the scope of work, learning objectives and relevant competencies.

All activities are monitored and evaluated by designated preceptors and the practicum coordinator. The practicum coordinator visits each local practicum site and preceptor at least once during the semester. Telephone conversations with preceptors may be scheduled for out-of-state sites. To monitor performance and progress toward project objectives, the practicum coordinator requires each student to complete weekly (for those engaged in a group practicum) or monthly (for those engaged in an independent practicum) activity logs. She reviews each entry and provides timely constructive feedback. Students also prepare progress reports and submit a monthly reflection form, in which they discuss their

perceptions, concerns and personal development. Final deliverables include a written summary report and a corresponding oral presentation.

Students and preceptors complete evaluation surveys at the conclusion of the semester. The student survey includes a pre- and post-practicum checklist of competencies addressed in the practicum, as well as an evaluation of the preceptor and the adequacy of his or her supervision. Preceptors evaluate each student—including those involved in a group practicum—individually, based on the quality and completion of the student's work and his or her professionalism. The practicum appears to be well-received by students and preceptors alike. Students who met with site visitors appreciated the "real world" experience that the practicum provides. Similarly, preceptors appreciate the mutually beneficial relationship that the practicum fosters—specially, with respect to support in delivering important community and public health services. They spoke enthusiastically about students' preparedness and their ability to learn and grasp new concepts and skills. Some preceptors identified the need for students to be better versed in budget preparation and grant writing.

The program has made numerous changes to enhance the student and preceptor practicum experience. Since the last accreditation site visit, students now have an option of selecting an elective field experience, after taking a three credit elective course PUBH 5498 "Field Experience in Public Health", either to gain needed experience in the field of public health or to enhance their post practicum experience. In 2014 a decision was made to reduce classroom hours in order to increase field practice hours from 75 to the current 135. This change was well received by students and preceptors.

2.5 Culminating Experience.

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

This criterion is met. Students complete either a thesis or capstone project in fulfillment of the culminating experience requirement, through which they pursue novel inquiry in addressing a significant public health concern. Although students may identify an appropriate topic and begin the planning and research stages of their projects after all core coursework is completed, both forms of the culminating experience are completed during the final semester of matriculation. Each project is expected to yield generalizable knowledge relevant to the theory and practice of public health.

The thesis, in the form of a final paper, exemplifies scholarship of discovery and represents an independent investigation of a significant topic within a particular field of study. Relevant thesis projects include investigations into social, behavioral, physical and biological factors that underlie population health and health service delivery. A thesis may also focus on quantitative or qualitative methods development.

The capstone, in the form of an applied practice project or essay, demonstrates the scholarship of application and problem solving and represents an independent effort to address an important, persistent public health problem. Projects may involve advocacy and policy development, collaboration with community partners, program evaluations, the development and dissemination of methodological tools and strategies for effective community health action and the review and synthesis of scholarship relevant to public health practice.

A three-person advisory committee must approve each student's research proposal and, depending upon the topic, protocols may need to be reviewed and approved by UConn Health's Institutional Review Board. One of the three committee members is external to the program to promote and assure the interprofessional content of the student's work and the requirements for the thesis/capstone include demonstrating relevance of the project to interprofessional practice and systems-level service approaches. Students present their work during a scheduled oral defense and/or poster session. The oral defense is typically delivered to project advisors and invited guests; the poster session is a public event.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is met with commentary. The curriculum is framed around 13 core competencies and four concentration-specific competencies. Site visitors agreed that this set of competencies is reflective of graduate-level training.

The Curriculum Committee monitors the development of instructional competencies and how they are addressed within each course. In the development of the current set of competencies, faculty defined the basic set of skills and abilities suitable for public health practitioners. Core competencies are derived from those recommended by the Association of Schools and Programs of Public Health. Concentration competencies are adapted from the Interprofessional Education Collaborative Expert Panel. Faculty also generated ideas from their review of competency models developed by similar public health programs. The Advisory Committee and the Curriculum Committee, which both include representation of major constituent groups (faculty, staff, students, alumni and community partners) reviewed the competencies for consistency with the program's mission, goals and objectives and presented drafts to other stakeholders for comment. The final section of competencies was revised and adopted in 2014.

Any change to program competencies will be evaluated by the program's Curriculum Committee and approved by its Advisory Committee.

As illustrated in the self-study, each core and concentration-specific competency is mapped to several required, selective and elective courses that introduce or reinforce the competency. Although most selectives are tied to core, rather than concentration-specific, competencies (as stated in Criterion 2.1), each concentration competency is mapped to required coursework outside of the five core areas. The extent of some students' exposure to the concentration competencies, however, may be greater than others, depending on their chosen selectives.

The commentary is based on inconsistencies in communicating the competencies to students. The pre- and post-practicum checklist completed by students, as well as various syllabi, present outdated sets of competencies that differ from those published on the program website and in the self-study and student handbooks. Discrepancies between competency listings increase the potential for confusion among faculty and students. Site visitors were told that these documents will be updated in 2016.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is met. Aside from coursework performance and grade point averages, the program monitors student progress through graduation rates, job placement data and feedback from alumni and employers.

Students are permitted up to seven years to graduate. Within that time frame, the 2008-2009 cohort of standalone MPH degree students achieved a cumulative graduation rate of 75%. All joint degree student who entered that same year have since graduated.

Job placement data is captured through exit and alumni surveys and social media outlets, such as LinkedIn and Facebook. With this multi-prong approach, the program coordinator has successfully collected data on all of those who graduated during each of the last three years. Most (64%) recent graduates (from 2014-2015) are currently employed, and 90% of these individuals are working directly or indirectly in the public health field. Many are working for a different employer than the one they were working for when they entered the program. The remaining 36% reported pursuing additional education. Assessments from the previous two years reflect similar data.

A new alumni survey, which was administered in spring 2015 and received a 13% (n = 810) response rate, assessed the extent to which the program's graduates felt competent enough to succeed in the

workforce. A third of respondents graduated in the last three years. Seventy-six percent agreed that the program was “helpful” or “very helpful” in preparing them to enter the workforce and 73% indicated that the program provided them with appropriate skills and experience for their current job—particularly in the areas of epidemiology, quantitative analysis and written and oral communication. Some alumni felt that the program could have been more useful in cultivating skills in program and project management, computer application, database management and organizational leadership. Those who met with the site visit team stated that they experienced a smooth transition into the workforce. Several commended the program for offering such a “well-rounded” curriculum. One alumnus acknowledged the need to expand its focus on epidemiology and biostatistics.

The second installment of an employer survey, which was also administered in spring 2015 and received a 48% (n = 24) response rate, collected additional information on the adequacy of student preparation for the work setting. Over 90% of employers agreed that graduates demonstrate competencies expected of public health practitioners, as well as an ability to apply their knowledge and skills in the workplace. Particular strengths include the ability to verbally communicate ideas, effectively present material and conceptualize problems related to their field of expertise. When asked to compare UConn MPH graduates to those of other accredited public health programs and schools, over half (54%) of employers surveyed believe that UConn MPH graduates are equivalently or better prepared. A small portion of employers agreed that graduates could be better equipped to prepare and write professional reports. On-site discussions with employers corroborated these accounts. Several commented on the ability of the program’s graduates to work on complex, data-driven projects. Individual suggestions for improvement included increased exposure to community health and health care, federally qualified health centers, grants management and budget development.

2.8 Bachelor’s Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or

sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is met. The MD/MPH and DMD/MPH degrees prepare medical and dental students to work within healthcare systems. The PharmD/MPH trains students in the areas of pharmacotherapy, health promotion, medication safety, drug development and distribution. The JD/MPH integrates the study of legal and healthcare systems. MSW/MPH students are exposed to the fields of public health and social work. The MSN/MPH program prepares students to adapt to the rapidly changing environment of medicine and health care.

For the most part, joint degree students complete largely the same curriculum, including the practice and capstone/thesis experiences, as other MPH students. A maximum of 12 credits in a complementary degree program may be substituted for MPH coursework. The content of shared courses is individually reviewed and evaluated for comparability and subject to approval by the joint degree coordinator and the program director. Efficiency is partly achieved through the substitution of public health-oriented courses for core public health courses and electives. Clinical and dental medicine courses do not justify a reduction of credit towards the MPH degree. The MPH group practicum is waived for MSW/MPH students. Instead, they must take a social work placement, which must include content of relevance to public health, as determined by the joint degree coordinator.

Site visitors verified that equivalent or comparable public health content is addressed in the syllabi of most shared courses. Although a few shared courses appeared to focus more on patient care, the team determined that, based on a benchmark of 48 credits, students still complete at least 42 credits of public health or related coursework.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

This criterion is met. The program is committed to promoting high-quality research, scholarly inquiry and the generation and dissemination of new knowledge.

The UConn Office of Research Administration and Finance represents the interests of faculty in discussions with university decision-makers, oversees policies designed to ensure best practices in research administration, provides guidance to researchers on emerging issues and maintains the infrastructure necessary for a world-class research organization. Research initiatives are based within one or more of the UConn Health's departments and research centers. The SOM offers a research-rich environment and expects all faculty to engage in research that complements their teaching and service activities. The Department of Community Medicine leads research on substance abuse, chronic disease epidemiology and control, health law and policy, behavioral science and community health.

MPH faculty play an instrumental role in defining a national and global research agenda. Thirty-six percent of all externally-funded faculty research projects conducted over the last three years were community-based. Such initiatives rely extensively on collaboration with public health practitioners. Primary faculty demonstrate a substantial record of success, publishing in peer-reviewed journals and attracting extramural funding. Over the last three years, the program received a total of \$158.4 million in research-related funding. In 2014-2015, 67% of primary faculty maintained active research projects and 89% authored peer-reviewed manuscripts and presentations. Several faculty members have earned honors for their research activities and gained national and international acclaim. More than 25% hold national research positions on editorial boards, review panels and advisory committees.

Several primary faculty have not obtained extramural funding for research. This may be due to their teaching and advising workloads, which may preclude some faculty members from engaging in other scholarly pursuits. Site visitors learned about a new policy that may provide an incentive to engage in research: principal investigators may now receive up to five percent of indirect costs associated with their respective contracts and grants. Program administrators continue to explore avenues to incentivize and increase faculty and student participation in research.

As verified in on-site conversations with students, faculty are supportive of student involvement in research. Over the last three years, 18% of all externally-funded faculty-led research projects involved students. Forty-five percent of primary faculty collaborated with students in their research. Several students who met with site visitors are actively engaged in faculty-led research projects. Students are encouraged to present their research during the annual Graduate Student Research Day. The Institute for Community Research introduces students to principles and practices of community-based participatory research through supervised placements within the Community Research Alliance. Such field placements provide opportunities for students to undertake data collection and analysis suitable for independent research and capstone projects. The Connecticut Health Quarterly, an online publication, serves as a “forum for analysis and discussion of the health sector and its links to the state’s economy.” The platform also provides an opportunity for students to present summaries of their research projects and engage in editorial activities.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met. Community and professional service are an integral part of the program and its institutional environment. The Carnegie Foundation for the Advancement of Teaching recognizes the university’s ongoing commitment to public engagement and community service. The Office of Public Engagement coordinates, advocates and builds capacity for all facets of engagement, including civic engagement and community outreach.

Over 60% of primary faculty are actively engaged in community-based service. They collaborate with statewide public health agencies and those that provide mental health and addiction services, social services and health education. Several serve as committee board members, expert panel advisors and reviewers for peer-reviewed journals. Others speak to off-campus groups and mentor community leaders. Those with specific professional and practice expertise partner with state and local government agencies in program development and service delivery. Extramural service is one of areas recognized in the promotion and tenure review process. In spring 2015, faculty voted to amend SOM bylaws to include consideration of public engagement and educational services. The school is now looking at metrics to strengthen service expectations in annual reviews. Faculty service is also acknowledged by honors, awards and appointments, though one faculty member pointed out the fact that public health service is not always rewarded at such a “corporate university.”

The program encourages student service beyond the curriculum. In addition to the practicum, the program offers several independent service-learning opportunities designed to respond to community needs. Five percent of students complete additional field experiences beyond the required practicum. Students are actively involved in service at local, state and international levels. Many students have done advocacy work with community-based organizations, including the American Academy of Pediatrics, CT Children’s Medical Center and the Connecticut Public Health Association. Since 2005, MPH students have been selected to serve as fellows for the Connecticut Health Foundation, an organization committed to increasing access to quality health care for underserved communities across the state. The Public Health Student Organization has organized a number of volunteer and service activities, including a community garden clean-up project and a Lung Cancer Walk to increase awareness about the importance of lung cancer screening. The program’s newsletter highlights student accomplishments and information about potential service opportunities. The program coordinator also directly connects individual students to service opportunities.

Data on student service is collected through periodic surveys. In 2015, 16 students reported information on their service activities, including volunteering at hospitals and medical clinics and serving as chairs and board members for various government and non-governmental organizations. Discussions with students and alumni revealed their strong desire to participate in volunteer work.

3.3 Workforce Development.

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is met. The program supports continuing education and routinely reviews primary and secondary data sources to systematically assess and ensure its responsiveness to workforce development needs.

The program regularly seeks the input of employers, advisory panels and other community partners who serve on its Advisory Committee for guidance and input on workforce development and continuing education needs. Reports published by the Connecticut Allied Health Workforce Policy Board and the state health department highlight the role of traditional and distance-based learning modalities in leveraging and maximizing opportunities for professionals to develop and maintain requisite skills for public health practice. Over the course of the last year, program administrators collaborated with the state health department in the development of a 2015-2020 Workforce Development Plan. Through its partnership, the program identified training needs in the areas of programmatic budgeting, leadership development and the implementation of performance management systems. Faculty explained that emergency preparedness was a primary focus area four years ago. Training needs have changed over time. According to on-site discussion, current priorities include data use, health department management, disaggregation of data, environmental scans, technical assistance and data analytics.

Over the last several years, the program has sponsored several workforce development opportunities. In 2012, the program sponsored a symposium that provided an overview of the Patient Protection and Affordable Care Act and its impact on federal and state governments, health insurers, care providers and other relevant stakeholders. Over 150 individuals—including state and local health officials, university physicians, practicum preceptors and other community partners—attended the event and submitted highly favorable reviews. In 2014, the Alcohol Research Center and the Department of Community Medicine and Health Care co-sponsored an all-day conference to explore the ethical, legal and public health implications of interpreting, translating and applying genetically-based addiction research. The conference was well received by 48 attendees, including representatives of alcohol research centers on the east coast. Global health seminars are also open to all community partners and preceptors. Most recently, the Institute for Community Research requested assistance from the program to support the Community Research Alliance, an initiative to promote public health research in regional health and social service agencies.

The program invites professionals with degrees from CEPH-accredited schools and programs to enroll in one public health course, tuition-free, per academic year. Since 2009, 15 individuals have taken advantage of this offer. Since 2012, nearly 100 individuals have completed coursework as non-degree students. Today, the program offers graduate certificates in public health foundations and disability studies. The disability studies program is designed for persons currently working in medicine, nursing, social work, law, education, psychology, political science, advocacy, public health and disability. The

public health foundations program responds to the needs and interests of local and regional public health professionals who lack formal training in the discipline and/or are unable to complete a full MPH degree. Through this certificate program, clinical and allied health care professionals may also supplement their training with population-focused study.

Since the last accreditation review, the program has struggled to sustain a robust continuing education and workforce development portfolio. According to the self-study, faculty turnover and institutional pressures to expand the curriculum have limited the program's capacity to continue and expand upon related efforts. One of the newest primary faculty members, who was hired in 2015, has ten years of experience training public health workers in emergency preparedness. In collaboration with the Advisory Committee and the Curriculum Committee, her leadership role in this arena will help identify additional workforce needs, secure necessary resources and reprioritize and support the viability of the program's workforce development agenda.

Despite the program's self-identified weaknesses, feedback from community representatives during the site visit revealed that the program remains responsive to their needs and supports an "attitude of lifelong learning." One individual recognized the engagement of the Center for Public Health and Health Policy in the community. Others discussed additional training needs in the areas of budgeting and leadership. Faculty described their recent efforts to train local health departments in the use of data—particularly, best practices in collecting data from community needs assessments. Faculty have also supported patient-centered medical home initiatives and provided technical assistance to state and local health departments in preparation for their accreditation reviews. According to on-site discussions, the program recently received a large workforce development grant through the Substance Abuse and Mental Health Services Administration; in this three-year initiative, the program will be expected to work with preceptors in medicine and dentistry.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objectives.

This criterion is met with commentary. The faculty complement, as whole, is robust in public health training and expertise. All primary faculty have received doctoral-level training (six PhDs, one ScD, one DrPH and one JD) in relevant fields (eg, sociology, epidemiology, occupational health and anthropology). Over half have tenure or tenure-track appointments. A large majority of adjuncts and other secondary faculty also have doctoral degrees (14 PhDs, three MDs, two JDs and one DrPH) in relevant fields (eg, social psychology, sociology, developmental disabilities and human development).

Five secondary faculty hold primary appointments in the Department of Medicine, ten hold primary appointments in the Department of Community Medicine and two are assigned to law and nursing departments. Seven adjuncts are employed outside the university. Most faculty have practiced in or currently maintain connections with the field (eg, local and international human rights groups, inner-city communities and state agencies). Five individuals have current or prior experience working in local or state public health agencies.

The commentary refers to the fact that faculty turnover has resulted in expectations for faculty to teach more frequently and on topics less relevant to their academic careers. Program administrators described a growing interest among faculty and students to expand course offerings in environmental health and health services administration. Such offerings are expected to increase the attractiveness of the program to potential applicants. Expertise in these areas, however, is not optimal. To accommodate for faculty turnover and ensure appropriate coverage in other areas (eg, student advising, committee membership, practicum support and the instruction of other required courses), no primary faculty are currently assigned to teach core courses. Instead, these courses are taught by adjuncts and other secondary faculty members.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met with commentary. The program follows guidelines established by UConn Health's Department of Human Resources, which facilitates and monitors compliance with university policies and procedures. Faculty affairs are governed by the laws of the university and the SOM.

Faculty recruitment, retention and promotion are the responsibility of the department and school within which an individual holds a primary appointment. Requests for new faculty in the Department of Community Medicine and Health Care, for example, are submitted by the department chairperson to the SOM dean. Recruitment procedures are governed and facilitated by the UConn Human Resources Office. The program director is involved in the recruitment of SOM faculty, some of whom participate in the Graduate Program in Public Health. Terms and conditions of initial appointments are established by the school and decisions regarding faculty retention and promotion are governed by school and university bylaws. The program director is invited by the school's Appointments and Promotions Committee to comment on the teaching, service and research capabilities of individuals in annual reviews and considerations for reappointment, promotion and/or tenure. Determinations that individuals "fail to meet" expectations trigger ongoing review and advisement. Merit-based salary awards may be offered to individuals that meet or exceed expectations.

The program monitors all MPH courses through course evaluations. These anonymous questionnaires ascertain student perceptions on teaching effectiveness and the quality and scope of instruction and course assignments. The Advisory Committee reviews the final results and the program director communicates student feedback to faculty and addresses any identified concerns or issues. Results are also shared with department heads for use in merit and other performance assessments. Students and alumni who met with the site visit team expressed their satisfaction with course instruction.

The first commentary is based on the limited amount of provisions and support for faculty development. Within the Department of Community Medicine and Health Care, senior faculty are assigned to mentor junior faculty and provide periodic reviews and recommendations regarding retention and promotion. The SOM does not offer an official schoolwide mentoring program, but the senior associate dean for faculty affairs assumes some responsibility for mentoring junior faculty. The Graduate Program in Public Health offers a limited amount of support for professional growth and faculty development through expenditures that cover some relevant expenses (eg, textbooks, software acquisition, audiovisual equipment, professional dues and travel reimbursement). Since the amount of approved operating expenses dropped, such funding has not exceeded \$5,000 per year. Site visitors learned that the university has also cut back on administrative support for administering federal and state grants and contracts. Faculty who met with site visitors were disappointed with the limited amount of support for scholarly activity and professional development. Junior faculty also identified the need for a more proactive approach to mentoring.

The second commentary is related to the limited amount of credit awarded for faculty engagement in public and community service and student advising. During the site visit, faculty explained that time and effort awarded for the magnitude of student advising they participate in—particularly with respect to capstone and thesis advising—are insufficient. Faculty face similar issues with the recognition of their contributions to service, which is also required by the program. Discussions centered on the need to amend SOM bylaws to reflect the value and importance of service and advising and assign appropriate credit for such activities.

4.3 Student Recruitment and Admissions.

The program shall have 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.

This criterion is met. Recruitment efforts focus on individuals who aspire to practice in the public health field and whose educational and/or professional experiences have enriched their thinking about systems-oriented solutions to community health concerns. Preadmission counseling occurs throughout the year in group information sessions and individual appointments with potential candidates. Such sessions focus on program and admission requirements, as well as career opportunities in public health. Specific

sessions geared toward MD/MPH and DMD/MPH candidates are also held. Exhibits are displayed at regional and national public health meetings. Recruitment materials include the program website, brochures and various other print and electronic announcements regarding the program.

According to the program website, which documents the program's admissions policies and procedures, applicants must demonstrate a strong academic record, educational background and/or professional experience relevant to public health, well-articulated public health-oriented career goals and a commitment to community health. A complete application includes official transcripts, a personal statement and three letters of recommendation. Submission of GRE scores is highly encouraged, but not required. Although an absolute minimum GPA of 2.6 is established, preferential consideration is extended to those with a GPA of 3.0 or greater.

Admission to the program is competitive and the program employs a variety of methods to identify and attract promising, well-qualified candidates. Minimal qualifications are determined by the Graduate School, which conducts preliminary reviews of applications. Ineligible candidates are refused without program review. Applications submitted by eligible candidates are forwarded to the program for consideration. Marginal candidates (eg, cumulative GPAs between 2.6 and 3.0) are evaluated separately by the program director for evidence of extenuating circumstance before their applications are forwarded to the Admissions Committee for further review. Applicants are rated against a five-point scale, where one represents "unsatisfactory" and five represents "excellent," by assigned reviewers. Candidates with composite scores of 4.5-5.0 or 1.0-2.5 are assigned an expedited decision (admitted or not admitted, respectively) without further deliberation by the committee. Applications with composite scores of 2.6-4.4 are presented to the entire committee for final deliberation and vote. Qualifications of enrolled students are consistently strong.

Over the last several years, the number of applications to the program has declined—from 110 applications in 2006 to 67 in 2013. The program attributes this trend and deficiency to a number of factors: its status as a program, as opposed to a school; the exclusion of the program from the SOPHAS application system (as a non-ASPPH member); its lack of concentrated offerings to students seeking in-depth training in a public health discipline; limited capacity to offer graduate stipends; and its late afternoon/early evening curriculum that may be less appealing to applicants who seek full-time study. Originally established as a part-time program with evening classes for working professionals, the program is now admitting at least an equal if not greater number of full-time students. Joint degree student enrollment has also increased due to increasing pressure from the university. The program plans to assess the feasibility of joining ASPPH to gain access to the SOPHAS application system and optimize recruitment efforts.

Despite the smaller pool of applicants, enrollment rates have remained relatively stable over last four years. The program typically accepts two-thirds of applicants and roughly the same proportion of accepted students goes on to enroll in the program. Seventy percent of prospective students who applied to the program in the fall of 2015 qualified for admission, and 43% of those who were accepted followed through with enrollment. An average of about 30 new students entered the program during each of the last three years. Nearly 25% of students simultaneously matriculated toward another degree in 2014-2015. The total student headcount at the time of the visit was 115.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met with commentary. Academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

The program assigns new students to a faculty advisor based on their research and educational backgrounds and interests. Advisors clarify academic expectations, organizational structures and procedures and degree requirements; assist in course selection; monitor student progress; and help resolve academic, professional or personal problems that students bring to their attention. The program coordinator also serves as an advisor for students in curriculum planning and connects students and alumni to career development opportunities. Each academic year begins with a half-day orientation, which introduces new students to program administrators and staff and outlines major resources, academic expectations, course selection and registration processes and other procedures. As students matriculate through the curriculum, they must select a major advisor and two additional faculty to comprise a three-member capstone or thesis advisory committee. Ultimately, the committee is expected to guide the development of the capstone project, conduct the oral examination and recommend conferral of the MPH degree. The Graduate School approves student selections.

The first commentary relates to an imbalance in the distribution of faculty advisors—particularly with respect to capstone and thesis advising—and the availability of faculty to serve in this capacity. As a result of faculty turnover, there are fewer primary faculty available to advise students. In 2014-2015, each primary faculty member was assigned to an average of 11 students. The distribution of students is highly skewed toward a few faculty advisors who assume the bulk of thesis and capstone advisement. Roughly one-half of all projects conducted over the last three years were advised by two primary faculty members, including one who was assigned to 15 students. Such an imbalance impacts student productivity and causes significant disruptions in the matriculation of students who are unable to identify appropriate advisors. Two of the secondary faculty lines that the dean recently authorized will be dedicated, in part, to

mentoring and advising students; the recruitment of these new faculty members will help to ameliorate the demands on primary faculty.

Faculty advisors, alumni board members and program administrators provide students with career and placement advice. The program regularly informs students and alumni of employment, internship, fellowship and other career opportunities in its electronic newsletter and bulletin board. Information is also sent directly to individual students and alumni with specific skills and areas of interest. In spring 2012, the Public Health Student Organization hosted a Public Health Opportunity Fair for public health students across the state. The event introduced students to career opportunities in the health care and public health fields and was well received by attendees, who all agreed that the fair provided a great opportunity to network with professionals. For the first time this spring, the practicum course included a career panel comprised of representatives from the state health department.

The UConn Center for Career Development hosts workshops and events and provides online resources and presentations to help students network with professionals, communicate their career aspirations and conduct job searches. Other services include individualized advising and résumé and cover letter reviews. The Center website also lists current job and internship opportunities.

The second commentary relates to some reports of student dissatisfaction with academic advising and career counseling. The program collects student feedback in these areas through occasional focus groups. Although the particular group of students with whom the site visit team met was pleased with the knowledge and accessibility of faculty advisors and related services and support mechanisms, the program has received consistent feedback from other students regarding issues with faculty availability, responsiveness and advising assignments, which they believe could better match faculty and students according to interest and work style. A small number of students commented on the fact that they received most of their career advice from fellow classmates, rather than faculty advisors. In the 2015 alumni survey, 74% of respondents reported satisfaction with academic advising, but only half reported satisfaction with career counseling. In response to survey results, the program launched a student-alumni mentorship program. All incoming students receive a list of Alumni Board members to contact for academic and career advisement. The Alumni Board also provides career counseling support services, including resume and portfolio development, to current students.

Grievance procedures are articulated in the student handbook, orientation materials and course syllabi. The program has received nine complaints, which address a range of issues from student parking to commencement ceremonies, over the last decade. One formal complaint was filed against the program director and submitted to the Office of Diversity and Equity. Through its investigations, the university determined that the complaint was without merit.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Connecticut Graduate Program in Public Health

November 19-20, 2015

Thursday, November 19, 2015

- 8:30 am Request for Additional Documents
Morgan Spencer, MPH, MPA, CPH - Program Coordinator
David Gregorio, PhD, MS - Program Director
- 8:45 am Executive Session
- 9:45 am Meeting with Program and Department Administration
David Gregorio, MS, PhD - Director
Tom Babor, PhD, MPH - Department Chair
Morgan Spencer, MPH, MPA, CPH, Public Health Program Coordinator
Barbara Case, Administrative Assistant
Laurene McCarthy, Administrative Assistant
Joan Segal, MS, MA, Assistant Professor, Practicum Coordinator
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Jane Ungemack, DrPH, Assistant Professor and Dual Degree Coordinator
Zita Lazzarini, JD, MPH, Associate Professor, JD-MPH Program Coordinator
Helen Swede, MS, PhD, Assistant Professor, Curriculum Committee Member
Scott Wetstone, MD, Associate Professor, Advisory Committee Member
Joan Segal, MS, MA, Assistant Professor, Curriculum Committee Member
Audrey Chapman, PhD, Professor, Community Medicine and Healthcare
Jennifer Cavallari, ScD, Assistant Professor,
Alicia Dugan, PhD, Assistant Professor,
Angela Bermudez-Millan, PhD, MPH, Research Instructor
- 12:00 pm Break
- 12:15 pm Lunch with Students
Samia Hussein, President of Public Health Student Organization
Mitch Irving, Vice President of Public Health Student Organization
Andrew Lyon, Treasurer of Public Health Student Organization
John Apostoslakos (MD-MPH)
Rashea Banks
Marco Palmeri
Jessica Gulutz (MSW-MPH)
Christian Andresen
Danny Ray (MPA-MPH)
Claire Gerber
Andrea Borondy Kitts
Chris Papallo
Rabale Hasani
Juliana Mantey
Adora Harizaj
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Howard Tennen, PhD, Professor
Richard Stevens, PhD, Professor
Joseph Burleson, PhD, Associate Professor
Amanda Durante, MSc, PhD, Assistant Professor
Joan Segal, MS, MA, Assistant Professor

Steve Schensul, PhD, Professor
Howard Bailit, PhD, DMD, Professor Emeritis
Pamela Kilby-Fox, MPH, (1991), Adjunct Instructor,
Audrey Chapman, PhD, Professor
Paul Schur, MPH, Adjunct Faculty
Scott Wetstone, MD, Associate Professor
Bonnie McRee, MPH (1997), PhD (2011), Assistant Professor

2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives and Preceptors
Kristin Sullivan, MA, Community Representative
Karen Spargo, MPH, Alumni (1997), Preceptor
Elizabeth Conklin, MPH Alumni (2006), Community Representative, Preceptor
Jeff Shaw, MPH, Alumni (2012), Community Representative
Susan Addiss, MPH, MURs, Past State Commissioner of Public Health and APHA President, Community Representative
Jennifer Kertanis, MPH, Alumni (1996), Community Representative, Preceptor
Meghan Wilson, MPH, Alumni (2013), Medical Student at UConn Medical School,
Andrea Duarte, LCSW, MPH, Alumni (1998), Community Representative, Preceptor
Katherine Kuzmeskas, Alumni (2012)
Annamarie Beaulieu, MPH, Director, Alumni (2007), Community Representative
Mayte, Restrepo-Ruiz, MPH, Alumni (2014), Community Representative
Tyshaunda Wiley, MPH, Alumni (2015), Community Representative
Rashad Collins, Preceptor
Amir Mohammad, MD, MPH, Alumni (2005)
Sharon Kozey, MA, LPC, Preceptor

5:00 pm Adjourn

Friday, November 20, 2015

8:30 am Meeting with Academic Leadership
Sally Reis, PhD, Vice Provost for Academic Affairs, UCONN
Bruce Liang, MD, Dean of the School of Medicine, UConn Health

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview