UNIVERSITY OF CONNECTICUT
Graduate Program in Public Health

Self-study report for Accreditation prepared for

The Council on Education for Public Health

October 2015

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List of Abbreviations

AHEC	Area Health Education Centers
AMCAS	American Medical College Admissions Service
ARC	Alcohol Research Center
ASPPH	Association of Schools and Programs in Public Health
B/AA	Black/African American
BA/BS	Bachelor of Arts/Bachelor of Science
C3R	Children's Center for Community Research
CAHNR	UConn College of Agriculture, Health and Natural Resources
CBPR	Community Based Participatory Research
CEC	Computer Education Center
CEPH	Council on Education for Public Health
CFPH	Certificate in the Foundations of Public Health
CHIP	UConn Center for Health Interventions & Prevention
CHIPS	School of Medicine Confidential Health and Information for Professional Students
CHRO	Connecticut Commission on Human Rights and Opportunities
CICATS	Connecticut Institute for Clinical and Translational Science
CPCA	Connecticut Primary Care Association
CPHA	Connecticut Pubic Health Association
CQM	Center for Quantitative Medicine
CT	Connecticut
DAT	Dental Admissions Test
DCF	CT Department of Children and Families
DHHS	Department of Health and Human Services
DMD	Doctor of Dental Medicine
DPH	Department of Public Health
DrPH	Doctor of Public Health
FERPA	Family Education Rights and Privacy Act
FITS	Faculty Instructional Technology Services
FTE	Full time equivalent
GMAT	Graduate Management Admissions Test
GPA	Grade Point Average
GRE	Graduate Record Exam
HHC	Hispanic Health Council
ICR	Institute for Community Research
IRB	Institutional Review Board
JD	Juris Doctor
LSAT	Law School Admissions Test
MCAT	Medical College Admissions Test
MD	Doctor of Medicine
MPA	Master of Public Administration
MPH	Master of Public Health
MSN	Master of Nursing
MSW	Master of Social Work
NCI	National Cancer Institute
NIAAA	National Institute for Alcohol Abuse and Alcoholism
NIDA	National Institute for Drug Abuse

NIH	National Institutes of Health
NIMH	National Institute for Mental Health
ODE	UConn Office of Diversity and Equity
PharmD	Doctor of Pharmacy
PHCIDS	Public Health Certificate in Disability Studies
PhD	Doctor of Philosophy
PHSO	Public Health Student Organization
PI	Principal Investigator
PUBH	Public Health
RWJF	Robert Wood Johnson Foundation
SAMHSA	Substance Abuse and Mental Health Services Administration
ScD	Doctor of Science
SOM	School of Medicine
SOPHAS	Schools of Public Health Application System
TRIPP	UConn Center for Translating Research into Practice and Policy
TRUCEN	The Research University Civic Engagement Network
UCH	UConn Health
UConn	University of Connecticut

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Electronic Resource File Index

Domain	File name
Accreditation	UConn Accredited Degree Programs January 2015.pdf CEPH08 Accreditation Report.pdf Annual Reports to CEPH.pdf UConn Interim Report 2009.pdf UConn Interim Report 2010.pdf UConn Substantive Change Form 2015.pdf
Advising and Career Counseling	Public Health Student Opportunity Fair Flyer.pdf Public Health Student Opportunity Fair Evaluations.pdf Orientation Sample Agenda.pdf Orientation Presentation.ppt New Student Convocation Flyer.pdf New Student Convocation Program.pdf HIPAA/HITECH Privacy & Security Student Training.ppt Full Time Student Schedule.pdf Part Time Student Schedule.pdf UConn Center for Career Development (http://career.uconn.edu/graduate-students/)
Alumni	Alumni Board Framework.pdf Alumni Board Sample Agendas.pdf 2015 Alumni Reunion Flyer.pdf 2014 Alumni Reunion Flyer.pdf Alumni Accomplishments.pdf
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Culminating Experiences: Plan of Study (A or B); Final Exam Form	Plan of Study for Master's Degree.pdf Report on Final Examination for Master's Degree.pdf
Curriculum: Graduate School Catalog	UConn Graduate School catalog at: http://gradcatalog.uconn.edu/fields-of-study/public-health/
Curriculum: Degree/concentration requirements	Student Curriculum Checklist.pdf Titles of Electives for Concentration in Applied Public Health Practice.pdf Graduation Checklist.pdf
Curriculum: Course Descriptions/Schedule of courses/Instructors for Last 3 Years	2012-13 Course Descriptions.pdf 2013-14 Course Descriptions.pdf 2014-15 Course Descriptions.pdf

Curriculum Vitae: Primary Faculty Curriculum Vitae	Primary Faculty CVs
Curriculum Vitae: Secondary Faculty Curriculum Vitae	Secondary Faculty CVs
Curriculum Vitae: Sample Adjunct Faculty Curriculum Vitae	Adjunct Faculty Sample CVs
Diversity: UCHC Diversity Action Plan	UCHC Affirmative Action Plan at: http://diversity.uchc.edu/affirmaction/index.html
Faculty Research: Primary Faculty Publications and Presentations for Last 3 Years	Primary Faculty Sample Publications and Presentations (2012-15)
Faculty Research: Secondary Faculty Publications and Presentations for Last 3 Years	Secondary Faculty Sample Publications and Presentations (2012-15)
Grievances and Complaints: Policy and Forms	Student Complaints File
Handbook: MPH Student Handbook	MPH Handbook.pdf Additional Program Forms.pdf
Joint Degrees: Curriculum Requirements	MSW-MPH Chart.pdf MSW-MPH Proposal.pdf MSW-MPH Relevant Course Syllabi Folder PharmD-MPH.pdf PharmD-MPH Relevant Course Syllabi Folder MD-MPH Chart.pdf MD-MPH Application Checklist.pdf MD-MPH Relevant Course Syllabi Folder MD-MPH Brochure.pdf MPA-MPH Proposal.pdf JD-MPH Relevant Course Syllabi Folder MSN-MPH Relevant Course Syllabi Folder
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Opportunity for 3rd Party comment: Web Postings	Program Website Feedback Requests.pdf Program Website: http://www.commed.uchc.edu/education/mph/ceph.html
Practicum: Practicum Syllabus	Practicum Syllabus.pdf Practicum Presentations Flyer.pdf Final Report & Class Presentation Guidelines Spring 2015. pdf
Practicum: Activity Log	Practicum Activity Log.pdf
Practicum: Match Form	Practicum Match Form.pdf
Practicum: Student Evaluation Forms	Student Evaluations of the Practicum Experience.pdf
Practicum: Reflections Form	Practicum Reflections Forms.pdf
Practicum: Preceptor Evaluation Forms	Preceptor Evaluation of Student Form.pdf
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Promotion & tenure: Guidelines	Promotion and Tenure Guidelines at: http://medicine.uchc.edu/faculty/promotion/index.html Faculty Affairs at: http://facultyaffairs.uchc.edu/
Promotion & tenure: Faculty Annual Review Form	Fac Performance Review14.pdf
Public Health Student Organization (PHSO)	PHSO Bylaws.pdf PHSO Meeting Minutes 2015.pdf

	PHSO Flyer.pdf
	PHSO Apparel Sale.pdf
	PHSO Free to Breathe.pdf
Strategic planning: University Strategic Plan	http://academicvision.uconn.edu/
Strategic planning: UConn Health Initiative	UConn Health Initiative.pdf
Student recruitment: UConn Fact Sheet	2015 UConn Fact Sheet.pdf
Student recruitment: Program newsletter	MPH News.pdf
Student recruitment: Sample Emails, Flyers, Brochures	Recruitment Brochures.pdf MD-MPH Brochure.pdf CFPH Brochure.pdf
Surveys: Alumni Survey Instrument & Results	Alumni Survey instrument & Results.pdf
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Surveys: Employer Survey Instrument & Results	Employer Survey Instrument & Results.pdf
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Syllabi: MPH Elective courses	Elective Course Syllabi Folder
Workforce Development: Certificate in Foundations of Public Health (CFPH) Materials	CFPH Brochure.pdf CFPH Handbook.pdf CFPH Flyer.pdf CFPH Plan of Study.pdf CFPH Fall 2015 Flyer.pdf
Workforce Development: Certificate in Public Health and Disability Studies (PHCIDS) Materials	PHCIDS Flyer.pdf PHCIDS Information at: http://phcids.uconn.edu/
Workforce Development: Continuing Education Event Emails & Flyers	Alumni Tuition Free Flyer.pdf Continuing Education/Workforce Development Flyers.pdf
Workforce Development: CT Workforce Needs Assessment	Connecticut Allied Health Workforce Policy Board.pdf Department of Public Health Workforce Plan at: http://www.ct.gov/dph/cwp/view.asp?a=3130&q=459590

Summary of 2015 Self-study Assessment

Criterion	Assessment
Public Health Program	
1.1 Mission	Met
1.2 Evaluation	Met
1.3 Institutional Environment	Met
1.4 Organization and Administration	Met
1.5 Governance	Met
1.6 Fiscal Resources	Met
1.7 Faculty and Other Resources	Partially met
1.8 Diversity	Partially met
Instructional Programs	
2.1 Degree Offerings	Met
2.2 Program Length	Met
2.3 Public Health Core Knowledge	Met
2.4 Practical Skills	Met
2.5 Culminating Experience	Met
2.6 Required Competencies	Met
2.7 Assessment Procedures	Met
2.8 Bachelor's Degrees in Public Health	Not applicable
2.9 Academic Degrees	Not applicable
2.10 Doctoral Degrees	Not applicable
2.11 Joint Degrees	Met
2.12 Distance Education	Not applicable
Creation, Application and Advancement of Knowledge	
3.1 Research	Met
3.2 Service	Met
3.3 Workforce Development	Partially met
Faculty, Staff and Students	
4.1 Faculty Qualifications	Partially Met
4.2 Faculty Policies and Procedures	Met
4.3 Student Recruitment and Admissions	Met
4.4 Advising and Career Counseling	Partially met

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

Our program's vision is that *the University of Connecticut (UConn) Graduate Program in Public Health is an integral contributor to the effort to make Connecticut residents among the healthiest, most productive and satisfied of Americans*.

1.1.a.   A clear and concise mission statement for the program as a whole.

In furtherance of our program's vision, **the mission of the UConn Master of Public Health (MPH) program is to** *offer an exemplary academic environment that prepares interprofessional learners to achieve high standards of public health practice*. Public health careers for the 21st century, along with many in the related health and human services, will require competence in interprofessional practice that coordinates skill sets and perspectives of various disciplines in pursuing effective, comprehensive, systems-level improvements to our environment and social structure. Interprofessional competencies refer to the capacity of individuals and teams to enact knowledge, skills, values and attitudes essential for working together across professions and stakeholder groups to improve outcomes.[1]

1.1.b.   A statement of values that guide the program.

In our approach to an interprofessional focus of our MPH program, we prioritize the following values:
- **Population centric** – putting public concerns and needs above individuals or the profession.
- **Evidence based** – utilizing best available information to inform decisions and actions in the practice of public health.
- **Social justice** – believing that wellness is a public good and fundamental right of all individuals. As such, we challenge the basis of health inequity wherever it occurs.
- **Engagement** – fostering reciprocal, equitable partnerships among stakeholders to distribute responsibilities for selection, implementation and assessment of public health activities.
- **Teamwork** – functioning across disciplines and circumstance to achieve integrated, cohesive approaches to community concerns.
- **Advocacy** – increasing awareness and support for a robust, comprehensive public health agenda.
- **Resolve** – preparing life-long learners to address current and emerging public health challenges.
- **Integrity** – promoting the highest standards of objectivity and accountability in work and interpersonal relations.
- **Respect** – incorporating differing beliefs, cultures and practices into all program activities.

1.1.c.   Goal statements for each major function through which the program intends to attain its mission.

Our faculty, students and staff, through efforts in teaching, application, discovery and integration[2] of public health theory and practices, are committed to improving the well-being of individuals, here in Connecticut and beyond, through organized, comprehensive, effective and just action. Consistent with our program's mission and values, the UConn MPH program pursues the following seven goals:

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[1] Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.
[2] The dimensions of scholarship are drawn from concepts developed by Ernest L. Boyer, *Scholarship Reconsidered: Priorities of the Professorat*e, Carnegie Foundation for the Advancement of Teaching, October 1997.

Table 1.1.c.1	MPH program goals	
Interprofessionalism - <u>Scholarship of Integration</u> We will sustain an environment wherein students, staff, faculty and community partners embrace collaboration across disciplines of public health, law, social work, pharmacy, medicine, dentistry, basic sciences and engineering, education, rehabilitation, business administration and allied health professions.	**Goal #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.	
Education - <u>Scholarship of Teaching</u> We will be innovative in the delivery of curriculum, the provision of experiential learning options and the evaluation of curricular practices.	**Goal #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.	
	Goal #3: Be recognized nationally as the leading educational institution that prepares leaders in the interprofessional practice of public health.	
Service - <u>Scholarship of Application</u> We will be active proponents and policy developers to favorably affect the social determinants of health and the delivery of public health services.	**Goal #4**: Enable students, staff, faculty and community-based partners to contribute competent, collaborative effort toward assuring healthful, satisfying lives of Connecticut residents and beyond.	
Research - <u>Scholarship of Discovery</u> We will support activities that increase our understanding of the social, behavioral, physical and biological bases of population health and health service delivery.	**Goal #5:** Uncover determinants of health and well-being and disseminate that information in support of evidence-based health promotion/disease prevention practices for populations.	
	Goal #6: Promote an environment where faculty and students collaborate on research addressing public health concerns and practices.	
Leadership - <u>Scholarship of Administration</u> We will continually examine our efforts to prepare competent, successful and satisfied students, support the work of faculty, staff and community partners and have meaningful impact on the well-being and prosperity of our community	**Goal #7:** Effectively utilize University, program and community resources to sustain a high quality, high impact program in academic public health.	

1.1.d. Measurable objectives with quantifiable indicators related to each goal statement provided in Criterion 1.1.c.

Consistent with our program's mission, values, and objectives, the UConn MPH program strives to meet the following 16 objectives:

Table 1.1.d.1	MPH program objectives
Domain	**Objectives**
Interprofessionalism	1. Provide options for public health students to pursue professional (dual) degrees that integrate public health, clinical, and non-clinical disciplines.
	2. Encourage and accommodate enrollment of students from across the University and the community in our public health courses.
Education	3. Offer a competency-based core curriculum.
	4. Facilitate global learning and research by faculty and students.
	5. Assure graduates are competent professional practitioners of public health.
	6. Nurture diversity of experience and interest in faculty, students and program staff.
	7. Maintain a faculty competent in the range of core public health disciplines.
Service	8. Promote continuing education/life-long learning across public health specialties.
	9. Emphasize opportunities for service learning throughout the curriculum.
	10. Support career development among the public health workforce.
Research	11. Prepare students to design, undertake and disseminate relevant public health research.
	12. Promote ethical, compassionate and culturally appropriate public health research.
	13. Emphasize research focused on causes and control of inequities in health.
Administration	14. Maintain a rigorous and recurring schedule to evaluate program practices and impact.
	15. Recruit and retain a diversity student body and workforce.
	16. Communicate effectively with stakeholders and community-at-large in advocacy of our discipline and educational offerings.

1.1.e. Description of the manner through which the mission, values, goals and objectives were developed.

From the program's inception, an explicit mission with accompanying program values, goals and objectives has guided the UConn MPH program.   Since the program's last self-study in 2007, our governance structure (i.e., Advisory, Curriculum and Faculty committees) met regularly and, as part of their respective responsibilities, has examined and, as appropriate, recommended revision to the program's goals and objectives to better reflect our evolving mission of preparing graduates for interprofessional practice. During 2014-15, our Advisory Committee met regularly in assuming greater responsibility overseeing the preparation of this self-study report.   Throughout the year, drafts were circulated among key faculty, staff and other stakeholders for comment, revision and recommendations.

Our preliminary self-study report was completed in June 2015, distributed to key program constituents (e.g., deans, students, faculty, alumni and alumni board, program committees etc.) posted both on-line (http://www.commed.uchc.edu/education/mph/ceph.html) and on the program's monitor for comment by those same groups and the general public. Respondents had the option to leave anonymous

feedback in Survey Gizmo (http://www.commed.uchc.edu/education/mph/ceph.html) or email the Program Director directly. Recommendations were incorporated into the preliminary self-study report submitted to CEPH in June. Further revisions reflecting changes recommended by CEPH and further on-line circulation of the document were considered during August and September. This final self-study report was submitted October 2015.

1.1.f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public and how they are routinely reviewed and revised to ensure relevance.

Our constituent groups and the general public have access to our program's mission, values, goals, and objective statements through several printed documents (e.g., student handbook, recruitment and promotional materials, newsletters, information kits), the program monitor and website (http://www.commed.uchc.edu/education/mph/index.html). All feedback can be submitted through the program's website (http://www.commed.uchc.edu/education/mph/ceph.html) into Survey Gizmo (http://www.surveygizmo.com/s3/2346432/Self-Study-Comments) or emailed directly to the Program Coordinator who is responsible for assessing and presenting the information to the Advisory Committee.

Once a year, our program staff reviews our statements of mission, values, goals and objectives for relevance. This process allows us to consistently review such statements to ensure relevance. A summary of that review is presented to our Advisory Committee for further deliberation. Once such issues are brought to the committee, we engage in ad hoc discussions often leading to updates of these guiding principles. Our decision in 2014 to focus on interprofessional practice is one example prompted by a presentation to the Advisory Committee, by the Program Coordinator, on the balance between stand-alone and joint degree student enrollments. The restatement of our program's values in 2013 is another example, as is the redefinition of program objectives that occurred through preliminary planning and discussion leading to this self-study report.

Each year, the Program Director calls for a meeting of all public health program faculty (primary, secondary, adjunct, and affiliated) to discuss the range of challenges and opportunities faced in advancing academic public health at UConn. For example, the meeting held in 2013, began with a presentation by Dr. Sally Reis, Vice Provost for Academic Affairs on the anticipated impact of the University's faculty recruitment efforts. Following Dr. Reis's presentation, faculty had guided small group discussions intended to outline key issues and interests for future program development. Meetings held in both 2014 and 2015, outlined program updates and reaccreditation concerns.

1.1.g. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion.

We believe Criterion 1.1 is met.

Strengths: UConn has offered a CEPH accredited MPH degree since 1984. The program has a clearly stated mission, guiding values, distinct goals related to education, service and research, and performance measures that guide the curriculum. In addition, the program has distinct goals related to integration and administration of public health principles and practices.   Procedures to monitor and amend our mission, values, goals, objectives and performance measures are in place. Statements regarding the program's mission, goals, objectives and performance measures are available and disseminated through several means to our faculty, staff, students and the public at large.

The focus of our program, interprofessional public health practice, is increasingly evident in our promotional and recruitment materials used to attract and retain students, faculty and community stakeholders. MPH students have opportunity for joint degrees with Medicine, Dental Medicine, Law, Social Work, Nursing and Pharmacy.

Program graduates generally hold or receive positions in public health practice within 12 months. Alumni and practitioner surveys judge or program to appropriately prepare graduates for practice-oriented careers.

Our quarterly electronic newsletter, the program's website and social media outlets, student handbooks, program's brochure and information kits make explicit our commitment to interprofessional and public health practice.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.1.

Plans relating to this criterion: We have no explicit plans to modify how our program articulates its purpose or practices. We will continue to work with staff, students, university administrators and community-based stakeholders to maintain a curriculum that is committed to interprofessional public health practice by identifying additional didactic and experiential opportunities for students that address competencies cited in Criterion 2.6. We will continue to promote the assets of our program, particularly the qualifications of our faculty and accomplishments of students, in all public communications.

> **Criterion 1.2 Evaluation:** 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 analytic self-study that analyzes performance against the accreditation criteria defined in this document.

1.2.a. **Description of the evaluation processes used to monitor progress against objectives identified in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.**

The Program Coordinator regularly reports to the Advisory Committee about how our program stacks up in relation to selected performance indicators. The Advisory Committee, in turn, uses such information, when appropriate, to recommend new strategies or procedures to improve the performance of our program. Over the last 12 months, our evaluation and planning efforts have yielded program initiatives/changes regarding priorities for recruiting new faculty, proposing budgetary expenditures for the coming year, initiation of new coursework and implementation of new educational programs addressing needs of complementary graduate programs, our University's undergraduate students and the region's public health workforce. At the same time our program continuously evaluates program effectiveness and encourages planning for program enhancements we seek (and receive) comment and feedback from faculty/staff, students, and community partners regarding our procedures and their impact. This input frequent serves to initiative review of practices.

Our long-range program planning and evaluation is intended to be consistent with CEPH accreditation standards and the demands/needs of the public health practice community. Implementation of any new policy/procedural changes is the responsibility of the Program Director.

Responsibility for data collection and analysis are assigned to program staff by the Program Director, who in turn, present findings and recommendations to appropriate committees for review and feedback. Table 1.2.a.1 summarizes the many data systems and responsible parties required for ongoing evaluation of our program's 16 objectives that we use to guide and monitor our performance.

Any proposed change in program organization or practices is refereed from committees to the program's Advisory Committee for further discussion. Occasionally, these deliberations require that we poll the program's various constituencies before implementing new or revised policies. Examples include, but are not limited to, the decision to implement certificate programs focused on workforce development, endorsement of a plan to initiate a 'fast track' option that combines Baccalaureate and MPH study for UConn undergraduates, supporting the PharmD/MPH joint degree option and exploring the feasibility of joint degrees with Public Administration or Business, establishing grading rubrics to standardize grading practices of adjunct faculty, standardizing the format and content of every course syllabus, reduction of our incoming class size and examining how institutional pressures to build public health content within our MD/DMD programs may affect the capacity among our MPH faculty to deliver additional curriculum.

Table 1.2.a.1.	MPH Program objectives and data systems for evaluating program effectiveness	
Program Objectives (see 1.1.d above)	**Data systems for evaluation of program effectiveness**	**Responsible party**
1. Provide options for public health students to pursue professional (dual) degrees that integrate public health, clinical and non-clinical disciplines.	Advisory Committee minutes	Morgan Spencer
	Curriculum Committee minutes	Jane Ungemack
	PeopleSoft enrollment software	Barbara Case
2. Encourage and accommodate enrollment of students from across the University and the community into public health courses.	PeopleSoft enrollment software	Barbara Case
3. Offering a competency-based core curriculum.	Curriculum Committee minutes	Jane Ungemack
	Student surveys	Morgan Spencer
	Alumni surveys	
	Employer surveys	
4. Facilitate global learning and research by faculty and students.	PeopleSoft enrollment software	Barbara Case
5. Assure graduates are competent professional practitioners of public health.	Practicum requirement	Joan Segal
	Alumni survey	Morgan Spencer
	Employer survey	
6. Nurture diversity of experience and interest in faculty, students and program staff.	Admissions Committee minutes	Barbara Case
	PeopleSoft enrollment software	
	UConn Human Resources	Dennis Parris
7. Maintain appropriate faculty to deliver exemplary curriculum.	UConn Graduate School Roster	Dean Barbara Kream
	PeopleSoft enrollment software	David Gregorio
8. Promote continuing education/life-long learning across public health specialties.	Advisory Committee minutes	Morgan Spencer
	Alumni survey	Morgan Spencer
9. Emphasize service learning throughout the curriculum.	Advisory Committee minutes	Morgan Spencer
	PeopleSoft enrollment software	Barbara Case
	Practicum requirement	Joan Segal
10. Support career development among the public health workforce.	Advisory Committee minutes	Morgan Spencer
	PeopleSoft enrollment software	Barbara Case
	Alumni Survey	Morgan Spencer
11. Prepare students to design, undertake and disseminate relevant public health research.	CREATE reporting system	Dean Suzanne Rose
	Advisory Committee minutes	Morgan Spencer
12. Promote ethical, compassionate and culturally appropriate public health research.	UConn Health Human Subjects Protection Database	Mayra Caggenello
	MPH program database	Lauren McCarthy
13. Promote research focused on the causes and control of inequities in health.	Curriculum Committee minutes	Jane Ungemack
	MPH Capstone approval file	David Gregorio
14. Maintain rigorous and recurring evaluation protocol.	Advisory Committee minutes	Morgan Spencer
15. Recruit and retain diversity among students, faculty and staff.	PeopleSoft enrollment software	Barbara Case
	School of Medicine CREATE reporting system	Dean Suzanne Rose
16. Communicate effectively with stakeholders and community-at-large in advocacy of our discipline and educational offerings.	Program newsletter	Joan Segal

1.2.b. **Description of how results of the evaluation process described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.**

The Program Director or Coordinator often brings issues of concern or clarification to the attention of program faculty and/or the program's Advisory Committee. Student issues are routinely identified by the student organization, which maintains an elected student representative on all standing program committees. Our Advisory Committee has several long-standing members who are particularly knowledgeable about the program's history and its relationships with community stakeholders. They serve as reliable monitors of change over time. Lastly, the program is a member of UConn Graduate Programs Committee that oversees all proposed changes to our academic program

Table 1.2.b.1.	Use of data by program committees in planning, implementation and performance evaluation
Committee	Uses of data
Advisory Committee	• Revised program mission, goals, objectives, and value statements to reflect growing reality of enrollment, and need for joint degree opportunities. • Attention to focus group and alumni survey responses regarding our program academic advisement that resulted in a short-term decision to limit enrollment for 2015-16 while a long-term solution is developed.
Curriculum Committee	• Recommended a standardized grading rubric and policies in response to faculty and student concerns about consistency in grading; • Recommended a standardized syllabus format to include learning objectives matched with program competencies. • Monitoring implementation of a Fast Track BA/BS + MPH option for University students • Examining alternative procedures for course evaluation • Encouraging development of an MPH/MPA joint degree option after reviewing alumni surveys indicating that students would like to improve both their project and program management skills.
Admissions Committee	• Assessment that the number and quality of first time applicants to the program has changed over time. Recommendation that we prioritize applications of students who successfully complete our Certificate options or are suitable undergraduates under a Fast Track BA/BS +MPH framework.
Public Health Student Organization	• Meeting with the Program Director at the beginning of each academic semester to discuss issues of group concern. Outside of academic advisement, the group expressed dissatisfaction with the lack of financial support for matriculating students. Unfortunately, the lack of funding for graduate students is out of our control. • Working with program administrators to increase opportunities for student recognition of exemplary research and teaching activities.
MPH Alumni Board	• Preparing a program needs report that received public comment, based on the findings, at the February 2, 2015 UConn Health Board of Directors meeting. • Upon review of recent alumni survey results and board discussions, a student-alumni mentorship program was developed. All incoming students are sent a list of MPH Alumni Board members to contact for academic or career advisements. • Providing career counseling support to current students who seek to input regarding the style and content of resumes and product portfolios.

Through these various opportunities, we have implemented several administrative and curricular changes to our program that have stabilized revenue, standardized the educational experience across students and enhanced the overall student experience. As an example, we have systematically reduced entering class sizes since 2005 (from approximately 50 to 30 students per year) in order to balance demand with our capacity. We have implemented a recommended sequence for completing core course requirements and the expectation that students complete a minimum of 6 credits per semester to foster greater student engagement and hasten time to degree completion. We have developed and improved an innovative practicum experience that engages groups of students in collective action under the direction of experienced field preceptors.   A summary of actions by our program's standing committee in response to our procedures for program evaluation is presented in Table 12.b.1.

Course evaluations. After each semester, student evaluations of our curriculum are submitted by anonymous online questionnaires through the Blackboard® learning system. A copy can be found in our Electronic Resource File titled, Student Course Evaluations Spring 15.pdf. The use of electronic evaluations has greatly improved the turnaround of information to instructors, but has unintentionally diminished student participation. Our Curriculum Committee has been charged with to identifying any appropriate alternatives to increase student responses. Table 1.2.b.2 presents student course evaluation data for 2012-15. Overall, majorities of students judged the quality of individual courses as "high" or "very high," with particularly favorable assessments of our core curriculum.

One of our core courses, Public Health Research Methods, has received lower assessments and remains a topic of discussion within our Advisory Committee. This course is an important pre-requisite to student's work on capstone projects and exploration continues about ways to modify/improve content. Another core course, Social and Behavioral Foundations of Public Health has undergone changes in both the instructor and content during the past three years. Likewise, the Practicum has suffered from the transition of three instructors over the past three years. The situation is the result of the loss of faculty without appropriate replacement by administration. The Curriculum Committee is monitoring this situation and exploring alternative instructors/formats to improve course content and student satisfaction. The administration has been made aware of this difficulty and has committed efforts to stabilizing faculty through recruitments over the next several years.

Table 1.2.b.2.	Student evaluations of MPH Core courses, Fall 2012 – Spring 2015		
		% Students rating course as 'high' or 'very high quality'	
Courses	2012-13	2013-14	2014-15
PUBH 5403 Health Administration	77	84	85
PUBH 5404 Environmental Health	88	64	76
PUBH 5405 Social and Behavioral Foundations of Public Health	[1]	50	71
PUBH 5406 Law & Public Health	93	100	95
PUBH 5407 Practicum in Public Health	78	50	50
PUBH 5408 Intro to Epidemiology & Biostatistics I	100	95	100
PUBH 5409 Intro to Epidemiology & Biostatistics II	100	100	100
PUBH 5431 Public Health Research Methods	47	68	64

[1]Unable to retrieve course evaluation for that semester

As indicated in Table 1.2.b.3, nearly all elective coursework is very well received by our students. Of the thirty two courses listed, two-thirds of them had 80% of respondents rate the quality of the course high or very high. Nearly 60% of them had 100% of respondents rate the quality of the course the same.

In the past, our Intermediate Biostatistics course, has received less favorable evaluations. After review by program administration, changes in instructors were instituted. With a change in instructor (s), we are happy to see an increase in ratings but will continue to monitor evaluations reports. Health education also continues to receive poorly rated student course evaluations. Students request more coursework in this area, however, there are no other instructors or faculty available to teach. We continue to look for solutions and often encourage such students to explore a Graduate Certificate in Health Education and Health Promotion (http://www.alliedhealth.uconn.edu/graduate/chphe.php) offered on the Storrs campus out of the Allied Health Department.

Table 1.2.b.3.	Student evaluations of MPH Selective/Elective courses, Fall 2012 – Spring 2015.		
	% Students rating course as 'high' or 'very high quality'		
Courses	**2012-13**	**2013-14**	**2014-15**
PUBH 5463 Comparative Health Systems		89	
PUBH 5497 Child Health, Child Development and Public Policy			100
PUBH 5453 Chronic Disease Prevention & Control		88	92
PUBH 5503 Disability, Law Policy, Ethics & Advocacy			100
PUBH 5497 Environmental Impacts on Children's Health	70	100	
PUBH 5439 Epidemiology of Cancer	60		
PUBH 5502 Epidemiology of Disability		100	
PUBH 5497 Public Health Ethics	100		100
PUBH 5497 Ethics & Regulation of Novel Technologies	100		
PUBH 5477 Food, Health & Politics	91		
PUBH 5497 Foundations of Biomedical Informatics			100
PUBH 5410 Fundamentals of Strategic Planning	80		100
PUBH 5455 Health Education	33		33
PUBH 5462 Health & Human Rights		100	
PUBH 5497 Infectious Disease Epidemiology	100		62
PUBH 5436 Intermediate Epidemiology	75	20	100
PUBH 5434 Topics in Intermediate Biostatistics (Kang)	100		
PUBH 5434 Topics in Intermediate Biostatistics (Lynch)		100	100
PUBH 5434 Topics in Intermediate Biostatistics (Burleson)		86	57
PUBH 5497 International Health			88
PUBH 5497 Introduction to Global Health		100	
PUBH 5451 Maternal & Child Health Policy and Programs	100		
PUBH 5497 Measuring the Built Environment for Health Research			100
PUBH 5468 Occupational & Environmental Epidemiology		50	100
PUBH 5497 Psychiatric Epidemiology	100		100
PUBH 5419 Public Health Agencies			100
PUBH 5430 Public Health Informatics	100		100
PUBH 5440 Public Health Issues in Genetics	60		
PUBH 5475 Public Health & Policy in an Aging Society	100		100
PUBH 5432 SAS Programming & Data Management	100	57	75
PUBH 5497 Statistical Methods in Healthcare		100	
PUBH 5473 Women, Public Health and Reproduction	100		

Student focus groups. Holistic feedback about the program is routinely obtained from students of PUBH 5432- Public Health Research Methods who participate in focus group discussions as part of their academic requirement. Within this venue, students expressed general satisfaction with the program but

noted some areas warranting attention, including access to faculty for advisement which is addressed in greater detail under Criterion 4.4.c.

Alumni survey. All alumni (N=810) have been surveyed to get their perspective on various issues within, and as a result of, graduating from the MPH program. The last alumni survey was conducted in 2005. The survey was distributed via email and concluded with a 13% response rate, with 30% of respondents graduating in the last 3 years. The survey included various questions concerning current job, job satisfaction, experience and level of satisfaction with UConn MPH Program, quality of various aspects of MPH program, and personal accomplishments. The alumni survey (see Alumni survey instrument & results.pdf) is available in our Electronic Resource File. Of the alumni who responded to the survey, 94% are very or mostly satisfied with their MPH degree and 96% are satisfied with their current career. An anticipated, yet troubling, response was the dissatisfaction expressed by students regarding career advising.   We continue working with UConn administration to identify sufficient personnel resources to accommodate these expectations of students.

Survey results specific the perceived quality of the program are summarized in Table 1.2.b.4. In assessing the quality of instruction, accessibility, evaluation of student performance, expectations and knowledge of our faculty members, 92% of alumni rated program faculty excellent or very good. 91% of respondents are very pleased with the quality and diversity of the student body. Two thirds of respondents believe the breadth and concentration of course offerings was excellent or very good. Academic and career advisement continues to be areas in need of improvement. Although more than half of respondents (64%) rated both areas excellent or very good, the program continues to struggle to improve both areas.

Table 1.2.b.4.	Alumni survey responses regarding MPH program characteristics, Spring 2015 (N= 106)
	% responding… "very good or excellent"
Grading & evaluation procedures	96
Quality of fellow students	94
Quality of instruction	94
Depth of faculty knowledge	93
Expectations regarding student performance	91
Admissions process	91
Responsiveness of program staff	89
Library facilities	88
Diversity of the student body	87
Access to faculty	85
Course scheduling	84
Classroom facilities	83
Computer facilities	78
Breadth of course offerings	77
Academic advising	74
Concentration of course offerings	71
Career advising	51
Student participation in policy making	44

Ninety-five percent of the respondents indicate that they would or might recommend application to the UConn MPH Program. Reasons provided include: accessibility and quality of program, diverse coursework, faculty and student body, knowledgeable faculty, can be completed part-time while

working full-time, affordable cost, strong alumni network for networking, integrates all public health disciplines, and most instructors have practiced or are currently practicing in the field. The remaining 5% who would not recommend the MPH program to prospective students provided the following reasons: no environmental health track and coursework is too focused on public health systems. Most (96%) of the recent graduates are currently employed and 90% of these individuals are working directly or indirectly in the public health field; of the small percentage not working in the public health field, the top reasons provided were: not applicable, would not accept a low paying job, or other.

Table 1.2.b.5.	Alumni survey responses regarding MPH program impact on career, Spring 2015 (N= 106)
	% responding…"helpful or very helpful"
Provided me broad understanding of public health	95
Enhanced knowledge of epidemiology	91
Developed my quantitative skills	84
Promoted values of social justice and equity	84
Developed my writing & oral communication skills	83
Enabled me to integrate theory and practice	82
Developed my analytic skills	77
Prepared me to enter the workforce	76
Provided me detailed skills/experience for my job	73
Developed community/organization leadership skills	67
Developed my program management skills	64
Improved my project management skills	64
Developed computer application skills	54
Developed database management skills	47

Employer survey. Employers of graduates were surveyed regarding the extent to which the program accomplished the goal of producing interprofessional practitioners who play productive and perhaps leading roles in the professional public health workforce. A copy of our current Employer survey (See Employer survey instrument & results.pdf) is available in our Electronic Resource File. Overall, employers describe our graduates as demonstrating the competencies (See Table 1.2.b.6.) expected of public health practitioners.   Detailed information from the employer survey is presented in Section 2.7.

Table 1.2.b.6.	Employer survey responses, Spring 2015 (N= 11)
	% responding…"agree or strongly agree"
Program graduates can verbally communicate ideas	100
Program graduates have the knowledge base needed for the job	91
Program graduates have demonstrated an ability to apply their knowledge and skill in the workplace	90
Program graduates are able to conceptualize problems related to their field of expertise	90
Program graduates are able to prepare & write professional reports	82
Program graduates are able to present material effectively	80

Faculty performance reviews. The MPH program faculty is drawn primarily from individuals within the School of Medicine's Department of Community Medicine, although there is significant involvement of faculty from other academic departments across our Health Center and the University. Annual performance reviews are the responsibility of the department chairs where individuals hold primary

appointments. A copy of the School of Medicine Annual Faculty Performance Review Form (See Fac Performance Review14.pdf) is available in our Electronic Resource File. There have been no instances since 2008 of program faculty who have received unsatisfactory performance reviews of work within the MPH program.

CEPH accreditation process.   Concerns cited by CEPH site-visitors in their 2008 evaluation for accreditation have been critical to our program evaluation and planning. A summary of issues and our responses is presented in Table 1.2.b.7. Copies of our *2007 Self-study* (See UConn07 Self-study.doc) and the CEPH Report on Re-accreditation of our program (See CEPH08 Accreditation Report.pdf) are available in our Electronic Resource File.

Table 1.2.b.7.	2008 CEPH accreditation report and program responses
Criterion and recommendations/concerns	**Program response**
Criterion 2.2. Program length Site visitors were concerned about "the extremely large number of students (i.e., 39 of 130 students) who have received advanced standing status that has reduced their total credits not only below the program's required 48, but below this criterion's expectation of 42 credits."	In the last three years, 6 students graduated with less than 42 credits. Every joint degree candidate graduates with a minimum of 36 public health credits.
Criterion 2.6 Required Competencies* Site visitors expressed concern that "Translation of competencies into course-level learning objectives, has not yet been fully achieved."	All core courses now include learning objectives that are explicitly linked to our program's competencies. Of the 50 elective courses offered in the last three years, 4 do not have learning objectives matched to program's competencies. Any new course must be approved by the curriculum committee and include learning objectives matched to program competencies.
Criterion 2.7 Assessment Procedures* Site visitors expressed concern that "the program's graduation rates prevent it from achieving compliance with this criterion."	Our time to graduation rate improved markedly (among the students who entered in 2000, 39% failed to graduate in 6 years, whereas among students who entered in 2008, only 21% of that cohort failed to graduate). For the 4 most recent years, 61% of students have completed their MPH within 2 years.
Criterion 3.1 Research Site visitors commented that aspects of the program's focus (regarding scholarship of application in public health and core public health functions) that integrate the curriculum "seem to be missing in the review of MPH research."	As a faculty within a School of Medicine, a persistent tension remains regarding the clinical vs. population emphasis of faculty research. We continue to support community-based scholarship by faculty, students and community-based stakeholders.
Criterion 4.3 Faculty and Staff Diversity Site visitors commented, "there has been little progress made since the last site visit in achieving a more diverse primary and secondary faculty and staff."	We continue striving for greater diversity among our faculty.
Criterion 4.6 Advising and Career Counseling Site visitors commented, "students desire a more readily accessible advising system…. Students were most concerned with access to program advisement, specifically finding appropriate advisors. Student feedback during the site visit identified problems with advisement, as similarly articulated in a qualitative program assessment conducted in Spring 2006."	The capacity of available faculty to meet the program's need for student advisors has been a challenge. We continue to work with UConn Administration to identify and appropriately incentivize individuals for this very important role.

The review of our program identified several concerns requiring action to improve the content and delivery of our curriculum.   These concerns and our response has greatly improved our performance and student satisfaction. The CEPH annual reporting requirement is an important element in our assessment of program resources and outputs.   Copies of our program's Annual Reports to CEPH (See Annual Reports to CEPH.pdf) are available in our Electronic Resource File. That ongoing assessment process facilitates our longitudinal planning regarding budgeting (See Section 1.6), faculty allocations (See Section 1.7) and student performance (See Section 2.7).

Student Organization Feedback Every semester, the Program Coordinator meets with our Public Health Student Organization (PHSO)'s Executive Board to discuss student concerns/issues or suggestions for programmatic improvements. All items discussed are brought to both the Program Director and the Advisory Committee for comment and guidance. This type of feedback has been very helpful in the improvement of our program. For example, in 2013, the PHSO President asked if we could implement a Graduating Student Meeting to discuss capstone and graduation requirements. The program gladly agreed and since that time has been offering two Graduating Student Meetings per academic year. Such sessions have been both well attended and received by students.

1.2.c.   Data regarding the program's performance on each measurable objective described in Criterion 1.1.d for each of the last 3 years.

Evaluation resources used to monitor program performance against goals and objectives identified in Criterion 1.1.d are presented in Tables 1.2.c.1.

Table 1.2.c.1.	Program objectives, targets and program performance over last 3 years			
Objective (Relevant criterion)	Target	2012-13	2013-14	2014-15
1. Provide options for public health students to pursue interprofessional (dual) degrees that integrate public health and clinical and non-clinical disciplines. (1.1, 2.1 and 4.1)	Maintain degree options with MD, DMD, JD, MSW, MSN, PharmD Initiate joint degree with MPA and MBA	Yes	Yes	Yes
2. Encourage and accommodate enrollment of students from across the university and community in public health courses. (1.1)	25% of course enrollments will be generated from students matriculating in joint degree or other programs	18%	19%	24%
3. Offer a competency- based core curriculum. (2.1, 2.3, 2.4, 2.5 and 2.6)	100% of program values, goals and measurable objectives are monitored and evaluated	100%	100%	100%
	100% of course offerings are judged relevant and consistent with program values, mission and goals	100%	1005	100%
4. Facilitate global learning and research by faculty and students. (3.1 and 2.6)	20% of graduates will complete extended global study (study abroad, capstone research) while matriculating	13%	45%	25%
5. Assure graduates are competent interprofessional practitioners of public health. (1.1, 2.3, 2.4, 2.6 and 4.3)	75% of admitted students will have undergraduate GPAs ≥ 3.5	44%	55%	48%
	100% of program graduates hold jobs within 12 months of graduation.	100%	100%	100%
	100% of employers judge training of graduates to be satisfactory	100%	100%	100%
	100% of practicum projects emphasis interprofessional nature of public health practice	100%	100%	100%
6. Nurture diversity of experiences and interests among faculty, students and program staff. (1.8)	100% of committees include faculty/staff, student and community partner representatives	100%	100%	100%
	100% of program committees reflect diversity of gender, race & ethnicity	Yes for gender and race No for ethnicity		
7. Maintain a faculty competent in the range of core public health disciplines. (1.7 and 4.1)	5 of the 5 core disciplines are represented on program's primary faculty	1 of 5	1 of 5	0 of 5
	8 of the 8 required courses are taught by the program's primary faculty	3 of 8	3 of 8	3 of 8
	SFR : Primary Faculty FTEs is below 10-to-1	7.75 to 1	10.6 to 1	10.6 to 1
	SFR : Total Faculty FTEs is below 6-to-1	5.4 to 1	6.8 to 1	6.8 to 1
	33% of students will complete degree in 2 years	No current information 32% for 2010-13 period		
	66% of students will complete degree in 4 years	No current information 63% for 2008-11 period		
8. Promote continuing education/life-long learning across public health specialties. (3.3)	10% of core course registrants will be non-degree students	8%	9%	6%

Table 1.2.c.1, continued	Program objectives, targets and program performance over last 3 years			
Objective (Relevant criterion)	**Target**	**2012-13**	**2013-14**	**2014-15**
9. Emphasize service learning throughout the curriculum. (2.4 and 3.2)	25% of students complete field experience beyond practicum	16%	8%	5%
	50% of students complete applied practice capstone project	64%	31%	46%
	66% of primary faculty contribute to community-based service programs	55%	56%	63%
10. Support career development among the public health workforce. (3.3)	10 students pursue Foundations of Public Health Certificate each year	NA	NA	8
	5 students pursue Disabilities and Public Health Certificate each year	NA	2	2
	5 graduates utilize tuition scholarship for continuing education	3	2	0
11. Prepare students to design, undertake and disseminate relevant public health research. (2.3, 2.4, 2.5, 2.7 and 3.1)	100% of primary faculty have active extramurally funding research projects	58%	80%	67%
	100% of primary faculty author peer-reviewed manuscripts/presentations each year	83%	100%	89%
	100% of primary faculty involve students in active research projects	42%	50%	45%
	100% of students make public presentations of their academic work	100%	100%	100%
	100% of primary faculty have active community-based research/service projects	90%	95%	94%
12. Promote ethical, compassionate and culturally appropriate public health research. (1.8)	100% of faculty, staff and students receive UConn policies regarding fair and ethical practices	100%	100%	100%
	100% of students are trained in protection of human subjects and confidentiality of health information	100%	100%	100%
13. Promote research focused on the causes and control of inequities in health. (3.1)	25% of students complete capstone projects focused on disparities of health status or health service utilization	25%	19%	32%
14. Maintain a rigorous and recurring evaluation protocol. (1.2)	Proceedings of 100% of committee meetings are recorded and reviewed	100%	100%	100%
	100% of program committees include faculty/staff and students	100%	100%	100%
	The program fully participates in UConn Graduate School governance	Yes	Yes	Yes
	100% of primary faculty receive annual performance evaluations	100%	100%	100%

Table 1.2.c.1, continued	Program objectives, targets and program performance over last 3 years			
Objective (Relevant criterion)	Target	2012-13	2013-14	2014-15
	95% of alumni judge program administration 'very responsive'	NA	NA	89%
	66% of program faculty hold appointments in CMHC department	74%	80%	75%
	100% of program faculty have designated instructional time	100%	100%	100%
	100% of program faculty have designated advisory responsibilities	100%	100%	100%
15. Identify and retain a diverse student body. (4.3)	50% of students are female	59%	83%	74%
	15% of students are B/AA	12%	24%	16%
	15% of students are Hispanic	6%	0%	0%
	20% of students are from low income communities	16%	7%	18%
	50% of students are from outside Hartford County	64%	55%	46%
16. Communicate effectively in advocacy of public health and the UConn public health program. (1.2)	At least 4 program newsletters to public health community published annually	7	3	3
	50% of primary faculty make presentations on importance of public health	55%	44%	58%

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

Our self-assessment is a continuous process that has be underway since our previous self study in 2007. While developing this report in Spring 2014, draft sections were posted on-line for review and anonymous comment for the public. Students, faculty, alumni, community partners and university colleagues were invited to review and comment on draft sections through communication in the program's newsletter, monitor and website. Comments received by these methods were recorded and considered by both the Program Director and Coordinator**;** as appropriate, sections of the report were modified and reposted. This document reflects the composite contributions of program administration, committee members, faculty, students, alumni, staff and university and community-based stakeholders.

Principal findings of the self-study have been shared with the University Provost, UConn Health Board of Directors (through their Academic Affairs Subcommittee), Dean of Medicine, and Education Council of the School of Medicine Faculty. In response, our Dean with the support of the Board of Directors has approved recruitment of additional faculty (See Section 1.7) to the program. The Education Council voted unanimously on the following resolution: "Education Council believes that the Public Health educational programs are integral for our institution and furthermore recommends that there will be institutional support to replenish the core faculty for teaching and advising to meet accreditation standards in addition to providing the best educational experience for our students" which subsequently was endorsed unanimously by the School of Medicine's Dean's Council.

1.2.e. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.2 is met.

Strengths: Evaluation procedures to monitor progress against program objectives are in place and regularly employed. Our committee structure plays an active role in program planning and evaluation. All proposed policy/practice changes are communicated to faculty/staff, students, community partners and University administration. Formal and informal mechanisms for feedback are in place.

Performance of the program in relation to measurable objectives is routinely monitored. We continue to refine our processes for evaluating program effectiveness. Measurable objectives and targets are available to monitor performance relative to all accreditation criteria. The program regularly utilizes evaluation results to enhance the quality of programs and activities. The self-study report was developed with input from major stakeholders. Deficits/deficiencies in program performance are duly noted and addressed by relevant administrative mechanisms.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.2.

Plans relating to this criterion: We have no explicit plans to modify how our program articulates its purpose or practices. We will continue to work with our program's major constituents to define and to achieve optimal class size given available resources and balance enrollment priorities that reflect the needs/expectations of students who anticipate careers in public health (i.e., full-time students with baccalaureate degrees with those of individuals in related disciplines who seek to augment their educations with study of public health (i.e., non-matriculating and joint degree students) and our long-standing target of part-time students seeking the degree for career advancement (i.e., those already

within the public health workforce).

- Expanding elective course offerings (e.g., Environmental Risk Assessment, Genetics and Public Health, Computational Statistics, Public Health Policy Development and Advocacy, Behavioral Epidemiology, Emergency Preparedness, Bioterrorism).
- Administering an alumni survey every three years to solicit program and curriculum feedback.
- Expanded experiential learning opportunities for students.
- Ongoing specification of academic competencies and evaluation requirements to assess student performance.
- Increasing use of social marketing to strengthen brand and increase program visibility.
- Implementing curriculum and personnel changes in response to student evaluations.
- Supporting our student- and alumni-run organizations to address social and professional needs of individuals.
- Expanding relationships with community based organizations and agencies to increase field experience opportunities.

Criterion 1.3 Institutional Environment: The program shall be an integral part of an accredited institution of Higher Learning.

1.3.a. A brief description of the institution in which the program is located and the names of accrediting bodies to which the institution responds.

The University of Connecticut (UConn), founded in 1881 as the Storrs Agricultural School, is a Land, Sea and Space Grant Consortium institution. The Carnegie Council classifies UConn among 107 Research Intensive Universities and 361 Community Engaged institutions across the nation. The mission and purpose of the University are:

> *"Excellence demonstrated through national and international recognition. As Connecticut's public research university, through freedom of academic inquiry and expression, we create and disseminate knowledge by means of scholarly and creative achievements, graduate and professional education, and outreach. Through our focus on teaching and learning, the University helps every student grow intellectually and become a contributing member of the state, national, and world communities. Through research, teaching, service, and outreach, we embrace diversity and cultivate leadership, integrity, and engaged citizenship in our students, faculty, staff, and alumni. As our state's flagship public university, and as a land and sea grant institution, we promote the health and well-being of Connecticut's citizens through enhancing the social, economic, cultural and natural environments of the state and beyond."*

The University's current enrollment is 31,119, of whom 6,830 individuals are enrolled in post-graduate degree programs. Its performance and reputation constantly places it among the very best public universities in America. UConn is fully accredited by the New England Association of Schools and Colleges, Inc. through its Commission on Institutions of Higher Education (See UConn Accredited Degrees/Programs_2011.pdf in our Electronic Resource File for a complete list of accredited degrees/programs. Today, the University includes 10 Schools and Colleges at its main campus in Storrs, separate Schools of Law and Social Work in Hartford and West Hartford, 5 regional campuses throughout the state and Schools of Medicine and Dentistry at UConn Health Center in Farmington.

Table 1.3.a.1	Accreditation status of UConn, School of Medicine and MPH program		
	Accrediting Body	Initial Accreditation	Most recent Accreditation
UConn	New England Association of Schools & Colleges	1931	2007-17
School of Medicine	Liaison Committee on Medical Education (LCME)	1968	2010-17
MPH program	Council on Education for Public Health	1984	2008-2015

UConn Health, formerly known as the UConn Health Center, is located just outside of Hartford, in the town of Farmington. It comprises the Schools of Medicine and Dental Medicine, a teaching hospital and graduate programs in Biomedical Sciences, Dental Science, and Public Health. The mission of UConn Health is

> *"UConn Health is dedicated to helping people achieve and maintain healthy lives and restoring wellness/health to maximum attainable levels. In this quest, we will continuously enable students, professionals and agencies in promoting the health of Connecticut's citizens. We will consistently pursue excellence and innovation in the education of health professionals; the discovery, dissemination and utilization of new knowledge; the provision of patient care; and the promotion of wellness."*

The UConn School of Medicine is a full-time faculty of 430 physicians and scientists (along with nearly 650 affiliated faculty) committed to the education of roughly 400 medical students, 300 graduate

students, 600 medical residents (in 55 programs) and 100 post-doctoral fellows.

> *"The primary mission of the University of Connecticut School Of Medicine is education at the undergraduate, graduate, and professional levels for practitioners, teachers, and researchers, conducted in an environment of exemplary patient care, research, and public service. The School of Medicine's mission is reflected in its programs, which incorporate four basic interrelated goals:*
> - *to provide educational opportunities for Connecticut residents pursuing careers in the patient care professions, education, public health, biomedical and/or behavioral sciences;*
> - *to advance knowledge through basic, biomedical, clinical, behavioral, and social research;*
> - *to develop, demonstrate, and deliver health care services based on effectiveness, efficiency, and the application of the latest advances in clinical and health care research;*
> - *to help health care professionals maintain their competence through continuing education programs."*

Within the School of Medicine, the Department of Community Medicine and Health Care is the university home for public health education. It consists of 11 full-time faculty and over 25 support staff.

> *"The mission of the department is to provide education, research, and service to the University and the broader Connecticut community."*

1.3.b.   Organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

In November 2014, University President Susan Herbst announced reorganization of Health Sciences Administration. The positions of Executive Vice President of Health Affairs and Dean of the School of Medicine. which had been combined for many years, were separated. Dr. Bruce Liang was appointed Dean of the School of Medicine.

The MPH Program curriculum falls within the purview of the University of Connecticut Graduate School (Dean Kent Holsinger and the Graduate Faculty Council). Academic standards and policies are established by the Graduate School and conveyed in its annual catalog. Within that framework, individual programs are permitted to develop their own governing policies in the areas of admissions, student performance, adjunct and clinical faculty recruitment and promotion, budgeting and resource allocation, curriculum design and evaluation, research and service and degree requirements. Graduate programs, in turn, participate in setting Graduate School standards through representation on the Graduate Programs Committee at UConn Health Center and the Graduate Faculty Council of the University. The Associate Dean of the Graduate School, Barbara Kream, provides on-site oversight of our program through our Graduate Program's Committee.

The allocation of physical, monetary and personnel resources allocation at UConn is determined by the School within which an educational program is situated. The UConn MPH program operates within the UConn School of Medicine and the determination of program capacity and needs and is within the purview of the Dean of Medicine (Bruce Liang) and the Senior Associate Dean of Medicine for Education (Suzanne Rose). Faculty appointments (track, rank, department) are governed by University by-laws and are the responsibility of the Dean of Medicine; time and effort allocations of individuals related to the MPH program are controlled by the Senior Associate Dean with input from the MPH Program Director.

As such, the MPH Program Director has joint reporting obligations. On matters pertaining to curriculum, degree requirements, admissions criteria, etc., the director conforms with and reports to the Graduate school; on matter pertaining to resources and synergies between public health and medicine, the director reports to the School of Medicine.

The Department of Community Medicine offers a PhD in Public Health. At present, the degree program operates parallel to, but independent of, the MPH program. **(Note: Faculty time and effort and other resource allocations (e.g., space) pertaining to the PhD degree are determined and managed separately by the PhD Program Director, Tom Babor, and are distinct from MPH program resources and capacities and need not be detailed in this self study.)**

Figure 1.3.b.1.   UConn senior administration

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                        │  UConn Trustees  │
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                        │President, Susan Herbst│
                        ├──────────────────┤
                        │ Provost, Mun Choi │
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│Dean (Graduate), K. Holsinger│          │Dean (Medicine), Bruce Liang│
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│Assoc. Dean (Graduate)│ - -│Senior Assoc. Dean for│- - -│  Chair (CMHC),   │
│     B. Kream         │    │Education Suzanne Rose │    │   Tom Babor      │
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          │ MPH Program Director, │              │  PhD in Public   │
          │     D. Gregorio       │              │     Health       │
          └──────────────────────┘              └──────────────────┘
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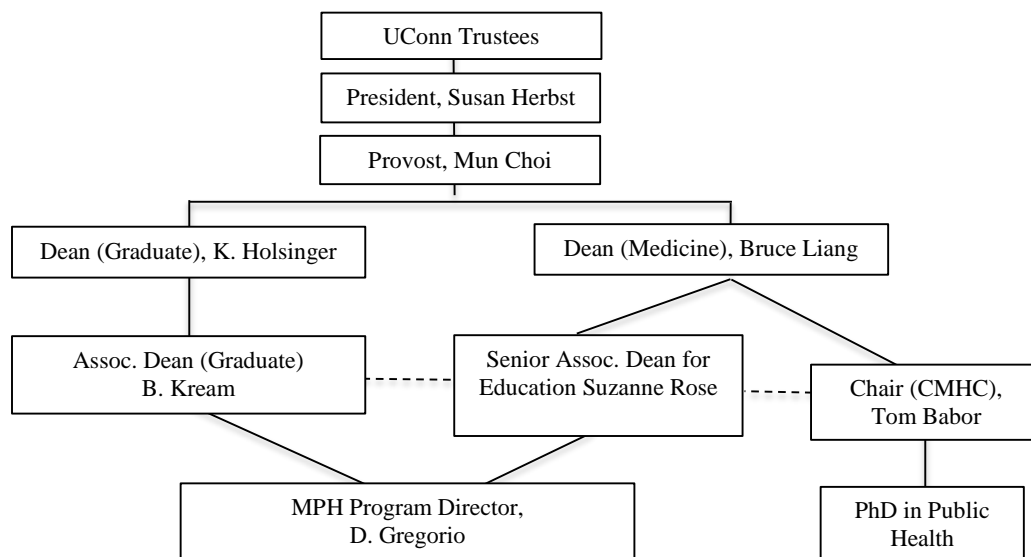
1.3.c.1. Description of the program's involvement and role in budgeting and resource allocation, including budget negotiation, indirect cost recoveries, distribution of tuition and fees and support of fund-raising.

The Program Director is responsible for program planning, evaluation and management of day-to-day performance. In this role, the director reports to UCnn Health' Graduate Programs Committee (Associate Graduate School Dean, Dr. Barbara Kream) on matters of curriculum and academic performance; and School of Medicine (Dean of Medicine, Bruce Liang and Senior Associate Dean for Education, Suzanne Rose) and the Department of Community Medicine and Health Care (Chair, Tom Babor) on matters of fiscal, resource and personnel management, program planning and implementation.

The program's annual operating budget is developed by the Program Director and reviewed by the Advisory Committee and the Chairperson of Community Medicine before submission to the School of Medicine's Assistant Dean of Finance. Operating expenses related to faculty time and effort in teaching, advising and program administration are recommended by the Program Director, but approved by the School of Medicine's Senior Associate Dean for Education (S. Rose), according to an agreed upon template (i.e., a semester-long course is credited 0.15FTE, lectures within courses receives prorated %FTE, thesis/capstone advisement is credited 0.5FTE, the chair of program committees is credited 0.10FTE), the Program Director is credited 0.40FTE). Final decisions on the availability of operating funds are the responsibility of the School of Medicine.

At the time of inception, tuition payments to the MPH program (minus graduate school fees) were returned to the program through a unique arrangement with the University governing the way the program addressed operating costs. Over time, however, the distinction between access to recovered

tuition and reliance on the School of Medicine for resource allocation changed. Today, all recovered tuition is controlled by the School of Medicine which, consistent with its overall principles for budget allocation reviews the Program Director's revenue projections and proposed operating budget prior to determining the resource allocation for a given year.

Presently, the MPH program is the only graduate program on the UConn Health campus that generates tuition revenue.   There is no explicit tuition recapture agreement between the School of Medicine and the MPH program that outlines how tuition that is returned to the School of Medicine will be appropriated to our program. During the 2014-15 academic year, tuition recovery was $804,996. Program expenditures for the year, $1,119,568, were offset by the School of Medicine general fund commitments to faculty and staff salaries and benefits ($836,680.42) along with approved spending of returned tuition for miscellaneous operating expenses ($226,329.00) related to compensation of adjunct faculty, acquisition of equipment and supplies, student funding, travel, etc. The balance of returned tuition was used at the discretion of the School of Medicine for purposes unrelated to our program.

Direct and indirect revenue through grants or contracts of program faculty **do not** accrue to the program; they accrue to the School of Medicine and Department of Community Medicine.

The UConn Foundation works closely with program administration to increase alumni engagement through networking events and the alumni advisory board. Through the Foundation, the program holds four accounts available for expenditure on designated purposes:
- In 1990, the MPH Annual Fund was developed. To date, the fund holds $30,980.68 and can be accessed to provide unrestricted support for the MPH program at UConn.
- In 1994, the Hamilton/Glasgow Financial Aid Fellowship for Masters of Public Health Students was developed. To date, the fund holds $262 and can be used to provide financial support to public health students including but not limited to tuition and fees, books, other expenses associated with participation in the MPH program.
- In 2001, the James E. and Mary Jane Mulvihill Family Fund was developed by James and Mary Jane Mulvihill, graduates of the MPH program. To date, the fund holds $664.41 and can be used to provide financial support to the MPH program.

These funds are accessed, as needed to address program needs. A fourth fund, the Joan Segal Fellowship Fund for Public Health Students developed in Mary 2014, is being held in reserve while the principal value of the fund achieves a sufficient threshold to permit access to accrued interest.   To date, the fund has raised $23,656.28 with an additional $2500 in pledges. The fund will be used to provide financial support to public health students including but not limited to tuition and fees, books, other expenses associated with participation in the MPH program**.**

1.3.c.2. Description of the program's involvement and role in personnel recruitment, selection and advancement, including faculty and staff.

Personnel recruitment, selection and advancement. UConn faculty within the program are recruited through schools and departments where they hold primary academic appointments. The School of Medicine within which the MPH program operates does not explicitly designate faculty positions to our educational program but does acknowledge time and effort commitments by individuals to our educational and administrative responsibilities.

The Program Director participates in recruitment of faculty to the School of Medicine, some of whom will participate in the MPH Program. He explores with faculty who hold primary appointments in the Schools of Medicine, as well as other UConn schools and colleges, their interest and availability to

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participate in the MPH curriculum. On the basis of that exploration, the Program Director recommends to the Dean that an allocation of time and effort to our curriculum be approved for the individual.

The Program Director has direct responsibility to recruit adjunct faculty with expertise as community-based practitioners. Adjunct personnel who make recurring and significant contributions to the program may receive "clinical" appointments to an academic department of the University. Staff recruitment is facilitated through the UConn Human Resources Office, which posts and advertises available openings, screens eligible candidates and monitors compliance with recruitment goals for diversity. Hiring decisions are the responsibility of the Program Director and senior staff. Professional development opportunities for program staff are available through state and university training options.

Provisions for the reappointment and/or promotion of UConn faculty are detailed in the University Bylaws (See SOM By laws.pdf in our Electronic Resource File). Typically, the Program Director is asked by the School's Appointments and Promotions Committee to comment on the teaching, service and research capabilities of individuals under review of the committee.

UConn is an Equal Opportunity/Affirmative Action Employer, a Smoke/Drug Free Workplace and is committed to providing equal opportunities to all prospective and current employees and does not discriminate on the basis of race, color, sex, age, disability, veteran status, religion, national origin or sexual orientation. The UConn Office of Human Resources, which operates under the direction of the University President, includes Benefits Administration, Equality Administration, and Professional Development and Training.

1.3.c.3. Description of the program's involvement and role in academic standards and policies including establishment and oversight of curricula.

<u>Academic standards and policies, including oversight of curricula</u>. 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 MPH Program Director is a member of both entities. Academic standards are governed by policies delineated in the University's *Graduate Catalog*. The MPH Program, through its Advisory Committee and program leadership are responsible for setting all procedures specific to our program (e.g., course requirements, performance expectations, etc.). This structure allows for ample input from the program's committees. The major policies affecting MPH students are included in the *Program Handbook* (See MPH Handbook.pdf in our Electronic Resource File).

1.3.d. Collaborative program framework
This criterion is not applicable; this is not a collaborative program.

1.3.e. Collaborative program agreement
This criterion is not applicable; this is not a collaborative program.

1.3.f. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.3 is met.

<u>Strengths</u>: Our program is an integral part of the University of Connecticut and the UConn School of Medicine. The Program Director has joint reporting and clearly delineated responsibilities to the Graduate School regarding matters of curriculum and the School of Medicine regarding resource

allocation. The Program Director identifies program needs and submits budget requests to the School of Medicine administration, which makes final determinations. The Program Director and faculty plan central roles in recruitment and the director contributes to their annual performance evaluations. Decisions regarding faculty retention and promotion are governed by School of Medicine and University by-laws.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.3.

Plans relating to this criterion: We will continue to work with our University administrators to identify appropriate and sustainable support to meet our program's mission and related goals.
- Clarifying the university's financial and material resource commitments to the program.
- Maintaining time and effort commitments of the program's primary and secondary faculty.
- Recruit and retain a diverse faculty and staff.
- Securing space and equipment appropriate to deliver our current and anticipated curriculum.

Criterion 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.

1.4.a. Organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

Decision-making is the shared responsibility of the program administrators, faculty, students and community-based representatives of public health service agencies. Principle domains of decision-making are addressed by the program's standing committees (described in greater detail within Criterion 1.5).

The MPH program (and it's Director), based within the School of Medicine, has dual reporting responsibilities. As an academic entity, matters of curriculum, enrollment, matriculation of students, and the like, is within the purview of the University Dean of Graduate Studies. As a operational unit of the School of Medicine regarding material, physical and human resources, the program reports to the Dean of that School and his designee (e.g., Senior Associate Dean for Education).

Figure 1.4.a.1.   MPH program administration
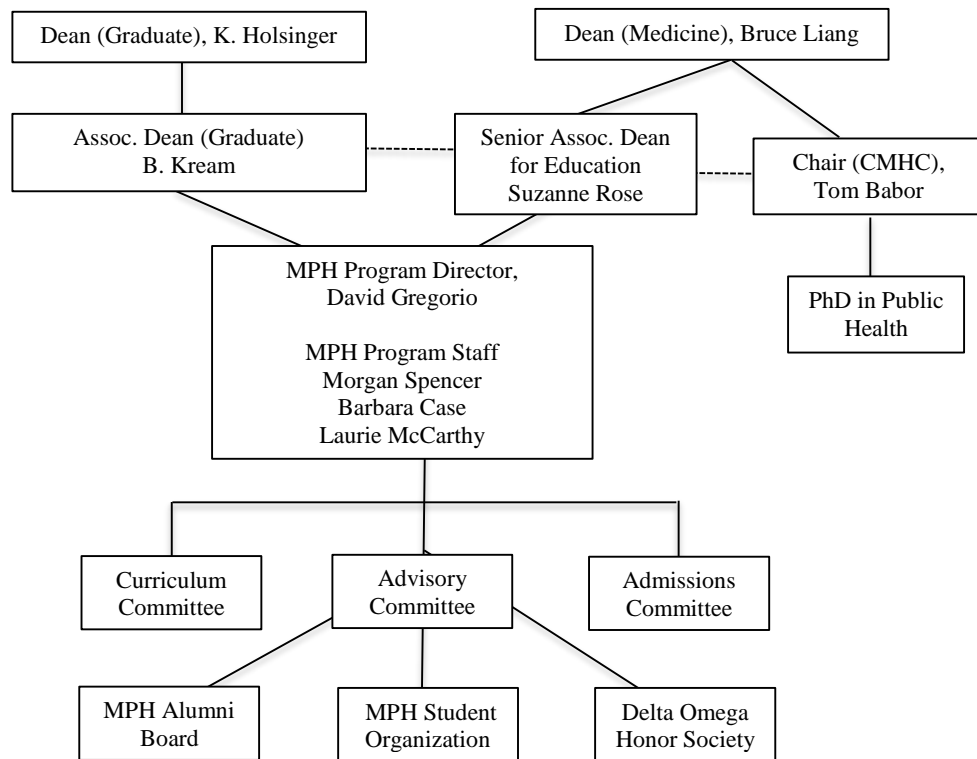
As indicated above, the Advisory Committee serves as the central governing body to the MPH Alumni Board, Public Health Student Organization, and UConn's Chapter of Delta Omega Honor Society, *Beta Rho*. A representative from each group serves on the program's Advisory Committee. Advisory Committee meetings serve as a place for representatives to present any suggestions, feedback, issues, or concerns of their respective groups.

The Director and Program Coordinator, with guidance from the program's Advisory Committee, and in conformance with relevant UConn policies and procedures, are responsible for routine activities pertaining to: curriculum; student recruitment and retention; financial, material and personnel resources; faculty appointment and review; administrative/office procedures; standards of academic performance; opportunities for applied practice learning; community outreach; program information and marketing.

The Program Director, is expected to:
- Provide leadership for the MPH program to improve quality and maintain CEPH accreditation.
- Develop and implement, with input from the MPH Advisory Committee, a vision and mission for the program.
- Establish and implement an effective management structure to ensure successful admission and retention of students, curriculum development, student evaluation and advising, class scheduling and overall program evaluation.
- Develop stable faculty commitments to teaching courses and advising students.
- Ensure that the curriculum develops competencies identified as appropriate for program graduates.
- Prepare an annual fiscal and programmatic report.
- Secure and manage fiscal, material and personnel resources to implement the program.
- Coordinate other activities in public health education through collaboration across University programs.
- Communicate with CEPH regarding available and needed resources for optimal program performance, significant changes in the MPH program, allocation of budgetary resources, relationships within the University that support or hinder the program and status of relationships with outside agencies.
- Secure collaborative relationships and partnerships within the University and with outside agencies and other parties to optimize their impact on the University and the University's impact on them.

The Program Coordinator is expected to:
- Oversee day-to-day operation of the MPH program office and its staff.
- Serve and support the Advisory, Admissions and Curriculum committees.
- Plan and develop course listings and direct the program's marketing and communications activities.
- Serve as liaison between the program, state agencies and relevant community organizations.
- Serve as an advisor for students in curriculum planning.
- Provide career development and service opportunities to students and alumni.

Table 1.4.a.1.	Program administration's assigned responsibilities
Role	Responsibilities
UConn Graduate School (Dean Kent Holsinger; Associate Dean, Barbara Kream)	Certify that students meet admissions & graduation standards
MPH Program Director (David Gregorio)	Academic standards/requirements, Budgeting and resource allocation, Curriculum planning, Enrollment forecasting and Faculty appointments & development
Program Coordinator (Morgan Spencer)	Administrative/office procedures, Course scheduling, Community outreach, Course/faculty evaluations, Student recruitment, and Program information & Marketing
Dual degree Coordinator (Jane Ungemack)	Advises joint degree applicants/candidates
Program Assistant (Barbara Case)	Enrollment management, Blackboard® Learning Portal, and Student & program handbooks
Program Assistant (Laurene McCarthy)	Room scheduling, Administrative support and Data base management

1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Our program is located within an Academic Health Center that, in addition to the MPH, supports graduate degrees in medicine, dental medicine and several biological sciences. In addition, the facility houses an acute care hospital along with ambulatory medical and dental practices. The MPH program embraces and encourages interprofessional coordination, cooperation, and collaboration on several levels. MPH governance committees include a range of stakeholders that includes primary and adjunct faculty, public health professionals, program staff, university officials, alumni and students. Participants are drawn from several departments/disciplines across the University (e.g., Community Medicine, Behavioral Sciences, Law, Occupational Medicine, Nutrition, Social Work, Psychology, etc.), as well as practice settings (e.g., state and local service agencies, government, primary care sites, general medical practice, for-profit health organization, etc.). Communication among members is facilitated by regular electronic and print messages, seminars/convocations, and other activities.

The program offers a number of interdisciplinary education programs (e.g., MD/MPH, MSW/MPH, JD/MPH, etc.), and participates in interdisciplinary certificate programs (e.g., Industrial Psychology, Ergonomics, Health Education, Public Administration).

1.4.c. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.4 is met.

Strengths: Organizational and administrative responsibilities for MPH program leaders continue to be clarified and operationalized. Activities/efforts by the program to support interdisciplinary coordination, cooperation and collaboration across the University are underway and effective.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.3.

Plans relating to this criterion: We have no explicit plans to modify how our program is administered. The Program Director will continue to work with the School of Medicine administration to assure sufficient resources for our curriculum and its stakeholders. A revenue-sharing plan would provide incentives to 'right size' the number of students, courses, administrators etc. As presently administered, the absence of a direct relationship of revenue to operating budget limits the program's capacity to enhance or expand our curriculum.

It is expected that the MPH program will assume responsibility for the PhD in public health that currently operates through the Department of Community Medicine. We will continue working with University administrators to assure that the capacity of our program is sufficient to assume responsibilities for that program. As initially conceived, UConn's PhD in public health did not fully address CEPH criteria pertaining to doctoral program affiliated with accredited MPH programs. To date, 10 PhDs have been conferred and 18 students are enrolled. With significant review and input by our by our Advisory and Curriculum Committees, numerous changes to admission and degree requirements have been implemented. Two doctoral candidates are expected to receive degrees before May 2016 based on a revised curriculum that we believe conforms to CEPH expectations for doctoral degrees. At that time, the PhD Program Director (Dr. Tom Babor) will formally request that the doctoral program be brought into the MPH program accreditation.

Criterion 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.

1.5.a.   A list of standing committees, with a statement of charge, composition and current membership for each.

Program governance occurs through consensus/collaboration among standing and ad hoc committees. The Program Director oversees and is responsible for all matters of governance and administration relevant to day-to-day operations of the program. It is also the Director's responsibility for monitoring student issues regarding admission, degree completion and recognition of distinction (e.g., meritorious awards for exemplary academic and service products) that fall outside other committee responsibilities. Decision-making within the MPH program benefits from a committee structure that assures input from important constituencies; students, staff, faculty and community partners.   Each entity is represented on our 3 major committees: Advisory, Admissions and Curriculum. Our Advisory Committee, in turn, benefits from input from active organizations representing our students, alumni and the program's honor society.

Our Advisory Committee consists of 17 members (See Table 1.5.a.1) and typically meets quarterly. Examples of Advisory Committee Minutes (See Advisory Committee Minutes15.pdf) are available in our Electronic Resource File. Members include community-based practitioners, state government and local health agency personnel, program faculty, students, alumni and other interested stakeholders. Decision-making is by vote (all members of the committee are eligible), but frequently occurs by consensus. Students have equal status with other members of the Committee. The Advisory Committee monitors all phases of program activity.

The Program's Advisory Committee is responsible for recommending and reviewing general policy and practices related to program administration and performance for consistency with (a) CEPH accreditation criteria, (b) UConn Graduate School regulations, and (c) the program's mission, goals, objectives and values. Specific activities undertaken by the Advisory Committee include:
- strategic planning and advocacy
- mapping financial, equipment/facility and personnel assets at the disposal of the Program Director
- setting budgetary priorities for resource allocation
- providing direction regarding expectations for student and faculty recruitment
- monitoring practices for recruitment and retention of students, faculty, advisors and community preceptors (with particular attention to assuring diversity within such groups)
- guiding academic course and program development
- soliciting stakeholder feedback on program activities/performance
- assisting in resolving operational problems of program governance/administration
- disseminating program information to promote its agenda to the wider public health community

The Curriculum Committee consists of 12 members (See Table 1.5.a.1), meets every month and reports to the program's Advisory Committee. Examples of Curriculum Committee Minutes (See Curriculum Committee Minutes15.pdf) are available in our Electronic Resource File. Five members are also on the Advisory Committee, with the remainder drawn from program faculty, alumni, and community-based practitioners. Students have equal status with other members of the Committee. The Curriculum Committee monitors all aspects of our program of study, from course to certificate to MPH degree requirements.

The Admissions Committee consists of 14 members (See Table 1.5.a.1), meets weekly during the annual admissions cycle (January – April) and reports to the program's Advisory Committee. Examples of Admissions Committee Minutes (See Admissions Committee Minutes15.pdf) are available in our Electronic Resource File. Four members of the Admissions Committee also serve on the Advisory Committee, with the remainder drawn from program faculty, alumni, and community-based practitioners. Students have equal status with other members of the Committee. The Admissions Committee evaluates the quality of applicants to our program in relation to criteria established by our Advisory Committee.

The Program's Alumni Board consists of 23 members (See Table 1.5.a.1) and meets quarterly. Alumni Board agendas and strategic framework (See Alumni Board Agenda and Framework.pdf) are available in our Electronic Resource File. The Alumni Board is organized to support the MPH program through their work with the UConn Foundation. The Board is responsible for developing and strengthening relationships and responsibilities of MPH graduates with one another and current program activities. The UConn program historically has depended on its alumni for student placements, course instruction, mentoring and advocacy on our behalf. Many members of the Alumni Board serve the program as instructors and preceptors, as well as participants on other program committees. As such, the Alumni Board has a strong and broad influence on program activities.

The Public Health Student Organization (PHSO), developed in 2006, consists of all matriculating MPH students, and is governed by an executive committee of 15 individuals (See Table 1.5.a.1). The PHSO meets weekly and reports to the Program's standing committees through various student representatives. It is responsible for developing and strengthening student interests and activities by promoting student involvement as an integral part of their public health education. The student organization distributes information, supports student interests and communicate suggestions, requests and concerns to the program administration and university leaders.

In December 2007, the PHSO worked diligently to enroll the program into Delta Omega, America's most prestigious public health honor society. *Beta Rho*, the UConn Chapter of Delta Omega, continues to expand and includes 68 members; 6 program faculty, 57 program alums, and 5 honorary members. Delta Omega works closely with both the program and the Connecticut Public Health Association (CPHA) to support the program. In late 2013, *Beta Rho*, partnered with CPHA to provide public health mentors, speakers, job shadowing, project advisors, internships and more for UConn public health students. Each year, the society selects two persons to serve as judges at the MPH Annual Poster session, and awards the recipient, the "*Delta Omega Beta Rho – MPH Poster Presentation of the Year.*" This past year, *Beta Rho,* made the lead gift of $2500 over five years to help seed the Program's newly developed Joan Segal Fellowship Fund.

Members of all committees pertinent to our program are presented in Table 1.5.a.1.

Table 1.5.a.1.		MPH program committee membership, 2014-15.
MPH Advisory Committee		
Thomas Babor	Faculty	Department of Community Medicine
Audrey Chapman	Faculty	Department of Community Medicine
James Grady	Faculty	Department of Community Medicine
Zita Lazzarini	Faculty	Department of Community Medicine
Helen Swede	Faculty	Department of Community Medicine
Scott Wetstone	Faculty	Department of Community Medicine
Jane Ungemack	Faculty	Department of Community Medicine
Thomas Buckley	Affiliated faculty	UConn School of Pharmacy
Joan Segal	Adjunct faculty	Retired, UConn School of Medicine
Paul Schur	Adjunct faculty	Retired, CT Department of Public Health
Jennifer Kertanis	Community Partner	Director, Farmington Valley Health District
Shane Lockwood	Alumni	Director, Southington-Plainville Health District
Sean Cronin	Alumni	UConn Health Partial Hospitalization Program Manager
Amna Sarwar	MPH Student	Department of Community Medicine
Daniel Davidson	MPH Student	Department of Community Medicine
Barbara Case	Program Staff	Department of Community Medicine
Morgan Spencer	Program Staff	Department of Community Medicine
MPH Curriculum Committee		
Zita Lazzarini	Faculty	Department of Community Medicine
Helen Swede	Faculty	Department of Community Medicine
Jane Ungemack	Faculty	Department of Community Medicine
Morgan Spencer	Program staff & alumni	Department of Community Medicine
Joan Segal	Adjunct faculty & alumni	Retired, UConn School of Medicine
Minakshi Tikoo	Adjunct Faculty	UConn School of Nursing
Jessica Hoag	PhD Student	Department of Community Medicine
Mitchell Irving	2nd year MPH Student	Department of Community Medicine
Taryn Sidney	1st year MPH Student	Department of Community Medicine
Sally Mancini	Community Partner	Non-Profit Org. Mngmt Consultant & Contractor
Janet Tate	Alumni	Assistant Professor, Harvard School of Public Health
R.Coleman Mitchell	Community Partner	CT. Department of Public Health
MPH Admissions Committee		
Barbara Case	Program Staff	Department of Community Medicine
Morgan Spencer	Program Staff & Alumni	Department of Community Medicine
Joe Burleson	Faculty	Department of Community Medicine
Richard Stevens	Faculty	Department of Community Medicine
Howard Tennen	Faculty	Department of Community Medicine
Helen Swede	Faculty	Department of Community Medicine
Jane Ungemack	Faculty	Department of Community Medicine
Paul Schur	Adjunct Faculty	Retired, CT Department of Public Health
Joan Segal	Adjunct Faculty	Retired, UConn School of Medicine
Laurene Powers	Alumni	Independent Public Health Consultant
Pamela Meliso	Alumni	Attorney, Healthcare Management Systems
Shane Lockwood	Community Partner & Alumni	Director of Health, Southington-Plainville
MPH Alumni Board		
Rosanne Berman	Stay at Home Mom	
Elizabeth Conklin	Public Health Associate, CT Dept of Public Health	
Matthew Cook	University Director, UConn School of Medicine and UConn	
Nancy Dupont	Public Health Nurse, UConn School of Medicine	
Linda Estabrook	Executive Director, Hartford Gay and Lesbian Collective	
Paul Gacek	Epidemiologist, CT Dept of Public Health	
Pamela Higgins	Assistant Professor, Springfield College, MA	

Table 1.5.a.1.continued	MPH program committee membership, 2014-15.	
MPH Alumni Board, Continued		
Pamela Kilbey-Fox	Adjunct Instructor, UConn MPH Program	
Shane Lockwood	Director of Health, Southington-Plainville Health District	
Tom Mahoney	Director, Special Clinical Services, Greenwich Department of Health	
Bonnie McCree	Assistant Professor, Department of Community Medicine	
Amir Mohammad	Physician, VA Connecticut Healthcare System	
Jonathan Noel	PhD Candidate, Department of Community Medicine	
Martha Page	Executive Director, Hartford Food Systems	
Laurene Powers	Independent Public Health Consultant	
Joan Segal	Adjunct Faculty, Department of Community Medicine	
Karen Spargo	Director of Health, Naugatuck Valley Health District	
Morgan Spencer	Program Coordinator, Department of Community Medicine	
Cyndi Stern	Principal, Billian Stern Consulting	
Janice Vendetti	Research Associate, Department of Community Medicine	
Meghan Wilson	Medical Student, UConn School of Medicine	
Samia Hussein	President, Public Health Student Organization	
MPH Student Organization (Executive Board)		
Samia Hussein, President	2nd year MPH student	
Mitchell Irving, VP	2nd year MPH student	
Andrew Lyon, Treasurer	1st year MPH student	
Rabale Hasan, Secretary	1st year MD-MPH Student	
Nishelli Ahmed	2nd year MPH student	
Andrea Borondy-Kitts	2nd year MPH student	
Daniel Davidson	2nd year student MSW/MPH student	
Stacey Edwards	2nd year MPH student	
Sara Leslie	1st year MPH student	
Fiona Mohring	2nd year MPH student	
Caleb Cowles	3rd year MPH student	
Fawatih Mohamed	2nd year MPH student	
Sandy LoMonico	2nd year MSW/MPH student	
Delta Omega Honor Society (Executive Committee)		
Matthew Cook	President	University Director at UConn and UConn Health
Katherine Kuzmeskas	Vice President	Director of Operations, Connecticut Innovation Ecosystem
Martha Page	Secretary/Treasurer	Executive Director, Hartford Food Systems

1.5.b. Identification of how the following functions are addressed within the program's committees and organizational structure:

General program policy development: Initiatives to establish or amend policies can arise from the Program Director, one of our committees or any individual affiliated with the program. As required, the Advisory Committee seeks input from all relevant parties on specific issues. Committees meet in public and minutes of their proceedings are available for inspection. The Program administration regularly reports to the Advisory Committee on progress/challenges to implementing policies recommended by that group.

Planning and evaluation: The Program Coordinator maintains data on various aspects of program performance and periodically reports on such to relevant groups (e.g., Characteristics of entering students to the Admissions Committee, tuition revenue to the Advisory Committee, course evaluations to the faculty, etc.).

<u>Budget and resource allocation</u>: Our program's budgeting is centralized within the School of Medicine. Every year, the Program Director submits a revenue projection along with an expenditure request to senior administrators. On the basis of that decision, program operations are adjusted to fall within authorized expenditures.

<u>Student recruitment, admission and award of degrees</u>: The Admissions Committee is responsible for recruiting an appropriate, well-qualified and diverse student body, according to priorities and policies established by the program's Advisory Committee and consistent with Graduate School requirements and accreditation standards of CEPH. The Admissions Committee reports on its functions and decisions to the program's Advisory Committee. It includes 4 members of the program's Advisory Committee, as well as members drawn from the program's faculty, alumni, matriculating students and community-based practitioners.

Specific activities undertaken by the Admissions Committee include:
- specification and implementation of procedures to solicit, compile, and assess applications for student admission to the program,
- review of applications for suitability with program's mission, goals and objectives

<u>Faculty recruitment, retention, promotion and tenure</u>: Recruitment of faculty and staff is the responsibility of the Department to which individuals will work. The MPH program has no explicit control over such procedures. Requests for personnel are submitted by the Department Chairperson to Dean of our School of Medicine. When permitted to recruit, the details of the search process (i.e., composition and responsibilities of the Search Committee, content and distribution of job postings, etc.) are governed by UConn's Human Resources Department. All terms and conditions of an initial appointment to the faculty are set by the School of Medicine. Decisions regarding appointment, retention, promotion and tenure are made according to University By laws. Copies of the School of Medicine and University by laws are available (See SOM bylaws.pdf and UConn bylaws.pdf) in our Electronic Resource File.

<u>Academic standards and policies, including curriculum development</u>: The Curriculum Committee is responsible for developing and monitoring public health curriculum and related instruction (e.g., workshops, certificate program in core public health competencies, joint degree options) consistent with the program's mission, goals, objectives and values and appropriate for demonstrating program competencies. Specific activities undertaken by the Curriculum Committee include:
- assess demand for public health curriculum at UConn and elsewhere
- prioritize subject matter for curricular development
- identify appropriate personnel and material resources necessary to meet selected educational objectives
- review and recommend learning objectives consistent with program mission, goals and objectives.

Within University and Graduate School guidelines, all administrative, governance and academic procedures and policies of the MPH program are established jointly by program administrators, faculty, students and representatives of community-based agencies through our committee (Advisory, Admissions, Curriculum, Alumni and Student) structure outlined in Figure 1.4.a.1. The program's website (www.commed.uchc.edu/education/mph/index.html) houses all relevant policies and procedures. Information also is presented electronically through the University's learning portal (Blackboard®), the *MPH Student Handbook,* periodical newsletters and other program correspondence. Copies of our student handbook (See MPH Handbook.pdf) and examples of the program's newsletters (See MPH News.pdf) are available in our Electronic Resource File.

Research and service expectations and policies: Expectations for research by UConn School of Medicine faculty are defined within the University and School of Medicine bylaw and are operationalized by annual review of faculty performance by Department Chairs and reappointment, renewal and tenure decisions by the School's Senior Appointments and Promotions Committee. Faculty holding tenured and tenure-track appoints are fully-funded by the University's general fund with research-based salary support used to offset, but not eliminate that commitment. Faculty holding in-residence (non-tenure track) appointments may receive general fund support for that portion of work deemed essential to the operation of the University (e.g., teaching, administration), with any remaining salary derived from their external grants and contracts.   The MPH program strongly encourages faculty to maintain a robust research program, relevant to public health concerns and accessible to students and community stakeholders. Similarly, the definition of service and its measured impact is the responsibility of University administrations. The MPH program strongly encourages faculty to engage meaningfully in community-based service that contributes to the public's well being and reflects the nature of our land-grant university.

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

The rights and responsibilities of program faculty are detailed in the UConn and School of Medicine by laws. A copy of our school's by laws (See SOM By laws.pdf) is available in our Electronic Resource File. School of Medicine faculty are organized to bargain collectively regarding terms and conditions of their employment under Connecticut labor law. That agreement addresses how faculty positions are defined, and filled, how faculty performance evaluations are done and to what effect and as how wages (general and merit based) are determined. The Collective Bargaining Agreement between the University of Connecticut and the UConn Health Chapter of the American Association of University Professors is available in our Electronic Resource File (See UConn Health-AAUP Agreement.pdf).

The rights and responsibilities of MPH students are described within the UConn Graduate Catalog, the MPH program handbook and various UConn documents intended to protect students from physical, social or emotional threats.

1.5.d.   Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Faculty serve on various MPH committees, and also are very active within the School of Medicine, holding memberships on the Ethics Committee, Public Engagement Forum, Public Affairs Council, Education Council, Executive Policy Committee, Admissions Committee, AIDS Task Force Committee, Academic Advancement Committee, Senior Appointments and Promotions Committee, and many more. Examples of primary faculty and their university service are presented in Table 1.5.d.1. Examples of primary and secondary faculty service outside the university are presented in Table 3.2.c.1.

1.5.e.   Description of student roles in governance, including any formal student organizations.

Students play a significant role in the program's decision-making, communication and socialization. They help set policy, implement procedures, conduct evaluations and provide "real time" feedback to program administrators. Student representatives hold seats and have full rights of participation on all standing committees/subcommittees, including a Student Affairs subcommittee with exclusive student membership. Students participate on all MPH committees/subcommittees.

In addition to program committees, our graduate students participate within a Graduate Student Organization. The organization oversees a budget; holds socials (i.e. an event the first Thursday of each month) and academic activities (i.e. Graduate Student Research Day) and participates directly with faculty through the Graduate Programs Committee.

Table 1.5.d.1	University service by primary program faculty, 2008-15.	
Person	**Activity/Key** [1]Member; [2]Chairperson; [3]Director	**Dates**
A. Chapman	John Dempsey Hospital Ethics Committee, Health Center[1]	2006-15
	Gladstein Human Rights Committee, Human Rights Institute, UConn[1]	2006-15
	Stem Cell Research Oversight Committee[2]	2009-15
	UConn Humanities Institute Board[1]	2012-14
	MPH Advisory Committee[1]	2014-15
D. Gregorio	Community Medicine Executive Committee[1]	2004-15
	Graduate Programs Committee[1]	2004-15
	School of Medicine Human Development and Health Subject Committee[1]	1995-15
	Student Evaluation and Appeals Review Committee, Medical School[1]	2008-15
	School of Medicine Admissions Committee[1]	2014-15
	Center for Health, Intervention & Prevention, UConn Storrs[1]	2013-15
	UConn Public Engagement Forum[2]	2014-15
	Graduate Program in Public Health[3]	
Z. Lazzarini	Ethics Committee, School of Medicine[2]	2002-15
	Center for Public Health and Health Policy Strategic Planning Committee[1]	2004-15
	School of Medicine Academic Advancement Committee[2]	2014-15
	Curriculum Committee, Graduate Program in Public Health[1]	2006-15
	School of Medicine Curriculum Operating Subcommittee[1]	2011-15
	School of Medicine Professionalism Review Board[2]	2013-14
	School of Medicine Honor Board Policy Advisory Committee[2]	2013-15
	School of Medicine Committee on Undergraduate Medical Education[1]	2014-15
	School of Medicine Curriculum Reform Steering Panel[1]	2014-15
S. Schensul	Center for International Community Health Studies[3]	1986-15
	School of Medicine Student World Health Interest Group[1]	1995-15
	Advisory Committee, Graduate Program in Public Health[1]	2014-15
	School of Medicine Medical/Dental Student Research Day[2]	2003-13
R. Stevens	MPH Admissions Committee[1]	1994-15
	MPH Curriculum Committee[1]	1994-15
	Colorectal Cancer Prevention Program Steering Committee, School of Medicine[1]	1998-15
H. Swede	MMPH Admissions Committee[1]	2005-15
	Center for Health, Intervention & Prevention (CHIP) UConn Storrs[1]	2012-15
J. Ungemack	Executive Committee for the Department of Community Medicine[1]	2012-15
	MPH Admissions Committee[1]	2005-15
	Ethel Donaghue Center for Translating Research into Practice and Policy Scientific Advisory Committee[1]	2012-15 2010-15
	MPH Curriculum Committee[2]	2002-15
	Connecticut Institute for Clinical and Translation Science Scientific Advisory Committee for Community Research[2]	2006-10 2010-15
	UConn Public Engagement Forum[1]	
	Executive Policy Committee, School of Medicine[1]	

1.5.f.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.5 is met.

Strengths: A committee structure to support program governance and administration related to policy development, planning, budget and resource allocation, student recruitment, admissions and degree requirements, and academic standards are in place. Committees are diverse with respect to gender and race. All committees include representatives of major stakeholders (e.g., students, faculty, staff, community partners). Primary and secondary program faculty are recruited, retained, promoted and tenured through the school and department in which they hold primary appointments; the program's role in these processes is advisory by nature. Similarly, department/center heads sets research and service expectations for participating faculty. The MPH Program Director engages faculty for the program who then work with their Department Chair to reflect their time/effort commitment to the program within their academic profiles. The Program Director brings need for faculty in various disciplines to the University Administration for assistance in identifying resources across departments and schools. Program policies regarding rights, obligations and expectations of administrators, faculty, staff and community-based volunteers have been developed and widely distributed in print and electronically. Guidelines and expectations regarding shared decision-making by faculty, staff, students, alumni and community-based stakeholders through the program's committee/subcommittee structure are in place and widely distributed in print and electronically. The program's primary and secondary faculty plays extensive and important roles on university committees. Student have extensive roles in program decision-making and policy implementation.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.3.

Plans relating to this criterion: We have no explicit plans to modify the way our program is governed.

Criterion 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.

1.6.a.   Description of the budget and allocation processes.

MPH students enrolled in graduate courses pay tuition and fees set by UConn administration. Instate tuition for a 3 credit graduate course is $2,172; out of state tuition is $5,637. Graduate school fees are $488 per course.

From the program's inception in 1985 through 2004, tuition (not fees) paid by students or employers for course registration was returned directly to the program which autonomously determined the 'appropriate' use of such funds to cover operating costs. During that period, there was no explicit line of institutional support for salaries, equipment or general operating expenses.   Unexpended funds within a given year were held in reserve until needed. Since 2004, however, all returned tuition reverts to the School of Medicine, which through the centralized budgeting process described above determines the amount and how funds may be allocated for personnel, equipment, etc. within a given year.

The MPH program budget is developed by the Program Director with input from program staff regarding material needs of the program and our faculty regarding programmatic directions we should take. The MPH program maintains a distinct account within School of Medicine. The annual budgeting process begins after the first of the year, with preliminary projects of revenue and expenditure submitted during February. The MPH program's Advisory Committee reviews the draft budget that is then forwarded to the Executive Committee of the Department of Community Medicine to assure compatibility and avoid redundancy with the Department's budget requests before it is submitted to School of Medicine Administration. Negotiation and final budget approval is completed by April.

The program does not receive a direct State appropriation. It does not recover indirect cost from faculty who receive extramural grants or contracts; salary offsets and indirect costs accrue to the School and Department where faculty hold primary appointments. School of Medicine funds support the salaries of tenure-track faculty and staff.

The MPH program maintains 4 gift/endowment accounts as described in detail above in section 1.3.c.1. but declines to use those funding pending further growth of principal.

For the 2015-16 academic year, total projected revenue is $1,390,529 and projected tuition revenue is $818,847.

Program expenditures for faculty are distributed between (a) UConn personnel (persons holding endowed, tenured and tenure-track appointments which carry 'obligated' expenditures by the School of Medicine) whose general fund appropriation recognize their time & effort within the program, and (b) adjunct faculty whose salary for teaching and other program responsibilities is 'allocated' through funds appropriated through the Health budgeting process. The proportions of obligated and allocated support have been constant in recent years.

Student support falls into two categories; the MPH program receives one graduate assistantship worth $29,000 per year in salary support and distributes tuition awards to MD/MPH for public health-related coursework.

Funds pertaining to direct grant or contract support and their indirect cost recovery are not part of the MPH program budget; extramural awards are administered through the School of Medicine and its Departments and Centers.

Substantial swings in expenditures during recent years (e.g., allocated staff salaries and benefits) reflect budgeting practices external to the MPH program. Such practices are intended to minimize immediate fiscal burdens to the School of Medicine's operating account, but make long-term budget analysis and forecasting difficult for our program administrators.

1.6.b.   A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit.

Table 1.6.b.1 summarizes annual program revenue and expenditures over the preceding 5 years.

1.6.c.   Collaborative Program Budget.
This criterion is not applicable; this is not a collaborative program.

1.6.d.   Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

We have not established an explicit measurable object to assess the adequacy of our program's fiscal resources. Each year, program revenue from tuition is complemented by University funds sufficient to meet our program's operating expenses. In the 2012-13, academic year, every $1 in tuition revenue was augmented by $0.92 in University funds; during 2013-14, the ratio was $1 to $0.58; and for 2014-15 the ratio was $1 to $0.39. With Dean Liang's support for 2015-16 the ratio of tuition dollars to University funds is $1 to $0.88.

Over time, there has been a substantial increase in interest and opportunity for public health study at UConn. Current expectations include an expanded responsibility for doctoral study, growth of undergraduate coursework for students on the University's main campus and inclusion of additional fields of study (e.g., public health and primary care, community-based dentistry, health informatics and substance abuse counseling) in joint degree options. Such opportunity for expansion, while encouraging, is not feasible within current funding levels. For example, the numbers of stand-alone students entering our program has declined slightly for several years in reaction to increasing pressures to enroll joint degree and non-matriculating students.

Table 1.6.b.1.	Sources of funds and expenditures by major category, 2010-2016							
	2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	*Projected 2015-16*
Tuition	$518,230	$466,812	$607,684	$598,571	$659,108	$766,483	$804,996	*$818,847*
State Appropriation	0	0	0	0	0	0	0	*0*
University Funds	$663,688	$639,697	$445,935	$523,728	$606,986	$444,691	$314,572	*$719,706*
Grants & Contracts	0	0	0	0	0	0	0	*0*
Indirect Cost Recovery	0	0	0	0	0	0	0	*0*
Gifts[1]	0	0	0	0	0	0	0	*0*
Total Revenue	$1,181,918	$1,106,519	$1,053,619	$1,112,299	$1,266,094	$1,211,174	$1,119,568	*$1,538,553*
Faculty Salaries & Benefits	$726,262	$667,633	$705,984	$691,028	$742,031	$857,962	$712,574	*$1,013,924*
Staff Salaries & Benefits	$326,673	$312,527	$251,322	$245,677	$382,372	$164,215	$180,665	*$294,911*
Operations	$68,315	$68,610	$45,889	$86,581	$44,330	$59,525	$122,321	*$119,919*
Travel	$4,825	$5,037	$6,200	$5,331	$5,431	$4,040	$4,135	*$5,799*
Student Support	$55,843	$52,712	$44,224	$93,682	$91,930	$125,432	$99,873	*$104,000*
Total Expenditures	$1,181,918	$1,106,519	$1,053,619	$1,122,299	$1,266,094	$1,211,174	$1,119,568	*$1,538,553*

[1]There are 4 accounts managed by the UConn Foundation for the Public Health Program. The combined principle value of these accounts, $55,563.37 is not available for program operating expenses but noted above for information only.

Figure 1.6.e.1. Program revenue and total expenditures (per $1000) by year, 2010 – 2015
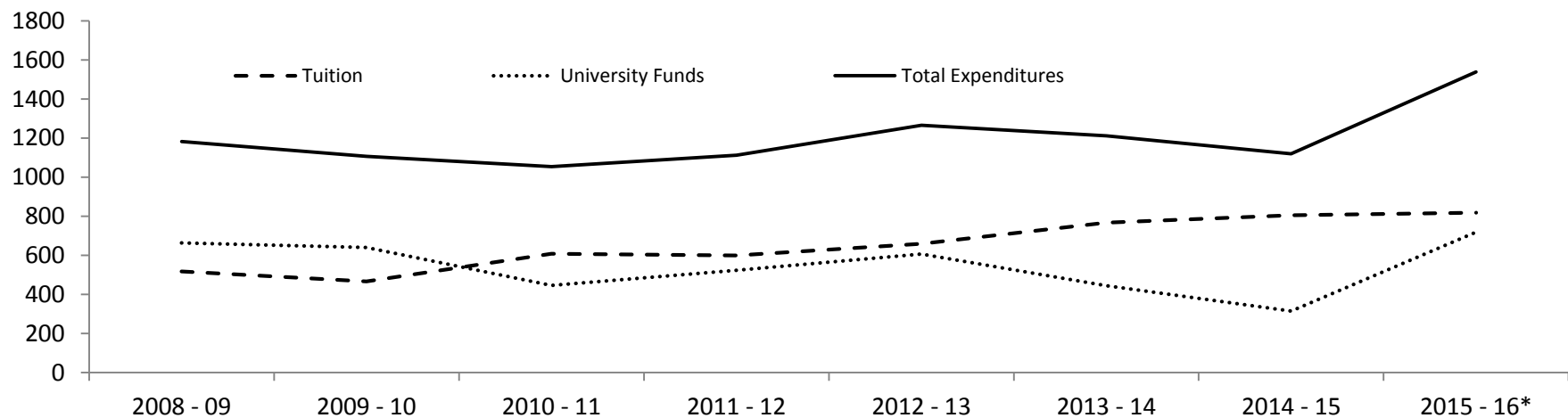
1.6.e. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.6 is met.

Strengths: A centralized budgeting procedure is in place by which the university's administration allocates funds for MPH program operation. Beginning in 2007-08, the School of Medicine has provided salary support for time and effort of School of Medicine faculty within the MPH program. These changes have both positive and negative impact on program operations. On the one hand, the departure from the direct connection between a program activity and its capacity to generate revenue permits the program to undertake revenue neutral or deficit activities (i.e., small class sizes, etc.) and the application of standardized time and effort metrics for faculty improves accountability and our capacity for cost-benefit assessments. On the other hand, the loss of the program control of tuition revenue has hindered further program expansions or enhancements for which the return to the program is not assured.

Up until the current year, the MPH program's operating budget received decreasing amounts of institutional funding, with the balance absorbed by tuition. During 2012-13, every $1 in approved program expenditures from the UConn Health general fund was complemented by $1.08 from the returned tuition account. By 2014-15, every one-dollar of institutional support was augmented with $2.55 from returned tuition. The program had grown increasingly tuition dependent for operating dollars and, during that period, necessarily relied on increased course enrollments to maintain a flat level of expenditures. Upon assuming the position of Dean, Dr. Liang committed funds to the program's operating budget sufficient to recruit 1.4FTE faculty positions. The 2015-16 operating budget of $1,538,553 is offset by roughly equivalent amounts of tuition ($818,847) and University Funds ($719,706).

Weaknesses: No significant program weaknesses have been identified regarding Criterion 1.3.

Plans relating to this criterion: Dean Liang is committed to identifying new funding for the program. For the 2015-16 budget cycle, for example, he has increase University funds for the program's operating budget by roughly 90% above two years prior to his assuming leadership of the School of Medicine. Dean Liang also recognizes the limits on institutional funding and is encouraging the program to explore new revenue models. We will work with University administrators to achieve greater standardization of annual budgeting procedures that would facilitate our program's capacity to evaluate and forecast optimal use of allocated program resources. The allocation of funds from the institution needed to fully support the breadth of faculty expertise and volume of course offerings appropriate to the demand and expectations for an exceptional curriculum in public health must increase. A revenue-sharing formula that predictably incentivizes the program administration to expand course offerings and/or enrollments would be beneficial.

Criterion 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.

1.7.a.   A concise statement and chart defining the number of primary faculty employed by the program for each of the last three years.

The MPH Program Director nominates individuals for appointment to the Graduate School on the basis of their credential (Masters Degree or higher), relevant experience and commitment to engage in graduate education. The UConn Graduate School, however, maintains ultimate authority as to who among the faculty will be recognized as eligible to serve as academic advisors for matriculating students within the Public Health area of study.

Our program defines primary faculty as full-time UConn personnel holding titles of Instructor or above, who play *sustaining* roles (a commitment of >50% time and effort to duties pertaining to teaching, mentoring, research and administration) within the MPH program. **(Note: This commitment of time and effort is specific to the MPH program and is exclusive of other activities that, despite reflecting aspects of public health, occur outside of our MPH program, e.g., instruction as a component of medical/dental education, mentoring PhD candidates, undergraduate teaching or teaching/mentoring of students pursuing degrees other than the MPH.)** Our program defines secondary faculty as UConn personnel and community-based practitioners who are recognized as playing *important* roles (i.e., 15-49% time and effort) as instructors, advisors and/or committee members.

In the 2015-16 academic year, the program has 9 primary faculty (See Table 1.7.a.1), all of whom hold primary appointments in the Department of Community Medicine. During the preceding 3 years, the number of primary faculty has varied from 8 to 11 individuals. During a given semester, the program operates with approximately 20 secondary faculty.   Approximately one-half of those individuals hold primary positions outside of the University.

Table 1.7.a.1.	Headcount of primary program faculty (>50% time), 2012-16.				
		2012-13	**2013-14**	**2014-15**	**2015-16**
Area: MPH Interprofessional practice		11	9	8	9

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years prior to the site visit.

Our program is able to maintain control of both primary and secondary faculty who hold appointments within the School of Medicine through the recognition of time and effort allocations for their contributions to the MPH program. The School of Medicine Senior Associate Dean distributes these allocations upon the recommendation of the Program Director and approval for Education. Agreed upon allocations for program activities include: 0.15 FTE for teaching and related advising in an 3-credit, semester long graduate course, 0.05 FTE for membership on one of the program's standing committees, 0.05 FTE for service as a standing committee chairperson, 0.2 FTE for mentoring a student's capstone project and 0.50 for serving as Graduate Program Director. Approved time and effort allocations, in turn, are monitored by Department Heads and serve as one metric for allocation of educational merit within the School of Medicine's compensation plan.

In accounting for student enrollment, full time MPH students (i.e., 1.0 FTE) are defined as those enrolled in 9 or more graduate credits per semester; part-time MPH students are those enrolled in fewer than 9 credits per semester with proportional FTE allocations (i.e., 6 credits = 0.67FTE) for such effort. Student enrolled in 'continuous registration' are (0.33 FTE).

Despite loss of primary faculty program over time, the program has maintained SFR-to-primary and SFR-to- total faculty ratios below program objectives by reducing size of incoming matriculating students.

Table 1.7.b.1.	MPH faculty, students and student-faculty ratios (SFR), during last 3 years.									
	Primary Faculty		Other Faculty		Total Faculty		Students		SFR by Primary Faculty FTEs	SFR by Total Faculty FTEs
	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head count	FTE		
2012-13	11	9.7	22	4.1	33	14.0	109	75.2	7.75	5.4
2013-14	9	7.8	23	4.1	32	12.1	119	82.4	10.6	6.8
2014-15	8	7.1	23	4.05	31	11.15	114	75.3	10.6	6.8
2015-16	9	8.1	29	4.65	38	12.75	115	77.1	9.5	6.1

1.7.c.   A concise chart concerning the headcount and FTE of non-faculty, non-student personnel who support the program.

The program is administered by a Director, Program Coordinator and 2 support staff. Our program administration, by size, qualifications and experience, is appropriate for leading and supporting our program's curriculum. Student and alumni evaluations (SEE Criterion 1.2) consistently judge our program administration favorably.

Table 1.7.c.1.	MPH program staff, 2012-16.					
Person	Role	FTE	2012-13	2013-14	2014-15	2015-16
David Gregorio	Program Director	0.40	X	X	X	X
Morgan Spencer	Program Coordinator	1.00	X	X	X	X
Jane Ungemack	Joint Degree Coordinator	0.40	X	X	X	X
Barbara Case	Student Services	1.00	X	X	X	X
Laurene McCarthy	Database management	0.60	X	X	X	X

1.7.d.   Description of the space available to the program for various purposes by location

The program depends upon resources made available throughout the University (e.g., library, auditoriums, classrooms, faculty office space, computer facilities). Electives, generally limited to 15-20 students, are usually held in seminar or small classrooms, whereas most of the core courses (30-50 students) are scheduled in the larger classroom and auditoriums. All seminars, continuing education and workforce development events are held in the various auditoriums at UCH. For parking purposes, students appreciate courses held in the Department of Community Medicine but unfortunately doing so can be disruptive to individuals working within the Department. The program does not have direct control of any university space.   Consequently, access to classrooms, conference rooms, laboratories or other venues depends upon their availability, as determined by the Departments/Centers that control the resources.   Classroom re-assignments often occur as unanticipated needs of other programs trump our use of space.

The program is administered within space assigned it by the School of Medicine, including offices for the Director and Program Coordinator, and workstations for program staff.   Within the Department of Community Medicine, there are 2 conference rooms available for meetings and seminars and a small kitchenette. Limited student study space is available in that suite. There is no designated space within the suite available for students to gather informally.

Facilities are adequate to deliver curriculum with access to appropriate information technology.   The Faculty Instructional Technology Services (FITS) Unit is dedicated to supporting faculty in their use of technology for teaching and assessment. As a division of the IT Department's Health Informatics unit, our primary mission is to support faculty in maximizing the effectiveness of their instruction.

The UConn Health Center maintains a cafeteria, bookstore and several lounges accessible by MPH students.   Parking remains a concern for students and adjunct faculty, as physical restrictions on available spaces and pay-for parking restrictions recently have been implemented.

1.7.e.   A concise description of the laboratory space and description of the kind quantity and special features or special equipment.

The program does not maintain laboratory space or laboratory equipment to support its curriculum. Our curriculum does not have a laboratory requirement.

1.7.f.   A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

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

1.7.g.   A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services

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

1.7.h.   A concise statement of any other resources not mentioned above

The program draws upon knowledge, experience and opportunity available within Connecticut's network of local health departments, national government associations, healthcare, insurance and related industries. Through these relationships, students and faculty benefit from opportunities for independent study, practicum/capstone projects and career mentoring. The program has long-standing collaborative education and service relationships with the many Hartford area organizations, as well as with regional, state, national and global agencies. Examples of the range of local partners include:

Hispanic Health Council, Ledge Light Health District, Community Health Center Association of CT, Legal Office of CT Dept of Public Health, CT Department of Public Health, Manchester School Readiness Council, CT Public Health Association March of Dimes CT Chapter, CT Association of Directors of Health, Meriden Department of Health and Human Services, Greater Hartford Child Advocacy Center, Naugatuck Valley Health District, Hartford Department of Health and Human Services, CT Office of the Healthcare Advocate, Institute for Community Research, Qualidigm, Saint Francis Hospital, Hartford, CT, CT Department of Mental Health and Addiction Services

1.7.i. **Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years (USE CEPH Outcome Measures Template)**

Data on the measurable objectives regarding faculty and other resources are summarized here.

Table 1.7.i.1.	Measurable objectives related to Criterion 1.7.			
Outcome Measure	Target	2012-13	2013-14	2014-15
7. Maintain a faculty competent in the range of core public health disciplines	5 of 5 core disciplines are represented in program's primary faculty	1 of 5	1 of 5	0 of 5
	8 of 8 required courses are taught by the program's primary faculty	3 of 8	3 of 8	3 of 8
	SFR: Primary Faculty FTEs is below 10-to-1	7.75 to 1	10.6 to 1	10.6 to 1
	SFR: Total Faculty FTEs is below 6-to-1	5.4 to 1	6.8 to 1	6.8 to 1

Between 2008-09 and 2014-15, the size of our primary faculty decreased roughly one-half from 15 to 8 individuals with an accompanying decrease of 34% in committed FTEs to the curriculum from 10.85 to 7.10. The major impact of this decrease has been the loss of primary faculty as instructors of our core courses. During the 2014-15 year, secondary or adjunct faculty were responsible for teaching required courses in epidemiology/biostatistics, health administration, environmental health and social & behavioral foundations of public health.

Table 1.7.i.2.	Primary faculty and FTE allocations, 2008-09 and 2015-16.		
Name	2008-09 FTE	2014-15 FTE	Comment
Audrey Chapman	.125	.85	Increased teaching & advisement within program
Jennifer Cavallari	0	1.0	Recruited to tenure-track in 2012
Amanda Durante	0	1.0	Recruited to non-tenure track in 2015
David Gregorio	.875	.80	Assumed education duties outside MPH program
Zita Lazzarini	.85	.75	Assumed education duties outside MPH program
Susan Keine	.50	0	Recruited 2011, Resigned 2014
Judy Lewis	.775	0	Retired 2012
John Meyer	.60	0	Resigned 2010
Tim Morse	1.0	0	Retired 2012
Stephen Schensul	.90	1.0	Increased teaching & advisement within program
Joan Segal	1.0	0	Retired 2013
Richard Stevens	.90	.80	Assumed education duties outside MPH program
Helen Swede[1]	.825	.90	Increased teaching & advisement within program
Jane Ungemack	1.0	1.0	No net change in participation
Stephen Walsh	.80	0	Resigned 2008
Stanton Wolfe	.70	0	Retired 2014
Total FTE	10.85	8.10	

[1] Tenure and promotion decision under appeal.

A related consequence of this decrease in primary faculty has been the increased responsibility among our remaining primary faculty for student advisement.   While the role of adjunct faculty in maintaining the breadth of curricular options was achieved, those individuals, however valuable to our curriculum, are ineligible to serve as primary advisors/mentors of students.

Figure 1.7.i.1.   SFR by primary and total faculty FTEs
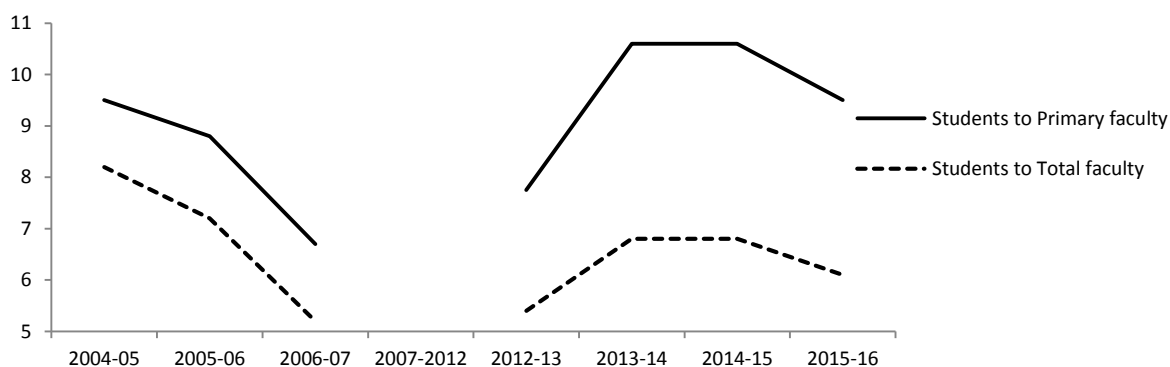
In September of 2015, the Dean authorized appointment of Dr. Amanda Durante to a full-time, in-residence position to the Community Medicine faculty with explicit responsibility for teaching and advising MPH students (0.80 FTE commitment). The recruitment of Dr. Durante addresses a recognized gap in our teaching and mentoring capacity around public health practice (i.e., practicum and field coordinator).   The dean further authorized a total of 0.40 FTE effort to accommodate the involvement of 2 additional secondary faculty (Drs. Duggan and Cislo will each receive 0.20 FTE salary support for their upcoming involvement in our program) who will be available to teach one course per year and serves as advisors/mentors to students. Dr. Duggan's expertise is in the social determinants of health and Dr. Cislo's background is in health program evaluation. With these additions, we will realize in the 2015-16 academic year a 5% improvement in our SFR Primary Faculty FTE (from 10.6 to 10.1) and a 4% improvement in our SFR Total Faculty FTE.

1.7.j.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 1.7 is partially met.

Strengths: The School of Medicine, which determines the allocation of faculty time/effort to our program, utilizes an explicit system for recognizing and monitoring the distribution of effort by faculty in research, education, and administrative activities. All primary and secondary faculty have designated time allocated for teaching and student advising. The use of this system has improved the predictability of which, and to what extent, individuals are available to offer courses and participate in other program activities (e.g., student advisement, committee membership, etc.)

Staff of the program are sufficient in number, qualification and experience to satisfactorily address program needs. Classroom and other learning space, although somewhat constrained by the demands of competing programs, is adequate to address space needs at the present time.

Weaknesses: Our program faculty has been reduced in recent years due to resignations and retirements of individuals. The effect is most pronounced in our complement of primary faculty. That group in 2008 contributed 10.85 FTE to program activities, with that level decreased to 8.1 FTE for 2015-16. The consequences of this decline are numerous. Student faculty ratios since our last re-

accreditation are trending upward. The availability of primary faculty to teach requires courses has decreased; of the 8 courses required for all MPH students, our primary faculty teaches only 3 (PUBH 5406 Law and Public Health, PUBH 5407 Practicum in Public Health and PUBH 5431 Research Methods), with secondary faculty responsible for 3 other courses (PUBH 5405 Social Foundations of Public Health, PUBH 5408 Epidemiology & Biostatistics I and PUBH 5409 Epidemiology and Biostatistics II) and adjunct instructors responsible for the 2 remaining requirements (PUBH 5403 Health Administration and PUBH 5404 Environmental Health).

Student-faculty ratios, although below program objectives, are great than ratios of previous years. The pressures on primary faculty to serve as advisors to student projects is considerable. Each of the programs 8 primary faculty advised an average of 11 students during the previous academic year (with 3 individuals who had more than. The recruitment of Dr. Durante to the primary faculty and Drs. Duggan and Cislo as secondary faculty will ameliorate but not eliminate the time and effort demands on our primary faculty.

The program's capacity to maintain a vigorous workforce development program amidst institutional expectations to expand public health curriculum for both undergraduate and doctoral students is seriously challenged.

Lastly, space available for our instructional program is less than optimal. Our program office is at a location removed from where the bulk of our instructional program is delivered, raising logistical difficulties for some students. The scheduling of our classes must compete with other uses of the facility that occasionally results in classes being assigned to rooms not suited to our course enrollments or moved/displaced during the semester.

Plans relating to this criterion: We will continue to work with University administrators to identify resources appropriate to sustain the mission and goals of our program. Part of that deliberation will include attention to the University's academic plan, ***Path to Excellence***, which calls for enhanced support for research, teaching, and engagement within the interdisciplinary area of Health and Wellness. Several schools, centers and departments across the University have been identified for their capacity to actively work with our MPH program to meet this expectation, enhance educational opportunities for students, enrich service opportunities for our community and increase the research capacity of faculty and students.   As such, the University is initiating a Health Initiative Organizing Committee involving our Schools of Nursing, Pharmacy, Social Work and Medicine, with Departments of Allied Health Sciences, Human Development and Family Studies, Kinesiology, Speech Language and Hearing Sciences and Community Medicine and Health Care to consider:

- Whether academic programs would be better served by participating in a new Health College/Structure/Unit.
- How implementation of the new college or unit would respond to student interests, support the needs of our increasing student population, and address the needs of relevant academic programs at both the undergraduate and graduate levels.
- How research and scholarship would be enhanced in the new college or unit.
- How effective policies and procedures that relate to academic programs, including faculty recruitment, appointment, evaluation, development, compensation, tenure and promotion would be integrated into the new college or unit.

Preliminary recommendations of this Committee will be presented to the Provost and our University President by December 2015, with a final report presented by May 2016. To the extent possible, findings/recommendations of this committee will be incorporated into our final self-study report

> **Criterion 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.

1.8.a.i. Description of the program's under-represented populations including a rationale for the designation.

Connecticut, the state with the highest per capita income, and Hartford, the 3rd poorest city in the nation (31% of households below poverty) are places of great contrast. Connecticut is home to 3.4 million persons, 78% who are white, 13% Black/African American and 9% who self-define themselves as belonging to 1 or more other races. 17% of the state's residents identify as Hispanic and 13% state residents were born outside the U.S. It is the 4th most densely populated state (behind New Jersey, Rhode Island and Massachusetts) and exhibits significant cultural, economic and social variation from urban downstate to its rural northeast quadrant.

The MPH program seeks diversity of personnel, programs and activities as expressed throughout our program's vision, values and objectives. Our vision ("*to make Connecticut residents among the healthiest, most productive and satisfied of Americans*") is inclusive of all individuals and groups of individuals. One dominant value of the program expresses concerns for social justice (i.e., *"health is a public good and fundamental right of all individuals"*) and the importance of challenging health inequity wherever it occurs. Another significant value is respect (*"incorporating differing beliefs, cultures and practices into all program activities"*). A third value reflects our longstanding commitment to engagement (*"fostering reciprocal, equitable partnerships among stakeholders"*).

Our program strives to recruit and maintain a faculty, staff and student body that are diverse and representative of our State's population. Our attention to diversity and extend the impact of our program thought Connecticut focuses on assuring that students, faculty and staff are representative of Connecticut's composition of non-whites, persons of Hispanic background, those residing in economically disadvantaged communities, persons born outside the USA and individuals living outside of the Greater Hartford area.

Our program has not developed a diversity plan specific to our agenda and interests, but we do have a multifactorial understanding of diversity and seek to represent a range of backgrounds among our students. A program objectives seeks to….
- Objective #15: Identify and retain a diverse student body.
  Targets:
  - 50% of students/staff are female
  - 15% of students are Black/African Americans
  - 15% of students are Hispanic
  - 20% of students are from low income communities
  - 50% of students are from outside Hartford County

1.8.a.ii. A list of goals for achieving diversity and cultural competence within the program and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity.

The University of Connecticut's commitment to diversity is evident within its mission (See Section 1.1) that states
> *"Through research, teaching, service, and outreach, we embrace diversity and cultivate leadership, integrity, and engaged citizenship in our students, faculty, staff, and alumni."*

UConn's Office of Diversity and Equity (ODE) monitors compliance of university units with non-discriminatory policies and practices related to the protection of persons according to race, age, gender, ability status, etc. Through its various programs, ODE supports a vision of the University as a welcoming, encouraging and supportive environment for individuals to contribute to and benefit from our institution.

The mission of the UConn Health's Office of Diversity and Equity is

"to advance UConn Health's pursuit of excellence in health care and education by planning, providing and implementing policies, programs, and processes that create and establish a workforce and student body that reflects the diversity of those we serve. We will work to provide and sustain a working and learning environment where the UConn Health community can realize their full potential in an environment of equality, respect, appreciation, and fairness."

UConn Health maintains a diversity plan that addresses such topics as Affirmative Action, HIV/AIDS non-discrimination, Persons with Disabilities and Prohibition of Sexual Harassment (See UConn Health Affirmative Action Plan in our Electronic Resource File). This plan is routinely updated and continuously monitored by the State of Connecticut Commission on Human Rights and Opportunities (CHRO).

1.8.a.iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity.

UConn is an Equal Opportunity/Affirmative Action employers who maintain a smoke/drug free workplace and are committed to opportunities to prospective and current employees without regard to race, ethnicity, sex, age, disability, veteran status, religion, national origin or sexual orientation. UConn's Office of Diversity and equity maintains numerous policies, programs, organizations and activities that promote diversity and inclusion such as:
- zero tolerance sexual abuse policy
- faculty and staff counseling and assistance services
- alternative work arrangement
- transfer and promotion policies
- Veterans assistance
- ADA accommodation

The UConn Health Center's 2020 Strategic Plan includes an objective that "embraces diversity as a critical element of an Academic Health Center" (Work environment Objective #4: All Health Center employees will understand that there can be no excellence without diversity. A broad vision of diversity will create a vibrant and productive environment, leading to enhanced opportunities and outcomes in research, teaching and clinical care. This diversity will also create an ideal learning environment for trainees and enhance our ability to recruit top performers.) and specifies 4 tactics to achieve this objective.
- Reengage Diversity Leadership Council to provide direction and support to the Health Center's diversity programs and initiatives to ensure the workforce and student body reflects the diversity of those we serve, and fosters a community in which all individuals are welcomed, respected, and supported to achieve their full potential.
- Develop educational opportunities for faculty and staff who participate in the faculty hiring process regarding research and strategies on improving the diversity of hiring pools.
- Identify and promote resources that may be available both internally and externally to support and enhance diversity.

- Increase opportunities to engage employees in discussion about diversity to increase visibility and support regarding the importance of diversity for our strategic direction.

The MPH program, like the University at large, is a diverse, multi-cultural community that welcomes and supports differences among its students, faculty and staff. Individuals enrolled in our program and others who come in contact with students, faculty or staff are made aware of our commitment to a civil, supportive environment where differences can be expressed/exhibited without fear of discrimination or retribution.   Every course syllabus contains information regarding our commitment to fair and ethical practices for the purpose of alerting individuals to their responsibilities to one another and their rights in instances of unfair/unjust treatment. The statement advises individuals of our program's commitment to a climate free of harassment and discrimination.

> *The Master in Public Health Program is committed to fair and ethical dealings and adheres to the relevant policies of the University of Connecticut Health Center on affirmative action, racism and acts of intolerance, educational opportunity for persons with disabilities, HIV/AIDS non-discrimination, rules of conduct, confidentiality and prohibition on sexual harassment.*

Our MPH students are encouraged to avail themselves of services offered through the UConn Center for Students with Disabilities, which is committed to ensuring a comprehensively accessible University experience where individuals with disabilities have the same access to programs, opportunities and activities as all others. The Center is also committed to promoting access and awareness as a resource to all members of the community.

1.8.a.iv. Policies that support a climate for working and learning in a diverse setting.

The UConn Office of Diversity and Equity maintains clear policy and directives regarding the prohibition of harassment and discrimination:

> *The University of Connecticut Compliance Program requires all individuals to report any known or suspected violations of laws, regulations, standards, policies and procedures that apply to the Health Center. The investigation of compliance inquiries is the responsibility of the UConn Health Corporate Compliance Office. The Office may delegate investigations to appropriate units, such as Human Resources, the Office of Diversity & Equity, or the Research Safety Office. Depending upon your preference and comfort level, if you suspect a violation you can contact: the program administration, the Assistant Dean of the Graduate School, the Compliance Officer of the appropriate UConn Health domain (there are five domains: Administration, Clinical, Research, Finance, and Education), or the REPORTLINE-this is a confidential telephone reporting system operated by a private firm under contract with the Health Center (1-888-685-2637).*

The statement provides individuals with contact information should they require institutional assistance in the matter.

> *For more information, see the contact information and websites below.*
>
> *Office of Audit, Compliance, and Ethics. 860-679-4180, At:compliance.officer@uchc.edu and http://www.policies.uchc.edu/area/compliance.html, regarding Code of Conduct, Confidentiality and Reporting Compliance Concerns.*
>
> *Office of Diversity and Equity. At: diversity.uchc.edu/ regarding subjects of Affirmative Action, Racism and Acts of Intolerance, Equal Employment and Educational Opportunities for Persons with Disabilities, Sexual Harassment and HIV/AIDS Discrimination*

Safety Issues. At: http://police.uchc.edu/wp-content/uploads/sites/1054/2014/09/crime_report.pdf,

Extension 7777 (emergencies within the Health Center), 860-679-2121 (non-emergencies within the Health Center) or 911 (off campus). The police station is located on the ground floor of the Health Center. After 7 pm; if you are concerned for your safety; a police officer will take you to your car.

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

1.8.a.v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning to build competency in diversity and cultural considerations.

Four of the MPH program's 17 competencies expected of all program graduates pertain to our commitment to diversity:
- Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention to the health states of the underserved.
- Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care.
- Design and implement public health interventions according to sound ethical and legal standards of equity and diversity.
- Respect and protect the rights and differences of persons and the communities to which they belong.

Every student is required to complete PUBH 5406 – Law and Public Health that introduces them to the ethical and regulatory basis for the fair and equitable treatment of individuals. Our Curriculum Committee monitors each course offered within our program regarding their addressing of program competencies, including those related to diversity and cultural considerations. Issues of health disparity and cultural diversity, for example, are addressed in PUBH 5405- Social Foundations of Public Health; matters of inclusion and equity are addressed in PUBH 5406- Law and Public Health; PUBH 5462 Health and Human Rights has substantial parts of its curriculum devoted to diversity and cultural competency (See course syllabi in our Electronic Resource File). When appropriate, the Committee Chair meets with course instructors to inquire whether/how attention to diversity and cultural difference may be incorporated into specific course content and requirements. Our required Practicum is grounded in topics of equity and community engagement (See Section 2.4). We encourage, but do not require, students to pursue service-learning opportunities beyond the required practicum. We regularly offer courses specific to diversity and equity (e.g., Core courses include: Health Administration. Elective courses include: Health and Human Rights; International Health; Measuring the Built Environment for Health Research; Public Health and Policy in an Aging Society; Introduction to Global Health).

Through funding provided by CICATS' health disparities initiative, Dr. Helen Wu will offer an annual seminar in our program on minority health issues that will focus on possible pathways by which differential health outcomes by race and ethnicity arise at different stages in the life cycle. The course will highlight research that explores this issue from social, behavioral and psychological perspectives, as well as ideas about the meaning of race and ethnicity in American society.

Our Program maintains collaborative education and research relationships with many community-based organizations that reflect diversity of our community and increase exposure to cultural differences among our students. Examples include:

The Hispanic Health Council, which has operated since the early 1970s to improve the health and social well-being of Latinos and other diverse communities, has conducted groundbreaking work in several areas including: alcohol abuse and smoking among Puerto Rican teenagers; child-abuse prevention; hunger, food insecurity and nutrition practices and beliefs; substance abuse during pregnancy; diabetes management, HIV risk reduction; and many others.

The Institute for Community Research conducts research in collaboration with community partners to promote justice and equity in a diverse, multiethnic, multicultural world. ICR engages in and supports community-based research partnerships to reverse inequities, promote positive changes in public health and education, and foster cultural conservation and development.

The Haitian Health Foundation has been working to improve the health and well-being of women, children, families and communities living in the greater Jérémie, Haiti area through the delivery of stable and responsive preventive and curative health care services to over 100 rural mountain villages.

UConn Migrant Farm Worker Clinics allow our students with clinical interests to conduct no-cost medical and dental health screening on site for farm workers throughout summer months.

The Connecticut Area Health Education Centers (AHEC) works to improve health care access across Connecticut with a focus on linking local community groups to or with other health professions training programs.

The Connecticut Primary Care Association (CPCA) seeks to educate the public, health policy makers and health care providers in its effort to promote comprehensive health care across its network of not-for-profit community health centers.

The A.J. Pappanikou Center for Excellence in Developmental Disabilities provides interdisciplinary leadership on evidence-based practices and policies to ensure all of Connecticut Citizens with disabilities and their families fully participate in all facets of community life.

The Connecticut State Departments of Public Health and Children and Families, and Mental Health and Addiction Services maintain robust research and service initiatives intended to sustain the 'safety net' for our state residents.

The State Department of Social Services provides a broad range of services for 'at-risk' populations (e.g., the elderly, people with disabilities, etc.) that require assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living.

The CT Multicultural Health Network provides a list serve to facilitate communication, coordination, and awareness building. The Network is as an important tool for statewide networking, resource sharing, and relationship building. This electronic system routinely shares information and notifies members of multicultural initiatives and opportunities (i.e. local, State, and National Webinars, grant opportunities, conferences, meeting notices, data resources, reports, comments and discussion on major documents that effect state and national laws and changes in government, calls for proposals, surveys, etc.).

1.8.a.vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

The MPH program is committed to recruiting and retaining a diverse faculty. At UConn, the recruitment, retention and promotion of program faculty is the prerogative of the school within which a faculty

member is appointed. The need for full- or part-time faculty to be recruited, retained and/or promoted is communicated as non-binding recommendations of the Program Director to the Administration during the annual budget cycle. Recruitment for authorized faculty positions adhere to guidelines established and monitored by the UConn Department of Human Services. Job descriptions are posted on the University's Health Human Resources web-site and advertised on national employment sites (e.g., *Higher Ed Jobs, publichealthjobs.net, etc.*). Candidates for full-time positions are reviewed by a Search Committee that screens all applications and recommends a subset of individuals for in-depth interviews. Search Committees, in turn, reflect a broad representation of interests. Upon receiving and accepting a faculty position, the Human Resources Office is responsible for orientation/training of all new personnel.

Candidates for adjunct instructor positions, with authorization by the Health Center's administration to fill vacant positions, are reviewed and selected by the Program Director.

1.8.a.vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

The recruitment and retention of program staff is the prerogative of the school within which an individual would work. During each budget planning cycle, the Program Director can request salary support for staffing needs. The request is processed and reviewed by the School of Medicine budget committee. Typically, Office of Human Resources manages recruitment of all personnel, setting recruitment goals/priorities, preparing job descriptions, providing appropriate public notification of available positions, and completing preliminary verification of candidate qualifications.   Upon receiving information on 'eligible candidates' a search committee, lead by the Program Director, would evaluate and select candidates for hire.

Since our last re-accreditation in 2008, our program has not recruited staff to the program.

1.8.a.viii. Policies and plans to recruit, develop, promote and retain a diverse student body

The recruitment targets set by our program (e.g., 50% of students will be female, 15% will be Black/ African American, 15% will be Hispanic, 20% will be from low income communities and 50% will reside outside of Hartford County) are intended to maintain a student body that is reflective of Connecticut's demographic makeup. This is done in the hope that our diverse student body will both enrich the education of all students and assure a workforce response to the needs of all persons.

Over time, our student recruitment strategies have evolved in response to the changing nature of our students. Our early focus on enrolling practicing professionals who sought to augment their skills has given way to the recruitment of recent college graduates, many of whom lack direct experience/ exposure to the practice of public health. Consequently, we have increased our outreach to high school students, undergraduate student groups and graduate programs reflecting our interprofessional (dual) degree options.

Each year, the Program Coordinator participates in the Health Career Opportunity Fair. The Health Career Opportunity Program actively recruits underrepresented students into medical, dental, and graduate study and supports those who are enrolled throughout the academic year. The Opportunity Fair is a time when targeted students, who are interested in a health profession, come to the University to learn more about what types of programs the institution has to offer. The Coordinator does a presentation on our program's curriculum and requirements, participates on a career panel and talks directly to students who express interest in pursuing an MPH. To date, there are five alums and seven current students that have participated in the Health Career Opportunity Program.

Current Students: Luis Ayala, Rashea Banks, Aivi Doan (MD-MPH), Rabale Hasan, Rachelle Jean-Paul, Fludiona Naka (MD-MPH), Keisha White (MD-MPH)

MPH Graduates: Alesia Burge, MPH (05), Nitza Diaz, MPH (07), John Kouch, MPH (09), Staceyann Smith, MD, MPH (05), Stacy Yearwood, MD, MPH (05)

As part of our efforts to maintain a diverse applicant pool, we have asked Joan Segal, our former Associate Director, to stay with the program for an additional year to serve as our recruitment coordinator. In doing so, we have asked Joan to focus her efforts on students from underrepresented minorities at the Storrs campus and Community Colleges across the state. In the next few months, Ms. Segal plans to make presentations to the Latino Student Association (LSA), African Student Association (ASA), the Iranian Student Association (IAU), the Arab Student Association (ASA), and various other student associations on the Storrs campus. With completion of such activities, we anticipate an increase in applicants from these backgrounds.

Our program requirements are available in print and electronic formats: in-person information sessions are held throughout the year, along with direct outreach to community stakeholders.

1.8.a.ix. Regular evaluation of the effectiveness of the above-listed measures.

Every year, our program's Admissions Committee reports on the demographic backgrounds and academic characteristic of our applicant pool, along with follow-up information on the offers of admission made by the committee and the yield from that effort.   The program administration and Advisory Committee consider these findings with the intent of adjusting future enrollment projections and to recommend changes/improvements to our student recruitment strategies.

1.8.b.   Evidence that shows that the plan or policies are being implemented.

Applications to the program since the 2012-13 admission cycle are reported in Table 1.8.b.1 according to our focus on diversity with respect to gender, race, ethnicity, income level and place of residence.   For each year, the table reports the number of applications received and the percentages of accepted and enrolled students for each of these categories.

Between 2012-13 and 2015-16, our program received 292 applications for admission to our program. Roughly three-quarters were from women (214 of 292), one-eighth from Black/African American (35 of 292), 22% resided in 'low-income' communities and 43% lived outside of our immediate area (i.e., outside Hartford County). Hispanics, however, constituted only 2% of applications during this period.

Among these applicant groups, roughly two-thirds of females (139 of 214) and Black/African Americans (22 of 35), 80% of Hispanics applications, 73% of applicants from 'low income' communities (46 of 63) and two-thirds of applicants living outside the area (85 of 126) were approved for admission. Of those applicants who were admitted, 90% of females (124 of 139), 70% of Black/African Americans (15 of 22), 50% of Hispanics (2 of 4), 72% of applicants from 'low income' communities and 56% of applicants from outside Hartford County (48 of 85) enrolled in our program.

Table 1.8.b.1.	Diversity of MPH student applications, acceptances and enrollments, 2012-2015.															
		# Applications received					# Applicants accepted					# Applicants enrolled				
Admission cycle	TOTAL APPLICATIONS	Females	B/AA	Hispanic	Low income*	Outside Hartford Cnty.**	Females	B/AA	Hispanic	Low income*	Outside Hartford Cnty.**	Females	B/AA	Hispanic	Low income*	Outside Hartford Cnty.**
2012-13	85	62	11	3	18	39	40	4	3	14	26	22	2	2	11	17
2013-14	82	59	7	1	17	30	37	7	1	12	18	24	6	0	9	12
2014-15	75	58	9	1	15	28	35	6	0	11	19	24	5	0	10	10
2015-16	50	35	8	0	13	29	27	5	0	9	22	10	2	0	3	9
TOTAL	292	214	35	5	63	126	139	22	4	46	85	124	15	2	33	48

* Connecticut applicants at or below the 35% percentile of poverty by census tract of residence
** Connecticut applicants

1.8.c. Description of how the diversity plan and policies were developed, including an explanation of the constituent groups involved.

Our approach to student, staff and faculty diversity has been relatively consistent for many years. Diversity targets are shared with faculty and staff and modified as appropriate. For example, an the program has made explicit a target of recruiting students from low-income communities, in part, as a response to greater attention to the socioeconomic determinants of health and disparities in services and health outcomes. Recruitment targets are proposed by the Program Director and endorsed/modified by the Advisory Committee. All program presentations (e.g., recruitment fairs, open houses, convocation/orientation, graduation) and printed materials (e.g., brochures, catalogs, course syllabi) include specific mention of our commitment and effort to achieve a diverse student body and public health workforce.

1.8.d. Description of how diversity plan and policies are monitored, how the program uses the plan and how often the plan is reviewed.

The Program Coordinator and program staff regularly aggregate information on student profiles (e.g., gender, race, ethnicity, etc.), field experiences and capstone projects, as well as history of complaints and concerns raised by any of our constituents. Information is reviewed by the Program Director and as required, submitted within the program's annual report to CEPH. When necessary, noted deficits are reported to the program's Advisory Committee for remedial recommendations.

These reviews have proven helpful in identifying program shortcomings (e.g., underrepresentation of Hispanics among faculty, staff and students, need for greater attention to diversity and cultural competency within the core curriculum, etc.).

1.8.e. Identification of measurable objective by which program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

We consistently exceed our target regarding female students, faculty/staff and committee members (See Table 1.8.e.1). Regarding race, we consistently meet/exceed our target regarding B/AA race of

students but fall short of our targets regarding faculty/staff and committee members. We have failed to meet our target regarding the recruitment of students, faculty/staff or committee members who self-identify as ethnically Hispanic. Over the past 3 admission cycles, we have enrolled only 1 self-described Hispanic student. We have brought this to the attention of our Advisory Committee; we are working with a part-time employee to enhance recruitment in these targeted groups.

Our capacity to recruit students from around our state varies from year to year. Over these past 4 admission cycles, 58% of students were from within this immediate area. We are making strides in meeting our target of recruiting students who reside in low-income areas (i.e., <35th percentile of poverty level by census tract) of Connecticut. We have generally met our target of recruiting students born outside the U.S.

All 9 primary faculty are Caucasian; 4 are males and 5 are females (See Table 1.8.e.1). Among the program's 21 secondary faculty, 11 are males and 10 are females; 19 individuals (85%) are white with 15% representing other races. There is one secondary faculty member identified as African American and no faculty, primary or secondary, who identify as ethnically Hispanic. As such, while our faculty exceeds the gender target, it did not adequately represent either our race or ethnic targets.

Diversity relevant to gender and those that identify themselves as African American is evident in our committee membership (See Table 1.8.e.1). Although 8% of committee members are of Hispanic origin, we have failed to meet our targets.

Table 1.8.e.1.	Self-reported gender, race, ethnicity, socio-economic status, and place of residence of student cohorts, faculty and committee members (2012-2016).						
Category: Definition	Data collection method	Data Source	Target	2013-14	2014-15	2015-16
Students: Female	Self-reported	PeopleSoft enrollment software	50%	78%	72%	66%
Students: Black/African American (B/AA)			15%	27%	21%	13%
Students: Hispanic ethnicity			15%	15%	3%	0%
Students: Hartford Co. Residents			<50%	55%	46%	33%
Students: Resident low-income tracts*			20%	7%	18%	21%
Students: Non U.S, Place of Birth			10%	11%	31%	0%
Faculty/Staff: Female	Self reported	UConn Human Resources	50%	61%	61%	61%
Faculty/Staff: B/AA			15%	3%	3%	3%
Faculty/Staff: Hispanic ethnicity			15%	0%	0%	0%
Committee members: Female	Self reported	Program files	50%	63%	63%	63%
Committee members: B/AA			15%	4%	4%	4%
Committee members: Hispanic ethnicity			15%	1%	1%	1%

*Connecticut students at or below the 35% percentile of poverty by census tract of residence

1.8.f. **Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion**

We believe Criterion 1.8 is partially met.

Strengths: The University and our program maintain policies and procedures intended to foster a diverse, productive environment for students, faculty and staff. The program has successfully reached targets for diversity among students related to gender, race, place of residence, economic disadvantage and place of birth.

Weaknesses: Our program has not established a diversity plan that specifically addresses our objectives and needs. As yet, there are relatively few courses within our curriculum that explicitly address diversity or cultural competency.

The program has not successfully reached targets for recruitment of Hispanic students. We have not met our targets for recruiting and retaining a diverse program faculty with respect to gender, race or ethnicity. The program had not had opportunity to recruit program staff in recent years but remains below our targets for a diverse program staff.

Plans relating to this criterion: Our commitment to a diverse program of individuals demands increased action to identify opportunities to reach, recruit and retain persons from underrepresented groups (e.g., Hispanic students, non-white Faculty, etc.). Our Curriculum Committee will explore options to increase attention within our curriculum to issues of diversity and cultural competence.

We have funded a part-time position for Ms. Joan Segal to develop and oversee the implementation of a recruitment and admissions plan to reach underrepresented students. Ms. Segal served for many years as Associate Director of our program and is a longstanding member of the Connecticut Public Health Association. In this capacity, Ms. Segal will reach out to organizations and institutions relevant to our underserved/underrepresented communities to engage stakeholders in shared efforts to promote the study and practice of public health among appropriate communities of students.

Dean Liang has approved partial-funding (0.40FTE) targeted to faculty from underrepresented backgrounds to participate as secondary faculty of our program. We are currently working with an Assistant Professor of Hispanic background to identify courses and roles she may play that are relevant to our curriculum.

Lastly, in recognition of the financial barriers to higher education faced by many students from underserved/ underrepresented communities and the importance of maintaining a diverse student body within this program, we will initiate for the upcoming Admission cycle an offer of a tuition waivers for 2 qualified students who are recruited from underserved/underrepresented communities. Our effort to grow an endowment for that may expand financial support for entering students, though in its infancy, is promising

Criterion 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.

2.1.a.   An instructional matrix presenting all of the program's degree programs and areas of specialization.

The UConn MPH degree is focused on preparing students for interprofessional practice.   Through didactic and experiential core requirements and electives, our students develop competencies relevant to the delivery of systems level services that promote health and prevent disease within populations. A significant aspect of this focus is attention to needs and interests of joint degree students engaged in the study of Medicine (MD/MPH), Dental Medicine (DMD/MPH), Nursing (MSN/MPH), Pharmacy (PharmD/MPH), Social Work (MSW/MPH), Law (JD/MPH) and anticipated for 2015, Public Administration (MPA/MPH). Interdisciplinary study typically is accomplished by our respective programs recognizing equivalency of coursework completed within our respective programs (i.e., public health credits waived for specified courses completed within the schools of medicine, dental medicine, nursing, law or social work).

Table 2.1.a.1	Instructional matrix – public degrees and specializations		
		Academic	**Professional**
Master of Public Health (MPH)- Interprofessional practice			X
Joint Degrees			
Medicine – MD/MPH			X
Dentistry – DMD/MPH			X
Pharmacy – PharmD/MPH			X
Social Work – MSW/MPH			X
Law – JD/MPH			X
Nursing – MSN/MPH			X

2.1.b.   The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions.

The UConn Graduate School catalog (At: http://gradcatalog.uconn.edu/fields-of-study/public-health/) contains the following information about our program:

The Master of Public Health (MPH) is a professional degree program, accredited by the national Council on Education for Public Health, for individuals seeking training and experience in interprofessional public health practice. The program faculty represents the population-based health sciences. MPH candidates must earn a total of 48 credits distributed among core, elective, and capstone activities. The core curriculum (24 credits) consists of the basic public health disciplines: health administration, environmental health, social and behavioral sciences, epidemiology and biostatistics, along with courses on public health law, research methods and the Practicum (a service learning activity). Elective course offerings (15-21 credits) emphasizing applied public health practice provide students with the understanding, knowledge, experience, skills and values necessary to function successfully as a public health practitioner. A capstone requirement may be met through a research thesis (9 credits) or an applied practice project or essay (3 credits).

An interdisciplinary MPH option is available for students who are concurrently pursuing a degree in Medicine, Dental Medicine, Pharmacy, Law or Social Work. Interdisciplinary MPH candidates would

be eligible for advanced standing of 3-12 credits based on the appropriateness of curriculum completed in their related degree program. Individuals considering the interdisciplinary degree option are encouraged to contact Dr. Jane Ungemack, Interdisciplinary Program Coordinator.

Our program's MPH student handbook (See MPH Handbook.pdf) is available in our Electronic Resource File.

2.1.c.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.1 is met.

Strengths: The program offers an MPH degree consistent with its focus on interprofessional public health practice. Opportunities for joint degree study with related health related disciplines are available. Program descriptions are available for prospective students through a number of media.

Weaknesses: No significant weaknesses have been noted.

Plans relating to this criterion: A PhD in Public Health with concentrations in either Social & Behavioral Health or Environmental & Occupational Health was developed by the University's Center for Public Health and Health Policy in 2008. Upon the transfer of administrative responsibility for this degree to the Department of Community Medicine in 2010, our program administration has sought to align its mission, goals, objective and curriculum to CEPH expectations for accreditable doctoral degrees. Students matriculating in the revised academic program are likely to graduate during the 2015-16 academic year at which time, the program may submit a request for substantive change in our accreditation. Until such time, we continue to assess how expansion of our academic unit into doctoral education will affect our MPH accreditation.

Likewise, the University continues to support expansion of public health curriculum to our undergraduate students.   The recently charged Health Initiative Organizing Committee will address the means and substance of such development, with particular attention to its impact on our faculty and resources.

Criterion 2.2 Program Length: An MPH degree program must be at least 42 semester credits in length.

2.2.a. Definition of a credit with regard to classroom/contact hours

Courses in our MPH program carry 3 credits, which consist of 45 contact hours per semester (3 hours per week for 15 weeks), and 90 to 120 hours of related out-of-class work.

2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula show in the instructional matrix

The stand-alone MPH degree typically requires students to complete 16 courses/48 credits, although students with evidence of appropriate coursework completed prior to matriculating in our program may obtain a credit-load reduction or transfer of 6 credits. Credits for our degree are distributed among our 8 required courses (24 credits) in epidemiology and biostatistics, social sciences, health systems administration and policy, environmental health, public health law, research methods and practicum in public health, combined with the completion of 3 selective courses (9 credits) that address the core public health functions of assessment, assurance and policy development and 2 or 4 elective courses (6-12 credits), depending on whether the student completes a 9-credit thesis or 3-credit applied practice

Table 2.2.b.1.	Typical curriculum for full-time MPH students	
Year	**Fall semester**	**Spring semester**
1	PUBH 5403 Health Administration	PUBH 5405 Social Foundations of P.H.
	PUBH 5408 Epidemiology/Biostatistics I	PUBH 5409 Epidemiology/Biostatistics II
	PUBH 5406 Law and Public Health	PUBH 5404 Environmental Health
	PUBH 5000-level Elective	PUBH 5000-level Elective (3 credits)
2	PUBH 5431 Public Health Research Methods	PUBH 5407 Practicum in Public Health
	Plan A – Thesis option	
	PUBH 5000-level Elective	PUBH 5000-level Elective
	PUBH 5000-level Elective	PUBH 5950 Thesis (6 credits)
	PUBH 5950 Thesis (3 credits)	
	Plan B – Non-thesis option	
	PUBH 5000-level Elective	PUBH 5000-level Elective
	PUBH 5000-level Elective	PUBH 5000-level Elective
	PUBH 5000-level Elective	PUBH 5595 Thesis (3 credits)

Table 2.2.b.2.	Typical curriculum for part-time MPH students	
Year	**Fall semester**	**Spring semester**
1	PUBH 5403 Health Administration	PUBH 5405 Social Foundations of P.H.
	PUBH 5408 Epidemiology/Biostatistics I	PUBH 5409 Epidemiology/Biostatistics II
2	PUBH 5406 Law and Public Health	PUBH 5404 Environmental Health
	PUBH 5431 Public Health Research Methods	PUBH 5407 Practicum in Public Health
3	PUBH 5000-level Elective	PUBH 5000-level Elective
	PUBH 5000-level Elective	PUBH 5000-level Elective
	Plan A – Thesis option	
4	PUBH 5000-level Elective	PUBH 5595 Thesis (6 credits)
	PUBH 5595 Thesis (3 credits)	
	Plan B – Non-thesis option	
	PUBH 5000-level Elective	PUBH 5000-level Elective
	PUBH 5000-level Elective	PUBH 5499 Capstone (3 credits)

capstone project. Depending upon the qualifications and aspirations of students, individual course requirements may be waived in lieu of more appropriate (e.g., advanced) coursework. However, there is no waiver or substitution pertaining to our required practicum requirement. Likewise, credit load waivers are not granted for prior work or volunteer experience.

A student's plan of study is developed at the time required courses are completed, with input from a major and 2 associate advisors and approval by the Program Director and the Graduate School.

2.2.c. Information about the number of MPH degrees awarded for less than 42 semester credits over each of the last three years.

Since 2008, every student admitted to our stand-alone MPH program has completed a minimum of 42 credits. Students who merit advanced standing/credit reduction must furnish a rationale for the request and evidence (i.e., course outline, catalog descriptions, etc.) that prior coursework was equivalent to that within a traditional public health curriculum regarding content (addressing one or more public health competencies) and scope of effort (approximately 50 hours of effort per credit). The student's major advisor and the Program Director consider every request for advanced standing individually. Any approved credit load reductions and/or transfer of credits is limited to 6 credits.

Table 2.2.c.1.		MPH program graduates by year of degree conferral and credit hours earned			
	Year	**< 42 credits**	**42-47 credits**	**48 credits**	**Total**
MPH - Interprofessional practice	2011-12	1	5	21	27
	2012-13	1	7	18	26
	2013-14	3	2	12	17
	2014-15	1	0	16	17
	Total	6	14	67	87

Between 2011-12 and 2014-15, 6 of 87 students who graduated from our program with stand-alone MPH degrees completed program requirements with fewer than 42 credits. A review of records and student transcripts revealed (See Table 2.2.c.2) that 2 of these 6 individuals were granted credit waivers by the previous Program Director, 3 of the remaining 4 individuals were granted waivers in acknowledgement of relevant coursework completed while concurrently matriculating in doctoral programs and 1 individual for relevant prior work completed at another university.

Table 2.2.c.2		Students receiving MPH with <42 credits, 2008-2015.	
Student	**Credit reduction**	**Years in program**	**Explanation for credit reduction**
1	12	1998 – 2013	Prior coursework at SCSU, approval by former Program Director
2	12	2002 - 2013	MD, approval by former Program Director
3	12	2008 - 2013	Concurrent coursework for PhD in sociology
4	9	2011 – 2012	Concurrent coursework for PhD in nursing
5	12	2011 – 2015	Concurrent coursework for PhD in anthropology
6	11	2011 - 2014	Prior graduate coursework at Boston U.

2.2.d. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.2 is met.

Strengths: The University and program abide by consistent and conventional definitions of credit hours. Minimum requirements for the MPH degree are set forth and well publicized in university and program

materials. Rules for recognizing credit load reduction through advanced standing and/or transfer credit are set forth and well publicized in program materials. Procedures for monitoring credit load of individuals seeking the MPH degree assure an equivalent experience of all students. No student admitted to the program since 2008 has completed fewer than 42 credits in earning the MPH degree.

Weaknesses: No significant weaknesses have been noted.

Plans relating to this criterion: We have no explicit plans to modify our program's length.

Criterion 2.3 Public Health Core Knowledge: 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.

2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health.

Table 2.3.a.1	Curriculum map of knowledge basis of public health	
Core knowledge area	**Course number and title**	**Credits**
Health services administration	PUBH 5403 Health Administration	3
Environmental health sciences	PUBH 5404 Environmental Health	3
Social & behavioral sciences	PUBH 5405 Social and Behavioral Foundations of Public Health	3
Biostatistics*	PUBH 5408 Biostatistics & Epidemiology I	3
	PUBH 5409 Biostatistics & Epidemiology II	
Epidemiology*	PUBH 5408 Biostatistics & Epidemiology I	3
	PUBH 5409 Biostatistics & Epidemiology II	
Cross cutting areas	PUBH 5406 Law and Public Health	3
	PUBH 5407 Practicum in Public Health	3
	PUBH 5431 Public Health Research Methods	3
	PUBH 5499 (Capstone) or PUBH 5595 (Thesis)	3-9
Subtotal Total		**27 - 33**
*Biostatistics and Epidemiology are taught as a combined, 2-semester sequence		

As described in Section 2.2, the program requires students who complete the stand along MPH degree to complete 16 courses/48 credits distributed between core (8 courses, 24 credits), selective (3 courses, 9 credits), elective (2-4 courses, 6-12 credits) and capstone (3-9 credits) requirements. Exceptional students who successfully complete equivalent coursework outside our program may petition for transfer/waiver of 6 credits, although waiver of our practicum requirement is not permitted. Students completing the joint-degree MPH typically complete 12 courses/36 credits, in combination with 12 credits earned in the complementary degree program.

Our program's mission (See Section 1.1.) focuses on preparing individuals for careers in public health with emphasis on skills related to interprofessional practice. As such, we seek a balance within the curriculum between *what is known* about conditions by which people are healthy or at-risk of injury/illness and *what is done* to assure that necessary conditions for good health are met. We place high priority on collaborative problem-solving throughout our curriculum in which stand-alone and joint-degree candidates work side-by-side in mastery of identical competencies, our practicum (See Section 2.4) requires collaborative effort in problem solving and outcome dissemination and our capstone facilitates communication with academic and community stakeholders. Our emphasis on applied public health requires students to complete one selective course reflecting each of the core functions of public health practice. Table 2.3.a.1 lists those selective options.

The content of every program course is guided, in part, by considerations contained in the 2014 ASPPH Expert Panel Report[3] (e.g., Public Health is inherently interdisciplinary and interprofessional; the MPH should be distinguished from the BSPH and DrPH; MPH curriculum should be rigorous, applied and skills-based; MPH curricular content should be regularly aligned with the knowledge, skills and attitudes that employers expect in graduates; etc.) and specific competencies developed within this program. Section

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[3] *A Master of Public Health Degree for the 21st Century*, ASPPH, January 2014, At: www.aspph.org/wp-content/uploads/2014/06/MPHPanelReportFINAL_2014-01-09-final.pdf, accessed on May 15, 2015.

2.6 of this report lists 13 performance competencies specific to core public health knowledge that are expected of graduates, along with 3 competencies that specifically address our focus on interprofessional public health practice. That section also presents a working matrix of competencies-to-course offerings to indicate where students gain content pertinent to the mastery of specific competencies. Our Curriculum Committee, with the support of our Advisory Committee and Program Administration (See Section 1.5) is charged with assuring that the objectives of every course offered within the program address one or more of these competencies. A student's mastery of program competencies is demonstrated through satisfactory performance in our practicum experience, combined with opportunities available through optional field experiences.

Table 2.3.a.2.	PUBH course titles of selective offerings by public health core functions	
Assessment	**Assurance**	**Policy Development**
5430-Pub Health Informatics	5410-Strategic Planning & Evaluation	5451-Maternal/Child Health Policy, and Programs
5434-Intermediate Biostatistics	5414-Health Economics	5461-Health Care Law & Ethics
5438-Investigation of Disease Outbreaks	5416-Principles of Quality Improvement	5463-Comparative Health Systems
5497-Applied Regression Analysis	5419-Public Health Agencies	5465-Occupational/ Environmental Health Policy
5497-Study Design & Data Analysis in Epidemiology	5433-Health Program Evaluation	5497-Ethics of Public Health
5468-Occupational/Environmental Epidemiology	5451-Maternal/Child Health, Policy & Programs	5472 Disability & Public Health
5486-Infectious Disease Epidemiology	5497-Chronic Disease Prevention & Control	5473-Women, Public Health & Reproduction
5497-Toxicology & Risk Assessment	5455-Health Education	5497-Food, Health & Policy
5497-Measuring the Built Environment	5466-Industrial Hygiene	5497-Human Rights & Health
5497-Psychiatric Epidemiology	5497- Intro Ergonomics & Exposure Assessment	5497-Policy & Legislative Development
5497 Cancer Epidemiology	5497-Health Communication	5497-Stem Cell Biology, Ethics and Law
5497-Epidemiologic Research Appraisal	5438-Investigation of Disease Outbreaks	5497-Mental Health Law
5497 Intermediate Epidemiology	5497-Introduction to Global Health	5497-Advanced Topics in Law & Public Health
5497-Public Health Issues in Genetics	5462- International Health	5497-Enviro Ethics, Human Health, & Pub. Policy
5497- Nutritional Epidemiology	5472- Disability and Public Health	5497-Enviro Health, Sustainability & Green Technology
5497-Health in the Built Environment	5452-Injury & Violence Prevention	5497- Law and Global Health
5497-Qualitative Methods in PH Research	5467-Occupational/Environmental Diseases	5503-Disability Law, Policy, Ethics and Advocacy
5497-SAS Programming and Data Management	5504-Public Health Interventions in Disability	5497-Environmental Impacts on Children's Health
5502-Epidemiology of Disability	5497-Foundations of Biomedical Informatics	5497-Food and Drug Law
	5497-Topics in Public Health Informatics	5497-Public Health & Policy in an Aging Society
5498-Field Experiences in Public Health Systems*	5498-Field Experiences in Public Health Systems*	5498-Field Experiences in Public Health Systems*
*Depending on substantive topic of field experience.		

As we continue to operationalize our program's approach to interprofessional public health practice, we have undertaken discussion with our University's graduate programs in Public Administration, Social Work, Pharmacy and Law about instituting a collaborative Interprofessional Service Collaborative that, with involvement from key community-stakeholders (e.g. Institute for Community Research, Connecticut Children's Medical Center's Office of Community Child Health, etc.) will engage select cohorts of our graduate students in collaborative, comprehensive study of system determinants of health within our region. Participation in this Service Collaborative will expose students to the context and rationale for systems change and the opportunity to engage in collaborative problem solving. While doing so, participants will be eligible to earn public-health credits toward their MPH degrees. We project the Collaborative will be instituted for Spring 2016.

2.3.b. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.3 is met.

Strengths: The program's curriculum addresses 17 competencies expected of all MPH program graduates. These competencies reflect the program's mission, goals and objectives and, in turn, are reflected in the learning objectives of core courses. The program continues evolving in its mission to prepare students for interprofessional public health practice.   Increasing enrollment of joint-degree candidates, interest in course enrollment by students from across the university, growing participation by the workforce in our certificate programs, all demand that our courses emphasize skills that advance both the disciplines of public health and the settings where it is practiced. Our Curriculum Committee regularly engages with community and academic stakeholders to identify common interests and opportunities to share resources (faculty, facilities and settings) within an expanding curriculum.

The program requires service-learning of all students and encourages multiple field work placements that demonstrate the student's mastery of program competencies.

Weaknesses: No significant weaknesses have been noted.

Plans relating to this criterion: We have no explicit plans to modify how we provide educational content in core public health areas of study. As the broader academic public health community reconceives masters-level education, our program's curriculum must remain fluid to respond to the expectations of the workplace that will seek particular skills and abilities in those who are hired and demands of prospective and current students to be adequately prepared to compete for such positions.   We anticipate greater emphasis on systems thinking, informatics and program evaluation will be the hallmark of any emerging curriculum, along with increased availability of options for experiential learning. We further anticipate masters-level education will be more directly tied to undergraduate education as public health is recognized as a career choice earlier in the academic experience of students.

Criterion 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.

2.4.a.   Description of the program's policies and procedures regarding practice placements

The UConn MPH program has emphasized the development of practical skills by students throughout its history and our students benefit from both required and elective field experiences. Every student completes a semester-long service-learning (practicum) project under the guidance of a community-based public health practitioner. These projects have afforded students experience in application of theory to problem solving on behalf of the State's citizenry and have fostered strong interprofessional partnerships that enhance workforce development, continuing education and program advocacy. In addition, students have opportunities to complete experiential placements in a number of government and non-government settings.

We will focus attention here primarily on the content and outcomes of our required practicum but note that we see the completion of PUBH 5407 - Practicum in Public Health along with our required PUBH 5431 - Public Health Research Methods, the elective PUBH 5498 - Field Experiences in Public Health Systems, and the required capstone project as the core for developing practical skill competencies (gathering, evaluating and disseminating information) in our students.

The learning objectives and expected competencies related to our required practicum can be seen in our course syllabus (See course syllabi in our Electronic Resource File). Leadership of our practicum course has undergone several changes in recent years. Course director during the 2012-13 year was Dr.Stanton Wolfe, since retired; course director for 2013-14 and 2014-15 was Professor Joan Segal, since retired; course director for 2015-16 will be Dr. Amanda Durante, recently recruited member of the Community Medicine faculty.

Selection of sites Over the past five years or so, the program has developed a cadre of regular sites for the group practicum, although often the specific project changes from year to year. Prior to finalizing the practicum site and project, preceptors submit written descriptions of the projects and their vitae to the practicum coordinator for review, and practicum projects are presented at a Curriculum Committee meeting. Prior to approval by that committee, the practicum coordinator meets with each potential group practicum preceptor on site (for new sites) or at minimum over the telephone (for continuing participants). While we have consistently worked with the Hartford Health Department, a second local health department site is often chosen based on convenience of location to students in a particular class as well as suitability of the proposed project. While most practicum sites are in the Greater Hartford area, Connecticut is a relatively small state and sites or projects can extend almost anywhere within its borders. Other organizations that served as practicum sites for at minimum of two years 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.

The selection of practicum sites and preceptors for individual practicum projects (as well as for the field placement elective) is done in consultation between the practicum coordinator and the student, with input from the student's major advisor. Before a student can register for the independent practicum or field placement, he or she must meet with the practicum coordinator and submit the previously-mentioned Applied Public Health Practice Learning Experience: Independent Practicum or Field Experience in Public Health form (Please see forms in our Electronic Resource File).

<u>Methods of approving</u> preceptors Primary and secondary MPH faculty cannot serve as practicum preceptors as they primarily are educators/researchers rather than public health practitioners.   Adjunct faculty can, and occasionally do serve as practicum preceptors. Our principle cadre of field preceptors are drawn from our community based partners; reliance on a cadre of regular sites for our group practicum experiences has resulted in a consistent cadre of field preceptors. The preceptors we have worked with are most often at minimum master's trained and all have expertise in the field with leadership roles.

<u>Opportunities for orientation and support for preceptors</u> The practicum coordinator meets with filed preceptors unfamiliar with our group practicum format to discuss in detail the practicum processes and expectations and the proposed project in some detail. One important purpose of this meeting is to assess whether the site and preceptor are suitable for a group practicum project. In other cases, the preceptor reaches out to individuals who previously served as preceptors, usually by telephone, to discuss potential projects and to solicit up-to-date practicum descriptions and Curriculum Vitae.

Preceptors receive a copy of the updated syllabus and a "Save the Date" for the final oral presentations, and the practicum coordinator is available 24/7 to troubleshoot or help solve problems that may arise. In most cases, this occurs early in the semester when students have to negotiate specific times for the project. Occasionally there have been personality conflicts between a preceptor and student that need to be resolved as well. In all cases, students are encouraged to work with their preceptors on their own to resolve any issues, as this is considered a realistic aspect of the practice environment. During the semester, the practicum coordinator visits each group practicum site and preceptor at least once, usually when the students are there.

As with the group practicum, the practicum coordinator tries to meet with each preceptor and student of an individual practicum project once during the semester. In some cases, a visit is not possible, as when the student project is abroad or out of state.

<u>Approaches for faculty supervision of students</u> To monitor performance, the practicum coordinator requires students enrolled in the group practicum to complete a Practicum Activity Log (See Electronic Resource File) and to post it on, the curriculum management website, Blackboard®, weekly on Mondays by noon. The activity logs document what specific activities were undertaken, what time was committed to the activities, what was accomplished, and what further steps would be required to complete tasks. The practicum coordinator reviews each entry and provides timely feedback, and reviews and logs the hours on a chart showing hours spent by each students and cumulative hours reported. Activity logs offer a normative standard for expected performance because they are available for all group practicum students to see during the semester, and provide real-time feedback on progress toward project objectives. In addition to the activity logs, group practicum students submit a confidential Practicum Reflections Form (See Electronic Resource File) directly to the practicum coordinator by email on every third Monday by noon. The reflections capture students' perceptions, concerns and personal development throughout the semester.

Collectively, the activity logs and reflections provide timely oversight and offer many opportunities for constructive feedback to students and preceptors, helping to keep projects and timelines on track and groups working together collaborating and cohesively. Monitoring also occurs through class reports on project progress and through site visits and telephone conversations with preceptors.

<u>Means of evaluating student performance</u> In addition to ensuring that students complete a minimum of 135 hours on the project, and that students have submitted the required activity logs and reflections, the practicum instructor also requires two final group products: a final written report and a group

PowerPoint presentation. Part of the practicum experience is the need for students to work together and negotiate who will take responsibility for the various aspects of these two requirements. The final report is a structured paper that includes a Title Page; Table of Contents; Table of Appendices, List of Tables, and List of Figures (if applicable); 8-12 pages of content including an Abstract, Description of Project, Background and Findings, Conclusions and Recommendations, Reflections; and References. The paper is submitted a week before the end of the semester to the practicum coordinator by email. After review and edits, if necessary, the reports are shared with the practicum preceptors.

The final requirement for the group practicum is the in-class PowerPoint Presentation, which each group presents to the assembled class, site preceptors, and other MPH faculty, students, and invited guests. Each group is allotted up to 15 minutes to present up to 12 slides, with 5-10 minutes allotted afterward for discussion. A draft of the presentation is submitted to the course instructor ahead of time for review and feedback.

At the conclusion of the semester, students the student's field preceptor complete evaluation forms. The Student Evaluation of the Practicum Experience (See Electronic Resource File) consists of two parts: a pre- and post-practicum checklist of UConn MPH specific competencies addressed both prior to the start of the practicum experience and through the practicum experience, along with an evaluation of the preceptor supervising the student and project.

The field preceptor submits for every student working at a practicum site the Field Preceptor Student Evaluation Form (See Electronic Resource File).

PUBH 5407 – Practicum in Public Health is graded on an S/U basis. To receive a grade of "S", students must have logged 135 or more hours in the field, submitted their activity logs and reflections consistently and in a timely manner and satisfactorily completed their group's final written report and oral PowerPoint presentation and received a satisfactory evaluation from their preceptor. In Spring 2015, all 15 students enrolled in PUBH 5407 completed their hours within the semester. In Spring 2014, one student who worked full time requested and received an extension and completed her hours by the end of May.

Students enrolled in the independent practicum submit activity logs and reflection forms to the practicum coordinator by email every three weeks (by noon on Mondays). In addition, they submit a brief summary paper of their experience (at minimum 2-3 pages) at the end of the semester, as well as the same student evaluation form submitted by group practicum students. Similarly, their preceptors must submit the preceptor evaluation form attesting to the satisfactory completion of their project. The practicum coordinator also makes site visits to students and their field preceptors during the semester (depending upon location) and is able to trouble shoot as needed.

Means of evaluating practice placement sites and preceptor qualifications   The link between PUBH 5407 course learning objectives and MPH program competencies is summarized in Table 2.4.a.1. Every student enrolled in either a group or independent practicum provides the practicum coordinator with feedback on the student's experience working with his or her practicum preceptor(s). The assessment measures the degree to which students interacted/worked with their preceptor; whether they would recommend the preceptor to other students; whether the preceptor was helpful in reviewing the student's work, whether the preceptor discussed the student's work, or otherwise provided advise; and whether the preceptor provided the student with useful contacts, data, information and other resources to help throughout the field experience. Possible responses range from "very much so" to "somewhat," "very little" or "not at all."   The final item asks students to rate the preceptor overall, with responses ranging from "very good," "good," "poor," to "very poor." Based on the feedback from the activity logs

and especially the reflections, and the student evaluation of the preceptor, plus additional feedback throughout the semester, the practicum coordinator makes a judgment about whether to continue the campus-community partnership in the future. In one case, for example, a site that had been used for a few years became problematic because there were too many interns there at the same time from other programs and not enough supervision; as a result, another site was substituted for this one the following year.

Table 2.4.	Practicum learning objectives and MPH program competencies
Learning Objective	**MPH Program Competencies**
1. Describe the mission of the organization in which you are working and identify the main components and issues that drives it, and its role in the organization, financing, and delivery of health and public health service at the community, state, and national levels (where appropriate).	#2: Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.
2. Discuss the policy issues that the project is addressing and the legislative processes that might be needed for improving the health status of the population served.	#13: Design and implement public health interventions according to sound ethical and legal standards.
3. Describe federal and state regulatory programs, guidelines and authorities that control the health issues being addressed through the project.	#7: Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.
4. Apply "systems thinking" to resolving organizational problems	# 8: Promote evidence-based public health practices that affect the health of communities. #12: Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care. #16: Establish and lead teams to develop and advocate for effective policy and program change.
5. Apply the principles of program planning, development, budgeting, implementation, and evaluation to state and community public health programs and initiatives	#11: Contrast basic social and behavioral science theories about the causes and control of public health concerns.
6. Identify and engage critical stakeholders, and demonstrate skills in building effective sustainable partnerships and collaborations, that assure effectiveness, efficiency, and sustainability of public health programs and initiatives	#15: Acknowledge one's role and those of other professions in addressing the needs of communities served. #16: Establish and lead teams to develop and advocate for effective policy and program change #17: Respect and protect the rights and differences of persons and the communities in which they live.
7. Use information technology to access, evaluate, and interpret public health data	#1: Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities. #3: Apply basic methods and terminology to calculate and report disease rates and risks in populations. #5: Utilize appropriate information technologies to collect, analyze and disseminate data.
8. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities	#14: Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage disease in communities.

Criteria for waiving, altering or reducing the experience. Not applicable. The practicum cannot be waived, altered or reduced. All students, without exceptions, must complete PUBH 5407 - Practicum in Public Health, a 3-credit core course to be eligible for graduation. With a few exceptions, students enroll in our group practicum, a practice-based experience offered in the second semester of the second year of study. Exceptions include joint degree students, who face additional constraints in fitting in the requirements of two different academic programs, and who are allowed to undertake individualized practicum projects, and students with specific issues that require more flexibility in projects or timetable. However, most MPH students enroll in the group practicum (See Table 2.4.a.1.) and an increasing number of joint degree students are electing the group practicum, which enhances interprofessional education and collaboration.

Because policies and procedures are slightly different for students undertaking a group or individual practicum project, both formats will be described.

Group Practicum Unless students have special permission to do otherwise (most often because they are joint degree candidates), group practicum students enroll in the spring semester of their second year after they have completed most of their core requirements. Prior to the start of the semester, students meet with the practicum coordinator and the project preceptors, who present their agencies and proposed projects to the group. After the presentations, students complete a Practicum Project Matching Form-Group Option (See Electronic Resource File) which lists available projects available, requires students to prioritize three projects of their choice and solicits information on (a) a brief summary of the students' academic, employment, volunteer and other relevant experiences, and (b) reasons for prioritizing particular projects.   The matching form is reviewed by the practicum coordinator who completes the match and notifies students and preceptors of their groups.   During the last two years, the majority of students were accommodated with their first choice and all students got one of their prioritized projects.

Practicum groups currently vary from two to four students. While the group practicum was initially conceived as having larger groups with fewer projects, experience with the group practicum over several years suggested that having too many students was a problem for practicum coordinators and made it difficult for students to coordinate their schedules with other students in their group (half the students work full time and pursue the MPH on a part-time basis).   Therefore, over the past two years the groups consisted of 2-4 students, with groups ranging from 2 to 4 each. There was one exception to this general rule; one group in spring 2014 was comprised of 13 students assigned to the City of Hartford Department of Health and Social Services. The students worked on a joint health department-university collaborative project on HPV vaccine uptake. To facilitate this large group the faculty member most involved served as a practicum co-instructor and assigned two graduate assistants to help with the process. In spring 2015 there were six groups total, including four groups with 2 students each, one group of 3 students and one group of 4 students.

The practicum coordinator is the group practicum instructor, as well as the instructor of record for all independent practicum projects and field placements in public health. In 2013-14 and 2014-15 Assistant Professor Joan Segal, M.A., M.S., served in that role. Currently, Amanda Durante, PhD, most recently epidemiologist for the New Haven Health Department who has taught public health courses at UConn and Yale, is the practicum coordinator. Stanton Wolfe, DMD, MPH originally developed the group practicum at UConn and served as its initial instructor. Upon his resignation from the program in 2013, adjunct instructor Pamela Kilby-Fox, RD, MPH, formerly health director of the City of New London and then Director of Local Public Health for the Connecticut Department of Public Health, stepped in to take over his role for the semester.

The practicum learning objectives and their relationship to the MPH competencies are explicitly stated on a grid in the syllabus (see Appendix 2.4.a.). For the 2016 group practicum syllabus, this table will need to be edited to reflect the modest changes in competencies recently enacted.
Students, preceptors, and the practicum coordinator have the list of learning objectives the students have already met before starting the practicum and then review those attained at the end of the process. Clearly the student evaluation form completed by the project preceptors needs to be amended so that the preceptors can evaluate from their perspective which learning objectives have been met through the project. The form will be revised prior to the spring 2016 semester.

Individual Practicum Students desiring to complete an individualized practicum must meet with the practicum coordinator and, if appropriate, submit a form entitled Practicum Project Matching Form-Individual Option (See Electronic Resource File). Included on the form are the names, titles and academic credentials of the field preceptors. The practicum coordinator reviews this information for appropriateness of the preceptor before approving a project, and sometimes requires additional information before final approval. Practicum preceptors, for their part, must approve the project description and time frame for the project and sign off on it before the project coordinator reviews the application. While all students are encouraged to enroll in the group practicum, joint degree students have leeway to do the individual practicum due to specific interests or scheduling issues. Stand-alone MPH students must have significant constraints or reasons for pursuing the individual practicum, and waivers of the group practicum are generally difficult to obtain. In instances where the individual practicum is permitted, students identify their own independent practicum project, practice site and preceptor, although at times the practicum coordinator may set up a project for students with a specific interest. In any event, the practicum coordinator must approve all individual practicum applications before the practicum project can begin. Students, whether completing the group or independent practicum must complete a minimum of 135 field hours along with related class time. Reporting mechanisms and grading rubrics are equivalent for both experiences.

Table 2.4.a.2.	Practicum format completed by MPH students, 2013-15.		
	Practicum format		
	Group	**Individual**	**Total**
2013-14	24	9	33
2014-15	15	11	26
Total	39	20	59

Since the change in program leadership in 2004, the practicum has undergone three phases of change. In the first phase, partially to address concerns about time to completion, the program introduced a group practicum during the 4th semester of study to ensure that students completed this experience in a timely manner. It was noted that students occasionally had difficulty negotiating site placements and projects with their practicum coordinator or advisor or simply put off the practicum for a 'convenient' (i.e., unavoidable) time to undertake it. The group practicum also reinforced the notion that just about everything achieved in public health has been done collaboratively and collectively. At first, students as a group focused on various aspects of a single public health problem in Connecticut (e.g., childhood obesity, disabilities and health, healthy literacy, the uninsured), with the end product being a "white paper" on the issue that was presented in a "hearing" at the State Legislative Office Building.

The second iteration of the group practicum was introduced around 2009 when Dr. Stanton Wolf joined the faculty and became practicum coordinator. The practicum's focus was on 'Public health and the healthcare system infrastructure's impact on health inequities in Connecticut.' Seven classroom sessions (focused on the role our public health system can play in reducing the burden of health inequities in CT) were combined with required fieldwork (a minimum of 75 hours) by students.

Recognizing that the practicum in that format was not providing students sufficient time in the field for meaningful experiences and/or output, the practicum was again modified in 2014 when the Professor Joan Segal reduced the number of classroom sessions by half and increased the minimum practice hours required to 135+, expanded the number of project choices, and, with one exception in spring 2014, limited the number of students on each project to 2-4. Professor Segal, the former associate director of our program, has years of experience developing relationships with local and state health departments, community-based organizations, and relevant professional organizations. Her heightened emphasis on experience in the field has been positively evaluated by both preceptors and students, and has contributed to a greater proportion of joint degree students electing to enroll in the group practicum.

Table 2.4.a.2 shows the results of the student evaluation of preceptors for the spring 2015 practicum course. One student evaluation form was unavailable, so the data reflect results of surveys submitted by 14 of the 15 students enrolled in the group practicum in spring 2015. As the data indicate, by far the majority of students gave the preceptors their highest rating on all survey measures. Overall, 11 of 14 students judged their preceptors to be 'very good' with 3 students judging them to be 'good'.

Table 2.4.a.2.	Student assessments of practicum preceptors, Spring 2015 (N=14).			
	Not at all	Very Little	Somewhat	Very Much
I worked with my preceptor	0	0	1	13
I would recommend preceptor to other students	0	0	3	11
My preceptor discussed my work and advised me	0	0	3	11
My preceptor provided me useful contacts	0	1	2	11
My preceptor provided me useful data	0	14	1	11
My preceptor provided me useful information	0	0	2	12
My preceptor provided other useful resources/help	0	0	2	9

2.4.b. Identification of agencies and preceptors used for practice experience for students for the last two academic years

Practicum sites, project titles, preceptors, and preceptor credentials of group practicum projects for academic years 2013-14 and 2015-16 are listed in Table 2.4.b.1; similar information regarding individual practicum projects is presented in Table 2.4.b.2. For the group practicum, there have been 6 different sites for each of the past two years, with some consistency over this period. Five common sites for both years include the City of Hartford Department of Health and Human Services, the Community Health Center Association of Connecticut, the Connecticut Department of Public Health, the March of Dimes Connecticut Chapter, and the Town of Manchester School Readiness Council. Four out of five of these organizations have consistently served as practicum sites for several years now. The sixth site was the Naugatuck Valley Health District in Spring 2014 and the Meriden Department of Health and Human Services in Spring 2015. In some cases, the primary preceptor has remained the same, while in other cases it has changed with changes in project topic.

Table 2.4.b.1.	Group practicum projects, sites and preceptors, 2013-2015.	
Project	Site	Preceptor
HPV Awareness and Vaccine Uptake	Hartford Dept. of Health	Raul Pino, MPH Health Director
Quality Improvement Assessment	Community Health Center Association of CT	Lori-Anne Russo, Director of Quality Improvement
Early Childhood Nutrition Enhancement	CT Department of Public Health	Marcia Maillard, RDN, CSG, CD-N, Nutrition Consultant
Support for State Coalition to Improve Birth Outcomes	March of Dimes	Erin E. Jones, MS, State Director of Program Services
Women's Health Assessment	Naugatuck Valley Health District	Karen Spargo, MS, MPH, Health Director
Early Childhood Community Plan	Manchester CT School Readiness Council/	Sharon Kozey, Director, Youth Services Bureau
Maternal Infant Outreach Protocols	Hartford Dept. of Health	Elby Gonzalez-Schwapp, MS, Community Services
Colorectal Cancer Screening Project	Community Health Center Association of CT	Kathylene Pitner, MA, MHA, Director of Programs & Evaluation
Hepatitis C	CT Department of Public Health	Andrea Lombard, RN, BSN, MPH, Epidemiologist
Folic Acid Knowledge & Use among Hispanic Women	March of Dimes	Erin E. Jones, MS, State Director of Program Services
Health Literacy	Meriden CT Department of Health	Lea Crown, MPH, Health Director
Falls Prevention	Ledge Light Health District	Stephen Mansfield, MPH, RS, Health Director

Practicum sites (and preceptors) are selected on an ad hoc basis for the individual practicum and depend upon personal interests of the student. Independent practicum projects included Gombe Hospital, Uganda (Dr. H. Lule, Medical Supervisor); Saint Francis Hospital, Hartford, CT (M. Bajana, MSW, Social Worker – Caseworker); Community Health Center Association of CT (L. Russo, MS, Director of Clinical Programs); Ledge Light Health District, New London, CT (S. Mansfield, RS, MPH, Director of Health); Coalition to Stop Gun Violence, Washington, DC (O. Kennedy, MPH, Public Health Fellow); CT Dept. of Public Health, Legal Office (M. Antonetti, JD, Principal Attorney - Office of Licensure Regulation & Compliance); C. Medical Spanish Institute, Equador (J. Duchiela, Director of Cachamsi); CT Judicial Branch (M. Giovannucci, Manager, Court Operations); CT Department of Public Health (S. Blancaflor, MS, MPH, Chief of Environmental Health Section); National Nutrition Agency (NaNA), Gambia (D. Sowe, Program Officer); Hartford Dept. of Health & Human Services (R. Pino, MD, MPH, Director); Qualidigm Inc. (T. Meehan, MD, MPH, Chief Medical Officer).

Table 2.4.b.2.	Individual Practicum projects, sites and preceptors, 2013-2015	
Project title	**Project Site**	**Field Preceptor**
Mini-Learning Collaborative on Data Integrity	Community Health Center Association of CT	Lori-Anne Russo, Director of Quality Improvement
Organizing Workshops on Health Inequities & Built Environment	CT Department of Public Health	Suzanne Blancaflor, Chief, Environmental Health Section
Assessment of Nutritional Status of Children in NaNA Programs	National Nutrition Agency (NaNA), Gambia	Dodou Sowe, Program Officer
Child Sexual Abuse as a Public Health Problem	Greater Hartford Child Advocacy Center	Francesca Provenzano, Environmental Health
Teen HPV Awareness & Vaccine Uptake	Hartford Dept. of Health	Raul Pino, MPH, Health Director
Patient Engagement Initiative	Qualidigm	Thomas P. Meehan, MD, MPH, Chief Medical Officer
Mental Illness in Veterans: Firearm Rights Restoration	Coalition to Stop Gun Violence	Orla Kennedy MPH, Public Health Fellow
Hearing Office & Office of Licensure Reg & Compliance	Legal Office of CT Dept. of Public Health	Matthew S. Antonetti, JD, Principal Attorney
Use of Clay Filters in Cacha Communities in Equador	Cachamsi (Equador)	Dr. Jorge Duchiela, Physician
Child Well-being in Court: Lit Rev & Court Improvement	CT Judicial Branch	Marilou Giovannucci, Manager

In addition to the required practicum, several students have enrolled in another practice opportunity, a 3-credit elective PUBH 5498 Field Experience in Public Health. The Field Experience is generally undertaken by two types of students; those early in their academic careers who are not yet eligible to enroll in the practicum but who seek practice experience, and those who have already taken the practicum and seek additional practice experience. Project sites and preceptors for students enrolled in the Field Experience in Public Health in 2014-15 and 2013/14 include Ledge Light Health District (S. Mansfield, RS, MPH, Deputy Director); CT Public Health Association (C. Stern, Co-chair); and Qualidigm (T. Meehan, MD, MPH, Chief Medical Officer and A. Elwell, MPH, Vice President, Community Relations).

2.4.c.   Data on the number of students receiving a waiver of the practice experience for each of the last three years

There were no students who received a waiver of the practice experience; waivers of the program's practicum are not granted, regardless of the appropriateness of prior coursework or professional experience. All stand-alone and joint degree candidates for the MPH degree complete PUBH 5407 – Practicum in Public Health as a program requirement.

2.4.d.   Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years

This criterion is not applicable. The program has not enrolled medical residents in preventive, occupational, or aerospace medicine during this period of review.

2.4.e.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.4 is met.

Strengths: The program maintains a practicum requirement (PUBH 5407) of all students and there are additional opportunities to enhance practice skills and public health competencies through our field experience (PUBH 5498). Individual and group practicum projects are designed to yield tangible service products. Mechanisms are in place to monitor student performance by field preceptors and academic advisors. Practicum projects address a range of significant public health concerns across Connecticut (and sometimes beyond for individual projects). Field preceptors are well oriented and knowledgeable about our curriculum and the practicum requirement.   The program has over the last several years developed strong relationships with both the state health department and local health departments and districts. Of the approximately 70 local public health entities in Connecticut, graduates of the UConn MPH program direct over 20 departments and a large number of graduates are employed at the state health department as well. As a result, it is not difficult to find relevant practice sites for students in any geographic area of Connecticut, and agencies often solicit us with ideas for student projects. Students are well prepared, through coursework and other exposures within the program to undertake the practicum. Having second-year students embark on a group practicum as a cohort has proved beneficial in several ways. Importantly, it has provided consistency for the students and has helped reduce time to completion. Just as important, it has provided students with the experience of working together towards a common goal and contributed to interprofessional collaboration. The Field Experience in Public Health, introduced since the prior reaccreditation report, has provided another option for practice experience.

One of the most positive aspects of the group practicum is the commitment several students have shown to the sponsoring organization. For example, one of the students who worked at the March of Dimes in spring 2014 was an active volunteer there for the entire 2014-15 academic year, and at graduation in spring 2015 was recipient of the prestigious Susan S. Addiss Award, which recognized, among other things, her contribution to the community (largely based on her commitment to the March of Dimes). Both students who worked with the March of Dimes this spring 2015 semester have volunteered to conduct two more focus group sessions over the summer, and the two students who worked with the Hartford Health Department's Maternal and Infant Outreach Program as their group practicum site in spring 2015 will be volunteering there this summer as well. One and perhaps both of them are anticipating doing a capstone project there as well.The group practicum preceptors have been highly appreciative of the students' efforts and this is evidenced by their desire to continue working with our students (one preceptor has been working with our students since 2009).

The introduction of the Applied Practice Project (PUBH 5499) and Introduction to Community Issues and Research (PUBH 5497) has expanded field experience options for students. This option has been particularly helpful for younger students right out of college and has provided them with a "leg-up" when seeking employment.

Weaknesses: No significant weaknesses have been noted.

Plans relating to this criterion: While the independent practicum option generally is discouraged unless a student is in a joint degree program, the process for selecting between two options could be improved. In particular, additional effort is needed to communicate more often with independent practicum instructors and to ensure a site visit is made to every independent practicum site in Connecticut at least once during the semester.

There needs to be more recognition of practicum preceptors, perhaps through certificates presented at the annual oral presentations. Group preceptors should be added to the program newsletter list so that they receive year-round contact with program happenings, and they and us should be invited to

program events such as orientation for new students (reception and keynote address) and poster sessions for graduating students

Criterion 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.

2.5.a. **Identification of the culminating experience required for each professional public health degree program.**

All students complete a culminating experience, either a 9-credit thesis that exemplifies scholarship of discovery or a 3-credit applied practice project that demonstrates the scholarship of application (i.e., resolving problems). Whether the culminating project is a thesis or applied practice project, students are encouraged to identify an appropriate topic at the point the core coursework is completed. The work specifically related to the capstone project is undertaken during the final semesters of graduate work and completed during the final semester of matriculation.

Both thesis and project options are expected to pursue novel inquiry in addressing a significant public health concern. Whether opting for the thesis or applied practice project, the student's effort is required to be clear, concise, accurate and thorough. It is expected that every culminating experience yields generalizable knowledge relevant to the theory and practice of public health. Excellence in completing the capstone project is a program priority, encouraged through selection of annual Mulvihill (for research excellence) and Addiss (for performance excellence) award winners. A list of award winners is included in our Electronic Resource File.

Table 2.5.a.1.	Student preferences for culminating experience format, 2012-2015		
Year	Plan A – Thesis	Plan B – Non Thesis	Total
2012-13	10	18	28
2013-14	18	8	26
2014-15	15	13	28
Total	43	39	82

Students in good academic standing at the time they complete our core course sequence (GPA $\geq$3.0) are encouraged to submit a plan of study listing completed/ anticipated coursework toward the MPH degree, selection of a major advisor from among approved UConn graduate faculty to guide capstone work and identification of 2 associate advisors to review the capstone paper. The review and approval process is initiated with a project prospectus summarizing the student's area of focused work, method of inquiry/activity, timetable, human protection assurances, and deliverables. Approval forms for both thesis and practice project formats are available to students on-line (and included in our Electronic Resource File).

The Advisory Committee members and Program Director must approve the prospectus before work (e.g., IRB applications, training, data collection, analysis, etc.) can commence. The completed thesis must conform to the University's Manual of Style, procedures and timetable; the applied practice project follows MPH program standards. Guidance on project expectations, style, etc. is available through the MPH student handbook, the *Graduate Catalog*, University and program websites and consultation with program and university personnel.

When the student's Advisory Committee considers the <u>written</u> component of the culminating experience complete, students are eligible to present their work for public review during a scheduled oral defense and/or poster session. Typically, the oral defense occurs with project advisors and invited guests; the poster session is an event available to the public at large. Agreement by the Advisory Committee that written and oral products meet program requirements is demonstrated by signatures

on a Final Examination Form (See Electronic Resource File), whereby they recommend degree conferral to the Dean of the Graduate School.

Capstone projects titles, authors and major advisors from 2012-15 are summarized in Table 2.5.a.2. The information describes a range of public health topics along with an imbalanced distribution of thesis advisors. Of 16 thesis advisors during this period, roughly one-half of all projects were advised by Drs. Ungemack (15) or Schensul (6). Such imbalance causes significant disruptions in the matriculation of students unable to identify appropriate advisors.

Table 2.5.a.2.	Thesis projects and advisors, 2012-2015	
Project title		Advisor
Determining the Need to Incorporate Diabetic Risk Assessment in an Academic Dental Institution		Arteaga
Training Group Home Staff on Nutrition		Bruder
The Relationship between Pregnancy Prevention Information and the Use of Birth Control in College Students with and without Disabilities		Bruder
Effects of a Hospital-Wide Quality Improvement Initiative on 30-day Readmission for Patients with Heart Failure		Burleson
Understanding HIV-Related Risk Behaviors among Returnee Male Migrant Workers in Nepal		Copenhaver
Effect of Food Security and Federal Food Assistance Participation on Household Availability and Recorded Preschool Child Consumption of Sugar Sweetened Beverages and 100% Fruit Juice		Ferris
Attitudes and Beliefs Regarding the Collection of Race, Ethnicity and Primary Language Information in Healthcare Settings		Gregorio
The effectiveness of education in encouraging women to obtain mammography in timely manner		Gregorio
A Framework for the Evaluation of Medication Errors in the Inpatient Setting		Gregorio
Passive Tick Surveillance for Ixodes Scapularis and the Incidence of Lyme Disease in Connecticut		Gregorio
Determinants of Family Planning Service Uptake and Use of Contraceptives among Postpartum Women in Rural Uganda		Kiene
A Social Ecological Approach: Understanding Factors Associated with HIV Risk in Lake Victoria, Uganda		Kiene
Re-emerging Vaccine Preventable Diseases: United States Immunization Exemption Laws and the Relation to Annual State Pertussis Incidence-Trend Analysis		Lazzarini
The Efficacy of Freshplace Project Manager's Use of a Stages of Change Assessment Form and Motivational Interviewing		Martin
The Role of Self-Efficacy in Increasing Food Security Among Participants of a New Food Pantry Model in Hartford, CT		Martin
The Influence of Geographic Location on Sexual Behaviors Associated with the Transmission of HIV in Mainland Tanzania		Mathew
Empowerment and Health in a Low Income Community in Mumbai, India		Schensul
Social & Environmental Risks for Anemia & Malnutrition Among Adolescent Girls in Mumbai, India		Schensul
Risk and Protective Factors that affect Married Women's Reproductive Health in a Low-Income Community in Mumbai, India		Schensul
Beyond the Bronzer – An Investigation into Self-Image and Skin Tone Altering Activities in the CT Adolescent Population		Schensul
Assessing Knowledge and Attitudes of the Human Papillomavirus Infection and Vaccine Among Adolescents in Hartford, CT		Schensul
Making Contact: Towards an Understanding of the Reach of a Peer Driven Health Intervention to African American and Hispanic Drug Users		Schensul
Leisure Time Physical Activity among Non-Smoking , Normal Weight Adults: Assessing Prevalence of Central Adiposity, Insulin Resistance and Systemic Inflammation		Swede
Accelerometer-Measured Physical Activity in Youth: Association with Adiposity-Related Health Indicators in NHANES 2003-2006		Swede
Chlamydial Infection among Residents of Connecticut: An Investigation of Social, Economic, Educational and Cultural Components		Stevens

Table 2.5.a.2. , continued	Thesis projects and advisors, 2012-15	
Project title		**Advisor**
The Relationship Between Drug Use and Depressive Symptoms Among High School Students		Stevens
Hope and Major Depressive Disorder in Women		Tennen
"Un Pueblo Tan Dulce": Diabetes, Depression, and Obesity Syndemics in Puerto Rico		Ungemack
The Effect of Overactive Bladder Syndrome on Health-related Quality of Life in an Assisted-living Community		Ungemack
Clinical Approaches to the Diagnosis of the Patient with Suspected Lyme Disease		Ungemack
Prescription Opioid Abuse: A Gateway to Abuse of Other Prescription Medications?		
Connecticut Teen Pregnancy Prevention: Parental Attitudes about Reproductive Health Education		Ungemack
Impact of Health Perception on Medication Adherence for Type 2 Diabetics		Ungemack
Practice and Patient Characteristics Associated with Primary Care Physicians' Use of Electronic Consults with Their Patients		Ungemack
Making the Invisible Visible: Latin American Women with Undocumented Status and Their Experiences of Intimate Partner Violence		Ungemack
"A Cost-Benefit Analysis of PSA-Based Prostate Cancer Screening		Ungemack
Benzathine Penicillin G for the Prevention of Rheumatic Fever and Rheumatic Heart Disease in the Developing World: A Global Survey of the Quality and Quantity of Supply		Ungemack
A Closer Look at the Relationship of Violent Crimes amongst the Severely Mentally Ill		Ungemack
The Prevalence of Burnout and Depressive Symptoms in Medical School		Ungemack
Assessment of Pediatric Pneumonia Cases in Haiti		Ungemack
Identifying Predictive Factors and Demographic Characteristics of Parents with Substance Abuse Issues in the Recovery Specialist Voluntary Program		Ungemack
Outcomes of an Integrated Behavioral and Primary Health Care on Hospital Utilization for the Seriously Mentally Ill		Ungemack
Role of Insurance Status on Emergency Department Utilization and Subsequent Hospitalization in the Connecticut Emergency Mobile Psychiatric Services Population		Ungemack
The Relationship between Obesity and Occupations among the U.S. Population Based on Occupational Tasks		Warren

Applied practice projects listed in Table 2.5.a.3 illustrate a similar diversity of interest and a similar imbalance in project advisors (Drs. Ungemack, Gregorio and Stevens served on roughly 60% of projects; 23 of 39).

Table 2.5.a.3.	Applied practice projects and advisors, 2012-2015	
Project title		**Advisor**
Tobacco Treatment Training for Connecticut SBIRT Health Educators: Program Development & Evaluation		Babor
Vinyl, Phthalates and the Health Geography of Manufactured Housing		Cavallari
The Globally Harmonized System of Classification and Labeling of Chemicals: Policy gaps in implementation and Surveillance		Cavallari
Communication in Mandatory Influenza Vaccination of Hospital Workers		Chapman
Neonatal Abstinence Syndrome: An Emerging Public Health Concern in Connecticut		Chapman
A Preliminary Community Health Needs Assessment of the Farmington Valley Health District		Chapman
Assessment of Health and Wellness Policies in Hartford, Connecticut Childcare Centers- A Pilot Study.		Ferris
Field Testing of Practitioner's Guide to Talking about Safe Sex Practices with Older Adults		Fortinsky
Impacts of Public Health Accreditation		Gregorio
Overweight, Obesity and Breastfeeding in Children of Healthcare Professionals and Children of Non-Healthcare Professionals: A Retrospective Chart Review		Gregorio
Connecticut's Food System: Problems, Progress and Recommendations for a Good Food Event*		Gregorio
A Look at Obesity and Disability using the 2002 and 2012 National Health Interview Survey*		Gregorio
A Template for Service Learning and its Application to Schools of Public Health		Gregorio

Table 2.5.a.2. , continued	Thesis projects and advisors, 2012-15
Project title	**Advisor**
An Educational Fact Sheet of Healthcare Associated and Community Associated Methicillin Resistant Staphylococcus aureus	Gregorio
The Use of Social Marketing as a Strategy to Increase Vaccination Uptake	Gregorio
Forming Public Health Policy for the 21st Century	Lazzarini
Using Social Media to Target Parents and Promote Positive Health Behaviors in Preschool-Aged Children	Lazzarini
eHealth Utilization for Patient Education and Engagement	Lazzarini
Strategies for Reducing Overweight and Obesity among Hospital Employees	Martin
Health Effects and Safety of Engineered Nanomaterials: Implications for the Academic Research Laboratory	Morse
Assessing Sexuality Education in Connecticut	Segal
Domestic Violence in Mumbai, India*	Schensul
Assessing Knowledge and Attitudes of the Human Papillomavirus Infection and Vaccine Among Adolescents in Hartford, CT*	Schensul
Local Farms to Local Stores: A Feasibility Study Examining Corner Store Owner and Customer Attitudes Towards a Health Corner Store Initiative in Waterbury, CT	Stevens
Ranking Toxic Chemicals in US House Dust Based Upon Concentration and Potency to Affect Children	Stevens
Hexabromocylcododecane (HBCD): A Literature Review of the Brominated Flame Retardant and Risks to Human Health via Consumer Products	Stevens
Do social networks have an impact on parents' vaccination decisions?	Stevens
The Relationship Between Drug Use and Depressive Symptoms Among High School Students	Stevens
Evaluation of the North Hartford Community Kitchen (N.E.C.K.)*	Ungemack
Federally Qualified Health Centers (FQHCs): An Answer for the Uninsured Population*	Ungemack
Health Literacy of Medicare Recipients: Implications for Pharmacy Part D*	Ungemack
Transportation as a Barrier to Substance Abuse Treatment in Newport, Rhode Island*	Ungemack
Traumatic Brain Injury and Domestic Violence: Development of a Short Training Module	Ungemack
Strategies for Reducing Overweight and Obesity Among Hospital Employees	Ungemack
The Connecticut State Coalition to Improve Birth Outcomes: A Case Study Examining Coalition Synergy as a Measure of Effectiveness	Ungemack
The Effects of Maternal Depression on Children	Ungemack
Reducing Pediatric Oral Health Disparities with Mobile Dental Clinics*	Ungemack
Nutrition Education for Young Women Enrolled in a Prenatal Program*	Ungemack
An Evaluation Plan for Hartford's Women's Healthy Heart Program	Ungemack
The Trends, Emerging Self-Management Education Practices, and Addressing this Public Health Issue in Connecticut	Wolfe
An Assessment Plan for the Collegiate Health Services Corps Program (CHSC)	Wolfe
Human Immunodeficiency Virus Status of Tuberculosis Patients and Human Immunodeficiency Virus Testing Practices of Tuberculosis Patients by Health Care Providers – Connecticut*	Wolfe

* Studies of health disparity and/or global health concerns

2.5.b. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.5 is met.

Strengths: To date, more than 800 individuals have received the MPH degree from our University. Our students undertake a rich array of public health topics that, among other things, demonstrate their competence as public health scientists and/or practitioners. During 2014-15, the focus of roughly 1 of every 2 projects was applied in nature, 1 in 4 capstone/thesis projects emphasized a topic of global health and 1 in 3 projects address topics of health disparity. Students are recognized through the annual

award to one student of the Mulvihill medal for exemplary scholarly work and capstone projects will be highlighted in a new statewide publication, the *Connecticut Health Quarterly.*

The program and University have explicit, available guidance regarding capstone requirements of all students. All MPH candidates complete a thesis or applied practice project on topics of their interest. Roughly equivalent proportions of students opt for either (i.e., 52% thesis, 48% project). Every thesis and applied practice project is accompanied by a traditional oral defense or poster presentation, at which time students demonstrate their mastery of subject matter and competency to effectively communicate public health information. We exceed our target for capstone projects focused on health disparities and/or global health (i.e., 25%) 22 of 43 thesis projects (51%) and 10 of 39 applied practice projects (26%) met the criterion.

Weaknesses: Advisement of capstone projects is compromised by a decrease in available faculty, of time and the imbalance of time and effort committed by faculty to this effort. Consequently, students and faculty are often paired in sub-optimal relationships that limit the productivity and experience for students. The distribution of students is highly skewed toward a few faculty advisors who do the bulk of capstone advisement. A concerning imbalance in the distribution of students to advisors exists (Professors Ungemack, Schensul and Gregorio advise a majority or 53% of capstone projects).

Plans relating to this criterion: We will continue to identify appropriate incentives to increase the numbers and types of faculty participating in the curriculum as capstone advisor should be identified and made available.

Criterion 2.6 Required Competencies: There shall be clearly stated competencies that guide the development of degree programs.

2.6.a. Identification of a set of competencies that all graduate professional public health degree students, regardless of concentration, major or specialty area, must attain

The following 13 competencies address core elements of public health practice expected of all program graduates. Competency on these topics is gained primarily through completion of required coursework, practical experiences and capstone activities. Our methods of assuring that these competencies are acquired are detailed in Section 2.7.

Table 2.6.a.1.	MPH Program Core Competencies
Upon completing requirements of the MPH degree, UConn graduates will be able to:	
1.	Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities.
2.	Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.
3.	Apply basic methods and terminology to calculate and report disease rates and risks in populations.
4.	Employ principles of research design, probability and measurement to draw appropriate inferences from data.
5.	Utilize appropriate information technologies to collect, analyze and disseminate data.
6.	Assess the strengths and limitations of various research designs in collecting, analyzing and interpreting information from public health studies.
7.	Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.
8.	Promote evidence-based public health practices that affect the health of communities.
9.	Identify genetic, behavioral and circumstantial factors affecting individual and group susceptibility to adverse environmental hazards.
10.	Describe mechanisms of toxicity that explain direct and indirect effects of environments on human health.
11.	Contrast basic social and behavioral science theories about the causes and control of public health concerns.
12.	Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care.
13.	Design and implement public health interventions according to sound ethical and legal standards.

2.6.b. Identification of a set of competencies that all graduate professional public health degree students, regardless of concentration, major or specialty area, must attain

The following four competencies address elements of interprofessional public health practice expected of all program graduates. Competency on these topics is presumed to be gained through completion of required and elective/selective coursework, practical experiences and capstone activities. Our methods of assuring that these competencies are acquired are detailed in response to Criterion 2.7.

Table 2.6.a.2.	MPH Program Concentration Competencies
Upon completing requirements of the MPH degree, UConn graduates will be able to:	
14.	Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage disease in communities..
15.	Acknowledge one's role and those of other professions in addressing the needs of communities served.
16.	Establish and lead teams to develop and advocate for effective policy and program change.
17.	Respect and protect the rights and differences of persons and the communities in which they live.

2.6.c.   A matrix that identifies the learning experiences (e.g., specific course or activity with a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6a and 2.6.b are met

Tables 2.6.c.1 and 2.6.c.2., respectively link learning objective contained in program courses with our core and concentration competencies. Course titles and brief descriptions are contained in our Electronic Resource File. Generally, we believe students primarily gain a specific competency through our core course sequence and that competencies first acquired there are reinforced in subsequent electives.

Table 2.6.c.1.	Competencies-course* matrix: Core curriculum competencies								
		Core courses							
		PUBH5403 Health Administration	PUBH5404 Environmental Health	PUBH5405 Social Foundations	PUBH5406 Law and Public Health	PUBH5407 Public Health Practicum	PUBH5408 Biostatistics & Epidemiology I	PUBH 5409 Biostatistics & Epidemiology II	PUBH 5431 Research Methods
		P= primary source							
		R= reinforcing source							
1	Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities.		P			R	P	P	R
2	Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.	R	R	P	P	R	P		

Reinforcing Elective/Selective Courses

1. PUBH 5414 Health Economics; PUBH 5430 Public Health Informatics; PUBH 5434 Topics in Intermediate Biostatistics; PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5462 International Health; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5502 Epidemiology of Disability; PUBH 54971-1 Ethics/Regulations in Novel Technology; PUBH 54971-3 Public Health Ethics; PUBH 54971-4 Law & Global Health; PUBH 54971-6 Mental Health Law; PUBH 54971-7 Comparative Health Systems; PUBH 54971-8 Applied Regression & Correlation; PUBH 54971-9 Cancer Epidemiology; PUBH 5497-20 Statistical Methods in Healthcare; PUBH 5497-21 Study Design & Data Analysis

2. PUBH 5419 Public Health Agencies; PUBH 5440 Public Health Issues in Genetics; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5462 International Health; PUBH 5468 Occupational/ Environmental Epidemiology; PUBH 5473 Women, Public Health & Reproduction; PUBH 5502 Epidemiology of Disability; PUBH 5503 Disability Law, Policy, Ethics & Advocacy; PUBH 5497-1 Ethics/Regulation in Novel Technologies; PUBH 5497-2 Public Health Ethics; PUBH 5497-3 Human Rights & Health; PUBH 5497-4 Law & Global Health; PUBH 5497-5

#	Objective									Courses
										Public Health Policy Development; PUBH 5497-7 Comparative Health Systems; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-16 Introduction to Global Health; PUBH 5497-17 Measuring the Built Environment
3	Apply basic methods and terminology to calculate and report disease rates and risks in populations.		R	R			P	P	R	PUBH 5414 Health Economics; PUBH 5434 Topics in Intermediate Biostatistics; PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5462 International Health; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5497-8 Applied Regression & Correlation; PUBH 5497-9 Cancer Epidemiology; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-20 Statistical Methods in Healthcare
4	Employ principles of research design, probability and measurement to draw appropriate inferences from data.					R	P	P	P	PUBH 5416 Principles of Quality Improvement; PUBH 5430 Public Health Informatics; PUBH 5434 Topics in Intermediate Biostatistics; PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5452 Injury and Violence Prevention; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 497-8 Applied Regression & Correlation; PUBH 5497-9 Cancer Epidemiology; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-16 Introduction to Global Health; PUBH 5497-20 Statistical Methods of Healthcare
5	Utilize appropriate information technologies to collect, analyze and disseminate data.					R	P	P	R	PUBH 5416 Principles of Quality Improvement; PUBH 5430 Public Health Informatics; PUBH 5432 SAS Programing and Data Management; PUBH 5434 Topics in Intermediate Biostatistics; PUBH 5452 Injury and Violence Prevention; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5497-8 Applied Regression & Correlation; PUBH 5497-20 Statistical Methods in Healthcare
6	Assess the strengths and limitations of various research designs in collecting, analyzing and interpreting information from public health studies.						P	P	P	PUBH 5434 Topics in Intermediate Biostatistics; PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5451 Maternal/Child Health Policy; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5504 Public Health Interventions in Disability; PUBH 5497-9 Cancer Epidemiology; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-20 Statistical Methods in Healthcare
7	Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.	P	P	P	R	R				PUBH 5416 Principles of Quality Improvement; PUBH 5419 Public Health Agencies; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5462 International Health; PUBH 5475 Public Health & Policy in an Aging Society; PUBH 5473 Women, Public Health & Reproduction; PUBH 5502 Epidemiology of Disability; PUBH 5503 Disability Law, Policy, Ethics & Advocacy; PUBH 5504 Public Health Interventions in Disability; PUBH 5497-7 Comparative Health Systems; PUBH 5497-16 Introduction to Global Health

#	Competency									Courses*
8	Promote evidence-based public health practices that affect the health of communities.	R	R			P	R	R	P	PUBH 5419 Public Health Agencies; PUBH 5430 Public Health Informatics; PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5455 Health Education; PUBH 5462 International Health; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5473 Women, Public Health & Reproduction; PUBH 5476 Community Mental Health; PUBH 5497-9 Cancer Epidemiology; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-16 Introduction to Global Health; PUBH 5497-17 Measuring the Built Environment
9	Identify genetic, behavioral and circumstantial factors affecting individual and group susceptibility to adverse environmental hazards.		P	R			P	P		PUBH 5436 Intermediate Epidemiology; PUBH 5438 Investigation of Disease Outbreaks; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5473 Women, Public Health & Reproduction; PUBH 5497-9 Cancer Epidemiology; PUBH 5497-11 Environmental Impacts on Children's Health; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-15 Ergonomics & Risk Assessment; PUBH 5497-22 Toxicology & Risk Assessment
10	Describe mechanisms of toxicity that explain direct and indirect effects of environments on human health.		P				R	R		PUBH 5440 Public Health Issues in Genetics; PUBH 5468 Occupational/Environmental Epidemiology; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-15 Ergonomics & Risk Assessment; PUBH 5497-22 Toxicology & Risk Assessment
11	Contrast basic social and behavioral science theories about the causes and control of public health concerns.			P	P					PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5455 Health Education PUBH 5462 International Health; PUBH 5501 Foundations of Public Health & Disability; PUBH 5497-2 Public Health Ethics; PUBH 5497-16 Introduction to Global Health
12	Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care.	R		P	P					PUBH 5416 Principles of Quality Improvement; PUBH 5451 Maternal/Child Health Policy; PUBH 5462 International Health PUBH 5472 Disability and Public Health; PUBH 5473 Women, Public Health & Reproduction; PUBH 5502 Epidemiology of Disability; PUBH 5503 Disability Law, Policy, Ethics & Advocacy; PUBH 5497-3 Human Rights & Health; PUBH 5497-7 Comparative Health Systems; PUBH 5497-16 Introduction to Global Health
13	Design and implement public health interventions according to sound ethical and legal standards.	P	P		P	R			R	PUBH 5419 Public Health Agencies; PUBH 5452 Injury and Violence Prevention; PUBH 5462 International Health; PUBH 5473 Women, Public Health & Reproduction; PUBH 5475 Public Health & Policy in an Aging Society; PUBH 5497-1 Ethics/Regulation in Novel Technologies; PUBH 5497-5 Public Health Policy Development; PUBH 5497-16 Introduction to Global Health

*Course numbers, tittles and brief descriptions are available in our Electronic Resource File

Table 2.6.c.2.		Competencies-course* matrix: Concentration competencies.								
		Core courses								
		PUBH5403 Health Administration	PUBH5404 Environmental Health	PUBH5405 Social Foundations	PUBH5406 Law and Public Health	PUBH5407 Public Health	PUBH5408 Biostatistics &	PUBH 5409 Biostatistics &	PUBH 5431 Research Methods	
		P= primary source								
		R= reinforcing source								**Reinforcing Elective/Selective Courses**
14	Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage disease in communities.	R	R	R	R	P	R	R		PUBH 5438 Investigation of Disease Outbreaks; PUBH 5436 Intermediate Epidemiology; PUBH 5451 Maternal/Child Health Policy; PUBH 5475 Public Health & Policy in an Aging Society; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-13 Infectious Disease Epidemiology; PUBH 5497-14 Intermediate Epidemiology; PUBH 5497-22 Toxicology & Risk Assessment
15	Acknowledge one's role and those of other professions in addressing the needs of communities served.	R	R	R	R	P	R			PUBH 5419 Public Health Agencies; PUBH 5451 Maternal/Child Health Policy; PUBH 5452 Injury and Violence Prevention; PUBH 5455 Health Education; PUBH 5462 Health and Human Rights; PUBH 5504 Public Health Interventions in Disability; PUBH 5497-5 Public Health Policy Development; PUBH 5497-10 Chronic Disease Prevention & Control; PUBH 5497-16 Introduction to Global Health
16	Establish and lead teams to develop and advocate for effective policy and program change.	R	R			P			R	PUBH 5419 Public Health Agencies; PUBH 5475 Public Health & Policy in an Aging Society; PUBH 5502 Epidemiology of Disability; PUBH 5503 Disability Law, Policy, Ethics & Advocacy; PUBH 4597-5 Public Health Policy Development
17	Respect and protect the rights and differences of persons and the communities in which they live.			P	P	P				PUBH 5462 Health and Human Rights; PUBH 5472 Disability and Public Health; PUBH 5475 Public Health & Policy in an Aging Society; PUBH 5502 Epidemiology of Disability; PUBH 5503 Disability Law, Policy, Ethics & Advocacy; PUBH 5497-2 Public Health Ethics; PUBH 5497-3 Human Rights & Health; PUBH 5497-4 Law & Global Health; PUBH 5497-6 Mental Health Law; PUBH 5497-16 Introduction to Global Health; PUBH 5497-18 Psychiatric Epidemiology
*Course numbers, tittles and brief descriptions are available in our Electronic Resource File										

2.6.d. Analysis of competencies-curriculum matrix included in Criterion 2.6.c, describing any changes to the curriculum that resulted from the observations and analysis.

Since our previous self-study, our program has been responsive to changes in our student body, their learning styles and the resources available for our curriculum.   Increasingly, students enter our program upon completing their baccalaureate degree with relative inexperience regarding our public health system. Many of these students favor experiential learning over a didactic curriculum. Lastly, limits on the fiscal resources available to recruit and retain teaching faculty has led to economizing the number and types of supplemental courses offered by our program.

As a consequence, our inventory of expected competencies has been rewritten to emphasize the doing, rather than the knowing of public health (e.g., substituting expectations to "Identify" with "Use", "Describe" with "Illustrate", etc.), along with the adoption of new competencies that reflect contemporary issues in public health practice regarding technology and social media (#5 - Utilize appropriate health information technologies to collect, analyze and disseminate data), global health concerns (#7 - Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.) and ethics (#13 - Design and implement public health interventions according to sound ethical and legal standards). Lastly, we endorsed introduction of competencies appropriate for our program's emerging focus on interprofessional practice. The three selected competencies are intended to address the importance of effective communication, and group leadership.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

Our may of courses to competencies was initiated with the 2007 reaccreditation effort and completed within 2 years. Since then, our Curriculum Committee has monitored the development of instructional competencies and how they are dressed within each course offered by our program.   Initially, instructors of each of the 7 core courses were consulted to define the basic set of skills and abilities suitable for public health practitioners. Our selection of 13 core competencies is based on language and principles contained within the ASPH's *Core Competency Development Project v2.3*. Over the past 2 years, the emergence of our program's focus on interprofessional practice necessitated the designation of competencies specific to that focus. The selected 4 concentration competencies was adapted from Adapted from the Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C. Our final selection of core and concentration competencies was reviewed by our Advisory and Curriculum committees for consistency with the program's mission, goals and objectives. All 17 competencies have been presented to our program's many constituency groups for comment.

All program competencies are included in student handbooks, listed on the program website (http://www.commed.uchc.edu/education/mph/index.html) and those related to individual courses is listed on all course syllabi. Any change to program competencies will be evaluated by the program's Curriculum Committee and approved by its Advisory Committee. Major stakeholders hold seats on both committees. Students, faculty and community-based partners are aware of the competency development process through the program's newsletter and website. These groups are represented on all program committees and have participated in all discussions and decisions to this point.

2.6.f.   Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational program.

The program periodically surveys alumni to determine their employment status and to assess whether they believe the program has prepared them adequately for public health practice. The findings of the most recent alumni survey are described in Section 2.7. In the spring of 2015, the program disseminated its second employer survey in which supervisors were asked to evaluate the graduates' competencies in public health practice (survey available upon request and in our on-site Electronic Resource file). The results of both surveys have been shared with the program's major committees and issues raised are being addressed by the appropriate committee(s).

2.6.g.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.6 is met.

Strengths: Our 17 competencies (13 core and 4 concentration) have been defined and mapped to our curriculum. Procedures for assessing the relation of course objectives to program competencies are in place and routinely monitored by our Curriculum Committee. Procedures for assessing the extent to which students achieve desired competencies are in place through grading/evaluation procedures set by our Advisory Committee, and feedback from Alumni and Employer surveys are in place.

Weaknesses: No significant weaknesses have been noted.

Plans relating to this criterion: Our program continues evolving toward a curriculum focused on interprofessional practice.   As our joint degree component continues to be popular we will utilize those contacts to prepare students for comprehensive, collaborative problem-solving for public health.

> **Criterion 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.

2.7.a. **Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.**

There are three broad domains by which MPH students perform, and the program assesses expected competencies: educational competencies are judged in relation to student performance in required and elective coursework; practice and service competencies are assessed in relation to student performance in required and elective field experiences; and competencies related to the generation of knowledge are evaluated through successful completion of the program's culminating experience. Both quantitative and qualitative tools are used in assessment of student performance in relation to our program's mission, goals and objectives. We consider these tools to be real-time indicators of program effectiveness. Our most common tools for measuring student and program performance include:

- Individual course performance and grade point averages. Students are graded (A-F or S/U) to reflect the quality of performance on course assignments (e.g., reading comprehension, discussion, papers, exams, and oral presentations). The program administration monitors academic performance each semester to identify students with deficiencies (grades of B- or lower, or U) and/or inadequate progress toward the degree. Students identified by these routine transcript reviews are contacted and meetings are scheduled with the Program Director to review progress and recommend remediation, if necessary.
- A student's plan of study reflects their judgment regarding the scope and depth of curricular content necessary to achieve intellectual and career goals. Consequently, the plan of study summarizing coursework (with any approved credit reductions/waivers) to be applied to the MPH degree must be approved by a student's Advisory Committee and Program Director for consistency with our program's objectives and accepted understandings of what is required for a student to be proficient in a substantive area.
- A curriculum is more than a set of required courses. Judgment about the success of an individual student in achieving the competencies should include an assessment about the student's ability to select theories, methods and techniques from across the content matter of a field, to integrate and synthesize knowledge and to apply it to the solution of public health problems.
- Students in 'good standing' must achieve a grade point average (GPA) in the program's 7 didactic core courses of 3.0 with a D in an individual course. Students who fail to achieve this standard must meet with the Program Director that will review the student's academic performance and recommend withdrawal from the program, retaking of deficient content and/or taking appropriate alternative courses. Since 2010-11, 3 students have been identified as failing to maintain 'good standing'; 1 individual has withdrew from the program and 2 matriculated having completed remediation as additional program requirements.
- Without prior approval, students must enroll for a minimum of 2 courses/6 credits each fall and spring semester. Moreover, the program sets timing of enrollment in core courses. Students unable to maintain registration are counseled to request a leave of absence or discontinue matriculation. Students who discontinue and subsequently seek re-instatement in the program are required to submit a detailed plan of study and obtain recommendation for re-instatement from their Advisory Committee before re-instatement by the Program Director and Graduate School is considered. Only 1 reinstatement from discontinued status is permitted.
- Unless extenuating circumstances are demonstrated (e.g., medical necessity, military service, FAML, etc.) a student's plan of study may only include courses successfully completed within 7 years of the

anticipated date of graduation. Since 2010-11, 2 students have received a waiver of this requirement, 2 for health and 1 for military service.

Experiential learning assessments. Students are required to complete a semester-long practicum and are encouraged to complete additional experiential learning opportunities prior to graduation. Activities undertaken within the program's practicum project are monitored and evaluated by field preceptors and the practicum project director (See Section 2.4). The objectives and requirements of the practicum are set and monitored by the program's curriculum committee. The practicum is graded as S/U; students receiving a U are required to retake the practicum.

Capstone activities. Students must complete an independent capstone project (either a thesis or applied practice project), as described in Section 2.6. When the capstone project is completed and publicly presented, the student's Advisory Committee signifies satisfactory completion of the work through submission of a grade (or revisions are required) to the Graduate School.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement and presentation of data assessing the program's performance against those measures for each of the last three years.

UConn expects students to complete all requirements for Masters-level degrees within 6 years of initial enrollment. The percentages of students who graduated within 2 and 4 years of program admission are summarized in Figure 2.7.b.1 for entering cohorts since 1996-97. Degree completion rates per year have improved over time (See Figure 2.7.b.1 and Tables 2.7.b.1 and 2.); we estimate the percentage of students graduating in 2 or 4 years to have increased over this period by approximately 1.0% and 1.49% per year, respectively. This has been accomplished by (a) requiring students to maintain credit loads over their period of study (6+ credits per semester for part-time and 9+ credits per semester for full-time study) and (b) reducing class size from approximately 45 to 30 students per cohort. The proportion of discontinued students continues to exceed 10% of entering cohorts, which is a matter of concern.

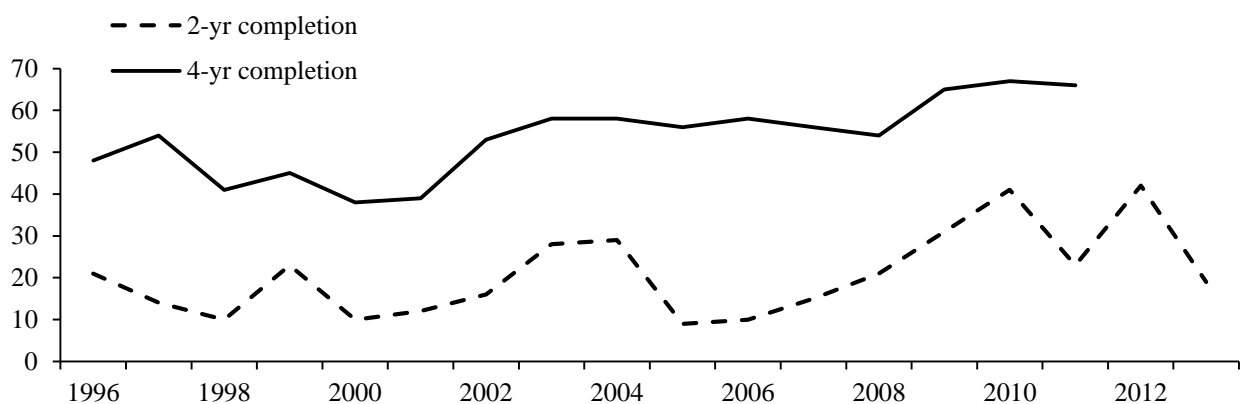**Figure 2.7.b.1.   Percent MPH degrees conferred within 2 and 4 years by year cohort entered program**

Table 2.7.b.1 reports completion and attrition rates for students pursing the standalone MPH degree and Table 2.7.b.2 reports for students completing joint degrees.

Table 2.7.b.1.	Matriculation experience of 'stand-alone' MPH students by year of program entry, 2008-2014.*						
Matriculating Year		**Year of Program Entry**						
		2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
2008-09	# Students beginning year	20						
	# Students withdrew, dropped	2						
	# Students graduated	0						
	Cumulative attrition rate (%)	10						
	Cumulative graduation rate (%)	0						
2009-10	# Students beginning year	18	22					
	# Students withdrew, dropped	0	3					
	# Students graduated	5	0					
	Cumulative attrition rate (%)	10	14					
	Cumulative graduation rate (%)	25	0					
2010-11	# Students beginning year	13	19	20				
	# Students withdrew, dropped	1	0	3				
	# Students graduated	3	7	0				
	Cumulative attrition rate (%)	15	14	15				
	Cumulative graduation rate (%)	40	32	0				
2011-12	# Students beginning year	9	12	17	31			
	# Students withdrew, dropped	0	2	0	1			
	# Students graduated	4	5	10	1			
	Cumulative attrition rate (%)	15	23	15	3			
	Cumulative graduation rate (%)	60	54	50	3			
2012-13	# Students beginning year	5	5	7	29	28		
	# Students withdrew, dropped	0	0	0	1	4		
	# Students graduated	2	2	3	7	0		
	Cumulative attrition rate (%)	15	23	15	6	14		
	Cumulative graduation rate (%)	70	64	65	26	0		
2013-14	# Students beginning year	3	3	4	21	24	19	
	# Students withdrew, dropped	0	0	0	1	0	0	
	# Students graduated	1	0	0	5	12	0	
	Cumulative attrition rate (%)	15	23	15	10	14	0	
	Cumulative graduation rate (%)	75	64	65	42	43	0	
2014-15	# Students beginning year	2	3	4	15	12	19	25
	# Students withdrew, dropped	1	0	0	0	0	0	1
	# Students graduated	0	0	2	7	6	2	0
	Cumulative attrition rate (%)	20	23	15	10	14	0	4
	Cumulative graduation rate (%)	75	64	75	65	64	10	0
2015-16	# Students beginning year	1	3	2	8	6	17	24

*The maximum allowable time to graduate from our program is 7 years.

According to Table 2.7.b.1 attrition among students who first enrolled in the MPH program during 2008-09, was 20%. Subsequently, that percentage has decreased to 10-15% and most occurrences involved

students early in their matriculation (i.e., years 1 or 2). We will pursue with our Advisory Committee whether withdrawals from the program were prompted by the rigor of our registration recruitment, dissatisfaction with the curriculum, onset of major life events or other considerations.

Table 2.7.b.2	Matriculation experience of 'joint degree' MPH students by year of program entry, 2008- 2014.						
Matriculating Year	**Year of Program Entry**						
	2008-09	**2009-10**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
2008-09 # Students beginning year	4						
# Students withdrew, dropped	0						
# Students graduated	0						
Cumulative attrition rate (%)	0						
Cumulative graduation rate (%)	0						
2009-10 # Students beginning year	4	4					
# Students withdrew, dropped	0	0					
# Students graduated	0	0					
Cumulative attrition rate (%)	0	0					
Cumulative graduation rate (%)	0	0					
2010-11 # Students beginning year	4	4	7				
# Students withdrew, dropped	0	0	0				
# Students graduated	1	1	1				
Cumulative attrition rate (%)	0	0	0				
Cumulative graduation rate (%)	25	25	14				
2011-12 # Students beginning year	3	3	6	4			
# Students withdrew, dropped	0	0	0	0			
# Students graduated	0	2	0	0			
Cumulative attrition rate (%)	0	0	0	0			
Cumulative graduation rate (%)	25	75	14	0			
2012-13 # Students beginning year	3	1	6	4	10		
# Students withdrew, dropped	0	0	1	0	0		
# Students graduated	3	0	2	0	0		
Cumulative attrition rate (%)	0	0	14	0	0		
Cumulative graduation rate (%)	100	75	28	0	0		
2013-14 # Students beginning year	0	1	3	4	10	7	
# Students withdrew, dropped	0	0	0	0	0	0	
# Students graduated	0	1	2	1	4	0	
Cumulative attrition rate (%)	0	0	14	0	0	0	
Cumulative graduation rate (%)	100	100	71	25	40	0	
2014-15 # Students beginning year	0	0	1	3	6	7	8
# Students withdrew, dropped	0	0	0	0	0	0	0
# Students graduated	0	0	1	2	3	3	0
Cumulative attrition rate (%)	0	.0	14	0	0	0	0
Cumulative graduation rate (%)	100	100	86	50	70	43	0
2015-16 # Students beginning year	0	0	1	2	3	4	8

*The maximum allowable time to graduate from our program is 7 years.

The marketability of our degree remains high; after graduation, students generally find suitable employment or further opportunities for continued education/training (See Table 2.7.b.2). Two-thirds of graduates report employment in a range of public health related positions (See Electronic Resource File) while all but 1 individual among the remainder pursued additional education (e.g., medical residency, PhD).

Table 2.7.b.3.	Destination of graduates by type of employment, 2012-2015.			
	Year of graduation			
Status after graduation	2012-13	2013-14	2014-15	Total
Employed	23 (82%)	14 (54%)	18 (64%)	55 (67%)
Continued education/training, not employed	4 (14%)	12 (46%)	10 (36%)	26 (32%)
Actively seeking employment	0	0	0	0
Not seeking employment	1 (4%)	0	0	1 (1%)
Unknown	0	0	0	0
Total	28	26	28	82

2.7.c. An explanation of the methods used to collect job placement data and of graduate's response rates to these data collection efforts.

Each year during our commencement dinner, we ask our graduates to answer a short questionnaire. Items included are: updates for newsletter, job title, place of employment, permanent email and desired method of contact. Nearly all of our graduates attend the commencement dinner and therefore our response rates are always very high.

Another method used to collect job placement data is routine monitoring of social media outlets, i.e. LinkedIn. The MPH program, the Public Health Student Org and the UConn Alumni Association all have Facebook and LinkedIn pages that are frequented by both program alumni and current students.

Each semester, the Program Coordinator runs registration and graduation reports. With the information collected, our cohort analysis is updated. The cohort analysis includes both date of matriculation and date of graduation.

Lastly, job placement data were collected as part of the Program's Alumni Survey in spring of 2015. Requests to participate in the survey were sent to all individuals with available, valid email addresses.

2.7.d. Data on the performance of the program graduates on national professional competency exams for each of the last three years

The Public Health Certification (CPH) Exam is the only national public health credential that applies to students trained in public health. Since 2008, 32 program graduates have sat for the CPH exam. Of the 32, 28 students passed resulting in a 91% passing rate. We encourage all graduates to sit for the CPH exam.

In the last few years, half a dozen of our graduates have sat for the Certified Health Education Specialist (CHES) examination. Becoming CHES certified is often not feasible for our graduates, as applicants must have at least 25 semester hours/37 quarter hours of coursework with specific preparation addressing the Seven Areas of Responsibilities and Competencies for Health Education Specialists. One of those

areas, Conduct Evaluation and Research Related to Health Education, is difficult for our students to master as we do not offer any coursework in program evaluation.

2.7.e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders

According to our Alumni Survey (See Section 1.2), more than one-half of MPH program graduates (59%) hold different jobs with different employers from that when they entered the program. Program graduates feel that the program was helpful or very helpful in providing them with competencies in the following areas: a broad understanding of public health, detailed skills/experiences for their jobs, a detailed knowledge of epidemiology, and development of quantitative, analytic, written and oral communication skills. Some alumni felt that the program could have been more useful in helping them to develop the following skills: program and project management; computer application, database management and organization leadership skills. In assessing the quality of the UConn MPH program, students felt the program was excellent or good in the following categories: quality of instruction, expectations regarding student performance, admissions process, quality of fellow students, depth of faculty knowledge, grading and evaluation of student performance, academic advising, access to faculty, diversity of student body, library and classroom facilities, course scheduling and responsiveness of program staff.

Also indicated through the survey, 35% of survey respondents have received various awards or honors including: CT Secretary of the State's Public Service Award, C.E. A. Winslow Award through the Connecticut Public Health Association, International Medical Interpreter Association (IMIA) - Years of Service Award, Inventor Recognition Award 2010, UConn School of Medicine James E.C. Walker Award for Outstanding Contribution in Medicine and Public Health, Gerontological Health Section of the APHA Award, CT Department of Public Health Certificate of Appreciation, Qualidigm Quality of Care Recognition Award 2001, University of Pittsburgh Pitt Innovator Award, Sexuality Educator of the Year (SIECONN), ACOEM Residents Research Award, Merck Award, Diplomat of the American Board of Internal Medicine, and First Prize Humanism in Medicine Essay Contest (Arnold P. Gold Foundation).

Thirty-six percent of alumni respondents hold or have held leadership positions in the state and regional public health system: Connecticut Public Health Association (CPHA) Board of Directors, CPHA President, CPHA President Elect, CPHA Secretary, Delta Omega Public Health Honor Society President, New England Public Health Association President, Connecticut Association of Directors of Health President, Connecticut Public Health Association Foundation President and Executive Director, Board Chairman for North Central District Health Department, Vice President of the Rotary Club, New Mexico Public Health Association President, President and President-Elect for the Occupational and Environmental Medical Association of Connecticut and the Director of Women's Health at Hartford Hospital.

Employer Survey. Employers of graduates were surveyed regarding the extent to which the program accomplished the goal of producing capable public health professionals (the employer survey and results are available upon request and in our Electronic Resource File). As a whole, employers of our alumni agree that their employees have demonstrated the ability to communicate their ideas verbally and present material effectively. A small portion of employers believe that program graduates could be better equipped to prepare and write professional reports. Employers of graduates also agree that program graduates have demonstrated an ability to apply their knowledge and skill in the workplace and are able to conceptualize problems related to their field of expertise. When asked to compare UConn

MPH graduates to graduates of other accredited public health programs and/or schools, over half (54%) of employers surveyed believe that UConn MPH graduates are equivalent to or better prepared.

2.7.f.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.7 is met.

Strengths: The program has effective operational procedures to monitor student performance in the classroom, during fieldwork and on capstone projects. Course enrollment and GPAs of students meet or exceed program requirements. The time to complete degrees has successively grown shorter over time. Student retention has remained high over time. Our students graduate with strong GPAs. Alumni consistently judge our curriculum to be relevant and satisfactory. All recent graduates are employed or enrolled additional graduate programs.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 2.7

Plans relating to this criterion: We have no explicit plans to modify how our program assess the performance of students.

Criterion 2.8 Bachelor's Degrees in Public Health.

This criterion is not applicable. At this time, UConn does not offer an undergraduate degree in public health.

Criterion 2.9 Academic Degrees.

This criterion is not applicable. At this time, UConn does not offer academic degrees.

Criterion 2.10 Doctoral Degrees in Public Health.

This criterion is not applicable. At this time, UConn doctoral degree in public health does not operate within the MPH program's accreditation.

Criterion 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.

2.11.a. Identification of joint degree programs offered by the program

Our mission to prepare students for interprofessional public health practice encourages students to pursue joint degrees. To date, joint degrees are established with Medicine (MD/MPH), Dental Medicine (DMD/MPH) Pharmacy (PharmD/MPH), Law (JD/MPH), Social Work (MSW/MPH) and Nursing (MSN/MPH). Preliminary discussions are underway to establish a 7th joint degree with Public Administration (MPA/MPH). Nearly one-quarter of our MPH students (26 of 105 enrolled students in 2014-15) are simultaneously matriculating toward another degree. Jane Ungemack, Assistant Professor of Community Medicine is the coordinator of all joint degree programs.

Table 2.11.a.1.	Dual degree enrollment and graduations, 2008-15			
Program	Graduate 1998-2007	Graduate 2008-2015	Enrolled 2014-15	Admitted 2015-16
MD/MPH	31	24	17	2
DMD/MPH	1	2	0	0
PharmD/MPH	0	1	1	0
JD/MPH	3	2	1	0
MSW/MPH	10	3	5	0
MSN/MPH	6	0	1	0
Total	51	32	25	2

The MD/MPH and DMD/MPH degrees prepare medical and dental students to work effectively and creatively within the rapidly changing environment of health care. Medical and dental education at UConn addresses numerous topics of public health and social medicine throughout 4 years of study. MD/MPH and DMD/MPH candidates can request a 12-credit load reduction of public health-related coursework on the basis of their didactic and experiential study in medical or dental school. Professors Jane Ungemack, Assistant Professor of Community Medicine and David Henderson, Professor of family Medicine and Assistant Dean coordinator the MD/MPH program; Professors Jane Ungemack and Steven Lepowsky, Associate Professor, Craniofacial Sciences Senior Associate Dean coordinate the DMD/MPH program.

Each MD/MPH and DMD/MPH application for credit reduction is evaluated individually on the merits of medical/dental coursework completed. Credit waivers are offered for approved curriculum relevant to public/population health sciences; curriculum pertaining to clinical medicine or dental medicine does not justify a reduction of credit for the MPH degree.

The PharmD/MPH provides students with special skills in public health related to pharmacotherapy and health promotion, medication safety, drug development and distribution. Typically, PharmD students complete their P1and P2 years in Pharmacy School, apply for admission to the MPH program in the spring of their P2 year and spend the following year as a full-time MPH candidate. Upon returning to the School of Pharmacy for their P3 and P4 years, students complete remaining MPH degree requirements including a 9 credit thesis. Professor Jane Ungemack and Thomas Buckley, Associate Clinical Professor of Pharmacy coordinate this program.

Each PharmD/MPH application for credit reduction is evaluated individually on the merits of PharmD

coursework completed. Credit waivers are offered for approved curriculum relevant to public/population health sciences; curriculum pertaining to clinical e <u>does not</u> justify a reduction of credit for the MPH degree.

The <u>JD/MPH</u> is designed for students who wish to integrate study of the legal and health care systems. Students enrolled in the JD/MPH program must earn 74 credits toward the law degree and 36 credits toward the MPH degree. Law courses applicable to joint degree enable students to appreciate and apply legal, ethical and policy concepts to their public health knowledge. Candidates ordinarily will spend their first year at the School of Law, while students in their first year of the MPH program may reverse this procedure if they are admitted to the School of Law for the following year. After the first year of law school, JD/MPH students ordinarily spend the next year as full-time students of public health. During the third and fourth years, the students will divide their time between the law and public health programs depending on their preferences and the scheduling of desired courses. Professors Jane Ungemack and Susan Schmeiser, Professor of Law coordinate this program.

<u>MSW/MPH</u> The interdisciplinary program in social work/public affords students the opportunity to complete interdisciplinary preparation in the fields of both public health and social work. The curriculum of each MSW/MPH student is designed on an individual basis, depending on the student's area of interest.   Students are expected to complete a minimum of 36 credits in public health and a minimum of 48 credits in social work. All requirements for the MSW/MPH may be completed in 3-4 years due to the elective/selective waivers, together with the evening and summer schedule of MPH courses. Because the social work program requires 2 semesters of field placements, the MPH group practicum is waived for MSW/MPH students. The second social work placement, however, must include content of relevance to public health. Brenda Kurz, PhD, MSW, MSPH, Associate Professor of Social Work assists Professor Jane Ungemack in coordination of these programs.

<u>MSN/MPH</u> UConn offers nursing students the opportunity of interdisciplinary nursing/public health study designed to prepare nurses to deal more effectively and creatively with the rapidly changing environment of medicine and health care. The nursing portion of the joint program requires a minimum of 27 credits; the public health program requires a minimum of 36 credits. Tom Van Hoof, MD, MA, EdD, Associate Professor of Nursing Instruction and Research, assists Professor Jane Ungemack in coordination of these programs.

2.11.b. A list and description of how each joint degree program differs from the standard degree program.

UConn's stand alone MPH requires students to complete 48 credits of approved coursework in order to earn their degree.   Students pursing a joint degree option with Medicine, Dental Medicine, Pharmacy, Law, Social Work, or Nursing will complete 12 public health courses/36 credits, on the condition that they successfully complete the equivalent of 12 credits of relevant graduate coursework in a complementary degree program. UConn does not allow students who earn credits in one program to apply those same credits to another degree. Instead, joint degrees at UConn are accomplished by the mutual agreement of two programs to recognize up to 12 credits of graduate work completed in one program as equivalent to coursework available to students in the other program. That is, our joint degrees are accomplished by lowering our credit requirements in lieu of students completing relevant coursework in their other program.

Table 2.11.b.1 outlines the equivalences between our 'stand alone' and 'joint degree' options.

Table 2.11.b.1	Required coursework for 'joint degree' candidates							
Required Public Health Curriculum		Stand alone MPH	MD/MPH	DMD/MPH	PharmD/MPH	JD/MPH	MSW/MPH	MSN/MPH
PUBH 5403 Health Administration (3 cr.)		X	X	X	X	X	X	X
PUBH 5404 Environmental Health (3 cr.)		X	X	X	X	X	X	X
PUBH 5404 Social Foundations of Public Health (3 cr.)		X	[1]	[1]	X	X	X	X
PUBH 5406 Law and Public Health (3 cr.)		X	X	X	X	X	X	X
PUBH 5407 Practicum in Public Health (3 cr.)		X	X	X	X	X	[2]	X
PUBH 5408 Epidemiology & Biostatistics I (3 cr.)		X	[1]	[1]	X	X	X	X
PUBH 5408 Epidemiology & Biostatistics II (3 cr.)		X	[1]	[1]	X	X	X	X
PUBH 5431 Research Methods (3 cr.)		X	X	X	X	X	[3]	X
PUBH 5999 Capstone in Public Health (3 cr)		X[4]			X	X	X	X
PUBH 5950 Thesis in Public Health (9 cr.)		X[4]	X	X				
Intermediate Biostatistics Elective (3 cr.)			X	X				
Intermediate Epidemiology Elective (3 cr.)			X	X				
Additional elective credits		15-21	6	6	9	9	15	9
Total PUBH credits earned		48	36	36	36	36	36	36
[1] Based on successful completion of MD or DMD pre-clinical coursework. [2] Based on successful completion of MSW coursework. [3] Based on MSW students successfully completing BASC 5330 Research Methods I. [4] Students may elect to complete a 9-credit thesis or 3-credit applied practice paper.								

Joint degree candidates can fulfill the justification of our 12-credit waver of PUBH-related coursework by successfully completing course content in their complementary field of study. Table 2.11.b.2 provides illustrations of options available to joint degree candidate.

Table 2.11.b.2	Relevant public health content in complementary disciplines for' joint degree' candidates
Joint Degree	**Relevant curriculum content**
MD/MPH and DMD/MPH	Pre-clinical coursework in…. 1. Human systems: Biostatistics 2. Human Development and Health (HDH): Demographic trends within the population, analysis of health status indicators, Public Health services, measures of disease screening and control and health services research, clinical epidemiology 3. Correlated Medical Problem Solving (CMPS): Addresses informatics and decision analysis 4. Principles of Clinical Medicine (PCM): Community-based health services, health promotion, cross-cultural training, health disparities and health policy.
PharmD/MPH	PHarmD coursework including…. 1. Pharmacotherapy of Diabetes Mellitus 2. Bar & Grill Approach to Outpatient Pharmacy Practice 3. Professional Experience in Ambulatory Care II 4. Professional Experience in Public Health.
JD/MPH	JD coursework including... 1. Administrative Law 2. Administrative Clerkship 3. Health Law Clinic 4. Disability Law Clinic 5. Environmental Law 6. Family Law 7. Labor Law 8. Law and Medicine 9. Legal Responses to AIDS 10. Legal Rights of Persons with Disabilities 11. Law and the Health Care Process
MSW/MPH	MSW coursework including… 1. Human behavior, society and environments: Micro 2. Human behavior, society and environments: Macro 3. Principles and methods of research 4. Analysis of social welfare policy 5. Social service delivery systems
MSN/MPH	MSN coursework including…. 1. Health promotion, prevention and common health problems 2. Health Professions education 3. Health services statistics and research 4. Information systems 5. Health policy and Population-based advocacy 6. Methods electives

2.11.c. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 2.11 is met.

Strengths: The interprofessional focus of public health, combined with increasing interest in public health across various professions, has produced significant numbers of candidates seeking our joint degree. We believe the intellectual/pragmatic diversity produced by these relationships benefits all students and the domain of public health practice. We currently offer interdisciplinary opportunities in medicine, dental medicine, pharmacy, law, social work, and nursing. Every joint degree student is expected to complete 48 credits of public health-related content of which 36 credits must be completed within our PUBH-related coursework, with the opportunity to complete the remaining 12 required credits through relevant course content completed in a complementary academic program. On an ad

hoc basis, students can engage in interdisciplinary study in public health and business administration, anthropology, nutritional sciences and other applicable fields of study. Every request by joint degree students for credit load reductions is reviewed and approved by the MPH Program Director.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 2.11.

Plans relating to this criterion: We have no explicit plans to modify how our program delivers joint degrees to students. The MPH program will continue to pursue a joint degree option with the School of Business and finalize joint degree requirements (and university approval) with the Master of Public Administration program. In response to growing interest in public health education, the program is exploring a quasi joint degree initiative, our 'Fast-track' 4+1 BA/BS + MPH trajectory that could be used by students seeking baccalaureate degrees in a range of undergraduate majors.

The School of Medicine curriculum is undergoing a reform process and public health competencies will be integral throughout the revised curriculum. Students will also have flexible time and with the encouragement of scholarship. We will monitor whether applications for enrollment into the MD/MPH program grows. The program will continue working to map areas and activities across the medical school curriculum where public health topics are addressed (e.g., various clerkships include objectives relevant to the practice of public health concurrent and distinct from their attention to clinical skills and service).

Criterion 2.12 Distance Education or Executive Degree Programs.

This criterion is not applicable. At this time, UConn does not offer degrees through Distance Education or an Executive degree format.

> **Criterion 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.

3.1.a.   Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

UConn faculty are expected to maintain a rigorous program of research in one's fields of interest. An individual's performance in that regard is a determinant of compensation, retention and promotion at the University. The UConn Office of Research Administration and Finance supports these activities by representing the interests of faculty and the University in discussions with University decision-makers, oversees an umbrella of policies aimed at ensuring best-practices in research administration, provides guidance to researchers on emerging issues, and maintains the infrastructure necessary for a world-class educational and research organization. The UConn Health campus in Farmington, CT is the site of the School of Medicine and its associated clinical and research facilities including a 232-bed general hospital and numerous outpatient clinics. It is Connecticut's only publicly supported academic health center. Its primary mission is "education at the undergraduate, graduate, and professional level for practitioners, teachers, and researchers conducted in an environment of exemplary patient care, research and public service".

Research initiatives are based within one or more of the Health Center's Departments or Research Centers. The MPH program, as an education program, is not explicitly structured to undertake or support a research agenda within its organizational structure. Nonetheless, our program's faculty and students benefits from operating within a research-rich environment.

Among many sustaining research initiatives at are the following examples relevant to our public health program's focus on interprofessional public health practice.

- Center for Health/HIV Intervention and Prevention (CHIP), UConn's first University Research Center (J. Fisher, Director), studies the dynamics of health risk behavior and processes of health behavior change. Program faculty and students work within CHIP on studies of HIV risk reduction and cancer control.
- A.J. Pappanikou Center of Excellence in Developmental Disabilities, a University Center, (M. Bruder, Director) offers teaching, research, community service and assistance for people with disabilities and their families.   Program faculty and students participate in applied research studies on the control of and adaptation to living with developmental disabilities.
- The Ethel Donaghue Center for Translating Research into Practice and Policy (J Fifield, Director) facilitates health services and translational (T2) research. Faculty and students collaborate with Center staff on studies of health disparities.
- The Connecticut Institute for Clinical and Translational Science (CICATS) was created in 2009 (C. Laurencin, Director) to serve as an engine to expedite and enhance the research, development, testing and implementation of diagnostics and therapeutics across a wide range of human diseases and conditions. CICATS works collaboratively with our community-based affiliates and partner institutions and similar institutes nationwide for the elimination of health disparities. Faculty and students utilize CICATS biostatistics and study design services.
- Alcohol Research Center (ARC), located in the Department of Psychiatry, focuses on the etiology and treatment of alcoholism and other psychoactive substances, pathological gambling, and HIV/AIDS.

Faculty and students participate in the treatment, prevention and policy studies sponsored by the ARC.

- The Center for Quantitative Medicine (CQM), established in 2013 (R. Laubenbacker, Director), provides a common environment to bring together faculty who use quantitative methods to impact human disease. The Center facilitates interaction among scientists focused on basic science (e.g., systems biology, genomics), informatics, and biostatistics and public health, epidemiology and health systems research.
- The Carole and Ray Neag Comprehensive Cancer Center (P. Srivastavais, Director) is committed to providing compassionate, state-of-the-art health care in combination with rigorous research into the etiology and control of cancer. Faculty and students work within the Cancer Center on studies of breast cancer, colon cancer and hematologic malignances.
- The Pat and Jim Calhoun Cardiology Center (B. Liang, Director), offers multidisciplinary care and research into diagnose and treatment of diseases of the heart and blood vessels.
- The UConn Center on Aging (G. Kuchel, Director) conducts research on improving the independence, function and quality of life for older adults while providing high quality comprehensive care for older persons and training the next generation of leaders in Geriatric Medicine and Gerontology.   Program faculty and students collaborate with the Center on a number of health services research studies.

The Greater Hartford, CT community also is a rich environment of community based research initiatives in which our faculty and students have an extensive and noteworthy record of collaboration.   Among those initiatives are the following examples:

- Institute for Community Research (ICR) was founded as a non-profit agency in 1987 to conduct research in collaboration with community partners to promote justice and equity in a diverse, multiethnic, multicultural world. Program faculty and students have an extensive history of collaboration in community based research on health and social well-being. A new initiative brings together our program with ICR in support of a Community Research Alliance, a collaboration of 24 Community-based health and social service agencies (e.g., AIDS Connecticut, Hartford Gay and Lesbian Health Collective, North Central Area Agency on Aging, Urban League of Greater Hartford, Hartford Food System, etc.), to build and sustain capacity for population-based research and program evaluation.
- The Hispanic Health Council (HHC) conducts research on alcohol abuse and smoking among Puerto Rican teenagers, child-abuse prevention, hunger, food insecurity and nutrition practices and beliefs and substance abuse during pregnancy.
- The Connecticut Data Collaborative is a public-private partnership created to advance effective planning and decision-making in Connecticut at the state, regional and local levels through the use of open and accessible data. The Collaborative serves residents, nonprofits, policymakers, and funders in using data to drive policy, program and service improvements. The Collaborative is developing CTData.org as a central portal where all Connecticut organizations and residents can access a wide range of data from federal, state, local and private sources relating to the health, well-being and economy of the residents of the State of Connecticut.
- Within the Connecticut Children's Medical Center, the Children's Center for Community Research (C3R) uses a public health approach to conduct multi-faceted, interdisciplinary collaborative research on critical contemporary health issues facing children, including chronic disease, health disparities and their determinants, and optimal models of health management.
- The Connecticut Health Foundation funds innovative programs and initiatives that promotes policy change of health systems to improve the health of all.

3.1.b.   Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations.

Our 9 primary faculty all hold appointments in the Department of Community Medicine, which has sustained research on substance abuse, chronic disease epidemiology and control, health law and policy, behavioral science and community health. As a group, they have a substantial record publishing in highly selective journals (See Electronic Resource File), and attracting extramural funding (See Table.3.1.c.1 below).   By these various activities, our primary faculty play instrumental roles in defining a national and global research agenda. In addition, our program faculty participates in a range of community-based research projects, domestically and globally. These initiatives draw heavily on collaboration with public health practitioners and serve both a source of information and as mechanisms to empower communities to work collectively to address their unique health issues.

In all these domains, students had collaborative opportunities to develop and demonstrate their research skills (See Table.3.1.e.1. below).

3.1.c.   A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years.

Table 3.1.c.1				Research activities of primary and secondary program faculty*, 2012 - 2015							
Project name	Individual	Role	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement*
Etiology and Treatment of Alcohol Dependence	Audrey Chapman	Invest.	09-12	NIH and NIAAA	$628,500	$95,594	$119,781	$120,201	No	No	G
Defining the Minimum Core of the Right to Health Advance	Audrey Chapman	PI	13-15	U Toronto	$30,040	N/A	$15,020	$15,020	No	No	C
Cardiovascular Effects of Second Hand Smoke in Construction Workers	Jennifer Cavallari	PI	09-14	FAMRI	$500,000	$108,500	$108,500	N/A	No	No	G
Green Cleaning: Exposure Characterization and Adoption Progress Among Custodians	Jennifer Cavallari	Co-Invest	12-14	NIOSH	$226,578	$328,950	$329,220	$204,673	Yes	Yes	G
HSPH Center for Excellence to Promote a Healthier Workforce	Jennifer Cavallari	Co-Invest	11-16	NIOSH	$259,677		$18,089	$13,378	Yes	No	G
Occupational Health Needs and Research within Connecticut	Jennifer Cavallari	PI	13-15	CICATS	$27,000	N/A	$13,500	$13,500	Yes	No	IG
Preventing & Reducing Obesity in Aging Populations through Workplace Interventions	Jennifer Cavallari	Co-PI	14-15	CICATS	$7,500	N/A	N/A	$7500	No	No	IG
Discovery Platform for Cancer Antigens	David Gregorio	Invest.	10-14	NIH	$1,187,653	$431,181	$442,807	N/A	No	No	G
With an Eye to the law: Providing Client-centered Care in the Shadow of Criminal prosecutions for HIV exposure	Zita Lazzarini	Co-Invest	13-14	RWJF	$14,752	N/A	$14,752	N/A	No	No	G
Alcohol and ART Adherence: Assessment, Intervention, and Modeling in India	Stephen Schensul	PI	14-19	NIAAA	$1,383,630	N/A	$740,949	$642,681	Yes	Yes	G

*G = Extramural Grant; IG = Institutional Grant; C = Contract; MOA = Memorandum of Agreement

Table 3.1.c.1, continued	Research activities of primary and secondary faculty*, 2012 - 2015										
Project name	Individual	Project name	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement?*
The Prevention of HIV/STI Among Married Women in Urban India	Stephen Schensul	PI	07-12	NIMH	$3,082,762	$580,926	N/A	N/A	Yes	Yes	G
Altered Arachidonic Acid Balance and Colon Cancer	Richard Stevens	Co-Invest	08-14	NCI	$1,758,749	$382,936	$350,125	N/A	No	No	G
Are ACF Surrogate Markers for Chemoprevention	Richard Stevens	Co-Invest	12-17	NCI	$1,461,874	$185,720	$378,520	$393,713	No	No	G
Occupational Health Psychology Training Program	Richard Stevens	Co-Invest	10-15	UConn Storrs	$31,626	$8,640	$5,706	N/A	No	No	IG
Impact of Smoking on Right Sided Colon Cancer	Richard Stevens	Co-Invest	12-13	CT DPH	$355,434	$355,434	N/A	N/A	No	No	MOA
Impact of Smoking on Right Sided Colon Cancer	Helen Swede	Co-Invest	12-13	CT DPH	$355,434	$355,434	N/A	N/A	No	No	MOA
Sickle Cell Trait and Disparities in Breast Cancer	Helen Swede	PI	13-14	CT Breast Initiative	$50,000	N/A	$25,000	$25,000	No	No	G
Taste and Smell Phenotypes as Predictors of Weight Loss Success after Bariatric Surgery	Helen Swede	PI	14-15	CICATS	$9,000	N/A	N/A	$9000	No	No	IG
Thinking Big about Obesity: Building Team Science Initiatives at UConn and UConn Health	Helen Swede	Co-Invest.	13-14	CICATS	$30,000	N/A	$30,000	N/A	No	No	IG
Triple-Negative Breast Cancer (TNBC) and Survival Disparity	Helen Swede	PI	11-13	CT Breast Initiative	$50,000	$50,000	$25,000	$25,000	No	Yes	G
The Development of the TRIPP Center	Jane Ungemack	Key	06-15	Donaghue Found.	$1,889,762	$377,952	$377,952	$377,952	Yes	No	G
*G = Extramural Grant; IG = Institutional Grant; C = Contract; MOA = Memorandum of Agreement											

Table 3.1.c.1, continued	Research activities of primary and secondary faculty*, 2012 - 2015											
Project name	Individual	Project name	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement?
Family-Based Treatment for Parental Substance Abuse and Child Maltreatment	Jane Ungemack	PI	12-15	NIDA	$103,147	$43,370	$40,814	$18,963	Yes	No	G
Needs Assessment	Jane Ungemack	PI	12-14	DCF	$230,156	$40,000	$95,078	$95,078	Yes	No	MOA
Primary and Behavioral Health Care Integration Grant	Jane Ungemack	PI	12-14	SAMHSA	$142,140	$57,296	$60,948	$23,896	Yes	Yes	MOA
Project SAFE Data Coordinator	Jane Ungemack	PI	12-15	DCF	$259,232	$128,712	$65,260	$65260	Yes	No	MOA
RSVP/RCM Evaluation	Jane Ungemack	PI	12-14	DCF/ DMHAS/	$180,000	$60,000	$60,000	$60,000	Yes	Yes	MOA
Court Improvement Project	Jane Ungemack	PI	13-15	CT Judicial Branch/ DHHS	$37,090	N/A	$18,545	$18,545	Yes	Yes	MOA
Evaluation of RAFT Program	Jane Ungemack	PI	10-13	DCF/ SAMHSA	$170,235	$56,745	$56,745	N/A	Yes	No	MOA
Partnership for Success Grant	Jane Ungemack	PI	10-15	DMHAS/ SAMHSA	$850,000	$200,000	$200,000	$50,000	Yes	No	MOA
Substance Abuse Family Evaluation, Referral and Screening Evaluation	Jane Ungemack	PI	13-16	DCF/ DHHS	$350,620	N/A	$116,873	$116,873	Yes	No	MOA
Field test alcohol, smoking, and substance involvement screening test frequency and concern. ASSIST	Thomas Babor	PI	14-15	WHO	$25,000	N/A	N/A	$25,000	No	No	G
Etiology and Treatment of Alcohol Dependence	Thomas Babor	Co-Invest	78-17	NIH, NIAAA	$47,319,681	$1,800,326	$1,767,551	$1,683,485	No	No	G

*G = Extramural Grant; IG = Institutional Grant; C = Contract; MOA = Memorandum of Agreement

Table 3.1.c.1, continued	Research activities of primary and secondary faculty*, 2012 - 2015										
Project name	Individual	Project name	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement?
PAHO/WHO Evaluation of Alcohol Advertising 2014 World Cup Tournament. Award SC-14-02239	Thomas Babor	PI	14-16	PAHO	$25,000	N/A	N/A	$20,000	No	Yes	G
AUDIT Guide	Thomas Babor	PI	13-14	JBS Intern Inc.	$51,350	N/A	$51,350	N/A	No	No	G
Emergency Preparedness Training	Mary Beth Bruder	PI	13-14	CT DD Council	$89,074	N/A	$44,537	$44,537	No	No	MOA
A Parent-to-Parent Model in Hartford	Mary Beth Bruder	PI	10-13	US DHHS	$900,000	$300,000	N/A	N/A	No	No	G
UCEDD Roses for Autism Training Program	Mary Beth Bruder	PI	12-13	CT Private	$90,000	$90,000	N/A	N/A	No	No	MOA
Systems Change for ASD	Mary Beth Bruder	PI	14	CT DPH	$91,900	N/A	N/A	$91,900	No	No	MOA
State Guidance Documents	Mary Beth Bruder	PI	13	CT DOE	$100,000	N/A	$100,000	N/A	No	No	MOA
Act Early Ambassador	Mary Beth Bruder	PI	13	AMCHP	$4,000	$4,000	N/A	N/A	No	No	MOA
Act Early Ambassador	Mary Beth Bruder	PI	14	AMCHP	$4,000	N/A	$4,000	N/A	No	No	MOA
Unified School District	Mary Beth Bruder	PI	14	CT DCF	$20,000	N/A	N/A	$20,000	No	No	MOA
State Implementation Grant - ASD	Mary Beth Bruder	PI	11-14	CT DPH	$232,791	$77,579	N/A	N/A	No	No	MOA
Allie in Self Advocacy	Mary Beth Bruder	PI	13	AUCD	$5,000	$5000	N/A	N/A	No	No	MOA

*G = Extramural Grant; IG = Institutional Grant; C = Contract; MOA = Memorandum of Agreement

Project name	Individual	Project name	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement?
Translation of COPE for Publicly-Funded Home Care Clients and their Families	Rick Fortinsky	PI	14-19	NIA	$2,931,098	N/A	$671,600	$590,220	Yes	Yes	G
Geriatric Outreach in Training Program	Rick Fortinsky	Co-Invest	14-17	HRSA	$1,400,688	N/A	$350,173	$350,172	Yes	No	G
Community Ambulation Following Hip Fracture	Rick Fortinsky	Co-Invest	10-15	NIA	$11,843,303	$2,531,155	$2,165,016	$2,165,016	Yes	Y	G
Translation of COPE for Publicly-Funded Home Care Clients and their Families	Rick Fortinsky	PI	14-19	NIA	$1,261,820	N/A	$671,600	$590,220	Yes	Yes	G
Are ACF Surrogate Markers for Chemoprevention?	Jamie Grady	Stat	12-17	NIH/NCI	$1,511,800	$356,279	$378,520	$443,639	No	No	G
Neurobiology and Adverse Outcomes of Neuroticism in Late-life Depression	Jamie Grady	Stat	12-17	NIMH	$2,800,694	$669,775	$687,252	$652,267	No	No	G
Can Noise-Induced TTS Cause Persistent Impairment of Speech Understanding?	Jamie Grady	Stat	13-15	NIA	$423,424	$208,856	$214,568	N/A	No	No	G
Modulation of Biodefense Responses to Microbial Pathogens	Jamie Grady	Stat	13-18	NIH/NIAID	$16,995,021	$2,523,515	$2,660,765	$2,668,025	No	No	G
Alcohol and ART Adherence: Assessment, Intervention, and Modeling in India	Jamie Grady	Stat	14-19	NIAAA	$1,383,630	N/A	$740,949	$642,681	Yes	Yes	G
Methods for using Publicly Available Gene Expression patient Data to Examine Role of Iron Metabolism in Ovarian Cancer (KAward)	Miranda Lynch	PI	14-16	CICATS KAward	$79,350	N/A	N/A	$39,675	No	No	IG

*G = Extramural Grant; IG = Institutional Grant; C = Contract; MOA = Memorandum of Agreement

Table 3.1.c.1, continued				Research activities of primary and secondary faculty*, 2012 - 2015								
Project name	Individual	Project name	Funding Period	Funding Source	Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community based?	Student Participation?	Type of Agreement?
Iron Addiction and the Biology of Ovarian Cancer	Miranda Lynch	Co-Invest	14-19	NIH	$413,610	N/A	N/A	$82,728	No	No	G
Methods to Advance the HIV Prevention Research Agenda	Miranda Lynch	Stat	14-15	NIAID	$403,750	N/A	N/A	$403,750	No	No	G
SBIRT Health Professional Student Training on Screening, Brief Intervention,and Referral to Treatment	Bonnie McRee	PI	15-18	SAMHSA	$2,088,649	N/A	N/A	N/A	No	No	MOA
Connecticut Screening and Brief Intervention Training (SBIRT)	Bonnie McRee	PI	11-16	DMHAS/ SAMHSA	$2,684,323	$520,808	$520,808	$520,808	No	No	C
Racial/Ethnic Differences in Daily Dynamics of PTSD, Sexual Risk and substance Use	Howard Tennen	PI	10-15	Yale Univ./NIH	$227,375	$19,746	$62,539	$145,090	Yes	No	C
Couples Based Intervention for Patients with Type 2 Diabetes and their Spouses	Howard Tennen	PI	14-18	Rowan Univ.	$25,439	N/A	N/A	$21,607	Yes	No	C
Etiology and Treatment of Alcohol Dependence	Howard Tennen	Co-Invest	78-17	NIH, NIAAA	$47,319,681	$1,800,326	$1,767,551	$1,683,485	No	No	G
Total Award					$158,414,042				36%	18%	

Funding source key	
AMCHP	Association of Maternal Child Health Programs
AUCD	Association of University Centers on Disabilities
C	Contract
CICATS	Connecticut Institute for Clinical and Translational Science, University of Connecticut
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CT Breast Initiative	Connecticut Breast Health Initiative, 501 (c)(3) non-profit organization
CT DD Council	Connecticut Council on Developmental Disabilities

CT DOE	Connecticut State Department of Education
CT DPH	Connecticut Department of Public Health
DCF	Department of Children and Family Services
CT Judicial Branch	Connecticut Judicial Branch
DHHS	Department of Health and Human Services
DMHAS	Department of Mental Health and Addiction Services
Donaghue Found.	Donaghue Foundation, The Patrick and Catherine Weldon Donaghue Medical Research Foundation
FAMRI	Flight Attendants Medical Research Institute
G	Grant
GHG - MRF	George H. Grant Melanoma Research Fund
HRSA	Health Resources and Services Administration
JBS Intern Inc.	JBS International
MOA	Memorandum of Agreement
NCI	National Cancer Institute
NIA	National Institute on Aging
NIAAA	National Institute for Alcoholism and Alcohol Abuse
NIAID	National Institute for Allergy and Infectious Diseases
NIDA	National Institute on Drug Abuse
NIEHS	National Institute of Environmental Health Sciences
NIH	National Institute on Health
NIMH	National Institute of Mental Health
NIOSH-HSPH	National Institute for Occupational Safety and Health, Educational Research Center, Harvard School of Public Health
NRSA	National Research Service Award
PAHO	Pan American Health Organization
RWJF	Robert Wood Johnson Foundation: Public Health Law Research Program
SAMHSA	Substance Abuse and Mental Health Services Administration
US DHHS	United States Department of Health and Human Services
WHO	World Health Organization

3.1.d. **Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years.**

Data on the measurable objectives regarding faculty and other resources are summarized here.

Table 3.1.d.	Measurable objectives related to Criterion 3.1.			
Outcome Measure	Target	2012-13	2013-14	2014-15
4. Facilitate global learning and research by faculty and students.	20% of graduates will complete extended global study (study abroad, capstone research) while matriculating	13%	45%	25%
11. Prepare students to design, undertake and disseminate relevant public health research.	100% of primary faculty have active extramurally funding research projects	58%	80%	67%
	100% of primary faculty author peer-reviewed manuscripts/presentations each year	83%	1005	89%
	100% of primary faculty involve students in active research projects	42%	50%	45%
	100% of students make public presentations of their academic work	100%	100%	100%
	100% of primary faculty have active community-based research/service projects	90%	95%	94%
12. Promote ethical, compassionate and culturally appropriate public health research.	100% of faculty, staff and students receive UConn policies regarding fair and ethical practices	100%	100%	100%
	100% of students are trained in protection of human subjects and confidentiality of health information	100%	100%	100%
13. Promote research focused on the causes and control of inequities in health	25% of students complete capstone projects focused on disparities of health status or health service utilization	25%	19%	32%

Our program's 3 research goals provide the context for assessing our research productivity and impact. Our overriding interest in uncovering the determinants of health and well-being and disseminating that information for effective population-based health promotion/disease prevention practices reflects our commitment to the sciences of discovery, application and integration outlined in Section 1.1. We strive in our research, and by extension to our educational mission, to balance foci on basic and applied research. We have designated 3 objectives pertaining to this goal:
- Preparing students to design, undertake and disseminate relevant public health research.
- Promoting research focused on causes and control of inequities in health.
- Promoting research focused on causes and control of inequities in health.

These objectives, oriented to students in our educational program, are consistent with the experience and values of our faculty engaged in population health research. While recognizing the purpose of preparing students to undertake research, we recognize that the objective is accomplished by a robust, relevant faculty research program. As such, we have established and routinely monitor the following measurable targets:
- 100% of primary faculty have active extramural research support.
- 100% primary faculty engages students in active research projects.
- 100% of UConn program faculty have significant community-based research/service activities.
- All enrolled students make public presentations related to their academic work.

- <u>25%</u> of completed capstones focus on disparities of health status, culture or health service utilization.
- <u>All</u> faculty, staff and students receive and understand UConn policies regarding fair and ethical practices
- <u>All</u> students are trained in protection of human subjects and confidentiality of health information.

Several faculty have earned national and international honors for their research including Thomas Babor (2009 Lifetime Achievement Award, American Public Health Association Alcohol, Tobacco and Other Drugs Section, 2010 Distinguished Scientist Lecture Award, American Society for Addition Medicine, 2010 National Institute on Drug Abuse, International Program Award of Excellence), Jennifer Cavallari (2007-09 National Research Service Award Environmental Health Award), Stephen Schensul (UConn Provost's Award for Excellence in Public Engagement, 2010 Career Achievement Award, Society for Medical Anthropology), Helen Swede (2008 Best Practices Award, National Breast Cancer Coalition, 2011 Olympus Award, American College of Gastroenterology), Howard Tennen (2009 Outstanding Contributions to Health Psychology Award, American Psychological Association).

3.1.e. Description of student involvement in research

Our program is undertaking two collaborative projects intended to increase and enhance the student research experience. One, through collaboration with the Institute for Community Research introduces students to principles and practice of community-based participatory research (CBPR) through supervised placements within the Community Research Alliance (Described above in 3.1.a). These field placements provide opportunity for students to undertake data collection and analysis suitable for independent research and capstone projects.   Another opportunity involves *The Connecticut Health Quarterly*, an on-line publication providing "a unique forum for analysis and discussion of the health sector and its links to the state's economy". The publication will provide students opportunity to present brief report of their research projects and engages them in editorial activities of producing upcoming issues.

Table 3.1.e.1.		Student involvement in research of primary and secondary program faculty, 2012-2015.
Advisor	**Student**	**Project**
A. Chapman	A. Veltri	The Challenges of Implementing a Right to Health in a Neoliberal Era
J. Cavallari	L. Davis	Vinyl, Phthalates and the Health Geography of Manufactured Housing
D. Gregorio	I. Lisker	Supplemental nutrition assistance and impact on nutritional adequacy of children's diets
	T. Savic	Assessment of Pediatric Pneumonia Cases in Haiti*
S. Keine[1]	K. Sileo	Client-Centered Counseling during Routine/Opt-Out HIV-Testing in Uganda
S. Schensul	L.Moonzwe	Empowerment and Health in a Low Income Community in Mumbai, India
	A. Chandrasekaran	Assessing Knowledge and Attitudes of the Human Papillomavirus Infection and Vaccine Among Adolescents in Hartford, CT*
	M. Irving	Alcohol and ART Adherence: Assessment, Intervention and Modeling in India
H. Swede[2]	R. Wang	Ethical Considerations when Establishing a Statewide Tumor Bank for Research using Hospital Archives
	A. Sarwar	Triple-Negative Breast Cancer, Co-Morbidities and Breast Cancer Survival Disparity
	M. Corolla	Leisure Time Physical Activity among Non-Smoking , Normal Weight Adults: Assessing Prevalence of Central Adiposity, Insulin Resistance and Systemic Inflammation
	K. LeFleur	Accelerometer-Measured Physical Activity in Youth: Association with Adiposity-Related Health Indicators in NHANES 2003-2006

	Rachel Jean-Paul	Accelerometer-Measured Physical Activity in Youth: Association with Adiposity-Related Health Indicators in NHANES 2003-2006
	H. Rassol	Statins and Prevalence of ACF
	L. Jaradat	Physical Activity in Children
J. Ungemack	C. Steele	Primary and Behavioral Health Care Integration Grant
	S. Smith	The Effects of Integrated Primary and Behavioral Health Care on Hospital Admissions of the Seriously Mentally Ill
	M. Restrepo-Ruiz	The Effects of Integrated Primary and Behavioral Health Care on Hospital Admissions of the Seriously Mentally Ill
	R. Zhao	Role of Insurance Status on Emergency Department Utilization and Subsequent Hospitalization in the Connecticut Emergency Mobile Psychiatric Services Population
S. Arteaga	N. Wong	Determining the Need to Incorporate Diabetic Risk Assessment in an Academic Dental Institution*
M.Bruder	?	The Relationship between Pregnancy Prevention Information and the use of birth Control in College Students with and without Disabilities
M. Coperhaver	R. Shrestha	Understanding HIF-Related Risk Behaviors among Returnee Male Migrant Workers in Nepal
A. Ferris	T. Lutz	Effect of Food Security and Federal Food Assistance Participation on Household Availability and Recorded Preschool Child Consumption of Sugar Sweetened Beverages and 100% Fruit Juice
K. Martin	A.Colantonio	The Role of Self-Efficacy in Increasing Food Security Among Participants of a New Food Pantry Model in Hartford, CT
J. Ryan	R.Ganeshan	Effects of a Hospital-Wide Quality Improvement Initiative on 30-day Readmission for Patients with Heart Failure
H. Tennen	G.Wark	Hope and Major Depressive Disorder in Women

[1] Professor Kiene resigned for the University 10/2014.
[2] Tenure and promotion decision under appeal

3.1.f. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion.

We believe Criterion 3.1.f is met.

Strengths: Our position within the School of Medicine offers a rich environment for research and maintains expectations that its faculty engage in productive research that complements their teaching and service activities. 75% of the program's faculty maintain ongoing extramurally funded research. However, several members of the primary faculty are without ongoing research programs. More than 25% of the program's faculty hold national research positions on editorial boards, review panels and Advisory Committees. Community-based research is conducted by more than 50% of the program's primary faculty. Students have opportunity to participate in faculty research.

Weaknesses: Faculty involvement in extramural research continues to be difficult in light of available funding and research priorities of government and foundation sources. Program faculty continue to require encouragement and incentives to include students in active research programs, and students continue to require information and circumstances that facilitate their involvement in faculty research.

Plans relating to this criterion: We will continue to work with University Administrators to identify strategies that support faculty involvement in extramural research and their involvement of students in such effort.

Criterion 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.

3.2.a. Description of the program's service activities, including policies, procedures and practices that support service.

The University of Connecticut, one of the nation's original land grant universities, has long embraced service within its mission (See Section 1.1). In 2010, the Carnegie Foundation for the Advancement of Teaching recognized our University for its ongoing commitment to public engagement and service to the community (one of roughly 300 institutions of higher education to earn the elective 'Community Engagement' designation). In 2014, UConn was recognized on the President's Higher Education Community Honor Roll for general community services (with distinction), economic opportunity community service and education   The University holds members hip in the Campus Compact and The Research University Civic Engagement Network (TRUCEN).

UConn's Public Engagement Forum, currently chaired by MPH Program Director David Gregorio, represents all constituent units of the University, in providing for networking, professional development and support of engagement events throughout the academic year. The Office of Public Engagement coordinates, advocates and builds capacity for all facets of engagement: scholarship, community based learning, civic engagement, and community outreach. Through these efforts to develop programs, partnerships and scholarship that are 'Relevant, Reciprocal and Responsible' the OPE extends the transformational impact of the University throughout the state and beyond our geographical borders.

The majority of our students aspire to be leaders in the practice of public health. As such, expectations about service are interwoven and operationalized throughout our educational mission. Student projects, including the practicum and other independent fieldwork experiences are intended to be responsive to community needs. The program sustains productive interrelationships with State and local public health and social service agencies wherein students can participate in interprofessional problem solving and obtain subsequent employment. Simultaneously, program governance is strongly influenced by the recognition and voice given to community-based partners that reinforce collaborative campus-community activities.

Service activities can be organized as those pertaining to collaborative work by program faculty and staff with public health agencies and student-focused service-learning activities. Program faculty, for example, actively work with colleagues at the Connecticut State agencies of Public Health, Mental Health and Addiction Services, Social Services and Education. There also are numerous collaborations between faculty and local directors of health and organizations such as Qualidigm, March of Dimes, Hartford CT Health Department, American Cancer Society, etc. Practicum projects, independent service-learning opportunities and capstone projects allow students direct and significant involvement in public health issues confronting state residents. Students often originate these projects as a reflection of their special interests and background; others are announced through the program's newsletter. (Examples of practicum and other student service learning activities, along with examples of the nature and scope of formal agreements with external agencies are found in Section 2.4).

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process

At UConn, promotion and tenure are determined within the Schools where faculty hold primary appointments. The MPH Program Director regularly provides Department Chairpersons and Deans with summaries and assessments of individual's activities pertaining to education, research and service that

are used for performance reviews. Service activities are not formally defined by the University by laws, but such activities can be recognized in the time & effort profiles of individuals so as to describe how compensation is distributed and accounted for. Services, both intramural (e.g., committees) and extramural (e.g., advisor to organizations) is recognized as service relevant to retention and promotion decisions.

A summary of the promotion and tenure process is described in Criterion 4.2 and By Laws pertaining to appointment, promotion and Tenure (See SOM By laws.pdf) are available in our Electronic Resource File. In the spring of 2015, the School of Medicine faculty voted to amend bylaws to include consideration of educational activities for the public, developed or improved public engagement services, and public engagement as evidence of a national reputation in the evaluation of promotion to senior faculty rank and/or tenure.

3.2.c.   **A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years** (See CEPH Data Template 3.2.1.)

Our MPH Program faculty engage in a variety of service activities ranging from committee, board and advisory panel memberships to reviewing/editing journals and book series, speaking to off-campus groups, and mentoring community members. The program has and will continue to maintain formal linkages governmental and non-governmental organizations that enhance service opportunities and activities for students and faculty. Such relationships are essential for student access to practicum, research and internship experiences; for fostering practitioner participation in course instruction, lectures and independent studies; and for career mentoring and employment opportunities for students and graduates. Table 3.2.c.1 lists the contributions to service of our primary and secondary faculty for each of the last 3 years.

3.2.d.   **Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years.**

Data on the measurable objectives regarding faculty and other resources are summarized here.

Table 3.2.d.	Measurable objectives related to Criterion 3.2.			
Outcome Measure	Target	2012-13	2013-14	2014-15
9. Emphasize service learning throughout the curriculum.	25% of students complete field experience beyond practicum	16%	8%	5%
	50% of students complete applied practice capstone project	64%	31%	46%
	66% of primary faculty contribute to community-based service programs	55%	56%	63%

Faculty service is acknowledged within the annual merit/performance review that is completed within departments where individuals maintain their primary academic appointment. Performance also is acknowledged by honors, awards and appointments that individuals receive in recognition of their performance.

The program evaluates success of student-focused service through grading requirements, preceptor feedback and student self-assessments. At the conclusion of a service requirement, preceptors and/or advisors complete an assessment of the student's performance before a 'satisfactory' grade is entered

on the student's transcript.

Table 3.2.c.1.		Faculty service activities of primary and secondary program faculty, 2012-2015.	
Person	**Role**	**Organization/Activity**	**Years**
J Cavallari	Member	Board of ConnectiCOSH	2014-present
D. Gregorio	President	Association for Teaching, Prevention and Research	2015-present
	Member	National Board of Public Health Examiners, Inc.	2005-present
	Member	ASPPH/Framing the Future Task Force	2014-present
S.Kiene[1]	Member	Rhode Island Community Planning Group for HIV Prevention; RI Department of Public Health	2008-present
S.Schensul	Consult.	Family Life Education – Consult on overall service and community model aiming at greater empowerment and less dependency	2012-present
J. Segal	Member	Board of Directors, Connecticut Public Health Association	1995-present
	Member	Public Health Advisory Council, Hartford Health Department	2004-present
	Member	Connecticut Multicultural Health Partnership	2008-present
H. Swede[2]	Member	Connecticut Cancer Partnership	2003-present
J. Ungemack	Member	Board of Directors for Hispanic Health Council	2011-present
T. Babor	Member	Connecticut Alcohol and Drug Policy Council	1996-present
	Chair	International Society of Addiction Journal Editors (Chair, Ethics Committee)	2001-present
	Member	Coordination Team, CDC Guide to Community Preventive Services, Alcohol Initiative. Center for Disease Control and Prevention	2004-present
	External Partner	Strategic Planning Process, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.	2004-present
	Member	Expert Advisory Panel on Drug Dependence and Alcohol Problems, World Health Organization, Geneva, Switzerland	2006-present
M. Bruder	Member	Connecticut Birth to Three Interagency Coordinating Council	1997-present
R. Fortinsky	Member	Quality Management & Improvement Committee, Connecticut Association for Home Care and Hospice	2003-2013
	Member	Member, Medical and Scientific Advisory Committee, Alzheimer's Association, Connecticut	2004-present
	Chair	Publications Committee, Gerontological Society of America	2011-2013
	Member	Advisory Board, Connecticut Community Care, Inc. "Community Passport to Care" (ComPass[2c]) initiative	2013-2014
J. Robison	Secretary	Alzheimer's Resource Center of Connecticut, Inc. Board of Trustees	2000-present
	Member	AcademyHealth Long Term Supports and Services Interest Group Advisory Committee	2013-present
	Ex-Offico	Money Follows the Person Rebalancing Demonstration Steering Committee	2007-present
	Chair	Money Follows the Person Rebalancing Demonstration Evaluation Committee	2008-present
H. Tennen	Member	Standing Hearing Panel, American Psychology Association Board of Directors	1987-present
	Member	Division 38 (Health Psychology) Research Program Committee	
S. Wetstone	Member	Board of Directors, CT Science Olympiad	2012-present
	Member	Connecticut Center for Primary Care	2013-present
[1] Professor Kiene resigned for the University 10/2014. [2]Tenure and promotion decision under appeal			

Service activities outside the curriculum (i.e. volunteer work) by students is supported, but not evaluated by the program. Information about potential service activities is distributed through our newsletter, as are highlights of student accomplishments. A summary of student service activities is maintained through periodic student and alumni surveys.

3.2.e.   Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4

Since the last reaccreditation, the Public Health Student Organization has participated in various service activities outside of program requirements.

- Each year, the group sponsors a Salvation Army Angel Tree, which provides toys/gifts to children in need. The tree is set up in the Department of Community Medicine with "angel" tags. Interested persons select a tag and purchased the desired gift. In the beginning of December, the Student Organization brings all of the gifts to the Salvation Army for distribution.
- In 2011, the Centers for Disease Control Office of Disease Prevention and Health Promotion allocated $1.7 million for its Healthy People 2020 Health Community Innovations Project. The Program was asked to review 33 of 700 applications. Each application had 2 reviewers and was very well received by the students.
- In 2012, the PHSO collected donations for those affected by Hurricane Sandy. Numerous boxes of winter clothing was donated and brought to the Salvation Army in early December.
- This academic year, the Student Organization, has numerous service activities planned:
    - On October 4th, the group will be participating in a community garden clean service project up on Lawlor Street in New Britain, CT. The garden was built in a contaminated space, using the EPA toolbox, and needs to be cleaned up. The space is not well occupied and has been called, "an eye sore" by town residents.
    - On October 18th, the PHSO will participate in a Lung Cancer Walk at Rentschler Field, UConn's sports stadium, to support a fellow MPH student in her efforts to increase awareness about the importance of lung cancer screening.

Student service activities are consistent with our practicum that all students are required to complete (see Section 2.4). Beyond the practicum, our students are actively involved in service activities on a local, state, and international level. Many of our students have done advocacy work with various organizations including: the American Academy of Pediatrics, CT Children's Medical Center and Connecticut Public Health Association. Our students are also active on an international public health level.

The Connecticut Health Foundation (CT Health), an organization committed to creating more access to better quality health care for populations of color and underserved communities across Connecticut established its first Leadership Fellows program in 2005. Since that time, nearly every year at least one of our students has been selected as the Health Leadership fellow:

2005 Laurie Julian, MPH	2011 Alana Kroeber, MPH
2005 Tung Nguyen, MPH	2012 Anne Martha Levie, MSW, MPH
2007 Pamela Meliso, JD, MPH	2013 Susan Roman, MPH, RN
2009 Carlos Rivera, MPA, MPH	2013 Rasy Mar, MPH
2010 Alyssa Norwood, JD, MPH	2013 Chinedwu Obidoa, MPH, PhD
2011 David Skoczulek, MPH	2015 Jeanette Goyzueta, MPH
2015 Stacey-Ann Walker, MPH, MPA	

Examples of student service activities during 2015 are presented in Table 3.2.e.1.

Table 3.2.e.1.	Student service activities, 2015
Student	Activities
Andrea Borondy Kitts	Advocate for Free to Breathe; Hartford Hospital volunteer; Independent lung cancer advocate--active on social media
Christopher Seery	Ledgelight and Uncas Health Districts Medical Reserve Corp chapters
Mitchell Irving	Secretary and VP, UConn Public Health Student Organization; Peer advisor, Central Connecticut State University
Robyn Smith	Clinic volunteer at South Park Inn and My Sister's Place; Habitat for Humanity; Amazon Medical Mission
Rachel Bruno	CT Science Olympiad; Board member, Middletown Area Interagency Council; Member, Middletown Substance Abuse Prevention Council
Jonathan Basso	American Red Cross volunteer; disaster team leader, shelter manager, supervisor on call
Jamie Woodside	Board member, North Central District Health Department; CT Department of Public Health, Food Protection Program; FBI InfraGard Teaml; Regulatory/Food and Agriculture, Alumni Advisor, UCONN College of Agriculture, Health, and Natural Resources (CAHNR),
Kelley LaFleur	AHM Youth Services, Substance Abuse and Violence Prevention Task Force, Boy Scouts of America
Fariha Rizvi	Volunteer, Ronald McDonald House
Caleb Cowles	Connecticut Environmental Health Association, Lead/Housing Subcommittee member; Connecticut Association of Housing Code; UCONN Ombudsman Task Force, Bristol CT West End Association
Renee Hamel	Co-chair Asian and Asian-American Student Organization (UCONN School of Social Work); Board member, Journal Junkies (Springfield, MA); Organizing Committee for Hartford Earth Festival and CT Climate March
Samia Hussein	Vice President and Board member, Muslim Coalition of Connecticut; Member, Youth Advisory Leadership Council; Volunteer at Suffield Volunteer Ambulance Association, Johnson Memorial Hospital
Marco Palmeri	President, CT Environmental Health Association; RWJ,s Pioneering Healthier Communities Grant Recipient; Farmer's Market of Plainville, CT; Co-organizer, CT Conference on Hoarding
Nancy Wong	Coach, Greater Hartford National Association for the Advancement of Colored People Health Fair, Hartford, CT; Organizer, dental screenings at Atwater Senior Center for the 2013 Martin Luther King Service Day; Organizer, health promotion/education activity at Clark Elementary School; Organizer, health promotion/education activity at Clark Elementary School; Organizer, interprofessional team to educate participants on oral health and nutrition, UCONN Migrant Farmer Worker Clinic
Melissa Feulner	Milford Hospital Volunteer
Jennifer Lardner	Mission trip to Laos; Medical Mission trip to Ecuador; Food clinic at Grand Street Men's Emergency Shelter, New Haven, CT;Habitat for Humanity; High school Clinical Career day

3.2.f.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 3.2 is met.

Strengths: Our faculty are actively engaged in professional and community service activities that have direct bearing on teaching and community-based research programs. All MPH students complete a service-learning (practicum) requirement and opportunities for additional service-learning are in place. Students are engaged in numerous service activities directly relating to their MPH education.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 3.2

Plans relating to this criterion: We have no explicit plans to modify how our program engages faculty and students in service activities. The program will work with our Community Partnership to identify additional opportunities for faculty and students to engage in professional and community service and to highlight those accomplishments.

Criterion 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.

3.3.a.   Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve.

The Graduate Program in Public Health regularly seeks the input of community partners, employers and advisory panels for guidance and input on both workforce development and continuing education needs. The Connecticut Allied Health Workforce Policy Board, for example, has reported on the state's current and future capacity to educate and train students in allied health professions. Likewise, our State's Department of Public Health has issued a workforce development plan outlining steps necessary to assure adequate and qualified personnel to assess and assure the state's health.   Both reports highlight the importance of a diverse student pipeline to public and allied health careers and the promotion of traditional and distance learning modalities to maximize opportunities for persons to acquire and maintain requisite skills for public health practice. (These reports are available for review in our Electronic Resource File).

To take action these and other recommendations about workforce needs, our program committees include external community partners and potential employers of our graduates. More specifically, all committees have Department of Public Health (DPH) representatives, local health department representatives and other representatives from various state agencies. As part of his or her role on program committees, we ask agency reps to identify continuing education needs in the field. For example, we routinely alert students to extramural educational resources available through the *TRAINConnecticut (At:* https://ct.train.org) portal, a free, centralized, learning resource for Connecticut's health workforce that provides online registration and access to Connecticut-specific and national continuing education and professional development opportunities.

For the last year, program leaders and administration have been informally collaborating with the Department of Public Health in the development of the 2015-2020 Connecticut Department of Public Health Workforce Development Plan. Some of the training needs identified include programmatic budgeting, leadership development and the implementation of performance management systems. A draft of the report is scheduled to be released in early fall formalizing our role in the development of the document. Going forward, the program will utilize this plan in developing continuing education and workforce development efforts.

Lastly, as part of our employer survey, we ask respondents to indicate ways in which our graduates can be more effective. It is an open-ended question so responses are not limited.

Both the curriculum committee and program administration utilize the information collected above, trends in both public health practice and the literature in the development of program curriculum. For example, with the recent developments around electronic data we have developed a course in Population Health Informatics to ensure our graduates can get exposure to such coursework if desired.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

The MPH program encourages individuals with BA/BS degrees to further their professional training through enrollment in non-degree graduate study. Individuals who later desire to matriculate can transfer 6 credits earned with a grade of B or better as a non-degree. Since the fall of 2012, just under 100 individuals have completed coursework as a non-degree students. With the introduction of our new

certificate programs, non-degree enrollment in individual courses has decreased as individuals that would typically enroll as a non-degree student are now enrolling in our Certificate in the Foundations of Public Health.

Beginning 2006, our program invited persons holding degrees from CEPH-accredited institutions to enroll in 1 public health course, tuition-free, per academic year. This offer was intended to further their professional training and bring practicing health professional into contact with our matriculating students and faculty. With proof of eligibility, individuals receive a tuition waiver from the program, but are responsible for course fees. Since 2009, 15 individuals have taken advantage of our offer.

Over the years, our program has sponsored numerous and diverse programs for faculty, students and the community on compelling topics of public health education and practice. Examples include:
- In the spring of 2013, the program sponsored an event featuring Dr. Harrison Spencer, President & CEO, Association of Schools of Public Health, "Framing the Future: The Second 100 Years of Education for Public Health." Dr. Spencer provided an overview of today's public health education and solicited public comment on institutional needs and tomorrow's opportunities for strengthening academic public health. University and community based leaders participated in the discussion with all public health administration and faculty from all programs in public health across Connecticut (32 individuals attended the event; 18 public health faculty members, the Commissioner; 3 community partners; and the Senior Associate Dean for Education). The event was well received by all attendees. Among the individuals in attendance:
  - Jewell Mullen, MD, MPH, Commissioner CT Department of Public Health
  - Peter Diplock, PhD, Professor of Human Resource Management and Assistant Vice Provost for Excellence in Teaching and Learning, UConn
  - Suzanne Rose, MD, Professor of Medicine and Senior Associate Dean for Education, UConn School of Medicine
  - William G. Faraclas, DrPH, Professor and Chair, Department of Public Health, Southern Connecticut State University
  - Cheryl Parks, PhD, Professor and Associate Dean for Research, UConn School of Social Work
  - Karen Pasquale, Program Administrator, CT Center for Primary Care
- In the fall of 2012, the program sponsored a symposium for all Public Health Professionals, "More Than a Mandate: Health Care Provisions of the Affordable Care Act." The symposium presented 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. Presenters included:
  - Elliot Pollack, JD, Attorney, Pullman & Comley, LLC
  - Christie L. Hager, JD, MPH, Regional Director, Region l, US Department of Health and Human Services
  - Jeannette DeJesús, MPA, MSW, Special Advisor to the Governor on Health Reform, Connecticut Office of Health Reform & Innovation
  - Kathi Traugh, MPH, President of the Connecticut Public Health Association
  - Frank Torti, MD, MPH, UConn Executive Vice President for Health Affairs and Dean of the School of Medicine
  Over 150 persons attended the event, including Department of Public Health personnel, University physicians, alumni, current students, community partners, practicum preceptors, local health directors, staff, and faculty. The symposium was recorded and made available on MP3 format. The event received highly favorable reviews.
- In April of 2013, the Graduate Programs in Public Health and the Public Health Student Organization co-sponsored a free showing of *Escape Fire: The Fight to Rescue American Healthcare*. The movie was followed by a panel discussion which included:

- Audrey Chapman, PhD, MDiv, STM, Professor, Department of Community Medicine and Health Care, UConn School of Medicine.
- Bruce Gould, MD, Associate Dean Primary Care, Director, CT Area Health Education Center Program, UConn School of Medicine
- Jill Zorn, MBA, Senior Program Officer, Universal Health Care Foundation of Connecticut
  32 individuals attended the event. It was well received by program faculty, students, and Department of Public Health employees.
- In the fall of 2014, the Alcohol Research Center and the Department of Community Medicine and Health Care co-sponsored an all-day conference entitled, *Genetic Research on Addiction: Ethics, Law, and Public Health.* The conference had two aims: (1) to identify the ethical issues arising when carrying out genetically based addictions research; (2) to explore the ethical, legal, and public health implications of interpreting, translating, and applying the research. Invitations were sent to all the Alcohol Research Centers on the East Coast, Yale University researchers, UConn Storrs faculty, UConn Health Center faculty, and public health current students and alumni. The conference was well received with 48 attendees.
- Global health education seminars are routinely held to bring real-time experience in health care of developing nations to our graduate students by presenting information on the experiences OF our graduate students. Dr. Bette Gebrian, (former) Public Health Director for the Haitian Health Foundation and Professor Judy Lewis (former) Director of Global Health Education for the UConn School of Medicine lead these programs. Together, Professors Gebrian and Lewis have supervised over 50 medical, MPH, dental and graduate students on research and evaluation projects to improve health services and outcomes in the Haitian Health Foundation service area in the Grand Anse.

Global health education seminars are open to all University faculty, alumni, students, staff, community partners and practicum preceptors. Examples of seminar content include:
- In March of 2011, a special presentation on work by Professors Gebrian and Lewis, *The Anatomy of a Cholera Epidemic in a Rural Haitian Community* addressed a unique and highly regarding community effort to reduce cholera exposure among Haitians using indigenous supplies and practices.
- In March of 2013, Professors Gebrian and Lewis lead a seminar, *Trends in Birth Spacing: Women's Reproductive Health in Haiti* featuring work of two medical students who completed field study in Haiti.
- In April of 2013, Professor Thomas Pogge, Leitner Professor of Philosophy and International Affairs and Director of the Yale Global Justice Program spoke on *The Health Impact Fund: Enhancing Justice and Efficiency in Global Health*.
- In October of 2013, Jane Roberts, Co-founder of 34 Million Friends of the United Nations Population Fund made a pair of presentations, *34 Million Friends of Women's Health*, and *Women's Health for People the Planet through the United Nations Population Fund"*.
- In May of 2014, Ms. Kamayani Bali Mahabal, human rights lawyer, clinical psychologist, journalist, women's rights activist, and a social media expert spoke on *Where are all the Girls?" Legal and Policy Advocacy to Prevent Sex Selection before Birth in India*.
- Annually, the MPH program sponsors a poster session featuring capstone projects of our recent MPH graduates. Local and state health department personnel are invited to attend and participate in judging content of student posters.

This past year, the Department of Community Medicine and Health Care held a series of brown bag lunch educational seminars. Such seminars involve lectures, presentations, or talks by researchers about their ongoing projects. Invites are sent to all public health faculty, students, and alumni. Unfortunately, attendance at these events tends to be low. Examples of such seminars is below:

- In October of 2014, Dr. Jean Schensul, Senior Scientist & Founding Director, Institute for Community Research, Hartford, CT presented on University-Community research collaborations.
- In November of 2014, Dr. Peter Adams, Associate Professor of Social & Community Health, School of Population Health, University of Auckland, New Zealand presented, *Assessment of Moral Jeopardy In Accepting Funding from Addictive Consumptions.*
- In December of 2014, Dr. Paul Dworkin, Director of the *Help Me Grow* National Center and Executive VP of Community Child Health and a Professor of Pediatrics University of Connecticut School of Medicine presented, *Help Me Grow: Fulfilling the Promise: Interventions to Promote Children's Healthy Development.*
- In May of 2015, Dr. Jennifer Harris, Rudd Center for Food Policy & Obesity, University of Connecticut, Hartford presented, *Reducing Unhealthy Food Marketing to Children: Opportunities for Research to Inform Public Health Policy.*

This June, The Connecticut Institute for Clinical and Translational Science (CICATS) at the University of Connecticut sponsored an inaugural National Health Disparities Elimination Summit. *"Keeping It Real: Real Solutions, Real Change,"* was hosted in partnership with the Connecticut Legislative Black & Puerto Rican Caucus and the W. Montague Cobb/NMA Health Institute. Speakers include the Commissioner of the Connecticut Department of Public Health Commissioner, the President/CEO of the Connecticut Health Foundation, the President-Elects from both the National Medical Association and the American Public Health Association and the President/CEO of the Urban League of Greater Harford. Our program sponsored registration for 5 faculty and 5 students.

3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years

Beginning in 2014, the program initiated an online graduate-level Public Health Certificate in Interdisciplinary Disability Studies program (PHCIDS). The PHCIDS program examines the multiple aspects of public health, health care, society, culture, politics, economics, history, legislation, education, and social attitudes that impact people living with disabilities. This certificate program is designed for persons currently working in medicine, nursing, social work, law, education, psychology, political science, advocacy, public health, disability, and various other fields related to public health and disability. Graduate students in these fields are also invited to apply.

As an online program, the Disability Studies in Public Health courses are offered year-round, and the full, 12-credit program can be completed in as little as one year. Students must earn a letter grade of "B" or above in all courses to successfully graduate with the UConn Disability Studies in Public Health certificate. Students must successfully complete all four 3-credit courses to earn the UConn academic certificate.

In the spring of 2015, 2 students completed the PHCIDS certificate. There are currently 3 active students; one who began in spring of 2015; one who began in fall 2014 and one additional student who will begin in the spring of 2016.

Beginning in the same year, a Certificate in the Foundations of Public Health (CFPH) was developed. The Certification in the Foundations of Public Health was developed to support the workforce needs/interests of individuals unable to complete a full MPH degree. Our recruitment targets persons working in local and regional public health services who lack formal training in the discipline. We also seek to address the professional needs/interests of persons in clinical and allied health care (e.g., MD, DMD, MSW, etc.) who desire to augment training with population-focused study. The Certificate is a four-course, 12-credit option that introduces students to the core disciplines of public health.

The 4 courses (3 credits each) that comprise these University certificates are outlined in Table 3.3.c.1. Since its inception, 4 students have graduated with a Certificate in the Foundations of Public Health; 2 of whom have gone on the matriculate full-time in our MPH program. Presently, there are 16 active students in the certificate program (2 accepted in the fall of 2014; 5 accepted in the spring of 2015; 9 accepted in the fall of 2015) and an additional 5 that have been accepted and deferred their acceptance until the spring 2016 semester.

Table 3.3.c.1	Curriculum framework for University certificates in public health
Certificate in the Foundations of Public Health	
Required courses	**Optional (2 of the following) courses**
PUBH 5408 Epidemiology and Biostatistics I	PUBH 5403 Health Administration
PUBH 5409 Epidemiology and Biostatistics II	PUBH 5404 Environmental Health
	PUBH 5405 Social/Behavioral Foundations of Public Health
	PUBH 5406 Law and Public Health
Certificate in Public Health and Disability Studies	
PUBH 5501 Foundations of Public Health and Disability	No optional courses in this certificate
PUBH 5502 Epidemiology of Disability	
PUBH 5503 Disability Law, Policy, Ethics, and Advocacy	
PUBH 5504 Public Health Interventions in Disability	

3.3.d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies

Our program has had difficultly maintaining a robust continuing education/workforce development focus since our reaccreditation in 2008. In that period, we have responded to university wide calls for an expanded role of public health sciences at the undergraduate level as well as to accommodate increased numbers of non-degree and joint degree students in our courses.   At the same time, the size of our faculty has not kept pace with the resources required for these initiatives and, in fact, has been reduced over the past 7 years. Consequently, our capacity in workforce development has emphasized the availability of 2 certificate programs, tuition waivers for graduates and the regular communication through our program newsletter of continuing education offered by our many community-based and governmental partners.

We do not have explicit plan or committed resources to evaluate the needs or impact of a program-based continuing education/workforce development program. However, with the recruitment of a new faculty with a background specific to public health practice, we anticipate that attention to these needs will be significantly increased. Dr. Amanda Durante has 10 years of experience working in local public health and in the training of the public health workforce about emergency preparedness.   Her leadership role in this arena will identify workforce needs, the resources necessary to be responsive to those needs and the means for communicating our capacity to deliver appropriate training to the workforce. As priorities are set, Dr. Durante will work with the Curriculum Committee to define appropriate program content and the Advisory Committee to identify necessary resources and arrangements that will permit the sustained delivery of continuing education programs and services.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education

Over time, the program has collaborated with the CT Department of Public Health on defining and prioritizing the latter's workforce development agenda.   These discussions prompted training sessions and seminars on aspects of public health research and several collaborative research projects for and with department personnel. Most recently, the Department of Public Health has drafted a *2015-2020 CT Department of Public Health Workforce Development Plan* and has requested comment from our program when the plan is released July, 2015.   Similarly, the Hartford based Institute for Community Research has requested assistance form the program in support of the Community Research Alliance, an initiative to promote public health research among 24 Community-based health and social service agencies in the region.

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 3.3 is partially met.

Strengths: Our program plays a meaningful role in public health workforce development in Connecticut. Our program's maintains a strong relationship to the State's workforce. More than 40 graduates currently work for the CT DPH, almost one-third of the 50 full-time health departments and districts in the state have UConn MPH alumni as directors. Our alumni play leadership roles in community-based agencies and for-profit entities in the state and beyond.

Weaknesses: We understand the importance and expectations of a robust continuing education program for our public health workforce and we seek to increase our contributions to that objective. Limited program resources and increased institutional pressures to expand other areas of our curriculum have limited our program's capacity to offer the breadth of programs and services to the public health workforce that marked our program in previous years.

Plans relating to this criterion: Dr. Amanda Durante, our recently hired Assistant Professor will assume responsibility for enhancing our outreach efforts to strengthen the public health workforce.

Criterion 4.1 Faculty Qualifications: The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

4.1.a.   A table showing primary faculty who support the degree programs offered by the program.

The program's 9 primary faculty <u>all</u> hold primary appointments in the Department of Community Medicine (See Table 4.1.a.1); all are white, all have doctoral-level training, 5 are women, 6 hold tenure or on the tenure track.   Four hold the rank of Professor, 2 of Associate Professor and 3 are Assistant Professors.   Doctoral degrees include 5 holding PhDs, 1 ScD, 1DrPH, 1 JD and 1MD.   Six individuals hold public health-related degrees (e.g., PhD/ScD in Epidemiology, MPH). Teaching and research areas of concentration identified in Table particularly emphasize epidemiology (N=4), and public health law & ethics (N=2).

Table 4.1.a.1.		Characteristics of primary MPH program faculty, Fall 2015						
Name	**Academic rank**	**Tenure status**	**FTE**	**Degree**	**Discipline**	**Institution and Year**	**Teaching Area**	**Research Interests**
Audrey Chapman	Professor	Non-tenure	.85	PhD	Government	Columbia, 1967	Law and Ethics	Human rights & health, reproductive technologies
Jennifer Cavallari	Assist Prof	Tenure track	1.0	ScD	Epidemiology	Harvard, 2007	Environmental Health	Environmental epidemiology
Amanda Durante	Assist Prof	Non-tenure	1.0	PhD	Epidemiology	Yale, 2001	Public Health Practice	Public Health workforce development
David Gregorio	Professor	Tenure	.80	PhD MS	Sociology Epidemiology	Buffalo 1980 Buffalo, 1983	Epidemiology	Cancer epidemiology Health disparities
Zita Lazzarini	Assoc Prof	Tenure	.75	JD MPH	Law	UC Hastings, 1983 Harvard. 1991	Law and Ethics	Public health law, Human rights & health, HIV
Steven Schensul	Professor	Tenure	1.0	PhD	Anthropology	Minnesota, 1969	Soc/Behav Foundations	Community development, STI risk reduction
Richard Stevens	Professor	Tenure	.80	PhD	Epidemiology,	Washington, 1985	Epidemiology	Cancer epidemiology
Helen Swede*	Assist Prof	Tenure track[a]	.90	MS PhD	Epidemiology Occ. Health,	Buffalo, 1984 Buffalo, 2000	Epidemiology	Molecular epidemiology
Jane Ungemack	Assist Prof	Non-tenure	1.0	DrPh	Health Services	Columbia, 1991	Health Administration	Substance abuse treatment and prevention
Total			8.1					

*Tenure and promotion decision under appeal.

4.1.b. **Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.).**

Of our secondary faculty who hold full-time UConn appointments (See Table 4.1.a.2), 8 hold primary appointments in the Department of Community Medicine, while 2 hold appointments in the Department of Medicine. All are white, all have doctoral-level training, 5 are women and 6 hold tenure.   Five hold the rank of Professor, 2 of Associate Professor and 3 are Assistant Professors.   Nine individuals hold PhDs, one individual, holds a public health-related doctoral degree (Dr.PH). Teaching and research areas of concentration emphasize biostatistics/measurement (N=4), Health Services research (N=3) and Health Psychology (N=2).

Among the 11 adjunct/part-time faculty who will participate in our curriculum during Fall 2015 (See Table 4.1.a.3), seven are women, all are white, 3 have doctoral training and six have public-health related degrees.   These individuals are employed in a range of settings and three are retired.   Teaching areas of concentration are health policy & administration (N=2), environmental health (N=2) and public health practice (N=2).

Table 4.1.a.2.		Characteristics of secondary MPH program faculty, Fall 2015							
Name	Department	Academic rank	Tenure status	FTE	Degree	Discipline	Institution and Year	Teaching Area	Research Interests
Tom Babor	Community Medicine	Professor	Tenure	.40	PhD MPH	Social Psychology	Arizona, 1971 Harvard, 1981	Health Psychology	Substance abuse policy
Mary Beth Bruder	Community Medicine	Professor	Tenure	.10	PhD	Developmental Disabilities	Oregon, 1983	Health Services	Disability studies
Joe Burleson	Community Medicine	Associate Professor	Non-tenure	.50	PhD	Social Psychology	Texas, 1982	Biostatistics	Measurement
Martin Cherniak	Medicine	Professor	Tenure	.05	MD MPH	Medicine Public Health	Stanford, 1979 Univ. of California, 1980	Occupational health	Ergonomics
Andrew Cislo	Medicine	Assistant Professor	Non-tenure	.20	PhD	Sociology	Florida State University 2007	Program Evaluation	Health Service Health Disparities
Alicia Dugan	Medicine	Assistant Professor	Non-tenure	.20	PhD.	Psychology	UConn, 2010	Occupational psychology	Lifestyle and health
Richard Fortinsky	Medicine	Professor	Tenure	.10	PhD	Sociology	Brown, 1984	Health Services	Aging studies
James Grady	Community Medicine	Professor	Tenure	.20	MPH DrPH	Public Health	Yale, 1983 North Carolina. 1992	Biostatistics	Measurement & research design
Chia-Ling Kuo	Community Medicine	Assistant Professor	Non-tenure	.15	PhD	Biostatistics	Pittsburg, 2010	Biostatistics	Measurement & research design
Miranda Lynch	Community Medicine	Assistant Professor	Tenure track	.15	PhD	Statistics	Rochester, 2011	Biostatistics	Measurement & research design
Bonnie McRee	Community Medicine	Assistant Professor	Non-tenure	.05	PhD	Public Health	UConn, 2010	Health Services	Substance abuse
Julie Robison	Medicine	Associate Professor	Non-tenure	.10	PhD	Human Development	Cornell, 1995	Health Services	Aging studies

Susan Schmeiser	Law	Professor	Tenure	.05	JD PhD	Law English Literature	Yale, 1999 Brown, 2002	Mental Health Law	Law and Public Health
Christine Sullivan	Community Medicine	Assistant Professor	Non-tenure	.15	JD PhD	Education	UConn, 1988 UConn, 2013	Health Services	Disability studies
Howard Tennen	Community Medicine	Professor	Tenure	.15	PhD	Psychology	UMASS, 1976	Health Psychology	Health psychology
Thomas Van Hoof	Nursing	Associate Professor	Tenure	.05	MD Ed.D	Medicine Education	UConn,1992 Columbia, 2008	Educational Interventions	Educational Interventions
Scott Wetstone	Community Medicine	Associate Professor	Non-tenure	.40	MD	Medicine	UConn, 1979	Biostatistics	Clinical Epidemiology
Total				3.0					

Table 4.1.a.3.		Characteristics of adjunct MPH program faculty, Fall 2015		
Name	**FTE**	**Current Employer**	**Degree, Discipline, Institution**	**Principle area of expertise**
Karim Ahmed	0.15	Global Children's Health & Environment Fund	PhD, Physical Biochemistry, Minnesota	Health Policy
Rene Coleman-Mitchell	0.15	CT Department of Public Health	MPH, Yale	MCH
Ellen Cromley	0.15	University of Connecticut (Retired)	PhD, Geography, Kentucky	Health Geography
Ann Ferris	NA	UConn faculty (Emeritus)	PhD, Nutrition, UMass	Community Nutrition
Gary Ginsberg	0.15	CT Department of Public Health	PhD, Toxicology	Toxicology
Pamela Kilbey-Fox	0.15	CT Department of Public Health (Retired)	MPH, UConn	Health Administration
Susan Kiene	0	San Diego State University	PhD, Psychology, UCONN; MPH Brown	Health Psychology
Garry Lapidus	0.15	CT Children's Medical Center	PA, Rutgers; MPH, UConn	Injury Prevention
Judy Lewis	NA	UConn faculty (Emeritus)	MA, Yale	Women & Children's health
Laura Minor	0.15	Wheeler Clinic	PA-C, US Public Health Service Hospital	MCH
Joleen Nevers	0.15	UConn Student Health Service	MAEd, East Carolina University	Health education
Deborah Paturzo	0.15	UConn School of Medicine	MS, Southern Connecticut State University	Computer applications
Paul Schur	0.15	CT Department of Public Health (Retiree)	MPH, Yale	Environmental Health
Joan Segal	NA	University of Connecticut (Retired)	MSCH, UConn	Public Health Practice
Karen Spargo	0.15	Naugatuck Health District	MPH, UConn	Public Health Agencies
Total	1.65			

*FTE reflects time & effort commitment for teaching one semester long course.

4.1.c.   Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

Although 6 of 9 members of our primary faculty hold public health-related degrees, with one exception the professional backgrounds of these individuals has been predominantly in academia. Several however, have maintained substantial connection/commitment with community-based stakeholder agencies. For example,

- Professors Audrey Chapman and Zita Lazzarini work closely with a variety of local and international human rights groups.
- Professor Stephen Schensul has maintained extensive interaction with inner-city communities across the State.
- Professors David Gregorio and Jane Ungemack work collaboratively on research and service projects with state agencies (e.g., Public Health, Mental Health, Social Services)
- Professor Richard Stevens maintains research collaborations with international groups working on built environmental effects on cancer incidence.

As such, we believe our primary faculty has strong and robust outreach in the public health practice arena. Still, our program relies heavily on adjunct faculty for public health practice contacts and experiences. Among the 11 individuals scheduled to teach during Fall 2015,
5 individuals have current or prior experience working in local or state public health agencies.

4.1.d.   Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Data on measurable objectives related to Criterion 4.1 are presented below.

Table 4.1.d	Measurable objectives related to Criterion 4.1.			
Outcome Measure	Target	2012-13	2013-14	2014-15
1. Provide options for public health students to pursue interprofessional (dual) degrees that integrate public health and clinical and non-clinical disciplines.	Maintain degree options with MD, DMD, JD, MSW, MSN, PharmD	Yes	Yes	Yes
7. Maintain a faculty competent in the range of core public health disciplines.	5 of the 5 core disciplines are represented on program's primary faculty	1 of 5	1 of 5	0 of 5
	8 of the 8 required courses are taught by the program's primary faculty	3 of 8	3 of 8	3 of 8
	SFR : Primary Faculty FTEs is below 10-to-1	7.75 to 1	10.6 to 1	10.6 to 1
	SFR : Total Faculty FTEs is below 6-to-1	5.4 to 1	6.8 to 1	6.8 to 1

Primary and secondary faculty are recruited to the University through Departments and Centers where they hold primary academic appointments. Qualification of individuals for appointment and promotion on the faculty are determined by department heads (in consultation with faculty) who are aware of national trends in scholarship and employment. UConn attracts high quality applicants for its vacancies

on the basis of its environment (teaching and research potential) along with competitive compensation packages. Adjunct/part-time faculty are recruited by the Program Director, based largely on prior interactions with individuals as former students, field preceptors or research project collaborators.

The program monitors all faculty performance through student feedback in course evaluations and occasional focus groups. Students are invited to comment anonymously about the quality of instruction they receive, including their perceptions regarding the qualifications of individuals to teach within the program, both through on-line course evaluations and confidential feedback.

Student evaluations consistent judge the qualifications of our faculty to be very good-to-excellent. There has been no instance in the previous 3 years of instructors judged to be unsatisfactory.

4.1.e.   Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 4.1 is partially met.

Strengths: Our program faculty is committed to public health education and has worked consistently to maintain relevant contacts and activities within our community. We maintain excellent relationships with governmental and NGO practitioners, given our history of training personnel for our local and state public health agencies. We continue to be successful identifying and developing community-based personnel as instructors, field preceptors and mentors of our students.

Weaknesses: Over time, we have experience a reduction of primary and secondary faculty available to teach in our program. Such decrease has increased expectation that faculty teach more frequently and on topics less relevant to their academic careers. Our expertise in core public health areas (e.g., environmental health, health administration) is not optimal for the curricular and research needs of our program.

Plans relating to this criterion: We will continue to work with University administration to assure that faculty of appropriate interests, training and backgrounds are available to teach and mentor students of our program.

Criterion 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.

4.2.a.   A faculty handbook or other written document that outlines faculty rules and regulations Policies governing recruitment, retention and promotion of University-based faculty rests with the Departments where individuals have primary academic appointments.
The Health Center's Department of Human Resource facilitates and monitors all faculty recruitment, with attention to the University's policies/practices on diversity and affirmative action.   Faculty affairs are governed by the by laws of the University and those of the School of Medicine. Individuals proposed for a faculty appointment should have completed his/her training (i.e., The individual having earned an advanced degree - PhD, MD, DMD, etc. and any post-graduate or post-doctoral training) be expected to function autonomously (independently) in his/her academic role and contribute meaningfully to the academic missions of the School.

Individuals can be awarded a faculty appointment in professional categories that have a "promotional clock" (e.g., Investigator, Clinician-Investigator, Clinician-Scholar which are time limited and require promotion). They must have a realistic opportunity to be promoted within the requisite time period. The Medical Educator professional category does not have a promotional requirement. With few exceptions, initial appointments are made at the Assistant Professor level.

Promotion to senior rank and/or tenure reflect expectations that a faculty member's job description and academic professional category should match the allocation of his/her time. The Faculty of the School of Medicine are expect to teaching, engage in research, patient care 9as appropriate), and other professional activities. The specific criteria for promotion, and tenure reflect the diverse activities of the faculty and provide a basis by which performance may be rewarded. School of Medicine bylaws regarding criteria for faculty appointment, promotion to senior rank and tenure can be found (See SOM By law.pdf) in our Electronic Resource File.

When requested, the Program Director provides input to Department Heads about the level and quality of faculty participation as teachers, advisors and contributors to program administration.   The Program Director has responsibility for recruitment, retention and promotion of community-based faculty.

4.2.b.   Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments

The retention and promotion of UConn faculty is the responsibility of the department and school within which individuals hold primary appointments.   Within Community Medicine, a mentoring policy for junior faculty is in place which assigns senior faculty to provide periodic review and recommendations to junior faculty regarding steps/approaches to be taken to enhance their prospects for retention, promotion and (if appropriate) tenure. Time and effort commitments of junior faculty are often subject to input by senior faculty to assist advisees in setting time/effort priorities.   Within the School of Medicine, there is no explicit program for mentoring of junior faculty although the Senior Associate Dean for Faculty Affairs has de facto responsibility for mentoring junior faculty.

While the locus of faculty development is within academic departments, the program is able to provide limited support of professional growth and faculty development through expenditures to cover some of their academically related expenses (e.g., textbook and software acquisition, AV equipment,

professional dues and travel reimbursement). Typically, such funding does not exceed $5000/year as approved operating expenses have been dramatically reduced over the years.

4.2.c.   Description of formal procedures for evaluating faculty competence and performance

Assessment of the competency and performance of faculty occur at the time a person is recruited to the University, annually through performance reviews by department heads and when considered for promotion and/or tenure.   Teaching, research and service are explicitly addressed in the annual review. No explicit ratio or weight is assigned to any one activity.

As requested, the MPH Program Director provides information relative to an individual's involvement and success teaching, advising or supporting program activities. Provisions for post-tenure review are in place when the substandard performance of tenured faculty is determined.

At the beginning of each academic year, individuals and their Department heads specify a distribution of time/effort across research, education, service and miscellaneous functions and set expectations (i.e., number of grant applications to be submitted, number of peer-reviewed papers to be published, hours of institutional and community service, etc.) for assessing performance. Determinations that individuals "fail to meet" expectations trigger ongoing review and advisement; determinations that individuals "meet" or "exceed" expectations are the basis for merit salary awards. Annual review criteria for determining research, education and administrative performance that exceeds expectations can be found (See Fac Performance Review14.pdf) in our Electronic Resource File.

4.2.d   Description of processes used for student course evaluation and evaluation of teaching effectiveness

Every MPH course is monitored through end-of-semester course evaluations and student feedback. Confidential questionnaires ascertain student judgments of the quality and scope of the specific course requirements, the value of class activities and the quality of program supports. Feedback is routinely provided to instructors and, as conditions warrant, concerns/issues are communicated directly to instructors by the Program Director. Summaries of semester evaluations are reviewed by the Program's Advisory Committee. The process has served the program well, both as a quality improvement device and as a way to acknowledge performance excellence. Information from course evaluations is shared by the program with department heads in merit and other performance assessments of individual faculty.

4.2.e.   Description of the emphasis given to community service activities in the promotion and tenure process

Promotion and tenure decisions at UConn are the responsibility of the School where an individual holds a primary academic appointment.   Service, whether within the University or across the community is expected of all faculty. A recent amendment to School of Medicine Bylaws includes criteria pertaining to public engagement as a component of promotion and tenure decisions. Public engagement, for the purpose of promotion and tenure is defined as "academically relevant research, teaching or service activities that simultaneously address the needs of the community and the mission of the School of Medicine including advocacy, outreach, assistance to an membership in public service organizations or Advisory Committees and providing expert services to the community." A corollary change of our bylaws incorporates "education of the public as evidence of teaching to be on par as invitations to teach in programs of professional societies or other teaching institutions."

4.2.f. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 4.2 is met.

Strengths: The School of Medicine maintains procedures for appointment, promotion and tenure of its faculty. The relevant criteria are well defined, readily accessible and rigorously employed. Faculty development occurs within given departments and is supported to the extent possible by supplemental resources available through the MPH program. Mechanisms are in place for input from the program on the performance of faculty when being considered for appointment, promotion and/or tenure. Student feedback on educational quality, performance of faculty and program support of the curriculum are in place and routinely used to improve the didactic experience.

Weaknesses: No significant program weaknesses have been identified regarding Criterion 4.2.

Plans relating to this criterion: We have no explicit plans to modify how our university assesses the performance of program faculty but we will work to assure they are knowledgeable of those procedures and the implications of their participation in this program regarding career development. We will work with the Department of Community Medicine to assure that junior faculty receive mentorship to support their retention at the university.

> **Criterion 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.

4.3.a. Description of the program's recruitment policies and procedures.

Our student recruitment efforts focus on individuals who aspire to work (practice) in public health. We offer a curriculum that emphasizes interprofessional action and we seek students who are capable and motivated for collaborative problem solving. In particular, we encourage applicants whose educational experiences and/or work responsibilities have enriched their thinking about systems-oriented solutions to health concerns of communities and the individuals residing therein. Such individuals may have had limited formal exposure to the public health sciences, particularly as they increasingly are drawn to our program directly from undergraduate studies, and thus they view, and we facilitate, graduate work as a blend of didactic and experiential learning. The preference of many such individuals is to acquire skills relevant to on-the-job problem-solving. Our program also welcomes joint degree students who have primary interests in medicine, dental medicine, pharmacy, nursing, social work and law.

4.3.b. Statement of admissions policies and procedures.

Admissions procedures, set by the UConn Graduate Achool and outlined in the University's on-line Graduate Catalog require a standard Graduate School application, personal statement, letters of recommendation, transcripts and application fee.

The UConn Graduate School catalog (At: http://gradcatalog.uconn.edu/fields-of-study/public-health/) contains the following information about our program admission requirement:
For admission, applicants must demonstrate a strong academic record, background and/or experience relevant to public health, well-articulated career goals relevant to public health, and a commitment to the health of the community. A complete application includes official transcripts, a personal letter of application, and three letters of recommendation (preferably at least one academic letter). Submission of GRE (or MCAT, LSAT, DAT, or GMAT) scores is highly encouraged. Information is available from: Program Director, University of Connecticut Health Center, Farmington, CT 06030-6325, email: publichealth@uchc.edu, Web address: http://www.commed.uchc.edu/education/mph/prospective/admissions.html.

Please contact Barbara Case at 860-679-1503 or bcase@uchc.edu to learn about how to apply and for other program information. For additional information please see our website at: http://www.commed.uchc.edu/education/mph/prospective/index.html.

Our program strongly encourages, but does not require, applicants to report scores from the General GRE exam or an equivalent (e.g., MCAT, DMAT, LSAT, GMAT). Applications receive preliminary review for completeness and minimal qualifications by the Graduate School, with eligible candidates forwarded to the program for consideration. Ineligible candidates (i.e., cumulative GPAs below 2.6) are refused without program review. Eligible, but marginal candidates (i.e., cumulative GPAs between 2.6 and 3.0) are forwarded to the program for consideration.   Such candidates are evaluated separately by the Program Director for evidence of extenuating circumstance before applications are forwarded to the Admissions Committee for further review.

Applications are received throughout the year, but without extenuating circumstances, are reviewed each winter for fall enrollment (applications must be in hand by February 1 to be considered; January 1 for international students). For applicants to be considered at another time of the year, they must be considered to be highly qualified with significant reason requiring out-of-cycle review. Admissions decisions generally are made by April of each year and cohorts of incoming students are set by early summer.

Our Admissions Committee (See Section 1.5.c.3) evaluates every applicant in a 2-phase process; 2 randomly assigned members of the committee submit detailed evaluations for consideration by the whole Committee at their bi-monthly meeting. Applicants are rated using a 1 (unsatisfactory) to 5 (excellent) scale by assigned reviewers on a 4-dimensions considered central to our admissions process:

- Evidence of the applicant's academic ability to complete program requirements (e.g., prior academic performance) in a timely manner (i.e., absence of extraneous issues).
- Relevance of prior work/educational experience to program mission and goals.
- Appropriateness of the MPH degree to the applicant's stated career goals.
- Evidence of applicant's commitment to health of the community.

Reviewers will utilize the above categorical scores to recommend a composite score for each applicant. Composite scores of 4.5 - 5.0 or 1.0 - 2.5 by both reviewers are assigned an expedited decision without further deliberation by the committee (i.e., admitted or not-admitted, respectively). An overview of applicants with composite scores of 2.6 – 4.4 is presented to the Committee as a whole for deliberation and vote. Three possible decisions are made after the discussion of each candidate: 'accept', 'refuse' or 'hold' for further deliberation.

4.3.c.   Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program.

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 to MD/MPH and DMD/MPH candidates are held.

Through print and electronic announcements regarding the program, information sessions held throughout the year and meeting with community providers, and exhibits at regional and national public health meetings, the program receives a pool of well-qualified applicants each year. Examples of recruitment tools (See Student Recruitment.pdf) are available in our Electronic Resource File.

The University of Connecticut Graduate Catalog entry regarding the MPH program is updated annually and available online at http://gradcatalog.uconn.edu/fields-of-study/public-health/. It includes the academic calendar, grading information, and the academic offerings of the program. The program also has its own brochure (See our Electronic Resource File) as a supplement to our catalog and program's website at: http://www.commed.uchc.edu/education/mph/index.html.

4.3.d.   Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years .

Over time, applications to the program have declined, we believe, due to our status as a program rather than a school, the exclusion of UConn's program among options available to applicants who utilize

ASPPH's common SOPHAS application and our inability to offer concentrated offerings to students seeking in-depth training in a public health discipline. By comparison, the program experienced 110 applications in 2006 and 67 in 2013. Additional reasons for the drop off of applications may be our limited capacity to offer graduate stipends, and late afternoon/early evening curriculum that may be less appealing to applicants seeking full-time study.

Patterns of acceptances and enrollments over the previous 4 years have remained relatively constant. We typically accept two-thirds of applicants to the program and roughly that proportion of accepted students go on to enroll in our program.   Females are disproportionately represented in all three groups, accounting for two-thirds or more of applicants, acceptances and enrollments.   Non-whites constitute roughly 40% of these groups.

Table 4.3.d.1.	MPH applications, acceptances and enrollments: 2012-13 to 2015-16				
	2012-13	**2013-14**	**2014-15**	**2015-16**	**Total**
Total applications	85	82	75	50	292
Total acceptances (% total applications)	60 (71%)	46 (56%)	45 (60%)	35 (70%)	186 (64%)
Total Enrollment (% total acceptances)	38 (63%)	29 (63%)	33 (73%)	15 (43%)	115 (62%)
Female applications (% total applications)	62 (73%)	59 (72%)	58 (77%)	35 (70%)	214 (73%)
Female acceptances (% female applications)	40 (64%)	37 (63%)	35 (60%)	27 (77%)	139 (65%)
Female enrollment (% female enrollment)	22 (55%)	24 (65%)	24 (68%)	10 (37%)	80 (58%)
Non-white applications (% total applications)	14 (16%)	14 (17%)	10 (13%)	8 (16%)	46 (16%)
Non-white acceptances (% non-white acceptances)	12 (86%)	9 (75%)	6 (60%)	5 (62%)	32 (70%)
Non-white enrollment (% non-white enrollment)	8 (66%)	7 (78%)	5 (83%)	4 (80%)	24 (75%)

4.3.e.   Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years

Despite our decreased pool of applicants, enrollment according to student head count and FTE has remained stable over the past several years. This has been accomplished by enrolling an increasing proportion of applicants who pursue joint degree options. These individuals are very likely to enroll upon admission and register for full-time status while matriculating.

Table 4.3.e.1.	Student enrollment data, 2012-2016			
	2012-13	**2013-14**	**2014-15**	**2015-16**
Student Head Count	109	119	114	115
Student FTE*	75.2	82.9	75.3	81.6

* Full time MPH students (i.e., 1.0 FTE) are defined as those enrolled in 9 or more graduate credits per semester; part-time MPH students are those enrolled in fewer than 9 credits per semester with proportional FTE allocations (i.e., 6 credits = 0.67FTE) for such effort.

4.3.f.   Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

We judge the quality of our student recruitment and admission efforts by the career trajectories and

academic qualifications of applicants, the yield from the pool of students admitted to the program, and the diversity of admitted cohorts.

Table 4.3.f.1.	Student recruitment and admissions outcomes, 2012-13 to 2015-16.				
Outcome measure	Target	2012-13	2013-14	2014-15	2015-16
Dual-degree enrollment	25%	18%	19%	24%	13%
Applicant qualifications	Mean GPA>3.25	3.23	3.38	3.32	3.25
Admitted qualifications	Mean GPA>3.30	3.39	3.45	3.42	3.30
Yield of admitted students	75%	63%	63%	73%	43%
Enrolled qualifications	Mean GPA> 3.40	3.41	3.40	3.44	3.40
Racial diversity	15%	Applicants, 16% Accepted, 20% Enrolled, 21%	Applicants, 17% Accepted, 24%, Enrolled, 20%	Applicants, 11% Accepted, 13% Enrolled, 15%	Applicants, 40% Accepted, 14% Enrolled, 26%
2-year degree completion	66%	63%	NA	NA	NA

4.3.g. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 4.3 is met.

Strengths: Our pool of applicants is sufficiently large and of high quality to maintain enrollments. Admission to the program is competitive. Qualifications of our enrolled students are consistently strong (GPA). Substantial proportions of admitted students enroll in our program (e.g., >60%). We attract a diverse student body. Enrolled students perform well in the program; time to degree completion is trending lower.

Weaknesses: The growing percentage of full-time applicants vs. part-time applicants has changed the program's environment. Originally established as a part-time program for working professionals, with all classes in the evening, the program is now admitting at least an equal if not greater number of full-time students. This trend has its own implications: Facilities to accommodate full-time students, greater financial support for graduate or teaching assistantships to enable us to recruit to UConn some of the highly qualified applicants we compete for with other prestigious institutions, scheduling adjustments to offer more classes during the day, and the need to provide these less experienced students with ample opportunities in applied public health practice through internships, practicum projects, field experiences in public health, and capstone projects

Plans relating to this criterion: We must evaluate the impact of ASPPH's centralized application system (i.e., SOPHAS) on student recruitment by non-ASPPH member institutions and assess the feasibility of joining.

The program needs to determine the 'right size' of enrollment given our resource capacity, practice needs of the community and student demand for graduate public health degrees. A significant part of that consideration is the desirability of continuing to offer a degree without academic concentrations. We then must work with the UConn Administration to secure funding to make application and enrollment in the program attractive to students desiring to pursue graduate education.   Stipends and tuition waivers are required.   The program also must explore the feasibility and volume to be produced through a 'fast-track' 4+1 BA/BS + MPH trajectory for undergraduate students desiring public health training in combination with their completing baccalaureate degrees in a range of undergraduate majors. In short, we must define and move toward a program of excellence in order to recruit and retain students who will reflect our vision of a program that is *an integral contributor to the effort to make Connecticut residents among the healthiest, most productive and satisfied of Americans'*.

Criterion 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.

4.4.a.   Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities

The Graduate Catalog spells out specific advising processes and procedures that all UConn graduate programs follow. Once students are admitted to the program, they are assigned a preliminary advisor, depending on their background and interest, to assist them through the first 2-4 semesters of study. All primary faculty serve as advisors/mentors to MPH students and receive credit on their School of Medicine time and effort profiles for this activity.   All secondary faculty are eligible to serve as mentors/advisors of MPH students and do so when their research/education backgrounds are suited to student needs appropriate.   These advisors are expected to clarify academic expectations, program organization and procedures, and degree requirements. Preliminary advisors assist in course selection and monitor student progress while helping to resolve academic, professional or personal problems that are brought to their attention.

Each academic year begins with a half-day orientation for new students. The orientation introduces key program and graduate school administrators and staff.   They also receive an introduction to the library as well as an overview of the various navigation systems used by the program (e.g., Blackboard®, PeopleSoft®, and Microsoft Outlook®). Most importantly, program administrators outline major program academic expectations, rules and procedures (for an overview of program forms see Program Forms.pdf, available in our Electronic Resource File) necessary for course selection, registration, etc.). The University registrar and bursar are also present to describe important graduate school policies (e.g., the need to register every fall and spring semester to maintain active status). The students are also given a tour of the Health Center, including the library, and the opportunity to obtain an identification badge and parking sticker. Lastly, the students are given time to ask questions and socialize with the other students. The orientation concludes with convocation for the new students, featuring introductions and welcomes from program faculty, current students, alumni and a featured speaker addressing contemporary public health issues.

As students progress through the curriculum, they must select a major advisor and two additional persons for a 3-member Advisory Committee. An Advisory Committee should reflect the students' interests, particularly with regard to their anticipated capstone thesis/project. A major advisor, together with the associate advisors, helps the student prepare the formal plan of study for meeting the program's requirements, guides the development of the capstone project, conducts the oral examination and recommends conferral of the degree. The Graduate School, prior to their participation, must approve associate advisors who are not full-time members of the UConn faculty.

Table 4.4.a.1.		Distribution of advisees by primary and secondary faculty, Fall 2015.		
Primary Faculty	**Advisees**	**Secondary Faculty**		**Advisees**
Audrey Chapman	5	Thomas Babor		2
Jennifer Cavallari	2	Mary Beth Bruder		0
Amanda Durante	1	Joseph Burleson		0
David Gregorio	19	Martin Cherniak		1
ZIta Lazzarini	10	Alicia Duggan		0
Stephen Schensul	9	Richard Fortinsky		0
Richard Stevens	10	James Grady		1
Helen Swede	9	Chia-Ling Kuo		0
Jane Ungemack	20	Miranda Lynch		0
		Bonnie McRee		1
		Julie Robison		1
		Susan Schmeiser		2
		Christine Sullivan		0
		Howard Tennen		0
		Thomas Van Hoof		1
		Scott Wetstone		0
Total	85			9

4.4.b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population

Career and placement advice is provided by the students' advisors, alumni board members, program mentors, program administrators and the University's Center for Career Development. Information is infrequently sought during the student's time of academic coursework, but increases considerably as graduation and career opportunities approach. The program regularly informs students, alumni and community members of employment, internship, fellowship, and other career opportunities through our electronic newsletter, *Public Health Happenings,* and both the program bulletin board and program monitor. Examples of our newsletter (See MPH News.pdf) available in our Electronic Resource File. As program administrators become aware of specific job and other placement opportunities, information may also be sent directly to specific students and alumni know to have particular skills/interests in that area.

In the spring of 2012, the Public Health Student Organization (PHSO), hosted a Public Health Opportunity Fair for all public health undergraduate and graduate students in Connecticut. The purpose of the event was to introduce students to all career opportunities in the health care/public health field. Invites were sent to all public health students in the state of Connecticut, program faculty, alumni, practicum preceptors and community partners. Over 24 vendors from different organizations attended the event, along with 7 panelists and over 75 students from 11 different Connecticut colleges. The panelists included: Tracey Scraba JD,MPH – Aetna; Dr. Adam Seidner MD, MPH – National Medical Director – Travelers; Dr. Judith Fifield – research opportunities – UConn, CT Institute for Clinical and Transitional Research (CICATS) and UConn Center for Translating Research into Practice and Policy (TRIPP); Dr. Jean Schensul - research opportunities – Institute for Community Research (ICR); Russell Melmed MPH – Ledgelight Health District, Epidemiologist and Ann Levie MPH – Independent Consultant,

Program Evaluation. Both panelists/vendors and students were asked to evaluate the event. 100 percent of student attendees strongly agreed or agreed that the Opportunity Fair was a great way to network with professionals. 100 percent of panelists/vendors strongly agreed to the following: the Fair was a good use of his or her time, felt he or she had an important role, the Fair was well organized and served as a great way to network with students and lastly all would have liked to return as a vendor/panelist the next year. The event was well received by all attendees (See Public Health Opportunity Fair Flyer.pdf in our Electronic Resource File).

Public health students have access to a large network of alumni who are eager to meet with them and share their wisdom and career advice about life beyond UConn's Public Health Program. The Alumni Board consists of 23 members from the Department of Public Health and other state agencies, local health departments, non-profits and the University. All entering public health students are sent Board member contact information and encouraged to reach out to them.

For the first time this spring, the practicum course included a Department of Public Health (DPH) career panel. Many of our graduates end up with positions at DPH making such a panel very appropriate. The panel was well received and included the following individuals:
- Kristin Sullivan, MA, Manager, Public Health Systems Improvement to discuss DPH career trends and opportunities
- Michael Cary, DPH Human Resource Administrator to discuss the process for getting a position.
- Kenny Foscue, MPH, an Epidemiologist and alumnus of the program to discuss his career and how he got where he is today.

The UConn Center for Career Development (http://career.uconn.edu/graduate-students/), located on the Storrs campus, provides career services for UConn Masters and PhD students. The Center holds workshops, events and provides online resources to help students: enhance self-knowledge; clarify career aspirations; prepare networking and professional materials for various career pathways; research companies, organizations and industries to uncover jobs and connect with employers and employment opportunities both in-person and on-line. The Center staff guide students in all aspects of exploring careers and searching for jobs. The services include one-to-one advising, individualized CV, résumé, and cover letter review, and a variety of presentations and events to support student career exploration and job search. The Center website also lists potential job and internship opportunities.

4.4.c. Information about student satisfaction with advising and career counseling services.

Student have expressed dissatisfaction with advising and career counseling services regarding: the challenges of recruiting a major advisor skilled in a particular area and have recommended that the program have greater involvement in matching students to faculty according to interest, availability and work styles. The students, however, generally express satisfied with advisement once a major advisor has been identified. They judge advisors to be highly knowledgeable and accessible.

We have been aware of this concern for some time (i.e., similar concerns were noted in the 2007 self-study report) and the experiences of students securing advisors substantiates this concern.   Information in Tables 2.5.a.2. and 2.5.a.3. illustrate a severe imbalance in the effort of program faculty to mentoring students in completion of capstone (i.e., Thesis or project) requirements. Of the 82 capstone papers completed during the 2014-15 and 2015-16 academic years, professors Ungemack, Gregorio and Schensul were identified as major advisor for 53% of students.

We continue working with The School of Medicine to secure sufficient resources for time and effort of faculty for these activities. Hopefully, a recent commitment by the School of Medicine of salary support for up to 5 additional members of the faculty to serve as advisors/mentors of students will alleviate some of this dissatisfaction.

Table 4.4.c.1.	Student concerns and program responses regarding program operations, Spring, 2015.
Student concerns	**Program response**
More choice in selection of the practicum topic	The practicum has been modified to expand project and format options (See 2.4). In the past, the group practicum focused on one policy relevant issue. More recently, students could pick from among several different projects at different agencies – state health department, local health departments, other municipal entities (school readiness council), and nonprofit agencies. This past year's practicum topics ranged from epidemiological research to public policy and advocacy.
Greater awareness of the research interests of the faculty	We now schedule presentations by primary faculty at all program orientations/open houses that provide introduction to areas of teaching and research.
Earlier posting of course schedules	The schedule for all required courses is set for several years and made known to students. Our reliance on adjunct faculty as elective course instructors limits our capacity to project schedules beyond current semesters. We continue to request lines for full-time faculty so as to increase the predictability of scheduling. We are bound by graduate school registration requirements and deadlines.
Logistical issues that impede taking classes on other UConn campuses	Distances between the Farmington, regional and main campus do limit opportunities for students. We continue looking for ways to better coordinate the schedules at these locations and will begin exploring use of real-time simulcasting of classes across campuses.
Better direction for selecting their Advisory Committee.	Students should work with their major advisors to identify additional capstone committee members. We have initiated annual meetings for advanced students highlighting timelines and deliverables for capstone requirements.
Insufficient/inadequate advising	Our effort to recruit and retain advisors is difficult given the reduction of our faculty in recent years and the lack of institutional incentives to encourage this activity.
Overworked program staff	We agree and appreciate the many accomplishments of our staff.
Lack of summer course offerings	Despite a longstanding barriers, we began course offerings in Summer 2015.
Parking difficulties	We, along with the Graduate School, continue to stress the need for accessible parking for students.
Limited networking opportunities	In 2012, the MPH Alumni Board was developed. Since that time, the Board annually hosts an MPH reunion event in early spring. The events are well attended and enjoyed by program alumni, current students, faculty and staff. The MPH Alumni board also sponsors gatherings for UConn Football and Basketball games.
Limited connections between curriculum & community	We are working to clarify the nature of this concern through additional student surveys and meetings with our Student Organization.
Lack of student funding	The availability of funding remains a challenge in recruiting students. Currently, we offer 1 graduate fellowship (stipend + tuition waiver) along with 4 partial stipends for students serving as teaching assistants. Each year, through the Health Education office on the Storrs campus, there are 1 or 2 graduate assistantships for MPH students. For the fall of 2015, a third assistantship was developed, also through the Health Education office.

	This year, the program sent 20 public health students to the CPHA Annual Conference.

Career counseling and placement services was a concern among a small number of students. When asked, most students said that they did not need career counseling, while those that articulated a need for career counseling said they felt they could easily get it. Several students commented that much of their career advice emanated from fellow classmates. Students suggested that a job fair that included community providers would be helpful. Students did appreciate the newsletters, newsflashes, and postings of job opportunities provided by the program. Students also suggested that community practitioners who offer courses or guest lecturers should take time to discuss their careers in public health, including the manner in which they entered their particular field.

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Program administration take student grievances/concerns very seriously and when necessary promptly report them to the appropriate individuals or organizations in the school for consideration and response.

Through our student handbook, orientation materials and individual course syllabi, students are made aware of the University and program's policies regarding fair and ethical practices. Students with concerns regarding curriculum, procedures and encounters/experiences within the program are advised how to register and monitor concerns.

For internal programmatic issues or concerns, the program maintains a student complaint file that is kept in the Program Coordinator's office by lock and key. During the 2004 through 2015 period, the program received a number of complaints covering a range of issues. Among those concerns that were raised were: (a) MPH Program graduates were not sufficiently acknowledged during commencement ceremonies (the official commencement is on the Storrs campus); (b) the Program should offer graduate courses on regional campuses at Avery Point and Stamford, CT; (c) the requirement to enroll in at least 2 courses per semester was onerous for working professionals; (d) the quality of a 1-credit course/workshop offered by a new adjunct instructor was poor; (e) treatment of an international applicant by the University's International Office was inappropriate; (f) an advisor's comments regarding a student's capstone paper were inappropriate and untimely; (g) university-wide administrative procedures that drop students from active status for failure to register for classes were burdensome; (h) cost and location of parking on campus; (i) teaching practices of the Health Administration instructor and (j) the failure to offer select courses when expected conflicted with a student's plan of study. All such concerns receive a response from the Program Director and/or higher University administrators. Each occasion provides an opportunity to review and, where appropriate, modify procedures to enhance student experiences. One formal complaint submitted to the ODE alleged discrimination by the Program Director regarding a student's performance in the program. Investigation of the complaint by the University determined it was without merit.

4.4.e. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion

We believe Criterion 4.4 is partially met.

<u>Strengths</u>: Students generally approve of advisement and career counseling offered by the program. Retention of students has improved markedly over time.

<u>Weaknesses</u>: Students have consistently over time expressed concern with difficulty identifying appropriate advisors to mentor them while completing capstone requirements. This, in part, is a consequence of our diminished primary faculty and the inability to distribute advisory responsibilities equitably among faculty; 3 of our program faculty mentor the 53% of capstone projects.

<u>Plans relating to this criterion</u>: The program should increase career advisement activities (e.g., a career day with representatives of DPH) throughout the academic year. The Advisory Committee should establish measurable objectives by which advisory functions can be better focused and evaluated.

We will continue to monitor our effort to streamline initial advising of students and procedures to inform them of opportunities for advisement by other program faculty on capstone projects. A panel of faculty advisors is scheduled for a fall meeting of the MPH student organization. Panel members will discuss their research interests and opportunities for student projects involving their research, as well as the manner by which students should approach them about potential advisement. Working with the MPH student organization, we will consider options for greater career/job counseling. We will work with community-based course instructors and guest lecturers to determine effective methods for them to share information on their careers/opportunities with interested student.

Appendix: UCONN Response to CEPH Draft Report of November Site Visit

May 1, 2016

Mollie Mulvanity, MPH, Deputy Director
Council on Education for Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910

Dear Ms. Mulvanity,

On behalf of the University of Connecticut, I submit this response to the draft report of the CEPH site visit team regarding the re-accreditation of our Graduate Program in Public Health. Just as we found the preparation of our self-study report to be a valuable way for our students, staff, faculty and administration to come together and critically assess our MPH program's strengths and challenges, the November 19-20, 2015 site visit and the reviewer's draft report have been inordinately helpful in allowing us to identify priority areas for further program development. The verbal and written insights offered by Dr. Harris, Mr. Ward and Ms. Kanu are very much appreciated.

We found the findings of draft report to be thorough and objective and we respect its findings. We are pleased that site visitors found 19 of the 23 applicable criteria to have been met. While we do not dispute the accuracy of the finding regarding Criterion 1.2 Evaluation and Planning (i.e., *"Although approximately half of the program's targets (47 total) were not met in 2014-15, the program achieved or came very close to achieving most of these objectives in the last three years."* pg 4), we cannot resist noting our program's intention since our last re-accreditation has been to set high thresholds for a many program targets in order to be a program of true distinction. We remain committed to the highest of expectations and we pursue these difficult targets eagerly.

The site team provided valuable commentary that we are drawing upon to strengthen our program. Below, we highlight steps taken, and those in process, in response to those remarks.

1. Criterion 1.6 Resources. It was noted, *"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…. Explicit targets will help to demonstrate the program's needs and support future growth and development efforts."* (pg. 11) We agree. Our School of Medicine's (SOM) Dean is committed to working with our program's leadership to articulate long-range enrollment, revenue & expenditure targets that will permit the program to anticipate resources over time and incentivize 'appropriate' growth of the curriculum.

2. Criterion 1.7 Faculty and Other Resources. It was noted *"In September 2015, the new dean provided the program with additional faculty (1.4 FTE) lines."* (pg. 12) That is incorrect, and we request the report be corrected to read "*In September 2015, the new dean provided the program with additional faculty **(1.8 FTE)** lines.*" The report continued, *"The commentary is based on the program's limited control over external faculty resources… The program director explained that he has the opportunity to negotiate faculty teaching, service and research responsibilities, but the commitment of external departments (e.g., law and nursing) to engage the program in such discussions is voluntary. 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."* We

agree. With the fully support of our Dean, we continue to secure additional commitments for teaching and advising by UCONN faculty.

3. <u>Criterion 1.8 Diversity</u>. The report noted *"… absence of overarching goals for achieving diversity and cultural competency within the program."* (pg. 15). We agree. The MPH program's Advisory Committee has made our commitment to diversity explicit by adopting an 8th program goal (accompanied by several measurable objectives) that affirms our adherence to all UCONN policies and procedures related to the recruitment and retention of a diverse student body, faculty, and staff. In this effort, we are working closely with our SOM to set recruitment and retention priorities. Also, we have received final University approval for initiating an undergraduate (BA/BS+MPH FastTrack) pipeline program for underrepresented students. Lastly, the program's Adivisory Committee will consider a 9th program goal addressing cultural competency (e.g., "Ensure diverse viewpoints to infuse multicultural perspectives into planning and implementation of curriculum, relationships, research and services. ") during its May 2016 meeting.

4. <u>Criterion 2.6 Required Competencies</u>. The report noted *"The commentary is based on inconsistencies in communicating the competencies to students. The pre—and post-practicum checklist…. present outdated sets of competencies that differ from those published on the program website…"* (pg. 21-22) We agree. The Advisory Committee has instructed our program director to review for consistency all program resources (e.g., handbook, website, syllabi, etc.) and report discrepancies to our Curriculum Committee.   In this respect, the SOM has offered access to software (OASIS) to facilitate our tracking of course content in relation to program competencies.

5. <u>Criterion 4.2 Faculty Policies and Procedures</u>. The report noted *"The first commentary is based on the limited amount of provisions and support for faculty development…. The second commentary is related to the limited amount of credit awarded for faculty engagement in public and community service and student advising."* (pg. 31) We agree. Our Dean is committed to working with the program in identifying additional resources that support classroom and professional development activities of our faculty. He also is working with University administrators to articulate principles for measuring and rewarding public engagement of faculty in service to our community. A progress report to the Advisory Committee will be prepared for August 2016.

6. <u>Criterion 4.4 Advising</u>. The report noted *"The first commentary relates to an imbalance in the distribution of faculty advisors – particularly with respect to the capstone and thesis advising…. The second commentary relates to some reports of student dissatisfaction with academic advising and career counseling."* (pg. 33-34) We agree. The Advisory Committee has instructed the program director to (a) meet with Department Chair to articulate expectations of faculty as student advisors, (b) expand the pool of the UCONN faculty eligible to serve in this capacity and (c) regularly track and report on student experiences. To date, with support of the Dean, 4 additional UCONN faculty have been recruited as student advisors. The program director will work with our graduate student organization to screening for concerns/barriers to effective advisement of students.

Finally and most importantly, we acknowledge the findings of site visitors regarding 4 of the 23 criteria to have been partially met. We offer the following responses to the concerns raised in the draft report.

a. <u>Criterion 2.1 Degree offering</u>. The report noted *"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." (pg. 16).* We accept this finding and describe steps we have taken to better align our curriculum with our mission to prepare interprofessional public health practitioners.

a. All core and elective course objectives are being reviewed to assure their match to our 4 concentration competencies. The result of that effort will be presented to our Curriculum Committee by September 2016 for review and approval.

b. A new course (PUBH-5XXX Principles of Interprofessional Public Health Practice) is in development for credit in Spring 2016 (See Attachment #1). The course will critically examine models of interprofessional practice in health and social service setting and provide hands-on opportunities for students to propose interprofessional approaches to prevailing public health concerns.

c. Thesis/capstone application forms have been modified to include a longitudinal self-assessment of a student's mastery of our core and interprofessional competencies (See Attachments #2 and 3). Permission to undertake thesis/capstone work will require assent by an advisory committee that a student has demonstrated appropriate mastery of these competencies. As needed, remediation plans will be developed to address competencies found by advisors to be deficient.

However, we respectfully request re-consideration of the report's finding *"The program's efforts to encourage interdisciplinary study and accommodate student's individual interests appear to take precedence over the need for stronger curricular definition."* (pg. 16) The variance exhibited in our student's plans of study reflects their diversity of backgrounds, interests and career plans as well as the academic resources available through our University. Since accreditation in 1984, our curriculum has reflected CEPH's current definition of a professional degree (i.e., "one that, based on its learning objectives and types of positions its graduates pursue, prepares students with a broad mastery of the subject matter and methods necessary in a field of practice…." (Accreditation Criteria, Public Health Programs, Amended June 2011, pg. 12). Our more recent efforts to highlight inter-professional is not meant to depart from this professional degree focus, but to characterize a context in which learning/practice occurs within our program. The program's four competencies addressing inter-professionalism are consistent with a generalist perspective on graduate education. This perspective reflects, in equal parts, the substantial breadth of expertise found among our faculty and the sizable number of dual degree candidates working along-side our stand alone MPH candidates. We remain committed, with our program, with a diverse faculty and an increasing number of interprofessional learners, to offer curriculum and encourage expectations necessary to prepare individuals for a range of public health practice careers. As a program within a School of Medicine, we are limited in capacity to offer a curriculum focused on a particular substantive area and have elected instead to draw on, in fact, celebrate the varied backgrounds of faculty from across our school. The success of our graduate in securing employment across sectors of public health practice (~100% of our graduates over the previous 3 years report full-time employment in public health practice positions), along with positive feedback from employers on the qualifications of our graduates offer *de facto* evidence that our curriculum has met the standard of a profession MPH degree.

We believe the changes we have and are about to undertake satisfy the site visitor concerns regarding Criterion 2.1 and we believe no further action by the CEPH Council is required. Our program is fully committed the principles and practices of an academic program leading to a professional public health degree.

2. Criterion 2.2 Program Length. The report noted *"The concern relates to the flexibility of the program's minimum degree requirements. Over the last three years, the program awarded an MPH degree to two students with fewer than 42 credits. According to the program director, one individual was granted a 12-credit load reduction in acknowledgement of relevant coursework completed while concurrently matriculating in a PhD program in anthropology… The other student was granted an*

11-credit load reduction in acknowledge of prior public health coursework completed at a school of public health within another university." We accept this finding and describe steps we have taken to modify program procedures related to program length.

1. Our Advisory Committee unanimously resolved (1/22/16) that "a minimum of 42-program credits, completed within 7 years of enrollment, are required of all program graduates".
2. Our Advisory Committee instructed the program director to amend procedures to review requests for credit waivers/transfers that will require students to document the equivalency of prior coursework AND demonstrate the equivalent mastery of competencies related to the credit reduction request. The earning of credits at another CEPH-accredited institution will no longer, on its own, be sufficient to warrant a credit load reduction.
3. All program information (i.e., handbook, website) is being updated to clarify credit requirements for the MPH degree for current and 2016 incoming students.

We believe the changes we have made satisfy visitor concerns regarding Criterion 2.2 and we believe no further action by the CEPH Council is required. Our program is fully committed to the expectation that graduates complete sufficient credits (i.e., 42+) to assure their competency as public health practitioners.

3. Criterion 2.5 Culminating Experiences. The report noted *"The concern relates to the integration of competencies into the culminating experience… Through their review of associated guidelines and a sample of slide presentations, theses and capstone papers, site visitors were unable to validate that all forms of the culminating experience – particularly approved theses – are integrative or reflective of students' overall knowledge, skills and mastery of the core and concentration competencies."* (pg 20-21) We accept this finding and describe steps taken to modify procedures around the culminating experience.
   1. Every thesis/capstone advisory committee now requires 1 of 3 readers to be external to the MPH program faculty to address the interprofessional content of the work.
   2. Thesis/capstone application forms and requirements for final thesis/capstone papers have been modified to include relevance of projects to interprofessional practice and systems-level services. A rubric for advisors to assess whether this requirement has been met is now included with the application and final grading form. (See Attachments #2 and 3).
   3. All program information (i.e., handbook, website) is being updated to clarify expectations/requirements of the culminating experience for 2016 incoming students.

We believe the changes we have and are taking satisfy the site visitor concerns regarding Criterion 2.5 and we believe no further action by the CEPH Council is required. Our program is committed sustaining a rigorous culminating experience for all MPH candidates.

4. Criterion 2.7 Assessment Procedures. The report *noted "The concern relates to procedures used to evaluate student progress in the practicum. By design, such experiences are linked to the competencies and students are asked to self-assess their application of the competencies through related activities. Preceptors, however, are not currently required to assess student attainment of the competencies; instead, they are instructed to focus on student deliverables and professionalism."* (pg. 23) *."* We accept this finding and describe steps we have taken to modify program procedures related to the practicum experience.
   1. Under leadership of Dr. Durante our practicum director, all related descriptions and forms have been reviewed for consistency.

2. The practicum now requires students to select and document project activities relevant to 3 of the program's core competencies, along with the 4 concentration competencies. (See Attachment #4, Form #2). Students will document and self assess their performance relevant to selected and required competencies.
3. Field preceptors will be expected to evaluate student performance relevant to selected and required competencies. (See Attachment #4, Form #4).

We believe the changes we have made satisfy the site visitor concerns regarding Criterion 2.7 and we believe no further action by the CEPH Council is required. Our program is committed to a rigorous assessment of the practicum experiences of our MPH candidates

Once again, I want to thank, on behalf of everyone at UCONN, the Council on Education for Public Health for its commitment to our MPH program. Do not hesitate to contact us about remaining questions or concerns. We look forward to reporting back to Counselors through our Annual report about our ongoing efforts to enhance the curriculum. We look forward to the final re-accreditation report.

Sincerely yours,

David I. Gregorio, PhD, MS, Director
UCONN Graduate Program in Public Health

Attachment #1 - Proposal for PUBH 5XXX- Introduction to Interprofessional Public Health Practice
Instructor: Angela Bermudez-Milian, PhD, MPH

Public health practice for the 21st century require coordinated skill sets and perspectives of many distinct, but interrelated, disciplines in order to pursue effective, comprehensive, systems-level improvements to our environment and social structure. Interprofessional collaboration is an innovative strategy that can mitigate systemic, enduring population health concerns not adequately addressed from any one perspective (e.g., medicine, law, social work, etc.). Such collaboration also is useful in assuring an adequate workforce, particularly in regard to health manpower shortages common in global and other underserved environments.

Interprofessional education occurs whenever students of two or more disciplines come together to learn from and work with each other in a shared vision to improve community health outcomes.   Beyond any outcomes linked to specific experiences, interprofessional education yields "collaboration ready practitioners" capable of engaging with stakeholders across a range of common interests. Benefits include improved availability and access to essential health and social services, decreased expenditures on ineffective, duplicative practices and greater worker satisfaction.

An effective interprofessional curriculum emphasizes the roles and responsibilities of team members, the ability to express and receive information from one another, the capacity for self-reflection and the ethical pursuit of common goals. The goal of interprofessional education is to develop one's understanding of when, how and with whom knowledge may effectively be applied to given situations. This course will critically evaluate evidence pertaining to theories/models of interprofessional practice and consider strategies/tactics to help students implement interprofessional education and collaborative practices of benefit to personal, professional and community interests. At the conclusion of this course, students will be able to:

1. Describe health-related professions relevant to effective public health practice.
2. Differentiate multiprofessional from interprofessional work groups
3. Describe an interprofessional approach to the delivery of public health services in general terms and in specific case scenarios.
4. Assess benefits and challenges of interaction among population health professionals.
5. Propose strategies to assure a "collaboration ready" workforce to address leading public health concerns.
6. Identify technical, organizational and societal supports necessary for effective interprofessional practice.
7. Recognize one's potential to engage with interprofessional practitioners.

Course requirements

Students are expected to prepare for individual class sessions by completing readiness quizzes and reflective exercises. Participation in a required team project will constitute 75% of the semester grade; 25% of the grade will reflect performance on readiness quizzes and reflective exercises.

Course framework

Week	Topic	Assignments
1	Course overview	WHO, *Framework for Action on Interprofessional Education and Collaborative Practice.* Geneva: World Health Organisation, 2009. Interprofessional Education Collaborative, *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, DC, 2011.
Part A. Orientation Inter-professional Practice		
2	Models of interprofessional collaboration	McCallin AM, Pluralistic dialogue: A grounded theory of interdisciplinary practice, *Grounded Theory Review, 2004; 4: 25-42.* D'Amour D, et al., *The conceptual basis for interprofessional collaboration: core concepts and theoretical frameworks. Journal of Interprofessional Care* 2005; 1: 116-131. Soubhi H, et al., Interprofessional learning in the trenches: fostering collective capability. *Journal of Interprofessional Care* 2009; 23(1): 52-57. vanderWielen LM, et al., Improving public health through student-led interprofessional extracurricular education and collaboration: a conceptual framework J Multidiscip Healthc. 2014; 7: 105–110.
3	Building effective coalitions with community-based stakeholders.	Chavis DM, The paradoxes and promise of community coalitions, AM J or Community Psychology 2001; 29: 309-320. Cohen L, et al., Developing effective coalitions: an eight step guide. Gaithersburg, MD: Aspen Publishers Inc; 2002:144-161.

4	Health care delivery systems: Preventive medicine 101 & Allied health sciences 101	Garman AN, et al., Worldviews in collision: conflict and collaboration across professional lines. Journal of Organizational Behavior. 2006; 27:829-849.
5	Program advocacy and policy development: Social Work 101 & Health law 101	
6	Program evaluation: Public administration 101	
Part B. Issues in Interprofessional collaboration		
7	Role clarification	Suter E, et al., Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care* 2009; 23(1): 41-51. Cooper R, Stoflet S, Diversity and consistency: the challenge of maintaining quality in a multidisciplinary workforce, *Journal of Health Services Research and Policy* 2004; 9: 39-47. Coutu D. Why teams don't work. Harvard Business Review. 2009; 87(5): 98-105.
8	Conflict and conflict resolution	Thomas K. Conflict and conflict management: Reflections and update. *Journal of Organizational Behavior*, 1992; 13(3): 265-74. McCalllin AM, Interprofessional practice: learning how to collaborate, *Contemporary Nurse 2005; 20: 25-42.* Sawa RJ, Foundations of Interdisciplinarity, *Medicine, Health Care and Philosophy* 2005; 8: 53-61. Kruse J, Overcoming barriers to interprofessional education: the example of the joint position statement of the Physician Assistant Education Association and the Society of Teachers of Family Medicine, *Family Medicine* 2012; 44(8): 586-8.
9	Team building	D'Amour D & Oandsan I, Interprofessionality as the field of interprofessional practice and interprofessional education: an emerging concept. *Journal of Interprofessional Care* 2005; 19(1): 8-20. McCallin A, McCallin M Factors influencing team working and strategies to facilitate successful collaborative teamwork. New Zealand Journal of Physiotherapy 2009; 37(2): 61-67.
Part C. Interprofessional collaboration in practice		
10	Vaccine coverage and measles outbreak	
11	Food security and school performance	
12	School-based childhood obesity prevention	
13	Climate and health effects	
14	Team presentations	
15	Team presentations	

ATTACHMENT #2   Thesis Application Form

UCONN Graduate Programs in Public Health
Thesis (Plan A) Application Form

Date _____ **Student Name** _____ **Empl.ID** _____

Major Advisor _____ **Secondary Advisor**_____

External reader _____

Degree sought   ☐ MPH   ☐ MD/MPH   ☐ DMD/MPH   ☐ JD/MPH
                     ☐ MSW/MPH   ☐MSN/MPH   ☐ PharmD/MPH

The mission of the UConn Master of Public Health (MPH) program is to offer an exemplary academic environment that prepares interprofessional learners to achieve high standards of public health practice. UConn MPH students are expected, through their coursework, experiential and culminating activities to demonstrate mastery of skills, practices and perspectives that contribute to our program's vision of making Connecticut residents among the healthiest, most productive and satisfied of Americans. Individuals preparing to complete an Applied Practice Project (i.e., Plan B) as their final graduation requirement must (a) document your knowledge of public health's core disciplines and (b) your capacity to practice in an interprofessional manner that enhances relations of public health with other disciplines.

Along with a project prospectus, you are expected to submit the following information for review and approval by your project advisory committee.

Curriculum Checklist

Fall	Spring	Year		Approved waiver	Approved Substitution
☐	☐	_____	PUBH 5403 Health Administration	☐	_____
☐	☐	_____	PUBH 5404 Environmental Health	☐	_____
☐	☐	_____	PUBH 5405 Social Foundations of Public Health	☐	_____
☐	☐	_____	PUBH 5406 Law and Public Health	☐	_____
☐	☐	_____	PUBH 5407 Practicum in Public Health		
☐	☐	_____	PUBH 5408 Epidemiology & Biostatistics I	☐	_____
☐	☐	_____	PUBH 5409 Epidemiology & Biostatistics II	☐	_____
☐	☐	_____	Selective on public health methods	PUBH _____Course title:_____
☐	☐	_____	Elective #1	PUBH _____Course title:_____
☐	☐	_____	Elective #2	PUBH _____Course title:_____
☐	☐	_____	Elective #3	PUBH _____Course title:_____
☐	☐	_____	Elective #4	PUBH _____Course title:_____
☐	☐	_____	Elective #5	PUBH _____Course title:_____

☐ Advanced standing of _____ credits approved

_____ Total credits earned

ATTACHMENT #2, continued

For each of the program's core competencies listed below, provide a brief example that documents what you have done or will do to master these expectations.

Core competencies		Example of how a competency was/will be mastered (Mastery can be demonstrated by performance in coursework, course assignments, experientials and other extramural activities. Your unique responses to these questions will distinguish your qualifications from classmates.)
1.	Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities.	☐Have done ☐ Will do	
2.	Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.	☐ Have done ☐ Will do	
3.	Apply basic methods and terminology to calculate and report disease rates and risks in populations.	☐Have done ☐ Will do	
4.	Employ principles of research design, probability and measurement to draw appropriate inferences from data.	☐ Have done ☐Will do	
5.	Utilize appropriate information technologies to collect, analyze and disseminate data.	☐ Have done ☐Will do	
6.	Assess the strengths and limitations of various research designs in collecting, analyzing and interpreting information from public health studies.	☐ Have done ☐ Will do	
7.	Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.	☐ Have done ☐ Will do	
8.	Promote evidence-based public health practices that affect the health of communities.	☐Have done ☐ Will do	
9.	Identify genetic, behavioral and circumstantial factors affecting individual and group susceptibility to adverse environmental hazards.	☐ Have done ☐ Will do	
10.	Describe mechanisms of toxicity that explain direct and indirect effects of environments on human health.	☐Have done ☐ Will do	
11.	Contrast basic social and behavioral science theories about the causes and control of public health concerns.	☐ Have done ☐ Will do	
12.	Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care.	☐Have done ☐Will do	
13.	Design and implement public health interventions according to sound ethical and legal standards.	☐Have done ☐Will do	

ATTACHMENT #2, continued

Interprofessional public health practice represents the effort to address an important, persistent public health problem through system-level approaches to health promotion/disease prevention through the understanding and appreciation of how individuals from distinct professional backgrounds/orientation can work together to deliver high quality, sustainable and comprehensive services. System-level approaches, in turn, are activities built around core disciplines of public health that include assessing community health status, monitoring the distribution/determinants of disease and disability, proposing, implementing and evaluating health promoting/disease preventing programs, designing and disseminating tools and strategies that promote effective community health activities, and supporting community-focused advocacy and policy development.

For each of the program's competencies specific to interprofessional public health practice, provide a brief example of what you have done or will do to mastered these expectations.

Interprofessional practice competencies		Example of how a competency was/will be mastered (Mastery can be demonstrated by performance in coursework, course assignments, experientials and other extramural activities. Your unique responses to these questions will distinguish your qualifications from classmates.)	
14.	Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage disease in communities.	☐Have done ☐ Will do	
15.	Acknowledge one's role and those of other professions in addressing the needs of communities served.	☐Have done ☐ Will do	
16.	Establish and lead teams to develop and advocate for effective policy and program change.	☐ Have done ☐Will do	
17.	Respect and protect the rights and differences of persons and the communities in which they live.	☐ Have done ☐ Will do	

ATTACHMENT #2, continued

Your advisory committee will consist of (a) Major and Associate advisors selected on the basis of their expertise and familiarity with your selected topic from among faculty designated by the Graduate School as contributing to the public health area of study (See UCONN Graduate Catalogue at: http://gradcatalog.uconn.edu/fields-of-study/public-health/), and (b) an external reader not affiliated with the public health area of study who is recognized by your other advisors as someone substantively skilled and experienced to serve in that capacity.

Use the following framework (with suggestion not to exceed 10 pages) to prepare your thesis prospectus. Appropriate responses include detail sufficient for a reader to understand what you intend to do, the justification for such effort, the timeline and deliverables associated with the project, how that activity demonstrates your ability to engage in public health practice and the implications of your work for communities of interest.

1. Tentative title of this project. (70 characters).
2. Summarize (0.5 page) the public health problem you will address through this project.
3. Indicate (0.5 page) the target population of this project.
4. Provide background (2 pages) describing this problems' burden on your population of interest.
5. Describe the theory, studies and data (2 pages) that recommend a particular approach to addressing this problem.
6. Summarize the resources, tools, strategies and procedures (2 pages) you will employ in addressing this problem.
7. List collaborations with individuals, organizations and institutions (0.5 page) needed to complete project activities.
8. Indicate (1 page) how your project illustrates the challenges/opportunities of interprofessional public health practice.

Attach your proposal to this document for review by your advisory committee and Program Director.

Approvals

	Print name	Signature	Date
Major Advisor	_____	_____	_____
Secondary Advisor	_____	_____	_____
External reader	_____	_____	_____
Program Director	_____	_____	_____

IRB review of this proposal

☐ has been requested   ☐ has been received
(Date)_____   (Date) _____

Committee comments/recommendations: _____

_____

_____

_____

_____

_____

_____

_____

_____

ATTACHMENT #2, continued

Preparing your Thesis

A Thesis (Plan A) paper typically will focus on (a) a qualitative/quantitative <u>descriptive study</u> measuring the distribution (magnitude and variability) or determinants (root or contributing causes) of a relevant public health concern, (b) an <u>analytic study</u> employing accepted epidemiological designs (case-control, cohort, etc.) to evaluate one or more hypotheses regarding the etiology or impact across the disease continuum; (c) an <u>experimental study</u> to evaluate the efficacy/effectiveness of a potentially relevant population health intervention; or, (d) a <u>meta analysis</u> that synthesizes existing knowledge on a topic in order to generate a composite estimate of the effect an independent variable on one or more health outcomes. A suggested format for your thesis follows this section. Your final paper will be graded (see rubric below) and must achieve a recognition of "satisfactory quality" to meet our program requirement.

	Possible points	Points assigned		
		Major Advisor	Secondary Advisor	External Reader
Project demonstrates knowledge of core public health disciplines	20			
Project demonstrates appropriate use of analytic theory, models, methodologies and evidence	20			
Project addresses the interprofessional challenges/opportunity of the selected topic	20			
Project text, tables, figures and related material are relevant and appropriately presented	10			
Project results are generalizable to other settings	10			
Individual exhibited professional conduct while interacting with mentors/advisors and the public	10			
Individual demonstrated self-reliance/direction in timely completion of project activities.	10			
Total	100			

100 points =	Project of highest quality	80-89 points =	Project of satisfactory quality
90-99 points =	Project of high quality	< 79 points =	Project of unsatisfactory quality

<u>Suggested (i.e., non compulsory) thesis format</u>: The final paper for your degree should not exceed 10,000 words (approximately 30 pages), exclusive of the manuscript's footnotes, references and bibliography.   Statistical tables should be counted as 150 words per table. Footnotes should not exceed 20% of the document and under no circumstances should they be used to include material that would normally be contained within the main text (i.e., discursive content of footnotes is discouraged).

The necessary components of your final paper include:
1. A cover page
2. Acknowledgements
3. Abstract (150 words)
4. Tables of Contents, Tables and Figures
5. Introduction: Description of the topic (1-2 pages)
6. Specific aims of the projects/hypothesis (1 pages)
7. Background (most pertinent material) and rationale (likely public health significance) for the project (5-8 pages)
8. Methods and materials for completing the project (3-5 pages)
9. Results (what was accomplished, learned) (5-8 pages)
10. Discussion of results (evaluation and real significance) (5 pages)
11. Conclusion (2-3 pages)

_____

      (Signature)   (Date)

ATTACHMENT #3 - Applied Practice Project Application Form

UCONN Graduate Programs in Public Health
Applied Practice Project (Plan B) Application Form

Date _____ **Student Name** _____ **Empl.ID** _____

Major Advisor _____ **Secondary Advisor**_____

External reader _____

Degree sought ☐ MPH   ☐ MD/MPH   ☐ DMD/MPH   ☐ JD/MPH
☐ MSW/MPH   ☐ MSN/MPH   ☐ PharmD/MPH

The mission of the UConn Master of Public Health (MPH) program is to offer an exemplary academic environment that prepares interprofessional learners to achieve high standards of public health practice. UConn MPH students are expected, through their coursework, experiential and culminating activities to demonstrate mastery of skills, practices and perspectives that contribute to our program's vision of making Connecticut residents among the healthiest, most productive and satisfied of Americans. Individuals preparing to complete an Applied Practice Project (i.e., Plan B) as their final graduation requirement must (a) document your knowledge of public health's core disciplines and (b) your capacity to practice in an interprofessional manner that enhances relations of public health with other disciplines.

Along with a project prospectus, you are expected to submit the following information for review and approval by your project advisory committee.

Curriculum Checklist

Fall	Spring	Year		Approved waiver	Approved Substitution
☐	☐	_____	PUBH 5403 Health Administration	☐	_____
☐	☐	_____	PUBH 5404 Environmental Health	☐	_____
☐	☐	_____	PUBH 5405 Social Foundations of Public Health	☐	_____
☐	☐	_____	PUBH 5406 Law and Public Health	☐	_____
☐	☐	_____	PUBH 5407 Practicum in Public Health		
☐	☐	_____	PUBH 5408 Epidemiology & Biostatistics I	☐	_____
☐	☐	_____	PUBH 5409 Epidemiology & Biostatistics II	☐	_____
☐	☐	_____	Selective on public health methods	PUBH _____	Course title:_____
☐	☐	_____	Elective #1	PUBH _____	Course title:_____
☐	☐	_____	Elective #2	PUBH _____	Course title:_____
☐	☐	_____	Elective #3	PUBH _____	Course title:_____
☐	☐	_____	Elective #4	PUBH _____	Course title:_____
☐	☐	_____	Elective #5	PUBH _____	Course title:_____
☐	☐	_____	Elective #6	PUBH _____	Course title:_____
☐	☐	_____	Elective #7	PUBH _____	Course title:_____

☐ Advanced standing of _____ credits approved

_____ Total credits earned

ATTACHMENT #3, continued

For each of the program's core competencies listed below, provide a brief example that documents what you have done or will do to master these expectations.

Core competencies	Example of how a competency was/will be mastered (Mastery can be demonstrated by performance in coursework, course assignments, experientials and other extramural activities. Your unique responses to these questions will distinguish your qualifications from classmates.)	
1. Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities.	☐Have done ☐ Will do	
2. Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.	☐Have done ☐ Will do	
3. Apply basic methods and terminology to calculate and report disease rates and risks in populations.	☐ Have done ☐ Will do	
4. Employ principles of research design, probability and measurement to draw appropriate inferences from data.	☐Have done ☐Will do	
5. Utilize appropriate information technologies to collect, analyze and disseminate data.	☐Have done ☐ Will do	
6. Assess the strengths and limitations of various research designs in collecting, analyzing and interpreting information from public health studies.	☐ Have done ☐ Will do	
7. Identify main components of the organization, financing and delivery of health care and public health services in the U.S. and in other countries.	☐ Have done ☐ Will do	
8. Promote evidence-based public health practices that affect the health of communities.	☐Have done ☐ Will do	
9. Identify genetic, behavioral and circumstantial factors affecting individual and group susceptibility to adverse environmental hazards.	☐ Have done ☐ Will do	
10. Describe mechanisms of toxicity that explain direct and indirect effects of environments on human health.	☐ Have done ☐Will do	
11. Contrast basic social and behavioral science theories about the causes and control of public health concerns.	☐Have done ☐ Will do	
12. Examine root causes of injustice, inefficiency and ineffectiveness of U.S. health care.	☐ Have done ☐ Will do	
13. Design and implement public health interventions according to sound	☐Have done	

ethical and legal standards.	☐ Will do	

ATTACHMENT #3, continued

Interprofessional public health practice represents the effort to address an important, persistent public health problem through system-level approaches to health promotion/disease prevention through the understanding and appreciation of how individuals from distinct professional backgrounds/orientation can work together to deliver high quality, sustainable and comprehensive services. System-level approaches, in turn, are activities built around core disciplines of public health that include assessing community health status, monitoring the distribution/determinants of disease and disability, proposing, implementing and evaluating health promoting/disease preventing programs, designing and disseminating tools and strategies that promote effective community health activities, and supporting community-focused advocacy and policy development.

For each of the program's competencies specific to interprofessional public health practice, provide a brief example of what you have done or will do to mastered these expectations.

Interprofessional practice competencies	Example of how a competency was/will be mastered (Mastery can be demonstrated by performance in coursework, course assignments, experientials and other extramural activities. Your unique responses to these questions will distinguish your qualifications from classmates.)	
14. Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage disease in communities.	☐ Have done ☐ Will do	
15. Acknowledge one's role and those of other professions in addressing the needs of communities served.	☐ Have done ☐ Will do	
16. Establish and lead teams to develop and advocate for effective policy and program change.	☐ Have done ☐ Will do	
17. Respect and protect the rights and differences of persons and the communities in which they live.	☐ Have done ☐ Will do	

ATTACHMENT #3, continued

Your advisory committee will consist of (a) Major and Associate advisors selected on the basis of their expertise and familiarity with your selected topic from among faculty designated by the Graduate School as contributing to the public health area of study (See UCONN Graduate Catalogue at: http://gradcatalog.uconn.edu/fields-of-study/public-health/), and (b) an external reader not affiliated with the public health area of study who is recognized by your other advisors as someone substantively skilled and experienced to serve in that capacity.

Use the following framework (with suggestion not to exceed 10 pages) to prepare your thesis prospectus. Appropriate responses include detail sufficient for a reader to understand what you intend to do, the justification for such effort, the timeline and deliverables associated with the project, how that activity demonstrates your ability to engage in public health practice and the implications of your work for communities of interest.

1. Tentative title of this project. (70 characters).
2. Summarize (0.5 page) the public health problem you will address through this project.
3. Indicate (0.5 page) the target population of this project.
4. Provide background (2 pages) describing this problems' burden on your population of interest.
5. Describe the theory, studies and data (2 pages) that recommend a particular approach to addressing this problem.
6. Summarize the resources, tools, strategies and procedures (2 pages) you will employ in addressing this problem.
7. List collaborations with individuals, organizations and institutions (0.5 page) needed to complete project activities.
8. Indicate (1 page) how your project illustrates the challenges/opportunities of interprofessional public health practice.

Attach your proposal to this document for review by your advisory committee and Program Director.

Approvals

	Print name	Signature	Date
Major Advisor	_____	_____	_____
Secondary Advisor	_____	_____	_____
External reader	_____	_____	_____
Program Director	_____	_____	_____

IRB review of this proposal
☐ has been requested   ☐has been received
(Date) _____   (Date) _____

Committee comments/recommendations: _____

_____

_____

_____

_____

_____

_____

_____

_____

ATTACHMENT #3, continued

Preparing your Applied Practice Project

An Applied Practice Project (Plan B) paper typically will focus on (a) a <u>case study</u> examining a unique or important episode or program in order to describe the relevant background, process, outcome and lessons to be learned; (b) A <u>program evaluation</u> to assess whether an intervention is efficacious and/or effective in achieving a desired outcome; (c) an <u>educational resource</u> intended to enhance existing program tools to improve health status/outcomes; (d) a <u>data management protocol</u> intended to improve access, efficiency and impact of data collection and analysis; or, (e) a <u>policy analysis</u> that brings together available data from various sources in an organized, critical manner to evaluate the strengths and weaknesses of policy options for decision makers. Without a unique justification, a literature review, group project or recycled class/practicum project will not meet expectations of a final project paper. A suggested format for your project follows this section. Your final paper will be graded (see rebric below) and must achieve a recognition of "satisfactory quality" to meet our program requirement.

	Possible points	Points assigned		
		Major Advisor	Secondary Advisor	External Reader
Project demonstrates knowledge of core public health disciplines	20			
Project demonstrates appropriate use of analytic theory, models, methodologies and evidence	20			
Project addresses the interprofessional challenges/opportunity of the selected topic	20			
Project text, tables, figures and related material are relevant and appropriately presented	10			
Project results are generalizable to other settings	10			
Individual exhibited professional conduct while interacting with mentors/advisors and the public	10			
Individual demonstrated self-reliance/direction in timely completion of project activities.	10			
Total	100			

100 points =	Project of highest quality	80-89 points =	Project of satisfactory quality
90-99 points =	Project of high quality	< 79 points =	Project of unsatisfactory quality

<u>Suggested (i.e., non compulsory) project format</u>: The final paper for your degree should not exceed 10,000 words (approximately 30 pages), exclusive of the manuscript's footnotes, references, bibliography and any visual aids related to the project. Data tables should be counted as 150 words per table. Footnotes should not exceed 20% of the document and under no circumstances should they be used to include material that would normally be contained within the main text (i.e., discursive content of footnotes is discouraged).

The necessary components of your final paper include:
a. A cover page and acknowledgments
b. Abstract (150 words)
c. Tables of Contents, Tables and Figures
d. Introduction: Description of the topic (1-2 pages)
e. Specific aims of the projects/hypothesis (1 pages)
f. Background (most pertinent material) and rationale (likely public health significance) for the project (5-8 pages)
g. Methods and materials for completing the project (3-5 pages)
h. Results (what was accomplished, learned) (5-8 pages)
i. Discussion of results (evaluation and significance) (5 pages)
j. Conclusion (2-3 pages)

_____
　　　　Signature　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(Date

Attachment #4 PUBH 5407 - Practicum syllabus and forms

University of Connecticut Health Center, Master of Public Health Program
PUBH 5407 F40-PRACTICUM IN PUBLIC HEALTH, Spring 2016 Course Syllabus

Place and Time:	In assigned field locations and UCHC Academic Building, LM 036 Main Floor
	Some Mondays, 5:30 p.m. – 8:30 p.m., 01/26/15– 05/04/15
Faculty:	Amanda Durante, MSc, PhD Phone: 860-679-2927 (office)
	Office hours: By arrangement Email: durante@uchc.edu
	Holly Samociuk, BA Phone: 860-679-5467
	Office hours: By arrangement Fax: 860-679-1581
	Email: samociuk@uchc.edu

Overview of the Practicum Experience:

Experiential learning is the process of learning through engagement and through reflecting on that experience.   The Practicum in Public Health is an experiential learning course that is a core requirement for 2nd-year MPH students. Students work in small groups to solve the real-world challenges of a public health agency. They reflect on these experiences in class discussions, activity logs, personal reflections, a final report and a final presentation.

The Public Health Practicum gives students the opportunity to synthesize their individual classroom learning with hands-on public health practice experience. It is an important aspect of the UCHC MPH Program's applied practice focus on preparing students with understanding, knowledge, experience, skills and values necessary to function successfully as public health practitioners. Through the activity of this practicum, students demonstrate, in part, their mastery of core and specialized competencies expected of all UCONN MPH students.

By the end of the course the student should be able to:
1.   State the mission of the host public health agency.
2.   Draw the structure of the host public health agency including the roles / professional disciplines of those employed by the agency.
3.   Describe the role of the host public health agency plays in the CT public health system.
4.   Explain how the practicum project contributes to the provision of the 10 essential public health services.
5.   Demonstrate an ability to:
a.   Characterize the public health challenge posed by the host agency.
b.   Develop a strategy for addressing the challenge (that is based on evidence-based practices if possible)
c.   Implement a strategy for solving the challenges.
d.   Clearly describe the process and outcome in writing and orally.
6.   Document mastery of 3 core and 4 concentration MPH Program competencies.

Practicum course schedule:

Week	Class Dates	Class content	Assignments due during week
0	1/18	MLK Day – No class	
1	1/25	Class 1 - Introduction	
2	2/1	No class	Competency Self-Assessment (Monday by 12pm)
			Project Update 1 (Monday by 12pm)
3	2/8	Class 2 - Discussion of projects 1	Work plan (Monday by 12pm)
4	2/15	Class 3 - Discussion of projects 2	Project Update 2 (Monday by 12pm)
5	2/22	No class	
6	2/29	No class	Project Update 3 (Monday by 12pm)
7	3/7	Class 4 - Public Health Assurance	
8	3/14	Recess – No class	
9	3/21	No class	Project Update 4 (Monday by 12pm)
10	3/28	No class	
11	4/4	Class 5 - Public Health Assessment	Project Update 5 (Monday by 12pm)

12	4/11	No class	
13	4/18	No class	Project Update 6 (Monday by 12pm)
14	4/25	Class 6 - Public Health Policy Development	Final Report (Friday by 5)
15	5/2	Class 7 - Final presentations	Project Update 7 (Monday by 12pm) Evaluation of Preceptor (Monday by 12pm)

Students Performance Requirements and Grades:

Students are expected to be active, collaborative, and productive participants in practicum activities. Students who are unable to satisfactorily account for time in project-related activities, fail to produce satisfactory products within the required time commitment, and/or do not engage productively in group and interpersonal activities will be assigned an incomplete grade for the semester. To achieve a passing grade students must successfully complete the following performance requirements:

a. **135+ hours in practicum-related activities**: Activities that count toward the 135+ hours should be directly related to the work of the project and may include things like research, report writing, working with community members, meeting and training. Travel time should not be included.

b. **Project updates:** Students should submit a project update every 2 weeks. It should include:
   a. A brief outline of practicum activities performed during the period.
   b. A reflection on the experience of working on the practicum during the period.
   c. Weekly project updates using the program's assigned template (See Practicum Form 1) should be submitted through *Blackboard®* **by the following Monday, 12:00 noon** during the semester. The updates can be viewed by course faculty and students enrolled in the practicum course. However, students may choose to send a reflection directly to Dr. Durante (durante@uchc.edu) who will not share the document with others.
   d. **Participation in class discussions:** Students are expected to attend class sessions and to participate in class discussions. Classes will focus on the CT public health system and the 10 essential public health services. Class sessions will include opportunities to discuss and trouble shoot practicum projects and to discuss how the projects contribute to the provision of the 10 essential public health services.
   e. **Practicum work plan**: Each group should submit a project work plan (max 2 page single spaced) through *Blackboard®* by **February 8st by 12:00pm.** Groups will present their work plans in class on February 8th or February 15th. No slides are necessary. The work plan should specify:
      a. Description of agency
      b. Public health challenge addressed
      c. The project objectives
      d. The tasks to be completed to achieve the objectives
      e. Who is responsible for each task
      f. A project timeline

3. **Competency self-assessment**: Students will complete the practicum competency self-assessment (See Practicum Form 2) at the beginning and the end of the practicum experience. Pre-practicum (**February 1st**) and Post-practicum (**April 29th**) assessments must be submitted via *Blackboard®*

4. **Final Reports**: Each group is required to submit a final written report
   a. Email the group report to Dr. Durante at durante@uchc.edu by **April 29th at 5:00 pm.**
   b. 5 pages minimum single spaced
   c. The report should cover the following:
      1. The structure and mission of the agency where the practicum was performed and its role in the public health system.
      2. The public health challenge of the agency being addressed and why it is important.
      3. The methods that were used to address the challenge.
      4. Final findings, observations, recommendations.
      5. Description of how the practicum contributed to the provision of the 10 essential public health services.
      6. Report Appendix (not included in the page limit)
         a. A brief description of the contribution each group member made to the project, the final report and the final presentation.

b. Include any of the following: figures, tables, illustrations, references, documents or other products created for the agency.
5. **Final Presentation**: All groups will make a PowerPoint presentation of their community-based project to the class, faculty, site preceptors, and other invited MPH Program students and faculty. **Presentation: May 2** , 15 minutes (plus 5 minutes for questions). Students should prepare a PowerPoint presentation the covers the topics described in the final report . Group members should be prepared to address questions concerning the practicum.
6. **Evaluation by the student:** Students must complete an evaluation of their preceptor and the practicum (See Practicum Form 3). This information will be kept confidential and may be used to plan future practicum experiences.
   The evaluation by the student should be emailed to Dr. Durante by **May 2**. Use the template in Practicum Form 3 to submit the Evaluation by the student.
7. **Evaluation by the preceptor:** The student is responsible for ensuring that the preceptor completes an evaluation of the student and his/her preceptor experience (See Practicum Form 4). The evaluation by preceptor should be emailed by the preceptor to Dr. Durante (durante@uchc.edu) by **May 2**.

Students must remediate incomplete grades through completion of additional duties and responsibilities commensurate with the observed deficiencies by August 1, 2015.

Professional Standards: All students are expected to act professionally during the practicum by dressing and acting in ways that are appropriate to the host agency. Behaviors appropriate to all host agencies will include following through on commitments, honesty, hard work and treating clients and co-workers with respect.   Any concerns or questions about professional standard should be addressed to Dr. Durante.
Academic Misconduct: Academic misconduct includes cheating, plagiarism, misrepresentation, unauthorized possession, use or destruction of academic or research materials, computer violations, fabrication or falsification of data. Individually and collectively, students who know about academic misconduct and do not report it are guilty of misconduct. Information on academic misconduct and its consequences can been seen in Practicum Form 1 of the UCONN MPH Student Handbook.

Safety: The police station is located on the ground floor of the Health Center. After 7 pm, if you are concerned for your safety, a police officer will take you to your car.
   Emergency within UConn Health: x 7777
   Emergency off campus: 911
   UCHC Public Safety (Non-emergency): 860-679-2121

Fair and Ethical Dealings: The Master in Public Health Program is committed to fair and ethical dealings and adheres to the relevant policies of UConn Health on affirmative action, racism and acts of intolerance, educational opportunity for persons with disabilities, HIV/AIDS non-discrimination, and rules of conduct, confidentiality and prohibition on sexual harassment.

        The Compliance Program requires all individuals to report any known or suspected violations of laws, regulations, standards, policies and procedures that apply to UConn Health. The investigation of compliance inquiries is the responsibility of the UConn Health Corporate Compliance Office. The Office may delegate investigations to appropriate units such as Human Resources, the Office of Diversity & Equity, or the Research Safety Office. Depending upon your preference and comfort level, if you suspect a violation you can contact: the program administration, the Assistant Dean of the Graduate School, the Compliance Officer of the appropriate UConn Health domain (there are five domains: Administration, Clinical, Research, Finance, and Education), or the REPORTLINE--a confidential telephone reporting system operated by a private firm under contract with UConn Health (1-888-685-2637).
        As a student, if you feel that you are being affected by any of the above issues please review the appropriate policy and take the appropriate action. For more information and to review the policies listed please see the contact information and websites below:
   Office of Audit, Compliance, and Ethics
   860-679-4180

compliance.officer@uchc.edu
Website: http://www.uchc.edu/compliance/index.html
Policies: *Code of Conduct*, *Confidentiality*, *Reporting Compliance Concerns*

Office of Diversity and Equity
Website: http://diversity.uchc.edu/
Policies: *Affirmative Action*, *Racism and Acts of Intolerance*, *Equal Employment and Educational Opportunities for Persons with Disabilities*,
http://www.policies.uchc.edu/policies/policy_2002_46.pdf*Prohibition on Sexual Harassment, HIV/AIDS Non-Discrimination*
Website: http://www.ors.uchc.edu/overall.html

Attachment #4, Continued

Form 1 - Project Update

University of Connecticut Health Center, Master of Public Health Program
PUBH 5407 F40-PRACTICUM IN PUBLIC HEALTH, Spring 2016

Name:
Date:

1. Please outline your practicum-related activities (since the last update). These activities may include things like developing a work plan, gathering information / data, analyzing information / data, writing, training, attending meetings, giving presentations. Be sure to describe your activities in relation to the aims of the practicum project.

2. Reflect on your experience of working on the practicum project. You may address topics such your personal / professional growth, group work and the challenges/rewards of addressing a real world challenge of a public health agency.

Submit your Project Update through *Blackboard®* **by Monday, 12:00 noon** on the day it is due.

The updates can be viewed by course faculty and students enrolled in the practicum course. However, students may choose to send a reflection directly to Dr. Durante (durante@uchc.edu) who will not share the document with others.

Attachment #4, Continued

Form 2 - Practicum Competency Self – Assessment

University of Connecticut Health Center, Master of Public Health Program
PUBH 5407 F40-PRACTICUM IN PUBLIC HEALTH, Spring 2016

Student:
Date:

This is a ☐pre-practicum / ☐post-practicum assessment.

Please rate your confidence at the beginning of the practicum in performing these UCONN MPH Program Core Competencies:

MPH Program Core Competencies	Very confident	Somewhat confident	Not Very Confident	Not confident at all
1. Use vital statistics and other key data sources to characterize the health status, social conditions and health risk factors evident in communities, with particular attention given to health inequalities.				
2. Illustrate the role public health plays in informing scientific, ethical, economic, social and political discussions about health.				
3. Apply basic methods and terminology to calculate and report disease rates and risk in populations.				
4. Employ principles of research design, probability and measurement to draw appropriate inferences from data.				
5. Utilize appropriate information technologies to collect, analyze and disseminate data.				
6. Assess the strengths and limitations of various research designs in collecting, analyzing, and interpreting information from public health studies.				
7. Identify main components of the organization, financing and delivery of health care and public health services in the US and in other countries.				
8. Promote evidence-based public health practice that affects the health of communities.				
9. Identify genetic, behavioral and circumstantial factors affecting individual and group susceptibility to adverse environmental hazards,				
10. Describe mechanisms of toxicity that explain direct and indirect effects of environments on human health.				
11. Contrast basic social and behavioral science theories about the causes and the control of public health concerns.				
12. Examine root causes of injustice, inefficiency, and ineffectiveness of US health care.				
13. Design and implement public health interventions according to sound ethical and legal standards.				

Attachment #4, Continued

Please rate your confidence at the beginning of the practicum in performing these UCONN MPH Program Concentration Competencies:

MPH Program Concentration competencies	Very confident	Somewhat confident	Not Very Confident	Not confident at all
1. Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage diseases in communities.				
2. Acknowledge one's role and those of other professionals in addressing the needs of communities served.				
3. Establish and lead teams to develop and advocate for effective policy and program change.				
4. Respect and protect the rights and differences of persons and the communities in which they live.				

For students completing pre-practicum assessments: Select 3 of the MPH Program's 13 core competencies that you consider priority activities you intend to address during your practicum experience.

1. Core competency # _____
2. Core competency # _____
3. Core competency # _____

For students completing post-practicum assessments: Provide brief examples of the activities you undertook, the consequence of such effort for each of the 3 core competencies you identified as priority activities during your practicum experience.

1. Core Competency # _____

200 words

2. Core Competency # _____

200 words

3. Core competency # _____

200 words

Attachment #4, Continued

Form 3 – Evaluation by Student

University of Connecticut Health Center, Master of Public Health Program
PUBH 5407 F40-PRACTICUM IN PUBLIC HEALTH, Spring 2016

Check the box that best applies to your practicum experience:	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
My preceptor gave me a sufficient orientation of his/her agency.				
My preceptor provided an appropriate amount of supervision, guidance and support.				
My preceptor ensured that I had resources I needed (e.g. office supplies, computer access)				
My preceptor introduced me to people/organizations I needed to meet.				
My preceptor provided me with necessary data / information.				
	Very good	**Good**	**Poor**	**Very Poor**
Overall, I rate my preceptor				
Overall, I rate the practicum experience				
Overall, I judge my performance in the practicum				
I recommend this preceptor to other students				

Comments:

Attachment #4, continued

Form 4 – Evaluation by Preceptor

University of Connecticut Health Center, Master of Public Health Program
PUBH 5407 F40-PRACTICUM IN PUBLIC HEALTH, Spring 2016

Date:
Student:
Project Title:
Preceptor Name:
Host Agency Name:

STUDENT GRADE: _____ Satisfactory   _____ Unsatisfactory   _____ Other (Explain in "Comments" below)

Check the box that best applies:	Very Much So	Somewhat	Very Little	Not at All	Unable to assess
The student completed all requested/required tasks and assignments.					
The quality of the student's work was excellent.					
The student took the initiative to benefit from my guidance, support, and resources.					
The student acted responsibly, responsively, and professionally when working with me.					
Based on my experience working with this student, I would look forward to working with other UCHC MPH Program students in the future.					
Note: If you answered "Not at All… (or) Very Little" to any of the above, please explain below. Additional comments are welcome.					
In general, how can the preceptor-student experience be enhanced?					

Attachment #4, continued

Please rate your confidence in the students ability to perform competencies selected at the start of this project:	Very confident	Somewhat confident	Not Very Confident	Not confident at all	Not observed
1. Competency #_____					
2. Competency #_____					
3. Competency #_____					
4. Use written and oral formats to deliver efficient and effective messages that assess risk, promote health and manage diseases in communities.					
5. Acknowledge one's role and those of other professionals in addressing the needs of communities served.					
6. Establish and lead teams to develop and advocate for effective policy and program change.					
7. Respect and protect the rights and differences of persons and the communities in which they live.					

Please return the completed student evaluations (one per student) to Amanda Durante (durante@uchc.edu) on or before **May 2, 2015**.