Stony Brook Medicine

Program in Public Health

SELF-STUDY DOCUMENT

Submitted to the

Council on Education for Public Health

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Serving the Community, the Nation, the World

Introduction and Executive Summary

The Program in Public Health (PPH) at Stony Brook University was developed by a Task Force convened in 1996 by Dr. Norman Edelman, a Core Faculty member of the program who was at the time the Vice President of the Health Sciences Center. The PPH received its first cohort of students in 2004, under the directorship of Dr. Raymond Goldsteen. The program achieved initial accreditation by the Council on Education for Public Health in 2008. In February 2012, the program's leadership changed to the current Director, Dr. Lisa Benz Scott. The PPH has evolved over the nine years since its inception, and this self-study document describes the program as a product of its commitment to excellence in public health education, research, and service.

Stony Brook University is a Middle States Commission on Higher Education-accredited institution of higher education and is now recognized as one of the nation's important centers of learning and scholarship. Stony Brook is a member of the prestigious Association of American Universities, the invitation-only organization of the 62 best research universities in North America. Stony Brook University is ranked in the top 1 percent of all universities in the world by the *Times Higher Education World University Rankings* and is ranked one of the top 100 universities in the nation, as well as one of the top 40 public universities by *U.S. News & World Report*. As a top University and Academic Medical Center with state-of-the-art facilities for the training of health and health care professionals, Stony Brook is an exceptional institution for the PPH to operate within, with many resources available to achieve our mission and goals.

The PPH offers a 45-credit MPH degree with a core area, for which all students must complete the same requirements, and three concentration areas, from which students choose one concentration. The concentration areas offered by the program are Community Health, Evaluative Sciences, and Public Health Practice. As will be described throughout the document, the program is planning curricular modifications which we expect to implement in Academic Year 2014-15, and which will result in an increase in the number of credits required for the MPH degree and in modifications to our core and concentration curricula. We would also like to note that the program, formerly known as the Graduate Program in Public Health, has undergone a name change. Effective Academic Year (AY) 2013-14, the program is renamed the Program in Public Health. The reason for this name change is that we intend to begin development of an undergraduate course of study that would potentially launch in Fall 2016, and therefore decided it would be appropriate for the program to bear a name that would not exclude undergraduate programs from our purview.

The PPH began its formal self-study process in April 2012, and will bring the process to completion with its CEPH site visit scheduled for October 17-18, 2013, although our informal self-study process through continuous evaluation activities is ongoing. This self-study document is the product of our program evaluation and assessment processes, which we undertake in order to maintain a high-quality MPH program. As a result, within the past year we have reviewed and revised our program's mission, values, goals and objectives, and our core and concentration competencies.

In this self-study document, we describe the program's education, research, and service efforts. The document also details our commitment to creating an atmosphere of diversity and includes a greater emphasis on fostering the cultural competence of our students, faculty, and staff. The MPH curriculum, and the required competencies which form its foundation, is explained in detail. We illustrate our efforts to provide the public health workforce with needed training or continuing education opportunities, and we describe our policies and procedures for recruitment and retention of excellent students, faculty and staff.

This self-study document describes the efforts of the PPH to meet and exceed the accreditation criteria set by CEPH for programs of public health. We hope that through documentation of our growth and development, we have conveyed our commitment to excellence in public health education, and our potential for future accomplishments that will continue to make Stony Brook's Program in Public Health worthy of designation as a CEPH-accredited MPH program.

TABLE OF CONTENTS:

1. The Public Health Program
1.1 Mission……1
1.2 Evaluation……11
1.3 Institutional Environment……21
1.4 Organization and Administration……27
1.5 Governance……31
1.6 Fiscal Resources……41
1.7 Faculty and Other Resources……45
1.8 Diversity……51

2. Instructional Programs
2.1 Degree Offerings……65
2.2 Program Length……67
2.3 Public Health Core Knowledge……71
2.4 Practical Skills……73
2.5 Culminating Experience……81
2.6 Required Competencies……83
2.7 Assessment Procedures……101
2.8 Bachelors Degrees in Public Health……109
2.9 Academic Degrees……111
2.10 Doctoral Degrees……113
2.11 Joint Degrees……115
2.12 Distance Education or Executive Degree Programs……119

3. Creation, Application and Advancement of Knowledge
3.1 Research……121
3.2 Service……133
3.3 Workforce Development……145

4. Faculty, Staff and Students
4.1 Faculty Qualifications……153
4.2 Faculty Policies and Procedures……161
4.3 Student Recruitment and Admissions……165
4.4 Advising and Career Counseling……173

1.0 The Public Health Program

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

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

As of Academic Year 2013-14, Stony Brook University's Program in Public Health (PPH) has adopted the following mission statement for the program:

> *To promote improvements in the health of the public through excellence in education, research, and community service locally, nationally, and globally.*

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

The PPH recently reviewed and subsequently revised the value statements which guide the program. A full description of this review process is documented in Criterion 1.1e. Feedback from key stakeholders was examined by the PPH Director and the Executive Committee, resulting in one new value statement being added and one existing value statement being modified, as seen below. The current program values are as follows:

Beneficence – Do good and do no harm;

Diversity and Inclusiveness (modified from "Diversity") – Emphasize the concept and practice of diversity in the field of public health, and encourage inclusiveness within diverse communities;

Reduction of health disparities – Reduce the differences in health outcomes between different groups;

Protection of vulnerable populations – Address public health issues affecting vulnerable populations and do so with a commitment to cultural competence;

Balance of public health with human rights – Espouse a population-based approach to the health of all humans and a respect for persons; and

Community Engagement (new value statement) – Build relationships with communities to promote positive changes in the health of those communities.

1.1c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

The PPH recently revised its goal statements. Please refer to Table 1.1.1 to view the program's new goal statements and measurable objectives. A description of the methods through which our goals and objectives were revised may be found in Criterion 1.1e.

1.1d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

The PPH recently revised its measurable objectives. Please refer to Table 1.1.1 for the program's new goal statements and measurable objectives. A description of the methods through which our goals and objectives were revised may be found in Criterion 1.1e. For objectives without a timeframe, the PPH intends to maintain those objectives on an annual basis, or a different frequency specified in the table.

Table 1.1.1 Program in Public Health Goal Statements and Measurable Objectives	
Goal	**Objectives**
GOAL 1: (Education) Admit and retain a high quality MPH student body.	1a) Require a Bachelor's degree from an accredited U.S. college or university for domestic students' admission to the program. For students with an international degree, require transcript validation by completing an official course-by-course educational credential evaluation for admission to the program. *Targets:* • *At least 95% of admitted students will have a 3.0 grade point average (GPA) or equivalent or better in their previous educational program.* • *100% of students with an international degree will complete a credential evaluation by World Education Service (http://www.wes.org) or a similar evaluation service.*
	1b) Require a national standardized test (e.g., GRE, MCAT) score demonstrating high academic potential, with an exception for those with a doctorate degree, for admission to the program. *Targets:* • *By 2016, the average verbal GRE scores for each admitted class will be at or above the 65th percentile and the average quantitative and analytical writing GRE scores for each admitted class will be at or above the 50th percentile.* • *By 2016, the average MCAT score for each admitted class will be at or above the 75th percentile.*
	1c) Require students whose native language is one other than English to demonstrate high English language proficiency based upon the TOEFL exam score prior to admission to the program. *Target:* • *At least 90% of accepted international students with a native language other than English will have a score of at least 213 for the Computer-Based Test or 550 for the Paper-Based Test or 90 for the Internet-Based Test.*
	1d) Monitor student performance to encourage optimum achievement. *Targets:* • *100% of students will maintain a 3.0 overall GPA, consistent with program and Graduate School policies.* • *100% of student records will be assessed after each semester by the Senior Academic Coordinator.* • *By Fall 2014, 80% of students will have a documented meeting with their faculty advisor or the Senior Academic Coordinator each semester.* • *30% of students will graduate with distinction, or at least a 3.75 GPA; at least 10% will graduate with a 3.90 GPA for high distinction.*
	1e) Require that students maintain an acceptable standard of professionalism and academic integrity. *Target:* • *100% of students will receive a copy of both the* Stony Brook University Student Conduct Code *and the* APHA Principles of Ethical Practice of Public Health *during Orientation*.

GOAL 2: (Education) Monitor and refine the curriculum to ensure that our students are prepared to meet the needs of the evolving public health field.	2a) Evaluate student perceptions of course content, instructors, and learning experiences. *Targets:* • *At least 90% of students will complete a Pre- and Post- Competency Assessment survey for each MPH Course.* • *100% of students will complete the Orientation Survey. By Fall 2016, 90% of students will complete the Graduation Survey.* • *Course evaluations for 100% of MPH courses will be administered and results will be analyzed.*
	2b) Involve students directly in the curriculum evaluation process. *Targets:* • *The Curriculum Committee will include at least one student representative throughout each academic year.* • *An annual group exit interview will take place with graduating students every spring.*
	2c) Obtain information regarding graduates' perceptions about how well the program prepares them for work in the public health field through the Alumni Survey. *Target:* • *At least 30% of alumni from the cohort that graduated during the previous academic year will complete the Alumni Survey.*
	2d) Revise as necessary the MPH curriculum to meet the changing needs of the field. *Targets:* • *90% of Core faculty members will attend at least one professional society meeting per year, in order to keep abreast of current public health issues.* • *A minimum of 9 Curriculum Committee meetings will be held each year to review the MPH curriculum, incorporating feedback from current students, alumni, the Core and Affiliated Public Health Faculty, community leaders, regional public health officials, and public health-related employers.*
GOAL 3: (Program) Maintain a high quality MPH program.	3a) Maintain CEPH accreditation.
	3b) Achieve a reputation of quality among employers of our graduates. *Targets:* • *By 2016, at least 30% of employers of our graduates who receive the Employer Survey will return a completed survey annually.* • *At least 80% of employers of our graduates who complete the Employer Survey will rate the program as very good, excellent, or exceptional.*
	3c). Achieve a reputation of quality among alumni. *Target:* • *At least 80% of PPH alumni will rate the program as very good, excellent, or exceptional on the Alumni Survey.*

GOAL 4: (Program) Maintain sufficient resources to run a high-quality MPH program.	4a) Maintain the fiscal health of the Program. *Targets:* • *Maintain or grow the PPH total source of funds compared to Fiscal Year 2011-2012.* • *By 2014, increase the number of new students enrolling in the program to 35.* • *By Fiscal Year 2015-16, at least 35% of our Core Faculty will have at least 10% of their time offset by non-PPH sources (e.g., sponsored programs, external departmental support).* • *By Academic Year 2014-15, increase the number of registrants enrolling in Summer Session courses to 125.*
	4b) Offer scholarships to attract high-quality students to the program. *Target:* • *Offer up to 4 tuition waivers each year to incoming MD/MPH students and up to 2 tuition waivers for incoming DDS/MPH students.*
	4c) Ensure that students will have adequate access to professors, and that professors will not be overburdened by the number of students in their classes. *Target:* • *Maintain a maximum student-faculty ratio of 10:1 in each concentration per semester.*
	4d) Maintain relationships with agencies which provide high quality practicums/internships for our MPH students. *Targets:* • *Maintain a verbal agreement with the Suffolk County Department of Health Services to have our MPH students conduct practicums or internships at that agency.* • *Maintain a Memorandum of Understanding with the Nassau County Department of Health to have our MPH students conduct practicums or internships at that agency.*
GOAL 5: (Diversity) Cultivate a diverse environment for our student population.	5a) Maintain active diversity recruitment efforts. *Targets:* • *By 2014, provide Stony Brook's Center for Inclusive Education with a minimum of 100 flyers advertising the PPH each year, to be distributed at racial/ethnic minority recruitment events around the country.* • *Provide a minimum of one information session annually to students from undergraduate programs that have a majority representation of racial/ethnic minorities in relevant fields (e.g., SBU Bachelor of Science in Health Science students).*
	5b) Admit a diverse student body in terms of ethnicity/race and clinical background. *Targets:* • *By Academic Year 2015-16, at least 20% of accepted applicants will be underrepresented minorities; at least 10% of accepted applicants will be Black and at least 10% will be Hispanic/Latino.* • *By Academic Year 2015-16, at least 25% of accepted applicants will have a clinical background.*

GOAL 6: (Diversity) Cultivate a diverse faculty and staff environment.	6a) Improve recruitment efforts of racial/ethnic minorities to faculty and staff positions. *Targets:* • *100% of job postings for faculty and staff will contain the following statement: "Women and minorities are strongly encouraged to apply."* • *100% of job postings for faculty will be circulated to Deans/Chairs of health-related programs training qualified faculty at historically black colleges and other minority-serving institutions.*
	6b) Improve the diversity of the Core Faculty. *Target:* • *By 2016, the PPH will hire at least one qualified racial/ethnic minority candidate (i.e., Asian, Black/African American, Hispanic/Latino) as a Core Faculty member.*
GOAL 7: (Cultural Competence) Foster a meaningful sense of cultural competence in MPH students.	7a) Through the PPH curriculum, instill awareness and sensitivity to the cultural differences between populations, especially underserved populations. *Target:* • *At least two cultural competency discussions will take place within the MPH curriculum per year: a 2-hour class on the topic of cultural competence in Year 1 of the curriculum (during HPH 500: Contemporary Issues in Public Health) and an in-depth discussion during the Capstone Seminar as a part of the Culminating Experience.*
	7b) Ensure that students' research efforts are informed by best practices regarding cultural competence. *Targets:* • *100% of incoming students will complete the Collaborative Institutional Training Initiative's (CITI) Social and Behavioral Human Subjects Research Basic Course, which includes the "Group Harms: Research with Culturally or Medically Vulnerable Groups" module.* • *Each year, the program will hold a two-hour class on the topic of community engagement and participatory research principles and practices in Year 1 of the curriculum (during HPH 501: Introduction to the Research Process).*
GOAL 8: (Cultural Competence) Foster the cultural competence of faculty and staff.	8a) Instill a sense of cultural competency in the hiring process. *Target:* • *100% of job searches will begin with an "Unconscious Bias in Interviewing" training session for the search committee involved.*
	8b) Promote opportunities for faculty and staff to participate in professional development activities that foster cultural competence. *Target:* • *The program will hold a one-hour diversity and cultural competence workshop, led by the Office of Diversity and Affirmative Action, for all faculty and staff members once every three years.*

GOAL 9: (Research) Advance knowledge in public health through MPH faculty research in population health, health services, and health policy research.	9a) Maintain and promote faculty research productivity. *Targets:* • *A minimum of 50% of Core Faculty members will publish in refereed journals at least one time per year and 25% will publish twice or more per year.* • *Junior faculty without external support will be supported to present research at a minimum of one academic conference per year.* • *The PPH Mentoring Committee, composed of senior faculty (tenured), will meet one-on-one at least once annually with each junior (pre-tenure) faculty member to provide mentorship and to monitor research progress.*
	9b) Encourage scholarly activities among the faculty in national and international scholarly organizations related to public health. *Target:* • *100% of the Core Public Health Faculty will be active in a national or international scholarly organization.*
	9c) Encourage extramural funded research among the faculty. *Target:* • *At least 50% of Core Public Health Faculty will have external grant funding each year.*
GOAL 10: (Research) Actively involve students in scholarly endeavors.	10a) Encourage students to participate in academic research activities. *Target:* • *By Academic Year 2014-15, at least 10 MPH students will participate in a mentored, research-based Independent Study or Internship each academic year.*
	10b) Involve students in research presentations at scientific conferences. *Target:* • *By 2016, at least 10 MPH students or recent alumni per year will be involved in presentations of research at scientific conferences.*
GOAL 11: (Service) Participate in service activities, and develop and maintain public health-based community partnerships of the highest quality.	11a) Serve the needs of public health organizations through high-quality partnership experiences with students. *Targets:* • *At least 60% of practicums will include a public health-based partnership outside of the University.* • *For 100% of practicums and internships, ongoing feedback between the student and the student's practicum/internship team will occur, especially at both mid-service and completion, to ensure a high quality community partnership throughout the entire period.*
	11b) Facilitate communication and collaboration between community organizations and students. *Targets:* • *At least once per month, the Senior Academic Coordinator will inform students of Practicum, Internship, and*

	voluntary service opportunities within the community by means of website postings and emails. • *By Academic Year 2015-16, place six MPH students in internship or practicum opportunities at the Suffolk or Nassau County Departments of Health.* • *Through 2015, hold four face-to-face meetings annually between faculty and staff of the PPH and high-level administrators of Nassau and Suffolk County Departments of Health to discuss needs of the health departments that can be filled by our MPH students.*
	11c) Core Faculty members will lend their expertise to engaging in public health-related professional service efforts. *Targets:* • *50% of Core Faculty members will serve as peer reviewers for refereed journals.* • *50% of Core Faculty members will serve in a leadership position for a professional society (e.g., Board member, Committee/Council Chair).*
GOAL 12: (Workforce Development) Serve the continuing education needs of the public health workforce.	12a) Educate the current public health workforce, including employees of the Suffolk County Department of Health Services, the Nassau County Department of Health and public health-related non-governmental organizations (NGOs). *Target:* • *At least 15% of accepted Advanced Graduate Certificate applicants (in Health Communication or Health Education and Health Promotion) each academic year will be members of the public health workforce.*
	12b) Provide offsite (i.e., not on the campus of Stony Brook University) educational opportunities for the regional public health workforce. *Targets:* • *Through the New York City-Long Island-Lower Tri County Public Health Training Center (NYC-LI-LTC PHTC), hold 12 face-to-face trainings per year with the Nassau and Suffolk County Departments of Health and other community organizations through 2015.* • *Through the NYC-LI-LTC PHTC, offer 22 online public health courses to the regional public health workforce through 2015.*
	12c) Provide the Advanced Graduate Certificate in Health Communication courses in a distance-learning format. *Target:* • *By Academic Year 2015-16, make three courses for the Advanced Graduate Certificate in Health Communication available online.*

1.1e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

In 2003, the founding director of the PPH developed and gained support for its mission, values, goals, and objectives during preparation of the proposal to establish a graduate program leading to an MPH degree. Since that time, the program has reviewed and updated its mission, values, goals and objectives. In 2012, each Core Faculty member was asked to review the original mission statement. The Core Faculty elected to revise the mission statement and generated a list of possible alternative statements. Thereafter, various constituent groups, including faculty members, students, alumni, community stakeholders, and University administrative leadership were given a brief survey to vote from a list of four possible mission statements, including the PPH's original statement and a "write-in" option, to select a new mission statement for the Program in Public Health. Results of this process were presented at an Executive Committee meeting, during which Core Faculty and staff members discussed the vote results and made a final determination. A copy of the Mission Statement Survey and a summary of results may be found in the Electronic Resource File in a folder entitled "Surveys." The Executive Committee decided to adopt the mission statement provided in Criterion 1.1a, effective beginning with Academic Year 2013-14.

The process of reviewing program values began with a meeting between PPH leadership and the program's Community Advisory Group (formerly the PPH's Center for Public Health and Health Policy Research (CPHHPR), and is made up of community and university representatives who work in public health-related areas. In October 2012, PPH leadership held a meeting with members of the Advisory Group in order to obtain feedback regarding several aspects of the program, including the PPH value statements. Advisory Group members provided feedback and suggestions regarding the values which guide our program. The results of that discussion generated a list of value statements, which were voted upon via survey by various stakeholder groups – administrative leadership, faculty, students, and alumni. The PPH Director reviewed stakeholder responses and decided to adopt the six value statements with the most stakeholder support, provided in Criterion 1.1b, effective Academic Year 2013-14. The Value Statements Survey and its results are included in the "Surveys" folder of the E-Resource File.

In an effort to conduct continuous quality improvement initiatives, the program's goals and objectives have also been revised. Working groups comprised of Core Faculty members examined groups of program goals, assessed the program's performance in meeting objectives and discussed new directions in which the program may grow. The working groups made recommendations to revise and/or add program goals and objectives according to their findings. The new draft of goals and objectives was reviewed and approved by the Executive Committee, and then posted to the PPH website for an open-commentary period during April 2013, which allowed for additional feedback opportunities in the month leading up to submission of the preliminary draft of our self-study document.

1.1f. 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.

The mission, values, goals and objectives are made available to constituents of the Program in Public Health in several ways. All of these items are listed on the program website, available at http://publichealth.stonybrookmedicine.edu. Current students, prospective students, and the general public may view these items at their convenience online. In order to introduce the program's mission, values, goals and objectives to new students, these items are highlighted in the New Student Orientation Session and are also contained in the Program in Public Health Bulletin, which is provided in students' Orientation Binders. The PPH mission statement also is typically included in program flyers and presentations, and a framed copy of our mission also hangs on a wall in the PPH Office Suite.

The PPH seeks to continuously improve itself through reflecting upon the cornerstones of its structure: its mission and supporting values, goals and objectives. The program reviews these cornerstones annually during Executive Committee meetings and seeks feedback from constituent groups regarding proposed changes. We may revise our mission, values, goals, and objectives as necessary with majority support from the Executive Committee, which is chaired by the PPH Director.

1.1g. 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.

The criterion is met.

Strengths:

- The PPH incorporated input from many and varied stakeholders in order to create a mission statement that is a sincere charge articulating the program's purpose, and the accompanying values, goals, and objectives which support that mission. Stakeholder feedback is a central part of the program's continuous quality improvement efforts, as this feedback informs the executive decision-making process.
- Our mission, values, goals, and objectives are made easily accessible in a variety of formats (in our Bulletin and on our website) so that current and prospective students, alumni, faculty, staff, workforce members and community partners, as well as the general public, may view them at any time.

Weaknesses:

- Several of the PPH's objectives, especially those regarding workforce development, were reliant upon the HRSA-funded New York – Long Island – Lower Tri-County Public Health Training Center (NYC-LI-LTC PHTC), which lost much of its funding due to sequestration. As a result, the PPH is no longer part of the PHTC as of September 2013.

Plans:

- As the PPH recently conducted a thorough review process of its mission, values, goals, and objectives that resulted in several modifications, the program plans to monitor its performance in achieving its new targets.
- We will continue to utilize stakeholder feedback combined with our internal governance structure (described in further detail in Criterion 1.5) to ensure that the guiding principles of the Program in Public Health are appropriate, realistic, and in keeping with the feedback provided by our stakeholders.
- In light of the loss of funding for the PHTC, the PPH will re-assess its workforce development strategies and related goals and objectives in the coming months to determine the resources needed and available to conduct workforce development activities moving forward.

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 analytical self-study that analyzes performance against the accreditation criteria defined in this document.

1.2a. Description of the evaluation processes used to monitor progress against objectives defined 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. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

For each set of objectives listed in Table 1.1.1, a description of the evaluation processes used to monitor progress against those objectives follows below. In addition, the program has established a yearly calendar to guide evaluation efforts. The calendar has the program's measurable objectives as its foundation, and provides information as to when certain evaluation activities should occur, the parties responsible for each activity, and data systems that should be used, if applicable. Please view the Evaluation Calendar in the Electronic Resource File, in the folder entitled "Evaluation Calendar."

Objectives 1a – 1e

"Admit and retain a high quality MPH student body" is the goal statement which these objectives support. The PPH Admissions Committee is responsible for evaluating the program's progress against admissions-related objectives. For this purpose, the committee utilizes the Admissions Cycle Databases, which are populated with data from students' applications for MPH program admission. Retention of a high quality student body is primarily the responsibility of the Senior Academic Coordinator, who oversees advising services and monitors academic standing of students. The Coordinator uses Stony Brook's PeopleSoft System account to check students' grades at each semester's end.

Objectives 2a – 2d

"Monitor and refine the curriculum to ensure that our students are prepared to meet the needs of the evolving public health field" is the goal statement which these objectives support. The PPH Curriculum Committee is responsible for monitoring and refining the curriculum. It does so with help from the Senior Academic Coordinator and the PPH Director, who conduct exit interviews with groups of graduating students to obtain feedback on matters which include the MPH curriculum. Faculty members provide perspectives on the evolving public health field by attending professional society meetings, and they too inform the Curriculum Committee to refine the curriculum. Several objectives under this goal relate to competency assessment surveys. Those surveys are maintained by a student assistant, with oversight by PPH staff, and are conducted through the program's Survey Monkey account.

Objectives 3a – 3c

"Maintain a high quality MPH program" is the goal statement which these objectives support. The first objective, to maintain CEPH accreditation, is the joint responsibility of everyone in the program: faculty, staff, students, and administration. To ascertain the opinions of our alumni and of employers of our alumni as to the quality of our MPH program, staff members are responsible for conducting the Alumni Survey and the Employer Survey, and for presenting survey results to the Director and the Executive Committee. As mentioned above, a Survey Monkey account is used for this purpose.

Objectives 4a – 4d

"Maintain sufficient resources to run a high-quality MPH program" is the goal statement which these objectives support. Many of the objectives relating to this goal are evaluated by the PPH Director through strategic planning and in conjunction with University administration, which supplies several resources for program operations. Objectives relating to the fiscal health of the program are evaluated by the Office Administrator, who maintains the PPH budget, in close consultation with the PPH Director.

Objectives 5a – 5b

"Cultivate a diverse environment for our student population" is the goal statement which these objectives support. The Senior Academic Coordinator and the Admissions Committee are responsible for monitoring the program's progress against these objectives. The Coordinator conducts info-sessions to diverse undergraduate groups at Stony Brook and maintains program flyers that are distributed through the Center for Inclusive Education. The Admissions Committee is charged with admitting a diverse student body, and monitors the program's progress in doing so through the Admissions Cycle Databases.

Objectives 6a – 6b

"Cultivate a diverse faculty and staff environment" is the goal statement which these objectives support. Both the Director and the ad hoc search committees are responsible for evaluating the program's progress in achieving this goal and its objectives. Many of the objectives relating to this goal represent recently developed strategies, which are further described in Criterion 1.8.

Objectives 7a – 7b

"Foster a meaningful sense of cultural competence in MPH students" is the goal statement which these objectives support. The program endeavors to instill cultural competence in its students primarily through the curriculum; therefore, the Curriculum Committee assesses how well the program achieves its objectives relating to cultural competence. Additionally, the Senior Academic Coordinator assures that students complete the Collaborative Institutional Training Initiative's (CITI) Social and Behavioral Human Subjects Research Basic Course, which includes the "Group Harms: Research with Culturally or Medically Vulnerable Groups" module, as an introduction to cultural competency training. The Coordinator uses an "Orientation Checklist" to track student completion of this course before they enter the MPH program.

Objectives 8a – 8b

"Foster the cultural competence of faculty and staff" is the goal statement which these objectives support. Similar to Goal 6, the Director and the ad hoc search committees are responsible for evaluating the program's progress in achieving this goal and its objectives. The search committees must conduct "Unconscious Bias in Interviewing" training before conducting a job search. The Director assures that a workshop on cultural competence and diversity is held for all Core faculty and staff every three years.

Objectives 9a – 9a

"Advance knowledge in public health through MPH faculty research in population health, health services, and health policy research" is the goal statement which these objectives support. Faculty research productivity is ensured through several means: annual performance reviews conducted by the Director in coordination with the faculty member's Department Chair, promotion and tenure committee expectations, and the PPH Mentoring Committee.

Objectives 10a – 10b

"Actively involve students in scholarly endeavors" is the goal statement which these objectives support. Faculty members are responsible for linking students to research opportunities, with support from the Senior Academic Coordinator, who maintains the Internship and Independent Study Database.

Objectives 11a – 11c

"Participate in service activities, and develop and maintain public health-based community partnerships of the highest quality" is the goal statement which these objectives support. For objectives relating to the practicum, the Practicum Coordinator and the Senior Academic Coordinator evaluate the program's progress, using the Practicum Database. The Senior Academic Coordinator is also responsible for sending announcements to students regarding practicum and internship opportunities. Lastly, the program was awarded a HRSA grant in partnership with Columbia University in 2011 to support a public health training center (PHTC). The PHTC is the primary vehicle through which the program formally meets with local health department leadership to discuss needs that can be filled by our MPH students.

Objectives 12a – 12c

"Serve the continuing education needs of the public health workforce" is the goal statement which these objectives support. The PHTC is an important initiative in the delivery of continuing education training. It conducts many of the program's public health workforce training sessions. Tracking performance on graduate certificate-related objectives is a joint effort between the Director of the Advanced Graduate Certificates and the Senior Academic Coordinator.

1.2b. Description of how the results of the evaluation processes 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 results of the evaluation processes described above are reported to the PPH Executive Committee, which is the governing body of the Program in Public Health. The Executive Committee (EC) analyzes and regularly uses data supplied by other program committees, the Director, faculty, staff, students, and University administration with the ultimate goal of enhancing the quality of the program. Several of the bodies responsible for monitoring performance in meeting program objectives give reports during EC meetings, and many are included as standing agenda items. As mentioned, the PPH is also in the process of creating a calendar to organize the efforts by various program constituents to monitor progress against objectives. This will be the overarching organizational tool to monitor the evaluation process.

1.2c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

Data regarding the program's performance on Objectives 1a to 1c are provided in Criterion 4.3f.

1d) Monitor student performance to encourage optimum achievement.
Targets:

- *100% of students will maintain a 3.0 overall GPA, consistent with program and Graduate School policies;*

	2010-11	**2011-12**	**2012-13**
Percentage of students maintaining 3.0 overall GPA	97%	100%	99%

- *100% of student records will be assessed after each semester by the Senior Academic Coordinator;*

	2010-11	**2011-12**	**2012-13**
Percentage of student records assessed after each semester	100%	100%*	100%

*Fall only; No Academic Coordinator was on staff to track advising during Spring 2012.

- *By Fall 2014, 80% of students will have a documented meeting with their faculty advisor or the Senior Academic Coordinator each semester;*

Academic Year	**Semester**	**% of students utilizing advising services**
2010-11	Fall 2010	61%
	Spring 2011	61%
2011-12	Fall 2011	67%
	Spring 2012	Not tracked*
2012-13	Fall 2012	75%
	Spring 2013	78%

*****No Academic Coordinator was on staff to track advising.

- *30% of students will graduate with distinction, or at least a 3.75 GPA; at least 10% will graduate with a 3.90 GPA for high distinction.*

Academic Year	# of graduates	# w/GPA >= 3.75	% w/GPA >= 3.75	# w/GPA >= 3.90	% w/GPA >= 3.90
2010-11	18	13	72%	5	28%
2011-12	32	17	53%	5	16%
2012-13	14	5	36%	2	14%

1e) Require that students maintain an acceptable standard of professionalism and academic integrity.
Targets:

- *100% of students will receive a copy of both the* Stony Brook University Student Conduct Code *and the* APHA Principles of Ethical Practice of Public Health during Orientation;

	2011-12	2012-13	2013-14
Percentage of students received both documents	100%	100%	100%

2a) Evaluate student perceptions of course content, instructors, and learning experiences.
Targets:

- *At least 90% of students will complete a Pre- and Post- Competency Assessment survey for each MPH Course;*

2010-2011		2011-2012		2012-2013	
Fall 2010		**Fall 2011**		**Fall 2012**	
HPH 500	Pre-Course: **92%** Post-Course: **92%**	HPH 500	Pre-Course: **100%** Post-Course: **97%**	HPH 500	Pre-Course: **100%** Post-Course: **97%**
HPH 506	Pre-Course: **100%** Post-Course: **100%**	HPH 506	Pre-Course: **100%** Post-Course: **96%**	HPH 506	Pre-Course: **100%** Post-Course: **100%**
HPH 508	Pre-Course: **91%** Post-Course: **100%**	HPH 508	Pre-Course: **97%** Post-Course: **97%**	HPH 508	Pre-Course: **100%** Post-Course: **97%**
HPH 562	Pre-Course: **96%** Post-Course: **96%**	HPH 562	Pre-Course: **97%** Post-Course: **96%**	HPH 562	Pre-Course: **97%** Post-Course: **100%**
Spring 2011		**Spring 2012**		**Spring 2013**	
HPH 501	Pre-Course: **100%** Post-Course: **100%**	HPH 501	Pre-Course: **100%** Post-Course: **96%**	HPH 501	Pre-Course: **96%** Post-Course: **100%**
HPH 507	Pre-Course: **100%** Post-Course: **100%**	HPH 507	Pre-Course: **96%** Post-Course: **92%**	HPH 507	Pre-Course: **96%** Post-Course: **96%**
HPH 514	Pre-Course: **100%** Post-Course: **94%**	HPH 514	Pre-Course: **95%** Post-Course: **95%**	HPH 514	Pre-Course: **96%** Post-Course: **96%**
HPH 523	Pre-Course: **92%** Post-Course: **100%**	HPH 523	Pre-Course: **97%** Post-Course: **93%**	HPH 523	Pre-Course: **96%** Post-Course: **96%**
Summer 2011		**Summer 2012**		**Summer 2013**	
HPH 516	Pre-Course: **100%** Post-Course: **97%**	HPH 516	Pre-Course: **82%** Post-Course: **96%**	HPH 516	Pre-Course: **96%** Post-Course: **89%**

- *100% of students will complete the Orientation Survey. By Fall 2016, 90% of students will complete the Graduation Survey.*

	2010-11	2011-12	2012-13
Percentage completed Orientation Survey	100%	100%	100%
Percentage completed Graduation Survey	61%	85%	100%

- *Course evaluations for 100% of MPH courses will be administered and results will be analyzed.*

	2010-11	2011-12	2012-13
Percentage of course evaluations administered & analyzed	100%	100%	100%

2b). Involve students directly in the curriculum evaluation process.

Targets:

- *The Curriculum Committee will include at least one student representative throughout each academic year.*

	2011-12	2012-13	2013-14
Student representative on Curriculum Committee	Fabio Lima	Michael Yen	Brittany Kalosza

- *An annual group exit interview will take place with graduating students every spring.*

	2010-11	2011-12	2012-13
Group exit interview conducted	Y	Y	Y

2c) Obtain information regarding graduates' perceptions about how well the program prepares them for work in the public health field through the Alumni Survey.

Target:

- *At least 30% of alumni from the cohort that graduated during the previous academic year will complete the Alumni Survey.*

	Graduating Cohort		
	2010-11	2011-12	2012-13
Percentage completed Alumni Survey	28%	34%	TBD*

*Survey will be administered in October. Results will be available during October Site Visit.

2d) Revise as necessary the MPH curriculum to meet the changing needs of the field.

Targets:

- *90% of Core faculty members will attend at least one professional society meeting per year, in order to keep abreast of current public health issues.*

	2011	2012	2013
Percentage attending at least one professional society meeting	90%	90%	90%*

*As of August 1, 2013. Does not include new faculty members who began on or after that date.

- *A minimum of 9 Curriculum Committee meetings will be held each year to review the MPH curriculum, incorporating feedback from current students, alumni, the Core and Affiliated Public Health Faculty, community leaders, regional public health officials, and public health-related employers.*

	2010-11	2011-12	2012-13
Number of Curriculum Committee meetings held	9	7*	9

*In-person meetings. The Committee Chair at the time was on maternity leave and many curricular issues were handled by the committee via email during that time.

3a) Maintain CEPH accreditation.

	2010-11	2011-12	2012-13
CEPH accreditation maintained	Y	Y	Y

3b) Achieve a reputation of quality among employers of our graduates.

Targets:

- *By 2016, at least 30% of employers of our graduates who receive the Employer Survey will return a completed survey annually.*

	2010-11	2011-12	2012-13*
Percentage of employers receiving the survey who completed the survey	N/A	N/A	55%

*First year Employer Survey was conducted.

- *At least 80% of employers of our graduates who complete the Employer Survey will rate the program as very good, excellent, or exceptional.*

	2010-11	2011-12	2012-13*
Percentage of Employer Survey respondents rating PPH as very good, excellent, or exceptional	N/A	N/A	91%

*First year Employer Survey was conducted.

3c). Achieve a reputation of quality among alumni.

Target:

- *At least 80% of PPH alumni will rate the program as very good, excellent, or exceptional on the Alumni Survey.*

	2010-11	2011-12	2012-13
Percentage of alumni rating PPH as very good, excellent, or exceptional.	80%	100%	TBD*

*Survey will be administered in October. Results will be available during October Site Visit.

Data regarding the program's performance on the objectives listed below are provided in the relevant self-study criteria, also listed below.

Objectives 4a to 4b: Criterion 1.6d
Objectives 4c to 4d: Criterion 1.7i
Objectives 5a to 8b: Criterion 1.8e
Objectives 9a to 10b: Criterion 3.1d
Objectives 11a to 11c: Criterion 3.2d

12a) Educate the current public health workforce, including employees of the Suffolk County Department of Health Services, the Nassau County Department of Health and public health-related non-governmental organizations (NGOs).

Target:

- *At least 15% of accepted Advanced Graduate Certificate applicants (in Health Communication or Health Education and Health Promotion) each academic year will be members of the public health workforce.*

	2011-12	2012-13	2013-14
Percentage accepted AGC applicants who are public health workforce members	36%	17%	50%

12b) Provide offsite (i.e., not on the campus of Stony Brook University) educational opportunities for the regional public health workforce.

Targets:

- *Through the New York City-Long Island-Lower Tri County Public Health Training Center (NYC-LI-LTC PHTC), hold 12 face-to-face trainings per year with the Nassau and Suffolk County Departments of Health and other community organizations through 2015.*

	2010-11	2011-12	2012-13
Number of face-to-face trainings	N/A*	12	12

*The funding period for the HRSA grant which funds the PHTC began September 2011.

- *Through the NYC-LI-LTC PHTC, offer 22 online public health courses to the regional public health workforce through 2015.*

	2010-11	2011-12	2012-13
Number of online courses offered	N/A	22	22

12c) Provide the Advanced Graduate Certificate in Health Communication courses in a distance-learning format.

Target:

- *By Academic Year 2015-16, make three courses for the Advanced Graduate Certificate in Health Communication available online.*

	2010-11	2011-12	2012-13
Number of AGC in Health Communication courses available online	0	0	1

1.2d. 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.

An MPH program alumna was hired at 0.75 FTE as a dedicated staff member to coordinate the program's re-accreditation activities and to prepare for submission of the self-study document. Under the supervision of the PPH Director, the Re-Accreditation Coordinator consulted with stakeholder groups to draft sections of the self-study document, organized by criterion, and elicited feedback from various program constituents on sections relevant to their role within the program. During April 2013,

certain sections of the document were shared with current students, alumni, community stakeholders, senior University administrative personnel, and faculty. These constituents were invited to view relevant sections of the document by accessing them as downloadable files on the program's website. Constituents were able to submit their comments, by email or phone, to the Re-Accreditation Coordinator. In total, 22 stakeholders (including students, alumni, Core Faculty, senior University administrators, and community stakeholders) submitted comments. We also monitored the number of hits to the feedback pages on our website between April 1, 2013 and May 3, 2013, and documented 87 hits to the feedback pages during that period. We also elicited feedback in many other forms, including surveys (conducted in the classroom and using SurveyMonkey.com), an advisory meeting with community members, and self-study planning meetings with faculty and staff. The feedback supplied by these groups was integrated into the preliminary self-study draft for submission to CEPH reviewers.

1.2e. 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.

The criterion is met.

Strengths:

- Evaluation of the program's measurable objectives involves careful delineation of responsibility for specific processes and thorough assessment of progress towards meeting objectives, goals, and ultimately, the PPH mission. Responsibility for evaluation procedures is inclusive of all program constituents, to better serve those constituents and to maintain a high quality MPH program. Additionally, the program's well-maintained databases assist in all evaluation procedures.
- The program is on track to meet the vast majority of its objectives, due to its commitment to evaluation efforts. Continuous monitoring of objectives and feedback from constituents will serve to enhance all aspects of the program.
- The PPH was able to hire a staff member dedicated to support the program's re-accreditation activities, including facilitation of feedback mechanisms to support the development of the self-study document based on the contributions of multiple stakeholders.

Weaknesses:

- The PPH's processes of evaluating its efforts towards achieving its mission, goals, and objectives are the responsibility of many different individuals and committees. While it is important to involve all program constituents in our evaluation processes, the PPH recognizes that these efforts require an overarching organizational resource to guide them.

Plans:

- The PPH has developed an evaluation calendar, which has been made available to all program personnel in order to organize evaluation processes on an ongoing basis.

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

1.3a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

Stony Brook University was established in 1957. Part of the State University of New York system, the University has grown tremendously and is now recognized as one of the nation's important centers of learning and scholarship — carrying out the mandate given by the State Board of Regents in 1960 to become a university that would "stand with the finest in the country." Stony Brook University is ranked in the top 1 percent of all universities worldwide by the *Times Higher Education World University Rankings.* It also is ranked one of the top 100 universities in the nation and one of the top 40 public universities by *U.S. News & World Report*. Stony Brook is a member of the prestigious Association of American Universities, the invitation-only organization of the 62 best research universities in North America. There are 68 undergraduate majors and 78 minors, 102 master's programs, 40 doctoral programs and 32 graduate certificate programs. Stony Brook is one of 10 universities given a National Science Foundation recognition award for integrating research and education.

Schools & Colleges

The College of Arts and Science offers degree programs in fine arts and humanities, in biological and physical sciences, in mathematics and in social and behavioral sciences. In addition to departmental majors, special interdisciplinary majors using the resources of two or more departments are offered, as well as programs leading to provisional certification in secondary education. The College of Business provides comprehensive education and research for the business, public, and nonprofit sectors. The MBA faculty is complemented by key executives recruited as visiting professors — industry leaders who have built stellar careers in today's global business world. The College of Engineering and Applied Sciences offers a wide range of programs that provide students with opportunities to find work in industry or proceed to graduate study in a variety of fields. Seven *Accrediting Board for Engineering and Technology*-accredited programs give students latitude to plan a course of study within traditional engineering disciplines or in new interdisciplinary fields.

Stony Brook Medicine, our health science and medical enterprise, includes the Program in Public Health and the five schools of the Health Sciences Center (Schools of Medicine, Dental Medicine, Nursing, Health Technology and Management, and Social Welfare), as well as the Hospital, our major centers, institutes, programs, clinics and community-based healthcare settings, and the Long Island State Veterans Home. Within each of the academic units mentioned above are numerous academic and/or professional degree programs at the undergraduate and graduate level. The Stony Brook University Hospital is a major research and teaching facility to train health care practitioners in inpatient and outpatient settings owned and operated by the University throughout Suffolk County, New York.

The Graduate School offers advanced degree programs in many fields leading to the master's and doctoral degrees. Stony Brook's advanced graduate programs are internationally recognized and

consistently receive exceptionally high ratings from external evaluation agencies and scholarly studies. The School of Journalism is the first and only undergraduate school of journalism in New York State's public university system. Students prepare to succeed in an evolving multimedia future, working out of the school's state-of-the-art newsroom. The School of Marine and Atmospheric Sciences (SoMAS) is SUNY's designated school for marine and atmospheric research, education and public service. SoMAS is one of the leading coastal oceanography institutions in the world. The School of Professional Development provides part-time graduate education for working adults. Its diverse offerings include teacher training, human resource management, and the Master of Arts in Liberal Studies.

Accrediting Bodies

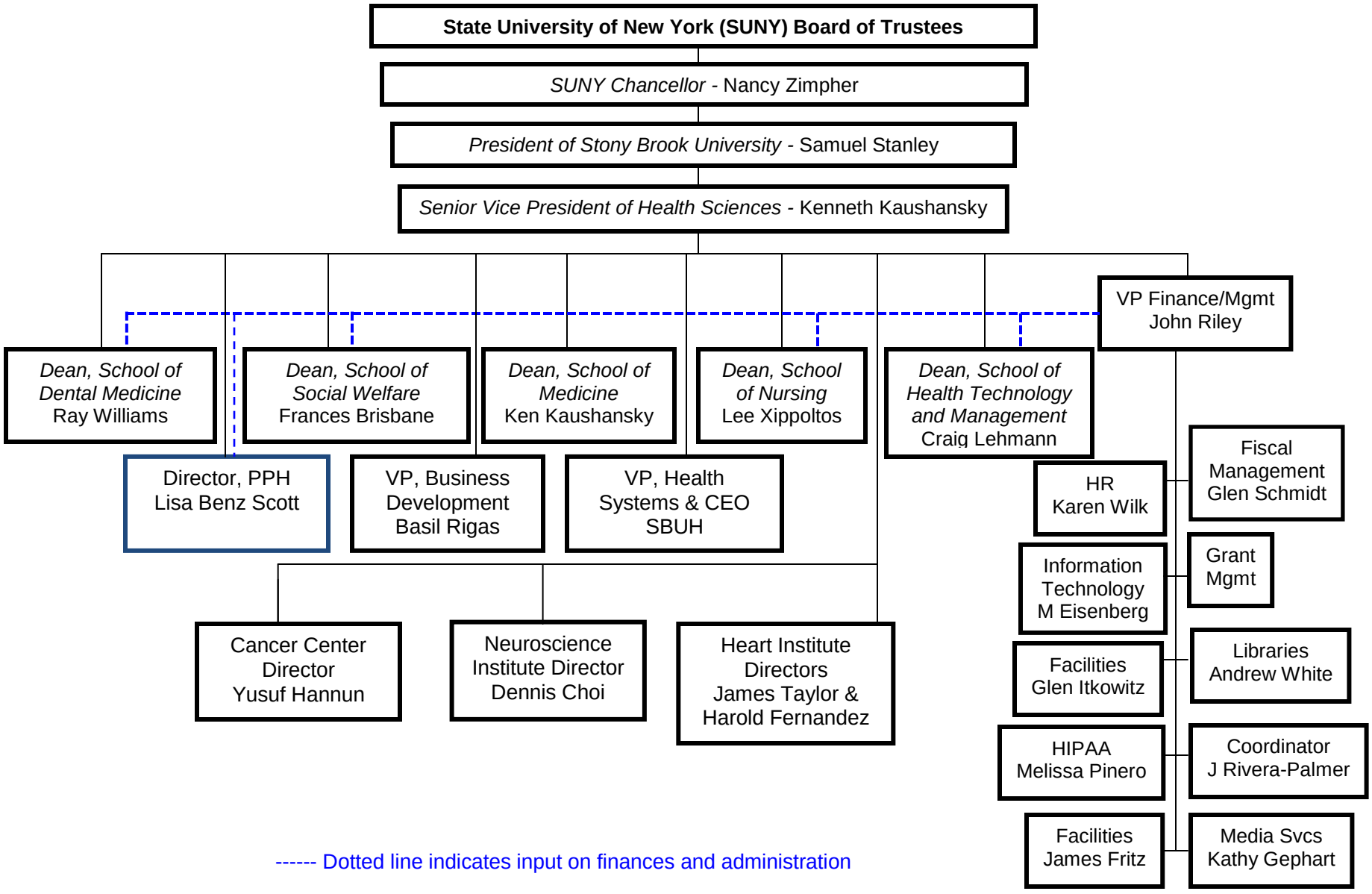
Stony Brook University responds to the following accrediting bodies:

- Middle States Commission on Higher Education
- Accreditation Council for Graduate Medical Education (ACGME)
- Accreditation Council for Occupational Therapy Education (ACOTE)
- Accreditation Review Committee on Education for the Physician Assistant, Inc. (ARC-PA)
- Accrediting Board for Engineering and Technology (ABET)
- American College of Nurse-Midwives (ACNM)
- American Society for Phlebotomy Technicians (ASPT)
- Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (CAPTE)
- Commission on Accreditation, American Psychological Association (APA)
- Commission on Accreditation of Athletic Training Education (CAATE)
- Commission on Accreditation for Dietetic Education, American Dietetic Association (CADE)
- Commission on Collegiate Nursing Education (CCNE)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Dental Accreditation, Division of Accreditation, American Dental Association (ADA)
- Committee on Accreditation for Respiratory Care (CoARC)
- Council on Education for Public Health (CEPH)
- Council on Social Work Education (CSWE)
- Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA) and Association of American Medical Colleges (AAMC)
- National Accrediting Agency for the Clinical Laboratory Sciences (NAACLS)
- National Council for the Accreditation of Teacher Education (NCATE)
- New York State Department of Education

1.3b One or more 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.

The Program in Public Health and its relationship to the other components of the institution, including reporting lines, is outlined in Figure 1.3.1, below.

Figure 1.3.1 Organizational Chart: Stony Brook University Health Sciences Center



1.3c Description of the program's involvement and role in the following:

- **budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising**

  The fiscal year for the State University of New York at Stony Brook begins July 1 and ends June 30. All funds for the campus and Health Sciences Center originate from SUNY Central in Albany. Each school, college, department, or program reports to their respective VP area. The PPH reports directly to the Senior Vice President of Health Sciences, Dr. Kenneth Kaushansky, and consults with the Associate Vice President for HS Administration and Finance, Mr. John Riley, to plan the yearly budget prior to the start of each fiscal year. All state, research, IFR (Income Fund Reimbursable) and sponsored program line-items, budget proposals, salary expenditures/projections for faculty, staff, and student assistants, along with office operating costs are submitted to Mr. Riley. He then negotiates tuition and fee distribution with the Provost's Office. Indirect cost recoveries are managed by the Office of Sponsored Programs and the Associate Vice President for HS Administration and Finance. The Fundraising and Advancement offices are housed within the President's Office and the School of Medicine. The PPH also maintains fundraising accounts (for scholarships) that are managed by the Stony Brook Foundation. The PPH's Office Administrator, Ms. Mary Vogelle-Buscemi, manages the internal fiscal operations of the program.

- **personnel recruitment, selection and advancement, including faculty and staff**

  All personnel recruitment is initiated by the PPH, with oversight by the Associate Vice President for HS Administration and Finance. The Affirmative Action Committee and the Department of Human Resources review all program requests for recruitment and ultimately grant approval for hire. The PPH's ad hoc search committees collect and review all applications, select candidates to be interviewed, and make a final candidate recommendation to the PPH Director. All searches, recruitments and promotions, including tenure, are carefully scrutinized either by the Affirmative Action/Equal Employment Opportunity Office or the appropriate division's Tenure and Promotion Committee to assure proper adherence to procedures and guidelines. The PPH is structured such that Core Faculty members have academic titles that are based in a home department within a School or College. Our Core Faculty members have academic appointments in the School of Medicine (Preventive Medicine), the School of Health Technology and Management, and the College of Arts and Sciences (Departments of Sociology and Economics). The PPH Director and the faculty member's Department Chair deliver a recommendation as to the faculty member's promotion/tenure to a promotion and tenure committee, which evaluates the candidate's instruction, research and service efforts. The committee members then vote to provide a recommendation to the Dean, for or against promotion/tenure of the faculty member. The Dean, in turn, makes a recommendation to the Senior Vice President, and the review process continues up the supervisory chain (to the University President, and, in case of tenure, to the SUNY Chancellor).

- **academic standards and policies, including establishment and oversight of curricula**

  The PPH adheres to the grading and academic standing policies set by The Graduate School at Stony Brook University. These policies may be viewed at http://sb.cc.stonybrook.edu/gradbulletin/current/regulations/index.php, as well as in the Program in Public Health Bulletin, located in the Electronic Resource File in the folder entitled "Bulletin." At the program's inception, the PPH curriculum was established by its Curriculum Committee, using CEPH and ASPH standards as a guideline for developing excellent public health courses. The curriculum continues to be overseen by the program's Curriculum Committee, with substantive changes requiring approval from the Graduate Council of the Graduate School and from the SUNY system. Additionally, the program provides a Substantive Change Notice to CEPH before implementing proposed substantive changes, in keeping with accreditation standards.

1.3d If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not Applicable.

1.3e If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

Not Applicable.

1.3f 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.

The criterion is met.

Strengths:

- Stony Brook University is an institution renowned for its excellence in science and the humanities, and as such we consider the location of the Program in Public Health within Stony Brook University to be one of the strengths of our program. Here, we are well-positioned for inter-disciplinary collaborations among faculty, staff, and students of the highest caliber.
- The PPH is an integral part of an accredited institution of higher education. The program is housed within a university that has a clear organizational structure with well-defined reporting lines, and a rapidly growing academic medical center with exceptional resources to engage in health and health care-related research, teaching, and service activities.
- The program adheres to academic standards that are appropriate for a high-quality MPH curriculum.

Weaknesses:

- In regards to resource allocation, the ongoing financial crisis in New York State has caused a decrease in state-appropriated funds to the PPH since Fiscal Year 2010-11. Although no state-appropriated funds have been taken away from our program and we have been able to recruit new faculty members to fill vacancies, we have a greater emphasis on non-state supported funding sources (external grants and other sponsored programs related to our research, workforce development, and/or service activities; tuition funds) to support new faculty.

Plans:

- During Spring 2013, the PPH completed a national search to recruit three new Core Faculty members, with backgrounds in biostatistics, community health, and epidemiology. All three candidates began their duties as Core Faculty members in August 2013. In addition, the PPH welcomed a fourth new Core Faculty member who was previously affiliated with the Center for Bioethics and Compassionate Care in the Department of Preventive Medicine, and who is an expert in areas of bioethics and health care policy. We expect that these new faculty members will further enhance the quality of our teaching, bring new ideas to our curriculum, and attract external grants to support research and/or service projects that will provide exceptional opportunities for collaboration and partnerships, as well as placements for our students.

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.

1.4a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

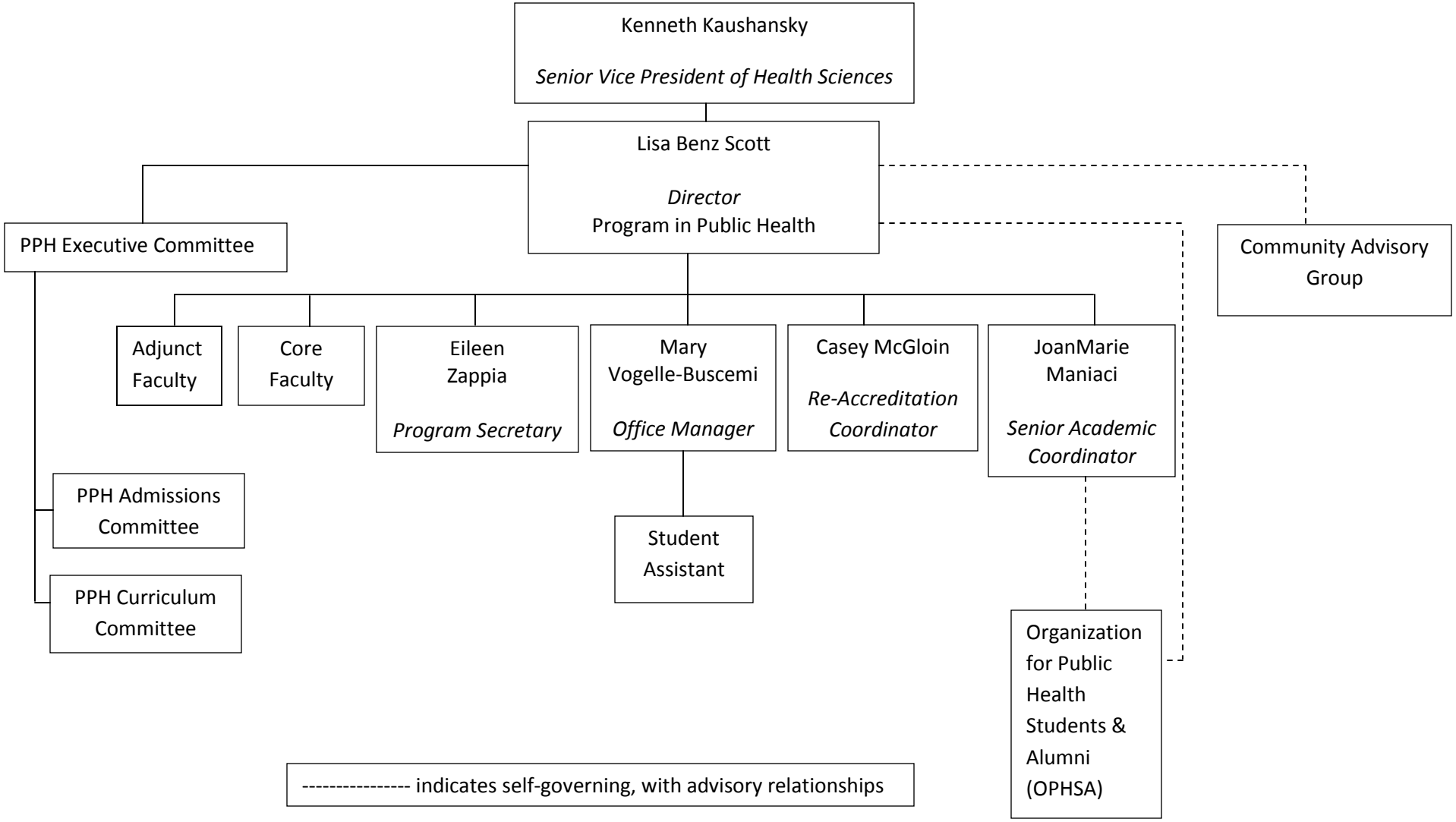
The administrative organization of the PPH is outlined in Figure 1.4.1, below Criterion 1.4b. The figure includes reporting lines among the various components of the program's organizational structure.

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

The PPH Core Faculty is truly interdisciplinary, as its members come from a diverse array of backgrounds and conduct research in a variety of fields. Our MPH courses are taught by faculty members who are specifically trained in public health at the graduate level (MPH, PhD), by public health practitioners, and by faculty members who are trained as sociologists, epidemiologists, biostatisticians, physicians, demographers, and economists. Core Faculty members have research interests that include epidemiology, biostatistics, community-based participatory research, health communications, social determinants of sleep, health disparities, bioethics, disabilities, health policy, global health, and health economics, to name a few. In addition, several MPH courses are taught by adjunct faculty members from different departments at Stony Brook and from the public health workforce, such as a faculty member from Stony Brook's Department of Preventive Medicine, an instructor from the Department of Surgery, and a public health nurse of the Suffolk County Department of Health Services. The PPH also collaborates with various university departments to offer joint degree programs (described in Criterion 2.1), so that public health may be integrated into many types of careers that our graduates will pursue.

PPH Core Faculty members also collaborate on research and service endeavors locally, regionally, nationally, and globally. Research collaborations include partnerships with colleagues in various Stony Brook University departments, and with the Islip Youth Bureau, faculty at several universities (e.g., University of Pennsylvania; Utah State University; University of Colorado, Denver; University of Wisconsin, Madison), the Toronto Rehab Institute, and the Danish Cancer Society. Core Faculty members collaborate on service efforts with various Stony Brook departments, and with organizations such as the Inaugural Network of Behavioral and Social Scientist Volunteers, the Josiah Macy Jr. Foundation, the Sleep, Health & Society Network, the National College Health Improvement Project, the Brentwood Youth Summit, the Learning Disabilities Association of America, and the International Society of Exposure Science. For a full list of our faculty members' research collaborations, please refer to Criterion 3.1. For a full list of service collaborations, refer to Criterion 3.2. Students also coordinate their service efforts with practicum agencies to conduct practicum projects. The PPH has partnered with local, national, and international agencies to place our students in service learning opportunities as a function of the practicum experience, resulting in diverse collaborative experiences, as listed in Criterion 2.4.

Figure 1.4.1: Organizational Chart of the Program in Public Health (PPH)



1.4c. 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.

The criterion is met.

Strengths:

- The program's organizational structure ensures an environment in which its education, research, and service efforts can thrive. Internal and external components of the program act together with clearly delineated duties in a concerted effort to achieve the program's mission.
- Interdisciplinary coordination, cooperation, and collaboration occur on many levels in the Program in Public Health (faculty, staff, students, alumni), as we have employed an exceptional Core Faculty group with expertise in diverse but complimentary areas of public health research and practice. We have also cultivated strong relationships with adjunct and affiliated faculty members, as well as partnerships with public health related organizations working locally, nationally, and globally.

Weaknesses:

After careful consideration, the PPH has determined that its internal organizational structure is fully supportive of the program's mission statement and of the program's constituents. We have not identified weaknesses relating to this criterion.

Plans:

- The PPH is currently laying the groundwork to offer a Bachelor of Arts degree in Public Health. We anticipate offering this degree for the first time in Fall 2016. The addition of this program to the PPH's degree offerings will necessitate the hiring of several more faculty and staff members to support the program. These changes will be reflected in the PPH's organizational chart upon the BA's establishment.

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.

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

Meeting minutes from all standing committees are found in the E-Resource File in a folder entitled "Committee Meeting Minutes."

Executive Committee:

Composition and Current Membership: Members of the Executive Committee (EC) include all Core Faculty members (for a complete list, see Criterion 1.5d), the Office Administrator (Mary Vogelle-Buscemi), the Senior Academic Coordinator (JoanMarie Maniaci), and temporarily, the Re-Accreditation Coordinator (Casey McGloin).

Responsibilities: The Executive Committee is charged with responsibility for overseeing program evaluation and policy development for the PPH. These responsibilities include, but are not limited to, matters of admissions, curriculum, student progress and performance, activities of the program's centers, recruitment and retention of faculty and staff, and community service activities and relations. The EC selects members from the Core and Affiliated Public Health faculty for membership on the Curriculum and Admissions Committees (described below).

Process: The EC meets every month during the fall and spring semesters, and as needed during the months of June, July, and August. The Director of the PPH is the Chair of the Executive Committee. The Director follows Robert's Rules of Order to conduct the business of the EC, with Core Faculty members each having an equal vote in the decision-making process. Decisions are based on the majority of votes for or against motions that are proposed. The agenda for each meeting is drafted by the Director and circulated in advance, with an open call for agenda items to include faculty and staff input. The agenda includes standing items to provide a forum to share information from a representative of each of the ad hoc and standing committees, as well as reports prepared by our program's Center Directors and staff members.

Curriculum Committee:

Composition and Current Membership: Members of the Curriculum Committee include faculty heads of MPH concentrations (Dr. Jaymie Meliker (Committee Chair), Evaluative Sciences; Dr. Norman Edelman, Public Health Practice; and Dr. Amy Hammock, Community Health), selected Core faculty (currently Dr. Evonne Kaplan-Liss, Dr. Tia Palermo), the Senior Academic Coordinator (JoanMarie Maniaci), one student representative (currently Brittany Kalosza), and one alumni representative (currently Casey McGloin). Non-Core faculty also may be members of the committee.

Responsibilities: The Curriculum Committee is charged with making recommendations to the EC on all matters related to curriculum and educational assessment for all degree programs and certificates. It reviews proposed new courses, modifications to existing courses and appropriateness of course

instructors, and maintains the program's competencies, the foundation of the MPH curriculum. The committee also reviews all syllabi at least every three years. The committee assures that the curriculum meets CEPH criteria. Above all else, the Curriculum Committee is charged with maintaining the quality of the curriculum and educational experience in the PPH.

Process: The Curriculum Committee meets one time per month throughout the fall and spring semesters, and as needed during the months of June, July, and August. The Curriculum Committee Chair circulates the agenda and minutes before and after each meeting to committee members. The committee makes recommendations to the EC regarding curricular matters. Its recommendations for changes to the curriculum are based on consensus, and are reviewed by the EC for approval before being presented for approval by the University, SUNY, and CEPH, as necessary.

Admissions Committee:

Composition and Current Membership: Members of this committee consist of selected Core Faculty members (Dr. Lauren Hale – Committee Chair, Dr. John Rizzo, Dr. David Graham), one alumni representative (Mary Pat Boyle), one community member (Dr. Gregson Pigott – Suffolk County Department of Health Services - Director of the Office of Minority Health/Acting Director of Public Health/Medical Director of EMS), one Affiliated Faculty representative (Jeannette Coane – School of Nursing), and one PPH staff member (Eileen Zappia – Program Secretary) who takes meeting minutes.

Responsibilities: The Admissions Committee is charged with making recommendations on all matters related to assessment of applicants to the MPH degree program. The committee evaluates applications each year with an eye toward creating a cohort of students who are intellectually inquisitive individuals from different backgrounds who can provide special contributions to the field of public health and to the program. Applicants are evaluated on academic achievement, leadership potential, professional accomplishment and personal attributes. Committee members are responsible for becoming familiar with the specific criteria to score applicants, and they evaluate each candidate against those criteria.

Process: The Admissions Committee meets as necessary (usually 1-2 times per month) between January and June each year, and all acceptance decisions for the incoming entering class are determined by July. Before each meeting, the Program Secretary compiles and distributes completed applications to committee members. Applications that are ready for review are assessed by each committee member before the committee convenes a meeting. During meetings, the Chair introduces each applicant; then a discussion follows, leading to a vote to accept, waitlist, or deny the applicant admission.

Mentoring Committee:

Composition and Current Membership: Mentoring Committee membership consists of all tenured Core Faculty members, excluding the PPH Director. The committee is currently chaired by Norman Edelman, MD, Full Professor of Medicine, and the former Dean of Medicine and Vice President of Health Sciences. The remaining members are: Dr. Lauren Hale, Dr. Jaymie Meliker, and Dr. John Rizzo.

Responsibilities: The purpose of this committee is to provide informal but structured and ongoing guidance to junior faculty members regarding their career development. The committee sees it role as advising junior colleagues on 1) establishing clear career goals, 2) developing strategies to achieve these goals, and 3) if necessary and with the approval of the mentee, advocating for the faculty member with

the PPH Director and/or Department Chair. Those mentored are all Core Faculty members who are not tenured, whether they are on a tenure-generating track or a non-tenure-generating track.

Process: The committee meets with each mentee on an annual basis, or more often if deemed necessary after review of a personal statement delineating the mentee's research and professional development goals. Advice is given orally to the mentee in a confidential manner, and a brief summary of the encounter is prepared by the Chair. The meeting summary is held in confidence and therefore not available for administrative purposes.

Ad Hoc Academic Standing Committee:

Composition and Current Membership: The Academic Standing Committee is assembled by decision of the Executive Committee, and typically contains three members, all of whom are from the Core Faculty. Since the committee is formed on an as-needed basis, there is no current membership list.

Responsibilities: The Academic Standing Committee is charged with meeting to address individual cases of academic dishonesty (e.g., plagiarism, cheating) or academic standing (e.g., falling below minimum grade levels set by the program) among our students. Members of this committee assess the seriousness of the student's violation and make a determination as to the appropriate action to take.

Process: Once an academic standing issue is brought to the attention of the EC, it forms an appropriate Academic Standing Committee. The committee meets to discuss the issue and implements an appropriate response, following up with the student as necessary.

Ad Hoc Faculty/Staff Search Committees:

Composition and Current Membership: Search committees to hire new faculty or staff members are assembled by the Executive Committee, and consist primarily of Core Faculty members and also a minimum of one Affiliated Faculty member. In the case of staff searches, there often is a staff member on the committee (as well as staff from other units of the University). Since the committee is formed on an as-needed basis, there is no current membership list.

Responsibilities: Ad hoc faculty/staff search committees are responsible for creating job postings, reviewing candidates' applications and scoring the applications using standardized criteria, selecting candidates for interviews, attending job talks/interviews when finalists visit campus, and providing recommendations to the Chair. The Chair is responsible for providing the EC with a summary of the committee's recommendations.

Process: Search committees create job postings (in close consultation with the PPH Director) for faculty or staff positions, obtain approval of the postings from the necessary University offices, and review the applications of candidates responding to the postings. The committee meets to select candidates for interviews and, if applicable, job talks. Upon completion of the interview process, the committee makes a recommendation as to hiring a candidate.

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

– general program policy development

The Executive Committee is responsible for policy development, and these policies are informed by input from the standing and ad hoc committees, by feedback derived from faculty, staff, students, and alumni, and University-wide policy needs. For further detail regarding the structure of these committees, please refer to Criterion 1.5a. All policies are subject to approval by the PPH Director, in consultation with the Senior Vice President of Health Sciences.

– planning and evaluation

Strategic planning endeavors are the result of joint efforts between faculty, staff, administration, students, alumni, and community partners. Many program planning and development initiatives are generated by feedback mechanisms such as surveys, evaluations, or recommendations. In April 2012, the program held a 1.5-day-long strategic planning retreat as a forum for the Director, faculty, staff, and administrative leadership to devote time for an in-depth discussion regarding future plans for the PPH. The discussions from this retreat have guided our hiring decisions, motivated curriculum revisions that are under University review at this time, and led to the development of a proposal to offer a Bachelor of Arts in Public Health degree within the next five years. Strategic planning proposals are assigned to appropriate program committees by the Director for development and implementation. Final proposals are presented to the Director and/or other qualified members of the PPH for review and approval. Evaluation of the program occurs primarily through its committee structure, using the PPH's mission, goals and objectives as measures against which to evaluate the success of the program. For a detailed description of how the program has performed against its measurable objectives over the last three years and an explanation of the parties responsible for evaluation of each objective, please refer to Criterion 1.2.

– budget and resource allocation

A yearly budget plan is developed by the PPH Director and the Office Administrator, and is approved by the Associate Vice President for Health Sciences Administration and Finance. Revenue sources from tuition and state-appropriated funds are calculated and reviewed for allocation to the program. Revenue from research grants and other externally sponsored programs is allocated to the PPH via the Office of Sponsored Programs and the Office of the Senior Vice President. For more detail, please refer to Criterion 1.6.

– student recruitment, admission and award of degrees

The Senior Academic Coordinator has primary responsibility for student recruitment into the PPH. The Coordinator actively recruits undergraduate students at Stony Brook for the MPH program by delivering information sessions about the program. In addition, the Coordinator is the contact person for prospective students who may find out about the PPH through our website, flyers, or other recruitment materials. These prospective students may call or email the Coordinator, seeking to know more about the program, and the Coordinator provides information and assistance. A detailed description of student recruitment protocols and efforts is further addressed in Criterion 4.3a.

The MPH program admission process begins with student submission of the application and required supporting materials to the Office of Student Services, located in the Health Sciences Center. Copies of

all application materials are obtained for review by the program's Admissions Committee. The Senior Academic Coordinator notifies the Office of Student Services of the program's decisions. Finally, the applicant is notified of his/her admission status by the Office of Student Services.

At the end of a student's PPH experience, the student applies for graduation by first notifying the Senior Academic Coordinator in writing of his/her intention to graduate and files an application to graduate. To ensure all requirements have been met, the Senior Academic Coordinator performs a "degree check" for all students applying for graduation. Once the Senior Academic Coordinator has certified that the student has satisfactorily completed all degree requirements, the application is submitted to the Office of Student Services, which also performs a "degree check." The MPH Degree is awarded upon official approval and clearance from the Office of Student Services.

– faculty recruitment, retention, promotion and tenure

The PPH must follow policies for faculty recruitment which are developed and monitored by the Stony Brook University Human Resources Department. Ad hoc committees created by the Executive Committee for faculty searches collect applications, screen and rank the candidates, and decide which candidates to interview, with input from the Director. The Director makes a final candidate selection based on the strength of the committee's recommendation, and with input from the Executive Committee as well as the Senior Vice President of Health Sciences. All of the applications are sent to the Affirmative Action/Equal Employment Opportunity Committee for approval of the final candidate.

Faculty retention policies are based on University policies for tenure and promotion, and actions (for or against promotion and/or tenure) involve the recommendation of the PPH Director, in consultation with the faculty member's Department Chair (e.g., Preventive Medicine), their respective Dean (e.g., School of Medicine), and the Senior Vice President of Health Sciences, to which the PPH ultimately reports.

Promotion and tenure guidelines are developed by the Promotion and Tenure Committee for each School in the University. The Program in Public Health is structured so that Core Faculty members have academic titles that are based in a home department within a School or College. The PPH Director and the faculty member's Department Chair deliver a recommendation as to the faculty member's promotion/tenure to a promotion and tenure committee, which evaluates the candidate's instruction, research and service efforts.

– academic standards and policies, including curriculum development

Academic standards and policies are developed by the State University of New York for all Graduate School students. These policies have long since been established by the Graduate Council, and are re-approved each year. Each graduate program has the option to amend these standards and policies, though the minimum University standards and policies must be maintained. Should an amendment occur within the PPH, it would be the responsibility of the Curriculum Committee to develop the new policy or new curricular modification, and then bring the issue to the EC for a decision.

– research and service expectations and policies

All PPH Core Faculty members are expected to engage in research and service activities. Firstly, individual faculty member interests and expertise determine the research and service activities that they perform. One way that research and service expectations are monitored is through tenure guidelines. Each Core Faculty member is appointed to an academic home outside of the program, and it is that department's promotion and tenure guidelines which determine the research and service policies the

faculty member is expected to follow in order to be considered for promotion/tenure. Lastly, faculty members meet with the PPH Director for an annual performance review, during which research and service efforts are discussed and encouraged. For more information on research expectations and policies of the PPH, please refer to Criterion 3.1. For more information on service expectations and policies, refer to Criterion 3.2.

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

The rights and obligations of all Stony Brook University administrators, faculty, staff and students are explained in the *State University of New York Policies of the Board of Trustees* document, available at http://www.suny.edu/board_of_trustees/pdf/policies.pdf and also included in the Electronic Resource File in the folder entitled "SUNY Policies of the Board of Trustees." More information on the rights and obligations of the program's various constituent groups is available in the PPH Bulletin, also located in the Electronic Resource File.

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

Key	**EC = Executive Committee, CC = Curriculum Committee, AC = Admissions Committee**			
Faculty Member	**PPH EC**	**PPH CC**	**PPH AC**	**University Committee(s)**
Benz Scott, Lisa	X*	ex officio	ex officio	School of Health Technology & Management: Appointments, Promotions, and Tenure Committee (Chair) University Faculty Senate Research Committee
Clouston, Sean**	X			
Edelman, Norman	X	X		Department of Preventive Medicine: Doctoral Program in Population Health and Clinical Outcomes Research (Interim Director) PPH Mentoring Committee (Chair)
Flescher, Andrew**	X			Academic Judiciary Committee Hospital Ethics Committee Humanities Institute: Board member
Graham, David	X		X	Clinical Practice Management Plan Department of Preventive Medicine Credentialing Committee (Chair) Department of Preventive Medicine Residency Advisory Committee Preventive Medicine Services (Director) Stony Brook University Environmental Health & Safety Committee Stony Brook University Hospital Infection Control Committee
Hale, Lauren	X		X*	Department of Preventive Medicine's Doctoral Program in Population Health and Clinical Outcomes Research: Curriculum, Executive, and Pre-Dissertation Proposal Review Committees Long Island Prevention Research Center PPH Awards Committee

				PPH Faculty Search Committee, Biostatistics position, (Chair) Women's and Gender Studies Program: Executive Committee
Hammock, Amy	X	X		Long Island Prevention Research Center National College Health Improvement Project, Stony Brook University Committee: Faculty Representative PPH Awards Committee PPH Faculty Search Committee The President's Committee on Tobacco Free SUNY: Stony Brook Policy Committee Violence Against Women Prevention and Response Project (PI)
Kaplan-Liss, Evonne	X	X		Center for Communicating Science: Steering Committee School of Journalism Masters in Health and Science Journalism: Admissions and Curriculum Committees School of Medicine Curriculum Reform Committee – Subgroup 2 – Active Learning and Skill Development Stony Brook Hillel: Jewish University for the Day Planning Committee (Co-Chair) Stony Brook University Corporate Education and Training Center Advisory Council
Kidman, Rachel**	X			
Meliker, Jaymie	X	X*		Consortium for Interdisciplinary Environmental Research Long Island Groundwater Research Institute Planning Committee, 2013 Converging Science Summit PPH Faculty Search Committee, Health Communication and Evaluative Sciences positions (Chair) Research Compliance Group, OVPR Electronic Research Administration System School of Medicine Faculty Senator
Palermo, Tia	X	X		Department of Social and Health Psychology: PhD Committee PPH Faculty Search Committee Steering Committee for the Coller International Health Research Program
Rizzo, John	X		X	PPH Faculty Search Committee
Shandra, Carrie	X			
Wang, Xuefeng**	X			

*Chair of committee
**Joined Core Faculty in August 2013.

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

In 2008, the program's Organization for Public Health Students and Alumni (OPHSA) was established. It was established to create a voice for public health students, both in the PPH and on Stony Brook's campus. OPHSA also gives PPH students an opportunity to organize together around conducting public health service activities and public health-related events, such as Public Health Month each spring. OPHSA's mission is listed below.

> OPHSA's mission is to be the premier advocacy organization for current and former students of the Program in Public Health (PPH) of Stony Brook University and the PPH itself. The organization serves as a voice for the student body, and as a vehicle for students to perform collaborative service and scholarly activities in the public health field. OPHSA's goals are:
>
> 1. To promote the general welfare and professional image of Stony Brook University and the PPH.
> 2. To foster a strong relationship between the school, faculty, alumni and members of the organization.
> 3. To foster and sustain collegial relationships between members of the student body and alumni of the PPH.
> 4. To promote participation between alumni and students in educational, scientific and public health research activities.
> 5. To identify and develop resources to assist students, alumni and faculty in their careers.
> 6. To maintain student and alumni representatives who will advocate for the needs of the student population on standing committees of the PPH.
> 7. To promote educational activities necessary for the maintenance and promotion of certification and/or credentialing in the public health professions.
> 8. To promote public participation and advocacy for topical public health issues.

Students also play a role in program governance through the Curriculum Committee, which includes one student member. This student representative is selected by OPHSA to advocate for students' needs and to provide their input into matters relating to the curriculum. In addition, time is scheduled during job talks and interviews of new faculty candidates for students to meet with the candidates. These meetings provide for student input into the faculty search process.

1.5f. 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.

The criterion is met.

<u>Strengths</u>:

- Program faculty, staff, and students have clearly defined rights and responsibilities concerning program governance and academic policies, largely due to the clearly delineated PPH committee structure.
- Core Faculty members hold membership on many and varied University committees, through which they play an active role in University activities.
- In 2008, a student organization was established out of the PPH, the Organization for Public Health Students and Alumni (OPHSA). OPHSA advocates for students in the program and

involves students and alumni in service activities consistent with the mission and values of the program.

Weaknesses:

- After careful consideration, the PPH has determined that its governance structure is participatory, clear, and representative of appropriate constituents, including administration, faculty, staff, and students. The program has not identified weaknesses relating to this criterion.

Plans:

- The PPH added four new Core Faculty members to its roster beginning in August 2013. These new faculty members have been incorporated into our committee structure by being eligible as Core Faculty members to hold seats on the Executive Committee. Their membership on other program committees will be determined by formal procedures through the Executive Committee.
- In August 2013, the PPH attained membership with the new Association of Schools and Programs of Public Health. Beginning with the Fall 2014 admissions process, Admissions Committee members will be responsible for learning how to use ASPPH's Centralized Application Service for Public Health (SOPHAS) system to review applicants. The committee's Chairperson, the PPH Director, and the Senior Academic Coordinator participated in a SOPHAS training on-site in June 2013 to prepare for the 2014 admissions cycle.

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.

1.6a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

Since Stony Brook University is part of the State University of New York (SUNY) system, the budgetary and allocation processes that support the teaching, research and service activities of the program begin at the SUNY level. SUNY Stony Brook receives a State Appropriation from SUNY Systems Administration based on the Budget Allocation Process, a formula used to determine the State Appropriations for each of the 64 SUNY campuses. The President of Stony Brook University determines the allocation that is given to each academic unit in collaboration with the Vice Presidents (e.g., Provost, Senior Vice President of the Health Sciences) and the areas which the VPs oversee (Schools, Colleges, Centers, Programs) based on requests, commitments, and available resources. The Senior Vice President of the Health Sciences Center, Dr. Kenneth Kaushansky, meets with each of the deans of the Health Sciences Center schools and with the PPH Director to determine their respective allocations for each fiscal year. The Associate Vice President for Health Sciences Administration and Finance, Mr. John Riley, supervises this budget process between the University President, the Senior VP of Health Sciences, and the Program in Public Health. The majority of faculty and staff salaries are supported from state-appropriated funds, with the exception of one staff member (at 0.75 FTE) who is supported by the Research Foundation.

Additional revenue is obtained through externally supported sponsored programs (e.g., research, education, and/or service grants). Certain faculty members are paid via "salary offsets;" that is, a pre-determined percentage of a faculty's grant monies, relative to the percentage of grant-related work, can be used to pay that portion of the faculty member's salary, or reimburse PPH expenditures that were used to pay that portion of the salary. In addition, the PPH has an Indirect Cost (IDC) account, which is a University-sponsored account that can be used for both salary support and office operating expenses, and is managed at the discretion of the program. Another source of funding for the program is through the PPH's Income Fund Reimbursable (IFR) accounts. IFR "income" is generated from a share of tuition the PPH receives when students pay for summer and winter session courses. In the early 1990s IFR accounts were created as a means for academic departments to earn income to help offset the cost of hiring adjuncts and/or to supplement office operating budgets. The PPH receives approximately $234 per course credit per in-state student and approximately $417 per course credit per out-of-state student. These amounts are roughly 60 percent of the total amount that students pay per course credit. These funds help pay for adjunct faculty members who are hired to teach as needed. The remaining percentage (approximately 40 percent) is a fringe benefit and overhead fee which the University deducts, and the program consequently recoups approximately $50,000 annually.

1.6b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

Delineation of the program's sources of funds and expenditures for the period since initial CEPH accreditation (2008) is summarized in Table 1.6.1, below.

Table 1.6.1 Sources of Funds and Expenditures by Major Category, FY 2008-09 to 2012-13

	2008-09	2009-10	2010-11	2011-12	2012-13
Source of Funds					
Tuition & Fees	$41,443.00	$42,758.00	$35,743.00	$64,106.48	$85,234.37
State Appropriation	$1,252,342.00	$1,318,100.00	$1,133,662.00	$1,179,221.00	$1,160,317.00
Grants/Contracts	$56,583.00	$92,685.00	$128,731.00	$103,118.73	$118,384.59
Gifts	$2,200.00				
Other (RF/IDC Funds)	$30,000.00	$30,000.00	$30,000.00	$75,000.00	$125,000.00
Total	**$1,382,568.00**	**$1,483,543.00**	**$1,328,136.00**	**$1,421,446.21**	**$1,488,935.96**
Expenditures					
Faculty Salaries & Benefits	$1,055,241.00	$1,168,773.00	$958,709.00	$952,869.00	$963,538.00
Staff Salaries & Benefits	$163,170.00	$199,970.00	$224,233.00	$225,895.00	$224,726.00
Operations	$36,871.00	$49,094.00	$60,920.00	$71,500.00	$68,430.00
Travel	$20,850.00	$3,083.00	$3,940.00	$8,180.00	$14,988.00
Other (State Budget Cut)	$100,187.00	$125,234.00	$125,234.00	$149,809.00	$125,234.00
Total	**$1,376,319**	**$1,546,154.00**	**$1,373,036.00**	**$1,408,253.00**	**$1,396,916.00**

RF = Research Foundation of the State University of New York
IDC = Indirect Costs

1.6c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable.

1.6d. 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.

The program's measurable objectives by which it assesses the adequacy of its fiscal resources are as follows in Table 1.6.2. Data on the program's performance towards meeting its objectives are located beneath each target. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 1.6.2 Measurable objectives for fiscal resources, last three years

4a) Maintain the fiscal health of the Program.

Target:

- *Maintain or grow the PPH total source of funds compared to Fiscal Year 2011-2012.*

2011-12	2012-13	2013-14
$1,421,446.21	$1,488,935.96	TBD

- *By 2014, increase the number of new students enrolling in the program to 35.*

2011-12	2012-13	2013-14
34	34	40

- *By Fiscal Year 2015-16, at least 35% of our Core Faculty will have at least 10% of their time offset by non-PPH sources (e.g., sponsored programs, external departmental support).*

2010-11	2011-12	2012-13
30%	30%	20%

- *By Academic Year 2014-15, increase the number of registrants enrolling in Summer session courses to 100.*

2010-11	2011-12	2012-13
84	93	93

4b) Offer scholarships to attract high-quality students to the program.

Target:

- *Offer up to 4 tuition waivers each year to incoming MD/MPH students and up to 2 tuition waivers for incoming DDS/MPH students.*

	2011-12	2012-13	2013-14
MD/MPH waivers	1	1	1
DDS/MPH waivers	2	2	2

1.6e. 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.

The criterion is met.

Strengths:

- The PPH maintains financial resources sufficient to fulfill its mission, goals and objectives.
- The program has a clearly delineated budgetary and allocation process.
- Several PPH Core Faculty members are awarded grants which offset portions of their salaries annually.
- The PPH has established a set of measurable objectives which will assure the fiscal health of the program, and which are in line with the program's mission and goals.

Weaknesses:

- The ongoing financial crisis in New York State has caused a decrease in state-appropriated funds to the PPH since Fiscal Year 2010-11. As a result, in order for non-state-supported salaries to be paid by the program (such as for adjuncts), the PPH must use its Income Fund Reimbursable (IFR) accounts, which relies student enrollment into winter and summer session courses.

Plans:

- Beginning in Academic Year 2014-15, more core courses will be offered during summer sessions, which will likely increase summer enrollment, and thereby increase PPH income in the form of tuition and fees.
- Four new Core Faculty members began employment with the PPH in August 2013. The program has the budgetary resources to support these additional salaries. Three of the hires are replacements for vacancies and are state-supported full-time faculty positions. They will be fully supported by the PPH budget for the next three years, and thereafter 50% supported. The fourth new position is held by a tenured faculty member in Preventive Medicine, and the position also is fully state funded (100%).
- As the faculty grows, the number of courses assigned per year per faculty member will decrease (from 3 to 2 courses per calendar year), giving more protected time for pursuing sponsored programs (research, service, and/or educational grants). We expect that the result of the protected time will lead to more externally supported programmatic activities consistent with the mission of the PPH, which will increase IFR support.

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.

1.7a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

Table 1.7.1 details the headcounts of the PPH Core Faculty. It should be noted that for Academic Year 2011-2012, two Core Faculty members split their time evenly between two concentrations; one between the Community Health concentration and the Public Health Practice concentration, and the other between Evaluative Sciences and Public Health Practice. It is for this reason that the total Core Faculty for that year is smaller than the sum of the headcounts.

Table 1.7.1 Headcount of Core Faculty

	2011-2012	2012-2013	2013-2014
Community Health	5	3*	4
Evaluative Sciences	4	4*	5
Public Health Practice	6	3*	5
Total:	13	10	14

*Concentration had a vacancy at this time.

1.7b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Concentration

AY	Concentration	HC Primary Faculty*	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty**	HC Total Faculty	FTE Total Faculty	HC Students		FTE Students***		SFR by Primary Faculty FTE		SFR by Total Faculty FTE	
								F	S	F	S	F	S	F	S
2011-2012	CH	5	4.2	2	0.15	7	4.35	14	12	11	8.5	2.62	2.02	2.53	1.95
	ES	4	3.3	2	0.6	6	3.9	22	15	18	11.5	5.45	3.48	4.62	2.95
	PHP	6	4.0	2	0.2	8	4.2	29	27	24	21.5	6	5.38	5.71	5.12
2012-2013	CH	3	2.6	2	0.25	5	2.85	12	11	10	9	3.85	3.46	3.51	3.16
	ES	4	3.5	2	0.6	6	4.1	27	20	24	15	6.86	2.29	5.85	3.66
	PHP	3	2.25	2	0.6	5	2.85	27	29	20	25.5	8.89	11.33	7.02	8.95
2013-2014	CH	4	3.6	2	0.25	6	3.85	23		21		5.83		5.45	
	ES	5	4.5	2	0.4	7	4.9	25		20.5		4.56		4.18	
	PHP	5	4.25	1	0.2	6	4.45	23		15		3.53		3.37	

CH = Community Health

ES = Evaluative Sciences

PHP = Public Health Practice

* FTE of primary faculty is determined by a written agreement between the PPH and the faculty member's department chair, and specifies how much of a time commitment that faculty member is to devote to the PPH.

** FTE of other faculty is configured by calculating the amount of time each faculty member devotes to teaching, relevant to the number of credits designated for that course.

*** FTE for each full-time student = 1.0, FTE for each part-time student = 0.5.

1.7c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

Table 1.7.3 PPH Staff Headcounts and Full Time Equivalents		
Title	**HC**	**FTE**
Office Administrator	1	1.0
Re-Accreditation Coordinator	1	0.75
Secretary	1	1.0
Senior Academic Coordinator	1	1.0
Total	**4**	**3.75**

1.7d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

PPH Office Suite

The PPH Office occupies a 2,000 sq. ft. space within the Health Sciences Center at Stony Brook University. The PPH office suite holds six (6) individual offices of 10 ft. x 12 ft. each, and one (1) office of 19 ft. x 12 ft. Core PPH faculty members and the Office Administrator are located in the six individual offices, and the larger office is allocated to the Program Director. There is one (1) PPH Conference Room measuring 12 ft. x 21 ft., 8 in., which is used for faculty meetings, seminars, student meetings, and, less frequently, course instruction. There is also an open receptionist work station for the Program Secretary located near the entrance to the suite to facilitate a welcome to visitors, and one (1) enclosed cubical office for student assistants. A common/waiting area (10 ft. x 12 ft.), furnished with comfortable chairs and bookshelves that store a collection of readings for students and guests, is located just inside the suite. Students also have open access to five (5) computer work stations that are positioned within the suite and networked to a printer and the Internet.

Department of Preventive Medicine

Within the Department of Preventive Medicine office suite (located across a small hallway from the entrance to the PPH suite), there are six (6) offices that are used by PPH Core Faculty. The program also often utilizes two (2) conference rooms located within the Preventive Medicine office suite, one measuring 490 sq. ft., and the other measuring 385 sq. ft., to hold classes. These conference rooms have AV support to view PowerPoint presentations on large monitors, and all of the rooms have wireless Internet access.

Health Sciences Center (HSC)

The PPH holds most of its classes in the HSC classrooms outside of the Department of Preventive Medicine office suite. The classes are scheduled by the Program Secretary using enrollment estimates. To date, the classes have typically been held in one of four (4) large and two (2) small lecture rooms, four (4) classrooms, and two (2) electronic classrooms (Classroom #1 has 32 computer workstations and Classroom #2 has 43) for courses that require hands-on application of data analysis and/or management during class instruction.

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

Not applicable. The program's curriculum does not include courses that require laboratory space.

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

All Core Faculty and staff members are provided with a Dell PC, which is updated as needed to stay current with technology needs (approximately every three years) and a printer. In the PPH office suite, the common area (open for use by our faculty, staff, and students) contains the following equipment: five (5) common-use computers, three (3) color printers, two (2) scanner/copy/printing machines, and one fax machine. Many students also use the computers that are available for common use in the HSC Library, which is located on the same level of the HSC as the PPH office suite.

The HSC Library, described in further detail in Criterion 1.7g below, contains the Barry Coller Learning Center, which includes a public computer lab and two (2) computer classrooms. The computer lab provides more than 65 *Microsoft Windows 7* workstations, four (4) laser printers, and one (1) color printer for student use. Both electronic classrooms are equipped with audio systems as well as video distribution systems to facilitate instruction, demonstrations and presentations. All *Windows 7* workstations are fully multimedia enhanced. MPH students also have access, using a secure log-on, to data analysis software packages, including Stata, SAS, and SPSS, on the HSC Library computers.

1.7g. 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 Sciences Center Library is an area library for the National Network of Libraries of Medicine, administered by the National Library of Medicine. It is also a member of the North East Research Libraries consortium (NERL), the Association of Research Libraries (ARL), and the Association of Academic Health Sciences Libraries (AAHSL). The library's website is available at: http://www.library.stonybrook.edu/healthsciences.

The library maintains a current print collection of over 265,000 serial and monograph volumes, more than 93,000 books (453 of which are maintained for Program in Public Health use), more than 1,200 electronic books, over 100 print professional healthcare and biomedical journals, and nearly 9,000 electronic journals (217 of which are maintained for PPH use). All of the Stony Brook University Libraries combined allow access to more than 60,000 electronic journals, which are open to all students. Additionally, the HSC Library supports access to over 120 primarily web-based electronic research databases, including ACCESSMedicine, MDConsult, Ovid MEDLINE, ScienceDirect, UpToDate and Web of Science. Online subscriptions are available to any Stony Brook University student, anywhere in the world. Access mechanism guidelines to these resources can be found on the HSC Library's website at: http://www.library.stonybrook.edu/hsl/ereserves-access. This remote access enables MPH students to search the library's resources while they are not on campus. Students also have free access to interlibrary loans and document delivery services if they are in need of a book or journal article that is located off-campus or is not owned by Stony Brook University Libraries.

The librarian who maintains the HSC Library's Public Health Resources page (http://guides.library.stonybrook.edu/content.php?pid=192906&sid=1617476) and assists MPH students in their public health research is Mr. Michael Huang. Mr. Huang's Public Health Resources webpage contains links to 21 databases, nine (9) National Data Sites, eight (8) State Data Sites, six (6) Meta-sites, four (4) Toxicology and Environmental Health Sites, and three (3) Tutorials. During their orientation session, Mr. Huang also provides new PPH students with training on using the HSC library and his public health resources webpage. Mr. Huang is available to MPH students to assist them with navigating any of the above-mentioned library resources.

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

In order to maintain resources for high-quality practicum and internship experiences for our MPH students, the program holds agreements with the two nearest departments of health. The program holds an MOU with the Nassau County Department of Health, specifying that this agency will accept several of our students for practicums/internships. The PPH also maintains a verbal agreement with the Suffolk County Department of Health Services specifying that it will accept several of our MPH students for practicums/internships. Typically, both county health departments have accepted 1-3 students per semester or session.

1.7i. 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.

The measurable objectives by which the program may evaluate the adequacy of its non-fiscal resources are as follows in Table 1.7.4. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 1.7.4 Measurable objectives for non-fiscal resources, last three years

4c) Ensure that students will have adequate access to professors, and that professors will not be overburdened by the number of students in their classes.

Target:

- *Maintain a maximum student-faculty ratio of 10:1 in each concentration per semester.*

Concentration	2011-12		2012-13		2013-14	
	Fall	Spring	Fall	Spring	Fall	Spring
Community Health	2.53:1	1.95:1	3.51:1	3.16:1	5.45:1	
Evaluative Sciences	4.62:1	2.95:1	5.85:1	3.66:1	4.18:1	
Public Health Practice	5.71:1	5.12:1	7.02:1	8.95:1	3.37:1	

4d) Maintain relationships with agencies which provide high quality practicums/internships for our MPH students.

Target:

- *Maintain a verbal agreement with the Suffolk County Department of Health Services to have our MPH students conduct practicums or internships at that agency.*

	2011	2012	2013
Verbal agreement maintained	Y	Y	Y

- *Maintain a Memorandum of Understanding with the Nassau County Department of Health to have our MPH students conduct practicums or internships at that agency.*

	2011	2012*	2013
MOU created or maintained	N	Y	Y

*MOU was created in 2012.

1.7j. 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.

The criterion is met.

Strengths:

- The PPH maintains non-fiscal resources which are supportive of the program's mission, goals and objectives.
- Student-faculty ratios, which include both Core and Affiliated faculty members who contribute to instruction in the MPH program, have not exceeded 10:1 for any concentration over the last three years.
- The PPH maintains non-fiscal resources adequate to meet faculty, staff, and students' computing, library-based research, and related equipment needs.
- The program maintains agreements with two local departments of health to provide high-quality practicum or internship experiences for our MPH students.

Weaknesses:

- While the PPH Core Faculty is growing, the availability of office space in the PPH suite has reached capacity. The PPH has successfully negotiated office space for new faculty members within other departments in the Health Sciences Center. As the program continues to grow, we will need to work with the Senior Vice President of Health Sciences to create new space that will be sufficient to house all PPH faculty members within one office suite.

Plans:

- The PPH plans to pursue the development of a new program, in collaboration with the Office of the Provost and the Senior Vice President of the Health Sciences, to create a Bachelor of Arts degree in Public Health at Stony Brook University. We expect that this will include state-supported resources allocated to hire public health faculty and staff that will be needed to cover the teaching and administrative duties for this new educational program. We are in the process of securing the necessary approvals to launch this program in the fall of 2016.

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.

1.8a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

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

The PPH is committed to diversity of our faculty, staff, and students. As a part of our self-study process, we critically reviewed various aspects of the diversity of the PPH community. With regard to race/ethnicity, the populations that are underrepresented within the program (including among students, faculty, and staff) are persons who self-identify as being of Black/African American and/or Hispanic/Latino race/ethnicity.

Information on race/ethnicity of students is self-reported at the time of application for admission into the MPH program as part of the admissions application form. Data on race/ethnicity of the past three incoming classes (students who we admitted into the program and who accepted our invitation to enroll) are documented in Table 1.8.1 below. As shown in the table, Black/African American and Hispanic/Latino students each make up less than 10% of our student body, though some students choose not to report their race/ethnicity. A description of initiatives to improve the racial/ethnic diversity of our student body is detailed in Criterion 1.8a.viii. The PPH also would like to highlight its strengths in the area of racial/ethnic diversity among the student body, namely the substantial percentage of students who identify with being of Asian race/ethnicity, seen in Table 1.8.1. Separately, the PPH has had a small but steady stream of international students enroll in the MPH program each year, as demonstrated in Table 1.8.2.

Table 1.8.1 Race/Ethnicity of Students by Percentage, Incoming Classes Fall 2011 – Fall 2013

Incoming Class Semester and Year	Black/African American	Hispanic/ Latino	Asian	White	Not Reported
Fall 2011	6%	9%	26%	47%	12%
Fall 2012*	6%	6%	29%	29%	29%
Fall 2013	5%	15%	35%	35%	10%

*Percentages add up to 99 instead of 100 due to rounding.

Table 1.8.2 International Status of Students by Percentage, Fall 2011 – Fall 2013

	Fall 2011	Fall 2012	Fall 2013
Percentage of student body that is international	12%	9%	23%

At the present time, 7% of the PPH Core Faculty identifies as belonging to an under-represented population based on race/ethnicity. See Table 1.8.5 for more detail. A description of initiatives to improve the racial/ethnic diversity of the PPH Core Faculty is detailed in Criterion 1.8a.vi. With regard to the diversity of staff members, the PPH staff is small in size, consisting of three full-time staff members and one part-time staff member. All four staff members identify as being of White race/ethnicity. A description of initiatives to improve the racial/ethnic diversity of the PPH staff is detailed in Criterion 1.8a.vii.

The PPH also wishes to improve the diversity of our students with regard to the percentage of accepted MPH applicants having a clinical background. The term "clinical background" is inclusive of individuals with a clinical degree or individuals in or entering a clinical degree program. 19% of applicants for the incoming class of 2011 had a clinical background, 22% for the 2012 incoming class, and 24% for the 2013 class. Criterion 1.8e contains the PPH's target to increase the percentage of accepted MPH applicants with a clinical background.

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, as applicable.

The PPH has adopted the following goals for achieving diversity and cultural competence within the program:

1. Cultivate a diverse environment for our student population. (GOAL 5 from Criterion 1.1c's list of overall program goals)
2. Cultivate a diverse faculty and staff environment. (GOAL 6 from Criterion 1.1c's list of overall program goals)
3. Foster a meaningful sense of cultural competence in MPH students. (GOAL 7 from Criterion 1.1c's list of overall program goals)
4. Foster the cultural competence of faculty and staff. (GOAL 8 from Criterion 1.1c's list of overall program goals)

To view the measurable objectives supporting these goals, please reference Criterion 1.8e. The above-listed goals are consistent with the mission of Stony Brook University, a key component of which states that the University strives to "celebrate diversity." The full SBU mission statement may be accessed at this website: http://www.stonybrook.edu/pres/mission.html. The President of Stony Brook University, Dr. Samuel L. Stanley Jr., has highlighted improving the diversity of University faculty and staff as a priority area in his strategic plan for the institution. Data regarding the Fall 2012 racial/ethnic makeup of Stony Brook University's student population is provided in Table 1.8.3, including data on the international status of students. Stony Brook's students come from 110 different countries and many different racial/ethnic backgrounds.

Table 1.8.3 Racial/Ethnic Makeup of Stony Brook University Students, Fall 2012

	Undergraduates		Graduates		Total	
White, Non-Hispanic	5,973	37%	3,329	41%	9,309	39%
Black, Non-Hispanic	974	6%	350	4%	1,324	5%
Asian	3,870	24%	636	8%	4,506	19%
Hispanic	1,591	10%	416	5%	2,007	8%
International	1,562	10%	2,049	25%	3,611	15%
Unknown/Other	1,699	11%	1,312	16%	3,011	12%
Two or More	293	2%	39	0%	332	1%
Native Hawaiian/Pacific Islander	19	0%	4	0%	23	0%
American Indian/Alaskan Native	22	0%	11	0%	33	0%
Total	16,003	100%	8,146	100%	24,149	100%

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The PPH is committed to creating an atmosphere in which diversity does not simply exist, but is valued. The program follows Stony Brook University policies regarding diversity. In order to create a climate accepting of diversity for students, the *University Student Conduct Code* is supplied to each Academic Year's incoming class in their Orientation binders. This code details the expectations of how Stony Brook University students will conduct themselves as part of the University community, including expectations to treat all persons with respect:

> "No student shall violate the rights of or deny the privileges of the University community to another person for reasons of race, color, sex, age, ethnicity, religion, national origin, sexual orientation, disability, marital status, or status as a disabled or Vietnam-era veteran or other rights and privileges as may be protected under Federal, State or Local law."

Faculty, staff, and students also adhere to the Stony Brook University Office of Diversity and Affirmative Action's (ODAA) "Non-Discrimination Policy," which states:

> "Consistent with federal and state guidelines, Stony Brook University does not discriminate on the basis of race, color, sex, age, ethnicity, religion, national origin,

> sexual orientation, disability, marital status, or veterans' status in its educational programs or employment. If you are a student or an employee of Stony Brook University and you consider yourself to be a target of discrimination or harassment, you may file a complaint in writing with the Office of Diversity and Affirmative Action."

The PPH also adheres to the ODAA's "Sexual Harassment Policy," which states:

> "The University reaffirms the principle that students, faculty, and staff have the right to be free from discrimination based upon gender, commonly known as 'sexual harassment.' Harassment on the basis of gender is a form of sexual discrimination, and violates Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. The University is responsible for and fully committed to the prevention and elimination of gender harassment. Supervisors and department heads are responsible for promoting an atmosphere that prohibits such unacceptable behavior.
>
> Unwelcome sexual advances, requests for sexual favors and verbal or physical conduct of an abusive, sexual nature constitute harassment when such conduct interferes with an individual's work or academic performance, or creates an intimidating, hostile, or offensive work or academic environment. Harassment of employees by supervisors, or of students by faculty or administrators, is unlawful. Conversely, harassment of supervisors by employees, faculty by students, or individuals by co-workers, is also unlawful. The University does not tolerate gender harassment and treats it as a form of misconduct. Sanctions are enforced against individuals engaging in such behavior."

The Director of the PPH ensures that all of the above policies are enforced within the Program in Public Health, and if necessary will bring problems that may arise to the attention of appropriate University personnel in order to maintain a conflict-free climate which values diversity. To date, there have been no violations of the above policies among PPH faculty, staff, or students.

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

The PPH follows the ODAA's "Equal Opportunity/Affirmative Action Policy," which states:

> "The University expresses and demonstrates its commitment to equal opportunity for all persons in the University community, regardless of race, color, sex, age, ethnicity, religion, national origin, sexual orientation, disability, marital status, or status as disabled or Vietnam-era veteran. This policy applies to all University offices, departments, and affiliates, including part-time students, faculty and staff members… Affirmative action and equal opportunity affect all employment practices including, but not limited to, recruitment, hiring, transfers, promotions, benefits, compensation, training, educational opportunities, and terminations."

As further evidence of our support of a climate for working and learning in a setting committed to diversity, the PPH requires that all course syllabi contain the following statement regarding critical

incident management: "Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn." Faculty members are expected to abide by this statement and are encouraged to bring any concerns about students' behavior to the attention of the Director.

In addition, if a student, faculty member, or staff member is affected by a disability, the PPH, in concert with Stony Brook's Disability Support Services, will make the necessary accommodations to ensure that members of our program with disabilities are able to achieve their full potential for working and learning in the program. The PPH requires that all course syllabi contain the following statement to orient students in need of disability services to Stony Brook's Disability Support Services:

> **"**If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room128, (631) 632-6748. They will determine with you what accommodations are necessary and appropriate. All information and documentation is confidential.
>
> Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and Disability Support Services. For procedures and information, go to the following web site: http://www.stonybrook.edu/ehs/ and search Fire Safety and Evacuation/Physical Disabilities"

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

Criterion 2.6 details the competencies and their accompanying learning experiences which students are expected to achieve in certain courses. A Core MPH course in which diversity and cultural competence are a major focus is *HPH 523: Social and Behavioral Determinants of Health*. The course's syllabus, available in the Electronic Resource File, describes the course in this way: "Consistent with public health tradition, health is discussed from an ecological perspective, and the course presents current knowledge about the multiple determinants of population health." HPH 523 features readings and discussions regarding race/ethnicity as a determinant of health, and the role of cultural competence in working to address and ameliorate health disparities as they relate to race and ethnicity. In addition, students receive a guest lecture on diversity and cultural competence in *HPH 500: Contemporary Issues in Public Health* by Dr. Gregson Pigott from the Suffolk County Department of Health Services' Office of Minority Health. This course also includes a guest lecture from Mr. Ilvan Arroyo, who directs the Center for Public Health Education at Stony Brook University, which has trained over 30,000 health and health care professionals on cultural competence (particularly related to working with minority populations and individuals living with HIV/AIDS).

Another part of the MPH curriculum, the practicum, provides an opportunity for students to build competency in diversity and cultural considerations in a service learning experience. The practicum is unlike other courses in the MPH program in that students are able to select the competencies that will

be addressed through their practicums. This method was decided upon because of the diverse nature of practicum experiences. Students must select at least one core competency and at least one concentration competency to fulfill the practicum requirements. Two of these core competencies, the Social and Behavioral Sciences competency and the Professionalism competency, reference cultural competency, and would require that students specifically address and reflect upon their ability to achieve cultural competency through the practicum. Although the program does not stipulate that students must choose to address either of these two competencies in the practicum, this is an example of how the PPH values cultural competence and integrates it into various aspects of the curriculum. The PPH Curriculum Committee is responsible for reviewing and maintaining the MPH curriculum, to ensure that diversity and cultural competence are emphasized.

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

Our Core Faculty has equal gender representation, as 50% of our 14-person faculty is female and 50% is male. Faculty members also come from a wide array of disciplinary backgrounds, with specializations including but not limited to medicine, epidemiology, biostatistics, bioethics, HIV/AIDS, health disparities, domestic violence, environmental and occupational health, health economics, disability studies, cardiac health services research, health communications, and demography. The area where we would like to see an improvement in the diversity of our Core Faculty is in relation to race/ethnicity.

The PPH has implemented several strategies in recent job searches to recruit and develop a diverse faculty. As of 2012, all job postings now include the following statement: "Women and minorities are strongly encouraged to apply." In addition, search committee members are now asked to convene a meeting prior to initiating the application review process to view and discuss an "Unconscious Bias in Interviewing" Power Point presentation, developed by the University of Michigan. The purpose of this presentation is to instill awareness among the search committee members of their own unconscious biases that may play into their review of job candidates and to provide strategies for conducting bias-free searches. In 2012, our staff also created a mailing list to send our faculty job postings to historically black colleges and other minority-serving institutions, addressed directly to the Deans or Department Chairs of disciplines relevant to the vacant position.

In addition to the above activities, Stony Brook University participates in the SUNY Faculty Diversity Program, which authorizes the Office of Diversity and Educational Equity to loan faculty lines, at the assistant professor level, to state-operated campuses for a period of three years and to provide campuses with a percentage of the faculty member's salary for that time period. In the event that a Stony Brook department identifies a diversity candidate who meets the SUNY Faculty Diversity profile, but for which SUNY funds are not available or awarded, the department, relevant Dean's Office, Senior Vice President, and/or Provost's Office may be able to co-fund the faculty line. Our program has previously been awarded funds to support a diversity candidate. The PPH's performance against measurable objectives related to recruitment and development of a diverse faculty may be viewed in Criterion 1.8e.

In addition to maintaining plans for recruiting and developing a diverse faculty, the PPH employs policies and plans for the promotion and retention of a diverse faculty. Currently, the PPH Mentoring Committee, composed of senior (tenured) faculty members, meets at least once annually with each of our junior (non-tenured) faculty members to discuss their career goals and strategies for meeting those goals. Racial/ethnic minority hires would, of course, participate in the existing PPH Mentoring Committee, which is available to all Core Faculty members. In addition to the PPH's Mentoring Committee, we work intentionally with faculty to assist them with mentoring relationships that involve senior faculty in other divisions of the university, including our affiliates. One resource available to faculty (and staff) is the Black Faculty and Staff Association (BFSA), which is led by Dr. Frances Brisbane, Dean of the School of Social Welfare. The BFSA is composed of an engaged group of faculty and staff, with regularly scheduled meetings as well as informal networking on campus that supports the Black/African American community.

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

The program's policies and plans to recruit and develop a diverse staff are similar to those for recruiting a diverse faculty. Please refer to Criterion 1.8e to view all of the measurable objectives relating to diversity of faculty and staff recruitment. Similar to faculty members seeking tenure, PPH staff members are eligible for permanent appointment opportunities once they meet certain requirements; they need to have provided the University with seven consecutive years of full-time service in an eligible professional title, they must possess the same eligible professional title for the last two of those seven years, and the staff member's supervisor must submit a file of materials (staff member's CV/resume, letters of recommendation, and a self-assessment) with a recommendation as to whether to grant permanent appointment. Final approval of the permanent appointment process for staff is the decision of the Chancellor of the State University of New York.

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

Please refer to Criterion 1.8e for many of the program's policies and plans, in the form of measurable objectives, to recruit and admit a diverse student body. Additionally, the PPH Admissions Committee is charged with "evaluating all applications with an eye toward creating a cohort of students each year of intellectually inquisitive people from different socioeconomic, educational, racial, and ethnic backgrounds who can provide special contributions to the field of public health and the Program." The Admissions Committee also plays a role in an additional resource that is available to our program to recruit and admit underrepresented minority populations: Stony Brook University's Turner Fellowship Program. The Turner Fellowship Program is the University's branch of the SUNY-wide Graduate Diversity Fellowship Program. The fellowship addresses inequalities in graduate education by providing support to outstanding candidates from historically underrepresented backgrounds to encourage their successful completion of Doctoral, Professional and Master's degrees at SUNY campuses. Applicants who are eligible for the Turner Fellowship are identified by the PPH's Admissions Committee, and the Director is notified by the Committee to put forward a recommendation and application for the Turner Fellowship. The award recipients receive a full scholarship to help them complete an advanced degree.

They also receive mentorship and career development support through the Turner Fellowship Program.

The PPH strives to retain and graduate a diverse student body primarily through its advising services. The Senior Academic Coordinator facilitates students' progression through the curriculum by monitoring each student's Advising Sheet (described in Criterion 4.4), and through meeting with students on an as-needed basis. Students also receive advising in the form of career counseling from their faculty advisors. The program makes an effort to assign faculty advisors of a certain concentration to students in the same concentration, so that students receive advice from faculty members with relevant interests and experiences. For a more detailed description of PPH advising and career counseling services, please refer to Criterion 4.4.

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

The PPH regularly evaluates the effectiveness of the above-listed measures through its standing committee structure, consisting of the Admissions Committee, the Curriculum Committee, and the Executive Committee (described fully in Criterion 1.5). The Admissions Committee is responsible for the selection of the annual cohort of incoming students, and therefore evaluates the strength of the program's diversity recruitment efforts and the performance of the program against its measurable objectives to diversify its student body. The Curriculum Committee is responsible for ensuring that cultural competency and diversity are emphasized in the MPH curriculum. Reports from the Chairs of both the Admissions Committee and the Curriculum Committee are standing agenda items for Executive Committee meetings. Executive Committee members work together to build consensus and make decisions through a participatory process on matters related to policies and procedures. The Executive Committee is also responsible for evaluation of the program's faculty and staff diversity recruitment efforts, and its plans and policies for maintaining an environment in which diversity is valued.

1.8b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Evidence that the PPH's plans and policies incorporating diversity into the program are being implemented is shown in several ways. Criterion 1.8e contains the program's goals and measurable objectives relating to diversity and cultural competency, as well as data on the program's performance in meeting those objectives for the last three years. In addition, syllabi for all MPH courses are available in the Electronic Resource File in the folder entitled "Course Syllabi." The syllabi contain information on the competencies students are expected to achieve through each course, including competence in diversity and cultural considerations. At the end of each syllabus, faculty members include information on how to contact Stony Brook's Disability Support Services, as well as the critical incident management statement provided above in Criterion 1.8aiv. Data regarding faculty, staff and student recruitment, admission and retention may be found in Criterion 1.8e, below.

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

Apart from University-wide policies on diversity, the PPH further developed its own diversity-related plans and policies through its committee structure, with feedback from constituent groups. For example, several different options for the program's mission and values statements were developed by the PPH Executive Committee and were circulated in the form of a brief survey to students, alumni, faculty, community stakeholders, and senior University administrators, who each had an equal vote to indicate their top choice for a mission statement and values. The final statements were selected based on the majority of votes. Relating to diversity, this process led to the modification of one value statement from "Diversity" to "Diversity and Inclusiveness," as it was expressed through our feedback process that it isn't enough only to value diversity, but it is necessary to also provide an environment of inclusiveness for persons of many types of diverse backgrounds.

Plans for the recruitment, development, retention, and promotion or graduation of diverse groups of faculty, staff, and students were developed through the standing committees of the program and in consultation with Stony Brook Graduate School's Center for Inclusive Education (CIE). The CIE provides "resources and advocacy to students, faculty and staff to further the mission of diversity and inclusion in graduate education and teaching/research careers." Specifically, the CIE has helped the PPH to identify historically black colleges and other minority-serving institutions to which the PPH can circulate job postings, and circulates flyers advertising our program at various minority recruitment fairs around the country, such as the Annual Biomedical Research Conference for Minority Students and the Society for the Advancement of Chicanos and Native Americans in Science.

1.8d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

The program's diversity-related plans and policies are monitored through our standing committee structure and our continual feedback process with our constituents. Our committees are extremely active, with monthly standing meetings throughout the academic year. If a student, faculty or staff member, or other individual makes a suggestion relating to the program's diversity or cultural competency-related policies, the suggestion is brought to the attention of the Director and to the relevant committee for review and discussion of potential action to be taken.

The program uses its diversity-related plans and policies to assess whether its performance in this area supports the mission and values that drive the program, and whether its efforts demonstrate true support of a diverse and inclusive environment. The program is continuously assessing resources on the Stony Brook University campus, SUNY-wide, and external to the University system that would provide support for diversity initiatives or opportunities to benefit our students, faculty, and/or staff.

1.8e. Identification of measurable objectives by which the 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. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

Table 1.8.4 illustrates the program's diversity and cultural competency-related measurable objectives. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1. Table 1.8.5 provides summary data regarding the diversity of faculty, staff, and students for each of the last three years, as well as targets for each category.

Table 1.8.4. Diversity and cultural competence-related measurable objectives, last 3 years

5a) Maintain active diversity recruitment efforts.

Target:

- *By 2014, provide Stony Brook's Center for Inclusive Education (CIE) with a minimum of 100 flyers advertising the PPH each year, to be distributed at racial/ethnic minority recruitment events around the country.*

	2010-11	2011-12	2012-13*
Number of flyers provided to CIE	0	0	75

*The PPH began this initiative in AY 2012-13.

- *Provide a minimum of one information session annually to students from undergraduate programs that have a majority representation of racial/ethnic minorities in relevant fields (e.g., SBU Bachelor of Science in Health Science students).*

	2010-11	2011-12	2012-13
Number of info sessions provided	1	1	7

5b) Admit a diverse student body in terms of ethnicity/race and clinical background.

Target:

- *By Academic Year 2015-16, at least 20% of accepted applicants will be underrepresented minorities; at least 10% of accepted applicants will be Black and at least 10% will be Hispanic/Latino.*

	2011-12	2012-13	2013-14
Percentage of accepted applicants with underrepresented minority background (Black/African American, Hispanic/Latino)	21%	14%	18%
Percentage of accepted applicants of Black/African American race/ethnicity	12%	8%	7%
Percentage of accepted applicants of Hispanic/Latino race/ethnicity	9%	6%	11%

- *By Academic Year 2015-16, at least 25% of accepted applicants will have a clinical background.*

	2011-12	2012-13	2013-14
Percentage of accepted applicants with clinical background	19%	22%	24%

6a) Improve recruitment efforts of racial/ethnic minorities to faculty and staff positions.

Targets:

- *100% of job postings for faculty and staff will contain the following statement: "Women and minorities are strongly encouraged to apply."*

	2011	2012*	2013
Percentage of job postings containing the above statement	0%	100%	100%

*The Program began this practice in 2013.

- *100% of job postings for faculty will be circulated to Deans/Chairs of health-related programs training qualified faculty at historically black colleges and other minority-serving institutions.*

	2011	2012	2013*
Percentage of job postings circulated to HBCs and MSIs	0%	0%	100%

*The Program began this practice in 2013.

6b) Improve the diversity of the Core Faculty.

Target:

- *By 2016, the PPH will hire at least one qualified racial/ethnic minority candidate (i.e., Asian, Black/African American, Hispanic/Latino) as a Core Faculty member.*

	2011	2012	2013
Number of racial/ethnic minority candidates hired as Core Faculty	0	0	1

7a) Through the PPH curriculum, instill awareness and sensitivity to the cultural differences between populations, especially underserved populations.

Target:

- *At least two cultural competency discussions will take place within the MPH curriculum per year: a 2-hour class on the topic of cultural competence in Year 1 of the curriculum (during HPH 500: Contemporary Issues in Public Health) and an in-depth discussion during the Capstone Seminar as a part of the Culminating Experience.*

	2010-11	2011-12	2012-13
Contemporary Issues in Public Health cultural competency discussion*	N	N	Y
Capstone Seminar cultural competency discussion	Y	Y	Y

*Instituted by the program in AY 2012-13.

7b) Ensure that students' research efforts are informed by best practices regarding cultural competence.

Target:

- *100% of incoming students will complete the Collaborative Institutional Training Initiative's (CITI) Social and Behavioral Human Subjects Research Basic Course, which includes the "Group Harms: Research with Culturally or Medically Vulnerable Groups" module.*

	2011-12	**2012-13**	**2013-14**
Percentage of incoming students completing course	100%	100%	100%

- *Each year, the program will offer a two-hour class on the topic of community engagement and participatory research principles and practices in Year 1 of the curriculum (during HPH 501: Introduction to the Research Process).*

	2010-11	**2011-12**	**2012-13**
Two-hour class offered	Y	Y	Y

8a) Instill a sense of cultural competency in the hiring process.

Target:

- *100% of job searches will begin with an "Unconscious Bias in Interviewing" training session for the search committee involved.*

	2011	**2012***	**2013**
Percentage of job searches beginning with training session	0%	100%	100%

*Initiative began in 2012.

8b) Promote opportunities for faculty and staff to participate in professional development activities that foster cultural competence.

Target:

- *The program will hold a one-hour diversity and cultural competence workshop, led by the Office of Diversity and Affirmative Action, for all faculty and staff members once every three years.*

	2011	**2012**	**2013**
Diversity and Cultural Competence workshop held	N	N	Y*

*Workshop will be held on November 26, 2013. This objective was established in 2013.

Table 1.8.5. Summary Data for Faculty, Students and Staff

Category/Definition	Method of Collection	Data Source	Target	2011	2012	2013
ACCEPTED MPH APPLICANTS— Underrepresented Racial/Ethnic Minorities (Black/African American, Hispanic/Latino)	Self-Report	MPH Application Form	20%	21%	14%	18%
ACCEPTED MPH APPLICANTS— Black/African American	Self-Report	MPH Application Form	10%	12%	8%	7%
ACCEPTED MPH APPLICANTS— Hispanic/Latino	Self-Report	MPH Application Form	10%	9%	6%	11%
ACCEPTED MPH APPLICANTS— Clinical Background	Self-Report	MPH Application Form	25%	19%	22%	24%
FACULTY— Racial/Ethnic Minorities (Asian, Black/African American, Hispanic/Latino)	Self-Report	Application Form	10%	0%	0%	8%
STAFF— Racial/Ethnic Minorities (Asian, Black/African American, Hispanic/Latino)	Self-Report	Application Form	20%	20%	20%	0%

1.8f. 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.

The criterion is met with commentary.

Strengths:

- The PPH adheres to a comprehensive set of policies, University-based and Program-based, demonstrating a commitment to achieving diversity within the program.
- The PPH has recently implemented several new strategies to increase the diversity of its faculty, staff, and student populations.

- The PPH has set bold diversity-related targets for which to strive, and new strategies to achieve them.
- The PPH maintains an environment in which diversity and cultural considerations are not only fostered, but are celebrated.

Weaknesses:

- The program's current racial/ethnic distribution has been below our target for underrepresented minority representation (Black/African American, Hispanic/Latino) for the previous three years among all groups: faculty, staff and students. The program is working to address this underrepresentation very intentionally.

Plans:

- The program plans to continue to implement its recent strategies to increase the diversity of its faculty and staff, such as including a statement on all job postings reading "Women and minorities are strongly encouraged to apply," and distributing postings for faculty positions to chairs of relevant departments in historically black colleges and other minority-serving institutions.
- The program plans to continue to implement the strategies described above to increase the racial/ethnic diversity of its student body, such as sending flyers advertising our program through the Center for Inclusive Education to minority recruitment fairs and conducting information sessions for students who are enrolled in undergraduate programs at Stony Brook, such as those that have a majority representation of racial/ethnic minorities in relevant fields (e.g., Bachelor of Science in Health Science, of which nearly 70% self-identify with a racial/ethnic minority group).
- One new strategy planned for the Fall 2014 admissions cycle which is likely to increase the diversity of the program's applicant pool is participation in the national application system, SOPHAS. As of August 2013, the PPH is a charter member of the new Association of Schools and Programs of Public Health. As the PPH is a small program, this is a substantial investment of resources that is expected to grow the diversity of our applicant pool, and in turn, our student body.

2.0 Instructional Programs

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

2.1a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

The PPH offers an MPH degree with three concentrations: Community Health, Evaluative Sciences, and Public Health Practice. With the exception of students in the combined MAPP/MPH program, students who select the Public Health Practice concentration must have a clinical background. The PPH offers eight joint degrees in total. Seven are combined programs and one is concurrent (DDS/MPH). See Table 2.1.1 for a complete list of degrees. Students in joint degree programs also select a concentration within the MPH. The program does not offer any degree programs in a distance learning format.

Table 2.1.1. Instructional Matrix – Degrees & Specializations

	Academic	Professional
Masters Degrees		
Community Health	-	MPH
Evaluative Sciences	-	MPH
Public Health Practice	-	MPH
Joint Degrees		
BA Earth & Space Sciences	-	BA/MPH
BA Women's Studies	-	BA/MPH
BS Applied Math & Statistics	-	BS/MPH
BS Pharmacology	-	BS/MPH
DDS (concurrent)	-	DDS/MPH
MA Public Policy	-	MAPP/MPH
MBA	-	MBA/MPH
MD	-	MD/MPH

2.1b. 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 bulletin or other official publication may be online, with appropriate links noted.

The Program in Public Health Bulletin serves to orient potential and current students to our program. It contains information on our program's vision, mission, values, goals and objectives; our faculty; accreditation; admission requirements; curriculum; course descriptions; and program and university

policies. For a copy of the program's bulletin, please refer to the Electronic Resource File. The PPH bulletin may also be accessed on the program website at this web address: http://publichealth.stonybrookmedicine.edu/students/bulletin. The Program Director and Senior Academic Coordinator work together to update the bulletin for each new academic year.

2.1c. 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.

The criterion is met.

Strengths:

- The Program in Public Health offers a high-quality Master of Public Health degree with three concentrations, as well as eight joint degrees, through which students also earn the MPH degree.
- The PPH degree offerings support the program's mission, goals, and objectives as they are multi-disciplinary in nature. The joint degree programs enable collaborative relationships with other University departments.

Weaknesses:

After careful consideration, the PPH has determined that its instructional offerings for achievement of the MPH degree are supportive of the program mission, values and goals. The program has not identified weaknesses relating to this criterion.

Plans:

- The names of two of our concentrations will be changing, effective AY 2014-15. The current "Evaluative Sciences" concentration will be renamed "Health Analytics," a name that the Core Faculty believes is more representative of the courses and skillsets achieved by our students in that concentration. The current "Public Health Practice" concentration will be renamed "Health Policy and Management" to better reflect the topics that are covered within this concentration.
- The PPH plans to develop new joint degree programs in the next few years. We are currently working on a BS/MPH proposal, in collaboration with the Chair of the Bachelor of Science in Health Science (BSHS), which is offered by the School of Health Technology and Management. The BSHS includes a public health track within an existing undergraduate major in Health Science. In addition, we are in the early planning phases of developing other joint degree proposals, for instance a joint degree with one of the nursing programs (e.g., MSN / MPH), as well as the School of Social Welfare (e.g., MSW/MPH) and the Physician Assistant Education program (e.g., PA/MPH). We look forward to integrating public health education into these undergraduate and graduate professional training programs over the next few years.

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

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

As per Stony Brook University policy, a credit is defined as 15 hours of classroom/contact time per term. For the fall and spring terms, the amount of contact time is achieved by holding one hour of class time per credit each week for 15 weeks. For the summer term, 2.5 hours of class time are held per credit each week for six weeks. Lastly, during the winter term, 5 hours of class time are held per credit each week for three weeks. A schedule of courses offered for the past three years is included in the E-Resource file in a folder entitled "Course Schedules."

2.2b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

MPH Degree

The current course requirements for all students to graduate from the MPH degree program are divided into three categories: Core, Culminating Experience, and Concentration courses. Students are required to complete 24 Core credits, 6 Culminating Experience credits (Practicum and Capstone Seminar), and 15 Concentration credits, totaling 45 credits for the overall program. A curriculum overview is provided here:

MPH Core (24 Credits)
HPH 500 Contemporary Issues in Public Health (2 credits)
HPH 501 Introduction to the Research Process (2 credits)
HPH 506 Biostatistics I (2 credits)
HPH 507 Biostatistics II (3 credits)
HPH 508 Health Systems Performance (3 credits)
HPH 514 Epidemiology for Public Health (3 credits)
HPH 516 Environmental & Occupational Health (3 credits)
HPH 523 Social & Behavioral Determinants of Health (2 credits)
HPH 562 Data Management & Informatics (2 credits)
HPH 563 Cost Benefit & Cost Effectiveness Analysis (2 credits)

MPH Culminating Experience (6 Credits)
HPH 580 Practicum (3 credits)
HPH 581 Capstone Seminar: Population Health Issues (3 credits)

MPH Concentration (15 Credits)

Total Credit Hours for MPH Program = 45 Credits

Course descriptions are provided in the PPH Bulletin, which may be found in the Electronic Resource File. Each concentration has a different set of 15 concentration courses which must be completed towards the 45-credit total. Course requirements for each concentration are listed here:

Community Health Required Courses:
HPH 550 Theories of Social and Behavior Change (3 credits)
HPH 551 Introduction to Health Communications (3 credits)
HPH 552 Planning & Implementing Community Health Initiatives (3 credits)

CH students are required to take one of the following courses:
HPH 553 Evaluating Community Health Initiatives (3 credits)
HPH 564 Qualitative Methods (3 credits)

CH students must choose one 3-credit selective course from the list below.
HPH 519 Independent Study (credits vary)
HPH 534 Spatial Analysis: Health Applications (3 credits)
HPH 542 Introduction to Global Health - I (3 credits)
HPH 546 Introduction to Global Health - II (3 credits)
HPH 560 Advanced Biostatistics (3 credits)
HPH 575 Public Health Internship (credits vary)

Evaluative Sciences Required Courses:
HPH 555 Demographic Theory & Methods (3 credits)
HPH 560 Advanced Biostatistics (3 credits)
HPH 559 Advanced Research Methods (3 credits)
HPH 564 Qualitative Methods (3 credits)
HPH 534 Spatial Analysis: Health Application (3 credits)

Public Health Practice Required Courses:
HPH 530 History of Public Health & Medicine (3 credits)
HPH 555 Demographic Theory & Methods (3 credits)

PHP students choose two courses from the following list of management selectives:
MBA 501 Managerial Economics (3 credits)
MBA 502 Finance (3 credits)
MBA 505 Marketing (3 credits)
MBA 506 Leadership, Team Effectiveness and Communication (3 credits)
MBA 589 Operations Management (3 credits)
MBA 592 Organizational Behavior (3 credits)

PHP students must choose one 3-credit concentration selective course from the list below.
HPH 519 Independent Study (credits vary)
HPH 534 Spatial Analysis: Health Applications (3 credits)
HPH 542 Introduction to Global Health - I (3 credits)
HPH 546 Introduction to Global Health - II (3 credits)
HPH 550 Theories of Social & Behavior Change (3 credits)
HPH 551 Introduction to Health Communications (3 credits)
HPH 552 Planning & Implementing Community Health Initiatives (3 credits)

HPH 553 Evaluating Community Health Initiatives (3 credits)
HPH 560 Advanced Biostatistics (3 credits)
HPH 564 Qualitative Methods (3 credits)
HPH 575 Public Health Internship (credits vary)

Combined degree programs

For all of the combined undergraduate programs listed in the instructional matrix in Criterion 2.1 (Bachelor of Science in Applied Mathematics and Statistics/MPH, Bachelor of Science in Pharmacology/MPH, Bachelor of Arts in Women's Studies/MPH, Bachelor of Arts in Earth and Space Sciences/ MPH), these minimum MPH degree requirements remain intact. Several MPH courses substitute for upper-level undergraduate courses in these combined programs, but all 45 MPH credits must be completed.

The PPH does make some substitutions of MPH courses in the three combined graduate programs (MD/MPH, MBA/MPH, MAPP/MPH). For a detailed description and rationale of these substitutions, please refer to Criterion 2.11.

2.2c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The Program in Public Health has never awarded an MPH degree for fewer than 42 semester credit units.

2.2d. 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.

The criterion is met.

Strengths:

- The Program in Public Health offers a 45-credit MPH degree with rigorous degree requirements.
- There are very few circumstances in which the minimum degree requirements for the MPH degree are modified, limited to students enrolled in one of our three combined graduate degrees. Credit-sharing between joint programs is thoroughly vetted between the two parties and approved by our Curriculum Committee, based on a thorough review and comparison of syllabi. Course content and related learning objectives are carefully analyzed before any course substitutions may be justified.

Weaknesses:

- In its current format, the MD/MPH degree may require too much coursework from students, resulting in MD/MPH students taking extended leaves of absence or failing to complete the MPH in favor of completing the MD requirements. The PPH only substitutes three credits from its curriculum to be applied to the MD degree. While we have created both a 4-year and a 5-

year plan of study, it is still quite difficult for MD/MPH students to complete these degrees simultaneously with few courses being accepted towards both degree requirements.

Plans:

- The PPH is in the process of negotiating the application of six more MPH credits to the School of Medicine's *Foundations in Medical Practice* module in order to decrease the course burden on MD/MPH students.
- In Academic Year 2014-15, the PPH plans to implement several curricular modifications that will result in an increase in total MPH degree program credits from 45 credits to 54 credits. The increase in credits will be accomplished by modifying our existing 2-credit courses to become 3-credit courses. Additionally, a new 3-credit core course will be created, entitled "Evaluating Public Health Initiatives," to provide all students with competencies in program evaluation and policy analysis. As part of the planned curriculum modifications, we also will be decreasing the number of credits in each of our concentration areas from 15 credits to 9 credits. We will submit a Substantive Change Notice to CEPH prior to implementation of any curricular changes, following the required approvals at the campus and SUNY levels.
- As mentioned in Criterion 2.1, two PPH concentrations will be undergoing name changes. Evaluative Sciences will be renamed "Health Analytics" and Public Health Practice will be renamed "Health Policy and Management" upon SUNY approval. We have already received campus approval for these name changes by the Graduate Council in April 2013. We expect to have SUNY approval in time to use the new concentration names for Academic Year 2014-2015.

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

The areas of knowledge basic to public health include the following:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

2.3a. 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. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

All MPH students must complete coursework in the five core areas of public health knowledge. The courses through which these areas are addressed are listed in Table 2.3.1. These courses are competency-based, as is the rest of the curriculum, so that students go through specific learning experiences in each course which are designed to lead to attainment of certain competencies. The matrix describing competencies and learning experiences for all MPH courses is provided in Criterion 2.6. The list of required courses is made available to students throughout their coursework (on the program's website, in the PPH Bulletin) and it is reviewed during new student orientation. The Senior Academic Coordinator assures that all MPH students take the required courses by monitoring their plans of study and making sure students have taken all required courses before degrees can be processed.

Students in joint degree programs also are required to take the courses listed in Table 2.3.1. Since these courses provide learning in the five core areas of public health knowledge, substitutions of these courses for those in other degree programs was not included in negotiations with the other programs in the forming of MPH joint degrees. However, students (in joint degree programs or the MPH program alone) who believe they have mastered knowledge in any of the below-listed courses may take challenge exams to "place out" of the courses for which they pass a challenge exam. A student will only be able to

pass a challenge exam if he or she has amassed sufficient knowledge of the topic in order to satisfy program standards.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	HPH 506 Biostatistics I	2
	HPH 507 Biostatistics II	3
	HPH 562 Data Management & Informatics	2
Epidemiology	HPH 514 Epidemiology for Public Health	3
Environmental Health Sciences	HPH 516 Environmental & Occupational Health	3
Social & Behavioral Sciences	HPH 523 Social & Behavioral Determinants of Health	2
Health Services Administration	HPH 508 Health Systems Performance	3

2.3b. 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.

The criterion is met.

Strengths:

- The program offers at least one course for every core area of public health knowledge.
- MPH courses are competency-based, so that students undertake learning experiences leading to attainment of competencies in the five core areas of public health knowledge.
- The Senior Academic Coordinator assures that all students have taken required courses or have passed challenge exams for required courses by the time of graduation.

Weaknesses:

After careful consideration, the PPH has determined that it meets CEPH's requirement that all MPH students complete coursework that provides depth and breadth of learning in the five core areas of public health knowledge. The program has not identified weaknesses in regards to this criterion.

Plans:

- The program will continue to maintain its efforts to assure that students complete required coursework.
- Beginning in Academic Year 2014-15, the program plans to modify all 2-credit courses to become 3-credit courses. This decision is motivated by student feedback, in which students have indicated that the 2-credit courses have similar workloads as 3-credit courses. In addition, some students have expressed that it can be a challenge to achieve Stony Brook University's definition of "full-time status" (12 credits per semester for those having earned fewer than 24 graduate credits) during the first year of the MPH program within the existing curriculum.

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.

2.4a. Description of the program's policies and procedures regarding practice placements, including the following:

- **selection of sites**
- **methods for approving preceptors**
- **opportunities for orientation and support for preceptors**
- **approaches for faculty supervision of students**
- **means of evaluating student performance**
- **means of evaluating practice placement sites and preceptor qualifications**
- **criteria for waiving, altering or reducing the experience, if applicable**

The Program in Public Health requires a three-credit, 135-hour practicum as part of the Culminating Experience. The practicum is a planned, supervised practical experience, strategically designed to provide an opportunity for students to apply their academic knowledge and acquired skills to a specific project in the public health arena. The practicum also serves to extend students' learning experience beyond the classroom and into a professional environment. In order to ensure that the practicum is competency-based, it is required that all practicums address at least one core competency and at least one concentration competency.

The practicum is overseen by the Practicum Coordinator, with administrative support from the Senior Academic Coordinator. The Practicum Coordinator helps students to decide upon a practicum idea, prepare for the practicum, maintain practicum activities, and complete all necessary paperwork. Students receive a Practicum Manual and the Practicum Forms to help guide them through the process. These two documents are available in the Electronic Resource File in the folder entitled "Practicum."

– selection of sites:

As part of the Culminating Experience, the practicum is an important piece of the PPH curriculum. Therefore, we do our best to facilitate the connection between students and practicum agencies, and we do so through multiple pathways. First, the PPH maintains a practicum database, which contains not only details of each student's practicum experience, but the names of practicum sites and contact persons. The Senior Academic Coordinator is overseeing a process to rework the existing database to make it more searchable using key terms such as setting (e.g., county health department, community-based organization) or topic (e.g., heart disease, cancer, diabetes). This database is being developed using the list of prior practicum sites as well as requests from new sites in need of students to assist with projects in the field. Once it is completed, the Senior Academic Coordinator will be able to tailor searches of the database for practicum sites based on a student's interest area (e.g., topic in public health, setting). The database will serve to easily generate a list of sites that will be customized to each student's needs. The Senior Academic Coordinator will discuss site options with students in need of placements and facilitate contact with an appropriate preceptor at each site.

Second, the PPH faculty (core and affiliate) is well connected with community-based and other health-related organizations and through these relationships many students find opportunities for practicum placements. Faculty advisors are familiar with their advisees' interests and career goals, and often assist students with finding a practicum site that is well aligned with their career development interests and skills. Lastly, site selection may be student-driven. Sometimes a student may already have an organization in mind where he or she would like to pursue a practicum. Any of these three methods of site selection is acceptable.

– methods for approving preceptors:

The Preceptor must be a skilled practitioner with a strong connection to the practicum agency, willing to serve as a student mentor in a public health-related discipline. The Practicum Coordinator reviews the credentials of the potential preceptor to determine that he or she is an appropriate supervisor for a practical public health experience. The PPH may ask potential preceptors with whom the program is unfamiliar to supply their Curricula Vitae or resumes to the Practicum Coordinator for further review of their qualifications in serving as mentors to students in the public health field. As public health professionals may possess a variety of educational and professional qualifications, the Practicum Coordinator analyzes the sum of the individual's experiences to determine the appropriateness of the preceptor prior to approval. Qualifications include working in a public health practice setting that will provide the student with a learning environment to achieve both core and concentration-specific competencies (selected by the student), and sufficient leadership experience to supervise the student in the practice setting. Once the individual has been approved to serve as a preceptor, the student may move forward in his or her practicum preparation by creating a Practicum Proposal.

– opportunities for orientation and support for preceptors:

Each student receives the Practicum Manual to use as a guide to inform the practicum process. One item in the Practicum Manual, entitled "Memo to Preceptor" is a document that the student provides to his or her practicum preceptor. This memo informs the preceptor of details of the practicum, including expectations, roles, and responsibilities of both the student and the preceptor. Contact information for the Practicum Coordinator is also provided in this memo, in case the preceptor needs to speak with the Practicum Coordinator for guidance. Please refer to the Electronic Resource File to view a copy of the Practicum Manual.

– approaches for faculty supervision of students:

At the start of the practicum, each student must assemble a Practicum Team. This team consists of the student, the preceptor, and the faculty supervisor. The Practicum Coordinator oversees all practicums, but is not considered to be part of the Practicum Team. Students often approach individual faculty members to request that they act as their faculty supervisor for the practicum. If a student is unsure of which faculty member to approach, the Senior Academic Coordinator may provide suggestions according to shared public health interests. Alternatively, it is not unusual for faculty members to have new or ongoing projects in partnership with public health agencies and will recruit students to conduct a practicum through those projects. Once the student, faculty supervisor, and preceptor have agreed

to work together, they fill out and sign Practicum Form B: Practicum Team Information. To see all Practicum Forms, please refer to the Electronic Resource File.

It is expected that faculty supervisors meet regularly with students for the length of their practicum experience, to provide guidance and expertise. Faculty supervisors must also help students set attainable goals and objectives for the practicum, as well as a realistic timeline, and must assure the quality of the practicum deliverable(s). The deliverable is an end product of the practicum experience that demonstrates application of public health knowledge, for example, a final technical report, program implementation plan, program evaluation plan, or community health education curriculum.

– means of evaluating student performance:

At the conclusion of each practicum, the student's preceptor completes Practicum Form F: Preceptor's Evaluation. This form allows the preceptor to evaluate the student's effort, skills, deliverable(s), and ability to meet the goals and objectives that the student had set forth to complete in his or her Practicum Proposal. Students complete a self-evaluation form as well, contained in Practicum Form G: Student's Self-Evaluation. This form allows students to reflect on their own performance on the practicum and to evaluate their practicum site and preceptor. Once completed, all forms, deliverables, and any other relevant documents are provided to the faculty supervisor, who assigns a grade for the practicum after careful review. The faculty supervisor then submits all paperwork to the Practicum Coordinator, who ultimately approves all practicum grades before they are submitted and official. Examples of practicum deliverables from three students (each of a different concentration) are available in the E-Resource File in the folder entitled "Practicum."

– means of evaluating practice placement sites and preceptor qualifications:

Practicum sites and preceptor qualifications undergo initial evaluation prior to the start of the practicum. The practicum site must fit the criteria of a practicum agency, which means it must be an organization with a public health mission and it must offer a qualified preceptor to mentor the student. Preceptor qualifications are initially evaluated through a review of the preceptor's Curriculum Vitae or resume, if the preceptor is new to the program. Preceptors who have served as PPH Practicum Preceptors before are not asked to supply this information again. Upon the practicum's completion, students evaluate the practicum site and preceptor qualifications once again via Practicum Form G: Student's Self-Evaluation. A series of questions contained in this form assist the student to evaluate both site and preceptor.

– criteria for waiving, altering or reducing the experience, if applicable:

The PPH has never waived or reduced the requirement for practicum completion. The program outlines no criteria, other than those articulated by CEPH, for waiving the practicum. The criteria referenced here are those found in CEPH Criterion 2.4d. The only way that the practicum may be altered is in the case that a student wishes to lengthen the timeframe of the practicum beyond the 135-hour requirement.

2.4b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Table 2.4.1 Practicum Experiences for Academic Years 2011-2012 and 2012-2013

Concentration	Practicum Title	Practicum Agency	Preceptor
Community Health	Assessing the Health Status and Health Beliefs Among Congregations Within the Jamaica-Long Island District of the African Methodist Episcopal Church	Jamaica-Long Island District of the African Methodist Episcopal Church	Lisa Williamson, MD, MPH, Health Commissioner
	Development of the New Phase of the Keeping Families Health Community Health Work Program	Keeping Families Healthy	Kristi Ladowski, MPH
	Healthy Food Drive	LI Cares Inc, The Harry Chapin Food Bank	Kristine Kossegi Lehn
	Needs Assessment of Reproductive Health Status of Tibetan Women in India	Department of Health, Central Tibetan Administration, Dharamsala	Ugen Gombo
	NiteStar Program Evaluation	NiteStar Organization	Sylvana Rochet-Belleri, Managing Director
	PFCAC Rapid Health Assessment for Los Cimientos and El Volcan, El Salvador	New York College of Osteopathic Medicine	Zehra Ahmed, PA, MBBS, Assistant Professor
	Resource Directory for Long Island Region: Suicide Prevention, Intervention and Post Intervention (SPIP)	The Pederson Krag Center	Max Banilivy, PhD
	South Asian Community Health Survey*	SCDHS, Office of Minority Health	Gregson Pigott, MD, MPH, Director
	The Sentinel Project for Pediatric Drug-Resistant Tuberculosis - Phase II	Treatment Action Group	Erica Lessem
	Town of Islip Youth Bureau Needs Assessment*	Town of Islip Youth Bureau	Stacey Sanders, Youth Services Coordinator
	Trail Improvement and Promotion Plan	Cornell Cooperative Extension of Suffolk County	Tim Jahn, Senior Program Educator
Evaluative Sciences	A Public Health Needs Assessment and Geotagging in Five Communities of Rural El Salvador	CHISPA Global	Scott Elberger, MD, MPH, President, Board of Directors
	A Retrospective Evaluation of The Intrauterine Device in a Buenos Aires Patient Population	Bernardino Rivadavia Hospital, Argentina	Lia Arribas
	Analysis & Evaluation of Prolonged Length of Stay on the Vascular Surgery Service	SBU School of Medicine, Vascular Surgery	Apostolos Tassiopoulos, MD
	Evaluating Behavior Change Communication Interventions Administered by Ipas India on Access to Safe Abortion Services: Evidence from a Cross-sectional Study of Women in Bihar and Jharkhand, India	Ipas India	Sushanta Banerjee, MD

	Failure to Use Contraception After an Abortion in Oaxaca, Mexico	Ipas	Erika Troncoso
	Fit Kids for Life: Evidence-Based Management of the Informational Databank	Fit Kids for Life	Rosa Cataldo, DO, MPH
	Identification of Burn Victim Clusters in Suffolk County	Suffolk County Volunteer Firefighters Burn Center Fund	Breena Taira, MD, MPH, Member
	In Their Own Words: Lived Experiences of Spanish-Speaking Patients in the Emergency Department	SBU School of Nursing	SBU School of Nursing
	Intimate Partner Screening in the ED	SBU Hospital Emergency Medicine	Frederick Schiavone, MD
	Medical Record Consulting and IUD Infection Rate Research	Family Planning Center, Gynecology, Rivadavia Hospital, Argenita	Lia Arribas
	New York State Rape Kit Backlog Study	Natasha's Justice Project	Natasha Alexenko, Founder
	Patient Health Status Analysis for SB HOME	Stony Brook Health Outreach and Medical Education (HOME)	Aldustus Jordan, MD
	Racial and Ethnic Differences in HIV Screening Acceptance Rates in a Local Pediatric Population	Stony Brook University Pediatric Infectious Disease, Adolescent Medicine	Daniel Matos, LMSW
	Reverse-Migration Separation: Health Impacts on the Satellite Pediatric Population	Charles B. Wang Community Health Center, Flushing, NY	H. Nuna Kim, MD
	The Acceptability of Potential Adverse Outcomes Following Treatment of Cardiovascular Disease	SBU School of Medicine, Cardiovascular Medicine	David Brown, MD, Professor of Medicine
Public Health Practice	A Blueprint for Accreditation: Nassau County Department of Health	Nassau County Department of Health	Tavora Buchman
	Burn Unit Utilization & Viability	SBU School of Medicine, Emergency Medicine Research Center	Adam Singer, MD, Vice Chairman for Research
	Characterizing the Frequent Fliers to the Stony Brook University Hospital Emergency Department: An Eye to Improved Health Care Delivery	SBU School of Medicine, Emergency Medicine	Peter Viccellio, MD, Vice Chair
	Children's Education about Communicable Diseases and Malaria	The School for Democracy and Leadership, Brooklyn	Emilie Mittiga, Assistant Principal
	Coordinator for Enough Abuse Campaign in Suffolk County	Victims Information Bureau of Suffolk (VIBS)/ Child Advocacy Center, NYS Partnership for Child Sexual Abuse Prevention	Marlene Gregory
	Cost-Benefit Analysis of a Community-based Influenza Vaccination Program	Department of Infectious Disease & Microbiology, Stamford Hospital	Michael Parry, MD, Director

	Does Clinical Performance Measurement Promote Overuse of Health Care Services?	Outcomes Group, VA Medical Center at White River Junction, VT	Brenda Sirovich, MD, MS
	Educating with Planned Parenthood	Planned Parenthood Hudson Peconic	Anthony Marmo
	Evaluation of an Educational Intervention to Increase Screening for Intimate Partner Violence in the Emergency Department	SBU School of Medicine, Emergency Medicine Research Center	Breena Taira, MD, MPH
	Gestational Diabetes Handout	Suffolk Perinatal Coalition	Gail Burrus
	Health & Oral Hygiene: An Analysis of Rural People in Kenya & Madagascar	Madagascar Ankizy Fund	David Krause, PhD, Executive Director
	Heart Failure Education	SBU Hospital, Heart Failure Center	Lisa Sokoloff
	Improvement of Communication During Cardiac Arrest	North Shore University Hospital	Madeline Fricke, RN, MPS & Donna Kerner, RN, PhD
	Improving the Intake Process and Marketing Strategy of SILO	Suffolk Independent Living Organization	Christine Rigg
	Knowledge of First Aid Among High School Students	SBU School of Medicine, Emergency Medicine Research Center	Adam Singer, MD, Vice Chairman for Research
	Laboratory Test Reference Manual	SCDHS, Office of Minority Health	Gregson Pigott, MD, MPH, Director
	New York State Rape Kit Backlog Study**	Natasha's Justice Project	Natasha Alexenko, Founder
	Outcomes of Poor Sleep for EMS Workers	Bay Shore Brightwaters Rescue Ambulance	Jason Hoffman
	PFCAC Specialized Needs Assessment of Maternal Care in Perquin, Los Cimientos and Torolla, El Salvador	Pediatricians for Central America's Children (PFCAC)	Zehra Ahmed, PA, MBBS, Assistant Professor
	Recovery on the Ground	NYC Department of Health & Mental Hygiene, Bureau of Mental Health	Kate McDonald, DrPH
	Service Excellence Initiative	St. Joseph's Hospital	Margaret Minnick
	South Asian Community Health Survey***	SCDHS, Office of Minority Health	Gregson Pigott, MD, MPH, Director
	The Effect of Adpative Statistical Iterative Rconstruction (ASIR) on Radition Dose and Image Noise	Stony Brook University Hospital - Radiology Department	William Moore, MD
	Transition of Care Policy at Stony Brook Medicine	Stony Brook University Hospital	Frederick Schiavone, MD

*****Two Community Health students shared this same practicum title, agency, and preceptor.
**Two Public Health Practice students shared this same practicum title, agency, and preceptor.
***Three Public Health Practice students shared this same practicum title, agency, and preceptor.

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

The Program in Public Health has never granted a waiver of the practicum for any students applying for graduation in the program's history.

2.4d. 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, along with information on their practicum rotations.

The PPH has never had students who were preventive medicine, occupational medicine, aerospace medicine, or general preventive medicine and public health residents enroll in the program.

2.4e. 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.

This criterion is met.

Strengths:

- The PPH has developed a practice experience that is competency-based and that is a culmination of the knowledge that students gain through the MPH program.
- Site selection is facilitated by the program through a variety of means, including a comprehensive database and faculty and staff assistance, so that students may benefit from connections that the PPH has forged over time.
- The start-to-finish process of completing the practicum is made clear to students by use of the Practicum Manual and Practicum Forms.
- Evaluation of a student's practicum involves a thorough approach, involving the student, the preceptor, the faculty supervisor and the Practicum Coordinator.

Weaknesses:

After careful consideration, the PPH has made the determination that it provides for a high-quality practice experience. We have not identified weaknesses regarding this criterion.

Plans:

- The PPH plans to continue to grow our database of placement opportunities.
- We plan to continue to nurture our relationships with community-based organizations locally, regionally, nationally, and internationally.

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.

2.5a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

All MPH students complete the same culminating experience. The culminating experience encompasses both the Practicum and the Capstone Seminar. Both components allow MPH students to demonstrate their culmination of knowledge and skills within the program. The Practicum provides a hands-on, practical experience in which students work with a public health organization on a 135-hour (minimum) project that synthesizes their learning experiences in a way that is beneficial to the organization and that draws from the program's required competencies. For a more detailed description of the Practicum, please refer to Criterion 2.4.

Students must have at least begun the Practicum by the time they enroll in *HPH 581 Capstone Seminar: Population Health Issues*. The program makes this requirement because students give a presentation to their fellow students, Core Faculty members, staff, and invited preceptors, detailing their practicum as part of the Capstone Seminar. The practicum presentation gives students a chance to showcase the work they've done for their practicum. The faculty instructor of the Capstone Seminar is able to assess students' oral presentation skills by way of this presentation and the final presentation, described below.

The Capstone Seminar is an intensive course currently offered during summer and winter sessions. It is offered twice per academic year to provide scheduling flexibility for students. The Program requires that students complete the majority of their coursework before enrolling in the Capstone Seminar so that it is truly a culmination of their knowledge gained as a result of the curriculum.

The bulk of students' work in the Capstone Seminar centers on an assignment meant to synthesize knowledge learned in the classroom. Students work together in groups on a grant writing project in which they identify a topic/project relevant to their studies, review the scientific literature for their topic, identify funding opportunities, prepare a budget, and write a letter of intent, which students are encouraged to submit to a grant-making organization. Capstone grant writing projects range from trying to obtain funding for community health initiatives to funding for public health-related research projects. Students do not necessarily form groups only with their peers in the same concentration; they may select a topic that utilizes knowledge gained through several concentrations or core public health knowledge. They are expected to integrate knowledge across the core and concentration curricula to best inform their group's grant project. Students also deliver oral presentations on their Capstone projects. These presentations also are attended by faculty, staff, and students and are expected to demonstrate students' achievement of public health knowledge, skills, and competencies.

Students also engage in a career-mapping exercise during the Capstone Seminar. The career-mapping exercise involves defining a specific career goal which each student wants to achieve at some defined point in the future (e.g., five, ten years). The student then works backwards to draw a map of milestones needed to achieve in order to succeed in his or her stated long-term career goal. Students give oral presentations of their career maps to their classmates, who may ask questions regarding their plans and provide suggestions to assist in the achievement of their goal.

Students are expected to achieve a final set of competencies through the Culminating Experience. Since the details of the practicum experience vary from student to student, the competency requirement for the practicum is that students must address at least one core competency and at least one concentration competency. The set of competencies that must be achieved in the Capstone Seminar can be found on the syllabus for the course, contained in the E-Resource File. The Curriculum Committee maintains all program competencies, and has selected the set of competencies attained in the Capstone Seminar due to the importance of their mastery by students as they become public health professionals. The Capstone Seminar is graded on a pass/fail basis, meaning that students have either mastered the expected competencies or they have not.

2.5b. 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.

The criterion is met.

Strengths:

- Students become well-prepared as public health professionals through the MPH curriculum, with special emphasis on integration and demonstration of knowledge during the Culminating Experience, which includes the field-based practicum and the Capstone Seminar. The practicum and the Capstone Seminar are linked by a practicum presentation delivered during the seminar.
- Both the practicum and the Capstone Seminar are competency-based, with a clear explanation provided by the program of how competencies are addressed through these experiences. The Capstone Seminar is graded on a pass/fail basis, meaning that students either have achieved or have not achieved the expected competencies.

Weaknesses:

After careful consideration, the PPH has determined that its Culminating Experience is an excellent opportunity for students to demonstrate and integrate knowledge and skills learned through the MPH curriculum. We have not identified weaknesses relating to this criterion.

Plans:

- The curricular modifications that will be implemented in Academic Year 2014-15 will result in the Capstone Seminar changing from an intensive winter or summer session to a semester-long course (spring term). We expect that the full-term Capstone will better facilitate peer group and instructor-led discussion about practicum matters, especially among those students who are working on both their practicum and completing the Capstone Seminar simultaneously.

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

2.6a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

A Core Competency Matrix is provided in Table 2.6.1. This matrix lists all core competencies that all students (including both those in the MPH program and those in joint programs with the MPH, such as the MD/MPH) are expected to achieve through the program. It also lists the learning experiences associated with each competency and the courses for which these learning experiences are primarily gained or reinforced.

2.6b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

Concentration competency matrices are provided as follows: Community Health in Table 2.6.2, Evaluative Sciences in Table 2.6.3, and Public Health Practice in Table 2.6.4. These matrices list all concentration competencies that all students enrolled in each concentration are expected to achieve through the program. They also list the learning experiences associated with each competency and the courses for which these learning experiences are primarily gained or reinforced.

2.6c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

Competencies and their accompanying learning experiences are combined into one table for each category, as mentioned in Criteria 2.6a and 2.6b: Core competencies, Community Health concentration competencies, Evaluative Sciences concentration competencies, and Public Health Practice concentration competencies. Please refer to Tables 2.6.1 through 2.6.4 below to view these competencies and learning experiences.

TABLE 2.6.1 **PROGRAM IN PUBLIC HEALTH**

MPH Core Competencies

Course Key

HPH 500: Contemporary Issues in Public Health
HPH 501: Introduction to the Research Process
HPH 506: Biostatistics I
HPH 507: Biostatistics II
HPH 508: Health Systems Performance
HPH 514: Epidemiology for Public Health
HPH 516: Environmental & Occupational Health
HPH 523: Social & Behavioral Determinants of Health
HPH 562: Data Management & Informatics
HPH 563: Cost Benefit & Cost Effectiveness Analysis
HPH 581: Capstone Seminar: Population Health Issues

Note: Although Practicum is part of the Core Curriculum, the practicum course is not included in the core competency matrix, or in any of the matrices, because students select which competencies (at least one core and at least one concentration) to address in their practicum. Thus, it is possible that any one of the competencies listed across the matrices may be applicable to the practicum. The experiences students select for practicum will largely determine which competencies will be addressed.

Legend ■ Primary Source of Learning Experience ■ Secondary Source of Learning Experience

Core Competencies	Core Courses										
1. Biostatistics: Develop statistical reasoning and literacy.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Describe the roles biostatistics serves in the discipline of public health.	■	■		■	■						
b. Describe basic concepts of probability, random variation and commonly used statistical probability distributions.		■		■							
c. Apply descriptive techniques commonly used to summarize public health data.			■	■							
d. Apply common statistical methods for inference.			■		■						
e. Interpret results of statistical analyses found in public health studies.			■		■			■			■
2. Epidemiology: Understand patterns of disease and injury and related risk factors in human populations, how this knowledge is derived, and how this knowledge is used to control health problems in populations.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Identify key sources of data for epidemiologic purposes.	■			■	■			■			■
b. Describe a public health problem in terms of magnitude, person, time and place.	■				■	■		■			■
c. Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.	■				■	■		■			

d. Become familiar with basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.											
e. Apply the basic terminology and definitions of epidemiology.											
f. Calculate basic epidemiology measures.											
g. Draw appropriate inferences from epidemiologic data.											
h. Evaluate the strengths and limitations of epidemiologic reports.											
i. Identify the basic epidemiological study designs.											
3. Environmental and Occupational Health: Understand environmental and occupational factors including biological, physical and chemical factors that affect the health of a community and its workers.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.											
b. Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental and occupational hazards.											
c. Describe federal and state regulatory programs, guidelines and authorities that control environmental and occupational health issues.											
d. Specify current environmental and occupational risk assessment methods.											
e. Specify approaches for assessing, preventing and controlling environmental and occupational hazards that pose risks to human health and safety.											
f. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental and occupational exposures.											
4. Health Services Administration: Understand the organization, cost, financing, quality, and equity of the health care delivery system; the role of the health care delivery system in maintaining the health of populations; and current health management and policy issues.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Identify the organization, financing, and delivery issues of the health care system in the US.											
b. Describe the legal, ethical, historical, and philosophical bases for the health care delivery system in the US.											

c. Discuss the policy process for improving the health status of populations.											
d. Describe the attributes of leadership for public health and health services delivery organizations.											
e. Identify critical stakeholders for the planning, implementing, and evaluating of public health programs, policies and interventions.											
f. Identify the organization, financing, and services of the public health system in the US.											
g. Describe the legal, ethical, historical, and philosophical bases for public health in the US.											
5. Social and Behavioral Sciences: Understand the behavioral, social, and cultural factors related to individual and population health and health disparities over the life course.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.											
b. Identify the social and behavioral factors that affect health of individuals and populations using an ecological framework.											
c. Describe the merits and unintended consequences of social and behavioral science interventions and policies.											
d. Identify seminal research and researchers in the social and behavioral disciplines that have impacted public health research and practice.											
6. Professionalism: Understand the foundations of the public health profession, and demonstrate professional, culturally competent knowledge and practice.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Become familiar with the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated, and rooted in social justice) and how these contribute to professional practice.											
b. Discuss major events in the history and development of the public health profession and their relevance for practice in the field.											
c. Apply basic principles of ethical analysis (e.g., the Public Health Code of Ethics) to issues of public health practice and policy.											
d. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their											

solutions.											
e. Learn the importance for public health professionals to exhibit high standards of personal and organizational integrity, compassion, honesty and respect for all people.											
f. Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.											
g. Discuss the importance of working collaboratively with diverse communities and constituencies (e.g., researchers, practitioners, agencies, and organizations).											
h. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.											
i. Identify the importance of cultural competency to public health and to the achievement of its goals.											
7. Informatics: Collect, manage and organize data to produce information and meaning; understand how the information and knowledge exchange process can be designed to achieve specific objectives.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Apply legal and ethical principles to the use of information technology and resources in public health settings.											
b. Use information technology to access, evaluate, and interpret public health data.											
c. Demonstrate ability to use appropriate statistical software to manage data.											
d. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.											
8. Research Methods: Synthesize the literature in an area of public health, including identification of gaps in knowledge and strengths and limitations in study design.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Develop a significant, testable population health-related research question.											
b. Summarize the published literature related to a research question using the recognized sources of health care literature including PubMed and the Cochrane Collaboration.											
c. Explain basic measurement theory and common health											

measurement scales.											
d. Describe the principal methods of data collection, including surveys, administrative records abstraction, and qualitative data collection.											
e. Identify common secondary data sources for population health research.											
9. Systems Thinking: Recognize system-level properties that result from interactions among humans and social systems, and how these interactions affect the relationships among individuals, groups, organizations, communities, and environments.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Identify characteristics of a system.											
b. Identify consequences produced by changes made to a public health system.											
c. Explain how systems (e.g., individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.											
d. Illustrate how changes in public health systems (including input, processes, and output) can be measured.											
e. Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.											
f. Assess strengths and weaknesses of applying the systems approach to public health problems.											
10. Problem Solving: Use problem solving skills to address public health problems.	**HPH 500**	**HPH 506**	**HPH 507**	**HPH 562**	**HPH 514**	**HPH 516**	**HPH 508**	**HPH 523**	**HPH 501**	**HPH 563**	**HPH 581**
Learning Experiences:											
a. Identify, defining, and framing a public health problem and the situations that lead to it.											
b. Describe the scope of a public health problem and the important stakeholders involved.											
c. Gather the information needed to formulate strategies to address a public health problem.											
d. Identify the criteria to judge the success of a strategy to address a public health problem.											
e. Evaluate the costs and benefits of the options/alternate strategies for a public health problem.											
f. Develop a feasibility, impact, or evaluation plan for a public health problem.											

TABLE 2.6.2 **PROGRAM IN PUBLIC HEALTH**

Community Health Concentration Competencies

Course Key

HPH 550: Theories of Social and Behavior Change
HPH 551: Introduction to Health Communications
HPH 552: Planning & Implementing Community Health Initiatives
HPH 553: Evaluating Community Health Initiatives
HPH 564: Qualitative Methods

Legend ■ Primary Source of Learning Experience ■ Secondary Source of Learning Experience

Concentration Competencies	Concentration Courses				
1. **Theoretical Foundation:** Identify and demonstrate understanding of the social and behavior change theories relevant to developing community health improvement initiatives.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Demonstrate understanding of commonly-used theories of behavior change.	■		■		
b. Identify and describe the relationship among the theoretical constructs central to many behavior change theories, such as knowledge, attitudes, beliefs, social norms, and self-efficacy.	■		■		
c. Demonstrate understanding of social change theories relevant to health promotion.	■		■		
d. Describe the constructs common to many social change theories, such as community capacity, participation, social capital, and empowerment.	■		■		
e. Compare the strengths and limitations of social and behavior change theories by examining how these theories have been used in real-world practice situations.	■		■		
f. Demonstrate an understanding of how social and behavior change theories can be used together to address public health problems.	■		■		
2. **Communication**: Collect, organize, and convey information effectively to different audiences important to public health initiatives.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Describe how the information and knowledge exchange process can be designed to achieve specific objectives.		■			
b. Identify the role of the media, public relations, community advocates, support groups, health care providers, public health officials, and other stakeholders in health communications.		■			
c. Develop the skills to communicate effectively with the media.		■			
d. Develop the skills to communicate effectively with the general public and specific communities.		■			
e. Develop the skills to produce a social marketing tool, press release, op-ed article, and PowerPoint presentation.		■			
f. Develop the skills to elicit accurate information through interviewing.		■			

3. **Communication Media**: Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Discuss the importance of health literacy and cultural and educational diversity for effective health communications.					
b. Develop the skills to communicate verbally, in writing, and through PowerPoint.					
c. Develop the skills to utilize multi-media technology in health communications.					
4. **Planning and Implementing:** Develop knowledge and skills for planning and implementing community health initiatives.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Understand the major models used for planning community health initiatives.					
b. Use health targets, such as *Healthy People 2020*, to prioritize community health needs for selective populations.		`			
c. Apply theory to create effective community health initiatives.					
d. Understand the community-based participatory research (CBPR) approach to planning and implementing community health initiatives.					
e. Describe approaches for ensuring cultural competence in developing and implementing community health initiatives.					
f. Develop a logic model for a specific community health initiative.					
g. Synthesize and apply course concepts to develop a program mission, goals, and outcome statements for a community health initiative.					
h. Develop a budget and identify sources of funding for a community initiative.					
5. **Community Engagement**: Demonstrate capacity to engage with community partners.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Demonstrate an understanding of empowerment educational theories as they relate to approaches to community engagement. Examples include demonstrating capacity to collaborate and interact with community partners in a manner based on mutual trust, respect, and co-learning.					
b. Identify community relationships and linkages between various stakeholders among multiple factors (or determinants) affecting health.					
c. Demonstrate application of approaches for engaging with community partners by co-creating a solution / product, such as creating a brochure, fact sheet, news release, media kit, developing a program plan, implementation, and/or evaluating a program.					

6. **Community Assessment**: Identify community needs, assets, and resources.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Explain the role of a community health assessment in program planning.					
b. Describe and assess the strengths and limitations of various types of data that can be used in a community health assessment.					
c. Use primary and secondary data to describe the health needs and assets of a particular community.					
7. **Qualitative Methods:** Develop knowledge and skills to engage in qualitative research in population health and related fields.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Discuss the various ontological and epistemological underpinnings of qualitative methods.					
b. Practice three methods of qualitative data collection: observation, in-depth interviews, and focus groups.					
c. Identify which qualitative research approach and method(s) of data collection are best-suited to answering particular kinds of research questions.					
d. Develop a qualitative research question and a research proposal to answer that question.					
e. Learn and practice researcher reflexivity in data collection and analysis.					
f. Practice techniques for collaborative and ethical interaction with research participants.					
g. Describe basic methods of qualitative data analysis, such as open and focused coding; methodological, thematic, and integrative memoing; and triangulation.					
h. Learn and practice analysis using a Computer Assisted Qualitative Data Analysis software program, such as Atlas.ti.					
8. **Evaluation**: Develop knowledge and skills for evaluating community health initiatives.	**HPH 550**	**HPH 551**	**HPH 552**	**HPH 553**	**HPH 564**
Learning Experiences:					
a. Understand the purpose of evaluating a community health initiative, and types of formative (needs assessment, feasibility, stakeholder engagement and evaluation conceptualization, implementation/process evaluation), and summative (outcome, impact, cost-effectiveness, cost-benefit analysis) evaluations.					
b. Demonstrate an understanding of the methods used to evaluate a community health initiative, and the strengths and limitations of these methods.					
c. Identify appropriate primary and/or secondary data sources to evaluate a community health initiative.					
d. Develop an evaluation plan for a community health initiative.					

TABLE 2.6.3 **PROGRAM IN PUBLIC HEALTH**

Evaluative Sciences Concentration Competencies

Course Key

HPH 555: Demographic Theory & Methods
HPH 560: Advanced Biostatistics
HPH 559: Advanced Research Methods
HPH 534: Spatial Analysis: Health Applications
HPH 564: Qualitative Methods

Legend Primary Source of Learning Experience | Secondary Source of Learning Experience

Concentration Competencies	Concentration Courses				
1. **Foundation**: Understand processes and theoretical frameworks of population health and well-being.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Understand patterns and determinants of global fertility, migration, morbidity, and mortality over time by age and sex.					
b. Understand demographic transition, current patterns in fertility, marriage and work, abortion and contraception, and their interrelationships.					
c. Discuss the various ontological and epistemological underpinnings of qualitative methods.					
d. Discuss cartographic choices involved in map-making.					
e. Compare benefits and limitations of using individual point locations compared with data aggregated within regions.					
f. Describe theory using path diagrams or other models; gain an understanding of independent (including mediating and moderating variables) and dependent variables, causal mechanisms, and direction of relationship.					
2. **Analytical Thinking:** Understand and critique a diversity of public health scientific articles.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Identify research question, hypothesis, and methodology, including sampling and approach utilized.					
b. Assess appropriateness of sampling and methodological approach.					
c. Interpret results and be able to communicate the study's findings, strengths, and weaknesses.					
3. **Synthesis:** Assess current knowledge on a topic through a literature review, synthesizing information, identifying gaps, and critiquing study limitations.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Summarize the published literature related to a research question using the recognized sources of population health literature including PubMed and the Cochrane Collaboration.					

b. Apply new knowledge base to critique existing literature on spatial analysis of public health data.					
c. Identify gaps in existing literature (ie, unexplored areas or need for improved methodology).					
d. Evaluate appropriateness of statistical methods used in public health studies.					
4. **Posing a Question**: Formulate a scientific question based on review of scientific literature.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Formulate a quantitative research question to address a gap identified in existing literature.					
b. Develop a qualitative research question and a research proposal to answer that question.					
5. **Data:** Identify and use data sources to describe population health and well-being.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Utilize sources of demographic information from publicly available data.					
b. Become familiar with types of health data appropriate for spatial analyses.					
c. Become familiar with and be able to download and utilize publicly available secondary datasets (eg, NHANES, NHIS, DHS, Add Health, etc.)					
6. **Software:** Become familiar with emerging and widely-used software and technologies to analyze data sets.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Become familiar with software used for quantitative analysis (e.g,, SAS, Stata).					
b. Become familiar with software used for spatial analysis (e.g., SaTScan, ArcGIS).					
c. Learn and practice analysis using a Computer Assisted Qualitative Data Analysis software program, such as Atlas.ti.					
7. **Methods:** Utilize a suite of methods appropriate for analyzing public health data.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Understand differences between descriptive versus causal research: understand correlation versus causation, the scientific method, and the need for data to confirm theory.					
b. Describe different sampling techniques and implications for methodological approach and analysis.					
c. Understand and perform bivariate and multivariate methods, including linear and logistic regression methods and survival analysis.					
d. Understand and articulate limitations of statistical approach, including but not limited to					

sample utilized, unobserved confounders, generalizability, correlation v. causation, and statistically v. practically significant results.					
e. Understand and interpret components of a life table, population projection, and sources of demographic data.					
f. Identify, assess, and review the health status of populations and their related determinants of health and illness.					
g. Review and analyze the factors contributing to health promotion and disease prevention in the demographic populations.					
h. Understand the demographic factors that impact access and delivery of healthcare, including household transitions in contraceptive use, fertility, cohabitation, and female work force participation.					
i. Examine major global health issues, i.e., HIV/AIDS, malaria, TB, contaminated water, inadequate electricity, lack of vaccinations, inadequate sewage systems, and political instability.					
j. Practice three methods of qualitative data collection: observation, in-depth interviews, and focus groups.					
k. Identify which qualitative research approach and method(s) of data collection are best-suited to answering particular kinds of research questions.					
l. Learn and practice researcher reflexivity in data collection and analysis.					
m. Practice techniques for collaborative and ethical interaction with research participants.					
n. Describe basic methods of qualitative data analysis, such as open and focused coding, methodological, thematic, and integrative memoing, and triangulation.					
o. Discuss and apply methods of spatial analysis including smoothing, cluster analysis, and spatial regression.					
8. **Project:** Understand and conduct a research project related to population health.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Identify a testable population health-related research question that has not been previously asked or fully developed.					
b. Develop an analysis plan to answer a research question.					
c. Clean, manage, and prepare data for analysis related to a research question.					
d. Apply appropriate statistical methods based on data available.					
9. **Present Findings:** Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	**HPH 555**	**HPH 560**	**HPH 559**	**HPH 534**	**HPH 564**
Learning Experiences:					
a. Develop written reports based on statistical analyses for class.					
b. Orally present work based on statistical analyses to classmates.					
c. Present results from statistical analyses in the form of a poster or oral presentation to the public.					

TABLE 2.6.4 **PROGRAM IN PUBLIC HEALTH**

Public Health Practice Concentration Competencies

Course Key

HPH 530: History of Public Health and Medicine
HPH 555: Demographic Theory and Methods

Legend		Primary Source of Learning Experience		Secondary Source of Learning Experience

Concentration Competencies	Concentration Courses			
1. **Foundations of Public Health**: Understand the legal, ethical, historical, and philosophical bases for public health.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Understand the concept of public health in relation to private health care				
b. Understand the key role of public health in addressing health care disparities.				
c. Understand the role of environment in determining the health of the public.				
2. **History of Public Health**: Understand key public health historical events.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Become familiar with the key public health successes in the past.				
b. Understand the organization of public health systems.				
c. Understand the origin of the public health movement in the US.				
3. **History of Healthcare**: Understand the historical development of health services delivery in the U.S.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Understand the origin of private health insurance.				
b. Understand the origin of public health insurance.				
c. Understand the reasons for the high cost of health care in the US.				
4. **Management**: Understand basic management concepts and techniques used in healthcare settings.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Analyze the decision processes of provider organizations, including their missions and expectation settings, performance measurements, operations improvements, and rewards				
b. Acquire leadership skills				

c. Study health care marketing strategies				
5. **Finance**: Understand basic concepts of financial management.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Analyze health care financial data				
b. Demonstrate the ability to read, interpret and analyze healthcare financial statements				
c. Describe the system of patient billing and reimbursement				
6. **Basic Demography**: Understand basic principles of demographic analysis.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Utilize sources of demographic information from publicly available data.				
b. Understand and interpret components of a life table, population projection and sources of demographic data				
c. Understand patterns and determinants of global fertility, migration, morbidity, and mortality over time by age and sex.				
d. Understand demographic transition, current patterns in fertility, marriage and work, abortion and contraception, and their interrelationships.				
7. **Demographic Analysis**: Apply principles of demographic analysis to understand global patterns of fertility, disease, and mortality.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Identify, assess and review the health status of populations and their related determinants of health and illness.				
b. Review and analyze the factors contributing to health promotion and disease prevention in the demographic populations.				
8. **Demography in Healthcare**: Understand the implications of demographic factors in the delivery of healthcare.	**HPH 530**	**HPH 555**		**Management Focus**
Learning Experiences:				
a. Understand the demographic factors that impact access and delivery of health care, including household transitions in contraceptive use, fertility, cohabitation, and female work force participation.				
b. Examine major global health issues, i.e. HIV/AIDS, malaria, TB, contaminated water, inadequate electricity, lack of vaccinations, inadequate sewage systems and political instability.				

2.6d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The matrices provided in Tables 2.6.1, 2.6.2, 2.6.3, and 2.6.4 reflect a competency revision process conducted by the Core Faculty in Fall 2012 as part of our self-study. The revisions reflect our program's commitment to continuously improve the curriculum based on progressions in the public health field. For example, we increased the number of competencies in each of our concentration areas in keeping with a recommendation made during the August 2012 CEPH Accreditation Orientation Workshop that each concentration should be supported by 8-12 competencies.

The Core Faculty made mostly small modifications (i.e., minor wording changes) to the core competencies. Instructors were also asked to review the core competency matrix to ensure that it reflects the learning experiences that are primarily gained or reinforced through their courses. Core Faculty members also elected to add an additional learning experience regarding cultural competency under the "Professionalism" competency, reflecting a greater emphasis in the public health field and in CEPH's accreditation criteria on cultural competency.

The Core Faculty members making up the Community Health concentration made the following revisions to the Community Health competencies. First, a "communications media" competency was added due to feedback from public health employers, who expressed a need for public health professionals who are well-versed in using a variety of social media tools and who possess excellent communication skills with various types of audiences. Second, a "community engagement" competency was added, as it was discussed by the Community Health faculty that engaging with a community is important to all levels of community health: needs assessments, planning, implementing and evaluating programs. Lastly, a "community assessment" competency was developed, to stress the importance of assessing not only the needs of a community, but also its assets and resources to address those needs.

Evaluative Sciences faculty members worked to create additional competencies and restructured their organization so that each competency builds upon the skills/knowledge of the one listed before it. Previously, the competencies were named for and organized around each of the five courses offered in the Evaluative Sciences concentration. The competencies now progress generally from a foundation of analytical processes to development of a research question to research methods to presentation of findings. They are designed to guide students through the learning and eventual mastery of components of the analytical process.

Finally, Public Health Practice faculty members reviewed and revised that concentration's competencies. There are two required courses in Public Health Practice, and the remaining credits are obtained by taking management selectives. As a result of the flexible nature of this concentration, its competencies previously were very broad. Public Health Practice faculty members deconstructed the competencies to make them more specific. For example, the prior version of the "History of Public Health" competency was narrowed to the understanding of key public health historical events, and two new competencies, "Foundations of Public Health" and "History of Healthcare" were created, as students are also expected to attain competence in understanding the legal, ethical, historical, and philosophical bases for public

health and the historical development of health services delivery in the U.S. Similarly, the "Management" competency was divided into two competencies: a revised "Management" competency and a new "Finance" competency, and the previous "Demography" competency was divided into the new "Basic Demography," "Demographic Analysis," and "Demography in Healthcare" competencies.

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

The PPH Curriculum Committee is charged with monitoring the program's required competencies. The committee initially derived its required core competencies from the Association of Schools of Public Health, Master's of Public Health Core Competency Development Project, August 2006 Version 2.3. The 2012 revisions were also conducted by the Curriculum Committee, which contains a student member to represent the views of the student body. Upon the drafting of the new competency matrix, the core competencies were circulated to Executive Committee members for review and approval.

At the program's inception, concentration competencies were developed by faculty members who were organized by concentration into ad hoc committees, and were charged with creating a comprehensive list of relevant competencies and learning experiences. Each faculty group consulted the concentration syllabi and integrated their perspectives from the field of practice to produce the concentration-specific competencies and learning experiences. The 2012 revisions were also conducted in workgroups of faculty members, organized by concentration. The Council on Linkages between Academia and Public Health Practice's Core Competencies for Public Health Professionals (May 2010) were used as a reference. Faculty groups engaged in thorough discussions of the competencies that students in their concentrations should achieve, and drafted new matrices. These matrices were submitted to the Curriculum Committee for approval and thereafter to the Executive Committee.

The PPH competencies are used as a foundation for the MPH curriculum. Having a competency-based curriculum ensures that our courses will provide students with the necessary competencies or skills to become public health professionals. Before a curriculum change can occur, such as modifying a course, the Curriculum Committee must assure that the competencies taught in that course will remain covered by the modifications, or else will be redistributed to be covered elsewhere in the curriculum.

The competency matrices are used to populate competency self-assessment surveys, further described in Criterion 2.7. Survey results are used to inform faculty members of students' self-rated abilities to perform the competencies taught in their courses, and as such the surveys serve as a tool to evaluate both curriculum and instruction. Survey results are analyzed by program staff in consultation with the PPH Director. The Director, staff, and Core Faculty review the findings during PPH Executive Committee meetings on an annual basis. A sample competency assessment survey report is included in the E-Resource File, in a folder entitled "Competency Assessment Surveys."

Core and concentration competencies are made available to students in the form of the competency matrices provided above in Tables 2.6.1 through 2.6.4. These matrices are posted to the PPH website and are also provided to students in their MPH Orientation binders. In addition, course syllabi list the

competencies and learning experiences covered in the course, as do the competency self-assessment surveys that students must complete for each course.

2.6f. 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 programs.

The scholarly activities of our Core Faculty members contribute greatly to the program's assessment of changing practice and research needs. The Core Faculty keeps abreast of current public health issues through its collaborations with researchers at other institutions, routine contact with public health practitioners and community agencies, through membership in professional societies, and other scholarly activities. Faculty members bring up for discussion at Executive Committee meetings issues they believe reflect changing practice or research needs in the public health field. If a curricular change needed to be made to reflect the evolving needs of the field, a re-assessment of the program's competencies, coordinated by the Curriculum Committee, would be conducted. Students also are encouraged to share their viewpoints on the changing needs of the field, as they come from a variety of experiences and backgrounds. As will be further discussed in Criterion 4.4, students have several opportunities to provide such input, including end-of-semester feedback sessions conducted by the PPH Director and the Senior Academic Coordinator, and the program's "open-door" policy, whereby students may discuss any matters of interest or concern with the PPH Director, Core Faculty, and staff.

2.6g. 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.

The criterion is met.

Strengths:

- The PPH has developed competencies and supporting learning experiences which are the foundation of the MPH curriculum.
- Faculty members engage in a variety of scholarly activities to keep abreast of the evolving landscape of public health, in order to inform the program's curriculum development efforts, especially in assuring our graduates attain relevant and necessary competencies.
- MPH students become well-acquainted with program competencies through the competency self-assessment surveys, which are conducted before and after enrollment in the program, and before and after each MPH course.

Weaknesses:

After careful consideration, the PPH has determined that its required competencies are well-maintained for instructional purposes, and will prepare our students well for work in the public health field. We have not identified weaknesses related to this criterion.

Plans:

- The PPH has plans for several curricular modifications based on student feedback as well as extensive review by the Core Faculty, to be put in place for Academic Year 2014-15. The Curriculum Committee will consult the competency matrices at every step of the planning process to ensure that revisions are well mapped to the competencies.

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.

2.7a. 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.

Competency Assessment through Curriculum

The PPH instructional matrix is designed in such a way that each course facilitates competency attainment for students, and materials and assignments for courses fulfill the learning experiences associated with each competency. Students attain competencies in the areas of public health learning as defined by the program, and are assessed in the form of grades; however, the program does employ additional mechanisms to further evaluate student progress in achieving competencies.

Competency Assessment through Surveys

Before students begin the MPH program, the incoming class is required to complete a self-assessment survey, whereby incoming students self-rate their perceived competence in each of our competency areas on a scale from 1 to 7; 1 meaning they believe they are not at all able to perform the competency, and 7 meaning they are fully able to perform the competency. The results of this pre-program competency assessment survey are compared to students' results upon program completion, whereby all students are asked to complete a post-program competency assessment survey. Responses to these surveys are analyzed by program staff and the Director, and results are compared to those of previous academic years to assess trends. The PPH Director, staff, and Core Faculty review the findings during Executive Committee meetings on an annual basis. The competency surveys and a sample report of survey results are found in the "Competency Assessment Surveys" folder of the E-Resource File.

In addition to the above-mentioned competency assessment, competency surveys also are administered at the start and end of each MPH course to provide a more targeted analysis of competency attainment. Students' responses for each course are compiled into an analytical report, in which pre- and post-course assessment scores are reported using averages for each competency covered by the course. The report is provided to the instructor of that course upon completion of the semester to ensure that he/she gains feedback on how well course content is being understood by students. In addition, the Executive Committee reviews the summary reports to discuss any areas in need of improvement.

Our completion rates for these assessment surveys are quite high (See Criterion 1.2c), as we inform students of the importance of their participation in maintaining high quality standards through demonstrating and documenting their competency attainment. Students who do not complete assessments in a timely manner are contacted with reminders by PPH staff by email, phone, and if needed by the instructor and/or the Director to secure their participation.

Competency Assessment through Culminating Experience

The PPH's Culminating Experience includes both the practicum and the Capstone Seminar. For a full explanation of the Culminating Experience, please refer to Criterion 2.5. Competency attainment through the Culminating Experience is especially important, as it provides a forum for students to demonstrate the culmination of their public health training in the MPH program.

Before enrolling in the practicum, each student is required to compose a Practicum Proposal in consultation with a field-based preceptor and a faculty supervisor. In the proposal, the student must select at least one core competency and at least one concentration competency that the practicum will address. Students are expected to carry out work demonstrating achievement of these competencies through the practicum. Upon completion of the practicum, students write a reflection paper on their experience. In addition to addressing whether practicum goals and objectives were met and what deliverables or products were created, the reflection paper must detail the student's achievement of the competencies identified in the Practicum Proposal.

Competencies for the Capstone Seminar are set by the program, unlike those for the practicum. The syllabus for the course lists the competencies students are expected to have attained at the end of the course, and may be viewed in the E-Resource File, in the "Course Syllabi" folder. The competencies achieved through the Capstone Seminar signify that the student is able to synthesize and integrate knowledge gained through the MPH program into practice. It is for this reason that Capstone is graded on a pass/fail basis; students either demonstrate that they have attained the necessary competency levels or that they have not attained those levels. To date, no student has failed the Capstone Seminar.

2.7b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.

In addition to compiling data regarding our students' graduation and job placement rates, the program assesses student achievement in the MPH program by monitoring student GPAs. Please refer to Criterion 1.2c to view data on our students' GPAs over the last three years, listed under Objective 1d. The two measurable objectives referencing GPAs listed under this goal are:

- 100% of students will maintain a 3.0 overall GPA, consistent with Program and Graduate School policies, and
- 30% of students will graduate with distinction, or at least a 3.75 GPA; at least 10% will graduate with a 3.90 GPA for high distinction.

Data on job placement rates of PPH graduates are available in Table 2.7.1, below. As demonstrated in the table, the PPH has exceeded the 80% minimum threshold set by CEPH, identifying the percentage of graduates for the past three years who attained employment or continuing education opportunities within 12 months of graduating. Of those students who graduated during Academic Year 2009-2010 and who could be reached for this purpose, 100% were either employed or pursuing continuing education. For the cohort graduating during Academic Year 2010-2011, 93% of those who could be reached were employed or pursuing continuing education, as were 92% for the 2011-2012 cohort. The number of students who could not be reached from each Academic Year is listed in Table 2.7.1 below, in the row labeled "Unknown." The percentage of graduates employed or pursuing continuing education gives the appearance of having decreased slightly over the past few years, but that is likely only because the program has improved its success in maintaining contact with our alumni over those years.

Table 2.7.1. Destination of Graduates by Employment Type, Students who Graduated Between Academic Years 2009-10 and 2011-12

	2009-2010	**2010-2011**	**2011-2012**
Employed	11	11	16
Continuing education/training (not employed)	2	3	6
Actively seeking employment/further education	0	1	2
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	6	3	2
Total	19	18	26

Data on degree completion rates for the PPH are available in Table 2.7.2, below. As demonstrated in the table, the program's graduation rates are meeting CEPH's requirement that 70% of students from each cohort will have graduated after the program's "maximum time to graduation." The PPH's maximum time to graduation is five years. As seen in Table 2.7.2, the cohort of students which entered the program in Academic Year 2008-09 has passed the 70% threshold – a sign that our graduation rates have been improving since the first few years of the program's establishment.

This improvement may be attributed to several factors. As the program has been in operation longer, we have improved in responding to our students' concerns. We also have improved our systems to track students' progress, such as encouraging advising sessions to facilitate course progression and providing career counseling through various resources (see Criterion 4.4). Additionally, starting in Fall 2012 the PPH increased its efforts to reach out to and follow up with students who had taken Leaves of Absence (LOAs). LOA students were encouraged to complete their coursework and to plan out how to do so with guidance from the Senior Academic Coordinator. We had a very high success rate in re-engaging many of these students to complete the MPH degree requirements. The few students who did not respond after many attempts to contact them by email or phone were administratively withdrawn. The PPH plans to continue with its efforts to keep in contact with LOA students in the future.

Table 2.7.2. Students in MPH Degree, By Cohorts Entering Between 2008-09 and 2012-13

	Cohort of Students	2008-09	2009-10	2010-11	2011-12	2012-13
2008-09	# Students entered	24				
	# Students withdrew, dropped, etc.	0				
	# Students graduated	1				
	Cumulative graduation rate	0.04%				
2009-10	# Students continuing at beginning of this school year	23	26			
	# Students withdrew, dropped, etc.	0	3			
	# Students graduated	7	0			
	Cumulative graduation rate	33.3%	0%			
2010-11	# Students continuing at beginning of this school year	16	23	27		
	# Students withdrew, dropped, etc.	1	0	2		
	# Students graduated	1	9	0		
	Cumulative graduation rate	37.5%	34.6%	0%		
2011-12	# Students continuing at beginning of this school year	14	14	25	34	
	# Students withdrew, dropped, etc.	0	0	0	3	
	# Students graduated	8	5	16	1	
	Cumulative graduation rate	70.8%	53.8%	59.3%	0.03%	
2012-13	# Students continuing at beginning of this school year	6	9	9	30	34
	# Students withdrew, dropped, etc.	0	2	2	0	0
	# Students graduated	0	1	0	11	1
	Cumulative graduation rate	70.8%	57.7%	59.3%	35.3%	0.03%

2.7c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The PPH's primary means of collecting job placement data for our graduates is through surveys. The program's alumni distribution list is used to generate responses to our two employment surveys. The first is the PPH Graduation Survey. In addition to self-assessing their competency attainment, students are also asked about their employment and/or continuing education status and updated contact information so that communication can be maintained following graduation. The second survey, the Alumni Survey, is administered each Fall to all students who graduated during the previous academic year, in preparation for Annual Report submission to CEPH. Administering this second survey allows the program to obtain a more complete picture of our graduates' job placement rate, given that not all students have jobs or continuing education opportunities lined up immediately upon graduation. See both surveys in the E-Resource File, under "Surveys." Table 2.7.3 illustrates response rates to both surveys combined, with duplicated data removed.

Table 2.7.3 MPH Alumni Response Rates to Employment Surveys, by cohorts of graduates each Academic Year

	2009-10 Cohort	2010-11 Cohort	2011-12 Cohort
Number of Survey Respondents	13	13	24
Number of Graduates	19	18	26
Response Rate	68%	72%	92%

2.7d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

As Stony Brook University's Program in Public Health is a CEPH-accredited program, students and alumni of the program are eligible to take the Certified in Public Health (CPH) exam through the National Board of Public Health Examiners (NBPHE). Also, several of our MPH students have taken another national certification exam – the Certified Health Education Specialist (CHES) exam through the National Commission for Health Education Credentialing (NCHEC). Table 2.7.4 contains data on the performance of our students and graduates on both of these national examinations for each of the last three years. Since the program's inception, 17 of our students and graduates have taken one or both of these examinations and of those, 15 have passed.

Table 2.7.4 Graduates' Performance on National Examinations

	CPH		CHES	
	Took exam	**Passed exam**	**Took exam**	**Passed exam**
2010-2011	3	3	2	2
2011-2012	1	1	1	1
2012-2013	2	1	4	3

2.7e. 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. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

The PPH assesses our graduates' abilities to perform competencies in an employment setting in several ways. First, students must use the practicum to address at least one Core Competency and at least one Concentration Competency. Since the practicum is meant to approximate the public health employment setting, it is an appropriate experience to initially assess students' abilities to perform competencies. The ability to perform the selected competencies addressed in a student's practicum is assessed by the student and the practicum preceptor by completing assessment forms in the Practicum Forms document. The faculty supervisor and the Practicum Coordinator also evaluate the student's achievement of those competencies by reviewing all Practicum Forms and deliverables created by the student. For more information regarding this process, please refer to Criterion 2.4.

Second, the PPH holds meetings at least once annually with its Community Advisory Group, organized by Dr. Aldustus Jordan, Associate Dean for Student Affairs, School of Medicine, and an Affiliated Faculty member for PPH. The advisory group is made up of members of various public health-related community organizations, several of whom have employed or currently employ some of our graduates or have served as practicum preceptors. Meetings between the PPH and the Community Advisory Group serve to inform the program in multiple ways, such as providing an opportunity for input on the requisite and desired skills/competencies of our graduates in an employment setting and their assessments of our graduates to date.

Third, in an effort to obtain feedback from employers of our graduates, the PPH sends out an annual Employer Survey. The survey and its results are available in the E-Resource File under "Surveys." The Employer Survey was first conducted during Academic Year 2012-13. The main purpose of this survey is to obtain feedback from employers regarding how well our graduates perform competencies in an employment setting. In addition, we use the survey as another opportunity to collect information on how employers rate the Program in Public Health overall, their interest in serving as a practicum site/preceptor, interest in supervising students for internships, and any other feedback they would like to provide. The challenge posed by this method of data collection lies in achieving a satisfactory response rate, both in asking graduates to grant us permission to contact their employers, and then in requesting that employers complete the survey. In anticipation of this challenge, we tried to achieve a robust student response rate by incentivizing students to fill out the survey, for example by offering a chance to be profiled in our student-alumni newsletter or to receive Stony Brook University Program in Public Health bumper stickers. To strive for a satisfactory employer response rate, we developed a strategy whereby the option to complete the Employer Survey by telephone is used in order to follow up with those employers who did not complete the online version of the survey in the requested timeframe. The 2012-13 Employer Survey response rate was 55% (11 respondents out of 20).

2.7f. 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.

This criterion is met with commentary.

Strengths:

- The PPH employs a vigorous competency assessment strategy, through its curriculum, student self-assessments, and a special emphasis on competency performance in the Culminating Experience.
- Employment rates of PPH graduates are high, exceeding the 80% threshold set by CEPH.
- As of the writing of this preliminary draft, PPH graduation rates are on track to exceed the 70% threshold set by CEPH.
- PPH students and alumni have high pass rates on national examinations for which they are eligible.
- The PPH employs many and varied strategies to encourage responses to its Employer Survey.

Weaknesses:

- The first Employer Survey was conducted during Academic Year 2012-13, which limits the data we have available about employers prior to the current administration.
- Although the 2012-13 Employer Survey had a response rate of 55% (11 respondents out of 20), the pool of employers that we were given permission by graduates to survey was small compared to the total number of employers of our graduates.

Plans:

- Continue to incentivize students to provide us with contact information for their employers and to give us permission to contact them.
- Incorporate the question asking students to provide the above employer information into the Alumni Survey, so that we ask this information of the students who most recently graduated and with whom we have the best chances of keeping in contact.
- Continue our strategy to follow up with non-responders to the Employer Survey by phone.
- Continue intensified efforts to follow up with students on a Leave of Absence regarding their plans to continue with the MPH degree.
- Expand tracking of our graduates' employment rates to include social media sites, such as Facebook.

2.8 Bachelor's Degrees in Public Health.

2.8a. Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

The Program in Public Health does not offer a bachelor's degree program at this time.

2.8b. Description of specific support and resources available in the program for the bachelor's degree programs.

Not applicable.

2.8c. Identification of required and elective public health courses for the bachelor's degree(s). Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

Not applicable.

2.8d. A description of program policies and procedures regarding the capstone experience.

Not applicable.

2.8e. 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.

Not applicable.

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

2.9a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The Program in Public Health does not offer an academic degree at this time.

2.9b. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

2.9c. Identification of the culminating experience required for each academic degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable.

2.9d. 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.

Not applicable.

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

2.10a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The Program in Public Health does not offer a doctoral degree at this time.

2.10b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

Not applicable.

2.10c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

Not applicable.

2.10d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

Not applicable.

2.10e. 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.

Not applicable.

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

2.11a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The Program in Public Health offers eight joint degree programs, as referenced in the instructional matrix in Criterion 2.1. The MPH degree is awarded for all eight joint degrees, four of which are offered through undergraduate programs, and four of which are offered through graduate programs.

Combined Undergraduate Programs

The PPH offers several five-year combined undergraduate degree programs including a Bachelor of Science in Applied Mathematics and Statistics/MPH, a Bachelor of Science in Pharmacology/MPH, a Bachelor of Arts in Women's Studies/MPH, and a Bachelor of Arts in Earth and Space Sciences/ MPH. Students in these combined degree programs can complete both degrees in 10 semesters. For the first two or three years, students complete undergraduate coursework, including General Education and undergraduate major requirements. During either their third or fourth year (once a majority of their undergraduate degree requirements is completed), students begin taking graduate MPH courses as outlined by the plan of study. In their fifth and final year, students complete the remaining graduate requirements for the MPH degree.

Admission Requirements:
Under Stony Brook policy, students must complete 60 credits of undergraduate course work (Junior status) with a minimum GPA of 3.0 in all college work before being admitted into any combined Bachelor's/Master's degree program. Additional entry requirements for the MPH combined degree consist of:

1. GPA of at least 3.3 for courses required in undergraduate major
2. Two letters of recommendation from faculty members in the undergraduate major
3. Completion of the MPH online application for review by the MPH Admissions Committee

Combined Graduate Programs

The PPH offers three combined graduate degree programs with the Master of Public Health degree: the Master in Business Administration (MBA/MPH), the Master of Arts in Public Policy (MAPP/MPH), and the Doctor of Medicine (MD/MPH); and one concurrent joint degree program, the Doctor of Dental Surgery (DDS/MPH).

MBA/MPH

In collaboration with the College of Business, we offer a combined MBA/MPH degree, which prepares students for a management career in the health field. Students select an MPH concentration in either Evaluative Sciences or Public Health Practice (*note: MBA/MPH students may select the Public Health*

Practice Concentration only if they have a clinical background). Students receive both degrees upon completion of the entire combined program.

MAPP/MPH

In collaboration with the Political Science Department, we offer a combined MAPP/MPH degree that prepares students for a career in public health administration and policy-making. MAPP/MPH students can only select the Public Health Practice concentration within the MPH program. Students receive both degrees upon completion of the entire combined program.

Admission Requirements:
Students who wish to be considered for admission into the combined MBA/MPH or MAPP/MPH degree program must comply with all admission requirements for the MPH degree alone. The MPH Admissions Committee reviews completed applications initially and recommends eligible applicants to the College of Business Admissions Committee or Political Science Department, respectively, for final approval. MBA/MPH applicants may submit GMAT scores in lieu of GRE scores.

MD/MPH & DDS/MPH Degree Programs

The combined MD/MPH and concurrent DDS/MPH are two programs in which Stony Brook University medical and dental students complete their MPH degree during medical or dental school (4 year program – not recommended) or during medical or dental school and an additional year (5 year program - recommended). For these combined programs, up to four medical students and two dental students each year are awarded full MPH tuition waivers.

Admission Requirements:
Applicants applying for admission to both the PPH and the School of Medicine (SOM) or School of Dental Medicine (SDM) need to be mindful of the following information when preparing applications:

1. The application process for the PPH is separate from the application to the SOM or SDM. Admission to one program is determined independently from admission to the other; and admission to one program does not guarantee admission to the other.
2. To avoid the need to send support documents to both programs, SOM or SDM applicants who also apply to the PPH can request in writing that the SOM or SDM provide to the MPH Admissions Committee a copy of their support documents including MCAT or DAT scores, official transcripts from all post-secondary schools, and letters of recommendation for their application for admission to the PPH.
3. SOM and SDM applicants who apply to the PPH must provide one additional reference that addresses the applicant's public health leadership potential.

2.11b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

All four combined undergraduate degree programs treat the MPH degree requirements the same as if a student were completing the MPH degree only; that is, no MPH courses are substituted for undergraduate courses, but some undergraduate courses are substituted for MPH courses. As with all other joint degree negotiations, PPH Core faculty and staff representatives met with representatives from the degree program being considered for collaboration on a joint degree, and analyzed the curricula of both degree programs. This analysis includes examination of course syllabi to assess differentiation of material covered or areas of overlap and assurance that MPH core and concentration competencies are attained. Thereafter, both programs make a determination as to which courses will substitute for certain courses in the other degree program. Additionally, before a change in the curriculum of either program in a joint degree can occur, both programs together must conduct another content analysis and agree upon how modifications will affect each degree.

The combined graduate degree programs, with the exception of the concurrent DDS/MPH program, involve substitution of MPH credits as follows. The MBA/MPH program includes 21 credits of overlap, which brings the total number of credits in the combined program to 73. MBA/MPH students are the only students who substitute a core MPH course for a course in another degree. After an analysis of course content, the PPH Curriculum Committee had determined that there are strong areas of overlap (cost benefit, cost effectiveness, cost utility, sensitivity analysis) between *HPH 563: Cost Benefit & Cost Effectiveness Analysis* and *MBA 501: Managerial Economics*. The latter course now substitutes for the former course. In the Evaluative Sciences concentration, one course, *HPH 534: Spatial Analysis: Health Application* is substituted with *MBA 589: Operations Management*. The PPH Curriculum Committee decided to allow this substitution not because of content overlap, but because the skillset achieved by students taking the MBA course seems most appropriate for students graduating with a joint MBA/MPH degree. In the Public Health Practice concentration, two 3-credit management selectives are substituted for two 3-credit MBA courses: *MBA 589: Operations Management* and *MBA 504: Financial Accounting*. The 3-credit MPH concentration selective is substituted for *MBA 503: Data Analysis & Decision Making*.

The MAPP/MPH program includes about 24 credits of overlap, which brings the total number of credits in the combined program to 51. MAPP/MPH students may only enroll in the Public Health Practice concentration of the MPH degree. In this concentration, the PPH substitutes two 3-credit management selectives for MAPP courses. The courses taken in place of those selectives are *POL 510: Personnel Systems for Public Policy* and *POL 536: Public Management and Organizational Behavior*. A 3-credit concentration selective is also substituted for *POL 509: Public Budgeting and Finance*. In turn, four MAPP courses (totaling 15 credits) are substituted with five MPH courses (totaling 14 credits).

For the MD/MPH degree, the School of Medicine currently accepts one 2-credit course and four 3-credit courses, and applies those credits towards 8-10 weeks of electives. In turn, the PPH applies a 3-credit concentration course to the School of Medicine's *Foundations in Medical Practice* module. In response to student feedback that the course load is difficult due to few MPH substitutions, the PPH is in negotiations with the School of Medicine to make some curricular adjustments that may result in six

additional MPH credits being applied to the *Foundations in Medical Practice* module. We anticipate these modifications to be implemented for the 2014-15 academic year, noting that a Substantive Change Notice to CEPH will precede implementation of any modifications. The last joint degree program, the DDS/MPH program, is concurrent instead of combined, meaning that the curricula for both degrees are completed in their entirety.

2.11c. 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.

The criterion is met.

Strengths:

- The PPH assures that MPH degree requirements are met through each of its eight joint degree programs by careful analysis of both programs' curricula and syllabi.
- Credit-sharing between degree programs is determined using program competencies as a guide, so that all MPH graduates attain the required core and concentration competencies.

Weaknesses:

- Student feedback suggests that there is not enough credit-sharing in the MD/MPH degree as it currently exists.

Plans:

- The PPH is currently in negotiations with the School of Medicine to apply six additional MPH credits to the SOM's *Foundations in Medical Practice* module. These changes will likely be implemented for Academic Year 2014-15.
- As mentioned in Criterion 2.1, the PPH has plans to develop new joint degree programs in the next few years. We are currently working on a BS/MPH proposal, in collaboration with the Chair of the Bachelor of Science in Health Science (BSHS), which is offered within the School of Health Technology and Management at Stony Brook University. We will notify CEPH prior to implementing this new joint degree program, following SUNY approval (expected for Fall 2014). In addition, we are in the early planning phases of developing other joint degree proposals, including a joint degree with one of the nursing programs (e.g., MSN / MPH), as well as the School of Social Welfare (e.g., MSW/MPH) and the Physician Assistant Education program (e.g., PA/MPH).

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

2.12a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The Program in Public Health does not offer degree programs in a distance learning format at this time.

2.12b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Not applicable.

2.12c. Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Not applicable.

2.12d. 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.

Not applicable.

3.0 Creation, Application and Advancement of Knowledge

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

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

In its mission statement, the Program in Public Health asserts its commitment to excellence in research for the benefit of the public's health. As such, the program has recruited and developed a faculty comprised of several productive researchers, and promotes policies which support an excellent research environment. The program partakes in the activities, policies, procedures and practices described below to support research and scholarly activities.

- Core faculty members have a maximum teaching load of three classes per year, in order to encourage pursuit of scholarly activity.
- The program supports research-related travel (to promote research collaborations, and/or research dissemination), even if faculty members do not have the funding themselves.
- The Director holds Annual Performance Reviews, whereby each primary faculty member has a one-on-one meeting with the Director, during which his or her research activity is among the items discussed.
- The program's Mentoring Committee meets on an annual basis to facilitate mentoring of junior Core Faculty members (pre-tenure) by the tenured Core Faculty. These mentoring meetings are separate from the annual review performed by the Director. Each mentee submits to the committee a brief statement of career goals (including research) along with an outline of strategies through which they may reach their goals. The committee reviews the goals and strategies of each mentee, and thereafter meets with each mentee (one mentee at a time), offering guidance and expertise.
- In 2012, the PPH applied for and was awarded a small grant (with matching funds provided by the PPH) through the Stony Brook University Graduate School's "Building Graduate Communities Initiative." This initiative was created to support and foster interdisciplinary research seminars that encourage research collaborations and sharing of ideas across the University's schools, colleges, and departments. Core faculty member Dr. John Rizzo coordinates the planning and implementation of the PPH Research Seminar Series, which began in September 2012 as a monthly seminar, with nine seminars held for the academic year. Speakers include both Core Faculty members and outside speakers, and each seminar is advertised to invite attendance by PPH students, as well as faculty, staff, and students from other disciplines across the University. In addition to being centered on contemporary public health issues, this series also promotes a sense of community among our research faculty members and discussions about the real-world practical significance of the work to achieve public health improvements among our practice-based faculty. The PPH applied for and was again awarded the same grant for 2013-14, and has planned an exciting roster of monthly speakers.

- Tenure and promotion policies also are supportive of research activity. PPH Core Faculty members have primary appointments in other departments, and thus faculty members follow the guidelines for their academic homes. Candidates eligible for promotion and/or tenure first receive a letter of recommendation by their Department Chair and the PPH Director. This recommendation is included in a package of material examined by a promotion and tenure committee, which evaluates faculty members' research achievements, and determines the level of scholarly activity achieved. There are various levels of achievement in research through which a faculty member may be assessed for promotion and/or tenure. These levels progress from sharing of expertise, to publication in peer-reviewed journals, to serving as a peer reviewer and receiving invitations to deliver lectures at major professional meetings, to evidence of a strong national reputation and supervision of research programs, to evidence of an international scholarly reputation and recognition as a major influence in his/her discipline. Each faculty member is assigned a "score" that correlates with an assessment of his/her research achievements, along with service and teaching "scores," and the promotion and tenure committee makes its recommendation on whether to promote the faculty member based largely on the extent to which the scores are consistent with the rank/title being sought (e.g., Associate Professor, Professor). The promotion and tenure guidelines for the three schools/colleges in which PPH Core Faculty members have their academic homes, the School of Medicine, School of Health Technology and Management, and the College of Arts and Sciences, are provided in the E-Resource File in the folder entitled "Promotion and Tenure Guidelines."

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

Where indicated parenthetically in Table 3.1.1 below, faculty members are collaborating with local, state, national or international health agencies and community-based organizations to conduct research. In addition, certain faculty members hold formal research agreements with the following organizations/databases: New York State Vital Records, New York City Vital Records, New York State SPARCS Data, New York State Cancer Registry, the Danish Cancer Society, the Integrated Public Use Microdata Series, the National Center for Health Statistics for the National Survey of Family Growth, the National Longitudinal Study of Adolescent Health, the Study of Women's Health Across the Nation, and the Survey of the Health of Wisconsin.

The PPH also has a Memorandum of Understanding with the Suffolk County Department of Health Services to collaborate on research activities. The MOU was originally created in 2006 and has been extended through December 31, 2015.

3.1c. 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. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

The funding amounts reported in Table 3.1.1 below are total grant award amounts for research grants in which our faculty members play some role (e.g., PI, Co-PI, Collaborator). Funds are not necessarily distributed to the PPH (some work is done in-kind, no faculty off-set).

Table 3.1.1. Research Activity from 2011 to 2013

Project Name	Principal Investigator & Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
How to Improve Cardiac Rehabilitation Services in Israel?	**PI:** Mickey Scheinowitz (Tel-Aviv U.) **Collaborator:** Lisa Benz Scott (Community Health)	Maccabi Institute for Health Services	6/2011 – 6/2012	20,000	N/A	10,000	N/A	N	N
Youth Needs Assessment, Islip Town Youth Bureau, NY	**Co-PI:** Amy Hammock (Community Health)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	Y	Y
Integration of QR codes & Google Analytics in the evaluation of a multi-modal social norms campaign to reduce binge drinking & sexual assault on a college campus	**PI:** Aleef Rahman (Stony Brook Center for Prevention & Outreach), **Faculty Investigator:** Amy Hammock (Community Health)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	Y
Youth Summit Project, Brentwood, NY	**Co-PI:** Amy Hammock (Community Health)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	Y	Y
Survey of US teaching hospitals regarding impending reduction of federal support for residency training	**PI:** Norman Edelman (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	Y
Biopsychosocial Determinants of Sleep and Wellbeing for Teens in Fragile Families	**PI:** Lauren Hale (Public Health Practice)	National Institute of Child Health & Human Development	8/2013-7/2018	3,000,000	N/A	N/A	700,000	N	Y

Sleep and Health in the Social Environment	**PI:** Michael Grandner (U. of Pennsylvania), **Consultant:** Lauren Hale (Public Health Practice)	National Institute of Environmental Health Sciences	9/2012 – 8/2014	4,000	N/A	N/A	2,000	N	N
Sleep, Obesity, and Health-Related Quality of Life of Adolescents	**PIs:** Lauren Hale (Public Health Practice), Eric Reither (Utah State U.), Patrick Krueger (U. of Colorado, Denver)	National Institute of Diabetes and Digestive and Kidney Diseases	8/2011 – 7/2013	120,000	N/A	60,000	$60,000	N	Y
The REST Study: A Longitudinal Bidirectional Examination of Retirement and Sleep	**PI:** Paul Peppard (U. of Wisconsin, Madison), **Co-I:** Lauren Hale (Public Health Practice)	National Institute on Aging	8/2010 – 7/2015	400,000	80,000	80,000	$80,000	N	Y
Disadvantaged Children: Predictors & Outcomes of Sleep Behaviors	**PI:** Lauren Hale (Public Health Practice)	National Institute of Child Health & Human Development	9/2009 – 8/2011	450,000	100,000	N/A	N/A	N	Y
Psychogenic Illness in Response to Pandemic or Mass Biological Exposure: Development of Experimental Model	**PI:** Joan Broderick (Stony Brook U.), **Co-I:** Evonne Kaplan-Liss (Community Health)	National Institutes of Health – National Library of Medicine	9/2009 – 8/2011	275,000	91,667	N/A	N/A	N	Y
South Asian Community Health Survey	**PI:** Karen Goldsteen (Community Health) **Co-PI:** Raymond Goldsteen (Community Health/Public Health Practice)	N/A – Unfunded	5/2011 – 7/2012	N/A	N/A	N/A	N/A	Y	Y
Patient Outcomes Following Ambulatory Surgery	**PI:** Peter Glass (Stony Brook U.), **Co-I:** Karen Goldsteen (Community Health)	Stony Brook University School of Medicine	1/2005 - 12/2012	500	0	0	N/A	Y	Y
Cardiovascular Effects of Environmental Cadmium Exposure	**PI:** Kathy James (U. Colorado), **Co-I:** Jaymie Meliker (Evaluative Sciences)	US National Institute of Environmental Health Sciences (R21)	4/2013 – 3/2015	28,000	N/A	N/A	14,000	N	N

Space-Time Cancer Cluster Analyses in Denmark	**PI:** Ole Raaschou Nielsen (Danish Cancer Society), **Co-I**: Jaymie Meliker (Evaluative Sciences)	N/A - Unfunded	1/2008-6/2013	N/A	N/A	N/A	N/A	N	N
Virtual Consortium Competitive Supplement on Urinary Cadmium and Risk of Breast Cancer	**PI:** Jaymie Meliker (Evaluative Sciences)	US National Institute of Environmental Health Sciences (R01)	3/2013-1/2015	791,000	N/A	N/A	402,000	Y	N
Urinary Cadmium and Risk of Breast Cancer	**PI:** Jaymie Meliker (Evaluative Sciences)	US National Institute of Environmental Health Sciences	2/2011 - 1/2015	1,165,000	316,000	304,000	245,000	N	N
Long Island Study of Seafood Consumption	**PI:** Jaymie Meliker (Evaluative Sciences)	Gelfond Fund for Mercury-Related Research & Outreach	8/2010 - 2/2013	300,000	100,000	100,000	100,000	Y	Y
Experimental evidence and validation of measures on gender-based violence	**PI:** Tia Palermo (Evaluative Sciences)	National Institute of Child Health and Human Development	3/2013 - 3/2015	157,500	N/A	N/A	78,750	N	Y
New York State Sexual Assault Kit Backlog Study	**PI:** Tia Palermo (Evaluative Sciences)	N/A - Unfunded	Fall 2011-Present	N/A	N/A	N/A	N/A	Y	Y
Examining knowledge and use of emergency contraception: a global analysis	**PI:** Tia Palermo (Evaluative Sciences)	N/A-Unfunded	Fall 2011-Present	N/A	N/A	N/A	N/A	Y	Y
Patient and Provider Acceptability Studies on the Intra-uterine device as emergency contraception	**PI:** Tia Palermo (Evaluative Sciences)	N/A - Unfunded	Fall 2012-Present	N/A	N/A	N/A	N/A	N	Y
Exploring the Impact of Cataract Surgery on Health-Related Quality of Life in the Sacred Valley of Peru (EIS in Peru)	**PI:** Tia Palermo (Evaluative Sciences)	N/A - Unfunded	Spring 2013-Present	N/A	N/A	N/A	N/A	Y	Y
School-to-Work Program Participation and the Early Labor Market Success of Young Adults in the Current Recession	**PI:** Carrie Shandra (Evaluative Sciences)	National Academy of Education/Spencer Foundation Fellowship	9/2012 – 8/2013	55,000	N/A	18,300	36,700	N	N

Productivity Among Working-Age Disability Beneficiaries	**PI:** Carrie Shandra (Evaluative Sciences)	Social Security Administration/ Mathematics Policy Research	7/2013 – 6/2014	30,000	N/A	N/A	24,000	N	Y
Compiling an Evidence Base for Orphans and Vulnerable Children	**PI:** T. Thurman (Tulane U.) **Co-I:** Rachel Kidman* (Community Health)	USAID	11/2012 – 10/2014	4,481,389	N/A	N/A	2,240,695	Y	N
HIV/AIDS Orphaned and Vulnerable Children Public Health Evaluation	**PI:** T. Thurman (Tulane U.) **Co-I:** Rachel Kidman* (Community Health)	USAID	10/2010 – 11/2014	3,182,154	N/A	N/A	795,539	Y	N
Integrative Analysis of Longitudinal Studies of Aging	**PI:** Scott Hofer (U. of Victoria) **Co-PI:** Sean Clouston* (	National Institute on Aging	8/2013 – 8/2018	7,796,414	N/A	N/A	649,700	N	N
Racial animism and racial inequalities in all-cause and cause-specific mortality	**PI:** David Chae (Emory U.) **Co-I:** Sean Clouston (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	N
Naseoalveolar Molding treatment and surgical outcomes	**PI:** Marcie Rubin (NYU/Columbia U.) **Co-I:** Sean Clouston (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	N
Social inequalities in cause-specific mortality: Historical change in social inequalities between 1968-2009	**PI:** Sean Clouston (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	N
The relationship between physical capability and fluid cognition in later life: The role of lifecourse factors	**PI:** Sean Clouston (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	N
Lifecourse inequalities in late-life capability	**PI:** Sean Clouston (Public Health Practice)	N/A - Unfunded	N/A	N/A	N/A	N/A	N/A	N	N
Totals				22,255,957	687,667	572,300	5,428,384	11	18

*Joined Core Faculty in August 2013.

3.1d. 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. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

The measurable objectives by which the program may evaluate the success of its research activities are as follows in Table 3.1.2. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 3.1.2 Research-related measurable objectives and performance against objectives, last three years

9a) Maintain and promote faculty research productivity.

Targets:

- *A minimum of 50% of Core Faculty members will publish in refereed journals at least one time per year and 25% will publish twice or more per year.*

	2011	2012	2013*
Percent publishing at least *once*	90%	54%	50%
Percent publishing at least *twice*	50%	38%	50%

*As of August 1, 2013. Does not include four new faculty members who joined Core Faculty on or after that date.

- *Junior faculty without external support will be supported to present research at a minimum of one academic conference per year.*

	2011	2012	2013
Junior faculty supported to present research	Y	Y	Y

- *The PPH Mentoring Committee, composed of senior faculty (tenured), will meet one-on-one at least once annually with each junior (pre-tenure) faculty member to provide mentorship and to monitor research progress.*

	2011	2012	2013*
Mentoring Committee met with each junior faculty member	N	N	Y

*Committee was formed at the end of 2012

9b) Encourage scholarly activities among the faculty in national and international scholarly organizations related to public health.

Target:

- *100% of the Core Public Health Faculty will be active in a national or international scholarly organization.*

	2011	2012	2013
Percentage of faculty active in national or international scholarly organization	100%	100%	100%

9c) Encourage extramural funded research among the faculty.

Target:

- *At least 50% of Core Public Health Faculty will have external grant funding each year.*

	2011	2012	2013*
Percentage of faculty with external grant funding	60	62	43

*As of September 1, 2013.

10a) Encourage students to participate in academic research activities.
Target:

- *By Academic Year 2014-15, at least 10 MPH students will participate in a mentored, research-based Independent Study or Internship each Academic Year.*

	2010-11	2011-12	2012-13
Number of students conducting research-based Independent Study or Internship	6	7	4

10b) Involve students in research presentations at scientific conferences.
Target:

- *By 2016, ten MPH students or recent alumni per year will be involved in presentations of research at scientific conferences.*

	2011	2012	2013
Number of students or recent alumni involved in research presentations	6	6	5*

*As of September 1, 2013.

3.1e. Description of student involvement in research.

Aside from students who complete research-based practicums, several students each year take Independent Study or Internship credits to work on research projects. The research they conduct may be part of a Core Faculty member's existing grant, or it may be research done in collaboration with a community organization. Please refer to Table 3.1.3 below, to view a list of Independent Studies and Internships completed by PPH students over the last three years.

Table 3.1.3 Research-Based Independent Studies and Internships, Academic Years 2010-11 – 2012-13

Independent Study or Internship	Organization	Title	Description	Year
Internship	Nassau County Department of Health	Public Health Preparedness: Maternal, Child, and Community Health	Analyzing and interpreting data relevant to various community-based studies/proposals implemented by the Nassau County Department of Health	Fall 2010
Internship	Stony Brook University Program in Public Health	Long Island Atlas Project	Collecting health related data from Long Island in order to develop a comprehensive map for research purposes	Fall 2010
Independent Study	Stony Brook University Program in Public Health	Data Analysis	Formatting data in STATA and analyzing data to develop a manuscript	Spring 2011
Independent Study	Stony Brook University Program in Public Health	Workforce Project	Studying of trends in residency training programs and positions with the United States	Spring 2011

Independent Study	Stony Brook University Program in Public Health	Research Project	Using the CDC BRFSS 2007 Survey - comparing patients reporting diabetes and cardiovascular disease and describing the clinical barriers to medical care and determining whether financial barriers were predictive of aspirin use	Spring 2011
Internship	Stony Brook University Program in Public Health	Long Island Atlas Project	Collecting health related data from Long Island in order to develop a comprehensive map for research purposes	Spring 2011
Internship	Stony Brook University Program in Public Health	Long Island Atlas Project	Collecting health related data from Long Island in order to develop a comprehensive map for research purposes	Fall 2011
Internship	Albert Einstein College of Medicine	Research Assistantship	Assisting in the development of a reach paper that discusses public health concerns such as obesity in respect to physical activity and dietary patterns	Fall 2011
Independent Study	Stony Brook University Program in Public Health	Research Project	Coding, analysis, and research article writing	Fall 2011
Independent Study	Stony Brook University Program in Public Health	Workforce Project	Studying of trends in residency training programs and positions with the United States	Fall 2011
Independent Study	Stony Brook University Program in Public Health	Research Project	Data analysis regarding a longitudinal survey on Graduate Medical Education	Spring 2012
Independent Study	Stony Brook University Program in Public Health	Research Project	Running analysis and building tables for a publication on intimate partner violence in developing countries	Spring 2012
Independent Study	Stony Brook University Program in Public Health	South Asian Study	Data analysis and development of a paper for a South Asian Community Health survey	Spring 2012
Internship	Suffolk County Department of Health Services	Suffolk County Department of Health Internship	Analyzing data regarding falls among elderly in Suffolk County	Spring 2012
Internship	Family Care International	Research project	Data coding, analysis, and interpretation on knowledge and use of emergency contraception globally using Demographic and Health data from 45 countries	Spring 2012

Independent Study	Stony Brook University Program in Public Health	Research Assistant	Literature Review on intimate partner violence and child health	Fall 2012
Independent study	Stony Brook University Program in Public Health	Gender-based violence research project	Literature review on topics related to gender-based violence in Zambia and Africa	Spring 2013
Independent Study	Stony Brook University Program in Public Health	Research project	Collecting and interpreting data for mercury consumption study. Recruiting additional subjects for study.	Spring 2013
Independent Study	Stony Brook University Program in Public Health	Research Assistant	Literature review	Spring 2013
Independent Study	Stony Brook University Program in Public Health	Research Assistant	OB/GYN organizing and coding data	Spring 2013

3.1f. 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.

The criterion is met.

Strengths:

- The Program in Public Health has instituted many policies which have created a thriving research environment in the program. These policies include a maximum teaching load of three courses per Academic Year, support for research-related travel, one-on-one annual performance review meetings, and a promotion and tenure process with specific expectations for research activity.
- The PPH Core Faculty maintains a high level of research productivity.
- Many of our MPH students register for Independent Studies or Internships to become involved in research projects.
- The program has set research-related goals and objectives for itself that exhibit high, but achievable, standards of scholarship.

Weaknesses:

After careful consideration, the PPH has determined that its commitment to research activity and its resulting research productivity is of a high caliber. The program has not identified weaknesses relating to this criterion.

Plans:

- The PPH plans to continue the monthly research seminars which foster a community of scholars and engage students, faculty, and staff, across disciplines. The program applied for and has received matching funds from the Graduate School in order to continue the seminar series for Academic Year 2013-14. The list of scheduled speakers is available on the PPH website (http://publichealth.stonybrookmedicine.edu/seminarseries).
- The PPH also plans to continue to monitor faculty workload and productivity, to ensure that faculty members are successful in their research activities and have protected time for research initiatives locally, nationally, and/or internationally.
- We plan to continue to engage students in research opportunities, particularly practice-based research that promotes community engagement, effective skills to communicate science to the public, and to present research at scientific conferences.

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.

3.2a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The Program in Public Health is committed to professional service activities, which is reflected in our mission statement. Service is a component of the program that is highly valued and strongly encouraged for both faculty and students. Faculty members are expected to make service contributions and service is included in their tenure and/or promotion review, in addition to excellence in teaching and scholarship. Please refer to Criterion 3.2b for more information on the tenure and promotion process, which includes criteria for evaluation of faculty service contributions. In addition, the PPH Director, in collaboration with the faculty member's Department Chair, includes service as an item in each faculty member's Annual Performance Review.

Outside of the required practicum experience, students engage in service activities through optional internships and through the Organization of Public Health Students and Alumni (OPHSA), which organizes student-initiated service activities. Students are encouraged to become involved in various other service activities as they arise, whether they themselves identify opportunities or are notified of opportunities by program faculty or staff. For more information on student involvement in service, please refer to Criterion 3.2e. Additionally, the PPH holds a Memorandum of Understanding with the Nassau County Department of Health, created in 2012, detailing arrangements for our MPH students to conduct internships and practicums through that department.

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

As mentioned in Criterion 3.1, PPH Core Faculty members have academic titles that are based in a home department within a School or College. At the time of promotion/tenure eligibility, candidates' service commitments are examined by their school or college's promotion and tenure committee, which determines the level of service achieved by the faculty member. The promotion and tenure criteria are similar across the various schools and departments in which PPH Core Faculty members have academic appointments. Service Level 1 is confined to service to the University. Faculty members reach Service Level 2 when they have contributed to University administration or governance, and professional service outside the University, such as community service and service to professional societies and editorial boards. Service Level 3 is assigned to faculty members who show substantial leadership within the University, as well as serve as officers in national organizations. The promotion and tenure guidelines for the three schools/colleges in which PPH Core Faculty members have their academic homes are provided in the E-Resource File. As noted in Criterion 3.1, each faculty member's service "score" is tabulated, along with research/scholarship and teaching "scores," and the promotion and tenure committee members vote to provide a recommendation to the Dean, for or against promotion/tenure of the faculty member.

3.2c. 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. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

Table 3.2.1, appearing below, lists the program's unfunded service activities by Core Faculty members for the past three years. Table 3.2.2, appearing after Table 3.2.1, lists the program's funded service activities.

Table 3.2.1: Unfunded Faculty Service, 2011 to 2013

Faculty member	Role	Organization	Activity or Project	Year(s)
Benz Scott, Lisa[1]	Editorial Board member, Peer reviewer	Journal of Cardiopulmonary Rehabilitation and Prevention	Served as Editorial Board member for the official Journal of the American Association of Cardiovascular and Pulmonary Rehabilitation & the Canadian Association of Cardiac Rehabilitation; peer reviewed original research papers	Editorial Board member: January 2010 – present; Peer reviewer: 2011 - present
	Peer reviewer	CES4Health.info	Reviewed a CBPR logic model & variable matrix that lists measures to assess/evaluate community-academic partnerships, CBPR processes & related outcomes.	August 2011 - present
	Review Board member	American Journal of Health Behavior	Served as Review Board member of the official Journal of the American Academy of Health Behavior	January 2010 – present
	Volunteer	Inaugural Network of Behavioral and Social Scientist Volunteers: American Psychological Association (APA) / Centers for Disease Control and Prevention/ Division of Cancer Prevention and Control	Trains cancer serving stakeholders to improve cancer prevention, early detection, & survivorship activities that meet the needs of socio-economically disadvantaged communities & populations.	2009 – present
	Abstract peer reviewer; Student poster competition judge; Delegate: Board of Directors; Member: Board of Directors; Chair: Program Planning Committee; Co-Director: 12-Month Post-doctoral Mentoring Program	American Academy of Health Behavior, in collaboration with the W.K. Kellogg Health Scholars Program	Peer-reviewed annual conference abstracts, judged student posters , chaired Program Planning Committee for 2011 Annual Scientific Meeting, Community-Based Participatory Research theme	Peer reviewer: 2012; Judge: March 18-21, 2012; Delegate: March 2011-February 2012, re-elected to 2015; Board of Directors Member: February 2010-March 2011; program planning: March 20-23, 2011; Co-Director: May 2011 – April 2012

	Mock Peer Review Consultant	Community-Campus Partnerships for Health	Reviewed pre-submission NIH grant proposals prepared by academic & community partners at the Northwestern University's Clinical and Translational Sciences Institute.	March – May 2012
	Peer reviewer	Journal of Women's Health	Peer-reviewed original research papers	January 2012 and January 2011
Clouston, Sean[2]	Peer Reviewer	Journals of Gerontology, Series B European Journal of Aging Experimental Gerontology Psychosomatic Medicine	Reviews original research papers for publication	2013
	Collaborator	Integrative Analysis of Longitudinal Studies on Aging	Facilitates research with international network members	2011-2013
Edelman, Norman	Editorial Board member	Journal of Community Medicine and Health Education	Reviews manuscripts for publication	2012 – present
	Steering Committee member: Pulmonary Disease and Critical Care	National Quality Forum	Review proposal for NQF endorsement as valid quality measures	2010 – present
	Organizing Committee member	Josiah Macy Jr. Foundation	Serves as an Organizing Committee member for the Workshop on the Future of Graduate Medical Education	2009 – present
	Consultant for Scientific Affairs	American Lung Association	Serves as a consultant on scientific matters.	1984 – present
	Peer Reviewer	Annals of Internal Medicine	Reviewed manuscripts for publication	2011
Flescher, Andrew[2]	Editorial Board member	Pediatric Transplantation	Reviews journal articles for publication	2010 – present
	Committee Member	CSU Chico	Member of the President's Visiting Scholars Committee	2008 – present
	Committee Member	CSU Chico	Member of the University Faculty Grievance Committee	2007 – present
	Representative	CSU Chico	Represents Research and Sponsored Programs Committee	2007 – present
	Meeting Organizer	CSU Chico	Organizes Religious Studies/Philosophy Weekly Reading Group	2006 – present
	Faculty Representative	CSU Chico	Represents Students in Free Enterprise	2003 – present
	Committee Member	CSU Chico	Member of the University Academic Integrity Committee	2002 – present
	Moderator	Society of Christian Ethics	Ongoing convener, moderator for concurrent sessions at annual meetings	2001 – present
	Participant	CSU Chico	Faculty Participant of the CSU Chico Honors Program	2001 – present
	Committee Member	CSU Chico	Member of the Department College Curriculum Committee	2001 – present

	Reviewer	Journal of Religious Ethics Society of Christian Ethics	Referee for various articles submitted for publication Referee for articles submitted for publication in the *Annual*	2001 – present 2000 – present
Goldsteen, Karen[3]	Peer Reviewer	The Gerontologist	Reviewed original research papers	2010 – 2011
Goldsteen, Raymond[3]	Prevention Agenda Leadership Group member	New York State Department of Health	Worked to set New York State's prevention agenda	2008 – 2012
	Reviewer	External Committee for the MPH Program: University of Pennsylvania	Served as an outside reviewer of the MPH Program	2011
Graham, David[4]	Peer Reviewer	American College of Preventive Medicine Board of Regents	Examiner and Reviewer of Peers	2013 - present
	Advisory Board member	Columbia University, National Center for Disaster Preparedness	Serves as a Scientific Advisory Board member	2011 – present
Hale, Lauren	Board of Directors Member, Committee Member	National Sleep Foundation Research Committee	Member of committee that sets research agenda & reviews grants for the National Sleep Foundation.	2011-present
	Co-founder	Sleep, Health, and Society Network	Created & maintains professional network of scholars to advance research regarding sleep, health, & society.	2007 – present
	Peer Reviewer	Journal of Sleep Research	Reviewed original research papers	2011 – 2013
	Peer Reviewer	SLEEP	Reviewed original research papers	2007 – 2013
	Peer Reviewer	NIH: RFA on Sleep and the Social Environment	Reviewed original research papers	2012
	Peer Reviewer	NIH: MESH Mechanisms of Emotion, Stress, and Health Study Section	Reviewed original research papers	2012
	Peer Reviewer	American Journal of Clinical Nutrition	Reviewed original research papers	2010 – 2012
	Peer Reviewer	American Journal of Public Health	Reviewed original research papers	2010 – 2012
	Peer Reviewer	Behavioral Sleep Medicine	Reviewed original research papers	2010 – 2012
	Peer Reviewer	Child Development	Reviewed original research papers	2010 – 2012
	Peer Reviewer	Child Development Perspectives	Reviewed original research papers	2010 – 2012
	Peer Reviewer	Developmental Psychology	Reviewed original research papers	2010 – 2012
	Peer Reviewer	Social Science and Medicine	Reviewed original research papers	2009 – 2012
	Taskforce Member	National Sleep Foundation Sleep in America Poll	Member of Taskforce that helps interpret and present results to media for national Sleep Study	2010-2011

	Peer Reviewer	Journal of Epidemiology and Community Health	Reviewed original research papers	2011
	Peer Reviewer	Journal of Health and Social Behavior	Reviewed original research papers	2011
	Peer Reviewer	Sleep Medicine	Reviewed original research papers	2011
	Peer Reviewer	American Journal of Epidemiology	Reviewed original research papers	2010 – 2011
Hammock, Amy	Advisory Board Member	Center for Nonprofit Leadership, Adelphi University	Provides ongoing consultation on a social marketing campaign to address domestic violence on Long Island	2012 – present
	Advisory Board Member	Institute for Social Research and Community Engagement/Vital Signs, Adelphi University	Provides ongoing consultation to community-based participatory research projects	2011 – present
	Faculty Consultant	Town of Islip Youth Bureau	Provides ongoing consultation on needs assessment of youth in the Bureau's catchment area	2011 – present
	Faculty Representative	National College Health Improvement Project (NCHIP)	As part of Stony Brook's NCHIP team, contributes expertise about prevention of binge drinking & sexual assault to this national consortium	2011 – present
	Core Planning Member	Brentwood Youth Summit	Works with community members to develop & implement programs & policies to end violence in the community	2010 – present
	Peer Reviewer	World Congress on Social Media, Mobile Apps, and Internet/Web 2.0	Reviewed abstracts for presentation at annual meeting	2013
	Peer Reviewer	American Academy of Health Behavior	Reviewed abstracts for presentation at annual meeting	2011 – 2013
	Mock Peer Review Consultant	Community-Campus Partnerships for Health	Reviewed pre-submission NIH grant proposals prepared by academic & community partners at the Northwestern University's Clinical and Translational Sciences Institute	March – May 2012
	Peer Reviewer	National Institute on Minority Health and Health Disparities	Peer reviewed R01 and R13 proposals	2011 – 2012
	Peer Reviewer	American Journal of Community Psychology	Reviewed manuscripts for publication	2011 – 2012
	Peer Reviewer	Violence Against Women	Reviewed manuscripts for publication	2011 – 2012
Kaplan-Liss, Evonne	Counselor, Fund Raiser, Medical Advisory Committee member	Crohn's & Colitis Foundation of America	Served as Medical Advisory Board member	1988 – present
Kidman, Rachel[2]	Peer Reviewer	Social Science and Medicine	Reviewed original research papers	2013
	Session Organizer	PAA 2014 Annual Meeting	Organized and reviewed papers for oral presentation sessions	2013
Meliker, Jaymie	Member, International Scientific Organizing Committee	Environmental Health Meeting in Basel, Switzerland, 2013	Member of 10-person Scientific Organizing Committee for joint meeting of ISEE (Intl Soc. of Envtl Epi), ISES (Intl Soc of Expos. Sci), & ISIAQ (Intl Soc of Indoor Air Quality)	2011 – 2013

	Editorial Board member, Manuscript Reviewer	PLoS One	Handles review process for manuscripts (~5/yr)	2012 – present
	Editorial Board member, Manuscript Reviewer	Science of the Total Environment (Elsevier)	Reviews manuscripts (~3/yr)	2011 – present
	Advisory Board member	GettingToKnowCancer.org	Supports project via e-mails and conference calls	2011 - present
	Elected Board Member, Financial Committee member, Strategic Planning Energizer Committee member	International Society of Exposure Science	Monthly conference calls, planning activities, e-mail communications	Elected Board Member and Financial Committee member: 2011 – present Strategic Planning Energizer Committee member: 2008 – 2012
	Editorial Board member, Manuscript Reviewer	Spatial & Spatio-temporal Epidemiology (Elsevier)	Reviews manuscripts for publication	2009 – present
	Advisory Board member	Gelfond Fund for Mercury Related Research & Outreach	Serves on Advisory Board	2009 - present
	Peer Reviewer	International Journal of Geographical Information Science: Regulatory Toxicology & Pharmacology	Reviewed manuscripts for publication	2013
	Peer Reviewer	Epidemiology	Reviewed manuscripts for publication	2011 – 2013
	Journal Contributions Manager	International Society of Environmental Epidemiology	Supported Society's use of free journal pages in Epidemiology and Environmental Health Perspectives	2007 – 2013
	Grant Reviewer	USAID-Middle East Regional Cooperation Environment Program	Reviewed and scored grant applications	2012
	Grant Reviewer	NIH IRAP Study Section -- Infectious, Reproductive, Asthma, & Pulmonary Conditions	Reviewed and scored grant applications	2012
	Grant Reviewer	NIEHS Special Emphasis Panel ZES1 TN-D(ST) on Environmental Influences on Stem Cells	Reviewed and scored grant applications	2012
	Peer Reviewer	American Journal of Industrial Medicine American Journal of Kidney Diseases American Journal of Public Health Applied Geography Environmental Health Environment International Environmental Science & Technology International Journal of Environmental Research and Public Health Journal of Exposure Science and Environmental	Reviewed manuscripts for publication	2012

		Epidemiology Journal of Toxicology and Environmental Health		
	Peer Reviewer	Environmental Health Perspectives	Reviewed manuscripts for publication	2011 – 2012
	Peer Reviewer	American Journal of Epidemiology International Journal of Hygiene and Environmental Health Proceedings of the National Academy of Sciences Remote Sensing Science of the Total Environment	Reviewed manuscripts for publication	2011
	Grant Reviewer	NIH IRAP Study Section -- Infectious, Reproductive, Asthma, and Pulmonary Conditions	Reviewed and scored grant applications	2011
	Grant Reviewer	Albert Einstein College of Medicine, Global Health Center, Pilot Grants	Reviewed and scored grant applications	2011
	Advisory Board member	CAREX Canada: Surveillance of environmental and occupational exposures for cancer prevention: drinking water contaminants committee	Supported project via e-mails and conference calls	2009 - 2011
Palermo, Tia	Peer Reviewer	Journal of Family Issues	Peer reviews original research papers	2013 – present
	Peer Reviewer	Disasters	Peer reviews original research papers	2013-present
	Peer Reviewer	European Journal of Development Research	Peer reviews original research papers	2012 – present
	Peer Reviewer	American Journal of Public Health	Peer reviews original research papers	2011-present
	Peer Reviewer	Bulletin of the World Health Organization	Peer reviews original research papers	2011 – present
	Peer Reviewer	Public Health Reports	Peer reviews original research papers	2011 – present
	Peer Reviewer	Journal of Inquiry and Violence Research	Peer reviews original research papers	2011 – present
	Peer Reviewer	Global Public Health	Peer reviews original research papers	2011 – present
	Board of Directors member	Planned Parenthood Hudson Peconic	Votes on major decisions related to organization of health care facilities for non-profit organization	2011 - present
	Peer Reviewer	Population Studies	Peer reviews original research papers	2010 – present
	Peer Reviewer	International Perspectives on Sexual and Reproductive Health	Peer reviews original research papers	2010 – present
	Peer Reviewer	Journal of Social Aspects of HIV/AIDS	Peer reviews original research papers	2010 – present
	Peer Reviewer	Society, Biology and Human Affairs	Peer reviews original research papers	2010 – present

	Peer Reviewer	Studies in Family Planning	Peer reviews original research papers	2008 – present
	Session Organizer and Session Chair	Population Association of America	Organized and reviewed papers for two oral presentation sessions	2013
Rizzo, John	Editorial Board member	BioMed Central Health Services Research	Peer reviews original research papers	2010 – present
	Editorial Board member	Aorta	Peer reviews original research papers	2010 – 2013
Shandra, Carrie[5]	Peer Reviewer	Social Service Review	Peer reviews original research papers	2013
	Paper Award Reviewer	Rosabeth Moss Kanter award for excellence in work-family research	Read and evaluated paper award nominations and worked with other committee members to select the paper award winner	2013
	Roundtable Moderator	American Sociological Association	Read and provided comments on conference paper submissions and used these comments to moderate discussion at the annual meeting	2013
	Membership Committee member	Work family Researchers Network	Recruits new members and evaluates current members' concerns	2012 – present
	Peer Reviewer	American Journal of Sociology	Peer reviews original research papers	2012 – present
	Peer Reviewer; Paper Award Reviewer	American Sociological Review W. Richard Scott award, American Sociological Association	Peer reviews original research papers	2012 – present
	Peer Reviewer	Journal of Marriage and Family	Peer reviews original research papers	2007 – present
	Peer Reviewer	Men and Masculinities	Peer reviews original research papers	2007 – present
	Peer Reviewer	The Sociological Quarterly	Peer reviews original research papers	2007 – present
Shanley, John[3]	Collaborator	Center for Research in Health, Work and Environment (CISTA), National Autonomous University of Nicaragua	Collaborates on public health projects	2008 – present
	Fellow	Infectious Disease Society of America	Reviews papers, attends meetings	1984 – present
	Co-founder	Stony Brook School of Medicine Peru Medical Relief Mission	Provided oversight and mentoring of Stony Brook University medical students and delivered basic medical care to Peruvians in remote areas of the Sacred Valley of Peru	2011
	Participant	El Salvador, Chispa Public Health Mission	Collaborated on public health projects	2011
Wang, Xuefeng[2]	Guest Associate Editor	Frontiers in Genetics	Handles review process for manuscripts and peer reviews original research papers	2013-present

[1] Joined the PPH Core faculty in January 2012
[2] Joined the PPH Core Faculty in August 2013
[3] PPH Core Faculty member through June 2012
[4] Joined the PPH Core Faculty in March 2012
[5] Joined the PPH Core Faculty in September 2012

Table 3.2.2. Funded Faculty Service Activity from 2011 to 2013

Project Name	Principal Investigator& Concentration	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Stony Brook University Violence Against Women Prevention And Response Project (continuation)	**PI:** Amy Hammock (Community Health)	Department of Justice	October 2012 – September 2015	$270,000	N/A	$90,000	$90,000	Y	Y
Stony Brook University Violence Against Women Prevention And Response Project	**PI**: Smita Majumdar Das **Consultant:** Amy Hammock (Community Health)	Department of Justice	October 2009 – September 2012	$300,000	$100,000	N/A	N/A	Y	Y
Peer Education Program to Prevent Sexual Violence	**PI:** Smita Majumdar Das **Consultant:** Amy Hammock (Community Health)	Avon Foundation for Women	March 2011 – March 2012	$10,000	$8,300	$1,700	N/A	Y	N
The Art and Science of Community-based Participatory Research (CBPR): Methods, Measures, and Evidence for Health Behavior Change	**Co-PIs:** Lisa Benz Scott (Community Health), David Seal (President, American Academy of Health Behavior)	National Center for Minority Health and Health Disparities, National Institutes of Health	May 2011 – April 2012	$44,600	$29,700	$14,900	N/A	Y	N

3.2d. 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.

The measurable objectives by which the program may evaluate the success of its service efforts are as follows in Table 3.2.3. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 3.2.3 Measurable objectives as they relate to PPH service efforts, with performance data, last 3 years

11a) Serve the needs of public health organizations through high-quality partnership experiences with students.

Targets:

- *At least 60% of practicums will include a public health-based partnership outside of the University;*

	2010-11	2011-12	2012-13
Percentage of non-SBU practicums	46%	77%	73%

- *For 100% of practicums and internships, ongoing feedback between the student and the student's practicum/internship team will occur, especially at both mid-service and completion, to ensure a high quality community partnership throughout the entire period.*

	2010-11	2011-12	2012-13
Percentage of practicums/internships with ongoing feedback among practicum/internship team	100%	100%	100%

11b) Facilitate communication and collaboration between community organizations and students.

Targets:

- *At least once per month, the program will inform students of Practicum, Internship, and voluntary service opportunities within the community by means of website postings and emails.*

	2010-11	2011-12	2012-13
Service opportunities announced each month	Y	Y	Y

- *By Academic Year 2015-16, place six MPH students in internship or practicum opportunities at the Suffolk or Nassau County Departments of Health.*

	2010-11	2011-12	2012-13
Number of students conducting practicums or internships at a health department	3	5	7

- *Through 2015, hold four face-to-face meetings annually between faculty and staff of the PPH and high-level administrators of Nassau and Suffolk County Departments of Health to discuss needs of the health departments that can be filled by our MPH students.*

	2010-11	2011-12	2012-13
Number of face-to-face meetings held annually.	N/A*	4	4

*These meetings are conducted through the PHTC. The funding period for the HRSA grant which funds the PHTC began September 2011.

11c) Core Faculty members will lend their expertise to engaging in public health-related professional service efforts.

Target:

- *50% of Core Faculty members will serve as peer reviewers for refereed journals.*

	2011	2012	2013
Percentage of faculty serving as peer reviewers	70%	62%	86%

- *50% of Core Faculty members will serve in a leadership position for a professional society (e.g., Board member, Committee/Council Chair)*

	2011	2012	2013
Percentage of faculty serving in professional society leadership position	60%	62%	71%

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

There are several ways that a student may get involved with a service activity through our program. First, the Director, faculty, and staff are well connected with numerous public health-related electronic listservs, due to their professional affiliations, which frequently announce opportunities for service locally, nationally, and internationally. Faculty members also receive information via local community-based leadership with whom they have routine contact, as well as our network of alumni and preceptors. Our students receive many e-blasts each semester (also posted to the PPH website) from the Senior Academic Coordinator, announcing opportunities for service activities. Students who are interested may respond to the opportunity. In addition, some of our students choose to enroll in optional internships during their course of study, which provide students with service learning opportunities. Internships may be paid or unpaid, for-credit or not-for-credit.

The Organization of Public Health Students and Alumni (OPHSA) serves as another vehicle to coordinate service activities for students. Past and recurring service activities conducted through OPHSA include organization of Food Day, in preparation for which OPHSA typically invites speakers to present talks regarding food (e.g., production, distribution, nutrition) and holds screenings of food-related documentaries. Additionally, on March 1, 2013, OPHSA members participated in the Suffolk County Department of Health Services Office of Minority Health's 7th Annual Health Disparities Conference. OPHSA members have also gotten involved in several fundraising walks, encouraging other MPH students to walk and/or donate to organizations such as the Lustgarten Foundation to cure pancreatic

cancer and the New York City Department of Health's NYC World TB Day Walk. OPHSA also organizes Public Health Month events every spring. Public Health Month events have included collaborating with other organizations on blood drives, confidential HIV testing, wellness clinics, nutrition fairs, depression screenings and a suicide prevention panel. OPHSA has also conducted health education activities, such as running a Preventive Health Fair with more than 20 booths, staffed with University groups such as the Blood Bank, which provided blood education; Counseling and Psychological Services, which provided a stress workshop; and Swallow This, a group specializing in awareness of substance abuse and mental health through the arts, which performed a topical skit. The Suffolk County Department of Health Services operated a booth regarding smoking cessation, and OPHSA's booths covered public health trivia and global health.

3.2f. 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.

The criterion is met.

Strengths:

- Service activity among Core Faculty members is strongly encouraged through promotion and tenure guidelines and performance reviews with the Director and the faculty member's Departmental Chair. Faculty members are highly engaged in diverse professional service activities which serve the public health profession.
- There are many ways in which students are notified of and encouraged to engage in service activities outside of the practice experience, such as through email notifications, OPHSA initiatives, and optional internships.
- The PPH has a Memorandum of Understanding with the Nassau County Department of Health, allowing our students to enter into internships at this organization.

Weaknesses:

After careful consideration, the program has made the determination that the commitment to and involvement in service activities demonstrated by the program, our faculty and our students is robust. We have not identified weaknesses related to this criterion.

Plans:

- The PPH plans to continue to maintain its existing service activities, and to grow in the number of new service activities.
- We plan to maintain our partnership with the Nassau County Department of Health to accept several of our MPH students as interns.
- We plan to develop new partnerships with community-based organizations (such as through needs identified by the Public Health Training Center, described in Criterion 3.3).

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.

3.3a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Community Advisory Group

The PPH's Center for Public Health and Health Policy Research (CPHHPR) led to the creation of the program's Community Advisory Group. Meetings of the advisory group, which is comprised of public health professionals in the community, provide one way through which the PPH ascertains the public health training needs of the community. The PPH Director holds meetings with the Community Advisory Group at least one time annually to discuss efforts to ensure that the partnership remains mutually beneficial. We strive to offer the expertise and resources of our faculty and students, and we seek feedback from the advisory group on various programmatic procedures as well as on our curriculum. One way that the PPH offers its expertise to the advisory group is by discussing training needs of the local public health workforce with advisory group members, since they are community representatives who are well-acquainted with the local workforce. Community Advisory Group members come from such organizations as local health departments, non-profit organizations, public health-related university initiatives, and other health-related organizations.

New York City – Long Island – Lower Tri-County Public Health Training Center

In 2011, the program was awarded a HRSA-funded training grant, in partnership with Columbia University's Mailman School of Public Health, enabling the two universities to collaborate to create the New York City - Long Island - Lower Tri-County Public Health Training Center (NYC-LI-LTC PHTC). The PHTC is a continuing education and training resource for public health workers in the five boroughs of New York City, the five surrounding counties of Suffolk and Nassau (Long Island) and Westchester, Rockland, and Putnam (Lower Tri-Counties). The Director of the PHTC at Stony Brook is Core Faculty member Dr. Amy Hammock. The mission of the PHTC is to enhance the current and future public health workforce's ability to effectively deliver the 10 Essential Public Health Services to communities in New York City and Suffolk, Nassau, Westchester, Rockland and Putnam Counties. To fulfill this mission, the Center works directly with each partner health department to tailor and target its efforts to meet the training needs of the workers. Specifically, the PHTC:

- Assesses the public health workforce needs at each health department and assists in the planning and development of training programs to meet identified needs;
- Trains the public health workforce through face-to-face and distance-based learning opportunities;
- Arranges collaborative projects for faculty members and students to enhance public health services to medically underserved communities; and
- Establishes and strengthens field placements for students in public health departments to ensure the growth and knowledge of the future public health workforce.

There is no charge to participants for either web-based or face-to-face training programs, and many of the events offer continuing education credits. In order to determine which training programs to offer, the PHTC assesses the continuing education needs of the county agencies it serves. It provides managers and workers of public health departments with formal and informal needs assessment surveys. In grant year 2 (2012-2013), the PHTC utilized the core competencies set forth by the Council on Linkages Between Academia and Public Health Practice to create a formal skills-based survey. The Program Coordinator at Stony Brook, Ms. Anika Stewart, administered this Stony Brook IRB-approved survey to employees of the Suffolk and Nassau County health departments. There were 409 respondents to the survey sent to the Suffolk County Department of Health Services, out of 1,201 possible (34% response rate). Response rates of the Nassau County Department of Health needs assessment survey are unclear because of many partial responses and because some managers distributed the surveys to other employees whom they thought should also answer the survey, although some surveys were designed to be completed by managers and some were designed to be completed by workers. Copies of the needs assessment surveys, as well as summary reports of their results, are included in the E-Resource File in the folder entitled "PHTC."

In the spring of 2013, the program was made aware that the HRSA grant supporting the PHTC would lose much of its funding within the year due to sequestration. The loss of funding has resulted in a discontinuation of services provided by the PHTC to the Long Island area effective September 1, 2013. The Program in Public Health is in the process of assessing our resources and strategizing with our constituents to assure that the PPH continues to conduct periodic needs assessments and provide training resources to the local public health workforce.

3.3b. 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. Those programs offered in a distance-learning format should be identified.

1. *New York City - Long Island - Lower Tri County Public Health Training Center* – See a description of the PHTC above. Some of the PHTC's trainings are web-based.

Table 3.3b.1. NYC-LI-LTC PHTC: Participants served in training sessions, Grant Years 2011-12 to 2012-13

	2010-11*	2011-12*	2012-13
Number of participants served	N/A	4,340	Data not yet available

* The PHTC was launched in 2011.

2. *Stony Brook University Violence Against Women Prevention and Response Project* – This Department of Justice grant-funded program was included in Criterion 3.2, because it is primarily a service-related program. However, this project also includes evidenced-based training for Stony Brook University's campus police officers and health services workers to respond to cases of sexual violence. The DOJ grant allows the PPH and the Stony Brook University Center for Prevention and Outreach (CPO) to:

- Provide outreach and education on sexual violence for undergraduates and graduate students;
- Establish a comprehensive, culturally-competent bystander intervention program to respond to sexual violence;
- Strengthen implementation and dissemination of current evidence-based programs to reduce violence, with a special emphasis on reaching minority and LGBT students;
- Increase the availability of specialized counseling and outreach services on campus to survivors of sexual violence; and
- Sustain and institutionalize training and coordination among campus student service offices, campus and community legal and law enforcement agencies, and campus and community victim service providers.

Table 3.3.2 SBU Violence Against Women Prevention and Response Project: Participants Trained, Grant Years 2012-13 to 2013-14

	2011-12	2012-13*	2013-14
Number of participants trained	N/A	0	100**

*Project was first launched in 2012.
**Projected.

3. Online *Introduction to Biostatistics & Epidemiology* course – As mentioned in our 2008 self-study document, the program had intended to explore distance learning opportunities we could offer to the public health workforce. *Introduction to Biostatistics & Epidemiology* was offered in an entirely online format for the first time in Spring 2013. While the course is offered through our Advanced Graduate Certificate in Health Communication, members of the public health workforce need not be enrolled in the certificate program to take the course.

Table 3.3.3. *Introduction to Biostatistics & Epidemiology*: Workforce Members Served, last 3 Academic Years

	2011-12*	2012-13	2013-14
Number of participants served	1	2	TBD

*First year course was offered

4. *Evaluating Community Health Initiatives* course – For the first time in Spring 2013, the PPH promoted and offered enrollment for an MPH concentration course to Suffolk County Department of Health Services employees as non-matriculated students. Since *Evaluating Community Health Initiatives* covers material that the health department identified as an area of professional development need, the PPH made the course available to these employees. The course is offered in the evening, so workforce members are able to attend.

Table 3.3.4. *Evaluating Community Health Initiatives*: Workforce Members Served, Academic Years 2012-13 and 2013-14

	2012-13*	2013-14
Number of participants served	2	TBD

*First year class was open to non-matriculated students

Table 3.3.5 provides data regarding the program's funded training/continuing education activities for the last three years.

Table 3.3.5. Funded Training/Continuing Education Activity from 2011 to 2013

Project Name	Principal Investigator & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Training for Campus Police and Campus Health Services Workers: Stony Brook University Violence Against Women Prevention and Response Project	Amy Hammock (Community Health)	Department of Justice	September 2012 – August 2015	$270,000	N/A	$90,000	$90,000	Y	Y
New York City – Long Island – Lower Tri County Public Health Training Center	Marita Murman (Co-PI), Columbia University Amy Hammock (Co-PI) (Community Health)	Health Resources and Services Administration	September 2011 – August 2015	$2.6 million*	$63,000	$190,000	$127,000	Y	Y

*Full amount was not distributed, as HRSA funding was reduced past August 2013.

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

The Advanced Graduate Certificate in Health Communication was launched in Fall 2010 as a collaboration between the PPH and the School of Journalism. This 18-credit certificate program is directed by Evonne Kaplan-Liss, MD, MPH, a physician, public health educator, and journalist. Dr. Kaplan-Liss is a PPH Core Faculty member in the Community Health concentration.

This certificate program is designed to target members of the public health workforce, healthcare professionals, individuals who work in media (journalism, marketing, public relations and communication) and masters/doctoral candidates. Its purpose is to provide training for these professionals on how to be effective health communicators, bridging the gap between medicine/public health and lay audiences. With a focus on advanced graduate training, it is designed to provide the necessary skills to communicate health-related issues to the public directly or through the press. In an effort to make the certificate program more accessible to members of the public health workforce, one of the courses is now available online and we are considering resources needed to make more of the courses available online in future years.

Applications are accepted for both fall and spring enrollment. Students take 1.5 years, on average, to complete the certificate program. The Health Communication certificate's curriculum is outlined below, as is the number of students enrolled in the certificate program for the last three years.

Each student is required to take the following courses:

HPH 585 Introduction to Biostatistics & Epidemiology (4 credits)
HPH 500 Contemporary Issues in Public Health (2 credits)
HPH 508 Health Systems Performance (3 credits)
JRN 500 Introduction to News Media Concepts and Institutions (3 credits)

Each student is required to complete 6 credits from the following list:

JRN 501 Distilling Your Message: Communicating Science (1 credit)
JRN 502 Writing to be Understood: Communicating Science (1 credit)
JRN 503 Improvisation for Scientists: Communicating Science (1 credit)
JRN 504 Using Digital Media: Communicating Science (1 credit)
JRN 505 Connecting with the Community: Communicating Science (1 credit)
JRN 506 Advanced Writing: Communicating Science (1 credit)
HPH 551 Introduction to Health Communication (3 credits)

Table 3.3.6. Advanced Graduate Certificate in Health Communication: Enrollment Data, last 3 years

	2011-2012	2012-2013	2013-2014
Number of Students Enrolled	8	6	2

The program also began enrollment for a new certificate program, the Advanced Graduate Certificate in Health Education and Promotion, for the 2013-14 academic year. Also directed by Dr. Kaplan-Liss, this

certificate is a 15-credit program that will enhance students' knowledge, experiences, and skills in health education and promotion. It is anticipated that graduates of this certificate will find or enhance employment in academic settings, research facilities, public health organizations, or health care institutions. In addition, courses in this certificate address the health education competencies that are the basis for the nationally recognized Certified Health Education Specialist (CHES) certification offered by the National Commission for Health Education Credentialing, Inc. Students completing the certificate will obtain some of the credits necessary for eligibility to take the exam. Below are the course requirements and enrollment in the program for the 2013-14 academic year.

HPH 550 Theories of Social and Behavior Change (3 credits)
HPH 551 Introduction to Health Communications (3 credits)
HPH 552 Planning and Implementing Community Health Initiatives (3 credits)
HPH 553 Evaluating Community Health Initiatives (3 credits)
HPH 554 Principles of Health Education and Promotion (3 credits)

Table 3.3.7. Advanced Graduate Certificate in Health Education and Promotion: Enrollment Data

	2011-12	2012-13	2013-2014
Number of Students Enrolled	N/A	N/A	4

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

The PPH strives, as stated in one of its program goals, to "serve the continuing education needs of the public health workforce" (See Criterion 1.1). The program's governance structure ensures that standing committees play an important role in our commitment to workforce development and continuing education of the public health workforce. Workforce development is a standing topic for reports and discussion at the program's monthly Executive Committee meetings, with reports each month by Dr. Amy Hammock and Ms. Anika Stewart (leading Stony Brook's Public Health Training Center activities). In the absence of the PHTC, workforce development will continue to be a topic of discussion during Executive Committee meetings, and these discussions will shape the program's new workforce development strategy. The Community Advisory Group and the PHTC have proved to be invaluable collaborations and sound investments of programmatic resources to support our workforce development efforts. Both have allowed the program to collaborate to assess the continuing education needs of the public health workforce and to offer up solutions to those training needs. Another key person involved in our continuing education efforts, who is also part of our committee structure, is the director of the Advanced Graduate Certificate in Health Communication, Dr. Evonne Kaplan-Liss. Dr. Kaplan-Liss is a member of the Executive Committee (as are all Core Faculty members) and the Curriculum Committee, and her presence on the latter committee lends a voice to our continuing education efforts as they relate to our curricular offerings.

In addition, the program's commitment to engaging with community members regarding continuing education needs is evident in our continuous feedback with community workforce representatives. As

mentioned in Criterion 3.3a, the PPH Director holds meetings with the Community Advisory Group at least one time annually for such a purpose, and the PHTC has been wholly devoted to addressing the training needs of the public health workforce, as per its mission statement. Several of our faculty, staff, and students have been individually involved in PHTC trainings and promotional events. Core Faculty member Dr. Amy Hammock (also the Co-Principal Investigator for the PHTC training grant) conducted skill-building training sessions on topics such as focus group moderation, conducting in-depth interviews, and an introduction to public health through the PHTC. An alumna of our MPH Program, Genevieve Allong, has also been involved in PHTC training sessions. Ms. Allong conducted a session entitled "Public Health in Transition," which provides instruction on how to maximize health department resources in a time of austerity.

Researchers at the Columbia University PHTC are in the process of conducting formal evaluation of the PHTC's efforts. To judge the effectiveness of its training programs, the PHTC began collecting data to evaluate training sessions during grant year 2 (2012-2013). Training participants complete pre- and post-session tests to assess their knowledge on the topic before and after the training. Six weeks after the training session, participants also received a follow-up survey to gauge learning retention. Dr. Mari Millery, the PHTC Evaluator from Columbia University's Mailman School of Public Health, will analyze the data collected in this evaluation to determine the effectiveness of the training programs.

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

1. Columbia University – Mailman School of Public Health

   Through August 2013, the PPH collaborated with the Mailman School of Public Health to provide training for the public health workforce through the New York City – Long Island – Lower Tri-County Public Health Training Center.

2. New York-New Jersey AIDS Education Training Center

   Through August 2013, the PHTC collaborated with this organization to provide trainings to local health practitioners and not-for-profit organizations on AIDS-related topics.

3.3f. 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.

This criterion is met.

<u>Strengths</u>:

- The PPH has a strong commitment to professional development of the public health workforce. The Center for Public Health and Health Policy Research (2006-2012), made up of members of the public health workforce, has led to the creation of the program's Community Advisory Group. The advisory group informs the PPH in regards to the public health workforce's continuing education needs.

- The PPH was awarded a HRSA Public Health Training Center grant in 2011. Although funding to the Long Island portion of the PHTC was discontinued due to sequestration, the PHTC enabled the PPH to fulfill its goal of providing training to the public health workforce through August 2013. The PPH will draw from the strength of its experience with the PHTC to create effective strategies to meet its workforce development goals moving forward.
- The PPH offers advanced certificate programs in Health Communication (initiated in 2011) and Health Education and Health Promotion (initiated in 2013). We allow non-matriculated students to enroll in some of our MPH and certificate courses (independent of enrollment in the certificate or the MPH programs) to make courses accessible to members of the workforce.
- The practices, policies, and procedures maintained by the program to support workforce development follow a cyclical and iterative process to continuously evaluate and improve our training activities.

Weaknesses:

- Our two advanced certificate programs are new and we do not yet know what level of impact and interest these educational opportunities will have on the continuing education needs of the local workforce.
- A discontinuation of HRSA funding of the PHTC requires that the PPH reassess its workforce development strategies.

Plans:

- The PPH plans to continue to monitor applicants and enrollees in the certificate programs.
- The PPH will explore resources to make advanced graduate certificate courses more accessible, such as through an online program.
- New workforce development strategies will be discussed during Executive Committee meetings and Community Advisory Group meetings, planned to take place in the fall of 2013. The PPH will implement its new strategies upon completion of a strategic planning process to assess its resources, review needs assessment data collected through the PHTC, and seek feedback from community stakeholders on how best to provide training and support to the public health workforce.

4.0 Faculty, Staff and Students

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

4.1a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

Table 4.1.1 Primary Faculty who Support Degree Offerings of the Program in Public Health, Academic Year 2013-2014

Concentration	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time to the program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Community Health	Lisa Benz Scott	Associate Professor	Tenured	0.9	PhD MS	Johns Hopkins University Purdue University	Public Health, Social & Behavioral Sciences Health Education & Promotion	Contemporary Issues in Public Health, Capstone Seminar	Community engaged and participatory research; cardiac health services research and health disparities
	Amy Hammock	Assistant Professor	Tenure-track	1.0	PhD MSW	University of Michigan University of Michigan	Social Work and Sociology Social Work	Theories of Social & Behavior Change, Planning & Implementing Community Health Initiatives, Qualitative Methods	Community-based participatory research; qualitative research methods; family violence
	Evonne Kaplan-Liss	Clinical Associate Professor	Qualified (non-tenure)	0.7	MD MPH	Mount Sinai School of Medicine Columbia University	Medicine Public Health	Introduction to Health Communications, Capstone Seminar	Pediatrics; health communications; journalism; communicating science

	Rachel Kidman	Assistant Professor	Tenure-track	1.0	PhD MA	McGill University Harvard School of Public Health	Epidemiology Science in Society, Human Development and Health	Will not be teaching for first year with program	Social epidemiology, HIV/AIDS, children orphaned by HIV/AIDS in Africa, community health and program evaluation
Evaluative Sciences	Lauren Hale	Associate Professor	Tenured	1.0	PhD MA	Princeton University Princeton University	Public Affairs: Population Studies Public Affairs	Demographic Theory & Methods	Social determinants of sleep; demography
	Jaymie Meliker	Associate Professor	Tenured	1.0	PhD MS	University of Michigan University of Michigan	Environmental Health Sciences Environmental Health Sciences	Epidemiology for Public Health, Environmental & Occupational Health, Spatial analysis: Health Application	Environmental health; exposure assessment; environmental epidemiology; GIS; spatial analysis
	Tia Palermo	Assistant Professor	Tenure-track	1.0	PhD MS	University of North Carolina at Chapel Hill University of North Carolina at Chapel Hill	Public Policy Economics, focus: Health Economics	Advanced Research Methods, Advanced Biostatistics	Gender-based violence, reproductive health, gender equity, demography
	Carrie Shandra	Assistant Professor	Tenure-track	0.5	PhD AM	Brown University Brown University	Sociology Sociology	Introduction to the Research Process, Social & Behavioral Determinants of Health	Disabilities, demography, quantitative methods
	Xuefeng Wang	Assistant Professor	Tenure-track	1.0	PhD MS	Case Western Reserve University Yangzhou University, China	Biostatistics & Epidemiology Bioinformatics & Quantitative Genetics	Biostatistics I, Biostatistics II	Statistical methods in Genomics and Epidemiology, Prediction models for personalized medicine, Statistical computing.

Public Health Practice	Sean Clouston	Assistant Professor	Tenure-track	1.0	PhD MA	McGill University McGill University	Sociology Sociology	Will not be teaching for first year of program	Social Inequality, Global Health, Cancer, Households and Families, Lifecourse Epidemiology, Public Policy
	Norman Edelman	Professor	Tenured	1.0	MD	New York University Medical School	Medicine	Health Systems Performance	Pulmonary medicine; health policy
	Andrew Flescher	Associate Professor	Tenured	1.0	PhD MA	Brown University Brown University	Religious Studies Religious Studies	Contemporary Issues in Public Health, History of Public Health and Medicine	Ethics and Health Care Policy, Compassion and Altruism, Moral Theory, Methods and Theory of Religion, Religion and Culture
	David Graham	Clinical Associate Professor	Qualified (non-tenure)	0.5	MD MPH	University Central, Bayamon, Puerto Rico Columbia University	Medicine Public Health	Introduction to Global Health I	Occupational and environmental health, travel medicine, global health
	John Rizzo	Professor	Tenured	0.75	PhD MA	Brown University Brown University	Economics Economics	On sabbatical	Health economics; clinical outcomes research

Additionally, the Curricula Vitae of all Core Faculty members are available in the E-Resource File in the folder entitled "Faculty CVs."

4.1b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.

Table 4.1.2 Other Faculty Used to Support Teaching Programs, Academic Year 2013-2014

Concentration	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Community Health	Jane Corrarino	Clinical Assistant Professor	School of Nursing, Stony Brook University Director of Public Health Nursing, Suffolk County Department of Health Services	0.2	DNP MS	Doctorate in Nursing Practice Nursing	Evaluating Community Health Initiatives
	James Tomarken	Adjunct Clinical Instructor	Commissioner, Suffolk County Department of Health Services	0.05	MD MPH MSW MBA	Medicine Public Health Social Work Business	Contemporary Issues in Public Health
Evaluative Sciences	Ryan McKenna	Graduate Student	Stony Brook University	0.2	PhD Candidate	Economics	Cost Benefit & Cost Effectiveness Analysis
	Jamie Romeiser	Clinical Instructor	Health Research Scientist, Departments of Surgery and Anesthesiology, Stony Brook University	0.2	MPH	Public Health	Data Management and Informatics
Public Health Practice	Catherine Messina	Research Associate Professor	Stony Brook University Department of Preventive Medicine	0.2	PhD MA	Social/Health Psychology Social Psychology	Practicum

4.1c. 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.

The PPH faculty includes medical and public health practitioners, some of whom are Core Faculty Members and others of whom are members of the Affiliated Public Health Faculty. Affiliated faculty members are individuals who do research, service, and/or teach in areas of public health and related disciplines. Affiliates often participate in our MPH curriculum as guest lecturers, attend seminars and special events, and many collaborate on research and service opportunities with our Core Faculty, students, and alumni. It is through these medical and public health practitioners that the program integrates perspectives from the field of practice.

Three members of the Core Faculty are board-certified physicians. Norman Edelman, MD, teaches one of our Core courses and is the former Senior Vice President of the Health Sciences Center as well as the former Dean of the School of Medicine at Stony Brook. He also currently supervises a Pulmonary Fellow Outpatient Clinic. Evonne Kaplan-Liss, MD, MPH, teaches one Core course and one Community Health Concentration course, and is a former medical journalist and former practicing pediatrician. David Graham, MD, MPH, teaches a selective course and is currently a practicing physician through Stony Brook University. He also is the former Chief Deputy Commissioner of Health for Suffolk County. Two of our Affiliated Faculty members are public health practitioners. Jane Corrarino, DNP, teaches a Community Health concentration course and is the Director of Public Health Nursing at the Suffolk County Department of Health Services (SCDHS). The Commissioner of the SCDHS, James Tomarken, MD, MPH, MSW, MBA, contributes several lectures throughout one of our core courses, *Contemporary Issues in Public Health*, on the fundamentals of the public health workforce and the core functions of public health, as well as his experiences as health commissioner with emergency preparedness issues.

Non-tenure-generating appointment tracks for practitioners are offered through the Health Sciences Center. The titles are "qualified" or "modified" with clinical or research designation (e.g., Clinical Assistant, Research Associate). Expectations for the advancement of those faculty members on a modified track differ from those on a traditional tenure-track, such that modified clinical tracks will emphasize achievements in practice settings (as opposed to other academic activities, such as research), and research tracks will emphasize achievements in scholarly productivity.

In addition to their regular teaching efforts, PPH faculty members also maintain collaborative relationships with community practitioners, who may contribute to practice perspectives by delivering guest lectures in MPH courses and/or serve as practicum preceptors. Faculty members who are primarily academicians also contribute to public health practice through providing technical assistance and consultation services to practice agencies, such as departments of health and other public health organizations.

4.1d. 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.

The program's measurable objectives by which it may assess the qualifications of its faculty complement are as follows in Table 4.1.3. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 4.1.3 Faculty complement-related measurable objectives and performance against objectives
9a) Maintain and promote faculty research productivity. *Targets:* • *A minimum of 50% of Core Faculty members will publish in refereed journals at least one time per year and 25% will publish twice or more per year.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.1d. • *Junior faculty without external support will be supported to present research at a minimum of one academic conference per year.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.1d. • *The PPH Mentoring Committee, composed of senior faculty (tenured), will meet one-on-one at least once annually with each junior (pre-tenure) faculty member to provide mentorship and to monitor research progress.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.1d.
9b) Encourage scholarly activities among the faculty in national and international scholarly organizations related to public health. *Target:* • *100% of the Core Public Health Faculty will be active in a national or international scholarly organization.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.1d.
9c) Encourage extramural funded research among the faculty. *Target:* • *At least 50% of Core Public Health Faculty will have external grant funding each year.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.1d.
11c) Core Faculty members will lend their expertise to engaging in public health-related professional service efforts. *Target:* • *50% of Core Faculty members will serve as peer reviewers for refereed journals.* To view the program's performance against this objective for the last three years, please refer to Criterion 3.2d. • *50% of Core Faculty members will serve in a leadership position for a professional society (e.g., Board member, Committee/Council Chair)* To view the program's performance against this objective for the last three years, please refer to Criterion 3.2d.

4.1e. 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.

The criterion is met.

Strengths:

- The Program in Public Health is supported by Core and Affiliated Faculty members from diverse educational backgrounds who have had excellent educational preparation in their fields and who support the program's mission, goals and objectives.
- Several of our Core and Affiliated Faculty members have significant practice experience that enriches the quality of instruction in the program.
- The PPH has set goals and objectives to assess the qualifications of its faculty complement that assure a disciplinarily diverse, productive, and supportive faculty environment.

Weaknesses:

- The program has previously been relying on adjuncts to teach its biostatistics courses; however, after a national search, a biostatistician began as a new Core Faculty member in August 2013 and is now teaching those courses.

Plans:

- Following the August 2013 hire of four new Core Faculty members, the PPH will provide support and orientation to the new members of our faculty to foster an environment in which their commitments to teaching, research, and service will be strengthened for the benefit of themselves, our students, our program, and the public health profession.

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.

4.2a. A faculty handbook or other written document that outlines faculty rules and regulations.

Faculty rules and regulations are delineated in the *State University of New York Policies of the Board of Trustees* document, available at http://www.suny.edu/board_of_trustees/pdf/policies.pdf and also included in the Electronic Resource File. All new Stony Brook University faculty members are provided with this document upon their hire. The document describes SUNY policies on such items as recruitment, appointment, promotion, leave of absence, and retirement.

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

The PPH Director provides support for faculty development in several ways. The Director permits program funds to be used for non-grant-supported travel requests, for example to present research at scientific conferences or to attend workshops or trainings. Faculty members are encouraged to make requests and indicate in that request how the opportunity will contribute to their professional development. These provisions are granted based on availability of funds, and are available to tenure-track faculty as well as those on modified/qualified appointments.

The Director maintains a policy stipulating that Core Faculty members will have a maximum teaching load of three MPH courses per calendar year, which allows faculty members to have protected time to develop their research and service activities. Courses in the MPH curriculum are typically scheduled to meet only one evening per week during Spring and Fall terms, which allows for time devoted during the daytime hours for professional development activities. Sabbatical leaves are also permitted among eligible faculty (the faculty member must be tenured, and the sabbatical request must begin after a minimum of 7 years of full-time service), typically with full salary support for a half-year leave period, and partial salary support for a full year of leave. In addition, the Director holds an Annual Performance Review in consultation with the faculty member's Department Chair with each Core Faculty member to discuss his/her instruction, research and service activities, career goals, and job satisfaction. The faculty members in turn provide feedback to the Director on their workload, eligibility for promotion and/or tenure and other considerations regarding professional development needs.

One of the PPH's standing committees also provides opportunities for faculty development. As mentioned in Criterion 1.5, the PPH Mentoring Committee is a forum for senior Core Faculty members (excluding the PPH Director) to mentor junior Core Faculty members. The purpose of this committee is to provide informal but structured and ongoing guidance to junior faculty regarding their career development. The committee sees its role as advising junior colleagues on 1) establishment of clear career goals; 2) developing strategies to achieve these goals; and 3) if necessary and with the approval of the mentee, advocating for the faculty member with the PPH Director and/or Department Chair. The Mentoring Committee meets one-on-one at least once annually with each junior faculty member, upon their submission of career statements outlining their goals and potential strategies through which to

reach those goals. The committee works with faculty members to determine the best strategies for achieving their career goals.

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

As mentioned in Criterion 4.2b above, the PPH Director, in consultation with the faculty member's Department Chair, holds an Annual Performance Review with each Core Faculty member. During this review, the faculty member's competence and performance are evaluated, especially as they relate to instruction, research, and service. The Director keeps a confidential record of the meeting to document that an annual review was performed, which includes a summary of the discussion and any next steps. Items that are appropriate for discussion with the Executive Committee, based on a common concern or theme expressed by the faculty, have been brought forward to the committee for discussion and resolution. Faculty competence and performance are also assessed in the tenure/promotion process, explained in Criteria 1.3, 3.1 and 3.2.

Faculty instruction receives further assessment by students via course evaluation forms distributed at the end of each MPH course. A more detailed explanation of this process follows, in Criterion 4.2d.

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

All Stony Brook University courses are subject to student assessment through a standardized form entitled the "Student Evaluation of Instructor and Course" form. On the last day of each course, students complete this form to provide their anonymous feedback on content and instruction. The forms are reviewed by the Director and by faculty members for each course they teach to assess student feedback. Sample course evaluation responses are located in the "Course Evaluations" folder of the E-Resource File. In a case when student feedback revealed that faculty instruction in a particular course was consistently poor, the Director made adjustments. Instructors were counseled to improve their teaching methods and were monitored for improvements based on student and faculty feedback. In cases such as this, if improvements are not satisfactory, the Curriculum Committee is consulted to identify an alternate instructor. The Curriculum Committee has access to course evaluations and reviews them annually. The University is in the process of making course evaluations available in an online format, and once that process is completed, the PPH will utilize it for evaluation of our own courses.

In addition, the competency assessment surveys described in Criteria 2.6 and 2.7 are used in part to generate information on instructors' abilities to impart learning experiences leading to successful competency attainment by students. Through the competency assessment surveys, students self-rate their competence in each of our competency areas before and after every course. The PPH staff generates reports in which pre- and post-course self-ratings of each learning experience are averaged, and the differences between each average are calculated (e.g., If an average pre-course self-rating of ability to perform a certain competency is 3, and the corresponding average post-course self-rating is 6.5, the difference, and improvement in the cohort's average performance in relation to the scale, is 3.5). A report for a specific course is furnished to the faculty member who teaches that course. In addition, students' responses to these surveys are analyzed by program staff in consultation with the

Director, and results are compared to those of previous academic years to assess trends in student competencies. The PPH Director, staff, and Core Faculty review the findings during PPH Executive Committee meetings on an annual basis.

Lastly, the PPH Director and the Senior Academic Coordinator hold end-of-semester feedback sessions with students as another way to evaluate courses and course instruction. Two separate feedback sessions are conducted; one for first-year students and one for students in their second year or beyond. Students are encouraged to give candid input about their experiences in the PPH on areas including strengths of the program, aspects of the program needing improvement, and overall suggestions.

4.2e. 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.

The criterion is met.

Strengths:

- Core Faculty members are provided with well-defined policies and procedures in the form of the *State University of New York Policies of the Board of Trustees* document upon their hire.
- Faculty development and support are achieved through a mentoring committee, merit-based support for non-grant-funded travel, capping the teaching load for each Core Faculty member to a maximum of three MPH courses per academic year, and the Director's one-on-one Annual Performance Review meetings with each Core faculty member at which time career goals are discussed.
- The PPH maintains formal procedures for evaluating faculty competence and performance through Annual Performance Reviews and through its promotion and tenure process.
- The PPH employs multiple strategies to evaluate and to elicit student evaluation of courses and of instructional effectiveness.

Weaknesses:

- The Stony Brook University "Student Evaluation of Instructor and Course" forms are currently only available to our program on paper and are provided during class time. Although instructors leave the room while students complete the forms, students do not have privacy from their classmates while filling out the forms and may not have enough time in class to complete the forms to the extent that they wish to complete them.

Plans:

- Once the Stony Brook University "Student Evaluation of Instructor and Course" forms are available in an online format, the PPH will use this medium to deliver the forms to MPH students for completion. This change will allow students to complete evaluation forms in privacy and outside of classroom time. This change will allow students to devote more time to completion of the forms and perhaps encourage them to provide more thoughtful/detailed feedback.

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.

4.3a. Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The Program in Public Health is dedicated to recruiting bright students who are well qualified to succeed in our MPH degree program. In order to attract this student population, we employ several recruitment procedures. First, the PPH website (http://publichealth.stonybrookmedicine.edu) presents easily navigable information on our admissions policies and procedures, as well as a link to the program's application forms. Recent activities of our students and faculty are also highlighted on the homepage as examples of achievements they have made (such as grant proposals awarded, national exams passed, research presented, service events), both because we are proud of those achievements and because we want prospective students to realize their potential as Stony Brook MPH degree candidates.

Active recruitment efforts include information session presentations and distribution of our program flyers, samples of which are included in the E-Resource File in the folder entitled "Recruitment Materials." The Senior Academic Coordinator delivers info-sessions to promote the MPH program to mostly undergraduate groups on Stony Brook's campus. Typically, the Coordinator requests an audience with groups with an area of study that might pre-suppose an interest in public health (e.g., Biology, Health Science with a Public Health concentration, admitted MD students) and groups that are from programs of study at Stony Brook which tend to have a very racially/ethnically diverse student body (at Stony Brook, the Bachelor of Science in Health Science has over 1,000 students and more than 70% of the student body identifies with a historically underrepresented racial/ethnic minority group). During info-sessions, the Coordinator provides students with information regarding our degree and certificate program offerings, concentrations, admissions requirements, and application procedures. Students also each receive a flyer containing this information, a link to our website, and contact information for the Coordinator, to facilitate follow-up.

Separately, the PPH has created flyers advertising the MPH degree program, and supplies flyers annually to Stony Brook Graduate School's Center for Inclusive Education (CIE). Each year, staff members from the CIE attend several recruitment events that are well-attended by racial/ethnic minority students, such as the Annual Biomedical Research Conference for Minority Students, the Society for the Advancement of Chicanos and Native Americans in Sciences Annual Conference, and the Ana G. Mendez University System Research Symposium. During these events, the CIE staff circulates PPH flyers, which contain information on our degree program offerings, admissions requirements, a link to our website, and contact information for the Senior Academic Coordinator.

4.3b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

Taken from the PPH Bulletin, program admissions policies and procedures are as follows:

The MPH program is open to students from all academic disciplines. Students can select from one of three concentrations: Community Health, Evaluative Sciences, and Public Health Practice. With the exception of students pursuing the MAPP/MPH degree, the Public Health Practice concentration is open only to persons with a clinical degree or studying for a clinical degree.

The MPH admission requirements for the Program are:

1. Bachelor's degree from an accredited college or university with a 3.0 GPA or better. Admitted students usually have GPAs that are higher than 3.0. The major must have an equivalent at the State University of New York (SUNY).
2. Official transcripts from all post-secondary schools. Transcripts for all degrees earned in schools outside the U.S. or Canada must be evaluated by an agency accredited by the National Association of Credential Evaluation Services. See section on International Students for more information about this process. The requirement for evaluation of transcripts is waived for graduates of foreign medical schools with a current license to practice in the U.S.
3. Official GRE (verbal, quantitative, and analytical) scores are required (within the last 5 years). This requirement is waived for applicants who have been awarded a doctoral degree from an accredited U.S. or Canadian university. Applicants to the MD/MPH program may substitute MCAT scores for the GRE. Applicants to the MBA/MPH program may substitute GMAT scores. Applicants to the DDS/MPH may substitute DAT scores. A request to substitute any other standardized test scores for the GRE needs to be submitted in writing to the MPH Senior Academic Coordinator. *PLEASE NOTE: Admitted applicants may be required to take preparatory courses prior to enrolling in classes if they score below a 500 (or its equivalent in the new GRE) in the Qualitative and/or Verbal sections of the exam, as well as below a 4.0 in the Analytical section.*
4. Three references from persons who can address the applicant's capacity to provide leadership in public health and complete a course of graduate study. If the applicant is a student or has graduated within the last two years, at least one letter must be from a college or university faculty member with whom the applicant has studied. If the applicant is a member of the public health workforce, at least one letter must be from a senior administrator in the organization who is familiar with his/her work.
5. Two essays, no more than 500 words each:
    - *Essay 1:* How do your background, training, and experience prepare you for a leadership role in Public Health?
    - *Essay 2:* Select one of the following topics: (a) Explain how the *Program in Public Health* and the concentration chosen will help you achieve your short-term and long-term goals; (b) Define a time in your own life when you have identified and captured an opportunity; (c) Define a unique quality you possess; or (d) How do you expect to contribute to the improvement of health in your community?
6. A personal interview, if requested by the MPH Admissions Committee.
7. A non-refundable application fee made payable to Stony Brook University.

8. Completion of the on-line application.
9. Any other requirements of the Graduate School not stated here.

For international students:

1. International students who trained in non-English speaking schools and do not reside in an English speaking country are required to take the TOEFL exam. The expected minimum score is 213 for the Computer-Based Test, 90 for the Internet-Based Test, and 550 for the Paper-Based Test. In addition to the minimum score of 90 on the internet-based exam, each subsection score must be at least a 22.
2. International students are required to have a course-by-course educational credential evaluation completed by an agency accredited by the National Association of Credential Evaluation Services (http://www.naces.org). We require using World Education Services (http://www.wes.org). This evaluation provides a U.S. course equivalent including semester hours earned, course content, and corresponding letter grade for all courses listed on the international applicant's transcript. This evaluation must be completed before the application can be considered.

For more information about requirements for international students, see: http://www.stonybrook.edu/hscstudents/international.shtml.

The MPH Admissions Committee considers all factors including grades, standardized test scores, recommendation letters, essays, prior training, and professional experience. It is a goal of the Committee to select applicants who have the academic capability, aptitude, character, personal qualities, and commitment to provide future value to society through leadership and creative contributions to the field of public health. The MPH Admissions Committee encourages applications from persons in the public health workforce and weighs their professional experience heavily in its decisions.

4.3c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

Recruitment materials and publications advertising the PPH may be found in the E-Resource File. Included in that file is the PPH Bulletin, which describes our core and affiliated faculty members; our mission, values, goals and objectives; admissions requirements; degree requirements; course descriptions; academic calendars; and program and university policies (including grading). Also in the E-Resource File are two recruitment flyers, one advertising all of the program's degree and certificate program offerings and one advertising the MD/MPH joint degree program, as well as a brochure that was created by the program's Organization for Public Health Students and Alumni (OPHSA). The OPHSA brochure, entitled "What is Public Health?" endeavors to answer that question from the perspective of current students, and is designed to provide clarity for potential students interested in the program and for potential collaborators with whom OPHSA may partner to organize public health-related activities.

4.3d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2011-2013			
Community Health	**2011**	**2012**	**2013**
Applied	35	25	37
Accepted	29	12	29
Enrolled	16	8	19
Evaluative Sciences	**2011**	**2012**	**2013**
Applied	13	10	23
Accepted	11	9	14
Enrolled	5	7	9
Public Health Practice	**2011**	**2012**	**2013**
Applied	33	33	15
Accepted	23	25	13
Enrolled	13	19	9

4.3e. 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. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

As seen in Table 4.3.2 below, the PPH offers an MPH degree and collaborates with other university departments to offer eight joint degrees that may be paired with the MPH degree. No significant differences exist in enrollment in any of the three concentrations within the degree programs. There has been a persistent absence of students in three of our joint degree programs: the BA in Earth & Space Sciences/MPH, the BS in Applied Math & Statistics/MPH, and the BS in Pharmacology/MPH. The BS in Applied Math & Statistics/MPH joint degree was first offered in 2007, and has had one enrollee to date, although not in the last three years. The BA in Earth & Space Sciences/MPH has been offered since 2010, and has had no enrollees to date. The BS in Pharmacology/MPH, also offered since 2010, enrolled its first student in Fall 2013. Due to limited staff time, the PPH has not intentionally marketed these joint degree programs or engaged the undergraduate academic advising coordinators to date. The lack of marketing may explain the low enrollment in these three joint programs. We intend to revise aspects of the MPH curriculum with implementation of changes expected for Fall 2014 (described in Criterion 2.2), and we are in the process of reviewing the implications for the joint degree programs.

Table 4.3.2 Total Student Enrollment Data: Headcounts and Full-Time Equivalents from 2011-12 to 2013-14							
		2011-12		2012-13		2013-14	
Degree	**Concentration**	**HC**	**FTE**	**HC**	**FTE**	**HC**	**FTE**
MPH Only	Community Health	13	10	11	9	22	20
	Evaluative Sciences	19	16	14	12	18	14.5
	Public Health Practice	10	7	13	11.5	7	4.5
BA Earth & Space Sciences/MPH	Community Health	0	0	0	0	0	0
	Evaluative Sciences	0	0	0	0	0	0
	Public Health Practice	0	0	0	0	0	0
BA Women's Studies/MPH	Community Health	1	1	1	1	1	1
	Evaluative Sciences	2	2	2	2	1	.5
	Public Health Practice	0	0	0	0	0	0
BS Applied Math & Statistics/MPH	Community Health	0	0	0	0	0	0
	Evaluative Sciences	0	0	0	0	0	0
	Public Health Practice	0	0	0	0	0	0
BS Pharmacology/ MPH	Community Health	0	0	0	0	0	0
	Evaluative Sciences	0	0	0	0	1	1
	Public Health Practice	0	0	0	0	0	0
DDS/MPH (concurrent)	Community Health	0	0	0	0	0	0
	Evaluative Sciences	0	0	1	0.5	1	1
	Public Health Practice	2	1	4	2	5	2.5
MA Public Policy/MPH	Community Health	0	0	0	0	0	0
	Evaluative Sciences	0	0	1	0.5	0	0
	Public Health Practice	5	4	6	5	5	4
MBA/MPH	Community Health	0	0	1	1	0	0
	Evaluative Sciences	1	1	6	6	3	3
	Public Health Practice	14	13	8	5.5	5	3
MD/MPH	Community Health	1	.5	0	0	0	0
	Evaluative Sciences	2	2	1	1	1	1
	Public Health Practice	2	2	1	1	1	1

4.3f. 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.

The measurable objectives by which the program evaluates its success in enrolling a qualified student body are as follows in Table 4.3.3. Data on the program's performance towards meeting its objectives are located beneath each target. For ease of comparison to the main list of PPH goals and objectives, the numbers assigned to the measurable objectives listed here are the same as the numbers under which they are listed in Criterion 1.1.

Table 4.3.3 Measurable objectives to evaluate success in enrolling a qualified student body, last three years

1a) Require a Bachelor's degree from an accredited U.S. college or university for domestic students' admission to the program. For students with an international degree, require transcript validation by completing an official course-by-course educational credential evaluation for admission to the program.
Targets:

- *At least 95% of admitted students will have a 3.0 grade point average (GPA) or equivalent or better in their previous educational program.*

	2011	2012	2013
Percentage admitted students with 3.0 GPA or higher	97%	97%	96%

- *100% of students with an international degree will complete a credential evaluation by World Education Service (http://www.wes.org) or a similar evaluation service.*

	2011	2012	2013
Percentage international students with credential evaluation	100%	100%	100%

1b) Require a national standardized test (e.g., GRE, MCAT) score demonstrating high academic potential, with an exception for those with a doctorate degree, for admission to the program.
Targets:

- *By 2016, the average verbal GRE scores for each admitted class will be at or above the 65th percentile and the average quantitative and analytical writing GRE scores for each admitted class will be at or above the 50th percentile.*

	Average percentile for admitted class*		
GRE Section	**2011**	**2012**	**2013**
Verbal	62-66 percentile	58-62 percentile	44-49 percentile
Quantitative	41-45 percentile	41-45 percentile	53-58 percentile
Analytical Writing	35-54 percentile	54-78 percentile	35-54 percentile

*Based upon ETS reports of GRE scores.

- *By 2016, the average MCAT score for each admitted class will be at or above the 75th percentile.*

	Average percentile for admitted class*		
	2011	**2012**	**2013**
MCAT	69.1-74.5 percentile	68.1-73.8 percentile	73.3 percentile**

*Based upon AAMC reports of MCAT scores.
**Percentiles from the 2012 MCAT scores were not reported in ranges by the AAMC.

1c) Require students whose native language is one other than English to demonstrate high English language proficiency based upon the TOEFL exam score prior to admission to the program.
Target:

- *At least 90% of accepted international students with a native language other than English will have a score of at least 213 for the Computer-Based Test or 550 for the Paper-Based Test or 90 for the Internet-Based Test.*

Type of test	Percentage achieving minimum scores, as stated above		
	2011	2012	2013
Computer-Based Test	N/A	N/A	0%*
Paper-Based Test	N/A	N/A	N/A
Internet-Based Test	75%	100%	88%

*One student

4.3g. 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.

The criterion is met.

Strengths:

- The PPH recruits for and selects a high-quality student body, with the ability to excel in the MPH program. The Admissions Committee assures that accepted applicants meet our rigorous standards for admission into the program.
- New diversity recruitment efforts have recently been adopted by the program to improve the racial/ethnic diversity of our student body.
- The program website is kept up-to-date with resources for potential and current students, announcements, and general program information.

Weaknesses:

- The majority of the PPH's recruitment efforts take place within Stony Brook University, resulting in a very locally-based student body.
- Three of the PPH's undergraduate joint degree programs have experienced low or no enrollment since their inception due to a lack of dedicated staff time to market the program with undergraduate student advisors.

Plans:

- The PPH is wishes to make our program more widely known to potential applicants residing in New York, out of state, and in other countries. In August 2013, the PPH attained membership with the new Association of Schools and Programs of Public Health. This membership will give the PPH access to participate in the Centralized Application Service for Public Health (SOPHAS). PPH staff members were trained on SOPHAS in early June, and we expect to use this system to manage our Fall 2014 applications. We plan to closely monitor the impact of SOPHAS on the number and quality of applicants to our program.

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.

4.4a. 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.

Academic advising in the PPH is a three-pronged approach. Before enrollment into courses, all MPH students are required to attend an Orientation session. During Orientation, Core Faculty members and staff attend and provide formal presentations to describe the different concentrations in detail, so that students may make the best choice for their career trajectory. We also provide entering students with an Orientation binder, which contains the PPH Bulletin, plans of study tailored to each degree program and concentration, and general information about Stony Brook University and the PPH. The plans of study were created to best inform students of the courses they are required to take, and of the course sequence that is suggested by the program.

The second prong in our approach to academic advising is a staff member dedicated to supporting students' progression through the program, the Senior Academic Coordinator. Students are encouraged to reach out to the Coordinator on an as-needed basis. The Coordinator is uniquely positioned to be familiar with requirements for all degrees and concentrations, in addition to course schedules, deadlines, practicum and internship opportunities, and general program operations. The Coordinator meets with students to review their plans of study, and the recommendations discussed during these meetings are recorded on an Advising Sheet. The Coordinator also actively reviews the academic standing of students (e.g., matriculation status, progress towards degree completion, GPA), and schedules in-person meetings with students to promote continuous progress.

Thirdly, each student is assigned a faculty advisor from among our Core Faculty members. The primary role of a faculty advisor is to assist with career counseling. Shortly after New Student Orientation, students are assigned a faculty advisor – typically a faculty member in the student's concentration. Students are permitted to switch faculty advisors upon request, if they see another faculty member as being a more suitable mentor for their career goals. In order to provide impetus for students to set up a meeting, the PPH sets an Advising Week once per semester. As Advising Week approaches, the Coordinator emails students to ask them to make an appointment with their faculty advisor during Advising Week. Faculty advisors fill out an Advising Checklist at the time of the appointment with their advisees, describing the nature of the conversation as well as items requiring follow-up. The Coordinator reviews the Advising Sheet and Checklist (see the E-Resource File folder entitled "Student Advising Materials"), and acts to settle any pending items in concert with the student.

4.4b. 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.

It is primarily the role of the faculty advisor to provide a student with career counseling, and to assist with career placement opportunities. Faculty members also provide letters of recommendation to

promote the success of our students to be competitive in the job market and in continuing education opportunities. A student's career path may be discussed during an Advising Week meeting, or whenever the student would like to seek the guidance of the faculty advisor. Core Faculty members are encouraged to ask about students' career goals, and to provide whatever assistance in achieving those goals that they deem appropriate and have the ability to carry out. Students enrolled in joint degree programs also have an advisor in their second program. The PPH does not dictate advising procedures with these advisors, but Core Faculty members with joint degree advisees and the Senior Academic Coordinator are encouraged to communicate with other program advisors if it seems to be in the student's best interest.

Additionally, frequent announcements listing potential jobs, practicums, and/or internships are emailed to students from the Senior Academic Coordinator. These listings are compiled at least once per month. An example of such an email sent to students by the Coordinator is included in the "Career Services Materials folder in the E-Resource File. Career counseling is also contained within the curriculum, with students participating in a career-mapping exercise during the Capstone Seminar. The career-mapping exercise involves defining a specific career goal the student wants to achieve several years into the future, and working backwards to draw a map of milestones needed to surpass in order to reach the goal.

For assistance with needs such as resume and cover letter writing, job interviewing skills, and locating job opportunities, students may also utilize Stony Brook University's Career Center. The Career Center educates students about career development and job applications, and connects students to job and internship opportunities. In addition, the PPH, in collaboration with our student and alumni organization OPHSA (Organization of Public Health Students and Alumni), holds at least one career session per year in which a staff member from the Career Center makes a presentation to our students on databases and other resources to search for public health-related jobs, how to create a well-structured cover letter and resume, and useful interview skills. This PowerPoint presentation is also included in the "Career services Materials" folder of the E-Resource File.

Another career development activity that is coordinated by OPHSA is its annual Alumni Panel. Each year, OPHSA invites several of our successful alumni to take part in a panel whereby they discuss the public health work that they perform, how they pursued and achieved their career path, and which public health-related skills they most use on the job. Towards the end of the panel presentations, the floor is opened up for students to participate in a Question-and-Answer Session with the alumni presenters.

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

To assess student satisfaction with advising and career counseling services, the PPH Director and the Senior Academic Coordinator meet with students at the end of each semester (organized by groups of first year students, and a separate group for advanced students in years 2+). These sessions are not limited to discussion of advising services, although advising is discussed in detail. The end of semester feedback sessions have indicated that students are extremely satisfied with the advising and career counseling services the program provides. The PPH takes student feedback very seriously, and responds

to each student's concern with care. The Director has an "open door" policy (as does the rest of the Core Faculty) with students coming into the faculty and staff office area to give praise as well as to share challenges and brainstorm solutions. The lessons learned from these feedback sessions are summarized and shared with the faculty during subsequent Executive Committee meetings, and action is taken as appropriate to improve or ameliorate any issues identified by students.

4.4d. 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.

As stated in 4.4c, students may attend the end of semester feedback sessions presided over by the PPH Director and the Senior Academic Coordinator or may take advantage of the Director's "open door" policy. If a student expresses a complaint or concern, the Director works with him/her to address it. Most students have concerns that are small-scale issues (concern about a grade, exam, or assignment) and are handled between the student, Director, and faculty member, as appropriate. Concerns at the programmatic level (related to classroom facilities or resources) are brought to the appropriate University official. The PPH is fully committed to working together with students to ensure that the program serves its student population with fairness, while also maintaining the integrity of the program. If a student is not satisfied with the program's handling of a situation, he/she may contact the Ombudsman's Office with a formal grievance, as explained in the PPH Bulletin. Students of the PPH have not submitted any formal grievances concerning the program to the University during the past three years. Some examples of student concerns which have been brought to the Director's attention and the actions taken by the program to ameliorate those concerns are provided in Table 4.4.1, to illustrate the PPH's commitment to making the program work for its students.

Table 4.4.1: Examples of Student Complaints/Concerns and Actions Taken

Student Complaint/Grievance	Action Taken
Some students have expressed difficulty with maintaining the University's "full-time" status during the first year of the program. Students also expressed that the workload for their 2-credit courses was similar to workload for their 3-credit courses.	Beginning in Academic Year 2014-15, all 2-credit courses (there are 6 such courses) will be revised to become 3-credit courses, enabling students to maintain "full-time" status without having to resort to taking selective courses available that semester that don't necessarily match their interests.
Some students expressed interest in various types of data analysis software (SAS vs. SPSS vs. Stata) and which would be most beneficial to learn in preparation for the job market.	A Core Faculty member surveyed the public health workforce to determine which software packages are used most frequently. The Curriculum Committee reviewed the results and decided students should be exposed to SPSS, Stata and SAS to develop a working knowledge of these three types of software.
In Fall 2012, an electronic classroom did not have enough computers, requiring students to share terminals.	PPH staff quickly obtained a different electronic classroom with a sufficient number of computers. This problem was resolved within one week.

Several students expressed that two adjunct instructors for a concentration course were unavailable for meeting with students outside of class time and were unresponsive to requests for feedback on grades. In addition, some students disputed final course grades and asked the Director to intervene.	The Director met with the instructors to reinforce the philosophy of the program towards providing feedback to students. The instructors made modest improvements but ultimately were not invited back to teach the course in subsequent years. A highly qualified affiliated faculty member was subsequently identified to teach the course. Regarding grades, students met with the Director to re-assess grades, in consultation with the course instructors.

As a result of our self-study process, the PPH has added an explanation of the role of Stony Brook's Ombudsman's Office in addressing formal student grievances to the 2013-14 PPH Bulletin, along with contact information for that office. The bulletin is made available to students on the program website and a hard copy is included in their Orientation Binders.

4.4e. 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.

The criterion is met.

Strengths:

- The PPH has developed a comprehensive advising system, whereby the roles of faculty, students, and the Senior Academic Coordinator are clearly delineated and the program makes every effort to encourage students to meet with their advisors and/or the Coordinator.
- Students are provided with many resources for career counseling, including meetings with their faculty advisor, job postings and practicum/internship opportunities from the Senior Academic Coordinator, a career mapping exercise during the Capstone Seminar, Stony Brook University's Career Center, and an annual Alumni Panel.
- Students express satisfaction with the program's advising and career counseling services.
- The program takes student complaints very seriously and has an excellent track record of working with students and other parties involved to solve any problems that may arise.

Weaknesses:

After careful consideration, the PPH has made the determination that our advising and career counseling efforts are strong and comprehensive. We have not identified weaknesses regarding this criterion.

Plans:

- The PPH plans to create a system for students to anonymously submit complaints/concerns, and to have that system maintained by the Senior Academic Coordinator.