Master of Public Health Program

PRELIMINARY SELF STUDY
FOR
RE-ACCREDITATION

Prepared for the
Council on Education for Public Health

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Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc.)

Stony Brook University was established in 1957 and is a public sea grant and space grant research university.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

There are 200+ undergraduate majors, 100+ master's programs, 50+ doctoral programs and 21 graduate certificate programs**.**

c. number of university faculty, staff and students

There are 2,695 university faculty (full and part time), 12,037 university staff, and 26,814 students (Fall 2019).

d. **brief statement of distinguishing university facts and characteristics**

Stony Brook University (SBU) is part of the State University of New York system. SBU, recognized as one of the Unites States' important centers of learning and scholarship, carries 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 one of the top 100 universities in the United States and one of the top 40 public universities by *U.S. News & World Report (Ranked #91; 2020* https://www.stonybrook.edu/commcms/irpe/fact_book/rankings/*)*. Stony Brook is a member of the prestigious Association of American Universities (since 2001), the invitation-only organization of the 62 best research universities in North America. Stony Brook is one of 10 universities given a National Science Foundation recognition award for integrating research and education. 98% of SBU's tenured or tenure-track faculty hold doctoral or highest degrees in their field.

Stony Brook University (SBU) is comprised of 12 colleges and schools. SBU Colleges include: the College of Arts and Sciences, College of Business, College of Engineering and Applied Sciences, the Graduate School, the School of Journalism, the School of Marine and Atmospheric Sciences, and the School of Professional Development. The five SBU Schools in the Health Sciences include: School of Nursing, School of Social Welfare, School of Health Technology and Management, School of Dental Medicine, and the Renaissance School of Medicine. The Program in Public Health is a constituent of the Health Sciences.

The Stony Brook University Program in Public Health and its' Master of Public Health degree program (the unit of accreditation) are fully described below in section 1.f, page 5.

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

Stony Brook University currently responds to the following accrediting bodies. NOTE: the majority are health related.

Table 1. Current list of accrediting bodies to which Stony Brook University responds. (Source: SBU Institutional Accreditation and Accredited Academic Programs; Updated June 16, 2020. The document

can also be found in the Electronic Resource File (ERF): Folder: Introduction –Table1. SBU Accreditations_6_16-20)

Accrediting body	**Year of last review**	**Year of next review (accreditation term: years)**
Regional accreditor:		
Middle States Commission on Higher Education	6/2014 (midpoint Periodic Review 2020)	2023-2024 (10 years)
Specialized accreditors:		
Academy of Nutrition and Dietetics, Accreditation Council for Education in Nutrition and Dietetics (ACEND) – Dietetic Internship Program	2018	2025 (7 years)
Accreditation Council for Graduate Medical Education (ACGME) – School of Medicine residency programs	2007-2017 (varies by residency)	2021-2025 (4 – 16 years (varies by residency)
Accreditation Council for Midwifery Education (ACME)	2018	2028 (10 years)
Accreditation Council for Occupational Therapy Education (ACOTE)	2012	2023 (11 years)
Accreditation Review Committee on Education for the Physician Assistant, Inc. (ARC-PA)	2017	2027 (10 years)
Accrediting Board for Engineering and Technology (ABET)	2017-2018 (for all programs)	2023-2024 (6 years) (for all programs)
Accrediting Council on Education in Journalism and Mass Communications (ACEJMC)	2015	2022 (7 years)
American Chemical Society (ACS)	NA (approved program)	NA (approved program)
American Society for Phlebotomy Technicians (ASPT)	2019	2020 (Annually)
Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (CAPTE)	2011	2021 (10 years)
American Psychological Association (APA), Commission on Accreditation	2018	2028 (10 years)
Commission on Accreditation of Athletic Training Education (CAATE)	N/A	2020-2021 (9-10 years)
Commission on Collegiate Nursing Education (CCNE)	2017 (varies by program)	2022 – 2027 (5 -10 years) (varies by program)
Commission on Accreditation of Allied Health Education Programs (CAAHEP)	2016	2021 (5 years)
Commission on Dental Accreditation, American Dental Association (CoDA)	2013-2017 (varies by residency)	2020 -2026 (7 years) (varies by residency)
Committee on Accreditation for Respiratory Care (CoARC)	2011	2021 (10 years)
Council on Education for Public Health (CEPH)	2013	2021 (7 years)
Council on Social Work Education (CSWE)	2018	2025 (7 years)
Joint Review Commission on Education in Radiologic Technology (JRCERT) • Medical Dosimetry • Nuclear Medicine	 2015 2017	 2023 (8 years) 2020 (3 years)

Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA) and Association of American Medical Colleges (AAMC)	2019	2026-2027 (7-8 years)
National Accrediting Agency for the Clinical Laboratory Sciences (NAACLS)	2016	2026 (10 years)
Psychological Clinical Science Accreditation System (PCSAS)	2010	2020 (10 years)
Accrediting Council on Education in Journalism and Mass Communications (ACEJMC)	2015	2022 (7 years)
National Council for the Accreditation of Teacher Education (NCATE)	2016	2023 (7 years)
New York State Board of Regents and the Commissioner of Education	varies	varies
New York State Department of Education	varies	varies

f. **brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)**

The Program in Public Health (PPH) at Stony Brook University (SBU) was developed by a Task Force convened in 1996 by Norman Edelman MD, a Primary Instructional Faculty and Core member of the program who was at the time, the Vice President of the Health Sciences Center. The PPH received its first cohort of MPH students in 2004, under the directorship of Raymond Goldsteen DrPH. The MPH degree 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, Lisa Benz Scott PhD. Between 2012 and 2013, the PPH conducted a self-study process whereby we engaged students, staff, faculty, and community stakeholders in an assessment of our MPH Degree Program. In July 2014 we were notified of our successful completion of the reaccreditation process, culminating in a 7-year term of accreditation for the MPH Degree Program, extending to July 1, 2021. Currently, the PPH/MPH is one of 210 CEPH accredited schools and programs to date (67 schools of public health; 127 public health programs; 16 standalone baccalaureate programs). In addition, the PPH is a founding member of the Association of Schools and Programs of Public Health (ASPPH). The ASPPH is the voice of accredited public health education.

The Program in Public Health (PPH) was established at Stony Brook to train people who wish to integrate the knowledge, skills, vision, and values of public health into their careers and provide leadership in the field. The PPH leads to the Master of Public Health (MPH) degree as well as a variety of combined and concurrent programs (see Instructional Matrix Template Intro-1) and Advanced Graduate Certificates.

The PPH advocates a population health approach to public health. The population health orientation of the SBU Medical Center is consistent with the traditions of public health and with the Institute of Medicine (IOM) recommendations for public health education, although it expands upon them. The population health orientation of the PPH is also compatible with the educational philosophy of the Medical Center (originally part of the Health Sciences Center). The SBU Health Sciences Center, opened in 1971, emphasizes the need for interdisciplinary education and collaboration, and recognizes the need for health professions to work together. The PPH values the importance of a collegial atmosphere at an early stage in an MPH student's education in order for the student to gain respect for the diverse backgrounds and competencies of fellow students. The emphasis of the PPH reflects the changing environment in which public health practice occurs, and recent thinking about how to respond to these changes.

One of the many strengths of the PPH (including the MPH Degree Program) is our exceptional faculty who are public health scholars in clinical, social and behavioral sciences, and the humanities. The PPH/MPH faculty are committed to excellence as teachers and mentors, and many are also leading exciting programs of research, which they translate into the student experience in the classroom, laboratory, clinic or in service

to other spheres of public health practice. Current areas of research include racial disparities in healthcare access; sleep health; cognitive functioning and aging; environmental epidemiology; resilience and adaptation in the context of disability and illness.

The PPH/MPH attracts a competitive pool of outstanding students with diverse backgrounds, unified by a shared passion to improve quality of life locally and globally. Many of our students either work as practitioners in related fields or are in training concurrently, integrating an ecological understanding of health into careers in medicine, dentistry, business, nursing, social work and beyond. The PPH/MPH staff work closely to connect students to a growing network of alumni who are public health practitioners. Our alumni network serves as a valuable resource for student field placements and employment. Our students have earned competitive practicum placements and have gone on to obtain full-time employment offers at State and County Departments of Health, non-profit organizations such as the Island Peer Review Organization (IPRO) and the Victims Information Bureau of Suffolk (VIBS), and university medical centers such as New York University, Stony Brook University Medical Center, and Mt. Sinai Medical Center.

In addition to the MPH Degree Program, the PPH offers the Master of Health Administration (MHA). The MHA Program has achieved Candidacy Status for national accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME) with a site visit conducted on December 16, 17, 18, 2020, and is the only MHA program offered by a SUNY campus at this time. The MHA Program is a participant in the American College of Healthcare Executives (ACHE) Higher Education Network (HEN). The MHA Program also is an active member of The Association of University Programs in Health Administration (AUPHA). The Health Policy and Management Concentration for the MPH Degree Program is currently under review for accreditation by CAHME in addition to re-accreditation by CEPH.

The PPH offers the Doctor of Philosophy (PhD) in Population Health and Clinical Outcomes. This is a mentor-matched research training program for individuals seeking a career as a scientist in this field of inquiry. PPH faculty and collaborating clinician scientists at Stony Brook Medicine provide a mentored research training experience and coursework leading to the design, conduct and successful defense of a dissertation project.

The PPH also offers the Master of Science in Epidemiology and Clinical Research (MSECR). This program is designed to prepare health care professionals for careers in clinical research and population health research and the translation of clinical research to population health.

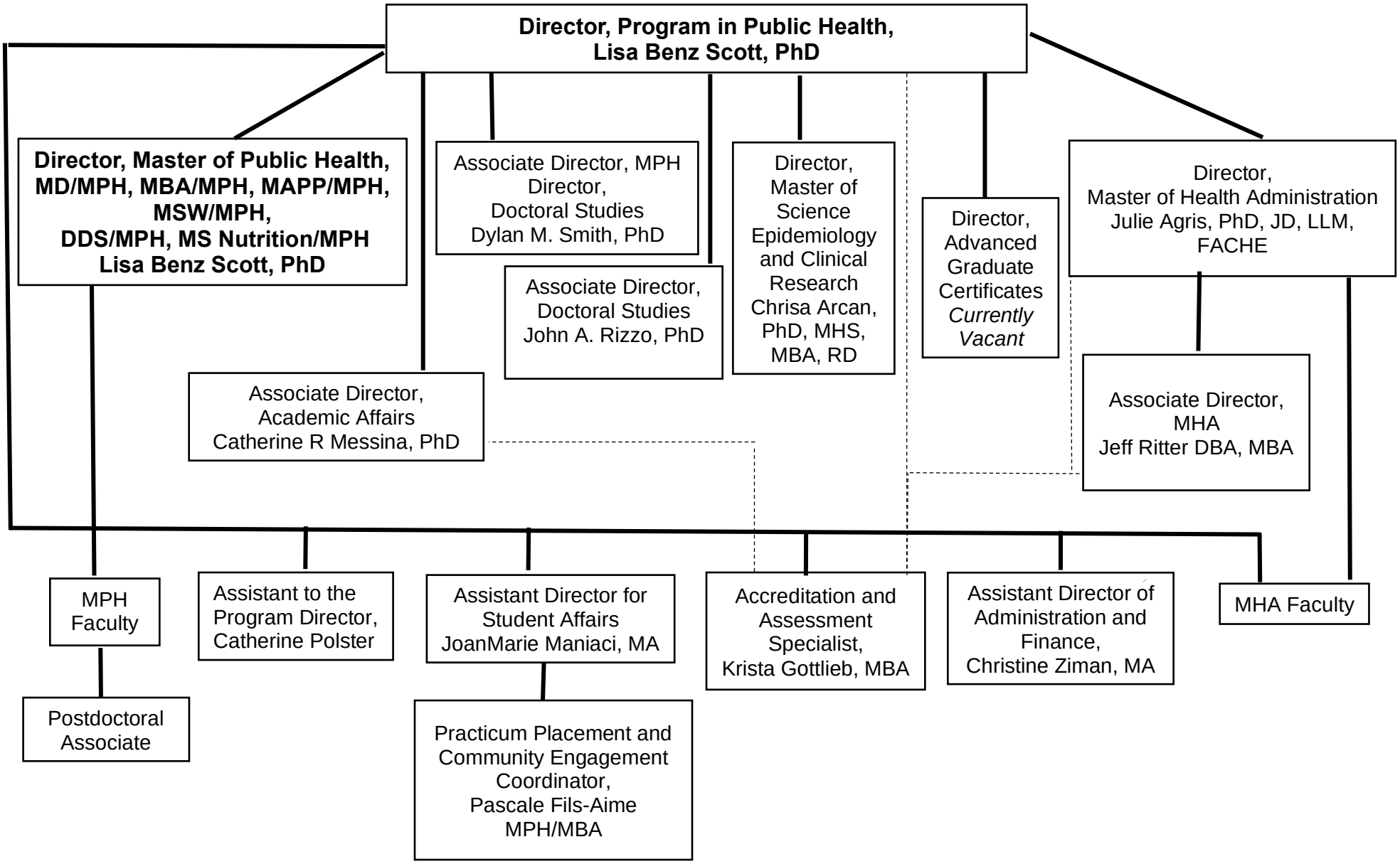
Sources: https://publichealth.stonybrookmedicine.edu/
https://publichealth.stonybrookmedicine.edu/academics/degreeoptions
https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf

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

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

The MPH Degree Program's internal organization within the Program in Public Health (PPH) and reporting lines to the Director of the PPH / Director of the MPH Degree Program are presented below in Figure 1.

Figure 1. Program in Public Health internal organization and reporting lines to the PPH/MPH Director



b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

Relationships between the MPH Degree Program / Program in Public Health and other academic offerings that are housed within the same origanizational unit as the MPH Degree Program, namely the Stony Brook University Health Sciences Center, are presented below in Figure 2.

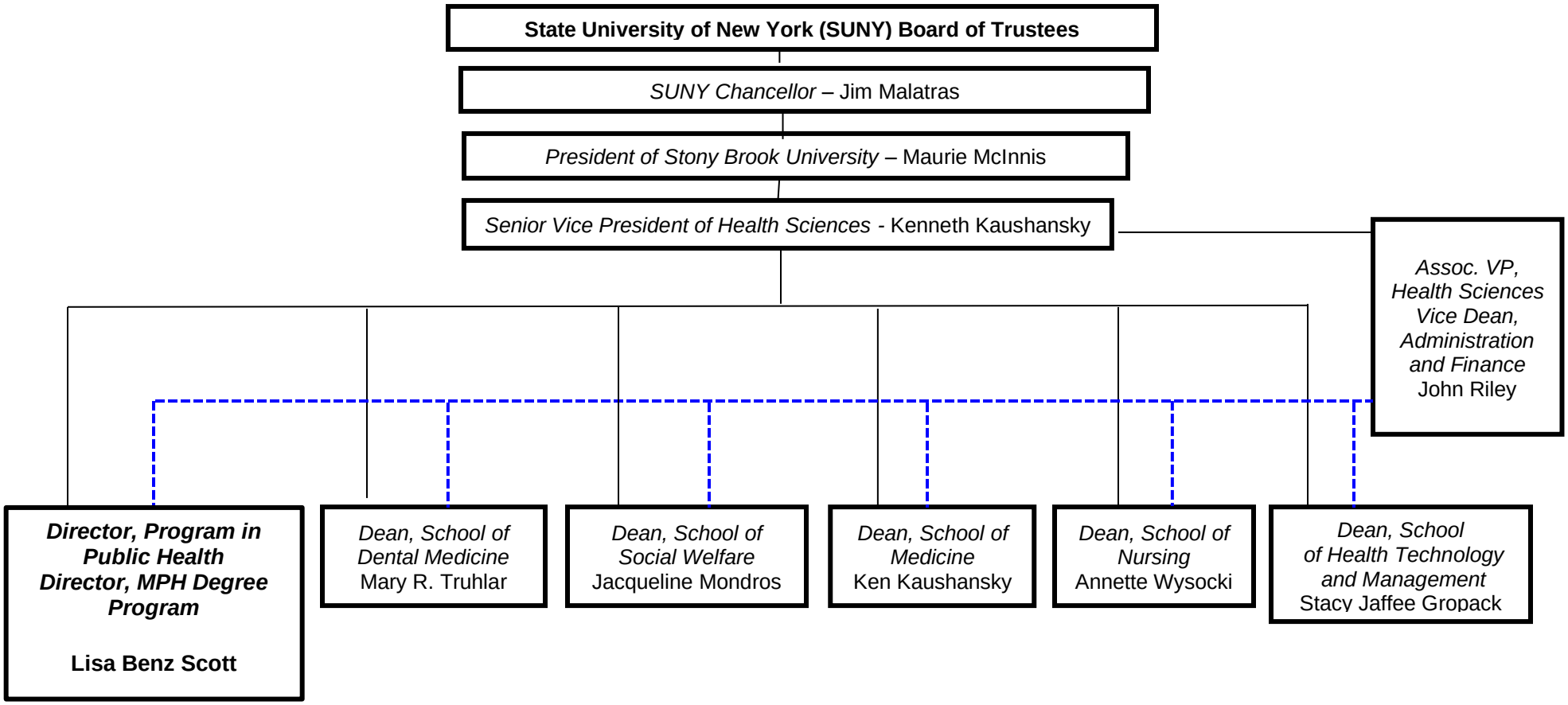
c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

Figure 2 also presents the lines of authority from the Director of the MPH Degree Program / Program in Public Health through the State University of New York Board of Trustees, including intermediate reporting levels.

c. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable

Figure 2. Relationships between the Program in Public Health/ MPH Degree Program and other academic offerings housed within the Stony Brook University Health Sciences Center



------ Dotted line indicates input on finances and administration

3). An instructional matrix presenting all of the program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

The PPH currently offers an MPH degree with three concentrations: Community Health, Health Analytics, and Health Policy and Management. A Generalist concentration is under development at this time. The PPH offers six joint degrees in total. Five are combined programs and one is concurrent (DDS/MPH). Students in concurrent and joint degree programs also select a concentration within the MPH. The program does not currently offer any degree programs in an executive format. Only the Health Policy and Management concentration has its four courses offered in a distance learning format, as described in Criterion section D20.

Template Intro-1 presents the instructional matrix depicting the complete list of degrees for the MPH.

STONY BROOK UNIVERSITY PROGRAM IN PUBLIC HEALTH

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees	**NONE**			**Categorized as public health***	**Campus based**	**Distance based**
Concentration		*Degree*				
Master's Degrees		**Academic**	**Professional**			
Concentration		*Degree*	*Degree*			
Community Health			MPH	X	X	
Health Analytics			MPH	X	X	
Health Policy and Management (will be dually accredited by CEPH and CAHME)			MPH	X	X	X
Doctoral Degrees	**NONE**	**Academic**	**Professional**			
Concentration		*Degree*	*Degree*			
Joint Degrees		**Academic**	**Professional**			
	Existing concentration					
Joint Graduate Degrees:		*Degree*	*Degree*			
MSW (Social Welfare)	Any MPH concentration		MPH-MSW	X	X	
MBA (Business)	Any MPH concentration		MPH-MBA	X	X	
MAPP (MA Public Policy)	Any MPH concentration		MPH-MAPP	X	X	
MD (Medicine)	Any MPH concentration		MD-MPH	X	X	
Nutrition	Any MPH concentration		MPH-MS	X	X	
DDS (Dental Medicine -concurrent degree)	Any MPH concentration		DDS-MPH	X	X	
Joint Undergraduate Degrees:						
Applied Math and Statistics	Health Analytics		BS-MPH	X	X	
Pharmacology	Health Analytics		BS-MPH	X	X	
Earth and Space Sciences	Health Analytics or Community Health		BA-MPH	X	X	
Women's Studies	Health Analytics or Community Health		BA-MPH	X	X	

4). Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

Enrollment data for the PPH's MPH degree program by concentration is presented here in Template Intro-2.

Template Intro-2

Degree		Current Enrollment
Master's		
	MPH*	
	Community Health concentration	27
	Health Analytics concentration	27
	Health Policy and Management concentration	30
	Undeclared	20
	Academic public health master's*	N/A
	All remaining master's degrees (SPH)	N/A
Doctoral		
	DrPH*	N/A
	Academic public health doctoral*	N/A
	All remaining doctoral degrees (SPH)	N/A
Bachelor's		
	BA/BS in public health*	N/A
	All remaining bachelor's degrees (SPH)	N/A

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) **List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members.**

NOTE: The standing and significant ad hoc committees of the Stony Brook Program in Public Health are listed and described below. While these committees are charged with overall decision making and implementation for the four constituent degree programs overseen by the PPH (the MPH degree program, the MHA degree program, the MS in Epidemiology and Clinical Research, and the PhD in Population Health and Clinical Outcomes), only descriptions directly relevant to the MPH degree program (the unit of CEPH accreditation) are presented here.

Standing committees

PPH Executive Committee:

Formula for Membership: Members of the PPH Executive Committee (EC) include PPH leadership, all MPH Core* faculty members, and PPH staff. The Director of the PPH/MPH is the Chair of the Executive Committee.

Current membership of the Executive Committee:

Chair:

- Lisa Benz Scott (Director, Program in Public Health and the MPH Degree Program)

MPH Core* faculty

- Julie Agris (MPH Health Policy and Management Concentration; MHA Director)
- * Héctor Alcalá (MPH Health Policy and Management Concentration; Community Health Concentration)
- *Sean Clouston (MPH Health Analytics Concentration)
- *Norman Edelman (MPH Health Policy and Management Concentration)
- *Andrew Flesher (MPH Health Policy and Management Concentration)
- *Lauren Hale (MPH Health Analytics Concentration)
- *Amy Hammock (MPH Community Health Concentration)
- *Wei Hou (MPH Health Analytics Concentration)
- *Rachel Kidman (MPH Community Health Concentration)
- Jaymie Meliker (MPH Health Analytics Concentration)
- *Catherine Messina (PPH Associate Director for Academic Affairs / MPH Community Health Concentration)
- *Olga Morozova (MPH Health Analytics Concentration)
- Jeffrey Ritter (MPH Health Policy and Management Concentration; MHA Associate Director)
- *John Rizzo (MPH Health Policy and Management Concentration)
- *Dylan Smith (Associate Director MPH degree program / MPH Health Analytics Concentration: PhD Program Director)

PPH Staff

- Pascale Fils-Aime (PPH Practicum Placement and Community Engagement Coordinator)
- Krista Gottlieb (PPH Accreditation and Assessment Specialist)
- Joanmarie Maniaci (PPH Assistant Director for Student Affairs)
- Catherine Polster (PPH Senior Staff Assistant)
- Christine Ziman (PPH Assistant Director of Administration and Finance)

*NOTE: MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. All Core faculty report directly to the PPH/MPH director. The majority of Core faculty are also Primary Instructional Faculty.

Responsibilities and Functions: PPH Executive Committee (PPH EC) members are charged with responsibility for overseeing program evaluation and policy development for the PPH, which includes all MPH degrees. These responsibilities include, but are not limited to, matters of admissions, curriculum, competency and accreditation requirements, student progress and performance, activities of the program's centers, recruitment and retention of faculty and staff, and community service activities and relations. Prior to COVID-19, the PPH EC met monthly with exception to the month of December and the summer months. When the COVID-19 crisis began, we decided to meet every other month unless business meetings were needed in which case they were called (such as a meeting in August of 2020 to review Fall plans and preparations for virtual orientation events). Thus, the PPH EC currently meets every other month during the fall and spring semesters, and as needed during the months of July, and August. The agenda for each meeting of the PPH EC is drafted by the PPH/MPH Director and circulated in advance with an open call for agenda items that includes faculty and staff input. The agenda includes standing items to provide a forum to share information from a representative of each of the MPH standing and ad hoc committees. Minutes from the prior meeting are distributed to all members for their review, corrected as needed, and approved using Robert's Rules of Order. PPH EC members are also charged with planning faculty and staff retreats which are typically done to discuss strategic plans for hiring, program/curriculum modifications, and new directions, budget, and resource allocations to support growth and development. Our last faculty retreat was in 2019 prior to launching a search for a new staff member and a new faculty hire. Faculty and staff development workshops may be held during meetings of the PPH EC with outside experts invited in to share expertise on a priority topic selected by the members.

The decision-making processes of the PPH Executive Committee are further described in section A1.2, page 21.

PPH Curriculum Committee:

Formula for Membership: Members of the PPH Curriculum Committee (PPH CC) include the faculty heads of the three MPH concentrations, PPH leadership and staff, one MPH student representative recommended by the Organization for Public Health Students and Alumni (OPHSA), one MPH alumni representative, and members of stakeholder organizations. Other MPH faculty (primary instructional and non-primary instructional) may attend as necessary. Members (including alumni representatives) may serve indefinitely except for student representatives who are appointed for one year.

Current membership of the Curriculum Committee:

Chair:

- Jaymie Meliker (Faculty Head: MPH Health Analytics Concentration)

Faculty concentration heads:

- Norman Edelman (Faculty Head: MPH Health Policy and Management Concentration)
- Rachel Kidman (Faculty Head: MPH Community Health Concentration)

Part time MPH faculty representative
- Amitava Das MIDS, MBA, Chief Technology Officer, VICOM Computer Services, Inc.
- Yuri Jadotte MD MPH (Dr Jadotte will be the Faculty Head of the MPH Generalist Concentration which is currently under development)

PPH Leadership and Staff
- Lisa Benz Scott (Director, Program in Public Health and the MPH Degree Program) exofficio-member
- Krista Gottlieb (PPH (PPH Accreditation and Assessment Specialist)
- Joanmarie Maniaci (PPH Assistant Director for Student Affairs)
- Catherine Messina (PPH Associate Director for Academic Affairs)
- Dylan Smith (Associate Director MPH Degree Program)

MPH student representative
- Melissa Cottone (MPH Student Representative)

Alumni representatives
- Lisa Endee (MPH Alumni Representative)
- Michael Vita (MHA Alumni Representative

Stakeholder representatives
- Tavora Buchman PhD (Director of Epidemiology and Planning Analytics, Nassau County Department of Health)
  Janine Logan MS APR (Director, Long Island Population Health Improvement Program and the Long Island Health Collaborative)
- Jennifer Jaiswal MA (Instructional Designer and Senior Instructional Technologist; Center for Excellence in Learning and Teaching)

Responsibilities and Functions: The PPH Curriculum Committee (PPH CC) members are charged with maintaining the quality of the curriculum and educational experience in the PPH and is responsible for decisions regarding curriculum matters for all MPH degrees and advanced graduate certificates. The PPH CC reviews proposed new MPH courses, modifications to existing MPH courses and appropriateness of MPH course instructors, and reviews MPH student feedback, MPH competency attainment data, and other sources of relevant information such as ASPPH data trends and CEPH reports. The PPH CC ensures that the MPH curriculum meets all CEPH criteria and reviews syllabi for appropriate mapping of CEPH Foundational Public Health Knowledge Areas and Foundational Competencies to course content and assessments. The PPH CC also reviews and approves MPH program defined concentration competencies and ensures appropriate mapping of concentration competencies to course content and assessments. The PPH CC routinely reviews all previously approved MPH syllabi at least every three years. Course syllabi are continuously updated/modified by faculty instructors to maintain relevance to the changing field of public health; syllabi that undergo substantial modifications are reviewed by the PPH CC before the modification is implemented.

The PPH CC meets every month during the fall and spring semesters, and as needed during the months of July, and August. The agenda for each meeting of the PPH CC is drafted by the Chair, Jaymie Meliker, and circulated in advance to committee members; meeting minutes are also circulated. A standing report from the PPH CC is given at the monthly meeting of the Executive Committee.

The responsibilities and decision-making processes of the PPH CC are further described in section A1.2, page 21.

PPH Admissions Committee:

Formula for Membership: Members of the PPH Admissions Committee (PPH AC) consist of selected PPH/MPH Core faculty members, one MPH alumni representative, and PPH leadership and staff. Members of the PPH AC are selected by the PPH/MPH Director.

Current membership of the Admissions Committee:

Chair:

- Lauren Hale (MPH Health Analytics Concentration)

MPH Admissions

- Andrew Flesher (MPH Health Policy and Management Concentration)
- Catherine R. Messina (PPH Associate Director for Academic Affairs)
- Gwendolyn Phillips (MPH Alumni Representative)

MHA Admissions

- Daniella Bellesia (MHA Alumni)
- Wendy Darwell (MHA Advisory Board)
- Jeff Ritter (MHA, MPH Health Policy and Management Concentration)

PPH Staff

- Krista Gottlieb (PPH Accreditation and Assessment Specialist)
- Joanmarie Maniaci (PPH Assistant Director for Student Affairs)

Responsibilities and Functions: The PPH Admissions Committee (PPH AC) makes decisions on the assessment and acceptance of applicants to the MPH degree program. 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. Committee members are responsible for becoming familiar with the specific criteria to score applicants, and they evaluate each candidate against those criteria. See Criterion section H4 for specific details of the MPH degree program admissions process. Students who are not accepted into the MPH degree program may be offered admission into one of two Advanced Graduate Certificate (AGC) programs, Health Education and Promotion or Health Communication. These certificate programs can be completed as stand-alone experiences or can serve as a pathway into the MPH degree programs. The MPH degree application review process is conducted and tracked through SOPHAS (Schools of Public Health Application Service: the centralized application service for schools and programs of public health).

The responsibilities and decision-making processes of the PPH AC are further described in section A1.2, page 22.

PPH Student Recruitment Committee:

Formula for Membership: Members of the PPH Student Recruitment Committee (SRC) consist of PPH/MPH leadership, faculty and staff who are interested in student recruitment. Members volunteer to serve on this standing committee.

Current membership of the Student Recruitment Committee:

Chair:

- Norman Edelman (MPH Health Policy and Management Concentration)

Faculty

- Héctor Alcalá (MPH Health Policy and Management Concentration; Community Health Concentration)
- Andrew Flesher (MPH Health Policy and Management Concentration)

Leadership and Staff

- Pascal Fills-Aime (PPH Practicum Placement and Community Engagement Coordinator)
- Joanmarie Maniaci (PPH Assistant Director for Student Affairs)
- Catherine Polster (PPH Senior Staff Assistant / Assistant to the Director)
- Dylan Smith (Associate Director MPH degree program / MPH Health Analytics Concentration)

Responsibilities and Functions: The PPH Student Recruitment Committee (PPH SRC) is charged with ensuring adequate recruitment of a diverse and qualified applicant pool for the MPH degree program. The PPh SRC evaluates the success of prior recruitment efforts, identifies new recruitment opportunities, and develops new plans of action for recruitment. The PPH SRC works closely with the PPH Admissions Committee to set targets for recruitment that align with expectations for student admissions and enrollment.

MPH Peer Mentoring Committee:

Formula for Membership: Peer Mentoring Committee consists of all senior tenured MPH faculty members, excluding the PPH/MPH Director. Members serve indefinitely.

Current membership of the Peer Mentoring Committee:

Chair:

- Norman Edelman (MPH Health Policy and Management Concentration)

Faculty:

- Sean Clouston (MPH Health Analytics Concentration)
- Andrew Flesher (MPH Health Policy and Management Concentration)
- Lauren Hale (MPH Health Analytics Concentration)
- Rachel Kidman (MPH Community Health Concentration)
- Jaymie Meliker (MPH Health Analytics Concentration)
- John Rizzo (MPH Health Policy and Management Concentration)
- Dylan Smith (Associate Director MPH Degree program / MPH Health Analytics Concentration)

Responsibilities and Functions: The MPH Peer Mentoring Committee provides peer-to-peer guidance and feedback on a voluntary basis to MPH tenure-track and non-tenure track faculty (including those in public health practice) during a meeting held each Spring semester. This committee particularly focuses on MPH faculty who are pre-tenure as well as those who seek senior appointments at the full Professor rank. Beginning in academic year 2020, mentoring opportunities to support the career success of our entire MPH faculty body emphasize instructional scholarship, administrative leadership, and research growth. Thus, peer mentoring includes but is not limited to these themes: (1) Senior faculty for whom their scholarly careers may need redirection; (2) mentoring for teaching excellence, assessment, and instructional design; and (3) mentoring to support faculty who desire to add administrative leadership roles to their careers as researchers and teachers (such as program directors, associate directors, and opportunities at the Dean, Health Sciences, or Provostial levels).

The MPH Peer Mentoring committee approaches mentoring by providing all MPH instructional faculty (PIF and non-PIF) with multiple opportunities for mentoring and professional development which are inclusive of all ranks (tenured and non-tenure track faculty): (1) a mentor match (of their mutual selection/approval with a senior member of the faculty); (2) opportunities to present their teaching strategies during faculty seminars and receive peer feedback to improve instructional design; (3) opportunities to present their research activities and receive peer feedback during faculty seminars (focused on research plans and potential problems for faculty/peer input); and (4) ongoing one-on-one mentoring by their supervisor.

Mentoring and monitoring of career advancement (for tenure-track MPH faculty) is also provided with face to face, one-on-one quarterly meetings with the PPH/MPH Director and at least one mentoring committee peer feedback opportunity during their first 3 years of employment.

PPH Alumni Engagement Committee:

Formula for Membership: The PPH Alumni Engagement Committee (PPH AEC) is comprised of PPH staff, PPH/MPH faculty, an MPH student representative, and an MPH alumni representative. Staff members are familiar with program finances. Faculty are familiar with social media platforms utilized by the program. Student and alumni membership represent diverse MPH trajectories. Committee members are appointed for 3 years; student and alumni members serve for 1 year.

Current membership of the Alumni Engagement Committee:

Chair:

- Christine Ziman (PPH Assistant Director for Administration and Finance)

Faculty

- Héctor Alcalá (MPH Health Policy and Management Concentration; Community Health Concentration)

Staff

- Krista Gottlieb (PPH Accreditation and Assessment Specialist)

MPH student and alumni representatives

- Cassandra Willie (MPH Student Representative)
- Pascale Fils-Aime (MPH Alumni Representative and PPH Practicum Placement and Community Engagement Coordinator)

Responsibilities and Functions: The PPH Alumni Engagement Committee is charged with the development, implementation, and evaluation of a three-year strategic plan promoting alumni engagement, bolstering philanthropic giving, and providing regular recognition of the accomplishments of MPH alumni, students, faculty and staff. This committee conducts a comprehensive alumni survey to assess interest in alumni engagement, identifies mechanisms to foster greater alumni engagement as mentors, preceptors, adjunct professors, and identifies professional development and networking opportunities. In addition, the AEC promotes the achievements of MPH graduates through the PPH website, e-newsletter (PPH Updates), and social media platforms. The AEC bolsters funding for program activities (Program in Public Health Fund for Excellence which supports student conference participation and travel, student/alumni networking receptions, and inductions into the MPH honor society, Delta Omega), and awards and scholarships (Norman H. Edelman Alumni Award; the Ann Tempone Award). This committee meets 1-2 times per year.

PPH Academic Integrity, Grievance and Appeals Committee

Formula for Membership: The PPH Academic Integrity, Grievance and Appeals Committee is comprised of PPH leadership and PPH/MPH faculty as noted below. However, if an issue relating to academic integrity or a grievance is brought to this committee by a student concerning any faculty who is a member of the committee or the course they are teaching, then an alternate faculty member takes that persons' place on the committee.

Current membership of the Academic Integrity Committee:

Chair

- Catherine R. Messina (PPH Associate Director for Academic Affairs)

PPH / MPH Leadership and Faculty

- Andrew Flesher (MPH Health Policy and Management Concentration)
- Lisa Benz Scott (Director PPH/MPH)
- Dylan Smith (Associate Director MPH degree program / MPH Health Analytics Concentration)

Responsibilities and Functions: The PPH Academic Integrity, Grievance and Appeals Committee regularly reviews and updates (as needed) the PPH/MPH Four Part Policy on Cheating and Plagiarism. The PPH

AIGC develops and administers the Plagiarism and Cheating Tutorial and self-test which students are required to take part in during Orientation. The PPH AIGC also intervenes in cases where PPH/MPH students are accused of plagiarism or cheating. Faculty who accuse a student of cheating or plagiarism present evidence of the infraction to the committee which confirms (or does not confirm) that the infraction occurred and that it rises to the level of "deliberate" cheating or plagiarism. The Committee next meets with faculty member who brought the charge to determine appropriate consequences and lastly meets with the student to inform them of all decisions. The faculty member who initially submitted the charge (and in some cases the concentration head) may also be present at this meeting.

The PPH advises all students to first discuss concerns/grievances with faculty instructors. If a satisfactory resolution is not reached, students are encouraged to reach out to their faculty advisors, the Assistant Director for Student Affairs, the MPH Program Associate Director, and the PPH/MPH Program Director (in that order). However, if a satisfactory resolution is not reached, the Academic Integrity, Grievance and Appeals Committee provides another program-level mechanism by which students may communicate any formal complaints and/or grievances to the PPH.

PPH Diversity, Inclusion, Cultural Competence and Equity Committee:

Formula for Membership: The PPH Diversity, Inclusion, Cultural Competence and Equity Committee is comprised of PPH/MPH staff, faculty, and student representatives. The Chair actively participates as an ASPPH Diversity and Inclusion Section Leader for the Stony Brook PPH, and is a member of the Stony Brook Student Affairs Diversity Leadership Development Initiative (DLDI) Committee, the Health Science Center Workforce Diversity Committee, and Stony Brook PRODiG ("Promoting Recruitment, Opportunity, Diversity, Inclusion and Growth") Advisory/Alignment Committee (2019). Faculty and student representatives volunteer to participate.

Current membership of the Diversity, Inclusion, Cultural Competence and Equity Committee:
Chair

- Catherine Polster (PPH Senior Staff Assistant / Assistant to the Director)

Faculty and staff

- Héctor Alcalá (MPH Health Policy and Management Concentration; Community Health)
- Pascale Fils-Aime (PPH Practicum Placement and Community Engagement Coordinator)
- Amy Hammock (MPH Community Health Concentration)
- Catherine R. Messina (PPH Associate Director for Academic Affairs / MPH Community Health Concentration)

Student Representatives

- Danielle Bailey (MPH degree program)
- Shoshanna Alexander (MPH degree program)
- Tynisha George (MPH degree program)
- Melissa Cottone (MPH degree program)
- April Castillo MD (MPH degree program)
- Maryam Hassanein (MPH degree program)
- Gifty Oduro-Ostrander (MHA degree program)
- Melissa Depaola (MHA degree program)

Responsibilities and Functions: The PPH Diversity, Inclusion, Cultural Competency and Equity (PPH DICCE) committee is charged with helping to cultivate a supportive, welcoming, and respectful learning and working environment for all students, faculty, and staff, free of discrimination based on race, ethnicity, socioeconomic status, gender, religion, sexuality, gender identity or expression, political affiliation, disability, health status, national origin, religion, culture, refugee status, or other historically marginalized social identities. PPH DICCE meets monthly and regularly reports to the PPH Executive Committee as well as to the Director of the PPH/MPH. The responsibilities of the committee include (1) regularly assessing the Program's climate with respect to diversity, inclusion and equity, using a variety of tools, including

surveys, focus groups, and individual conversations; (2) reporting results of these assessments to the faculty, students and staff, seeking their input and recommendations about how to improve the Program's climate; and (3) developing and implementing initiatives to improve the Program's climate, using results from the assessments to guide decision- making. These include (but are not limited to) initiatives that support diversity, inclusiveness, cultural competence and equity considerations in the curriculum, scholarship, community engagement efforts, and recruitment and retention of diverse faculty, staff, and students.

PPH Awards Committee
Formula for Membership: The PPH Awards Committee is comprised of PPH faculty and staff who volunteer to participate.

Current membership of the Awards Committee
Chair

- Amy Hammock (MPH Community Health Concentration)

Faculty and staff

- Héctor Alcalá (MPH Health Policy and Management Concentration; Community Health Concentration)
- Pascale Fils-Aime (Practicum Placement and Community Engagement Coordinator)
- Andrew Flescher (MPH Health Policy and Management Concentration)
- Lauren Hale (MPH Health Analytics Concentration)
- Joanmarie Maniaci (PPH Assistant Director for Student Affairs)
- Catherine R. Messina (PPH Associate Director for Academic Affairs / MPH Community Health Concentration)

Responsibilities and Functions: The Awards Committee selects the student recipients of MPH awards presented each year at the PPH Graduation. These awards may include the Ann Tempone Scholarship, the Overall Excellence in Public Health Award, the Leadership in Public Health Award, and the Academic Excellence Award. This committee also identifies students to be inducted into the Delta Omega, Delta Lambda Chapter, Public Health Honorary Society at graduation.

Significant ad hoc committees

Ad Hoc PPH Academic Standing Committee:

Formula for Membership and Current Membership: The PPH Academic Standing Committee (PPH ASC) is comprised of three members: The PPH/MPH Director, the MPH Associate Director, the PPH Associate Director for Academic Affairs, and the PPH Assistant Director for Student Affairs who meet when the need arises.

Responsibilities and functions: The ad hoc PPH Academic Standing Committee meets in cases where the GPA of an MPH student falls below 3.0 and is placed on probation or a student fails a course. Then the ASC meets to plan further action (e.g., the student is placed on probation or is dismissed). The PPH ASC also meets to review student requests for withdrawal from the MPH degree program.

Ad Hoc PPH Faculty/Staff Search Committees:

Formula for Membership and Current Membership: Search committees to hire new MPH faculty or staff members are assembled by the PPH Executive Committee, and consist largely of PPH/MPH Core faculty members and a minimum of one PPH/MPH Affiliated Faculty member. In the case of staff searches, there will be one or more staff member(s) on the committee. Since the committee is formed on an as-needed basis, there is no current membership list.

Responsibilities and functions: Ad hoc faculty/staff search committees create job postings (in consultation with the PPH/MPH Director), obtain approval of the postings from the necessary University offices, review the applications of candidates responding to the postings, and score the applications using standardized criteria. These committees meet to select candidates for interviews and, if applicable, job talks, attend job talks/interviews/lunches when finalists visit campus, and provide recommendations to the Chair. The Chair is responsible for providing the PPH Executive Committee with a summary of the committee's recommendations.

Ad Hoc PPH Banking, Bridging, and Buyout Committee:

Formula for Membership and Current Membership: This committee is assembled and chaired by the PPH Assistant Director for Administration and Finance, Christine Ziman and consists of a minimum of 4 core MPH faculty members who volunteer to participate. Since the committee is formed on an as-needed basis, there is no current membership list.

Responsibilities and functions: The Banking, Bridging, and Buyout Committee was tasked with developing the Program in Public Health Faculty Support Policy that provided a mechanism to allow 50/50 faculty to bank salary offset grant funding, provide mechanism to allow for buyout for teaching loads, and provide professional development funding to all Core Faculty members. This policy was approved at the Executive Committee in September 2019.

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

a. degree requirements

Decisions regarding requirements for the MPH degree and joint or dual degrees with the MPH are made at the program level. The process by which decisions are made begins with recommendations by the PPH Curriculum Committee (PPH CC) to the PPH Executive Committee (PPH EC). The PPH CC submits proposed changes to the PPH EC for their review and approval decisions before being submitted to the Stony Brook University (SBU) Graduate Council, SUNY, and the NY State Education Department (respectively) and CEPH for final review and approval.

Decision making within the PPH EC is conducted as follows: The PPH/MPH Director follows Robert's Rules of Order to conduct the business of the PPH 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.

b. curriculum design

As noted in section A1.1, page 14, the PPH Curriculum Committee (PPH CC) is charged with maintaining the quality of the curriculum and educational experience in the PPH and is responsible for decisions regarding curriculum matters for all MPH degree programs and advanced graduate certificates. The PPH CC reviews proposed new courses, proposed modifications to existing courses and appropriateness of course instructors, taking into account, student feedback, competency attainment data, and other sources of relevant information such as ASPPH data annual trends and annual CEPH reports. The PPH CC ensures that curricula for the MPH degree program as well as MPH joint or dual degree programs (including the MHA/MPH combined Health Policy and Management Concentration) meet all CEPH criteria and reviews syllabi for appropriate mapping of CEPH Foundational Public Health Knowledge Areas and Foundational Competencies to course content and assessments. The CC also reviews and approves program defined concentration competencies and ensures appropriate mapping of concentration competencies to course content and assessments. The PPH CC routinely reviews all MPH previously approved syllabi at least every three years; syllabi that undergo substantial modifications are reviewed before the modification is implemented.

The PPH CC makes recommendations to the EC regarding curricular matters. Decisions about CC recommendations for changes to the curriculum are based on consensus (as noted above), and are reviewed by the EC for approval before being presented for approval by the SBU Graduate Council, SUNY, and CEPH, as necessary.

c. student assessment policies and processes

The PPH adheres to SBU guidelines for graduate student grading policies and systems. Decisions about student assessments and attainment of competencies within the MPH Degree Program are made at the individual course level by the course instructor of record and in accordance with CEPH requirements for foundational and concentration competency assessments. All individual MPH course-level student assessment policies and processes are described in individual course syllabi, and are reviewed and approved by the PPH Curriculum Committee during their regular monthly meeting before implementation, to ensure that CEPH 2016 criteria for mapping assessments to competencies are met. Reviews of course syllabi and assessments are conducted in advance of a new course or when a course change is made that effects content, adds or removes/replaces a CEPH foundational competency or a concentration specific competency, or revises an assessment mapped to a CEPH or concentration competency.

d. admissions policies and/or decisions

Admissions policies: While the PPH adheres to admissions standards set by the SB University Graduate Council, the PPH admissions process for all MPH degree programs, is not implemented through the Graduate Council. The PPH Admissions Committee submits recommendations regarding policies and guidelines for admitting students to the MPH degree program to the PPH Executive Committee (EC) which (as noted above) is responsible for overseeing policy approval for the PPH. Any changes or modifications of admissions policies and guidelines require discussion and approval by the PPH EC before implementation. Data tracking the admission process and rates of approved applications and student acceptances are presented by Admissions Committee representatives at each monthly PPH EC meeting.

Student admissions. The PPH Admissions Committee makes decisions on the assessment and acceptance of applicants to the MPH degree program. Each year, the committee evaluates applications with an eye toward assembling a cohort of students who are intellectually inquisitive individuals from diverse backgrounds who can provide special contributions to the field of public health and to the program. It is a goal of the Admissions 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 Admissions Committee encourages applications from persons in the public health workforce and weighs their professional experience heavily in admissions decisions.

The Admissions Committee considers all applicant factors including GPA, course grades, recommendation letters, essays, prior training, and professional experience in the decision-making process. Applicants are evaluated on academic achievement, leadership potential, professional accomplishment and personal attributes. International students are required to have a course-by-course educational credential evaluation by World Educational Services (WES) and may be required to take the TOEFL exam. Committee members are responsible for becoming familiar with the specific criteria to score applicants, and they evaluate each candidate against those criteria.

The PPH 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 Assistant Director for Student Affairs reviews each new application for completeness and alerts the members of the PPH's standing Admissions Committee as to when applications are ready for their review. Applications undergoing 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 consensus vote to accept, or deny the applicant admission to the MPH degree program. Students who are not accepted into the MPH degree program may be offered admission into one of two Advanced Graduate Certificate (AGC) programs, Health Education and

Promotion or Health Communication. These certificate programs can be completed as stand-alone experiences or can serve as a pathway into the MPH degree programs. Students may apply up to 12 credits earned in the certificate program to the total credits required for the MPH degree program. The MPH degree application review process is conducted and tracked through SOPHAS, (Schools of Public Health Application Service: the centralized application service for schools and programs of public health).

e. faculty recruitment and promotion

Faculty recruitment. Ad hoc PPH faculty search committees collect applications, screen and rank the candidates, and decide which candidates to invite for an interview with input from the PPH and MPH Directors. Invited candidates also visit the campus, and give a presentation to full and part-time faculty and current MPH students. Candidates also have a lunch meeting with full and part time PPH/MPH faculty, and MPH student and alumni representatives. Part time MPH/PPH faculty, students and alumni are invited to give feedback to the search committed on the strengths and weaknesses of candidates.

The PPH and MPH Directors make a final candidate selection based on the strength of the committee's recommendation, and with input from the PPH Executive Commitee, current MPH students and others (as noted above) 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 promotion. The PPH is structured so that PPH Faculty members (including MPH Degree Program faculty) have academic titles that are based in a home department within a School or College. The majority of our primary MPH faculty have academic appointments in the School of Medicine (Department of Family, Population and Preventive Medicine). One primary MPH faculty member has an appointment in the School of Health Technology and Management, and one has an appointment in the School of Social Welfare. Faculty promotion policies are established by a Committee on Appointments, Promotion and Tenure (APT) which are standing committees of each school (School of Medicine, School of Health Technology and Management, School of Social Welfare). Each of the school's the APT committees are guided by the Policies of the Board of Trustees of the State University of New York. Criteria and expectations for promotion (for instructional effectiveness and research and service efforts) are similar across the schools. The quality and / or level of instructional effectiveness and research and service efforts are expected to increase with rank attained.

Both the PPH/MPH Director and the faculty member's Dean or Department Chair deliver a recommendation regarding faculty member's promotion/tenure to the appropriate APT committee, which evaluates the candidate's instructional effectiveness and research and service efforts. The APT committee members then vote to provide a recommendation to the Dean/Senior Vice President of Health Sciences, for or against promotion/tenure of the faculty member. The Dean/Senior Vice President of Health Sciences, in turn, makes a recommendation and the review process continues up the supervisory chain (to the University President, and, in case of tenure, to the SUNY Chancellor).

f. research and service activities

All MPH Degree Program Primary Faculty members are expected to engage in research and / or service activities. Individual faculty member interests and area of expertise determine the research and service activities that they perform. Faculty members meet with the PPH/MPH Director for an annual performance review, during which research and service efforts are discussed and encouraged. Faculty research and service expectations are also monitored through the promotion and tenure guidelines the faculty member is expected to follow in order to be considered for promotion/tenure.

Research and service expectations, and related policies of the MPH Degree Program are further described in Criterion E4; service expectations and policies are further described in Criterion E5.

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

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 https://www.suny.edu/media/suny/content-assets/documents/boardoftrustees/SUNY-BOT-Policies-Jan2019.pdf and also included in the ERF Folder A1 Organization and Administrative Processes: subfolder SUNY Policies of the Board of Trustees.

Information on the rights and obligations of the PPH's various constituent groups is also available in the PPH Bulletin. https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf The PPH Bulletin is also located in the ERF Folder: H5.

4) Briefly describe of how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

In addition to participation in PPH/MPH committees noted in section A1.1, MPH faculty actively contribute to decision-making processes at the broader institutional level through service on department and university committees that are external to the unit of accreditation (i.e., the MPH Degree Program).

Table 2 identifies a sample of MPH faculty and describes their membership and roles on Stony Brook University committees that are external to the unit of accreditation.

Table 2. Examples of MPH faculty memberships and roles on Stony Brook University Committees

MPH Faculty Member	University Committee(s)
Alcala´, Héctor	Diversity Ambassador, Department Family Population and Preventive Medicine, Renaissance School of Medicine at Stony Brook. (2020-present)
Agris, Julie	Stony Brook University Institutional Review Board (2019-present) Stony Brook University Faculty Senate (2017- present) Stony brook Medicine Institutional Ethics Committee (2017-present) Stony Brook Medicine Professional Identity Formation Workgroup (2017-present)
Benz Scott, Lisa	Co-Chair of Community Engagement and Outreach Committee, an Ad Hoc University-Wide Working Group charged by the Senior Vice President of Health Sciences to Strategize, Plan, Implement, and Evaluate Services for Priority Populations during the COVID-19 Crisis, April 2020 – Ongoing. Member, Ad hoc Tenure and Promotion Committee, in service to Schools of Nursing and Health Technology and Management, for Full Professor with Tenure reviews. Spring, 2020. Director of Stony Brook Medicine's Healthy Libraries Program (HeLP), a multi-school partnership with the Public Libraries of Suffolk County to provide Inter-professional Team-Based Clinical and Educational Programs to diverse communities in the public library space, 2019 – ongoing. Frequent School of Medicine and University Search Committee member
Clouston, Sean	PET/MRI Access and Utilization Committee, Depts. Psychiatry & Radiology (2017 – present) Alzheimer's PET/MRI Imaging Search Committee, Dept. of Psychiatry (2 hires: 2017-2018) World Trade Center Long Island Center for Clinical Excellence, Stony Brook University (2014-current)
Edelman, Norman	Fellow recruitment committee, Pulmonary Division of the Department of Medicine (2017)

Flescher, Andrew	Living Donor Advocate, Stony Brook University Hospital (2013 – present) Organ Donor Council, Member, Stony Brook University Hospital (2009- present) Academic Judiciary Committee (2012-present) Stony Brook University Hospital Ethics Committee (2009 – present) Humanities Institute: Board member (2012-present) Appointment, Promotion and Tenure Committee, Renaissance School of Medicine at Stony Brook (2017-present) SBU Faculty Senate Representative, Department of English (2017-present)
Hammock, Amy	Title IX Deputy: Authorized to record reports of sexual violence and relay them to the Title IX office; conduct trainings in Title IX for SB university units 2015 – present. Faculty Representative – SB University's Title IX Working Group 2014 – 2019.
Hou, Wei	Clinical Research Leadership Committee, Stony Brook University 2018 – present Member, Protocol Review Committee, Cancer Center, Stony Brook University 2016 - present
Meliker, Jaymie	Consortium for Interdisciplinary Environmental Research (CIDER) – Department of Family, Population and Preventive Medicine (2007 – present) Long Island Groundwater Research Institute (2008-present) School of Marine and Atmospheric Sciences Appointment, Promotion and Tenure Committee (2020-present) Institute for Partnerships in Innovation, Resilience, and Environmental Solutions Steering Committee (2019-present)
Messina, Catherine	Renaissance School of Medicine (RSoM) at Stony Brook Faculty Senator RSoM Preventive Medicine Residency Program Advisory Committee RSoM Preventive Medicine Residency Program Clinical Competency Committee
Rizzo, John	Appointment, Promotion and Tenure Committee, Renaissance School of Medicine at Stony Brook

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

Full time faculty are MPH core faculty and/or MPH Primary Instructional Faculty. MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the PPH/MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. The majority of Core faculty are also Primary Instructional Faculty. Part time MPH faculty are MPH course instructors or adjuncts.

Full time MPH core faculty interact formally through the PPH Executive Committee (described in section A1.1, page 13), and during core faculty retreats (most recently in 2019), as well as informal interactions which reflects the collegial environment. Full and part time MPH faculty interact informally every Wednesday at noon for a "brown-bag" get together (currently via ZOOM). Discussions are wide-ranging and have recently addressed online teaching strategies, issues and approaches to increasing topics related to diversity in the MPH curriculum, potential revision of some concentrations, class size, etc. "Brown bags" are scheduled at a time that is convenient for the majority of PPH/MPH full and part time faculty. Because these are informal get togethers, attendance is not taken.

Part time faculty regularly interact with the PPH/MPH Program Director and/or the head of the MPH concentration area they are teaching in, to discuss course requirements, content, competency mapping and assessments, class size and resources, etc., as well as student feedback on how the course is

progressing. The PPH/MPH Program Director may “drop in” (currently via ZOOM) to a class (at the convenience of the instructor) to briefly chat with students.

In addition, two part-time faculty representatives are members of the PPH Curriculum Committee (PPH CC). As described in section A1.1, page 14, the PPH CC is charged with maintaining the quality of the curriculum and educational experience in the PPH and is responsible for decisions regarding curriculum matters for all MPH degrees and advanced graduate certificates. Recent CC minutes with the list of full and part time MPH faculty attendees are included in the ERF: Folder A1: Organization and Administrative Policies: subfolder Part time faculty interactions.

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

Strengths:

- The MPH Program’s organizational and administrative processes ensure its ability to meet the program’s stated mission and goals and ensure that the program meets the required CEPH conditions for accreditation.

- Full time and part time MPH program faculty, staff, and students have clearly defined decision-making and implementation responsibilities regarding program functions, governance and academic policies, largely due to the clearly delineated committee structure within the PPH.

- MPH Faculty members hold memberships on many and varied University committees, through which they play an active role in decision-making processes at the broader Stony Brook University level.

Weaknesses:

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

Plans for improvement:

- As the significance of the ongoing COVID-19 public health crisis continues to unfold at our campus and beyond, we are keenly aware of the role of public health in higher education and how greatly our expertise is needed in service to our University. Stony Brook University has several recent and upcoming changes to senior leadership (noting a new University President took office as of 7/1/2020; an interim Provost is in place and a search is under way; a new Diversity Officer for the University began this summer and there is a search for a HSC co-director); the Dean of the School of Social Welfare recently announced retirement at the end of this year, and a search is underway). With change comes opportunities for growth, and new opportunities to position the Program in Public Health as a critical contributor to decisions about new investments of resources, with faculty service on important University and academic-community partnership committees (such as Appointment Promotion and Tenure committees, and the SB University Senate). We also plan to continue to grow our public health practice affiliated faculty roster, with additional bridges between academic public health and engagement of practitioners in our administrative processes.

- We plan to expand student and alumni representation on the PPH Alumni Engagement Committee and increase the frequency that this committee meets.

A2. Multi-Partner Programs **(applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)**

Not applicable.

A3. Student Engagement

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

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

MPH student participation in policy making and decision making via PPH committee participation over the last three years:

In addition to providing course feedback and course evaluations, our MPH students have active formal roles in MPH program policy and decision making through participation in several PPH standing committees. As described in Criterion section A1 (Organization and Administrative Processes) the standing PPH Curriculum Committee, PPH Alumni Engagement Committee and PPH Diversity, Inclusion, Cultural Competence and Equity Committee include student members.

PPH Curriculum Committee -
The MPH student member of the PPH Curriculum Committee is typically the president of Organization for Public Health Students and Alumni (OPHSA is described in greater detail below). OPHSA members are student leaders who advocate for MPH students' needs and provide their input into policy making and decision making relating to the MPH curriculum through their participation in the Curriculum Committee meetings.

Some examples of MPH student input into policy making and decision making regarding the MPH curriculum through their participation in the PPH Curriculum Committee (PPH CC) include: the sequencing of MPH classes, course and program wide workload, class size, the number of credits for some courses (e.g., MPH students encouraged us to move from 2-credit to 3-credit courses throughout the curriculum to have consistency in credits per course), overlap in course content between core and/or concentration courses, the decision to add or revise a new concentration, decisions to add/remove courses (e.g., merging Data Management content and competencies into Biostatistics I and II); quality of instruction by various faculty, classroom environment issues, library and software resources that impact students, planning of events (such as during public health week), review of syllabi for new and revised courses before courses are offered (student input is included in the PPH CC process for review). Based on student input: we have removed/replaced instructors and guest lecturers, we have integrated courses that had content overlap, we reduced the number of required courses to provide elective course opportunities, we have added resources to support practicum (e.g., new staff and group planning sessions, etc.), we have changed room assignments., we have replaced hardware and software, and we have taken actions to improve our climate of diversity, inclusion and equity.

Joanmarie Maniaci, PPH Assistant Director for Student Affairs, is our faculty-staff-student liaison. She attends OPHSA meetings and frequently meets with MPH student leaders to discuss their ideas, concerns, feedback, which she brings back to the appropriate MPH committee or administrator.

PPH Alumni Engagement Committee -
The MPH student member of the Alumni Engagement Committee takes part, along with faculty, staff, and alumni representatives, in the development, implementation, and evaluation of a three-year strategic plan to promote alumni engagement, bolster philanthropic giving, and provide regular recognition of the accomplishments of MPH alumni, students, faculty and staff.

PPH Diversity, Inclusion, Cultural Competence and Equity Committee (DICCE) -
The MPH student members of the DICCE committee take part, along with faculty and staff representatives, in the evaluation and support of a diverse and culturally competent PPH/MPH learning and work environment. The MPH student members represent the MPH student body and provide input into decision-

making and recommendation efforts to improve / maintain the climate of diversity and cultural competence in the PPH/MPH. This is described in greater detail in Criterion section G1, Diversity and Cultural Competence.

MPH student members of these PPH committees over the last three years include:

Committee	MPH Student Members
Curriculum Committee	Melissa Cottone (2020-present)
	Candace Haskell (2019 – 2020)
	Bianca Franza (2018-2019)
	Kerri Mahoney (2017-2018)
Alumni Engagement Committee*	Cassandra Willie (2020-present)
	Rashmi Rao (2019-2020)
Diversity, Inclusion, Cultural Competence and Equity Committee*	Danielle Bailey (2020-present)
	Shoshanna Alexander (2020-present)
	Tynisha George (2020-present)
	Melissa Cottone (2020-present)
	April Castillo MD (2020-present)
	Maryam Hassanein (2020-present)

*These are new committees

Faculty search processes -
MPH students also participate in the faculty search process (most recently in January, February, March 2020). Time is scheduled during job talks and interviews of new MPH faculty candidates for students to meet with the candidates and to provide their input into decision–making in the faculty search and hiring process.

Student organizations involved in MPH program governance:
In 2008, the program's Organization for Public Health Students and Alumni (OPHSA) was established with the mission of being the premier advocacy organization for current and former students of the PPH. The organization promotes MPH student leadership and serves as a voice for the MPH student body, and as a vehicle for MPH students to perform collaborative service and scholarly activities in the public health field. OPHSA members are involved in MPH program governance through participation in the program Curriculum Committee (as noted above).

OPHSA's goals are:

1. To promote the general welfare and professional image of Stony Brook University and the PPH (including the MPH degree program).
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 MPH degree program.
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 MPH Degree Program.
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.

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

Strengths.

- Our MPH students formally participate in and have defined roles in, policy making and decision making within the MPH degree program, largely due to the clearly delineated program committee structure.

- The Organization for Public Health Students and Alumni (OPHSA), a student leadership organization established out of the PPH, advocates for MPH students in the program, involves MPH students and alumni in service activities consistent with the mission, values and goals of the program, and participates in MPH degree program policy making and decision making through membership in the PPH Curriculum Committee.

Weaknesses:

- After careful consideration, the PPH has determined that MPH students are well represented and participate appropriately in formal policy making and decision-making processes for the MPH degree program. Therefore, we have determined that there are no notable weakness in this criterion.

Plans for improvement:

- We do not formally assess the experiences of the MPH students who serve on our committees. Since we recently added two new committees with student leaders as members (the PPH Alumni Engagement Committee and the PPH Diversity, Inclusion, Cultural Competence and Equity Committee), beginning in 2021 we will start assessing their sense of engagement and involvement in policy making and decision making on these committees, as well as the Curriculum Committee. This will be done in consultation with the student leaders, the respective committee chairs, and with the feedback solicited by the PPH Assistant Director for Student Affairs.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) **A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.**

Vision: The vision of the Master of Public Health degree program is to improve the health of all people on Long Island and globally through leading and collaborating on impactful public health research, training competent public health professionals and developing future leaders, and engaging with diverse communities.

Mission: The mission of the Master of Public Health degree program is to train the next generation of public health practitioners, scholars and leaders so as to promote improvements in the health of all populations - including the elimination of health disparities across the life-course through excellence in education, research, community engagement, service and empowerment locally, nationally, and globally.

Goals: The goal and measurable objectives of the Master of Public Health (MPH) degree program are presented in Table 3.

Table 3 Goals and Measurable Objectives for the MPH Degree Program

Goal	Measurable Objectives
GOAL 1: (Instruction) Admit and retain a high quality MPH student body.	1a) A holistic review and student selection process that considers a comprehensive range of applicant factors including work experience, volunteer experience, research experience. academic metrics (e.g., GPA, course work and grades), TOEFL for students whose native language is one other than English, etc., letters of recommendation and a personal essay, highlighting the applicant's interest in public health and potential to contribute to the field.* *NOTE: We endorse the ASPPH position statement on admissions criteria and no longer require standardized test scores (i.e., GRE) as part of our holistic approach to admissions. https://s3.amazonaws.com/ASPPH_Media_Files/Docs/ASPPH_GRE+Position+Paper.pdf
	1b) Student performance supports optimum achievement.
	1c) Students meet an acceptable standard of professionalism and academic integrity.

GOAL 2: (Instruction) Prepare students to meet the needs of the evolving public health field by delivering a high quality curriculum	2a) Maintain CEPH accreditation.
	2b) Faculty, student, alumni, and stakeholder positively perceive the relevance, currency and quality of the MPH curriculum, including course content, instructors, competency mapping, active learning strategies, and assessment.
	2c) Graduates' and alumni are well prepared for work in the public health field.
	2d) Faculty attend professional development activities and make use of resources designed to maintain currency in pedagogical methods.
	2e) Faculty attend professional society meetings and take part in professional development activities in order to keep abreast of current public health issues and maintain currency in their areas of instructional responsibility.
	2f) The MPH curriculum meets the changing needs of the field.
GOAL 3: (Scholarship) Advance knowledge in public health through MPH faculty research.	3a) Faculty produce impactful scholarly work that attracts extramural funding.
	3b) Faculty participate in national and international scholarly organizations related to public health.
GOAL 4: (Scholarship) Actively involve students in scholarly endeavors.	4a) Student participate in scholarly research activities.
	4b) Student participate in presentations at scientific and service-related conferences.
GOAL 5: (Service) Participation in service activities designed to meet the current needs and priorities of public health-based community partners by students and faculty.	5a) Identify the needs and priorities of current and new service partnerships of public health-based community organizations and governmental public health agencies.
	5b) Meet the service needs and priorities of public health-based community organizations and governmental public health agencies through high-quality partnerships with faculty, staff, and students.
	5c) Faculty provide their expertise to meet public health-related service needs and priorities of community partners including engaging and supervising students in activities that support the mission of collaborating organizations.
GOAL 6: (Service) Serve the continuing education needs of the public health workforce.	6a) 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).
	6b) Professional development opportunities for the regional public health workforce including trainings with the Center for Public Health Education, the Long Island Health Collaborative members, and the Suffolk Cooperative Library System.

GOAL 7: (Diversity, inclusion, cultural competence and equity) Meet our commitment to provide a diverse, inclusive, and equitable learning and working environment for our students, faculty, and staff.	7a) Recruitment strategies ensure a diverse student body.
	7b) Diverse student body in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.
	7c) Students favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.
	7d) Recruitment strategies ensure a diverse faculty and staff.
	7e) A diverse faculty and staff in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.
	7f) Faculty and staff favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.
GOAL 8: (Diversity, inclusion, cultural competence and equity) Foster a meaningful sense of cultural competence in our students, faculty, and staff	8a) The MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations.
	8b) Students' service and research efforts are informed by best practices regarding cultural competence.
	8c) Faculty and staff participate in professional development activities that foster cultural competence.

Values: The Master of Public Health degree program embraces as a core value, adherence to all ethical standards of conduct and academic integrity. The MPH degree program's culture inherently values the following:

Beneficence – Do good and do no harm;

Diversity and Inclusiveness – 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 among different groups until such differences are eliminated, and promote social justice and health equity;

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 – Build relationships with communities to promote positive changes in the health of those communities.

The MPH degree program operationalizes its values through the following pillars upon which the program stands: Instruction, Scholarship, and Service.

Instruction. The Master of Public Health degree program values high-quality instruction that moves beyond the simple transmission of information to produce creative and critical thinkers. This value is operationalized through the provision of competency-based Core and Concentration curricula that lead to the MPH degree. The program emphasizes the development of analytical and critical thinking skills and an ecological approach to health improvement and disease prevention.

Scholarship. The Master of Public Health degree program values scholarship and research that contributes to the health improvement of all populations and the elimination of health disparities. This value is operationalized by leading and facilitating interdisciplinary and collaborative scholarly research by the faculty and students, including work that emphasizes health improvement through community engagement and community-based participatory research.

Service. The Master of Public Health degree program values three types of service: Community; Professional; and University. 1. Community: The Program values direct service to communities. This value is operationalized as advocating for improving population health and eliminating health disparities; and providing needs assessments and guidance for solutions to community health problems, and assisting the public health workforce. 2. Professional: The Program values faculty members' contributions to organizations that advance their professional fields. This value is operationalized by the faculty promotion and tenure criteria and by expectations for annual performance evaluations. 3. University: The Program values service to the University, which is operationalized as mentoring other faculty and serving as members or leaders on committees that advance the mission and goals of the University and the Master of Public Health degree program

2) **If applicable, a program-specific strategic plan or other comparable document.**

Not applicable.

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

<u>Strengths</u>

- The MPH degree program incorporates input from a broad range of stakeholders in order to create a mission statement that is a sincere charge articulating the program's purpose, and the accompanying vision, values, goals, and objectives which support that mission. Stakeholder feedback is a central part of the program's continuous quality improvement efforts, because this feedback informs the executive decision-making process.

  Community and practice-based stakeholders who contributed to the most recent updating (July – August 2020) of the MPH degree program's mission, vison, values, goals and objectives included: Nassau and Suffolk County Commissioners of Health, Lawrence Eisenstein MD MPH and Gregson Pigott MD MPH, Frederick Sganga, MPH, LNHA, FACHE, Executive Director, Long Island State Veterans Home at Stony Brook; Janine Logan, MS, APR, Senior Director, Communications and Population Health: Nassau-Suffolk Hospital Council (NSHC), Northern Metropolitan Hospital Association (NorMet), Suburban Hospital Alliance of New York State, LLC (SHANYS), and Director, Long Island Population Health Improvement Program and the Long Island Health Collaborative; Marguerite Smith Esq, leader of the Health and Wellness Committee for the Shinnecock Reservation in Southampton NY; JoAnn Henn and Georgette Beal, both lead administrators for the United Way of Long Island, which is the region's administrative body for the Ryan White HIV Planning Council for Long Island.

- The program's mission, values, goals and objectives are introduced to new students during the New Student Orientation Session and are also contained in the Program in Public Health Bulletin. Students can access the Program in Public Health Bulletin on the PPH website or though the new student orientation page in BlackBoard. The PPH Bulletin can be found here https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf and in the ERF Folder: H5.

- MPH leadership has excellent communication with stakeholders in academic and community engagement settings and in one-on-one correspondence.

Weaknesses

- After careful consideration, we find no weaknesses in this criterion.

Plans for improvement

- As the impact of the COVID 19 crisis continues to unfold, we plan to reflect and redefine our goals and objectives to meet the changing needs of our students and the public health workforce. We will do this through continued relationships and communication with our key stakeholders, students, alumni, University leadership, ASPPH, CEPH, and the public health workforce

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

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

Graduation rate data for the program's professional MPH degree is presented below, in **Template B2-1.**

Template B2-1: Students matriculate into the MPH Degree Program during the Fall only.
Maximum time to graduation allowed by the SBU Graduate School = 5 years.
However, the SBU Graduate School may allow extensions under some circumstances.

Students in the MPH Degree Program, by Cohorts Entering Between 2013-14 and 2019-20							
	Cohort of Students	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
2014-15	# Students entered	31					
	# Students withdrew, dropped, etc.	4					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	27	33				
	# Students withdrew, dropped, etc.	1	4				
	# Students graduated	18	0				
	Cumulative graduation rate	58%	0%				
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	29	33			
	# Students withdrew, dropped, etc.	0	1	2			
	# Students graduated	3	11	0			
	Cumulative graduation rate	68%	33%	0%			
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	17	31	33		
	# Students withdrew, dropped, etc.	0	0	0	3		
	# Students graduated	2	8	15	0		
	Cumulative graduation rate	74%	58%	45%	0%		

2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	9	16	30	44	
	# Students withdrew, dropped, etc.	0	0	1	0	2	
	# Students graduated	3	1	8	21	0	
	Cumulative graduation rate	84%	61%	70%	63%	0%	
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	8*	7**	9***	42	29
	# Students withdrew, dropped, etc.		1	0	0	0	0
	# Students graduated		2	2	2	28	0
	Cumulative graduation rate		67%	76%	70%	64%	0%

* One student who entered in 2015 was on an approved leave of absence and has resumed her MPH course of study. This student is on track to graduate in 2022. Three students in this cohort, have completed all requirements except the MPH Practicum. We anticipate that they will complete the practicum requirement.
** Three students are still completing their MD/MPH programs. One is attending a dental residency program, one was on approved Leave of Absence to complete a medical residency program. She has resumed her MPH course of study and is on track to complete all MPH degree requirements.
*** Three students are completing the concurrent DDS/MPH degree. 1 is an SBU internal medicine resident on approved Leave of Absence. One student experienced a health problem which has delayed completion of MPH requirements.

2) Data on doctoral student progression in the format of Template B2-2.

Not applicable – the unit of accreditation is the MPH degree program.

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

Overall, graduation rates for the MPH degree program reported in the prior CEPH re-accreditation self-study, have improved since 2009-2010 and largely and consistently exceeded the 70% threshold:

Prior self-study:

Entering cohort	2009-10	2010-11	2011-12	2012-13	2013-14
Cumulative graduation rate	64%	74%	76%	76%	84%

For this **current** self-study, as shown in Template B2-1, the cohort of students which entered the MPH degree program in the Fall of academic year 2014-15 has exceeded the CEPH 70% graduation rate threshold with a graduation rate of 84%. The successive cohorts (see Template B2-1**)** who have not yet reached the maximum allowable time to graduation of five years (per the SBU Graduate School), are on track for completion at the 70% threshold, at minimum.

Several factors may account for graduation rates at or above the 70% benchmark. Our holistic approach to review of applications to the MPH degree program is designed to identify and admit students with a high potential for success. We encourage MPH students to meet regularly with their advisors and/or the Assistant Director for Student Affairs to ensure that their choice of concentration meets their future goals for employment or continuing education. Regular meetings (at least one per semester) with their advisors and/or the Assistant Director for Student Affairs also helps to facilitate students' progression through their

plan of study, provides academic and career counseling through various resources, and identifies any potential barriers to timely graduation so that these may be addressed.

We consider MPH students who do not graduate within a four-year time frame, do not consistently maintain communication with the PPH, and do not have a plan of study for a longer graduation time frame (vs. part-time students who are in constant communication with the PPH, and have a plan of study for a longer timeframe), at risk for not graduating within the allowable 5-year period. We actively reach out to these students. Outreach and follow-up of these students is undertaken by the PPH Assistant Director for Student Affairs and the PPH Director. Several attempts are made to reach them by email or phone. MPH students who are successfully contacted are reminded of the 5-year maximum time to graduation and asked about why they have not yet completed. The Assistant Director for Student Affairs and the PPH/MPH Director works with students to plan out how to complete their course work.

This approach and a review of records brought us to the observation that not completing the MPH Applied Learning Experience (i.e., Practicum) is an important reason for delayed graduation that can usually be remedied. To help MPH students keep to a practicum timeline that supports timely graduation, in 2018 we began providing practicum information sessions to first and second year students during the Fall and Spring semesters. These sessions, conducted by the Practicum Coordinator, the Practicum Placement and Community Engagement Coordinator, and the Assistant Director for Student Affairs, clarify questions and concerns MPH students may have about the practicum process. Additionally, MPH students are also required to present their practicum projects during their Capstone course which is conducted during the Spring semester of their second year. To accomplish this, MPH students are required to have an approved practicum proposal on file, before they can register for Capstone. Our Practicum Placement and Community Engagement Coordinator (January 2020) assists in placing students with practica which helps reduce delayed MPH graduation due to incomplete practicum projects in several ways. She assists MPH students in identifying and attaining high quality practicum placements – this reduces the time students spend searching for appropriate practicum placements. She also serves as an additional resource to MPH students who may need help or support for completing their practicum projects on time.

We have a diverse student body with MPH students in a variety of joint MPH degree programs which may add time to graduation while they simultaneously complete other degree requirements or (rarely) may lead to dropping out of the MPH program altogether. MPH students can request, with guidance from faculty and staff advisors, an extension beyond 5 years. Final approval is granted by the PPH/MPH Program Director. We have also improved our efforts at pre-advising joint MD/MPH and concurrent DDS/MPH students. This has resulted in fewer delaying graduation or dropping out of the MPH program.

The PPH also makes efforts to reach out to and follow up with MPH students who take Leaves of Absence (LOAs) for reasons such as pregnancy or caring for a loved one, personal illness, pursuit/completion of another degree, moving away or change in employment / financial considerations. LOA students are encouraged to complete their coursework and to plan out how to do so with guidance from the Assistant Director for Student Affairs. We have had a high success rate in re-engaging many of these students to complete the MPH degree requirements. LOA students who do not respond after many attempts to contact them by email or phone, are administratively withdrawn.

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

Strengths

- Admission processes for the MPH degree program increase the likelihood that students with high potential for completion are identified and offered admission.

- Program efforts to provide additional support for the MPH Applied Learning Experience (i.e., Practicum) such as practicum information sessions and requiring an approved practicum project before MPH students can register for the Capstone course (explained in Criterion section D7), are helping students to complete their practicums in a timely manner.

- The addition of our Practicum Placement and Community Engagement Coordinator helps facilitate timely placement of our MPH students in high quality practicums, thus reducing time students spend searching for appropriate practicum placements. She provides an additional level of support to students to facilitate practicum completion.

- Active efforts by the Assistant Director for Student Affairs and the PPH/MPH Director to reach out to MPH students in danger of not graduating within the required 5-year maximum or students who take Leaves of Absence, are successful in re-engaging many of these students to complete their MPH degree.

- As noted above, we have a diverse student body with MPH students in a variety of joint MPH degree programs which may add time to graduation while they simultaneously complete other degree requirements or may lead to dropping out of the MPH program altogether. However, we have improved our efforts at pre-advising joint MD/MPH and concurrent DDS/MPH students. This has resulted in fewer of these students delaying graduation or dropping out of the MPH program.

- Some MPH students work full-time or have a change in employment which requires them to move away from campus. Other MPH students have a change in their care giving role (child care, elder care), or experience personal illness. These circumstances impact time to graduation and sometimes occur more often in some years than others. We make every effort to assist our students who have circumstances requiring flexibility with routine one on one faculty advising each semester, and support of the Associate Director for Academic Affairs, the Assistant Director for Student Affairs, the Practicum Placement and Community Engagement Coordinator, and the PPH/MPH Director.

Weaknesses

- We have determined that we have no weakness in the criterion.

Plans for Improvement

- The PPH plans to continue with its efforts (described above) to support timely completion of MPH degree requirements.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each degree.**

Post-graduation outcomes for the MPH degree program (the unit of accreditation) are presented below in **Template B3-1**.

Template B3-1

	Year of annual report	Year of annual report	Year of annual report
Post-Graduation Outcomes: MPH Degree	**2018 (Number and percentage; excludes unk)**	**2019 (Number and percentage; excludes unk)**	**2020 (Number and percentage; excludes unk)**
Employed	14/15 (93%)	26/28 (93%)	18/27 (67%)
Continuing education/training (not employed)	1/15 (7%)	2/28 (7%)	8/27 (30%)
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	0	1/27 (3%)
Total	15	28	27
Unknown	2	1	2

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

As shown in Template B3-1 the percentage of MPH degree program graduates who attained employment or continuing education opportunities within 12 months of graduating for exceeds the 80% minimum threshold set by CEPH for all reporting years.

The primary means of collecting post-graduation outcome (including job placement) data for our MPH degree graduates is through e-surveys that are sent as part of an email to our graduating class each year and to our alumni community. We ask each graduate to provide updated contact information so that communication can be maintained following graduation. In addition, we frequently receive unsolicited emails, calls, and visits by our alumni who are excited to share updates on their recent promotions, new employment, or advanced studies with us. We also obtain employment information for MPH graduates from other sources such as searching on social media outlets such as Google, FaceBook, and LinkedIn. Thus, we use multiple data collection approaches to ensure low rates of MPH graduates with unknown post-graduation outcomes.

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

Strengths:

- Graduates of our MPH degree program have exceeded the 80% CEPH benchmark for employment or enrollment in further education, for all reporting time periods.

- Non-response to emailed surveys is a challenge for tracking of MPH students' employment status after graduation. Therefore, we employ multiple methods to reduce the number of unknowns. However, our MPH graduates have a good track record for keeping in contact with the program and frequently contact us to update us about their new employment, recent promotions or advanced studies.

Weaknesses:

- We have determined that we have no weakness in the criterion.

Plans for Improvement

- The recently assembled PPH Alumni Engagement Committee (described in Criterion section A1.1, page 18) will work to maintain post-graduation relationships with our MPH alumni with newsletters, events, and opportunities to recognize and engage more often with the current students, faculty, and staff. Examples include an alumni panel that is held each year as part of the Capstone course, the annual recognition of excellent alumni with the Norman H. Edelman Alumni Achievement Award in which an alumni is selected to give a graduation address to the current class through a competitive application process, the annual Delta Omega induction lunch each May which recognizes excellence among a select group of eligible students and alumni, our annual welcome back reception each August and annual holiday party in which all alumni and current students are invited to attend (temporarily suspended due to the pandemic). We believe these outreach and engagement activities throughout the year will facilitate greater engagement and contribute to improved tracking of MPH students' post-graduation outcomes and decrease the rate of unknowns.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

The PPH employs several strategies to assess alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements. These include an annual MPH alumni survey, an MPH alumni engagement survey, and an annual MPH alumni panel.

MPH Alumni Survey.

This online survey is distributed to MPH degree program alumni starting 12 months after graduation. Several cohorts are surveyed at each annual administration.

The table below summarizes MPH alumni responses for the Alumni Survey administered in 2018 which covered graduation years 2007 - 2017. 220 surveys were distributed. 65 alumni responded to yield a response rate of 30%. 65% were employed in public heath practice, 17% were enrolled in another graduate program, and 19% reported working outside of the field of public health.

Data for graduation years 2017-2015 are displayed.

Respondents were asked: "**How would you rate the preparation the MPH Program provided to meet your professional goals for job placement and/or career advancement?" (Table 4)**

Table 4.

Year graduated	Exceptional % (n)	Excellent % (n)	Very Good % (n)	Good % (n)	Fair % (n)	Poor % (n)
2017 (n = 5)	20 (1)	20 (1)	0	60 (3)	0	0
2016 (n = 11)	36 (4)	36 (4)	28 (3)	0	0	0
2015 (n = 5)	40 (2)	0	40 (2)	20 (1)	0	0

The Alumni Survey was not administered 2019 because we administered the Alumni Engagement Survey that year. The reason we only did the latter survey in 2019 is that we did not want to over burden our MPH alumni and we believed that administering two similar surveys would risk a low response rate for both surveys.

The Alumni Survey for 2020 was distributed to MPH alumni in October 2020 for those who graduated in years 2019 – 2015. Results of this survey will be included in the Final self-study document that will be submitted in March 2021.

MPH Alumni Engagement Survey.

In September 2019, the PPH distributed an online survey to 271 MPH degree program alumni who graduated in years 2019 through 2007. This survey was prepared by the PPH Alumni Engagement Committee (described in Criterion section A1.1, page 18). 60 alumni responded to yield a response rate of 22%. All MPH respondents were employed in public health or pursuing an advanced degree at the time that they responded to this survey.

A question relating to MPH alumni self-assessment of success and ability to apply our competency-based MPH curriculum asked, on a scale of 1 (not very) to 5 (very much), "**How instrumental was your PPH education in preparing you to obtain a job or to advance your career?".**

Table 5, summarizes MPH alumni responses by year of graduation, for the past 5 years.

Table 5.

Year graduated	Very much (5)	(4)	(3)	(2)	Not very (1)
	% (n)	% (n)	% (n)	% (n)	% (n)
2019 (n =11)	45 (5)	36 (4)	9 (1)	0	0
2018 (n = 10)	60 (6)	20 (2)	20 (2)	0	0
2017 (n = 8)	63 (5)	25 (2)	0	12 (1)	0
2016 (n = 7)	29 (2)	29 (2)	43 (3)	0	0
2015 (n = 5)	80 (4)	20 (1)	0	0	0

The majority of MPH alumni responses indicate that the competency-based MPH curriculum was "very much" or "much" instrumental in preparing them for obtaining a job or advancing in their career.

Annual MPH Alumni Panel

The annual MPH Alumni Panel is conducted in the Spring semester of MPH students' second year, during their MPH Capstone course (HPH 581). The MPH program initiated this learning experience in 2018. Each year, several of our MPH alumni are invited to take part in a panel, with 1-2 alumni selected to represent each concentration of the MPH degree program, for a total of up to 6 panelists in a typical year, ranging from recent graduation (1-3 years) to several years in the field. As part of the panel's preparation, we prepare detailed bios to share with the current Capstone students that describes the career trajectory of each panelist. We also ask each panelist to prepare in advance some remarks about the competencies and coursework that they are applying in the field (with communication skills, analytics, grant writing, and inter-professional teams being among the most commonly mentioned). The alumni seem to enjoy sharing the public health work that they perform and their inter-professional experiences in the workplace, and how they pursued and achieved their career path. Alumni discus the competency-based public health-related skills that support their employment and advancement. Students have an opportunity to ask questions, network, and be inspired by those who graduated ahead of them.

MPH student ratings of the Applied Practice Experience (i.e., HPH 580 Practicum.)

The MPH Applied Practice Experience (i.e., HPH 580 Practicum), is a competency based experiential learning experience. The practicum provides MPH students with an opportunity to apply a select number of core and concentration competences, to create products that will contribute to the needs of a preceptor's practice organization, and to reflect on how well prepared they are to meet their professional goals prior to graduating. We encourage students to select a practicum placement that aligns with their career post-graduation goals. The MPH Graduation Survey, which is distributed soon after graduation, has a question about the practicum experience as preparation to meet professional goals. (this survey is located in ERF Folder B4). As shown in Table 6, below, the majority of our MPH graduates rate the practicum experience as "exceptional – very good" in terms of preparation to meet their professional goals. Numerous MPH graduates have obtained jobs based on the strength of their practicum experiences.

Table 6. Graduation Survey

	Exceptional % (n)	Excellent % (n)	Very Good % (n)	Good % (n)	Fair % (n)	Poor % (n)
How would you rate your Practicum Experience on how it prepared you to meet your professional goals?						
2020 (n =14; Response rate = 41%)	38 (5)	23 (3)	23 (3)	8 (1)	8 (1)	8 (1)
2019 (n = 5; Response rate = 14%)	80 (4)	0	0	20 (1)	0	0
2018 (n = 6; Response rate = 23%)	17 (1)	67 (4)	0	17 (1)	0	0

2) Provide full documentation of the methodology and findings from alumni data collection.

MPH alumni surveys are distributed via a Qualtrics generated email that introduces the survey, explains its importance to the program, encourages the recipient to respond, and contains the survey link. In order to maximize response to the Alumni Engagement Survey, MPH alumni are also mailed postcards with the same introduction and the survey web "address" to capture alumni for whom we did not have a viable email address. For all alumni surveys, a reminder email is sent two weeks after the initial distribution of the survey, to encourage those who did not yet respond, to do so.

The PPH Alumni Engagement Committee and the PPH Assistant Director for Student Affairs make every effort to maintain a database of current email addresses for our Alumni. This year (May 2020), the PPH Alumni Engagement Committee sent out its first e-newsletter to 120 MPH alumni. We believe that this effort to stay in touch with our MPH alumni will improve response rates for future surveys.

Similarly, the MPH Graduation Survey is distributed soon after graduation via a Qualtrics generated email that introduces the survey, explains its importance to the program, encourages the recipient to respond, and contains the survey link. At least two reminder emails are sent out after the initial distribution of the survey, to reduce non-response.

The PPH MPH Alumni Engagement Survey, the MPH Alumni Survey, and the MPH Graduation Survey can be found in the ERF: Folder B4.

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

Strengths.

- Quantitative alumni survey data suggest that most MPH degree program alumni perceive that the program was "much-very much instrumental" in preparing them to obtain a job and advance in their career. Presentations by Alumni Panelists also support these data.

- While the primary means of collecting alumni data for our MPH degree graduates is through e-surveys, the PPH employs several strategies to assess how well our MPH curriculum prepares our graduates for success in their post-graduation placements because low response rates to quantitative alumni surveys make it difficult to interpret these data. Presentations by Alumni Panelists support alumni survey data. Our rates for employment and continuing post graduate training are high, (see Criterion sections B2 and B3). The majority of alumni are employed in public health or continuing training in a public health or health care field of practice or research. We consider our high employment/continuing education rate, one-year post graduation as further

evidence of our MPH degree program alumni success in attaining and applying competencies in their post-graduation placements.

- The MPH degree program strongly relies on our PPH Curriculum Committee, which includes MPH alumni members and instructional faculty who work full-time in practice, and non-instructional practice-based partners and affiliates to regularly review and revise our curriculum to ensure that we fulfill our goals and objectives for training a public health workforce that can meet current public health needs.

- The MPH Applied Practice Experience (i.e., HPH 580 Practicum), is competency based and provides students with an applied learning experience that builds skills and confidence to do practice-based work with a supervising preceptor. The majority of our MPH graduates rate the practicum experience as "exceptional – very good" in its ability to prepare them to meet their professional goals. Numerous MPH degree program graduates have obtained jobs directly related to their practicum experiences.

Weaknesses.

- While our graduates have a good track-record for keeping in contact with the program and many alumni frequently contact us to update us about their new employment, recent promotions or advanced studies, we are not satisfied with the lower than desirable response rates for alumni surveys. It is clear that we must use mixed methods and multiple sources to have more responders and represent a larger number of our MPH graduates.

Plans for Improvement.

- The PPH is growing. The recent addition of a new staff position: the PPH Accreditation and Assessment Specialist will enable us to have more dedicated focus on alumni-related relationships, data collection and assessments.

- The recently assembled PPH Alumni Engagement Committee (described in Criterion section A1.1, page 18) works to maintain post-graduation relationships with our MPH alumni with newsletters, events, and opportunities to recognize and engage more often with the current students, faculty, and staff. We believe these outreach and engagement activities and a greater "presence" of the PPH/MPH on social media platforms (i.e., FaceBook, Twitter) throughout the year will facilitate greater engagement and contribute to improved response rates for MPH program assessments.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

1) **Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1.**

Template B5-1 (below) presents the MPH degree program's evaluation measures and methods and parties responsible for review.

Template B5-1
MPH Degree Program: Evaluation Plan

Evaluation measures related to:	Data source(s) and how raw data are analyzed and presented for decision making	Responsibility for review
Instruction		
Goal Statement 1: Admit and retain a highly qualified MPH student body.		
Measurable Objective 1a. **A holistic review and student selection process that considers a comprehensive range of applicant factors including work experience, volunteer experience, research experience. academic metrics (e.g., GPA, course work and grades, etc.), TOEFL for students whose native language is one other than English, etc. , letters of recommendation and a personal essay, highlighting the applicants interest in public health and potential to contribute to the field.**	• These data are required elements of the application for admission to the MPH program and are uploaded by applicants via SOPHAS (ASPPH's Centralized Application Service for Public Health Admissions). • The PPH Assistant Director for Student Affairs manages these data (admissions database) and provides raw data for selected elements to the PPH Admissions Committee. • The PPH Admissions Committee chair summarizes progress toward Objective 1a and presents at PPH Executive Committee (EC) meetings. • Progress for admissions is also presented at PPH/MPH faculty retreats.	Summaries of admissions data are shared with: • PPH Executive Committee (EC) (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff). • PPH/MPH Faculty retreats (2018 and 2019)

Measurable Objective 1b. **Student performance supports optimum achievement.**	• MPH course instructors monitor MPH student grades and performance measures throughout the semester and alert the PPH Assistant Director for Student Affairs if a student appears to be at risk for underperforming and not attaining the stated competencies for that course. • MPH students' course grades (i.e., data) are also monitored by the PPH Assistant Director for Student Affairs at the end of each semester via Stony Brook University's PeopleSoft system, to identify students at risk for underperforming • Students meet with their MPH faculty advisors to discuss their performance and progress. • The PPH Assistant Director for Student Affairs clears MPH students for graduation (graduation data base), tabulates graduation rates for each MPH cohort and generates a list of GPAs.	Student performance data are not formally summarized but may be shared with: • PPH Assistant Director for Student Affairs • MPH course instructors and advisors • Director, PPH/MPH • Associate Director, MPH Graduation rates for each MPH cohort are shared with: • PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff). • PPH Awards Committee Graduating student GPAs are shared with the PPH Awards Committee which identifies MPH students to receive the Overall Excellence in Public Health Award, the Leadership in Public Health Award, and the Academic Excellence Award and identifies MPH students to be inducted into the Delta Omega, Delta Lambda Chapter, Public Health Honorary Society at graduation.

Measurable Objective 1c. **Students meet an acceptable standard of professionalism and academic integrity.**	• Faculty concerns about MPH student violations of University and program professionalism and academic integrity standards may be reported to the PPH Director and Associate Director, and/or the PPH Grievance and Academic Integrity Committee and may be recorded in the student's record. Actions taken, follow-up/remediation, outcomes and resolutions are summarized in an email to the student by the PPH Director (which is retained in a file) and monitored by MPH faculty who presented the concern. • All entering PPH/MPH students must complete the online training in Academic Integrity and Avoidance of Plagiarism within 3 weeks of Orientation. The Assistant Director for Student Affairs monitors completion of this requirement and reports non-compliance to the Associate Director, MPH Degree Program • Needs and strategies for increasing awareness of the importance of professionalism and academic integrity by MPH students and faculty are discussed in meetings of the PPH EC	Depending on the nature of the faculty concern, data may be shared with one or more of the individuals listed below: • Director, PPH/MPH • Associate Director, MPH • PPH Associate Director for Academic Affairs • PPH Academic Integrity, Grievance and Appeals Committee • PPH Assistant Director for Student Affairs • PPH EC
Goal Statement 2: Prepare students to meet the needs of the evolving public health field by delivering a high quality curriculum.		
Measurable Objective 2a. **Maintain CEPH accreditation.**	• Reviews of the MPH curriculum and course syllabi are conducted by the PPH Curriculum Committee (CC) to ensure compliance with CEPH accreditation requirements and recorded in the CC meeting minutes. • The timely completion of required CEPH reports and CEPH response to submissions are reviewed by the PPH Associate Director for Academic Affairs and the Accreditation and Assessment Specialist.	Information regarding CEPH accreditation is shared with: • PPH CC • PPH EC. • PPH/MPH Faculty retreat 2019

Measurable Objective 2b. **Faculty, student, alumni, and stakeholder positively perceive the relevance, currency and quality of the MPH curriculum, including course content, instructors, competency mapping, active learning strategies, and assessment.**	The Accreditation and Assessment Specialist is charged with collecting and / or summarizing data from the following sources: • Relevant data obtained from MPH students include the end of semester online course evaluations, and end of semester feedback sessions. • The PPH director also conducts exit interviews with graduating MPH students to obtain feedback about the MPH curriculum. • Surveys of graduates and alumni described below. • Faculty, alumni and stakeholders take part in curriculum reviews during PPH CC meetings.	Summaries are shared with • PPH CC • PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff). • PPH/MPH Faculty retreats (2018 and 2019)
Measurable Objective 2c. **Graduates' and alumni are well prepared for work in the public health field.**	The Accreditation and Assessment Specialist is charged with collecting and summarizing data from the following sources: • The PPH administers a Graduate Survey to all MPH graduates shortly after graduation. Data obtained assess MPH graduate perceptions of how well the MPH program prepared them to meet their professional goals, their perception of the quality of the program, how well they can apply the Foundational competencies, satisfaction with academic and career advising, and whether they are employed or in a post-graduate program. • The PPH administers an annual MPH Alumni Survey to alumni who graduated within the past 5 years. The MPH Alumni Survey collects data on alumni perceptions of perceptions of how well the MPH program prepared them to meet their professional goals, and whether they are employed or in a post-graduate program.	Summaries are shared with • PPH EC. • PPH/MPH Faculty retreats (2018)

Measurable Objective 2d. **Faculty attend professional development activities and make use of resources designed to maintain currency in pedagogical methods.**	• Faculty document use of resources designed to maintain currency in pedagogical methods on their CVs which are reviewed during their annual performance review with PPH Director • Faculty CVs are also reviewed for currency in pedagogical methods by the PPH CC. Faculty may also report use/attendance during PPH EC meetings. • Attendance is recorded in a database and the Assistant Director for Administration and Finance records and tracks PPH financial support for use of these resources.	Faculty CVs, attendance database, and financial records are reviewed by the • Director, PPH/MPH • Associate Director, MPH Faculty CVs are reviewed by the PPH CC
Measurable Objective 2e. **Faculty attend professional society meetings and take part in professional development activities in order to keep abreast of current public health issues and maintain currency in their areas of instructional responsibility.**	• Faculty document attendance at professional development meetings on their CVs, which are reviewed during their annual performance review meeting with Director of the Program in Public Health. • Faculty CVs are reviewed for currency in their areas of instructional responsibility by the PPH CC • Faculty report on meetings attended during PPH EC meetings. • The Assistant Director for Administration and Finance records and tracks PPH financial support for meeting attendance.	Faculty CVs, attendance database, and financial records are reviewed by the • Director, PPH/MPH • Associate Director, MPH • Faculty CVs are reviewed by the PPH CC.

Measurable Objective 2f. **The MPH curriculum meets the changing needs of the field.**	• Regular reviews of the MPH curriculum are conducted by the PPH CC and revisions undertaken as needed - the PPH CC also reports curriculum recommendations to the PPH EC. Additionally, review and revision of the MPH curriculum may also be undertaken during scheduled faculty retreats. These data are recorded in the minutes of these meetings. • The PPH Director maintains close relationships with community and practice partners who provide feedback on the MPH curriculum.	• PPH CC • PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff). • PPH/MPH Faculty Retreats • Director, PPH/MPH with community and practice partners.
Scholarship		
Goal Statement 3: Advance knowledge in public health through MPH faculty research.		
Measurable Objective 3a. **Faculty research productivity and extramural funding**	• Faculty track and document research and scholarly activity, including extramural funded research, on their CVs which are reviewed during their annual performance review with Director PPH/MPH • Faculty may also report on meetings attended during PPH EC meetings. • The Assistant Director for Administration and Finance also records and tracks any PPH financial support for these activities and reviews with the PPH/MPH Director during budget meetings	• Director, PPH/MPH • Assistant Director MPH • MPH Concentration Heads • PPH EC • PPH Assistant Director for Administration and Finance • Faculty extramural funding is also reviewed by the Deans and Chairs of faculty academic "home" departments.
Measurable Objective 3b. **Faculty scholarly activities including participation in national and international scholarly organizations related to public health.**		

Goal Statement 4: Actively involve students in scholarly endeavors.		
Measurable Objective 4a. **Student participation in scholarly research activities.**	• The PPH Assistant Director for Student Affairs records the number of students registered for internships or independent study • The PPH Assistant Director for Administration and Finance manages funds expended for student assistantships and reviews with the PPH Director during budget meetings. • Faculty report on student participation in scholarly research activities or opportunities for student participation during PPH EC meetings.	• Director, PPH/MPH • PPH Assistant Director for Student Affairs • PPH Assistant Director for Administration and Finance • PPH EC
Measurable Objective 4b. **Student participation in presentations at scientific and service-related conferences.**	• MPH/PPH faculty may summarize student participation in scientific and service related conferences at PPH EC meetings. • The PPH Assistant Director for Administration and Finance manages funds expended for student attendance at conferences and reviews with the PPH Director during budget meetings.	• Director, PPH/MPH • PPH Assistant Director for Student Affairs • PPH Assistant Director for Administration and Finance • PPH Executive Committee
Service		
Goal Statement 5: Participation in service activities designed to meet the current needs and priorities of public health-based community partners by students and faculty		
Measurable Objective 5a. **Identify the needs and priorities of current and new service partnerships of public health-based community organizations and governmental public health agencies.**	• The PPH/MPH Director, faculty and students work with community and govenmental public health-based organizations to develop and conduct needs / priorities assessments, review and interpret data, and confirm priorities with partners.	• Director PPH/MPH • MPH faculty, staff and students • Suffolk County Cooperative Library System partners and individual libraries in Huntington, Brentwood, Longwood, Patchogue Long Island NY. •Long Island Health Collaborative partners representing Long Island hospitals, county health departments, health providers, community-based social and human service organizations, academic institutions, health plans, local government, and the business sector. • Center for Public Health Education at Stony Brook Medicine

Measurable Objective 5b. **Meet the service needs and priorities of public health-based community organizations and governmental public health agencies through high-quality partnerships with faculty, staff, and students.**	• The Practicum Placement and Community Engagement Coordinator maintains a database of service activities and partnerships. • The Practicum Placement and Community Engagement Coordinator maintains a database of community-based MPH student Applied Learning Experience projects (i.e. practicum projects)	• Director, PPH/MPH • Practicum Placement and Community Engagement Coordinator • PPH Assistant Director for Administration and Finance (reviews MOUs) • PPH EC
Measurable Objective 5c. **Faculty provide their expertise to meet public health-related service needs and priorities of community partners including engaging and supervising students in activities that support the mission of collaborating organizations.**	• MPH faculty document service activities on their CVs which are reviewed during their annual performance review with the Director PPH/MPH • The quality and / or level of service is expected to increase with rank • The Practicum Placement and Community Engagement Coordinator tracks MPH student involvement in faculty service activities.	• Director, PPH/MPH • Practicum Placement and Community Engagement Coordinator • PPH EC
Goal Statement 6: Serve the continuing education needs of the public health workforce.		
Measurable Objective 6a. **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).**	Review of needs assessments and priority setting is addressed above in measurable objective 5a. • Based on needs and priorities, activities are planned and implemented with guidance and ongoing engagement with our community partners. • Adjustments to content, delivery, process, and learning outcomes are made in an ongoing and iterative manner informed by weekly meetings with team members, review of participant evaluations and pre/post-assessments to determine if learning objectives were achieved as intended.	• Director, PPH/MPH • MPH faculty, staff and students • Suffolk County Cooperative Library System partners •Long Island Health Collaborative partners • Center for Public Health Education at Stony Brook Medicine
Measurable Objective 6b. **Professional development opportunities for the regional public health workforce, including trainings with the Center for Public Health Education, the Long Island Health Collaborative members, and the Suffolk Cooperative Library System.**		

Diversity, inclusion, cultural competence and equity.		
Goal Statement 7: Meet our commitment to provide a diverse, inclusive, and equitable learning and working environment for our students, our faculty and our staff		
Measurable Objective 7a. **Recruitment strategies ensure a diverse student body.**	• The PPH Student Recruitment Committee monitors and records the number of recruitment events aimed at diverse populations and estimates whether attendance at those events results in a more diverse applicant pool.	Summaries are reported to the PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff) and the PPH Admissions Committee. NOTE: Several members of the PPH Admissions Committee are also members of the PPH EC.
Measurable Objective 7b. **Diverse student body in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.**	• PPH Admissions Committee reviews admissions data (obtained through SOPHAS) to monitor numbers of applicants accepted to the MPH degree program from under-represented groups and to monitor the number of applicants with varied work experience, and health care and service backgrounds. • In addition, characteristics of students are reviewed by the Accreditation and Assessment Specialist for annual ASPPH and CEPH data reporting.	Summaries are reported to the PPH EC .
Measurable Objective 7c. **Students favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.**	• The Diversity, Inclusion, Cultural Competence, and Equity committee (DICCE) administers an annual anonymous, online climate survey to all PPH students and summarizes data describing MPH students' perceptions of the MPH program's climate regarding cultural competence, diversity, inclusion and equity.	The DICCE Committee reports a summary to the PPH EC.
Measurable Objective 7d. **Recruitment strategies ensure a diverse faculty and staff.**	• Recruitment strategies designed to increase applicants from diverse populations are monitored by the Ad Hoc Faculty/Staff Recruitment Committee.	Summaries are reported to the PPH EC.

Measurable Objective 7e. **A diverse faculty and staff in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.**	• Demographic characteristics of faculty and staff are reviewed by the Ad Hoc Faculty/Staff Recruitment Committee when a search for new faculty / staff is undertaken. • In addition, characteristics of faculty and staff are reviewed by the Accreditation and Assessment Specialist for annual ASPPH and CEPH data reporting.	Summaries are reported to the PPH EC
Measurable Objective 7f. Faculty and staff favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.	• The Diversity, Inclusion, Cultural Competence, and Equity committee (DICCE) administers an annual anonymous, online climate survey to all PPH/MPH faculty and staff and summarizes data describing faculty and staff perceptions of the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity	Summaries are reported to the PPH EC
Goal Statement 8: Foster a meaningful sense of cultural competence in our students, faculty, and staff		
Measurable Objective 8a. **The MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations.**	• The PPH Curriculum Committee reviews syllabi to ensure that the MPH curriculum instills a sense of cultural competence in MPH students and reports progress to the PPH EC. • The extent to which the MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations, is assessed annually through the student, faculty and staff surveys administered, summarized and presented to the PPH EC by DICCE (noted above for Measurable Objectives 7c and 7f). • This is also assessed during the end of semester student feedback groups conducted by the PPH Director - results are summarized and presented to the PPH EC.	• PPH EC • PPH CC
Measurable Objective 8b. **Students' service and research efforts are informed by best practices regarding cultural competence.**	• All incoming MPH students are required to complete the Human Subjects in Research CITI course before the start of classes - completions are monitored by the PPH Assistant Director for Student Affairs and 100% compliance is expected.	• PPH Assistant Director for Student Affairs

Measurable Objective 8c. **Faculty and staff participate in professional development activities that foster cultural competence.**	• Faculty and staff report attendance at relevant trainings and workshops on their CVs which are reviewed by the PPH Director. • Faculty may also report attendance at PPH EC meetings. • Costs associated with attendance are reported to the Assistant Director for Administration and Finance who records attendance related expenditures and discusses with the PPH Director at budget meetings.	• Director, PPH/MPH • PPH Assistant Director for Administration and Finance • PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff).

2) Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

The evaluation methods and measures listed above in Template B5-1 track our MPH degree program's progress in advancing the field of public health and promoting student success with goals and measurable objectives for instruction, scholarship, service, and diversity, equity, cultural competence and inclusion.

Data collection and reviews of these data allow the MPH degree program to conduct continuous quality improvement to ensure that the program supports its' public health mission and contribute well-trained professionals to the public health workforce. For each set of measurable objectives listed above, a description of the evaluation processes used to monitor progress of those objectives is presented below. The PPH/MPH program has established a yearly calendar to guide evaluation efforts. The calendar 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. **These evaluation methods and their role in tracking the MPH degree program's progress in advancing the field of public health are briefly described here but are described in greater detail in noted sections of this self-study.**

Instruction:
Goal statements 1 and 2, and their respective measurable objectives and methods address MPH student instruction and the MPH degree programs' specific goals for advancing the field of public health and promoting MPH student success.

Goal statement 1 and measurable objectives 1a – 1c. The MPH degree program's progress in promoting student success and in advancing the field of public health begins with admitting and retaining a qualified MPH student body with high potential for success in their chosen area of concentration. This ensures that we admit and retain students who upon completion, are not only highly conversant in the foundational public health knowledge areas but who are also competent, creative and critical thinkers. To accomplish this, the MPH degree program collects and reviews recruitment and admissions data that describe a broad range of applicant factors which are correlated with student success within the program and after graduation. This also allows us to review our progress in "growing" a qualified and diverse student body with a wide range of health-related experiences and perspectives. Tracking and reviewing recruitment and admissions data within the structure of our committees (e.g., Admissions, Recruitment, and Executive Committee) also ensures that we set and reach growth targets that maximize MPH student admissions without stretching program resources too thinly – which potentially may put student success at risk. These data are reviewed at each meeting of the PPH Admissions Committee and the PPH Student Recruitment Committee (described in detail in Criterion section A1.1) and summary committee reports are provided to the PPH Executive Committee (EC).

We also collect and review data that enables us to identify students at risk for underperforming or for whom faculty have concerns about professionalism or academic integrity so that early and appropriate remediation can take place. The processes to track and monitor student progress provides our staff opportunities to identify and assist struggling students and promote their likelihood for success. Faculty records of student performance and Stony Brook University's PeopleSoft system are used to record and track academic data. Depending on the type and seriousness of the incident or concern regarding professionalism or academic integrity the situation may be reported by the instructor to the PPH/MPH Director, the Associate Director, MPH Degree Program, the PPH Assistant Director for Student Affairs, and the PPH Academic Integrity, Grievance and Appeals Committee and recorded in the student's permanent record.

Goal statement 2 and measurable objectives 2a – 2f. The MPH degree program "values the training of students as public health problem solvers…". We utilize measures and methods that facilitate tracking of our MPH degree program's progress in delivering a high-quality curriculum that prepares students to successfully meet the needs of the evolving public health field.

We accomplish this by collecting and reviewing data that ensure compliance with CEPH accreditation criteria. The PPH Curriculum Committee (CC) is responsible for monitoring and refining the curriculum (as described in Criterion section A1, page 14). The PPH CC conducts regular reviews (whenever a syllabus is substantively modified, and also at least every 3 years if not modified) of the MPH curriculum and course syllabi to ensure compliance with CEPH accreditation requirements; these reviews are recorded in the CC meeting minutes. The timely completion of required CEPH reports is tracked; CEPH responses to report submissions are reviewed and shared with the MPH faculty at meetings of the PPH EC.

The MPH degree program seeks out and intentionally incorporates the perceptions/feedback of our faculty, students, alumni and stakeholders regarding the relevance, currency, and quality of our MPH curriculum. Feedback is a central component of the program's continuous quality improvement efforts. Data collection via student competency assessments, feedback sessions, graduate surveys, and alumni surveys, as well as informal feedback from key stakeholders (such as the Commissioners of Health for Suffolk and Nassau Counties) allows us to track the quality and relevance of our MPH degree program. We continuously consider the feedback and assessment findings within the context of rapidly changing needs of the public health field and carefully consider how best to train a well-prepared public health workforce.

Faculty attendance at professional society meetings and professional development activities are critical to maintaining currency in pedagogical methods and areas of instructional responsibility – both are strongly correlated with training a well-prepared public health workforce that can meet the changing needs of the public health field. Faculty document attendance on the CVs which are reviewed annually with the PPH/MPH Director and are reported to the Assistant Director for Administration and Finance and the Accreditation and Assessment Specialist who maintain a database of these activities.

Scholarship:
Goal statements 3 and 4, and their respective measurable objectives and methods address MPH faculty and student scholarship.

Goal statement 3 and measurable objectives 3a, 3b. MPH faculty research productivity is ensured through several means: annual performance reviews conducted by the PPH/MPH Director in coordination with the faculty member's Department Chair, promotion and tenure committee expectations, and the PPH Mentoring Committee, as well as review by the PPH Curriculum Committee. MPH faculty participation in scholarly organizations related to public health is also ensured through annual performance reviews by the PPH/MPH Director and tracked by the PPH Assistant Director for Administration and Finance.

MPH Faculty members are responsible for linking MPH students to research opportunities, with support from the Assistant Director for Student Affairs who maintains Independent Study Database. The Practicum Placement and Community Engagement Coordinator and Assistant Director for Student Affairs maintain the Internship database.

Service:
Goal statement 5 and measurable objectives 5a, 5b, and 5c address MPH faculty and student service activities designed to meet the current needs of and priorities of public-health based community partners. The MPH degree program has established strong partnerships with the public health workforce in communities including the HIV/AIDS professional workforce, the public librarian workforce, and the broader health and social service provider community. We have sustained productive relationships that provide ongoing mechanisms to collect data from using a variety of methods and data sources to assess community needs. We routinely review our needs assessment data with communities and together we collaboratively plan, implement, and improve workforce training opportunities that are provided by MPH program faculty, staff, students, and our affiliates. This process is fully described in Criterion section F3.

Goal statement 6 and measurable objectives 6a and 6b address PPH/MPH efforts to serve the continuing education needs of the public health workforce. The PPH/MPH reviews needs assessments and confirm priorities with our community partners (Goal statement 5). Based on needs and priorities, activities are planned and implemented with close guidance and ongoing engagement with our community partners. Adjustments to content, delivery, process, and learning outcomes are made in an ongoing and iterative

manner whenever developing and implementing an activity, and after a training event there is dedicated time to reflect and discuss opportunities for improvement during weekly meetings with team members, review of participant evaluations and pre/post-assessments to determine if learning objectives were achieved as intended. Activities that are not well attended or fall short of objectives are revised to ensure that we improve with future programs. This process is fully described in Criterion section F4.

Diversity, Inclusion, Cultural Competence and Equity:
Goal statements 7 and 8 and their respective measurable objectives and methods address diversity, inclusion, cultural competence and equity within the MPH degree program.

The PPH/MPH continuously monitors our efforts to increase the diversity of our MPH/PPH students, faculty and staff and we continuously reflect on the adequacy of our MPH curriculum to address themes of diversity, inequity, social justice and cultural competency. We monitor our efforts to provide an educational and work environment that inclusive, equitable and free from harassment through faculty/staff/student climate surveys, student feedback sessions, tracking of faculty participation in trainings and workshops and meetings with PPH leadership and stakeholders. We respond with intentional and active efforts to address concerns brought to our attention through our monitoring efforts. Many of the objectives relating to Goals 7 and 8 represent recently developed strategies, which are described in detail in Criterion section G1.

The PPH is committed to diversity of our PPH/MPH faculty, staff, and students. Processes for recruitment of students, faculty and staff include reviewing challenges (and data) of prior actions and strategies undertaken by the PPH/MPH. Ensuring recruitment and admission of a diverse MPH student body is the responsibility of the PPH Student Recruitment Committee and the PPH Admissions Committee. Both committees work together with the Assistant Director for Student Affairs to monitor progress in this area by reviewing recruitment and admissions data and to set goals and plan strategies for recruitment and admissions each year. Ensuring recruitment and admission of a diverse faculty and staff is the responsibility of the ad hoc search committees. Data from prior faculty / staff recruitments are reviewed and strategies are planned. The ad hoc recruitment committees may include PPH affiliates such as Frances Brisbane PhD MSW, Vice President for Health Sciences Workforce Diversity in their review of data to advise on matters relating to diversity recruitment of faculty and staff. The PPH Admissions Committee and faculty/staff search committees routinely report data and progress regarding race/ethnicity of students, faculty and staff to the PPH Executive Committee.

The MPH degree program endeavors to instill cultural competence in its students primarily through the curriculum; therefore, the PPH Curriculum Committee assesses how well the program achieves its objectives relating to cultural competence. Additionally, the Assistant Director for Student Affairs ensures that all incoming MPH 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 Assistant Director for Student Affairs tracks student completion of this course before the start of MPH program classes.

3) **Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.**

The MPH degree program relies on formal (e.g., PPH Curriculum Committee and the PPH Executive Committee) communications between faculty, leadership and staff for discussions of programmatic processes, curriculum, review and discussion of evaluation evidence and progress toward goals, and other PPH/MPH-related business. This primarily occurs during the PPH Executive Committee meetings (described in Criterion section A1.1, page 14) which are attended by PPH/MPH leadership, all PPH/MPH core faculty, and PPH staff. Each PPH/MPH standing committee has a regular place on the agenda for reporting back to the PPH EC. Ad hoc committees report as needed. Full time MPH core faculty also interact formally during core faculty retreats (most recently in 2019) which apply evaluation plans to term planning.

However, of equal importance are the frequent informal (e.g. weekly faculty “brown bags” currently via ZOOM), etc.) communications among faculty, leadership and staff, where evaluation evidence and our progress in meeting MPH goals, objectives, and our mission are thoughtfully discussed and recommended actions considered prior to going to the appropriate formal committee structure. These informal interactions which include Core MPH faculty and part-time and affiliate faculty, reflect the collegial environment of the PPH.

The PPH faculty, leadership and staff engage in formal communication that we summarize and document using meeting minutes; however, there are frequent highly productive naturally occurring and spontaneous informal meetings that we do not typically document with formal minutes. Nonetheless, both formal and informal encounters result in actionable strategies based on implementation of evaluation data (briefly described in this section), that move the MPH degree program toward meeting its goals and objectives, and ultimately, its mission, to promote student success and positively impact the field of public health. The implementation of evaluation processes through formal and informal communication and resulting progress are evidenced throughout the sections of this self-study.

Documentation of implementation of our evaluation processes are briefly described below and documented in the ERF. NOTE: Documentation will be updated in the final self-study.

Goal Statement 1:

- Objective 1a. The PPH Admissions Committee meets as necessary (usually 1-2 times per month) between January and June each year, and all MPH degree program acceptance decisions for the incoming entering class are determined by July. The PPH Admissions Committee presents MPH degree program admissions data and progress toward meeting Objective 1a, at the PPH Executive Committee (EC) meetings which are attended by PPH/MPH leadership and staff and PPHMPH core faculty, and at PPH/MPH faculty retreats. Examples of relevant PPH EC meeting minutes and materials from the 2018 and 2019 PPH faculty retreats are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolders PPH Faculty Retreat 2018, PPH Faculty Retreat 2019 and Goal statement 1.

- Objective 1b. Faculty course instructors monitor MPH student performance throughout the semester and alert the PPH Assistant Director for Student Affairs if a student appears to be at risk for underperforming and not attaining the identified competencies for that course. MPH course grades are also monitored by the PPH Assistant Director for Student Affairs at the end of each semester via Stony Brook University's PeopleSoft system, to identify students who are not progressing. In addition, students meet with their MPH faculty advisors to discuss their performance and progress. While these data are not formally summarized by the PPH Assistant Director for Student Affairs, they are monitored for progress.

The PPH Assistant Director for Student Affairs clears MPH students for graduation (graduation database), tabulates graduation rates for each MPH cohort, and generates a list of GPAs for the PPH Awards Committee. Graduating student GPAs for each cohort are shared with the PPH Awards Committee which identifies MPH students to receive the Overall Excellence in Public Health Award, the Leadership in Public Health Award, and the Academic Excellence Award and identifies MPH students to be inducted into the Delta Omega, Delta Lambda Chapter, Public Health Honorary Society at graduation. GPA summaries are confidential and not retained by the PPH Awards Committee which does not record meeting minutes.

The Awards committee shares graduation rates and student achievement with the PPH EC (which includes PPH leadership, Core PPH/MPH faculty, and PPH staff). Examples of relevant PPH EC meeting minutes are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 1.

- Objective 1c. Faculty concerns about MPH student violations of University and program professionalism and academic integrity standards may be reported to the PPH/MPH Director and Associate Director, and/or the PPH Grievance and Academic Integrity Committee and, depending on the violation, may be recorded in the student's record. Actions taken, follow-up/remediation, outcomes and resolutions are summarized in an email to the student by the PPH/MPH Director (which is retained in a confidential file) and monitored by MPH faculty who presented the concern. Because of the confidential nature of these proceedings, summary data are not provided. However, needs and strategies for increasing awareness of

the importance of professionalism and academic integrity by MPH students and faculty are discussed in meetings of the EC. An example of relevant PPH EC meeting minutes is located in ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 1.

All entering PPH/MPH students must complete the online training in Academic Integrity and Avoidance of Plagiarism within 3 weeks of Orientation. The Assistant Director for Student Affairs monitors completion of this requirement and reports non-compliance to the Associate Director, MPH Degree Program.

Goal statement 2:

- Objective 2a. The PPH Curriculum Committee (CC) reviews the MPH curriculum to ensure compliance with CEPH accreditation requirements and reports progress to the PPH EC. The timely completion of required CEPH reports and CEPH response to report submissions are reviewed by the PPH Associate Director for Academic Affairs and the Accreditation and Assessment Specialist. Completions are reported to the PPH EC and noted in their meeting minutes. The MPH degree programs progress in meeting CEPH reaccreditation requirements were discussed at the 2019 PPH Faculty Retreat. Examples of relevant PPH EC and PPH CC meeting minutes and faculty retreat materials are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolders PPH Faculty Retreat 2019 and Goal statement 2.

- Objective 2b. The Accreditation and Assessment Specialist collects and summarizes data indicating constituent perceptions of the relevance, currency, and quality of the MPH curriculum, from multiple sources: end of semester online MPH student course evaluations and end of semester MPH student feedback groups; the PPH/MPH director and Associate Director also conduct exit interviews with groups of graduating MPH students to obtain feedback about the MPH curriculum; and annual surveys of graduates and alumni. Depending on the constituent group (faculty, student, alumni, stakeholder), summaries may be reviewed by the PPH CC, the PPC EC and/or at faculty retreats. Examples of PPH CC and PPH EC meeting minutes and summaries from the 2018 PPH Faculty Retreat are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolders PPH Faculty Retreat 2018 and PPH Faculty Retreat 2019, and Goal statement 2.

Objective 2c. The Accreditation and Assessment Specialist collects and summarizes data from:
the MPH Graduation Survey which is administered to all MPH graduates 1-year post graduation. Data obtained assess MPH graduate perceptions of how well the MPH program prepared them to meet their professional goals, their perception of the quality of the program, how well they can apply the Foundational competencies, satisfaction with academic and career advising, and whether they are employed or in a post-graduate program. The PPH administers and annual MPH Alumni Survey to alumni who graduated within the past 5 years. The MPH Alumni Survey collects data on alumni perceptions of how well the MPH program prepared them to meet their professional goals, and whether they are employed or in a post-graduate program. Summaries are shared with PPH Executive Committee (which includes PPH leadership, Core PPH/MPH faculty, and PPH staff) and at PPH/MPH Faculty retreats. Examples of PPH EC meeting minutes and relevant retreat materials are located in ERF Folder B5: subfolder Documentation of Implementation: Goal statement 2 and PPH Faculty Retreat 2018. These data are also summarized in Criterion sections B3 and B4.

Objectives 2d and 2e. Faculty document attendance at professional development meetings on their CVs, which are reviewed during their annual performance review meeting with Director of the PPH/MPH. Faculty CVs are also reviewed for currency in their areas of instructional responsibility by the PPH Curriculum Committee. Faculty may report on meetings attended during PPH Executive Committee meetings. The Assistant Director for Administration and Finance records and tracks PPH financial support for meeting attendance and reviews with the PPH/MPH Director (this is an informal meeting; no minutes are recorded). Examples of PPH CC review of Faculty CVs and faculty reporting of attendance at professional development meetings at the PPH EC are found in ERF Folder B5: subfolder Documentation of Implementation: Goal statement 2. Tables summarizing faculty attendance at professional meetings related to currency in pedagogical methods and instructional responsibilities can be found in ERF Folder E3.

Objective 2f. Regular reviews of the MPH curriculum are conducted by the PPH Curriculum Committee and revisions undertaken as needed. Curriculum decisions are reported to the PPH Executive Committee. Additionally, review and revision of the MPH curriculum may also be undertaken during scheduled faculty retreats. These data are recorded in the minutes of these meetings. Examples of relevant PPH CC and EC meeting minutes and materials from the 2018 and 2019 PPH faculty retreats are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolders PPH Faculty Retreat 2018, PPH Faculty Retreat 2019 and Goal statement 2.

The PPH/MPH Director also maintains close relationships with community and practice partners who assess and provide feedback on the MPH curriculum. This is discussed in detail in Criterion section F1, Community Involvement in Program Evaluation and Assessment.

Goal Statement 3:

- Objectives 3a and 3b. MPH faculty track and document research and scholarly activity, including extramural funded research, on their CVs which are reviewed during their annual performance review meeting with Director of the PPH/MPH. Faculty extramural funding is also reviewed by the Deans and Chairs of their academic "home" departments.

Faculty report on meetings attended during PPH Executive Committee meeting. Examples of relevant PPH EC meeting minutes are located in ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 3. The Assistant Director for Administration and Finance records and tracks any PPH financial support for these activities and reviews with the PPH/MPH Director during budget meetings (minutes are not recorded).

The Assistant Director for Administration and Finance also summarizes MPH faculty funding for annual reports to ASPPH and CEPH. Progress in extramural funding is discussed in Criterion section C1, Fiscal Resources.

Goal statement 4:

- Objective 4a. The PPH Assistant Director for Student Affairs records the number of students registered for internships or independent study.

The PPH Assistant Director for Administration and Finance manages funds for activities related to MPH degree program student support including student travel for conferences, student networking and Inter-Professional Education (IPE) events and reviews with the PPH/MPH Director during budget meetings (minutes are not recorded). As described in Criterion Section C1, MPH student travel is supported both by philanthropic support via returns from the university's Annual Giving Day and from operational funds for students to present papers and posters completed as part of their MPH experience. MPH student activities including orientation, networking events, IPE events, practicum presentation day, and convocations are supported from operating funds received from the Senior Vice President of Health Sciences and from salary offsets. These are tracked and managed by the PPH Assistant Director for Administration and Finance. Faculty may also report in student participation in scholarly research activities or opportunities for student participation during PPH EC meetings.

- Objective 4b. MPH/PPH faculty may summarize student participation in scientific and service related conferences at PPH EC meetings (see ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 4). The PPH Assistant Director for Administration and Finance manages funds expended for student attendance at conferences and reviews with the PPH/MPH Director during budget meetings (minutes are not recorded). Student participation in presentations for the Healthy Library Projects directed by PPH/MPH Director, Lisa Benz Scott are summarized in Criterion section F2.

Goal statement 5:

- Objective 5a. The PPH/MPH Director, faculty and students work with community and govenmental public health-based organizations to develop and conduct needs / priorities assessments, review and interpret data, and confirm priorities with partners. The summary results of needs assessments with public health-based partners are summarized in Criterion section F2.

- Objectives 5b and 5c. MPH faculty track and document service activities on their CVs which are reviewed during their annual performance review meeting with Director of the Program in Public Health and MPH degree program. Service is a requirement for promotion and tenure. The Practicum Placement and Community Engagement Coordinator tracks MPH student involvement in faculty service activities and maintains a database of student service activity. This is summarized in Criterion sections E5 and F2.

Faculty may also report service activities at the PPH EC meetings - see ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 5

Goal statement 6:
Objectives 6a and 6b. The MPH degree programs process and progress for developing and implementing (and evaluating) professional development activities for the program's priority professional workforce identified in Criterion Section F3 begins with a thorough review of needs assessments and confirmation of priorities with our community partners. Activities are planned and implemented with close guidance and ongoing engagement with our community partners. Adjustments to content, delivery, process, and learning outcomes are made in an ongoing and iterative manner with discussions regarding opportunities for improvement with team members and reviews of participant evaluations and pre/post-assessments to determine of learning objectives were achieved as intended. These processes and progress are fully described in Criterion section F4.

Goal statement 7:
- Objective 7a. The PPH Student Recruitment Committee monitors and records the number of recruitment events directed at diverse populations and estimates whether attendance at those events results in a more diverse applicant pool. These are summarized and shared with the PPH Admissions Committee (minutes are not recorded). Criteria sectionG1 and H4 present our progress with recruitment of diverse applicants for the MPH degree program.

- Objective 7b. The PPH Admissions Committee reviews Admissions data (obtained through SOPHAS) to monitor proportions of applicants accepted to the MPH degree program from under-represented groups and to monitor the number of applicants accepted to the MPH degree program with varied work experience, and health care and service backgrounds. Our progress in admitting and retaining a diverse MPH student is described in Criterion section G1.

Detailed admissions data for the MPH degree program are also reported annually to ASPPH and CEPH. These annual reports enable us to track our progress in meeting objectives for Goal 7.

- Objectives 7c and 7f. The Diversity, Inclusion, Cultural Competence, and Equity committee (DICCE) administers an annual anonymous, online climate survey to all PPH/MPH students, faculty and staff and summarizes data describing perceptions of the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity. These data are summarized and reported to the PPH EC. Criterion section G1 discusses the climate survey and summary results in detail.

- Objective 7d. Recruitment strategies designed to increase applications for faculty and staff positions from diverse populations are monitored by the Ad Hoc Faculty/Staff Search Committee. Summaries are reported to the PPH EC (which includes PPH/MPH leadership, Core PPH/MPH faculty, and PPH staff). Criterion section G1 summarizes recruitment of faculty and staff.

- Objective 7e. Characteristics of faculty and staff that speak to diversity are reviewed by the Ad Hoc Faculty/Staff Search Committee when a search for new faculty / staff is undertaken and reported to the PPH EC. Criterion section G1 summarizes recruitment of faculty and staff. In addition, characteristics of faculty and staff are reviewed annually by Accreditation and Assessment Specialist for ASPPH and CEPH data reporting.

Objectives relating to Goal statement 7 are also discussed in PPH EC meetings – see ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 7.

Goal statement 8:

- Objective 8a. The PPH Curriculum Committee (CC) reviews syllabi to ensure that the MPH curriculum instills a sense of cultural competence in MPH students and reports progress to the PPH EC. The extent to which the MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations, is assessed annually through the student, faculty and staff surveys administered, summarized and presented to the PPH EC by DICCE. This is also assessed during the end of semester feedback groups conducted by the PPH/MPH Director - results are summarized and presented to the PPH EC. See ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 8 for relevant PPH CC and PPH EC minutes.

- Objective 8b. All incoming MPH students are required to complete the Human Subjects in Research CITI course before the start of classes - completions are monitored by the PPH Assistant Director for Student Affairs and 100% compliance is expected.

- Objective 8c. Faculty and staff report attendance at relevant trainings and workshops on their CVs which are reviewed by the PPH/MPH Director. Faculty may also report attendance at EC meetings. If costs were associated with attendance, this is reported to the Assistant Director for Administration and Finance who records these activities and discusses with the PPH /MPH Director at budget meetings (minutes are not recoded). Faculty attendance at trainings related to diversity and inclusion is discussed in detail in Criterion section G1. Also see ERF Folder B5: subfolder: Documentation of Implementation: subfolder Goal statement 8 for PPH EC minutes.

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

Strengths:

- Evaluation of the MPH degree program's measurable objectives involves delineation of responsibility for specific processes and thorough assessment of progress towards meeting goals and objectives, and ultimately, the MPH degree program's mission. Responsibility for evaluation procedures engages all program constituents to better serve those constituents and to maintain a high-quality MPH program that graduates a qualified public health work force that is prepared to meet the evolving needs of the field.
- The MPH degree program is committed to its' evaluation efforts. Continuous monitoring of objectives and feedback from constituents serve to enhance all aspects of the program.
- MPH degree program's databases assist in all evaluation procedures.
- The PPH has an evaluation calendar, which is available to all program personnel in order to organize evaluation processes for the MPH degree program on an ongoing basis.

Weakness:

- We have a robust mixed-method approach with ongoing mechanisms for data collection, analysis, reflection, and continuous improvement of the MPH degree program to advance the field of public health and promote student success.

Plan for Improvement

- 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 such as a dedicated assessment coordinator to guide them. The PPH recently hired a new staff member, the Accreditation and Assessment Specialist (Krista Gottlieb) to organize and manage all aspects of data collection, analyses, and use of evaluation resources for continuous quality improvement of the MPH degree program.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) **Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.**

The first example is that we added a full-time professional staff member, the PPH/MPH Practicum Placement and Community Engagement Coordinator (hired in January, 2020), in response to increased MPH enrollment and MPH student feedback in recent years regarding HPH 580 Practicum (the Applied Practice Experience). MPH student feedback via the 2018 Graduation Survey and the 2019 end of semester feedback session indicated a growing need for more assistance with practicum planning, student placement in the field, building new partnerships with alumni as preceptors, and additional community engagement experiences for our thriving MPH student body. Additionally, we added two practicum overview sessions scheduled during the Fall and Spring semesters (starting Fall 2018) to provide more guidance on practicum expectations and processes. Survey and feedback data were reviewed by the PPH/MPH Director, the PPH Associate Director for Academic Affairs and the PPH Assistant Director for Student Affairs who were also responsible for making decisions about the new hire and the practicum overview sessions. These changes were reported back to the PPH Executive Committee for review and approval. As described in Criterion section A1.1, the responsibilities of the PPH Executive Committee include, but are not limited to, matters of curriculum and community service activities and relationships.

The second example has to do with programmatic changes on the topic of diversity, inclusion, equity, and cultural competence. Evaluation findings considered were: (a) student feedback over the last 3 years suggested that some students perceived that PPH/MPH faculty instructors are passive rather than active in encouraging open discussions about diversity and inclusion and that students were more likely than faculty to initiate these discussions; (b) in-class discussions focusing on communication across cultures and diverse populations, privacy and patient rights, professional roles and responsibilities, and advocacy for self and others during the interprofessional learning experience in 2018 utilizing the book, *The Immortal Life of Henrietta Lacks by Rebecca Skloot* (2010), suggested that the MPH program tends to avoid issues of race and racism; and (c) our student PPH Climate Survey results in 2020 (described in detail in Criterion section G1) where 78% of MPH students strongly agreed/agreed that the PPH/MPH encouraged open discussion about diversity and inclusion and only 56% strongly agreed/agreed that the PPH/MPH did an adequate job providing content around diversity/inclusion. Findings were reviewed by the PPH/MPH Director, the PPH Associate Director for Academic Affairs, and the Assistant Director for Student Affairs. Findings were also reviewed and discussed by the PPH Curriculum Committee (CC) and the PPH Executive Committee (EC). In response, we created the Diversity, Inclusion Cultural Competence and Equity Committee (2019 – described in Criterion sections A1.1, page 19 and G1 page 223) which includes faculty, staff, and student representatives. We also changed our level of engagement and intentional commitment to discuss racism, diversity, equity, cultural competence, and inclusion within the MPH curriculum. This is described in detail in Criterion section G1, page 225, Diversity and Cultural Competence. Decision making and approvals for these changes are the responsibility of the PPH leadership and the PPH CC and EC.

The third example is changing the status of the PPH Student Recruitment Committee (SRC, described in Criterion section A1.1, page 16) from an ad hoc committee to a standing committee in 2018. At that time the ad hoc PPH Student Recruitment Committee intensified their student recruitment efforts and substantially increased applications and enrollment for fall 2018. This was accomplished during a period when there were concerns about, and an overall decline in, applications for graduate public health programs per ASPPH Leadership Retreat data presented in 2018 ("Public Health Admissions: Insights from ASPPH Data Resources"), and our own concerns about the decline in applications for our MPH degree program

and its impact on admission of students from underrepresented groups (discussed at our February 2018 Faculty Retreat). Application and admissions data were reviewed by the PPH Admissions Committee and presented to the PPH/MPH Director who made the decision that the PPH SCR become a standing committee, meeting regularly and reporting to the PPH Executive Committee (EC) and collaborating with the PPH Admissions Committee. This decision was reviewed and approved by the PPH EC.

Lastly, we added Wei Hou PhD to our MPH Core Faculty (July 2020) based on student feedback and course evaluations during prior years when he was an adjunct instructor teaching the MPH core courses HPH 506 Biostatistics I and HPH 507 Biostatistics II. Student and faculty feedback about Dr. Hou's performance as an instructor and his qualities as a person have been consistently and overwhelmingly positive. As an adjunct, he reliably took on more student responsibilities when this was not required. Multiple students have described him as "the greatest human being to walk the earth" which is a phenomenal description of his excellence among a group of very dedicated instructional faculty. Student course evaluations and end of semester feedback data are reviewed by the PPH/MPH Director, the PPH Associate Director for Academic Affairs and the PPH Assistant Director for Student Affairs, who made the recommendation to add Dr. Hou to the MPH core faculty which was then brought to the PPH Executive Committee (EC) for review and approval. Dr. Hou joined the MPH Core faculty (Health Analytics concentration) in July 2020 and now serves on the PPH EC, advising MPH students, and supervising MPH practicums.

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

Strengths:

- The PPH takes MPH student, faculty, staff, stakeholder, and alumni feedback very seriously in our ongoing commitment to excellence and the achievement of our mission, vision, values, goals, and objectives. We review our evaluative data from the surveys that we routinely collect from students, graduates, and alumni, and the many feedback opportunities we provide. We integrate these data reviews into structures such as standing committee functions (i.e, PPH Curriculum Committee, PPH Executive Committee) as well as PPH/MPH leadership responsibilities, to improve the climate, curriculum, communication, and the overall experience of our students and graduates of the MPH program. We also make changes in real time (e.g., within a semester immediately following mid-term feedback) to the extent possible (such as adding teaching assistants to support a course instructor with communications, technology, and extra office hours). We also make sustained changes such as investing in hiring new Core faculty and professional staff to support the growing needs of the MPH degree program.

Weaknesses:

- After careful consideration, we believe that the MPH degree program has no demonstrated weaknesses in this area.

Plans for improvement:

- Improvement in this area is continuous. The PPH/MPH continuously monitors and responds to constituent feedback. Based on faculty and student feedback, in recent months, we have added a new faculty member who has training in infectious disease epidemiology (Dr. Olga Morozova, joined the Core faculty in July, 2020). In addition, we have received several requests for more courses in epidemiology including chronic and infectious disease epidemiology and advanced methods. As a result, we plan to revise the Health Analytics concentration to include more courses in advanced epidemiology topics and to rename the concentration Epidemiology and Biostatistics. Stony Brook Medicine recently hired a senior epidemiologist in the field of cancer research to teach 1-2 courses within this new concentration beginning in 2021. We are in the process of developing curriculum and plan of study modifications for the necessary campus, SUNY, and CEPH approvals. We anticipate having the new concentration ready for student enrollment by Fall 2021.

- In addition, we plan to hire more full-time instructional faculty with expertise in research methods, health economics, epidemiology, and public health practice to support the curriculum and instructional needs of the MPH program.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) **Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:**

    a) **Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

Stony Brook University is part of the State University of New York (SUNY) system, thus, the budgetary and allocation processes that support the teaching, research and service activities of the MPH degree 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/MPH 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 tenure track faculty hired after 2013 (currently 4 FTEs), who after a three-year start-up period are expected to cover 50% of their salary through salary offsets, unless a greater percent offset is negotiated with PPH funds or another fiscal source (such as another academic unit). Additionally, a couple of staff members (2.0 FTEs) are supported in part via tuition revenue.

Additional revenue is obtained through externally supported sponsored programs (e.g., research, education, and/or service grants). Certain faculty members are paid in part 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.

    b) **Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples**.

In order to obtain additional MPH faculty or staff, the program creates a budget model or strategic plan highlighting the need for the additional faculty or staff and provides a detailed description of how program funds will be utilized to pay for the addition(s). The program completes the Position/Compensation Request Form which is reviewed and approved by the Associate Vice President for Health Sciences Administration and Finance, Mr. John Riley, in consultation with the PPH/MPH Director and the Senior Vice President of Health Sciences, Dr. Kenneth Kaushansky. In addition, some faculty are hired by other academic units and subsequently request an affiliation with PPH based on intellectual synergy, which has resulted in a few Core and Affiliated faculty joining the PPH without requiring a national search.

c) Describe how the program funds the following:

a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

The PPH/MPH Director, with assistance from the PPH Assistant Director for Administration and Finance, works to ensure sufficient resources are available for the MPH degree program, which includes operational costs. Operational costs include salaries for MPH faculty, staff and adjuncts, technology (including hardware, software and program licenses), office supplies, marketing and recruitment materials, teaching materials including books and classroom supplies, and telephone service. Operational costs also include professional society memberships and dues (APHA, ASPPH: $35,000 annually), conference attendance, accreditation dues and costs related to site visits. Operational costs are funded by tuition revenue, the Senior Vice President of Health Sciences annual operational funding, and through salary offsets.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

The PPH/MPH Director works with the PPH Assistant Director for Administration and Finance to budget for activities related to MPH degree program student support including student travel for conferences, student networking and Inter-Professional Education (IPE) events, and student scholarships. Philanthropic supports provide students with the Ann Tempone Scholarship Award, a $250 scholarship given annually to a first year student at the MPH Convocation. MPH student travel is supported both by philanthropic support via returns from the university's Annual Giving Day and from operational funds for students to present papers and posters completed as part of their MPH experience. Finally, MPH student activities including orientation, networking events, IPE events, practicum presentation day, and convocations are supported from operating funds received from the Senior Vice President of Health Sciences and from salary offsets.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

In 2019, an ad hoc committee of faculty members from PPH met to draft policies related to faculty support for professional development, bridge funding for faculty salaries, course buyouts and salary offset banking. The PPH Executive Committee (PPH EC) approved PPH's Policies for Supporting Faculty on September 17, 2019 (revised and approved by the PPH EC: 11/3/2020). In this document the PPH committed to ensuring all full time MPH faculty have access to funds for professional development and pilot studies (The PPH's Policies for Supporting Faculty can be found in the ERF: Folder C1). MPH core* faculty members have access to a minimum of $3,000 annually (to be prorated for faculty who are not appointed 100% in PPH) to be used for professional development and pilot studies, including travel, professional memberships and dues, publication fees not covered by grant funding, books, student assistant hiring, software and other materials, and related scholarly activities. Funds may be rolled over for up to three years, but may not exceed $9,000 at any given point. Funds can be requested using the Professional Development Funds Request Form. Approval will be based on PPH funds available. When available, MPH faculty grant funds are used for salary support and applicable professional development (e.g. conferences, software). The funding for these requests comes from salary offsets.

*NOTE: MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the PPH/MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. All Core faculty report directly to the PPH/MPH director. The majority of Core faculty are also Primary Instructional Faculty.

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

PPH operates within its state allocated budget, Indirect Cost (IDC) returns, faculty salary offsets, tuition revenue and operation budget provided by the Senior Vice President of Health Sciences without need for

additional financial resources. All salary offsets, operational funds and IDC returns are carried forward annually when there is a budget surplus. This surplus was utilized recently when retroactive contractual salary increases were approved that caused salary expenditures to increase in fiscal year 2018/2019. The availability of this surplus allowed PPH to not require a request for additional funding. However, if a need for additional funds for operational costs, student support or faculty development expenses is identified, the PPH/MPH Director requests additional funding from the Senior Vice President of Health Sciences in consultation with the Associate Vice President for Health Sciences Administration and Finance. Requests for additional funding have been for specific needs such as salary increase due to MPH faculty promotion, costs associated with MPH faculty search, MPH accreditation costs, or MPH-related association dues.

e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and fees paid by our MPH students are returned to the program through the Graduate Tuition Sharing Program. Tuition revenues subject to sharing are the billed tuition, net any tuition waivers. The difference in net tuition between the baseline year (AY 2016/2017) and the comparison year are then allocated to departments. A total of 65% of this revenue is returned to the PPH for fall and spring courses. For summer courses, PPH receives 70% of the tuition generated with no baseline comparisons.

The PPH receives approximately $306 per MPH course credit per in-state student and approximately $625 per MPH course credit per out-of-state student. These funds help pay for adjunct MPH faculty members who are hired to teach as needed. The remaining percentage (approximately 40%) is a fringe benefit and overhead fee which the University deducts. The funds generated from tuition revenue depends on the number of MPH and MHA students, the number of dual and joint degree students (for which there is a differential tuition return) and students who are also employees of Stony Brook University. Last year, as an example, the PPH's share of tuition revenue was approximately $300,000 across all degree programs, and for the MPH specifically it was approximately $130,000.

f) Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.

Indirect costs associated with grants and contracts are returned to the program through the PPH's Indirect Cost (IDC) account. The IDC account 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.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the public health program faculty appointed at any institution.

Not applicable. The PPH and/or the MPH degree program are **not** multi-partner units sponsored by two or more universities

2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

The MPH degree program budget statement depicting sources of all available funds and expenditures for the last five years of the MPH is presented below, in Template C1-1. Please note: the PPH and its MPH degree program are **not** multi-partner units sponsored by two or more universities. Therefore, the budget statement only describes financial contributions by Stony Brook University as the sponsoring university.

Template C1-1

Sources of Funds and Expenditures by Major Category, 2015 to 2020					
	Year 1 (2015-2016)	Year 2 (2016-2017)	Year 3 (2017-2018	Year 4 (2018-2019)	Year 5 (2019-2020)
Source of Funds					
Tuition & Fees	$376,095	$398,637	$374,335	$315,212	$301,850
State Appropriation	$1,329,584	$1,362,926	$1,113,785	$1,628,969	$1,554,299
University Funds	$0	$0	$0	$0	$0
Grants/Contracts	$426,000	$321,367	$391,570	$427,587	$465,270
Indirect Cost Recovery	$110,111	$100,735	$87,998	$111,936	$105,333
Endowment	$0	$0	$0	$0	$0
Gifts	$0	$0	$0	$3,306	$1,563
Other (explain)	$0	$0	$0	$0	$0
Other (explain)	$0	$0	$0	$0	$0
Other (explain)	$0	$0	$0	$0	$0
Total	$2,241,790	$2,183,665	$1,967,688	$2,487,010	$2,428,315
Expenditures					
Faculty Salaries & Benefits	$1,282,635	$1,151,202	$1,296,907	$1,491,573	$1,463,728
Staff Salaries & Benefits	$371,408	$406,264	$400,554	$497,024	$517,194
Operations	$136,684	$125,808	$67,488	$59,806	$76,423
Travel	$167,000	$13,453	$22,384	$16,192	$23,489
Student Support	$0	$0	$0	$0	$0
University Tax	$0	$0	$0	$0	$0
Other (State Budget Cut)	$34,569	$0	$0	$0	$0
Other (explain)	$0	$0	$0	$0	$0
Other (explain)	$0	$0	$0	$0	$0
Total	$1,841,996	$1,696,727	$1,787,333	$2,064,595	$2,080,834

3) Strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

- The PPH maintains financial resources sufficient to fulfill the MPH degree program's mission, goals and objectives.
- PPH has continued to receive adequate financial support from SUNY and the Senior Vice President of Health Sciences in the form of operational funding, as well as adequate state allocation to support the majority of MPH faculty and staff salaries.
- MPH Faculty continue to bring in salary offsets (through grant awards) above the amount required to support their salaries which allows for additional operational funding.
- The MPH continues to maintain (and grow) in enrollment to generate adequate tuition revenue to support faculty and staff who are partially to fully funded using non-state allocations.
- As shown in Table C1-1, we have a fiscally healthy reserve and have consistently operated without a deficit for each of the years shown. This allows the PPH/MPH to consider opportunities for growth.

Weaknesses:

- At this time, we do not identify any weaknesses in this criterion.

Plans for improvement:

- The PPH/MPH is operating without a deficit each year, in large part due to the success of our enrollment to generate tuition revenue, the support of the state allocations and the University leadership, and the grant support of several faculty to off-set state salaries in addition to non-state supported salaries for faculty and staff. Currently academic public health is experiencing a growth in admissions as a national trend, and we anticipate a need to continue to grow our enrollments. Growth in enrollment will necessitate more hiring of qualified primary instructional faculty to teach and advise our MPH students. With a state budget crisis looming due to the COVID-19 impact on our local and state economy as well as the University, it will be important for our faculty to continue in their successful competition for federal and private funding and tuition revenue. We are in the process of requesting approval to hire non-tenure track lecturers for the 2021-2022 academic year so that our research-prepared faculty can continue to maintain a balance of preparing grants, teaching, and professional service while we grow our student body in response to demands for a trained public health workforce.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

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

Template C2-1 (below) presents data demonstrating the adequacy of the MPH Degree Program's instructional faculty resources. As shown, the number of total MPH Primary Instructional Faculty (PIF) per concentration area exceeds CEPH requirements for public health programs.

Template C2-1 (programs)

MPH Degree Program Instructional Faculty resources

	FIRST DEGREE LEVEL (MPH DEGREE PROGRAM)						ADDITIONAL FACULTY
CONCENTRATION	**PIF 1**	**PIF 2**	**FACULTY 3 (PIF)**	**FACULTY 4 (PIF)**	**FACULTY 5 (PIF)**	**FACULTY 6 (PIF)**	
Health Analytics MPH	Jaymie Meliker (1.0)	Dylan Smith (1.0)	Wei Hou (0.5)	Lauren Hale (0.9)			Sean Clouston* (N-PIF) Gregory Benjamin (N-PIF) Amitvara Das (N-PIF)
Community Health MPH	Rachel Kidman (1.0)	Amy Hammock (1.0)	Catherine Messina (0.5)	Hector Alcala´ (1.0)			Lisa Benz Scott** (N-PIF) Brenda MacArthur (N-PIF)
Health Policy and Management MPH	Norman Edelman (1.0)	Andrew Flesher (1.0)	Jeff Ritter (1.0)	Julie Agris (1.0)	John Rizzo (1.0)	Hector Alcala´ (1.0)	

TOTALS:	Named PIF	13
	Total PIF	13
	Non-PIF	5

* Dr. Clouston is MPH Core faculty. He taught the core HPH 514 Epidemiology course for several years, but for the last two years (2019, 2020) he has an approved course buy-out due to significant research support (over 90% time/effort on NIH grants at this time). He is actively involved in the Health Analytics concentration which is under internal review for a revision focusing more on advanced methods in epidemiology and biostatistics.

**Dr. Benz Scott is the Director of the PPH/MPH degree program. She has taught the Human Subjects in Research and Community-Based Participatory Research sections of HPH 501 Introduction to the Research Process for numerous years except 2020 (her materials were presented by other MPH faculty). She and Dr. Messina developed the grant writing exercise for HPH 581 Capstone. She also developed the HPH 550 Theories of Health Behavior and Communication syllabus and communication lesson plans.

2) **Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.**

The FTE contribution of MPH Primary Instructional Faculty (PIF) 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 will devote to the MPH degree program.

Calculating Faculty FTE (Full Time Equivalent) for PIF is as follows: One FTE = one twelve-month faculty appointment with 100% of their commitment dedicated to teaching, research, service and/or administration for the MPH Degree Program. Similarly, Primary faculty with 9-month appointments with 100% of their commitment dedicated to teaching, research, service and/or administration for the MPH Degree Program are also One FTE. Primary faculty with 12-month appointments with 50% of their commitment dedicated to teaching, research, service and/or administration for the MPH Degree Program are 0.5 FTE.

Calculating Faculty FTE for MPH Non-Primary Instructional Faculty is as follows: The FTE of MPH non-PIF is determined by calculating the amount of time each faculty member devotes to teaching, relevant to the number of credits designated for that MPH course. The general assumption is that teaching a 3-credit graduate level course is equivalent to approximately 12% time/effort of an FTE. Some of our non-PIF instructors are working in practice and are compensated by the course as an adjunct rather than as an estimate of their time/effort commitment dedicated to PPH/MPH.

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

Data in Template C2-1 show that our MPH degree program students have access to an instructional faculty whose chosen fields of study demonstrate a broad range of disciplines and intellectual perspectives relevant to public health instruction, scholarship and practice. The demonstrated range of expertise is complementary which facilitates sharing of ideas among faculty.

4) **Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters**.

Academic and career advising within the MPH degree program are described in greater detail in Criterion sections H1 and H2.

Each student in the MPH degree program (or any of the combined and concurrent degree programs) is assigned a faculty advisor upon matriculation into the program. Whenever possible, that advisor will be a Core* faculty member in the student's MPH concentration: Health Analytics, Community Health, and Health Policy and Management. Students are encouraged to meet with their MPH faculty advisors at least twice a year to discuss students' progress through the MPH degree program, assess academic growth and attainment of the MPH Foundational Competencies, and provide guidance with independent study and other projects. The MPH faculty advisor also discusses the students' expectations for the future and acts as a touchstone if the student is having problems.

The MPH degree program expects that all core faculty will serve as MPH faculty advisors to our MPH students. This reduces the burden on any one faculty member and ensures that the faculty advisor has the time and resources to devote to their advisees.

The Assistant Director for Student Affairs also supports students' progression through the MPH degree program. The Assistant Director for Student Affairs is uniquely positioned to be familiar with requirements for all degrees and concentrations. The Assistant Director for Student Affairs meets regularly with students to review their plans of study, and the recommendations discussed during these meetings are recorded on an Advising Sheet. The Assistant Director for Student Affairs 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 and support continuous progress.

*NOTE: MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the PPH/MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. All Core faculty report directly to the PPH /MPH director. The majority of Core faculty are also Primary Instructional Faculty.

Additionally, practice-based instructional and affiliate PPH/MPH faculty, give presentations to our MPH students during MPH core and concentration courses and at that time, also take part in career advising with the groups of students present. Career counseling may also take place during meetings with practice-based partners serving as Applied Practice Experience (i.e., practicum) project preceptors. Recent examples of practice-based and affiliate PPH/MPH faculty who present to, or serve as preceptors for our MPH students and also provide career advice include: e.g. Lawrence Eisenstein MD, MPH and Gregson Pigott MD MPH, the Commissioners of Health for Nassau and Suffolk Counties (respectively), Reuvan L. Pasternak MD, MPH, former Executive Director Stony University Hospital; Fred Sganga, MPH, LNHA, FACHE Director, Long Island State Veterans Home at Stony Brook; Michael L. McClain, MA, MS Retired, former director of many Stony Brook Mental Health Programs; Robert Chaloner, CEO, Southampton Hospital.

Data presented in Template C2-2 are for the academic year 2019-2020.

Template C2-2. Faculty regularly involved in advising, mentoring and the integrative experience for the MPH degree program: Academic year 2019-2020

General advising & career counseling				
Degree level	**Student / Faculty ratio**	**Average**	**Min**	**Max**
Masters of Public Health by Concentration				
• General advising & career counseling by Core MPH faculty				
Health Analytics (3 faculty)	21/3	7	6	8
Community Health (4 faculty)	32/4	8	6	9
Health Policy and Management (4 faculty)	33/4	8	4	14
• General advising & career counseling of MPH students by PPH staff				
Assistant Director for Student Affairs (1)	86*			
• Opportunities for group career counseling of MPH students by MPH instructional and affiliate faculty who are public health practice affiliates during the following MPH courses:				
HPH 581 Capstone Seminar speakers			40	40
HPH 500 Contemporary Issues in Public Health speakers			26	26
HPH 508 Health Systems Performance speakers			30	30
HPH 527 Health Economics and Policy speakers (Health Policy and Management Concentration students only)			19	19

*Total students enrolled for 2019-2020
(1st and 2nd year MPH cohorts)

Advising in MPH Integrative Learning Experience: HPH 581 Capstone Seminar Instructor			
Student / Faculty ratio	**Average**	**Min**	**Max**
40/1	N/A	40	40
Supervision / Advising of Applied Practice Experience (HPH 580 Practicum)			
Student / Faculty ratio	**Average**	**Min**	**Max**
30/11	3	1	7

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

All Stony Brook University courses are subject to student assessment through an online standardized form entitled the "Student Evaluation of Instructor and Course" form, which is administered near the end of each semester. The SBU online course evaluation process is conducted by the SBU Center for Excellence in Learning and Teaching which collects and tabulates all course evaluation data. The online process allows students to complete course evaluations anonymously and in private and ensures that no student-identifiable information is available to SBU and / or course instructors. The online process also allows instructors to add custom questions specific to their course, to allow for targeted evaluation. This process is described in greater detail in Criterion section E3.2.

All MPH students are strongly encouraged to share feedback about all aspects of the MPH degree program. Student feedback allows the PPH to conduct continuous improvement of the learning environment. The PPH routinely includes class size and availability of course instructors as discussion points for the end of semester MPH student feedback sessions. Students' remarks are reviewed by the PPH/MPH Director and shared with faculty and concerns are followed-up. Nonetheless, beginning in Spring 2019, the following questions were added to the online course evaluation form for MPH courses. (1) MPH students were asked to indicate whether they strongly agreed, agreed, were "neutral", disagreed, or strongly disagreed (Likert scale 1-5) with the statement**:** "The class size was conducive to my learning". (2) MPH students were asked to indicate whether they were very satisfied, satisfied, neutral, dissatisfied, very dissatisfied (Likert scale 1-5) with the availability of their course instructor. Students were also asked to comment on their choice of response for each of these questions (qualitative data). Results are presented below.

Please note:

- New quantitative and qualitative questions must be added by each individual instructor to the online "Student Evaluation of Instructor and Course" form just prior to the opening of the course evaluation period, for each semester. The PPH cannot add these administratively – nor can these additional questions be saved in the online form from semester to semester. While the majority of MPH instructors were able to comply correctly, occasionally there have been problems getting questions entered into the form correctly, which has resulted in some missing data for a course in a particular semester.

- Beginning Fall 2019, some core MPH courses and the Health Policy and Management concentration courses contain both MPH and MHA students. Class size for these combined classes is larger than MPH alone courses. Because the SBU student evaluations are administered to all students and are anonymous, we cannot separate out MPH and MHA student responses for courses where both groups of students are enrolled. We addressed this by doing separate feedback sessions with MHA only and MPH only students, facilitated by the MHA and MPH Program Directors (respectively) throughout the 2019-2020 academic year, and continue to do so.

- Beginning March 30, 2020, all MPH courses were transitioned to remote delivery because of the pandemic. Therefore, student responses to questions about class size and instructor availability for the Spring 2020 semester may also reflect their reactions to this dramatic change during a stressful time for our students, faculty and staff.

Class size and its relation to quality of learning (e.g., "The class size was conducive to my learning").

Students' quantitative responses for MPH **core** courses are summarized here in Table 7a.

Table 7a. The class size was conducive to my learning						
	Spring 2019*	Summer 2019*	Fall 2019**	Spring+ 2020	Summer 2020*	Fall 2020
	% (n)	% (n)	% (n)	% (n)	% (n)	Not available
Strongly agree	44 (31)	51 (27)	32 (48)	42 (22)	43 (13)	
Agree	31 (22)	32 (17)	38 (58)	45 (29)	37 (11)	
Neutral	19 (12)	13 (7)	16 (25)	11 (7)	20 (6)	
Disagree	6 (4)	2 (1)	11 (16)	3 (2)	0	
Strongly disagree	1 (1)	2 (1)	3% (5)	0	0	
Sum responses for all courses	70	53	152	65	30	
Class size/course (range)	40 - 45	33 – 43	30 - 60	28 - 40	29-29	
Response rate / course (range)	53% - 57%	42% - 51%	21% - 34%	42% - 68%	48%-55%	

*MPH students only **3 of 5 courses also enrolled MHA students. +1 of 5 courses enrolled MHA students

Students' quantitative responses for MPH **concentration** courses are summarized here in Table 7b.

Table 7b. The class size was conducive to my learning				
	Spring 2019*	Fall 2019**	Spring 2020*	Fall 2020
	% (n)	% (n)	% (n)	% (n)
				Not available
Strongly agree	88 (7)	16 (5)	46 (11)	
Agree	13 (1)	75 (24)	37 (9)	
Neutral	0	0	13 (3)	
Disagree	0	9 (3)	4 (1)	
Strongly disagree	0	0	0	
Sum of responses for all courses	8	32	24	
Class size/course (range)	9	8 - 25	8 - 18	
Response rate (range)	89%	50%-75%	61% - 67%	

*MPH students only. **1 of 2 courses also enrolled MHA students

The majority of MPH students "strongly agree" or "agree" that class size is conducive to learning. Fall 2019 was the first semester that some MPH students attended classes with students enrolled in the new PPH MHA curriculum, which resulted in larger class sizes. While very few students "strongly disagreed" the proportion of students who "strongly agreed" that class size was conducive to learning was smaller for the Fall 2019 semester courses than the previous Spring 2019. This is seen for MPH core and concentration courses (which typically have smaller class sizes). Responses for Spring 2020 are similar to Spring 2019, for core courses but not for concentration course. However, Spring 2020 responses may reflect the sudden and unexpected switch to a remote delivery format that was initiated at the end of March, in response to the pandemic.

Satisfaction with availability of faculty

Students' quantitative responses for MPH core courses are summarized here in Table 8a.

Table 8a. Satisfaction with availability of faculty.						
	Spring 2019*	Summer 2019*	Fall 2019**	Spring 2020+	Summer 2020*	Fall 2020
	% (n)	% (n)	% (n)	% (n)	% (n)	Not available
Very satisfied	41 (29)	70 (37)	53% (80)	74% (48)	80 (24)	
Satisfied	24 (17)	28 (15)	30% (46)	22% (14)	20 (6)	
Neutral	26 (18)	0	14% (22)	5% (3)	0	
Dissatisfied	4 (3)	2 (1)	2% (3)	0	0	
Very dissatisfied	4 (3)	0	<1% (1)	0	0	
Sum of responses for all courses	70	53	152	65	30	
Class size/course (range)	40 - 45	33 - 43	30 - 60	28 - 40	29-29	
Response rate / course (range)	53% - 57%	42% - 51%	21% - 34%	42% - 68%	48%-55%	

* MPH students only **3 of 5 courses also enrolled MHA students. + 1 of 5 courses enrolled MHA students

Students' quantitative responses for MPH concentration courses are summarized here in Table 8b.

Table 8b. Satisfaction with availability of faculty				
	Spring 2019*	Fall 2019**	Spring 2020*	Fall 2020
	% (n)	% (n)	% (n)	Not available
Very satisfied	100% (8)	75% (24)	50% (12)	
Satisfied	0	22% (7)	17% (4)	
Neutral	0	0	17% (4)	
Dissatisfied	0	0	12% (3)	
Very dissatisfied	0	3% (1)	4% (1)	
Sum of responses for all courses	8	32	24	
Class size/course (range)	9	8 - 25	8 - 18	
Response rate / course (range)	89%	50%-75%	21% - 34%	

* MPH students only. **1 of 2 courses also enrolled MHA students

The majority of MPH students reported being "very satisfied" or "satisfied" with the availability of course faculty. Responses of "very satisfied" for each semester appear to depend on individual faculty, rather than class size.

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

Students also provided comments regarding their perceptions of class size and availability of faculty. Their remarks are summarized here. As noted above, complete data are not available for all years reported. A

number of instructors had difficulty setting up the quantitative comments prompts in the online course evaluation form, therefore, qualitative data are not available for Spring 2019 or Summer 2019.

Class size and its relation to quality of learning (e.g., "The class size was conducive to my learning").

Fall 2019 – MPH **core** courses

Fewer MPH students provided comments regarding their perceptions of whether the class size was conducive to learning (5 – 23 comments / course). Comments for MPH **core** courses were mostly positive (67%), over all. Two of the core courses surveyed in Fall 2019, had combined enrollments of MPH and MPH students resulting in class sizes were larger than MPH only core courses. 66% of these comments were positive for these two classes. Among students attending MPH only classes, 71% of their comments were positive.

Some MPH student comments submitted general statements – for example:

- The class size was acceptable.
- Although the class was large, it did not distract from learning.
- I felt the class size was perfect and I had no problems learning.
- I had no issue with class size.

Vs.

- Smaller would have been better.
- Too big.
- Less students would have been beneficial.

Other MPH students commented on specific aspects of class size that either facilitated or served as a barrier to learning – for example:

- This class size was good, people would ask questions that I didn't know I had, then hearing the answers helped me understand more.
- The class size was small enough that people could easily ask questions during and after the lecture
- There were enough students that we could collaborate and offer each other help when working on in-class exercises, but not so many that [the instructor] and the TA were overwhelmed
- Small class size allowed for the professor to walk around in class and help one to one
- The instructor managed a large class and was able to give everyone the opportunity to participate
- [The class size] allowed for good conversation and sharing of ideas
- It was good to have a larger class size where you could hear many different opinions and insights during class discussions
- The instructor managed a large class and was able to give everyone a chance to participate

Vs.

- I think a smaller class would have allowed for better class discussions
- It was too big, not conducive to class discussions
- I would have preferred a smaller class size. The class was too large in my opinion and because of that, many people including myself got distracted.
- I think it was too big. The structure and style of the course seemed more fitting of a smaller sized class
- This class was extremely large which hindered student presentations and presentations

Also of interest, are the comments by students on the physical class room space. For example:

- The classroom itself was not very convenient for the style of the course, but I think the amount of people was just right.
- Class size was fine for the material; the room we were in was not well set up.
- The class was large and the room was not
- I was fine with it but there were never enough chairs and the room was small for our class.

Fall 2019 – MPH **concentration** courses

Comments regarding student perceptions of whether the class size was conducive to learning for MPH **concentration** courses were 100% positive (9/9 comments). Note: MPH concentration courses have a much smaller number of students in attendance.

- Our concentration grew very close by being learning resources for each other.
- Having a small class is more comfortable. It made me want to participate more.
- Very small class allowed me to focus and be engaged.

Spring 2020 – MPH **core** courses

Fewer MPH students provided comments regarding their perceptions of whether the class size was conducive to learning (5 – 7 comments / course). Comments for MPH **core** courses were largely positive (86%), over all.

Examples include:

- The class size was suitable.
- I don't feel the class size impeded on my learning at all.
- This class was a good size - large enough for a wide range of experiences and viewpoints but small enough that I feel we were able to get to know each other as well as Dr. XXXXX
- It was a large class size but I don't believe that I was deprived of any attention or resources from having such a large class. It's just that class times were longer with presentations.

Vs.

- The class size could be smaller to make for better discussions and ensure everyone had a chance to participate, but overall, I was able to learn well and I enjoyed the class
- Yes, I thought the class size was good. However, when we were in person doing in class activities there were a lot of people to go through and in that sense, I wish it was smaller.
- When we did meet in person, there were not enough desks and seats available for every person. Not good. Then we were converted to an online forum due to COVID-19.

Some students included comments about class size after the switch to remote learning. All of these comments were positive:

- The class size was perfect, not too many people and easy to have your voice heard especially in zoom sessions.
- Once we shifted online the class size wasn't really noticed.

Spring 2020 – MPH **concentration** courses

Comments regarding student perceptions of whether the class size was conducive to learning for MPH **concentration** courses were also 100% positive (6/6 comments).

Summer 2020 – MPH **concentration** courses

- It was a little large, but we were still able to have productive discussions
- I mean I didn't really notice the size of the class since it was online...but I felt like a fair amount of individuals participated in the discussions.
- The class was small enough that it was easy, or as easy as it can be on Zoom, to participate/answer questions when you wanted to. Professor XXXX was very good about giving the class opportunity to speak up whenever anyone had questions, comments, responses, etc. I think he did a very good job making space for everyone to participate when they wanted to, though if the class size was very large I don't think this could have been done as well.

10 students provided comments regarding student perceptions of whether the class size was conducive to learning for MPH core summer courses. All were positive.

Satisfaction with availability of faculty

Fall 2019 - MPH **core** courses

Student comments regarding satisfaction with availability of faculty for MPH core courses were mostly positive (92%; 55/60 comments) and included:

- The instructor was readily available as was the TA.
- The instructor and TA were both very good at responding to emails quickly and always very willing to help via email or at office hours
- Instructor was always available and always responsive
- She's willing to work around students' schedule when needed

Vs.

- Dissatisfied
- Not the best at responding to emails

Fall 2019 - MPH **concentration** courses

Qualitative data are only available for one course. All comments were positive.

- Never had an issue scheduling time to meet

Spring 2020 – MPH **core** courses

Comments regarding availability of faculty for MPH **core** courses were 100% positive (5 – 7 comments / course; 23/23 comments).

- Dr. XXX was always available, even to help me with my own research stats questions.
- Professor XXX was always available when you needed him and even made time outside of class time and office hours to help when needed.
- She always made herself available. I always felt like I could reach out if I needed to.
- As best as you can ask for.

Comments about faculty availability after the switch to remote delivery were also 100% positive.

- Professor was available after class and was able to set up zoom meetings.
- Dr.XXX is always available to help us. He made himself even more available during the online part of the course. He also was very quick with his feedback and grading.
- Very available by email and to talk before and after class. Stayed in classroom/Zoom room to answer questions after class or just to talk with anyone who needs help

Spring 2020 – MPH **concentration** courses

Comments regarding availability of faculty for MPH **concentration** courses were 75% positive (9/12 comments).

- Instructor was available when needed, and timely responded to e-mails.
- Professor XXX made himself very available and was helpful when I had questions about the projects for the course

Vs.

- Students would try to schedule office hours and the instructor would suggest a time, only to not be able to make that time himself.

Summer 2020 – MPH **concentration** courses

- Replied quickly and always available to help.
- He responded quickly to emails. I was satisfied w/ the level of availability.

13 students provided comments regarding student perceptions of availability of faculty for MPH core summer courses. All were positive.

Quantitative and qualitative data regarding class size and availability of faculty indicate that the majority, but not 100%, of our students are satisfied with both. Although complete data are not available for all years reported, quantitative and qualitative data are consistent across core and concentration courses. Concerns are specific to particular courses or individual faculty, and specific class room settings. Of interest is that student concerns did not involve the transition to remote delivery of our MPH curriculum. All responses are summarized and reviewed by the PPH Curriculum Committee. Feedback is discussed with individual faculty members.

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

Strengths

- Faculty exceed the numbers per concentration required by CEPH and demonstrate the breadth of expertise and intellectual perspectives to enable the MPH degree program to meet its mission, goals and objectives with regard to instruction, scholarship and service.

- Primary and non-primary instructional faculty, as well as staff, are sufficient to provide academic and career advising to our MPH students. Practice-based affiliates are also available to provide career advising.

- The sudden transition to remote delivery of our MPH curriculum was positively received by MPH students. Students reported positive perceptions regarding their ability to learn and the availability of faculty.

- While class sizes for the MPH degree program are growing, for the most part, students do not perceive this as hindering their ability to learn.

- PPH uses multiple methods to collect student feedback data including open ended comment fields on online course evaluations and discussions during end of semester student feedback groups.

Weaknesses

- Less than 100% of our students are satisfied with class size or the availability of faculty. Larger class size is a concern for MPH courses attended by both MPH and MHA students.

- New quantitative and qualitative questions must be added by each individual instructor to the online "Student Evaluation of Instructor and Course" form just prior to the opening of the course evaluation period, for each semester. The PPH cannot add these administratively – nor can these additional questions be saved in the online form from semester to semester. This requires that PPH administration/staff send out reminders to faculty each semester (which we do). The majority of MPH instructors comply, but occasionally there are barriers to adding questions into the form correctly, which has resulted in some missing data for a course. The PPH staff reminds MPH instructors each semester that they are available to help them add these CEPH required quantitative and qualitative questions to their student feedback forms.

- Because student responses to the online student evaluation are anonymous, we are not able to separate out MPH and MHA student responses for classes that both groups attend together. We have addressed this by doing group feedback sessions separated by degree program to explore strengths and areas for improvement based on MPH only and MHA only students' perceptions.

- Students identified some physical classroom spaces were not conducive to learning.

Plans for improvement

- Moving forward, we plan to be more intentional about adding new quantitative and qualitative questions to the online Student Evaluation of Instructor and Course" form. Our goal is for this to become "routine" for PPH faculty and staff.

- While the PPH routinely includes class size and availability of course instructors as discussion points for the end of semester MPH student feedback sessions, these quantitative and qualitative data are combined with MPH student feedback to gain more insight into students' reactions to class size and instructor availability.

- In response to student feedback about large class size for MPH courses that were attended by both MPH and MHA students (e.g. HPH 529 Fundamentals of Health Care Management), MPH and MHA students are now provided separate sections by degree program (thus reducing class sizes). Based on student feedback, we also provide separate degree specific sections for HPH 508, Health Systems performance.

- The Health Sciences Center (HSC) classrooms (described in greater detail in Criterion section C4, Physical Resources), where the majority of MPH classes meet are currently undergoing expansion and renovation. We will continue to monitor students' comments about physical classroom spaces that may not be adequate, and identify better teaching spaces within the HSC.

C3. Staff and Other Personnel Resources

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

1) **A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation**.

   PPH staff support (calendar year 2021) for the MPH degree program, is shown below in Template C3-1. In addition to the MPH degree program, PPH staff resources are also shared with the MHA and Population Health and Clinical Outcomes Research (PHCOR) doctoral program, which are also within the PPH but are outside of the MPH accreditation unit.

Template C3-1

Role/function	FTE
Assistant Director for Student Affairs*	1.0
Associate Director for Academic Affairs*	0.5
Assistant Director for Administration and Finance	1.0
Senior Staff Assistant / Assistant to the Director*	1.0
Practicum Placement and Community Engagement Coordinator*	1.0
Accreditation and Assessment Specialist*	1.0
Graduate Assistants = 2	30 hours / week

* Staff resources that are shared with other PPH units outside the MPH unit of accreditation.

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

   1 – 2 Graduate Assistants / year are hired to support the PPH staff. Their responsibilities include but are not limited to, maintaining the PPH website (which includes the MPH degree program webpages), maintaining and distributing MPH-related data-collection surveys to students and alumni (e.g., pre-post course competency surveys, graduation survey, alumni survey, etc.) via e-survey systems (e.g., Qualtrics, Survey monkey), assisting at MPH events, and other types of work relevant to the MPH degree program, as needed.

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

   While PPH staff resources are shared with other PPH programs outside of the unit of accreditation (i.e., the MHA and the PHCOR doctoral program), the MHA program has its own director and dedicated staff person whose primary responsibilities include accreditation support, admissions and recruitment, and academic advisement. The doctoral program currently (as of 1/2020) has 5 students, 2 of which are expected to graduate in 2020. We anticipate enrolling no more than 3 students per cohort, with no more than 10 students in total (i.e., total enrollment, across cohorts. Additionally, Graduate Assistants (other personnel as noted above) are hired to provide additional support for the PPH staff and to carry out routine tasks. Therefore, PPH staff resources and other personnel support are sufficient to provide administrative support for MPH students and faculty and to ensure that the MPH degree program fulfills its stated mission and goals.

PPH staff are highly qualified with post-graduate education (i.e., master's prepared or master's candidate) in relevant fields of study (e.g., Master of Public Health, Higher Education Administration), and prior administrative experience in graduate education settings. The PPH provides financial support to enable staff to attend professional development programs such as the ASPPH Sections retreat and other higher education conferences. Staff roles are structured to fully cover all aspects of program management as defined by ASPPH: academic affairs, student affairs and financial affairs. Except for the Associate Director of Academic Affairs (who is 0.5 FTE), all PPH staff devote 100% FTE to the PPH.

At the feedback sessions, MPH students report an overall high level of satisfaction with program staff support. Our students often ask to give members of staff an appreciation award for excellence during their MPH graduation ceremony, and do so annually at their end of year OPHSA meeting. Because of student feedback, in 2019 the PPH nominated the Assistant Director for Student Affairs for the prestigious SUNY Chancellor's Award for Excellence in Professional Service, which involved collecting 15 letters of support from current students, alumni, and faculty. In addition, the PPH/MPH Director performs an annual review with every member of the staff which reviews their service to students within the scope of their positions. PPH staff are also engaged in service activities. For example, the Assistant Director for Student Affairs (Joanmarie Maniaci is the current co-chair for the ASPPH Student Affairs section. The Senior Staff Assistant / Assistant to the Director chairs the PPH Diversity, Inclusion, Cultural Competence and Equity Committee (described in Criterion sections A1.1, page 19). She actively participates as an ASPPH Diversity and Inclusion Section Leader for the Stony Brook PPH, and is a member of the Stony Brook Student Affairs Diversity Leadership Development Initiative (DLDI) Committee, the Health Science Center Workforce Diversity Committee, and Stony Brook PRODiG ("Promoting Recruitment, Opportunity, Diversity, Inclusion and Growth") Advisory/Alignment Committee (2019). MPH student representatives also serve on this committee. Ms. Polster is also a member of the new Stony Brook University Campus, Community and Personal Safety Advisory Committee. The PPH Accreditation and Assessment Specialist, Krista Gottieb, is involved with a grass-roots, Brooklyn-based annual benefit concert entitled "Cancer Can't Kill Love" which has donated over $100,000 to cancer research to date, to organizations such as Memorial Sloan Kettering Cancer Center and Stand Up to Cancer.

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

Strengths

- A sufficient number of PPH staff support the MPH degree program students and faculty. PPH staff are highly qualified in terms of education, prior administrative experience in graduate education settings, and service at both the program and national levels.
- The staffing structure fully covers all aspects of program management and accounts for sharing of administrative resources with other programs within the PPH (but which are outside of the MPH accreditation unit). Staff also have the ability to cover each other's positions if needed (i.e. one staff member was recently on maternity leave, her responsibilities were shared by other staff members without any reduction in staff provided services).
- The PPH hires Graduate Assistants to provide additional support for the PPH staff, as needed.

Weaknesses

- None noted.

Plans for improvement

- The PPH is growing – this includes expansion of the MPH degree program and other programs that are within the PPH (but are not within the MPH unit of accreditation). This will require additional staff support to enable all PPH program units (including the MPH) to fulfill their missions and goals. Therefore, the PPH plans to secure approval from the Associate Vice President of Health Sciences and Vice Dean, Administration and Finance, John Riley, to create and fill new staff positions to accommodate program growth and ensure sufficient staff coverage.

- Beginning in 2021, we will start assessing MPH student satisfaction with the practicum support provided by the new staff member who is responsible for supporting community engagement to facilitate placements for our MPH practicums. The Practicum Placement and Community Engagement Coordinator joined the PPH in January of 2020, when the majority of 2020 graduates already had practicum placements. We will survey 2021 graduating MPH students as part of the graduation survey because most of those students will have recently completed their practicum experience at that time and they will have received practicum support from this new staff member. The results will be reviewed by the PPH/MPH Director and reviewed with the staff to reinforce positive reviews and address any areas in need of improvement.

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) **Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)**

Faculty office space

Within the PPH Office Suite:

The PPH Office Suite underwent a renovation in 2017 to add physical space to meet the growing faculty, staff, and student needs of our program.

The PPH suite occupies a 2,000 sq. ft. space within the Health Sciences Center at Stony Brook University. The PPH office suite holds seven (7) individual offices of 10 ft. x 12 ft. each, and one (1) office of 19 ft. x 12 ft. Primary MPH faculty members are located in the 10 ft. x 12 ft individual offices, and the larger office is allocated to the PPH/MPH Director. There are 3 enclosed cubical offices for part-time MPH instructional faculty and 5 additional open-space work stations for student assistants to faculty.

Within the Department of Family, Population and Preventive Medicine (FPPM) office suite:

The Department of Family, Population and Preventive Medicine (FPPM) office suite is located across a small hallway from the entrance to the PPH suite and was renovated in 2017-2018 to accommodate the merge of the Departments of Preventive Medicine and Family Medicine. Within this area there are 7 offices that are used by PPH Primary Faculty, including the Associate Director for Academic Affairs.

Within the School of Social Welfare:

One Primary MPH Faculty Member, Amy Hammock, is jointly appointed in the School of Social Welfare which is located in the 2nd floor of the Health Sciences Center (HSC) and has office space there.

Staff office space

The PPH Office Suite holds individual office spaces (among the seven described above) for the Assistant Director for Student Affairs, the Accreditation and Assessment Specialist, the Practicum Placement and Community Engagement Coordinator, and the Assistant Director for Administration and Finance. There is also an open receptionist work station for the PPH Senior Staff Assistant / Assistant to the Director located near the entrance to the suite to facilitate a welcome to visitors, and 1 enclosed cubical office for student assistants.

Classrooms

The MPH degree program holds most of its classes in the HSC classrooms outside of the Department of Family, Population, and Preventive Medicine office suite. A number of these classrooms have been recently renovated to enlarge the instructional space, improve lighting and to update digital technologies to facilitate teaching. Updated digital technologies include: in-room overhead LCD projectors, "ZOOM" for multisite web-based audio/video conferencing, computers and display monitors and wipe boards.

All classes are scheduled by the PPH Administrative Coordinator, using enrollment estimates to determine optimal room assignments in accordance with plans of study to adhere to time to completion requirements for the MPH degree. To date, MPH classes have typically been held in one of HSC 4 large and 2 small lecture rooms, 4 classrooms, and 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 data management during class instruction.

The MPH degree program shares conference rooms that are routinely used for seminars, class meetings and other formal and informal gatherings. Two shared conference rooms are located within the FPPM office suite, one measuring 490 sq. ft., and the other measuring 385 sq. ft., to hold classes. These conference rooms have IT support to view PowerPoint presentations on large monitors, and for video conferencing / presentations. All of the rooms have wireless Internet access.

There is one (1) Conference Room measuring 12 ft. x 21 ft., 8 in., within the PPH office suite which also available for course instruction and has similar digital resources.

Space for large MPH program events is available in the new MART building adjacent to the HSC, and the Wang Center, located on the main Stony Brook University campus.

Shared student space

MPH students have open access to six (6) computer work stations that are positioned within the suite and networked to a printer and the Internet.

The PPH and FPPM conference rooms (noted above) are also available to students as a study space and for formal (i.e., OPHSA, Future Health Care Leaders of Stony Brook) and informal student meetings.

MPH students also have access to group and individual study and meeting spaces in the Health Sciences Library, which is located on the same floor as the PPH.

Laboratories, if applicable to public health degree program offerings Not applicable.

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

Currently, the PPH maintains physical resources which are adequate to accommodate and support the instructional needs of the MPH degree program in general and the MPH faculty. staff and students. As noted above, additional MPH instructional space is conveniently available within the HSC The PPH has successfully negotiated additional MPH faculty and staff space within other departments in the HSC.

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

Strengths:

- The PPH provides faculty and staff office space, shared student spaces and instructional space for the MPH program. These spaces are within or in close proximity to the PPH office suite.
- Student spaces are in close proximity to MPH faculty, to facilitate meetings and mentoring.
- The large majority of physical resources have undergone recent upgrading of technologies.
- Additional space for offices, meetings, and program events is conveniently available within the HSC or other campus locations, as needed.

Weaknesses:

- The MPH Primary Faculty is growing and the availability of office space within the PPH office suite has reached capacity, requiring us to borrow space in other nearby academic units.

Plans for improvement:

- As the MPH degree program continues to grow, the PPH will work with the Senior Vice President of Health Sciences (Kenneth Kaushansky) to identify or create new space that will be sufficient to accommodate all MPH core faculty members within one office suite.

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) **Briefly describe, with data if applicable, the following:**

- **library resources and support available for students and faculty**

Library resources.

The Health Sciences Library (HSL) is a Resource Library for the National Network of Libraries of Medicine administered by the National Library of Medicine, a division of NIH. The HSL is a member of the North East Research Libraries consortium (NERL), the Association of Research Libraries, and the Association of Academic Health Sciences Libraries (AAHSL). The library also functions as a regional resource assisting health care professionals throughout Nassau and Suffolk counties. The HSC Library is located on Level 3 of the Health Sciences Tower and is open 24 hours a day, 7 days per week. The library website is: http://www.library.stonybrook.edu/healthsciences.

The library maintains a current print collection of over 170,000 serial and monograph volumes, more than 95,000 books, more than 4,200 electronic books, about 20 print journals, and over 10,000 electronic journals. Additionally, the library supports access to over 290 primarily web-based electronic research databases, including ACCESSMedicine, ClinicalKey, DynaMed, MEDLINE, ScienceDirect, UpToDate, and Web of Science. Numerous sessions on improving the effectiveness of managing information resources are offered throughout the year.

Remote access to the library's collections of web-based resources is available for current Stony Brook faculty, students, and staff. 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 PPH also arranges for MPH alumni to have access to library resources for research purposes or field work (by request).

Jessica Koos is the librarian who maintains the HSC Library's Public Health Resources page http://guides.library.stonybrook.edu/publichealth and assists MPH students in their public health research. Every three years, PPH leadership is invited by the HSC Library to review holdings and journal collections and request new resources to be added that expand our public health library resources. A result of such meetings is that the Public Health Resources webpage now contains links to 12 databases, 4 public health association websites, 9 national data sites, 7 New York State data sites, 14 local, national and international resource sites, 3 toxicology and environmental health sites, 2 image/media sites, and 3 tutorials (including a PubMed tutorial).

Support for students and faculty.

The four HSC reference librarians are accessible to provide research assistance to MPH students and faculty by appointment, telephone, email, or the "WebChat" feature of the HSC library web page. The HSC Library also has an FAQ page and an online mechanism for asking questions not addressed in the FAQs.

Ms. Koos (noted above) is available to MPH students and faculty (by appointment), to assist them with conducting literature searches and with navigating any of the above-mentioned library resources. In addition, as a session of the Introduction to the Research Process MPH core course, Ms. Koos provides MPH students with training on conducting literature searches using PubMed and programs such as citation management programs such as EndNote.

Ms. Koos also serves as an MPH Applied Learning Experience (i.e., Practicum) preceptor for MPH students taking part in the Stony Brook Medicine Heathy Libraries Project. Ms. Koos is a health information and database resource to the public librarians and patrons at our partnering community-based librarians in this project.

- **student access to hardware and software (including access to specific software or other technology required for instructional programs)**

Hardware.

The large majority of MPH students use their own lap tops or other personal computing devices. Nonetheless, all PPH/MPH students receive a new Apple IPad at orientation (free of charge) which is provided at no cost through Stony Brook University's Mobile/Digital Now initiative which began in 2015. The IPad provides a platform for access to MPH course materials and resources from anywhere via BlackBoard (described below) and supports interactive teaching and learning activities. Students may keep the IPad throughout their participation in the MPH degree program and after graduation.

Students may also access computers and printers at the HSC Library, described above. The HSC library suite contains the Coller Computer Lab, which includes 91 Windows PCs, 1 flatbed scanner, 2 black/white and 1 color laser printers available, all of which are available for student use. All Windows PCs are fully multi-media capable. The Coller Lab is open to students from 8 am to 12 am weekdays and for 8 hour periods on weekends. Stony Brook University's Division of Information Technology (DoIT) provides a support consultant at all times to assist students with technical and printing problems.

There are a total of 14 publicly available SINC sites on the Stony Brook campus that allow students to access both Windows and Mac computers and which provide printing services.

All classrooms and conference rooms used by MPH students are fully internet connected and equipped with laptop computers and projectors and/or SMART screens, video equipment, and microphones to facilitate use of computers and A/V equipment while delivering presentations or conferencing.

Software.

Virtually all computer software needed by students to meet MPH foundational and concentration competency-mapped course requirements are conveniently accessible through a variety of University-provided sources.

MPH students may access the MicroSoft Office Suite (i.e., Word, Excel, Powerpoint, etc) and the EndNote citation manager to facilitate writing papers and creating presentations, with the HSC Coller Lab computers. Data analysis and management software packages, including Stata, SAS, and SPSS may also be accessed on the HSC Coller Lab computers.

Students who prefer to use their own devices may access 28 software packages from the Virtual SINC Site (noted above) for both Windows or MAC environments. The Virtual Sinc Site allows students to access site-licensed academic software from their personal computers from on or off campus, at any day or any time. Students also can use the Virtual Sinc Site to access print services from any device. In addition to the MicroSoft Office Suite (i.e., Word, Excel, Powerpoint, etc), EndNote citation manager, and data analysis software packages, including SPSS. Students can also access GIS software (e.g., ArcGIS for Desktop) via the Virtual SINC Site, which is required for the MPH HPH 534 Spatial Analysis: Health Implications (Health Analytics concentration). MPH faculty may request new software to be added to those available through the Virtual SINC site by submitting a request to SBU DoIT.

Softweb is the University's software distribution website. MPH students may also download software such as Adobe Acrobat Reader, anti-virus software, SAS and SPSS to their personal computers free of charge. Students may also purchase 6 month or 1 year licenses for a variety of useful academic software titles at reduced cost at the stonybrook.onthehub.com web store

HPH 564 Qualitative Methods requires use of Atlas.Ti software. MPH students are encouraged to download the free trial version which has no expiration date and is fully functional and can save projects sufficient in size to meet HPH 564 course requirements.

Stony Brook University provides MPH students access to REDCap (Research Electronic Data Capture) for HIPAA-compliant data collection and surveys, and Qualtrics, an SBU subscribed data collection and survey tool. Online training for REDCap and Qualtrics can be found on the SBU website. Stony Brook Medicine REDCap Support provides additional assistance to REDCap users; SBU DoIT provides additional support for Qualtrics survey development and implementation.

BlackBoard is the Stony Brook University learning management system. Although all university courses are put into BlackBoard and all MPHstudents are given access to BlackBoard through an account. BlackBoard is widely used for course management by MPH faculty, allowing students to access and download course documents, assignments, resources, etc. Course instructors may use BlackBoard for interactive class activities. A BlackBoard mobile app is also available to MPH students facilitate access from a phone or tablet device. The Blackboard Learn Help for Students web-page provides guidance in using and optimizing BlackBoard.

All MPH students receive a Stony Brook Gmail account with mail, calendar, and Drive (for collaborating on documents) applications.

In response to the temporary mandate that in-person instruction be transitioned to remoted delivery due to pandemic related restrictions on in-person meetings, Stony Brook University recently (March 2020) purchased a University-wide license for *Zoom,* which is a communications software package for online course instruction, video conferencing, online meetings, chat, and mobile collaboration. Unlimited Zoom access is available free of charge to all faculty and MPH students via a downloaded app.

All MPH students have access to Digication Eportfolios. This is a digital eportfolio utilized by students to document their professional development. Students create an online repository of their academic work, presentations, experiences and achievements during their participation in the MPH degree program. A Digication eportfolio can be used as resume and shared with potential employers.

All computer resources for MPH students are regularly updated to stay current with technology needs.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional programs)**

<u>Hardware.</u>
All PPH Faculty and staff members are provided with HP desktop computers, duel monitors (if requested), and printers, regardless of whether their office is located within the PPH Office Suite or their academic home department (e.g., Family, Population and Preventive Medicine Suite, or the School of Social Welfare). Desktop computers may be provided through state funds through a PPH account or the individual's academic home account, or purchased using faculty grant funding.

MPH faculty also receive a new Apple IPad at orientation which is provided at no cost through Stony Brook University's Mobile/Digital Now initiative. MPH faculty use these IPads in a variety of ways such as uploading/accessing MPH course materials and resources from anywhere via BlackBoard and/or for conducting interactive teaching and learning activities.

In addition, located in the PPH office suite within the common area (open for use by our faculty, staff, and students) are 1 scanner/copy (black and white and color) machine which is networked to all faculty and staff computers, and 1 fax machine.

As already noted, all classrooms and conference rooms used by the MPH degree program are fully internet connected and equipped with laptop computers and projectors and/or SMART screens, video equipment, and microphones to facilitate instruction and faculty and student delivery of presentations or conferencing.

Software.

MPH faculty and staff may access necessary instructional software and print services via all of the same mechanisms available to students, as described above. Alternatively, faculty and staff may purchase (though their grants or through PPH or other department accounts) licenses for academic software through the stonybrook.onthehub.com web store or other sources. As noted above, the Virtual SINC Site provides no cost faculty/staff access to a number of software packages necessary to meet course requirements. If a specific software package is not available, MPH faculty may also request that new software be included among those available through the Virtual SINC site by submitting a request to SBU DoIT.

MPH faculty and staff may access REDCap and Qualtrics for programmatic data collection, research and instructional purposes. Because all university courses are put into BlackBoard, MPH Faculty have the opportunity to employ BlackBoard to facilitate course management or to conduct online courses or discussion boards. A BlackBoard mobile app is also available to MPH instructors to facilitate access from a phone or tablet device. The Blackboard Learn Help for Instructors webpage provides guidance in using and optimizing BlackBoard as an instructional tool. Issues with BlackBoard are resolved through the SBU IT Service Portal, SBU DoIt.

Recently, the PPH purchased two software licenses to support MPH faculty and student interactions. DeDoose is a web-based app for organizing and analyzing qualitative and mixed methods data. It is especially useful because allows more than one researcher to work on a data set without encountering problems. This facilitates MPH faculty and student collaboration on shared projects. Kahoot is a learning platform that allows MPH faculty to conduct real time quizzes in the classroom. Faculty run multiple choice quizzes which students can respond to via the Kahoot app on their phone. Quiz answers are displayed in real time. Kahoot is currently used in the following MPH core courses: HPH 501 Introduction to the Research Process and HPH 525 Evaluating Programs and Policies to Improve Health.

All MPH faculty and staff also receive a Stony Brook Gmail account with mail, calendar, and Drive (for collaborating on documents) applications. MPH faculty and staff who are connected to the SBU School of Medicine also receive Microsoft Exchange / Outlook email accounts.

As noted previously for students, all classrooms and conference rooms used by the MPH degree program are fully internet connected and equipped with laptop computers and projectors and/or SMART screens, video equipment, and microphones to facilitate instruction and to enable faculty and student presentations or conferencing. These laptop computers are also equipped with the necessary software for delivering presentations and conferencing. **In response to the temporary mandate that in-person instruction be transitioned to remoted delivery due to pandemic related restrictions on in-person meetings, Stony Brook University recently (March 2020) purchased a University-wide license for *Zoom,* which is a communications software package for online course instruction, video conferencing, online meetings, chat, and mobile collaboration. Unlimited Zoom access is available free of charge to all faculty and MPH students via a downloaded app.**

All computer resources for faculty and staff are updated every three years to stay current with technology needs.

- **technical assistance available for students and faculty**

Technical assistance is available through the Stony Brook University Division of Information Technology (DoIT). DoIT provides 130 IT related services to faculty, staff and students. This includes support for University owned as well as personal hardware devices (for faculty, staff and students) and software (faculty and staff).

The Health Sciences Service Counter (HSSC) is a satellite location for audio visual services that primarily serves the needs of HSC faculty, staff and students, providing in-building equipment check-out services for laptops for classroom and presentation use, in-building classroom technology training and support, portable equipment training, video-teleconferencing support, video-editing and DVD duplication services, conferences and special event support, and classroom consumables restocking. An HSSC/DoIT consultant is available during day and evening hours to provide classroom / presentation technology support.

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

The majority of information and technology resources required to support instructional programs for the MPH degree program are provided through Stony Brook University and are sufficient. We have no grievances and are able to deliver the MPH curriculum as planned with the information and technology resources available.

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

Strengths

- The MPH degree program, MPH faculty, students and staff are fully supported by the comprehensive and conveniently accessible library and technology resources of the Stony Brook University Health Sciences Center. These resources are regularly updated to stay current with informational and technology needs.

- The PPH leadership works with MPH faculty and the PPH Curriculum Committee to anticipate information and technology needs and submit requests for new / updated information and hardware and software resources in advance of curriculum needs. Hardware and software needed for instructional purposes are required to be clearly stated in all MPH course syllabi. Hardware and software needs and sufficiency are also considered when course syllabi are reviewed and approved by the PPH Curriculum Committee (as described in Criterion section A1.1, page 14). The ability of faculty and students to access needed hardware and software is considered in this review. In the case that hardware and software requirements for a course, project, assignment or activity are not easily accessible, the Curriculum Committee can advise the instructor to make revisions or provide alternatives to ensure that all faculty and students can easily and conveniently meet course requirements.

- MPH Students have the opportunity to comment on whether library and technology resources were sufficient to meet course requirements during the end of semester feedback survey and the end of semester feedback focus groups. These comments are shared with the instructor and the Curriculum Committee and allow the instructor to address. For example, based on student, faculty and employer feedback – the PPH decided to use SAS alone for all courses that require students to conduct data analyses, e.g., Biostatistics 1 and Biostatistics II, Applied Biostatistics, and Advanced Research Methods. Previously, course instructors decided which statistical software package to use and this resulted in statistical software requirements varying by course and/or instructor. Feedback from students, faculty and employers identified SAS as the preferred software.

Weaknesses

- None noted.

Plans for improvement

- The MPH Degree Program will continue to communicate with faculty, staff, and students to identify library and technology needs and will continue to work with the HSC library and technology services to ensure that these needs are met. Currently, students have reported that ArcGIS Online (download version) and ArcGIS for Desktop (available from the SBU Virtual SINC site), a spatial analysis program required for the MPH Health Analytics concentration course HPH 534 Spatial Analysis: Health Application, is slow to download and also runs slowly when remote access via the SINC site is attempted. The PPH is working with SBU DoIT to resolve Virtual SINC site issues.

D1. MPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1). The matrix Template D1-1 indicates how all MPH Degree Program students (regardless of concentration or combined degree option) are grounded in each of the defined Foundational Public Health Knowledge Areas (1-12). All of the 12 Foundational Public Health Knowledge Areas are grounded in our single

Combined degree students complete the same core curriculum as students in the standalone MPH program. The MPH curriculum does not rely on concentration-specific courses to ground students in the foundational public knowledge areas. Therefore, only a single matrix is presented.

Template D1-1

NOTE: MPH Core courses are required for all MPH students.

Syllabi for all courses listed in this table can be found in the ERF: Folder D2

See attached syllabi for details

Learning objectives	**Grounding is ensured through the following coursework.**
Profession & Science of Public Health	
1. Explain public health history, philosophy and values	**HPH 500 Contemporary Issues in Public Health** - Lectures 1, 4, 8-9 **HPH 508 Health Systems Performance -** Session 3 and 10
2. Identify the core functions of public health and the 10 Essential Services[1]	**HPH 500 Contemporary Issues in Public Health** - Lectures 1 and 4
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	**HPH 501 Introduction to the Research Process -** (Quantitative and qualitative methods and sciences) - Lectures 5, 6, 7, 8, 10, 11, 12, 13; **HPH 506 Biostatistics 1** - (Quantitative methods and sciences) - Lectures 1-2, 3-6, and 9-12 **HPH 507 Biostatistics 2** - (Quantitative methods and sciences) - Lectures 1 through 5 and Lectures 8 though 11 **HPH 514 Epidemiology for Public Health** - (Quantitative Methods and sciences) - Lectures 1 through 11 and course readings **HPH 550 Theories of Health Behavior and Health Communication** - Lecture 6 **HPH 564 Qualitative Methods** - (Qualitative methods and sciences) - Lectures 1 and 2

4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	**HPH 514 Epidemiology for Public Health -** Lectures 1,3,4,5,7 and course readings **HPH 523 Social and Behavioral Determinants of Health** - Lecture 1,2,3,4,6,10 **HPH 550 Theories of Health Behavior and Communication** - Lecture 1 **HPH 555 Demography and Global Health** - Lectures 2 and 3
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	**HPH 550 Theories of Health Behavior and Communication** - Lecture 1
6. Explain the critical importance of evidence in advancing public health knowledge	**HPH 500 Contemporary Issues in Public Health -** Lectures 8 and 9, 13, 14 **HPH 501 Intro to the Research Process** - Lectures 2, 3; **HPH 514 Epidemiology for Public Health** - Lectures 1 - 11 and course readings This is the focus of the entire course - all lectures / readings provide grounding in this area (see syllabus) **HPH 550 Theories of Health Behavior and Communication** - Lectures 2, 4 **HPH 525 Evaluating Programs and Policies to Improve Health** - Lectures 1 through 14 This is the focus of the entire course - all lectures and nearly all course materials provide grounding in this area (see syllabus)
Factors Related to Human Health	
7. Explain effects of environmental factors on a population's health	**HPH 516 Environmental and Occupational Health** - This is the focus of the entire course - **all** sessions and extensive reading list designed to provide grounding in this area (see syllabus)
8. Explain biological and genetic factors that affect a population's health	**HPH 516 Environmental and Occupational Health** - Session 2 and readings;
9. Explain behavioral and psychological factors that affect a population's health	**HPH 508 Health Systems Performance - Session 7** **HPH 523 Social and Behavioral Determinants of Health -** Lecture 1, 2, 3, 4, 5, 6, 7, 10, 11; Assignment 1, 2, 4, 5 **HPH 550 Theories of Health Behavior and Communication** - Lecture 1, 2, 3, 4, 5, 6 and Assignment 3
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	**HPH 500 Contemporary Issues in Public Health -** Lectures 1, 6, 10 **HPH 523 Social and Behavioral Determinants of Health** - Lecture 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11; Assignment 1, 2, 4, 5.. NOTE: This is the major focus of the entire course. **HPH 555 Demography and Global Health** - Lectures 4, 5 and 10
11. Explain how globalization affects global burdens of disease	**HPH 500 Contemporary Issues in Public Health -** Lectures 5, 8, 9 and 13 **HPH 516 Environmental and Occupational Health** - Sessions 3, 5, 7, and 9 and readings **HPH 555 Demography and Global Health** - Lectures 3 and 5

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	**HPH 516 Environmental and Occupational Health** - Session 5 and reading (Sleeman, DeLiberto, Nguyen)

2) Documents supporting our methods are located in the ERF: Folder **D2**: subfolder MPH Core Courses which includes syllabi for all MPH Core courses that detail grounding experiences for the Foundational Knowledge Areas.

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

Strengths

- The MPH Degree program grounds the 12 Foundational Public Health Knowledge Areas in a common core curriculum that **all** MPH degree students are required to take. MPH core faculty and instructional faculty work with the PPH Curriculum Committee (PPH CC) to ensure that course content thoroughly covers the foundational knowledge areas. As described in Criterion section A1.1, page 14, the PPH CC regularly reviews course syllabi to ensure appropriate mapping of the Foundational Public Health Knowledge Areas to course content.

- Students are introduced to the Foundational Public Health Knowledge Areas via course syllabi and have access to the matrix mapping the foundational knowledge areas to relevant MPH core courses via the MPH website: https://publichealth.stonybrookmedicine.edu/academics/competencies.

Weaknesses

- After careful consideration, the MPH degree program has determined that the required Foundational Public Health Knowledge Areas are well grounded in the MPH degree programs' core curriculum which prepares our students well for work in the public health field. MPH core curriculum syllabi are regularly reviewed by the PPH Curriculum Committee to ensure coverage. We have not identified weaknesses related to this criterion.

Plans for Improvement

- The PPH Curriculum Committee will continue to regularly review the MPH core curriculum to ensure grounding in the 12 Foundational Public Health Knowledge Areas and to provide feedback to MPH core and instructional faculty.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

1) Coursework required for the MPH degree, including the required curriculum for each MPH concentration and combined degree options are listed here in Template D2-1.

Template D2-1

Requirements for MPH degree: Core courses - All Concentrations and Combined Degree Options		
Course number	**Course name***	**Credits**
HPH 500	Contemporary Issues in Public Health	3
HPH 501	Introduction to the Research Process	3
HPH 506	Biostatistics I	3
HPH 507	Biostatistics II	3
HPH 508	Health Systems Performance	3
HPH 514	Epidemiology for Public Health	3
HPH 516	Environmental and Occupational Health	3
HPH 523	Social and Behavioral Determinants of Health	3
HPH 525	Evaluating Programs and Policies to Improve Health	3
HPH 550	Theories of Health Behavior and Communication	3
HPH 555	Demography and Global Health	3
HPH 564	Qualitative Methods	3
HPH 564	Integrated Learning Experience (Capstone Course)	3
HPH 580	Applied Learning Experience (Practicum Course)	3

Requirements for MPH degree, for the Health Analytics Concentration (also applies to Combined Degree Options)		
Course number	**Course name***	**Credits**
	All **Core** courses listed above plus:	42
HPH 534	Spatial Analysis: Health Applications	3
HPH 559	Advanced Research Methods	3
HPH 560	Advanced Biostatistics	3
	Elective from approved list	3

Requirements for MPH degree, for the Community Health Concentration (also applies to Combined Degree Options)		
Course number	**Course name***	**Credits**
	All **Core** courses listed above plus:	42
HPH 551	Practice of Health Communications	3
HPH 552	Planning and Implementing Community Health Initiatives	3
HPH 553	Advanced Evaluation of Community Health Initiatives	3
	Elective from approved list	3

Requirements for MPH degree, for the Health Policy and Management Concentration (also applies to Combined Degree Options)		
Course number	**Course name***	**Credits**
	All **Core** courses listed above plus:	42
HPH 510	Health Finance and Accounting	3
HPH 527	Health Economics and Policy	3
HPH 529	Fundamentals of Health Care Management	3
HPH 536	Health Law and Compliance	3

2) Provided here is a matrix in the format of Template D2-2, which indicates the assessment activity for each of the foundational competencies. Our MPH degree program assesses all of the 22 Foundational Competencies in a single common core curriculum which is required for all MPH students, regardless of concentration or combined degree option. Combined degree students complete the same core curriculum as students in the standalone MPH program. The MPH does not rely on concentration-specific courses to assess the foundational competencies. Therefore, only a single matrix is presented.

3) Details of assessment activities for each competency are provided in recent course syllabi included in Folder D2: subfolder: MPH Core Courses. As described in the course syllabi, assessments occur in a variety of active, rather than passive, formats. MPH core and instructional faculty evaluate assessments for their courses and determine whether a student has attained the stated competencies for that course.

Template D2-2

Syllabi for all courses listed in this table can be found in the ERF: Folder: D2: subfolder MPH Core Courses

Assessment of Competencies for MPH Core Courses in ALL Concentrations		
Competency	**Course number**	**Specific assessment opportunity (see syllabi for assessment details: Folder D2, MPH Core Courses)**
Evidence-based Approaches to Public Health		
1. **Apply** epidemiological methods to the **breadth of settings** and situations in public health practice	HPH 501 Introduction to the Research Process	**Research study proposal.** Students **apply** epidemiological methods to the design of a research study that addresses a public health problem of their choice in a public health setting / situation. **Mini journal club assignments**- students critically evaluate application of epidemiological methods to the design of published public health research studies.
	HPH 514 Epidemiological Methods for Public Health	**Literature review paper** - students apply knowledge/understanding of epidemiological methods to a systematic literature review of a public health problem/issue/concern. Students are required to synthesize the results of studies which apply epi methods to a wide range of settings and situations in public health practice; Exam questions# 7 (second part), #10, #11, #13. See syllabus for details of paper and exam questions.
	HPH 525 Evaluating Programs and Policies to Improve Health	**Program Evaluation Proposal Assignment and Homework 3** - Students apply epidemiological methods to the design of an evaluation of an actual public health program or policy targeting a health problem in a public health setting / situation.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HPH 501 Introduction to the Research Process	**Research study proposal.** Students design and write up a research study proposal to address a current public health concern of their choice and **select** appropriate data collection method(s) (**e.g., qualitative, quantitative or mixed methods approaches) t**o address this public health concern. Students describe how these methods will be applied in this context.

	HPH 550 Theories of Health Behavior and Communication	**Assignment 4-** Students design, write up and present a proposal for a theory-driven health communication program or intervention that addresses a priority public health area and which is responsive to health behavior change efforts. This proposal includes an evaluation plan for this program / intervention: students **select** appropriate data collection methods (**e.g., qualitative, quantitative or mixed methods approaches**) to obtain data needed to evaluate outcomes and impact. Students also describe how these methods will be applied in this context.
	HPH 564 Qualitative Methods	**Assignment** 1-Students **select and describe** appropriate **qualitative** data collection and sampling methods for a research area they choose (e.g., semi-structured interview schedule, focus group guide, observation guide; etc.**)** and describe application of these data collection approaches. Students justify their selections.
	HPH 525 Evaluating Programs and Policies to Improve Health	**Program Evaluation Proposal Assignment and Homework 4-** Students design an evaluation of an actual public health program and select and describe appropriate quantitative and / or qualitative data collection methods for this given public health context.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	HPH 506 Biostatistics 1	**Homework assignments 1 - 8** (see description and course schedule), mid-term exam - Students use SAS or other statistical software program of their choice to analyze quantitative data.
		Data analysis Project - Students use SAS or other statistical software program of their choice to analyze an actual quantitative data set.
	HPH 507 Biostatistics 2	**Homework assignments 1 - 9, midterm and final exams** (see description and course schedule) - Students use SAS or other statistical software program of their choice to analyze quantitative data.
		Data analysis Project - Students use SAS or other statistical software program of their choice to analyze an actual quantitative data set
	HPH 564 Qualitative Methods	**Assignment 4** - Students use Atlas.ti **qualitatitive analysis software** to **analyze** an actual qualitative data set that they provide.

4. Interpret results of data analysis for public health research, policy or practice	HPH 501 Introduction to the Research Process	**CBPR Assignment; Research Proposal Paper; Annotated Bibliography & Lit. Synthesis- Mini journal club assignment** - students critically evaluate interpretation of study findings for reviewed literature with regard to public health research / practice / policy.
	HPH 514 Epidemiology for Public Health	**Literature review paper** - students conduct a systematic literature review of a public health problem/issue/concern. Students are required to interpret and synthesize the results of these studies and link this back to the broader literature; **home work assignment questions 1-6; exam questions #3, #4, #6, #17, #18.** See syllabus for details.
	HPH 506 Biostatistics 1	**Data analysis Project -** Students develop appropriate research questions, analyze an actual public health quantitative data set and interpret and write up findings and implications of this analysis.
	HPH 564 Qualitative Methods	**Assignment 4**- Students analyze qualitative data set and **interpret** and write up findings and implications of this analysis.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HPH 523 Social and Behavioral Determinants of Health	**Session 1, 2, 9; Assignment 1, 4 -** Students write a reaction paper about social inequalities. **S**tudents review and summarize what we know about a specific social determinant of health and its association with a specific health outcome or behavior, describe how the determinant of health is thought or hypothesized to influence the outcome and propose solutions to reduce inequalities resulting from this determinant of health. **See syllabus for details**
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	HPH 523 Social and Behavioral Determinants of Health	**Session 1, 2, 3, 4, 5, 6, 7, 9, 10, Assignment 4** Students review and summarize what we know about a specific social determinant of health and its association with a specific health outcome or behavior, describe how the determinant of health is thought or hypothesized to influence the outcome and propose solutions to reduce inequalities resulting from this determinant of health.
	HPH 500 Contemporary Issues in Public Health	**Assignments 1 and 2** - individual level assessments - in paper format, students discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels within the context of vaccination policy and the heroin epidemic, two important public health areas - see attached syllabus for more detail

Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HPH 501 Introduction to the Research Process	**Session 13 and CBPR Assignment** - Session 13 focuses on Community Based Participatory Research (CBPR) - Students take part in small group evaluation / discussion / presentation (to class) of published cases regarding the extent of CBPR involvement with respect to assessing population needs, capacities, resource, etc.. A recognized CBPR checklist (Larry Green) is used to accomplish this. Students identify gaps in the case approach and describe what they would do differently.
	HPH 508 Health Systems Performance	**Exam 2:** Question 2 - essay format exam which requires students to assess population needs, assets and capacities that affect communities' health in the context of medical malpractice reform (See Syllabus for more detail)
	HPH 523 Social and Behavioral Determinants of Health	**Session 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; Assignment 1, 4, 5 -** Students write a reaction paper about social inequalities. Students review and summarize what we know about a specific social determinant of health and its association with a specific health outcome or behavior, describe how the determinant of health is thought or hypothesized to influence the outcome and propose solutions to reduce inequalities resulting from this determinant of health. Students produce a video answering the questions: "What are social determinants of health"? Students are evaluated on the message and how effectively it is communicated (both in terms of being audible and the content being effectively delivered). The message should consider what students have learned throughout the course about specific populations (i.e. specific health concerns, discrimination, policy solutions, bias etc.) . See syllabus for details.
	HPH 555 Demography and Global Health	**Paper 1:** Requires students to define a global health challenge and summarize why this is an important but achievable challenge. This includes assessing the needs, assets, and capacities of those most affected.

8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HPH 550 Theories of Health Behavior and Communication	**Assignment #4-** Students design, write up, and present a proposal for a theory-driven health communication program or intervention that addresses a priority public health area which is responsive to health behavior change efforts. They describe their application of their knowledge and awareness of cultural values and practices specific to the targeted primary (and secondary) audience to this health communication program or intervention.

9. Design a population-based policy, program, project or intervention	HPH 501 Introduction to the Research Process	**Research study proposal**. Students **design** a population-based research study using appropriate methodology discussed in class to address a current public health concern.
	HPH 550 Theories of Health Behavior and Communication	**Assignment #4-** Students design, write up, and present a proposal for a theory-driven health communication program or intervention that addresses a priority public health area which is responsive to health behavior change efforts.
10. Explain basic principles and tools of budget and resource management	HPH 525 Evaluating Programs and Policies to Improve Health	**Program Evaluation Proposal Assignment and Homework 5:** requires students to design a budget for their evaluation plan, explain it's elements and explain how they will manage resource management.
11. Select methods to evaluate public health programs	HPH 550 Theories of Health Behavior and Communication	**Assignment 4**- Students design, write up, and present a theory-driven health communication program or intervention. This includes a plan for **evaluating** program / intervention processes, outcomes, and impact. To accomplish this, students **select appropriate evaluation methods** and justify their selection.
	HPH 525 Evaluating Programs and Policies to Improve Health	**Program Evaluation Proposal** Assignment and Homework Assignment 1-5 -Students design an evaluation of an actual public health program **and select appropriate methods to evaluate the impact of that program,** including evaluation design, sample, measures, data collection, outcomes, statistical methods - See proposal guidelines (syllabus)

Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HPH 500 Contemporary Issues in Public Health	**Oral presentation and Assignments 1 and 2** - students discuss the policy-making process and the role of ethics and evidence in a contemporary public health issue for 2020, or two critical fields of public health, namely, vaccination policy and the heroin epidemic - see attached syllabus for more detail
	HPH 516 Environmental and Occupational Health	**Exam:** Question 3, 12, 14, 15,17 - see syllabus for more detail.

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HPH 508 Health Systems Performance	**Exam 1:** Question 2 - essay format exam (see Syllabus for more detail) - requires students to propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes in the context of single-payer health insurance.
	HPH 525 Evaluating Programs and Policies to Improve Health	**Program Evaluation Proposal and Homework Assignment 3**- Students design an evaluation of an actual public health program and propose methods for (1) identifying key stakeholders and (2) to examine their potential support for or opposition to, the program (stakeholder analysis), and (3) for forming partnerships to support the program and its evaluation.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HPH 555 Demography and Global Health	**Paper 2 - Policy brief:** requires students to convey knowledge and advocate for policy recommendations impacting a public health problem**.**
	HPH 523 Social and Behavioral Determinants of Health	**Session 2, 3, 4, 5, 6, 7, 8, 9, 10; Assignment 1, 2, 4 -** Students write a reaction paper about social inequalities. Students attend a meeting of a governing body and in a written assignment answer the following: When did the meeting occur? What governing/legislating body was convened? What was one policy discussed that impacts the social and behavioral determinants of health? Who would/has been impacted? How does this policy produce this impact? Will/has health improved or worsen as a result of this policy? Students review and summarize what we know about a specific social determinant of health and its association with a specific health outcome or behavior, describe how the determinant of health is thought or hypothesized to influence the outcome and propose solutions to reduce inequalities resulting from this determinant of health.

15. Evaluate policies for their impact on public health and health equity	HPH 500 Contemporary Issues in Public Health	**Assignment 1 -** in paper format, students evaluate policies relating to vaccination policy for their impact on public health and health equity - - see attached syllabus for more detail
	HPH 508 Health Systems Performance	Exam 2: Question 1 and Question 2- essay format exam (see Syllabus for more detail) - students evaluate policies to reduce drug prices and the cost of medical malpractice insurance.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HPH 550 Theories of Health Behavior and Communication	**Assignment 6** - requires students to apply leadership, governance, and management principles to their designed plan for their health communication program.
17. Apply negotiation and mediation skills to address organizational or community challenges	HPH 581 Capstone	Students will discuss and critically assess case studies that highlight values/ethics and how to mediate conflict based on real practice-based community and/or organizational challenges, within their in-class teams. Grant writing group assignment: write and present an original grant proposal that will be submitted by a collaborating community-based organization to a real funder. As a part of the group's presentation of completed grant, students will be instructed to reflect on the planning process and any conflicts that arose, and strategies used to resolve or negotiate a solution. See syllabus for details
Communication		
18. Select communication strategies for different audiences and sectors	HPH 550 Theories of Health Behavior and Communication	**Assignment 4**- Students design, write up, and present a theory-driven health communication program or intervention. They identify all targeted audience segments and select communication strategies appropriate for these differing audience segments (and justify selection of communication channels).

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HPH 550 Theories of Health Behavior and Communication	**Assignment 4**- Students design and write up a theory-driven health communication program or intervention. They identify all targeted audience segments and select communication strategies appropriate for these differing audience segments (and justify selection of communication channels). As part of developing this communication strategy (described above in 3D), they create sample products (video, web site, story board, pamphlets, posters, educational materials, apps, etc.). The communication strategy can be also presented as a role play to demonstrate how it might be used in real-world practice, or on TV, radio, or print mediums. Students employ multi-media approaches (i.e., written and oral presentation approaches) that are appropriate to the targeted audiences (consider literacy levels, health access, cultural barriers / facilitators, etc.) and which communicate audience-appropriate public health content.
	HPH 523 Social and Behavioral Determinants of Health	Students produce a video answering the questions: "What are social determinants of health"? Students are evaluated on the message and how effectively it is communicated (both in terms of being audible and the content being effectively delivered). The message should consider what students have learned throughout the course about specific populations (i.e. specific health concerns, discrimination, policy solutions, bias etc.) . See syllabus for details.

20. Describe the importance of cultural competence in communicating public health content	HPH 550 Theories of Health Behavior and Communication	**Assignment #4-** Students design, write up, and present a theory-driven health communication program or intervention.They explain why consideration of audience cultural values and practices is important in their chosen context and describe how they have applied this consideration to their selected public health program.
	HPH 501 Introduction to the Research Process	Research Proposal Presentation and Mini journal club assignment - students critically evaluate and describe concerns about whether the project and communication of results and their implications were culturally appropriate; students consider/describe how important these concerns are to the interpretation and usefulness of this research.
Interprofessional Practice		
21. Perform effectively on interprofessional teams	HPH 581 Capstone	**Assignment #2** - Synthesis paper on inter-professional teams / collaboration, to include reflection of the four competency domains for inter-professional education and lessons learned from engaging with the alumni panel.

Systems Thinking		
22. Apply systems thinking tools to a public health issue	HPH 514 Epidemiology for Public Health	**Exam** question #14 and **Quiz** question #2 which require students to diagram relationships between independent and dependent variables (including confounders) and to discuss the boundaries of a system for assessing consequences of social distancing recommendations for COVID 19. See syllabus for details.
	HPH 516 Environmental and Occupational Health	**Exam:** Question 16 - essay format - requires students to apply systems thinking tools to describe how climate change might impact human health and well-being using at several examples. For one of the examples, students are required to include a diagram of the system, feedback loops, and leverage points for attempting to mitigate the problems. See syllabus for details

2) The most recent syllabus for each course listed in Template D -1 are located in the ERF: Folder D2: subfolder MPH Core Courses.

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

Strengths

- The MPH Degree program assesses the 22 Foundational Competencies in a common core curriculum that **all** MPH degree students are required to take. MPH core faculty and instructional faculty work with the PPH Curriculum Committee (PPH CC) to ensure that course assessments accurately map to the foundational competencies and are active, rather than passive, assessments. As described in Criterion section A1.1, page 14, the PPH CC regularly reviews course syllabi to ensure appropriate mapping of the Foundational Competencies to course assessments.

- Students are introduced to the Foundational Competencies via course syllabi and have access to the matrix mapping the foundational competencies to relevant MPH core courses via the MPH website: https://publichealth.stonybrookmedicine.edu/academics/competencies.

Weaknesses

- After careful consideration, the MPH degree program has determined that the required Foundational Competencies are well assessed by the MPH degree programs' core curriculum which prepares our students for work in the public health field. MPH core curriculum syllabi are regularly reviewed by the PPH Curriculum Committee to ensure that course assessments accurately map to the foundational competencies and are active, rather than passive, assessments. We have not identified weaknesses related to this criterion.

Plans for Improvement

- The PPH Curriculum Committee will continue to regularly review the MPH core curriculum to ensure appropriate assessment of the 22 Foundational Competencies and to provide feedback to MPH core and instructional faculty.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

1) **Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies.**

The MPH Degree program currently offers students three concentration options: Health Analytics, Community Health, and Health Policy and Management. (A Generalist concentration is being developed). All MPH degree program students, including those in combined or concurrent MPH degree programs, choose a concentration by the start of their second year in the program. Students choose a concentration that mostly closely aligns with their career plans.

Each concentration provides 12 credits in addition to the 36 credits provided by the MPH core curriculum and the 6 credits provided by the MPH Applied Practice Experience and Integrative Learning (i.e., Culminating) Experience (6 credits), to make up the 54 credits required to earn the MPH degree. As shown in Template D2-1, students within a concentration are required to take all of the listed courses for that concentrations' plan of study. Only students who take the Health Analytics or Community Health concentrations have the option of adding an elective from an approved list of options (to make up the 12 credit total for those concentrations).

Each concentration has its own defined set of at least 5 advanced competencies and related learning experiences which are provided in Template D4-1. These are developed by the concentration head and the core* MPH faculty within that concentration. Concentration faculty are content experts and are most familiar with career opportunities in that particular concentration as well as skills and knowledge required for MPH student success in that area of specialization. Concentration faculty review and update concentration competencies and learning experiences to maintain currency in that area of expertise. Concentration faculty also ensure that attainment of concentration competencies is well assessed with active, rather than passive, methods. A matrix for each MPH concentration, mapping MPH concentration competencies and related learning experiences to relevant concentration courses is available on the MPH website:
https://publichealth.stonybrookmedicine.edu/academics/competencies.

*NOTE: MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the PPH/MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. All Core faculty report directly to the PPH/MPH director. The majority of Core faculty are also Primary Instructional Faculty.

Template D4-1 (below) provides a matrix for each concentration that lists the competencies and related learning experiences for each concentration and includes an example of at least one assessment activity for each listed competency Syllabi and detailed assessments are in ERF: Folder D4

Template D4-1

Assessment of Competencies for MPH degree in the Community Health Concentration			
Competency	**Learning Experience**	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. **Health Communication**: Collect, organize and convey information effectively for different audiences important to public health initiatives	a. Report on how the information and knowledge exchange process can be designed to achieve specific objectives.	HPH 551 Practice of Health Communications	HPH 551: Theory Integration Paper (students build a theoretical model that is hyper-specific to a particular health behavior using variables from existing theories) ; Health Communication Campaign Critique (describe and evaluate an existing health communication campaign)
	b. Develop skills to communicate effectively with the media, general public and specific communities	HPH 551 Practice of Health Communications	HPH 551: Audience case study (craft targeted messaging to reach a variety of different audiences)
	c. Produce communication tools, such as a social marketing tool, press release, op-ed article, and an oral presentation.	HPH 551 Practice of Health Communications	HPH 551: Audience case study (craft targeted messaging to reach a variety of different audiences)
	d. Grasp the importance of health literacy and cultural and educational diversity for effective health communications.	HPH 551 Practice of Health Communications	HPH 551: Audience case study (craft targeted messaging to reach a variety of different audiences;) Health Communication Campaign Critique (describe and evaluate an existing health communication campaign)
	e. Demonstrate linguistic and cultural proficiency in oral and written communication	HPH 551 Practice of Health Communications	HPH 551: Weekly Discussion Board Postings, written assignments, Health Communication Campaign Critique presentation

2. **Theoretical Foundation**: Appraise and apply social and behavioral change theories when developing community health initiatives.	a. Appraise the strengths and limitations of social and behavioral change theories by examining how these theories are used in real-world practice situations.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plane a community health initiative) and exam (essay/short answer)
	b. Demonstrate an understanding of how social and behavioral change theories can be used together to address public health problems	HPH 552 Planning and Implementing Community Health Initiatives.	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) and exam (essay/short answer)
	c. Design theoretically-informed intervention activities appropriate to the identified needs and assets of the targeted population	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) and exam (essay/short answer)
	d. Understand program theory and its role in evaluating a program.	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments; develop an evaluation of program theory for an actual community health initiative.
3. **Community assessment**: Measure and appraise community needs, assets, and resources	a. Justify the role of a community health assessment in program planning.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 1 (conduct an assessment of a community health problem , Paper 3 (plan a community health initiative) and exam (essay/short answer)
	b. Assess the strengths and limitations of various types of data that can be used in a community health assessment.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 1 (conduct an assessment of a community health problem), Paper 3 (plan a community health initiative) and exam (essay/short answer)

	c. Use primary and secondary data to determine the health needs and assets of a particular community.	HPH 552 Planning and Implementing Community Health Initiatives.	HPH 552: Paper 1 conduct an assessment of a community health problem , Paper 3 (plan a community health initiative) and exam (essay/short answer)
	d. Appraise the community-based participatory research (CBPR) approach to planning and implementing community health initiatives.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: "Principles of CBPR in Action" worksheet; exam (essay/short answer)
	e. Explain the importance of a community health assessment to program evaluation	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments and the critical review of publicly available program evaluations (journal club format)
4. **Community engagement**: Demonstrate capacity to engage with community partners	a. Apply empowerment educational theories 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.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Positionality exercise, "CBPR Principles in Action" worksheet, exam (essay/short answer)
	b. Evaluate community relationships and linkages between various stakeholders.	HPH 552 Planning and Implementing Community Health Initiatives.	HPH 552: Paper 3 (plan a community health initiative) , exam (essay/short answer)
	c. Demonstrate application of approaches for engaging with community partners by co-creating a solution / product such as a brochure, fact sheet, news release, media kit, developing a program plan, implementation, and / or evaluating a program.	HPH 552 Planning and Implementing Community Health Initiatives. HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 552: exam (essay/short answer) HPH 553: Evaluation strategy assignments; Using an actual community health initiative as the case example, students develop proposals to evaluate continued need for the program, the program's theory, program processes and implementation, outcome and impact, and costs.

5. **Design a logical framework:** Design a community health intervention plan, incorporating a logic model to track the intervention's progress.	a. Design a mission statement for a community health initiative	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) and exam
	b. Create goals and SMART objectives (specific, measurable, achievable, realistic, and time-bound) for a community health initiative that relate to the overall mission.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives), Paper 3 (plan a community health initiative) and exam
	c. Create a logic model based on an initiative's mission, goals, objectives, and activities in order to elaborate an initiative's theory of change.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) and exam
	d. Create a written plan for a community health initiative that addresses a public health issue.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) and exam
	e. Demonstrate how a logic model, mission statement, goals and objectives can be used in program evaluation.	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments; Using an actual community health initiative as the case example, students develop proposals to evaluate continued need for the program, the program's theory, program processes and implementation, outcome and impact, and costs. Proposals must include logic models and demonstrate the role of program mission

6. **Cultural competence**: Understand how cultural beliefs and practices influence participation in community health interventions and how to design interventions with cultural consideration.	a. Identify a target audience for a health communication tool and research methods for optimal delivery of the public health message to the specific population.	HPH 551 Practice of Health Communications	HPH 551: Audience case study (craft targeted messaging to reach a variety of different audiences)
	b. Consider how cultural beliefs and practices can affect a population's needs.	HPH 552 Planning and Implementing Community Health Initiatives.	HPH 552: Positionality exercise, Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative) , exam (essay/short answer)
	c. Design a community health intervention that incorporates the cultural beliefs and practices of the priority population.	HPH 552 Planning and Implementing Community Health Initiatives	HPH 552: Paper 2 (paper and logic model in which students describe the program theory and intervention components of an actual community health program, as well as its goals and objectives); Paper 3 (plan a community health initiative)
7. **Evaluation design and methods**: Develop knowledge and skills for evaluating community health initiatives	a. Practice designing multiple types of evaluations, including formative evaluations, implementation / process evaluations, and summative evaluations (outcome, impact, cost-effectiveness, cost benefit analysis).	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments; Using an actual community health initiative as the case example, students develop proposals to evaluate continued need for the program, the program's theory, program processes and implementation, outcome and impact, and costs.
	b. Formulate evaluation questions appropriate to measuring the success of public health program	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Students formulate evaluation questions for the series of evaluation strategy assignments described above.

	c. Critique the strengths and limitations of various methods used to evaluate a community health initiative	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Students critically review publicly available program evaluations using a "journal club" format.
	d. Identify appropriate primary and/or secondary data sources to evaluate a community health initiative.	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments; Using an actual community health initiative as the case example, students develop proposals to evaluate continued need for the program, the program's theory, program processes and implementation, outcome and impact, and costs.
	e. Develop and evaluation plan for a community health initiative.	HPH 553 Advanced Evaluation of Community Health Initiatives	HPH 553: Evaluation strategy assignments; Using an actual community health initiative as the case example, students develop proposals to evaluate continued need for the program, the program's theory, program processes and implementation, outcome and impact, and costs.

Assessment of Competencies for MPH degree in the <u>Health Policy and Management Concentration</u>			
Competency	**Learning Experience**	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. **Quality Assessment and Performance Improvement**	a. Analyze and use data within organizations to improve performance.	HPH 529 Fundamentals of Health Care Management	HPH 529: Discussion boards
2. **Strategic and Business Planning**	a. Perform environmental, market and community needs analyses		
	b. Using appropriate tools and techniques, develop strategies alternatives consistent with organizational goals.	HPH 529 Fundamentals of Health Care Management	HPH 529: Case Study: HSC Strategic Assessment

	c. Prepare an integrated plan involving multiple stakeholder and team members to evaluate and implement proposed programs, projects or business initiatives with the goal of improving health services delivery		
3. **Financial Management**	a. Explain financial and accounting information, prepare and manage budgets, and evaluate investment decisions.	HPA 510 Health Finance and Accounting	HPA 510 (1) Financial project analysis: students choose or create a healthcare organization and identify a new service line, product offering, or expansion of an ambulatory site; students describe what financial considerations must be determined and how you could justify and expense; students consider budgeting, costs, pricing, risk analysis, and return of investment. (2) Strategic Financial Plan Capstone paper: focuses on the long-term future of the organization - students consider: Values statement, Mission statement, Operating Plan, Organizational Goals, Financial Plan, Budgeting.
4. **Health Policy and Economics**	a. Understand economic theory and health policy processes, including the creation and implementation of policy and its impact in the delivery of health services	HPH 527 Health Economics and Policy. HPH 529 Fundamentals of Health Care Management	**HPH 527:** Students work in teams to review and debate materials pertaining to significant health policy issues. Students participate in a debate and to submit a team summary report. **HPH 529** Reflective paper

5. **Health Law and Governance**	a. Analyze governence and legal issues that arise in health organization and respond appropriately.	HPA 536 Health Law and Compliance	HPA 536: Students critically analyze a medical liability case study; culminating exam; culminating paper select on a topic they examined during the semester that included BOTH a legal and an ethical dimension - Students summarize their selected issue, why it interested them, describe the legal component, describe the ethical component and identify the way in which they will use what they have learned during the semester to resolve potentially complex management situations in their practice as healthcare administrators.
6. **Population Health**	a. Use epidemiological, market, patient outcome, and organizational performance data to improve quality and manage financial and other risks associated with defined populations.	HPH 527 Health Economics and Policy. HPH 529 Fundamentals of Health Care Management	**HPH 527:** Written report on a population health issue - Students choose one population health issue, which the CDC has identified as the 10 most important public health concerns. Students use at least two sources of epidemiological, market, patient outcome, and/or organizational performance evidence, to health outcomes for the chosen problem and identify opportunities to improve the quality of the health system delivering care for the problem. **HPH 529**: Discussion boards
7. **Leadership and Change Management**	a. Develop effective leadership approaches to communicate a vision, motivate stakeholders, build consensus, and lead organizational change efforts.	HPH 529 Fundamentals of Health Care Management	HPH 529: Case Study Analysis #3: Leadership in the West Wing

Assessment of Competencies for MPH in the Health Analytics Concentration			
Competency	**Learning Experience**	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. **Analytical thinking**: applying analytical and conceptual models for public health	a. Describe theory using path diagrams of other models	HPH 559 Advanced Research Methods	HPH 559: Midterm exam
	b. Identify independent variables (including mediating and moderating variables and dependent variables, causal mechanisms, and direction of relationships	HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 559: Midterm exam HPH 560: Homework #3
	c. Interpret results and be able to communicate the study's findings, strengths, and weaknesses.	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods	HPH 534: Article critique; Final Project HPH 559: Homework
	d. Discuss cartographic choices involved in map-making	HPH 534 Spatial Analysis: Health Applications	HPH 534: Laboratory Assignment #1
	e. Compare benefits and limitations of using individual point locations compared with data aggregated within regions	HPH 534 Spatial Analysis: Health Applications	HPH 534: Laboratory Assignment #3
2. **Synthesis**: Assess current evidence base on a topic through a literature review, synthesizing information, identifying gaps, and critiquing study limitations	a. Summarize the published literature elated to a research question using the recognized sources of population health literature including PubMed and the Cochrane Collaboration	HPH 559 Advanced Research Methods	HPH 559: Project proposal paper

	b. Apply new knowledge base to critique existing literature on spatial analysis of public health data	HPH 534 Spatial Analysis: Health Applications	HPH 534: Article critique; Final Project
	c. Evaluate the appropriateness of statistical methods used in public health studies	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 534: Article critique; Final Project HPH 559: Midterm exam HPH 560: Midterm exam
3. **Posing a question**: Formulate a scientific question based on review of scientific literature	a. Formulate a quantitative research question to address a gap identified in existing literature	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 534: Final Project HPH 559: Project proposal paper HPH 560: Final paper
	b. Develop a research proposal to answer the research question	HPH 559 Advanced Research Methods	HPH 559: Project proposal paper
4**. Data and Software**: identify and use data sources to analyze population health and well-being and become familiar with emerging and widely-used software and technologies to analyze data sets	a. Become familiar with and be able to download and utilize publicly available secondary data sets (e.g., NHANES, NHIS, DHS, Add Health, etc.)	HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 559: Project proposal paper HPH 560: Final paper
	b. Become familiar with software used for quantitative analysis (e.g. SAS, Stata)	HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 559: Home works and Midterm exam HPH 560: Home works and Midterm exam
	c. Become familiar with types of health data appropriate for spatial analyses	HPH 534 Spatial Analysis: Health Applications.	HPH 534: Labs #1, #2, #3; Final Project

	d. Become familiar with software used for spatial analysis (e.g., SaTScan, ArcGIS	HPH 534 Spatial Analysis: Health Applications.	HPH 534: Labs #1, #2, #3; Final Project
5. **Methods**: Utilize a suite of methods appropriate for analyzing public health data	a. Identify differences between descriptive vs. causal research, correlation vs. causation, the scientific method, and the need for data to confirm theory	HPH 559 Advanced Research Methods	HPH 559: Midterm exam
	b. Describe different sampling techniques and implications for methodological approach and analysis	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods	HPH 534: Article critique; Laboratory Assignment #2 and #3; Final project HPH 559: Midterm exam
	c. Apply bivariate and multivariate methods, including linear and logistic regression methods and survival analysis	HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 559: Home works and midterm exam HPH 560: Home works and midterm exam
	d. Articulate limitations of statistical approach, including but not limited to sample utilized, unobserved confounders, generalizability, correlation vs. causation, and statistically vs. practically significant results	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 534: Article critique; Final project HPH 559: Midterm exam HPH 560: Midterm exam
	e. Discuss and apply methods of spatial analysis including smoothing, cluster analysis, and spatial regression	HPH 534 Spatial Analysis: Health Applications.	HPH 534: Laboratory Assignment #2 and #3; Final paper
6. **Project**: Conduct a research project related to population health	a. Identify a testable population health-related research question that has not been previously asked or fully developed	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods	HPH 534: Final project HPH 559: Project proposal paper
	b. Develop and analysis plan to answer a research question	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods	HPH 534: Final project HPH 559: Project proposal paper

	c. Clean, manage, and prepare data for analysis related to a research question	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 534: Final project HPH 559: Project proposal paper HPH 560: Final paper
	d. Apply appropriate statistical methods based on data available	HPH 534 Spatial Analysis: Health Applications. HPH 560 Advanced Biostatistics	HPH 534: Final project HPH 560: Final paper
7. **Present Findings**: Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences	a. Develop written reports based on statistical analyses for class	HPH 534 Spatial Analysis: Health Applications. HPH 559 Advanced Research Methods HPH 560 Advanced Biostatistics	HPH 534: Labs #1, #2, #3, Final Project HPH 559: Project proposal paper - analysis plan only HPH 560: Final paper
	b. orally present work based on statistical analyses to classmates	HPH 534 Spatial Analysis: Health Applications. HPH 560 Advanced Biostatistics HPH 559 Advanced Research Methods	HPH 534: Final Project presentation HPH 560: Final presentation HPH 559: Project proposal paper - analysis plan only
	c. Present results from statistical analyses in the form of a poster or oral presentation to the public	HPH 560 Advanced Biostatistics	HPH 560: Final presentation

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

Not applicable.

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

ERF: Folder D4 also contains the most recent syllabi for each concentration course listed in Template D4-1 and details of related assessments for each course.

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

Strengths

- Each concentration has defined its own set of at least 5 advanced competencies and related learning experiences. MPH core faculty and instructional faculty, who are experts in their area of specialization, work with the PPH Curriculum Committee (PPH CC) to ensure that concentration competencies are sufficiently advanced or sufficiently extend (rather than duplicate) foundational competencies, and that these are well covered and assessed. The PPH CC reviews course syllabi to ensure the quality of the concentration competencies.

- Students are introduced to the Concentration Competencies and learning experiences via course syllabi and have access to the matrix mapping the concentration competencies to relevant MPH concentration courses via the MPH website: https://publichealth.stonybrookmedicine.edu/academics/competencies.

Weaknesses

- After careful consideration, the MPH degree program has determined that the concentration competencies are well defined and reflect the current needs of the area of specialization. MPH concentration syllabi are regularly reviewed by the PPH Curriculum Committee to ensure that course content and assessments accurately map to the concentration competencies and are assessments are active, rather than passive. We have not identified weaknesses related to this criterion.

Plans for Improvement

- The PPH Curriculum Committee will continue to regularly review MPH concentration courses to ensure appropriate coverage and assessment of concentration competencies and to provide feedback to MPH core and instructional faculty.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

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

Within the MPH Degree program, the Applied Practice Experience is also known as HPH 580, the Practicum course. The practicum is a three-credit, 135-hour planned, supervised practical experience, strategically designed to provide an opportunity for MPH 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. MPH practicum projects are largely community-based and support the MPH Degree program Service Goal 5: Participation in service activities designed to meet the current needs and priorities of public health-based community partners by students and faculty. Examples of community-based practicum projects are noted throughout this self-study document.

The MPH practicum is competency based and a culminating experience where MPH students synthesize foundational and concentration competencies (the practicum as a component of the culminating Integrative Learning Experience is discussed in Criterion section D7). MPH students are required to write a practicum proposal and identify at least 5 competencies (of which at least 3 are Foundational competencies; at least two are concentration competencies) that apply to their Applied Practice Experience (i.e., Practicum). Students are expected to carry out work demonstrating achievement of these competencies through the practicum. All MPH and combined MPH degree program students are advised to consider their post-graduation career goals when they decide on a practicum project and identify relevant Foundational and concentration competencies.

Practicum proposals are reviewed and must be approved by the student's preceptor for their project, their Core MPH Faculty supervisor for the project, and the MPH Practicum Coordinator, before the student can start work. The Core MPH Faculty Supervisor considers the relevance of the Foundational and concentration competencies that the student chooses to their specific project, and provides feedback to the student.

Upon completion of the project, the Faculty supervisor reviews the practicum products and the preceptor's evaluation of the student's performance, determines whether the student's work has met the stated competencies, goals and objectives of the project and then assigns a letter grade based on this determination. MPH students also write a 1-2 page evaluation of their practicum experience. In addition to addressing whether practicum goals and objectives were met, students' evaluation of the practicum must discuss the extent to which they achieved selected Foundational and concentration competencies through completion of their practicum.

The practicum (i.e., Applied Practice Experience) competency selection process is fully explained to students in the MPH Practicum manual – please see our response to D5.2 for its location.

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

Information detailing the practicum requirement is clearly provided in the MPH Practicum Manual and related forms (see the ERF: Folder D5: subfolder: Requirements for Applied Practice Experience). These materials are conveniently located on the PPH website: https://publichealth.stonybrookmedicine.edu/academics/practicum. MPH students are first informed about the practicum and competency requirements at our new student orientation. Two practicum information sessions are also conducted for MPH students to provide further guidance and answer questions. Students can also reach out to the Practicum Placement and Community Engagement Coordinator and the MPH Practicum Coordinator for assistance.

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples**.

Samples of completed practice-related materials for individual students by concentration, are found in the ERF: Folder D5: subfolder Applied Practice Experience Samples. Students who have completed combined MPH degree programs are identified in each copy of Template D5-1, included in the student's portfolio.

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

Strengths:

- The MPH Degree program has developed a practice experience that is competency-based and supports service activities designed to meet the current needs and priorities of public health community partners. The deliverables are products that are useful to the Preceptor's organization to address a practice-based need while meeting the learning needs of MPH students.

- The start-to-finish process of completing the practicum is made clear to MPH students by use of the Practicum Manual and Practicum Forms, and practicum information sessions. Students complete the practicum requirements in a timely manner with sufficient guidance throughout the process.

- Evaluation of students' competency selection and attainment involves a thorough approach, involving the student, the MPH Core Faculty Supervisor, the Practicum Coordinator, as well as the involvement of a Preceptor.

Weaknesses:

- After careful consideration, we have determined that we provide a high-quality MPH practice experience that is competency based. We have not identified weaknesses regarding this criterion.

Plans for improvement

- We plan to continue to nurture our relationships with community-based organizations to provide high-quality service learning opportunities for MPH student practicum projects.

D6. DrPH Applied Learning Experience: Not applicable

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

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

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

Template D7-1	
MPH Integrative Learning Experience for All Concentrations and Combined Degree Programs	
Integrative learning experience (list all options)	**How competencies are synthesized**
MPH students in all concentrations and combined degree programs are required to complete the experiences listed below:	
HPH 580 Practicum	Students self-identify at least 3 Foundational competencies and at least 2 concentration competencies that apply to their practicum project, in the proposal stage. Their MPH Core Faculty practicum advisor and the MPH Practicum Coordinator approve the proposal and identified competencies. Upon completion, the MPH Core faculty advisor uses a checklist to assess whether the selected competencies were appropriately integrated and synthesized in the project. Students also write a brief evaluation of the practicum and attainment of the selected competencies.
HPH 581 Capstone	1. MPH students participate in small groups to write and present an original grant proposal that is submitted by a collaborating community-based organization to a real funder. Skills required to best inform their group's grant project encompass and integrate competencies attained from the Foundation Core curriculum and concentration. The Capstone Faculty Instructor assesses how well relevant competencies were appropriately integrated and synthesized in the project using a rubric.

Students also achieve a final set of competencies through Capstone:
Leadership: (#17) Apply negotiation and mediational skills to address organizational or community challenges • The student grant writing groups also prepare and deliver a power point presentation, to summarize the grant proposal. As a part of the group's presentation, students reflect on the planning process and any conflicts that arose within the group or with the organization, and strategies used to resolve or negotiate a solution. The Capstone Faculty Instructor assesses how well the competency is met. • In the context of the "Case Studies in Conflict in Community and Organizational Settings" presented by Aldustus Jordan EdD, MPH students engage in case study discussions on the practice-based scenarios (community and organizational settings) provided to reflect on their individual conflict style, and within that context consider skills to resolve conflict and negotiate strategies/solutions based on the cases presented. The Capstone Faculty Instructor assesses how well the competency is met.
Foundational competency #21 - Interprofessional Practice: Perform effectively on interprofessional teams • The Inter-professional Teams / Collaboration activity includes the MPH Alumni Panel. Students engage in the discussion of inter-professional team experiences in health care and non-health care settings along with these alumni panelists. Both alumni and students discuss team dynamics in their practice-based experiences and competencies, providing scenarios of experiential situations to which these competencies were applied to improve population health, the other professions involved, and highlight competencies such as how they handled disagreements about values with self and others. In addition, students write a synthesis paper about this interprofessional experience which addresses the four inter-professional collaborative practice competencies (ASPPH 2016). The Capstone Faculty Instructor assesses how well the competency is met.

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

All MPH students complete the same requirements for the culminating experience. The culminating experience encompasses both the Practicum (HPH 580, described above in Section D5) and HPH 581, the Capstone course. Both components allow MPH students to demonstrate their culmination of knowledge and skills within the program and to synthesize foundational and concentration competencies. HPH 581, Capstone Seminar, is an intensive course offered during the spring semester of the second year of the MPH curriculum. The MPH degree 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. Students must have a practicum proposal on file and approved by all required stakeholders in order to be cleared by the Practicum Coordinator to enroll in Capstone.

Students also achieve a final set of competencies through Capstone. 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 three foundational competencies and at least two concentration competencies. The set of competencies that must be achieved in Capstone include: Leadership: (#17) Apply negotiation and mediational skills to address organizational or community challenges; and Interprofessional Practice: (#21) Perform effectively on interprofessional teams. The PPH Curriculum Committee has selected the set of competencies attained in Capstone based on the importance of their mastery by MPH students as they become public health professionals. Students receive a letter grade (reflecting completion of all Capstone requirements) and earn three credits for their participation in Capstone.

Integrative learning experience process, expectations and assessments (assessments are noted in bold font):

HPH 580 Practicum.
Processes, expectations and assessment for HPH 580, Practicum, are described above in Criterion section D5. In addition, as part of the Capstone all MPH students also develop and present a professional-quality poster detailing aspects of their practicum project. The posters are presented to fellow students (1st and 2nd year cohorts), PPH/MPH faculty, staff, and preceptors. The practicum presentation gives students a chance to showcase the work they've done for their practicum and to demonstrate poster presentation skills. MPH faculty evaluate the posters using a standard rubric and provide feedback to students.

HPH 581 Capstone.
Grant writing project in collaboration with a community-based organization. The **major project** (and **assessment**) of the Capstone course is the grant writing project which is meant to synthesize competencies attained through the MPH core curriculum and concentration courses.

MPH students participate in small groups to write and present an original grant proposal that is submitted by a collaborating community-based organization to a real funder. Representatives from community-based organizations are invited to meet with the Capstone class to describe the mission of their organization and their funding needs. Each MPH student group selects and organization to work with and then works together to identify an appropriate funding/grant opportunity. MPH students are expected to contribute to this group process and to individually dedicate approximately 30 hours to this assignment's deliverables, and to work collaboratively with a community-based organization's representative to produce a quality proposal that is responsive to a target funding opportunity. This includes developing the proposal's purpose / aims, methods, measures, analyses, alternative plans if not funded, budget considerations, and a discussion of the grant's likely public health impact if funded.

Students are expected to form groups that include members from different concentrations so that they may apply competencies attained not only through the required foundational core MPH curriculum but also through the three MPH concentrations. They are expected to integrate foundational and concentration competencies to best inform their group's grant project. Capstone grant writing projects range from funding for community health initiatives to funding for public health-related research projects (several of these projects are described in Criterion section F2, page 202). The student groups also prepare and deliver a power point presentation to summarize the grant proposal. As a part of the group's presentation remarks, students reflect on the planning process and any conflicts that arose within the group or with the organization, and strategies used to resolve or negotiate a solution (Foundational competency #17 - Leadership: Apply negotiation and mediational skills to address organizational or community challenges). Preparation includes a presentation by Donna L. Buehler, MS, Ombudsman, Stony Brook University Ombudsman Office: What is Conflict? Causes? Resolution Skills – Accommodate, Avoid, Compromise, Compete, Collaborate and readings on conflict resolution (see HPH 581 syllabus ERF: Folder D7

Faculty, staff and students attend the grant proposal presentation and students are encouraged to invite their collaborating community-based organization's representative to also attend (this had to be modified in May 2020 due to the pandemic). Numerous grants written by MPH students for Capstone have been funded. An example, is The General Highway Grant (located in ERF Folder D7: ILE Deliverables: subfolder Grant proposals: subfolder General Highway Safety Grant 2019) which was funded in 2019.

*The Interprofessional Teams / Collaboration activity***:** One of the many strengths of our MPH program is the engagement of our alumni community who are actively performing in practice settings, as they enrich our curriculum with experiential learning opportunities that enhance and promote the relevance of our teaching to what is happening in real world public health practice. The annual Alumni Panel is conducted during the Capstone course. Each year, several of our successful MPH alumni are invited to take part in a panel whereby they discuss the public health work that they perform and their inter-professional experiences in the workplace, how they pursued and achieved their career path, and which public health-related skills they most use on the job. Alumni reflect on and share real-life experiences working with other professions and stakeholders on teams to address population health issues. Capstone students engage in the discussion

of inter-professional team experiences in health care and non-health care settings along with these alumni panelists (many of our MPH students are already working or volunteering in public health settings). Both alumni and students discuss team dynamics in their practice-based experiences and competencies, providing scenarios of experiential situations to which these competencies were applied to improve population health, the other professions involved, and highlight competencies such as how they handled disagreements about values with self and others.

The Interprofessional teams / collaboration activity addresses Foundational competency #21 - Interprofessional Practice: Perform effectively on interprofessional teams. The **assessment** requires students to complete readings on inter-professional collaborative practice competencies (as described in the syllabus). Students also reflect on the four core competencies for interprofessional collaborative practice included in ASPPH's 2016 report (https://www.aspph.org/teach-research/models/interprofessional-collaborative-practice/) **while engaging in discussions** with an alumni panel about experiences related to the four competencies for interprofessional collaborative practice. : Competency 1: Work with individuals of other professions to maintain a climate of mutual respect In addition to the discussion, **students write a synthesis paper** about this interprofessional experience which addresses the four inter-professional collaborative practice competencies.

Conflict and organizational or community challenges. Dr. Aldustus Jordan Ed.D is Associate Professor (retired) Stony Brook School of Medicine and the former (retired) Dean for Student and Minority Affairs, Stony Brook School of Medicine, a PPH/MPH affiliate faculty and teaches cultural competence and conflict management for the MPH Capstone Course (HPH 581) annually. He presents: Case Studies in Conflict in Community and Organizational Settings. MPH students **engage in case study discussions** on the provided practice-based scenarios (community and organizational settings) to reflect on their individual conflict style, and within that context consider skills to resolve conflict and negotiate strategies/solutions.

Career mapping: MPH 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.

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

The syllabus for HPH 581, the MPH Capstone course, explains policies and procedures for that course to MPH students. This is found in the ERF: Folder D7.

Policies and procedures for HPH 580, the MPH Practicum (described above in Criterion section D5) are found in ERF Folder: D5: subfolder Requirements for Applied Practice Experience) and the PPH website: https://publichealth.stonybrookmedicine.edu/academics/practicum.

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

The syllabus for HPH 581, the MPH Capstone course, explains methods and procedures through which the core MPH faculty Capstone Instructor assesses the Capstone ILE with regard to competencies. This is found in the ERF: Folder D7. Rubrics are found in Folder D7: subfolder Rubrics

The HPH 580 Practicum manual explains methods through which the MPH core faculty supervisor of each student practicum assesses that practicum with regard to demonstration of student-selected competencies. This is found in ERF Folder D5: subfolder Requirements for the Applied Practice Experience. That folder also contains evaluation forms that are completed by students, preceptors and faculty.

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

Samples of deliverables associated HPH 581 Capstone integrated learning experiences are found in ERF Folder: D7: subfolder ILE Deliverables: subfolders Grant Proposals and Alumni Panel. Graded examples of deliverables associated with HPH 580 Practicum are found in ERF Folder D5: subfolder Applied Practice Experience Samples. All samples were produced by MPH students who have successfully completed the MPH degree program and graduated. Thus, all deliverables are graded. Additional samples will be included with the Final Self-Study submission.

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

Strengths:

- Students are well-prepared as public health professionals through the MPH curriculum, with special emphasis on integration and demonstration of competencies during the Integrated Learning Experience, which includes the field-based practicum and the Capstone Course.

- Both Practicum and Capstone are competency-based, with a clear explanation provided by the MPH degree program of how competencies are addressed through these experiences. Students earn a letter grade for both the Practicum and the Capstone course.

- During the Capstone course, students work in small groups along with a public health practice organization to prepare a grant application that the students collaborate with the organization to submit to a real funding opportunity. Student feedback indicates that students find the grant writing activity to be valuable in terms of their own professional growth and as a service activity. In addition, our students and collaborating practice-based organizations have achieved success with some grant applications selected for funding.

Weaknesses:

- After careful consideration, we have identified a weakness in the area of competency assessment in the Capstone course with regard to the grant writing group activity. We have made a plan for immediate improvement to be implemented in the Capstone course offered in the Spring 2021 semester.

Plans for Improvement:

- We plan to develop a stronger competency assessment tool that both students and the course instructor will use to assess pre-and post- competencies synthesized as part of the grant writing group activity. Our plan is that beginning with the Spring 2021 Capstone course, students will identify competencies to addressed by the grant writing learning experience. We will have the tools and completed pre-assessments available at the site visit.

- We plan to continue to maintain our relationships with public health practice-based organizations to provide high-quality grant writing opportunities for our MPH students. We also plan to cultivate new relationships with public health practice-based organizations to identify new opportunities for engagement of practitioners with Practicum and Capstone integrating learning experiences.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

Not applicable

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

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 36 Core credits, 6 Culminating Experience credits (Practicum and Capstone courses), and 12 Concentration credits, totaling 54 credits for the overall program. Stony Brook University uses the standard semester. A curriculum overview is provided here:

MPH Core (36 credits)
HPH 500 Contemporary Issues in Public Health (3 credits)
HPH 501 Introduction to the Research Process (3 credits)
HPH 506 Biostatistics I (3 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 (3 credits)
HPH 525 Evaluating Programs and Policies to Improve Health (3 credits)
HPH 550 Theories of Health Behavior and Communication (3 credits)
HPH 555 Global Health and Demography (3 credits)
HPH 564 Qualitative Methods (3 credits)

MPH Applied Practice Experience and Integrative Learning (i.e., Culminating) Experience (6 credits)
HPH 580 Practicum (3 credits)
HPH 581 Capstone (3 credits)

MPH Concentrations (12 credits)
Community Health
HPH 551 Practice of Health Communications (3 credits)
HPH 552 Planning & Implementing Community Health Initiatives (3 credits)
HPH 553 Advanced Evaluation of Community Health Initiatives (3 credits)
Elective From approved list (3 credits)

Health Analytics
HPH 560 Applied Biostatistics (3 credits)
HPH 559 Advanced Research Methods (3 credits)
HPH 534 Spatial Analysis: Health Application (3 credits)
Elective From Approved List (3 credits)

Health Policy and Management
HPH 527 Health Economics and Policy (3 credits)
HPH 529 Fundamentals of Healthcare Management (3 credits)
HPA 510 Health Finance and Accounting (3 credits)
HPA 536 Health Law and Compliance (3 credits)

Course descriptions are provided in the PPH Bulletin, which is located in the Electronic Resource File (Folder H5) or can be accessed here:
https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf

2) Define a credit with regard to classroom/contact hours.

Stony Brook University (and therefore the PPH/MPH) follows the State University of New York credit/contact hour policy which defines **one** semester credit hour as an academic unit earned for fifteen 50-minute sessions of classroom instruction with a normal expectation of two hours of outside study for each class session. This policy is located here:
https://www.stonybrook.edu/commcms/registrar/policies/creditcontacthours.php. It can also be found in the ERF in the folder D14.

Students receive one credit per 45 hours of supervised experiential learning for HPH 580 Practicum for a total of 135 hours to earn 3 academic credits.

D15. DrPH Program Length

Not applicable.

D16. Bachelor's Degree Program Length

Not applicable.

D17. Academic Public Health Master's Degrees

Not applicable.

D18. Academic Public Health Doctoral Degrees

Not applicable.

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

1) **Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.**

The MPH degree program is not designed as an online (i.e., distance education) curriculum. Due to restrictions on face-to-face contact due to the current COVID 19 crisis, the MPH curriculum temporarily transitioned to remote delivery starting March 2020. However, beginning in Fall 2020, the MPH Health Policy and Management concentration is delivered in online format.

The following describe the MPH degree program's Health Policy and Management Concentration:

2) **Describe the public health distance education programs, including**

   a) **an explanation of the model or methods used,**

The MPH degree program's Health Policy and Management Concentration (HPM) is delivered in a fully online format using Blackboard as its Learning Management System. Blackboard is enhanced by Zoom, a web conferencing platform, which facilitates synchronous class meetings and records these meetings for asynchronous viewing.

The concentration is supported by experts from Stony Brook University's Center for Excellence in Learning and Teaching (CELT), including instructional technologists and instructional designers who have trained our faculty in the best practices for online learning. In addition, a supervising faculty member with expertise in online learning (Dr. Jeff Ritter) oversees all faculty teaching online courses to ensure that the course meets the program's standards for accessibility and rigor. Faculty are trained in Quality Matters (QM), a standard rubric intended to guide peer-review of online courses for continuous quality improvement.

   b) **the program's rationale for offering these programs,**

The Health Policy and Management concentration is one of three concentrations offered by the MPH degree program. This concentration seeks to develop public health practitioners with strong quantitative skills, as is typical of SBU MPH graduates, coupled with a foundational understanding of the essential business principles required for the successful management of the U.S. health system. These business principles include: the foundations of health management, health law and compliance, health finance and accounting, and health economics and policy. The PPH began providing the MPH concentration in HPM starting in 2014 with three courses delivered face to face. When the opportunity to integrate more instructional expertise became available with the addition of the MHA to the PPH academic portfolio, we decided to map the MHA and MPH competencies to a total of four courses in order to meet competencies for both the MPH and MHA degrees. In the Spring of 2020 amidst the COVID-19 crisis, we quickly moved all courses to remote delivery. We intend to continue to offer the fully online MHA Program and the four courses that are shared with the MPH's Health Policy and Management Concentration o accommodate the schedules of early and mid-career healthcare professionals who are pursuing graduate education while simultaneously employed full-time.

c) the manner in which it provides necessary administrative, information technology and student support services,

Students in the MPH HPM concentration receive the benefit of all administrative, information technology and student support services which are available to MPH degree program students enrolled in concentrations with face-to-face delivery formats. Parity of access to these resources across PPH degree programs and educational delivery formats (face to face or online) is critical. Students in the MPH HPM Concentration are supported by the following resources included below with a hyperlink to departmental websites where applicable:

- PPH Leadership and Staff
  - PPH/MPH Director (Lisa Benz Scott PhD)
  - PPH Associate Director for Academic Affairs (Catherine Messina PhD)
  - Assistant Director for Student Affairs (Joanmarie Maniaci)
  - Assistant Director for Administration and Finance (Christine Ziman)
  - Senior Staff Assistant / Assistant to the Director (Catherine Polster)
  - Accreditation and Assessment Specialist Krista Gottlieb)
  - Practicum Placement and Community Engagement Coordinator (Pascale Fils-Aime)

- MPH Faculty Administrators
  - Director, MPH Program (Lisa Benz Scott PhD)
  - Associate Director, MPH Program (Dylan Smith PhD)

- MHA Faculty Administrators
  - Director, MHA Program (Julie Agris PhD JD)
  - Associate Director, MHA Program (Jeff Ritter DBA MBA)

- MPH in Health Policy and Management Concentration Head (Norman Edelman MD)

- Career Services: Educates students on career development, experiential learning and employment; connects students with hiring organizations, with specific attention to the healthcare industry.

- Center for Excellence in Learning and Teaching (CELT): Leads SBU in the implementation of exemplary teaching, learning and assessment, with specialized expertise in online education.

- Counseling and Psychological Services (CAPS): Psychological and psychiatric services for SBU students.

- Center for Prevention and Outreach (CPO): Provides students with the knowledge and resources to make healthy decisions and ensure a network of care.

- The Graduate School: Provides some funding/professional development; provides peer review of curriculum and assistance liaising with SUNY.

- HSC Office of Student Services (OSS): Provides administrative services to HSC students, schools and programs. Supports admissions, financial aid, records and registration.

- Office of Equity and Access: Ensures that SBU provides equal opportunities and is free from discrimination in compliance with SBU policy, state and federal laws.

- Office of the Registrar: Supports enrollment, student records, graduation, academic calendars and FERPA resources.

- Division of Student Affairs: Supports overall student success; acts as a conduit to relevant resources to resolve student issues.

- Information Technology: Services support distance learning.
- Ombudsman Office: Serves as an impartial, independent resource for individuals within the SBU community seeking assistance resolving a problem related to their life or work at the University.
- Online Education: Office of the Provost, under the leadership of the Associate Provost for Online Education: A resource for faculty and students in programs with online/distance learning educational formats.
- Student Accessibility Support Center: Advocates for a campus environment that meets the needs of students and employees with disabilities.
- Student Health Services: Provides students with quality medical care to optimize preventive health and wellness.
- University Police: Protects human rights, property and promotes individual responsibility and community commitment.
- Veterans Affairs: Supports active duty service members, veterans and their families in the SBU community.
- Visa and Immigration Services: Assists international students with immigration, taxes, employment, insurance and arrival notices.
- Writing Center: Helps students become better writers through one-on-one in-person or online tutoring focused on individual needs.

The list above is not exhaustive, as the breadth of services available to all SBU graduate students is expansive. Instead, the list above provides a sampling of the critical resources most frequently utilzied by our MPH students.

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and

The foundation of the MPH HPM concentration is its' health management competency model, which is rooted in concepts and competencies derived from the externally validated domains of the National Center for Healthcare Leadership's competency model.

In creating the competency model for this concentration, the PPH/MPH evaluated accredited programs within comparable organizational structures (i.e.: health management concentrations and health administration programs within a school or program of public health and/or within an academic medical center). The resulting competency model aligns with the educational framework of CEPH's foundational competency model and is comparable to the competency models of high-quality health management programs.

This competency model is reviewed biannually by a health management advisory board, comprised of seasoned healthcare executives and leaders who work closely with our faculty and students. The advisory board's review and endorsement serves as an environmental scan to identify potential gaps in content, curriculum, and/or skill development of our students. This internal validation mechanism ensures that the MPH HPM concentration is rigorous, comparable to similar programs, and meets the needs of the current health management workforce.

e) **the manner in which it evaluates the educational outcomes, as well as the format and methods**.

The MPH Degree program monitors and evaluates the educational outcomes, format and methods of the MPH Health Policy and Management concentration through a variety of data collection mechanisms.

MPH HPM students complete an online course evaluation conducted by the SBU Center for Excellence in Learning and Teaching which collects and tabulates all course evaluation data. The online process allows students to complete course evaluations anonymously and in private and ensures that no student-identifiable information is available to SBU and/or course instructors. Course evaluation reports are reviewed by the PPH/MPH Director and by MPH faculty members for each course they teach. The PPH Curriculum Committee (CC), which includes an MPH student member, is also provided a summary of course evaluations and select members of the CC review them at the end of each semester. In cases where student feedback raises concern about MPH faculty instruction in a particular course, the PPH /MPH Director will bring this to the attention of the CC and an action plan is articulated.

The PPH/MPH Director and the Assistant Director for Student Affairs hold end-of-semester feedback sessions with MPH students as another way to evaluate MPH course instruction and to obtain MPH student feedback. Two separate feedback sessions are conducted; one for first-year MPH students and one for MPH students in their second year or beyond. Students are encouraged to give candid input about their experiences in the MPH degree program including faculty instruction.

However, while feedback sessions are typically held at the end of the semester, in cases where MPH students present a concern that merits direct attention, the PPH/MPH Director will hold feedback sessions immediately to address problems well before the end of the semester.

Competency assessment surveys are used in part to generate information on instructors' abilities to impart learning experiences leading to successful MPH competency attainment by students. Through the competency assessment surveys, students' self-rate their competence in each of the CEPH Foundational competency areas and concentration competency areas at the beginning and end of each academic year. In prior years, this was done before and after every course. However, our MPH students have reported experiencing significant "survey fatigue" and because competencies are mapped to multiple courses throughout the MPH curriculum, we have reduced the number of times we conduct this assessment. PPH staff generate reports in which they average pre- and post-course self-ratings of each competency, and the differences between each average are calculated. Results are also compared to those of previous academic years to assess trends in MPH student competence. A report for each specific course is furnished to the MPH faculty member who teaches that course. Additionally, the PPH/MPH Director, staff, and faculty review the findings during PPH Executive Committee meetings at the end of each semester.

Faculty are also supported by the PPH to pursue additional pedagogical training (at least once per academic year) and are observed by a supervisor or peer to receive constructive feedback on their teaching methods (at least once every other year). These processes serve to improve the quality of our teaching, learning and assessment methods and to increase student satisfaction with our courses.

Students are also assessed by their preceptor during the Practicum experience. MPH graduates complete a graduation survey to provide feedback on their experience in the program and to attest to their competency attainment. Alumni also complete surveys attesting to how the program helped them meet their professional goals and progress in their careers. These surveys are located in Folder B4. When combined, these evaluation methods enable the MPH Degree program to assess the efficacy of its curriculum and the Health Policy and Management concentration. Student, alumni and practitioner feedback provides the PPH with outcomes data related to student's success in completing the program, obtaining a job employment within the public health sector, progressing in their careers, and whether their program of study appropriately prepared them to meet the needs of the public health and health services management workforce.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

The MPH Health Policy and Management concentration verifies student identity in online courses through the following methods:

1. Students are provided with secure, single sign on credentials to access institutional resources. Login credentials require that the student set a confidential password. Students are responsible for maintaining the integrity and security of their login credentials, and are ultimately responsible for use and activity on their institutional accounts. Students must sign in using these credentials in order to access the resources used in online courses, including Blackboard, Zoom, and Google Suite applications.

2. MPH students must complete a total of 54 credits to earn their degree. Of these, only 12 credits are offered in a fully online format. Therefore, the remaining 42 credits allow faculty to observe students' verbal and written communication styles for future comparison.

3. Students are required to upload a professional photo to their Digication ePortfolios, which faculty can use for visual confirmation of attendance and participation in synchronous Zoom sessions.

4. Stony Brook University uses software and online proctoring/monitoring services such as the SUNY Exam Proctoring System, National College Testing Association, Examity, proctoru, and Honorlock**.**

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

Strengths:

- Delivery of the Health Policy and Management concentration in an online format is a new teaching and learning method for the MPH Degree program. The four concentration courses delivered in the online format are strengthened by a competency-based approach along with the experience of the MHA program instructors who have delivered courses online and received positive reviews. The courses are evaluated by students, faculty and leadership in the interest of continuous quality improvement.

- Delivery of the HPM concentration in an online format is a new teaching and learning method for the MPH Degree program. However, the four concentration courses delivered in the online format are strengthened by a competency-based approach along with the MHA program which has conducted online courses in the past and received positive reviews. HPM courses are evaluated by students, faculty and leadership in the interest of continuous quality improvement.

Weaknesses:

- After careful consideration, we believe that our process for online delivery of the MPH HPM concentration has no demonstrated weaknesses.

Plans for Improvement:

- We will continue to monitor MPH HPM students' perceptions of the online delivery of the HPM concentration using our multiple sources of student feedback, instructor observations, course evaluations, competency attainment, and long-term feedback from graduates and their future employers.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

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

Template E1-1, below, displays the MPH Degree Program's primary instructional faculty, their education and concentration.

Template E1-1

Primary Instructional Faculty Alignment with Degrees Offered: MPH.						
Name	**Title/ Academic Rank**	**Tenure Status**	**Graduate Degrees Earned**	**Institution(s) degree(s) where earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in C2-1**
Agris, Julie	Associate Professor	Non-Tenure	PhD JD	Brandeis University American University	Health Services Research and Health Policy	Health Policy and Management (HPM)
Alcala´, Hector	Assistant Professor	Tenure-Track	PhD MPH	University of California/Los Angeles University of California/Los Angeles	Public Health Community Health Sciences	HPM and Community Health
Edelman, Norman	Professor	Tenure	MD	NYU School of Medicine	Health Systems Performance	Health Policy and Management
Flescher, Andrew	Professor	Tenure	PhD MA	Brown University Brown University	Religious Studies Religious Studies	Health Policy and Management
Hale, Lauren	Professor	Tenure	PhD MA	Princeton University Princeton University	Public Affairs / Population Studies Public Affairs	Health Analytics
Hammock, Amy	Assistant Professor	Tenure-Track	PhD MSW	University of Michigan University of Michigan	Social Work and Sociology Social Work	Community Health
Hou, Wei	Associate Professor	Non-Tenure	PhD MS	University of Florida University of Florida	Statistics Statistics	Health Analytics
Kidman, Rachel	Associate Professor	Tenure	PhD MA	McGill University Harvard School of Public Health	Epidemiology Science in Society-	Community Health
Meliker, Jaymie	Professor	Tenure	PhD MS	University of Michigan University of Michigan	Environmental Health Sciences Environmental Health Sciences	Health Analytics
Messina, Catherine	Associate Professor	Non-Tenure	PhD MA	Stony Brook University Stony Brook University	Social / Health Psychology Social Psychology	Community Health
Ritter, Jeff	Assistant Professor	Non-Tenure	DBA MBA	NOVA Southeastern University Long Island University	Business Administration	Health Policy and Management
Rizzo, John	Professor	Tenure	PhD MA	Brown University Brown University	Economics Economics	Health Policy and Management
Smith, Dylan	Associate Professor	Tenure	PhD MA	Arizona State University Arizona State University	Social Psychology Social Psychology	Health Analytics

2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Template E1-2 summarizes data on the qualifications of other faculty with significant involvement in MPH degree program instruction.

Template E1-2

Other Faculty Significantly Involved in MPH Instruction							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in C2-1**
Core MPH faculty							
Benz Scott, Lisa	**Professor**	**Director, Stony Brook Program in Public Health and Master of Public Degree Program**	**100%**	**PhD** **MS**	**Johns Hopkins University** **Purdue University**	**Public Health, Social & Behavioral Sciences** **Health Education and Promotion**	**Community Health**
Clouston, Sean	Associate Professor	Associate Professor, Dept Family, Population and Preventive Medicine, Renaissance School of Med at SBU	100%	PhD MA	McGill University McGill University	Sociology Social Statistics	Health Analytics
Morozova, Olga	Assistant Professor	Assistant Professor, Dept Family, Population and Preventive Medicine, Renaissance School of Med at SBU	100%	PhD MS	Yale School of Public Health Kyiv National University, Ukraine	Epidemiology Application of Mathematical Modeling in Social Sciences	Health Analytics
Instructional and Affiliated Faculty							
Benjamen, Gregory	Assistant Professor	Salus University: Director, Institutional research and assessment / Adjunct Professor Adjunct Professor: LaSalle University, School of Nursing and Health Professions Assistant Professor, Dept Family, Population and Preventive Medicine, Renaissance School of Med at SBU	per course	PhD MPH	University of Delaware Drexel University, Dornsife School of Public Health	Public Policy and Administration Health, Prevention and Policy	Health Analytics

Conforti, Ernest	Adjunct Clinical Professor	Associate Executive Director of Operations, Heart Institute, Stony Brook University Hospital	per course	MS MBA	SUNY Stony Brook Hofstra University	Health Care Policy and Management Quality Management and Finance	Health Policy and Management
Das, Amitava	Instructor,	Chief Technology Officer: VICOM Computer Services, Inc. Instructor, Dept Family, Population and Preventive Medicine, Renaissance School of Med at SBU	per course	MIDS MBA	University of California at Berkeley, Dowling College NY	Masters in Information and Data Science International Banking and Finance	Health Analytics
Jadotte, Yuri	Assistant Professor	Assistant Professor & Associate Director of Preventive Medicine Residency Program Attending Physician at Stony Brook Employee Health and Wellness Service Department of Family, Population and Preventive Medicine, Renaissance School of Med, SBU	20%	MD MPH PhD	Rutgers New Jersey Medical School Stony Brook Program in Public Health Rutgers University and New Jersey Institute of Technology	Medicine Public Health Urban Systems / Urban Health	Electives for MPH/Preventive Medicine residents
MacArthur, Brenda	Director	Assistant Professor of Practice, Alan Alda Center for Communicating Science, Stony Brook University Director, Advanced Graduate Certificate in Health Comm., SBU PPH	20%	PhD MA	George Mason University Texas State University	Communication Communication Studies	Community Health

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

The CVs of individuals identified in Template E1-1 and Template E1-2 are located in the ERF: Folder E1: subfolder: Faculty CVs: subfolders: Primary Instructional Faculty and Instructional Affiliated Faculty

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

Primary Instructional Faculty and other significant faculty are highly qualified to design and deliver the MPH curriculum. Instructors are carefully matched to the content of courses and supervision of students based on the totality of their training and expertise. Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified.

Individuals listed in Template E1-2 also have significant involvement in instruction for the MPH degree program. Dr. Benz Scott is the Director of the Program in Public Health and the Director of the MPH degree program. She is core MPH faculty and has taught sessions in HPH 501 Introduction to the Research Process on the ethical conduct of research and community based participatory research for several years. She shares her lesson plans with instructors who have opted to deliver her material. Her other instructional responsibilities include supervising the series of Applied Practice Experience projects (HPH 580 Practicum): The Healthy Libraries Program (described in Criterion section E5.3, page 184). Dr. Clouston, also core MPH faculty, has taught the MPH core HPH 514 Epidemiology course for several years, but for the last two years (2019, 2020) he has an approved course buy-out due to significant research support (over 90% time/effort on NIH grants at this time). He is actively involved in the MPH Health Analytics concentration, which is under review internally for a revision that will focus more on advanced methods in epidemiology and biostatistics. Dr. Olga Morozova was hired in August 2020 and has no teaching obligations (consistent with PPH policy) for her first year of employment. She is currently developing a new course in infectious disease epidemiology that we expect to add to the revised analytics track in Fall 2021.

Instructional and affiliate faculty listed in Template E1-2 are currently teaching MPH concentration or elective courses.

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

Strengths:

- The PPH successfully attracts and retains highly qualified faculty who are recognized experts in their areas of public health, to provide instruction in the MPH degree program. The PPH/MPH faculty are trained at some of the top institutions of higher learning in the world in relevant fields of public health, social welfare, social and behavioral sciences, medicine, economics, epidemiology, biostatistics, health and social psychology, demography, global health, community health, and related fields.

Weaknesses:

- At this time, our primary weakness is that we do not have many faculty who have duplicative expertise in the event that we require temporary coverage of a specialized content area (e.g., if a faculty member were to request a leave). For example, we currently have just one faculty member who has expertise in qualitative methods (Dr. Amy Hammock) and only one faculty member with expertise in environmental health (Dr. Jaymie Meliker) and one in global health (Dr. Rachel Kidman). We have just one faculty member with expertise in infectious disease epidemiology (Dr. Olga Morozova), and we have only one faculty member specifically trained in biostatistics (Dr. Wei Hou).

Plans for Improvement:

- We would like to hire more faculty to add depth to our content expertise and have recently requested permission to search and hire 2 additional full-time instructional faculty, with priority on content in the area of advanced research methods and epidemiology. We hired an infectious disease epidemiologist (Dr. Olga Morozova, joined the Core faculty in July, 2020). We have received several requests for more

courses in epidemiology including chronic and infectious disease epidemiology and advanced methods. As a result, we plan to revise the Health Analytics concentration to include more courses in advanced epidemiology topics and to rename the concentration Epidemiology and Biostatistics. Stony Brook Medicine recently hired a senior epidemiologist in the field of cancer research, Dr. Paola Buffeta, and he is excited to teach 1-2 courses within this new concentration beginning in 2021. We are in the process of developing the curriculum revision for review by the Curriculum Committee later this academic year, which is being led by Drs. Meliker, Clouston, Morozova, and Smith.

E2. Integration of Faculty with Practice Experience

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

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

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified**.

The PPH/MPH faculty includes medical and public health practitioners. Some are core faculty members (PIF and non-PIF). Others are affiliated faculty (e.g., instructors, adjuncts) who do research, service, and/or teach in areas of public health and related disciplines. Affiliates participate in our MPH curriculum as guest lecturers, and attend seminars and special events. Many collaborate on research and service opportunities with our faculty, students, and alumni. It is through these medical and public health practitioners that the MPH program integrates perspectives from the field of practice into MPH core and concentration courses.

One member of the MPH core faculty is a board-certified physician. Norman Edelman MD (PIF) is the head of the MPH Health Policy and Management (HPM) concentration. He is board-certified in Internal Medicine and in Pulmonary Critical Care Medicine. Dr. Edelman is the former Senior Vice President of the SBU Health Sciences Center as well as the former Dean of the School of Medicine at Stony Brook. Dr. Edelman is a professor in the Renaissance School of Medicine at Stony Brook departments of Medicine and Family, Population and Preventive Medicine. Dr. Edelman's research interests focus on health policy as it relates to the health care workforce. He teaches the MPH core course: HPH 508 Health Systems Performance, serves as MPH faculty supervisor for HPH concentration student practicum projects and is faculty advisor for MD/MPH students.

MPH core faculty member (MPH HPM) concentration) Julie Agris PhD JD, is a full-time health law expert and Commission on the Accreditation of Healthcare Management Education (CAHME) fellow. She teaches and advises MPH students in the HPM concentration (HPA 536 Health Law and Compliance).

Another MPH core faculty member (MPH HPM concentration), Jeff Ritter DBA MBA is a health care management practitioner with over 28 years of experience in leadership, strategy, and operations in major health care organizations such as United Health Care (National Manager, Corporate Medicare Sales/Operational Training), CIGNA Health Care of New York Assistant Vice President of Government Programs), Physicians Health Services of New York (Director of Medicaid Program, and Health Plus Lutheran Medical Director of Marketing and Member Services). Dr. Ritter teaches the MPH HPM concentration course: HPH 529 Fundamentals of Health Care Management.

In the last three years, community-based practitioner involvement in MPH courses has grown. HPH 508 Health Systems Performance introduces students to the current system that delivers health care in the United States, with international comparisons. Topics include the organization and financing of health care systems, access to health care including health insurance, regulation and policy issues, and the health care workforce. Community based practitioners present on topics relevant to course objectives. Examples of community-based practitioners who lecture to HPH 508 students include: Fred Sganga, MPH, LNHA, FACHE, Director, Long Island State Veterans Home at Stony Brook, Reuvan L. Pasternak MD, MPH, former Executive Director Stony University Hospital, Michael L. McClain, MA, MS Retired, former director of Stony Brook Mental Health Programs, Rachel Wong, MD, MPH, Assistant Professor of Medicine; Stony Brook Medicine; Linda Mermelstein MD MPH, former Chief Deputy Commissioner of Health, Suffolk County

Department of Health. Community-based practitioners also present to students enrolled in HPH 500 Contemporary Issues in Public Health. This course provides an introduction to the field of public health, and aims to develop an appreciation of the unique and important mission of public health and an understanding of how public health functions today. This includes the practices of public health. Examples of community-based practitioners who present on relevant topics include: Larry Eisenstein, MD, Commissioner of Health, Nassau County; and Rachel Boykan, MD, FAAP Associate Professor of Clinical Pediatrics, Division of Hospital Medicine and Associate Director, Pediatric Residency Training Program, SBUH. Each year HPH 581 Capstone (the Integrative Learning Experience) brings in community-based partners to discuss their needs for the MPH students' grant writing project. The HPH 580 Practicum (the Applied Learning Experience) provides a strong service-learning opportunity for MPH students to work with, and learn from community-based partners.

Practice-based stakeholder feedback is a central part of the MPH degree program's continuous quality improvement efforts, because this feedback informs the executive decision-making process. Practice-based stakeholders who contributed to the most recent updating (July – August 2020) of the MPH degree program's mission, vison, values, goals and objectives included: Nassau and Suffolk County Commissioners of Health, Lawrence Eisenstein MD and Gregson Pigott MD MPH, and Frederick Sganga, MPH, LNHA, FACHE, Executive Director, Long Island State Veterans Home at Stony Brook .The PPH/MPH Program Director has close and routine interactions with the Nassau and Suffolk County Commissioners of Health with whom she has phone calls and face to face meetings to discuss PPH/MPH program-related matters (curriculum, practicums, new hires, and overall planning processes to inform the self-study and beyond). Practice partners: Janine Logan, MS, APR, Senior Director, Communications and Population Health: Nassau-Suffolk Hospital Council (NSHC), Northern Metropolitan Hospital Association (NorMet), Suburban Hospital Alliance of New York State, LLC (SHANYS), and Director, Long Island Population Health Improvement Program and the Long Island Health Collaborative; and JoAnn Henn and Georgette Beal, both lead administrators for the United Way of Long Island, which is the region's administrative body for the Ryan White HIV Planning Council for Long Island also contributed to the recent revision.

PPH/MPH faculty members who are primarily academicians also contribute to public health practice by providing technical assistance and voluntary professional services to practice agencies, such as departments of health and other public health organizations on grant writing, needs assessment, evidence-based reviews, data collection methods, data management, analyses, and interpretation, reporting, and dissemination.

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

Strengths:

- The PPH/MPH has affiliated faculty members with significant practice experience that enriches the quality of instruction in the MPH degree program and who provide MPH students with opportunities for service collaborations and networking.
- Practice-based affiliated faculty integrate perspectives from the field of practice into MPH courses and MPH student interactions, and also integrate these perspectives into a wide-range of program-related areas through feedback and participation in continuous quality improvement.

Weaknesses:

- We find no weaknesses in this area.

Plans for improvement:

- We are requesting permission to hire two additional instructional faculty on a non-tenure practitioner track who will focus on teaching, advising, mentoring, and providing a bridge for partnerships between the PPH/MPH and the public health field of practice. We expect that each new hire will be full-time and teach 2 courses per semester (4 courses per year) with no requirements for research (though opportunities to collaborate on scholarly activities will be encouraged).

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

1) Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

Instruction is one of the three pillars through which the MPH Degree Program operationalizes its values (see Criterion section B1.1 Guiding Statements). Primary instructional and non-primary instructional MPH faculty are expected to maintain currency in their areas of instructional responsibility and in pedagogical methods. The following goal statement and measurable objectives describe expectations about maintenance of MPH faculty currency in their areas of instructional responsibility:

Goal 2 (Instruction): Prepare students to meet the needs of the evolving public health field by delivering a high-quality curriculum

Objective 2d. Faculty attend professional development activities and make use of resources designed to maintain currency in pedagogical methods.

Objective 2e. Faculty attend professional society meetings and take part in professional development activities in order to keep abreast of current public health issues and maintain currency in their areas of instructional responsibility

Objective 2f. The MPH curriculum meets the changing needs of the field.

The instructional responsibilities of MPH primary instructional and non-primary instructional faculty are closely aligned to their areas of expertise. The primary means of maintaining currency is though attendance at scientific conferences or workshops or trainings specific to their field of study.

MPH faculty may pay for travel and attendance at scientific conferences and workshops through their own grant funding. The PPH also supports opportunities for professional development and advancement in instructional effectiveness by permitting MPH program funds to be used for non-grant-supported travel requests. MPH faculty are encouraged to request travel funds and indicate in that request how the opportunity will contribute to their professional development and help them maintain currency in their areas of instructional responsibility. Travel funds are granted based on availability and are obtainable by full-time MPH primary instructional faculty (PIF) as well as non-primary MPH instructional faculty and faculty on modified/qualified appointments.

Examples of attendance at scientific conferences or workshops or trainings specific to MPH faculty's field of study include but are limited to:

MPH Faculty (PIF or Non PIF) and MPH concentration	Instructional responsibility	Conference/workshop/ training attended
Lisa Benz Scott PhD: PPH/MPH Director	• Teaches sessions in MPH courses: e.g. HPH 501: Introduction to the Research Process: sessions on IRBs and ethical practice of research; Community Based Participatory Research. • Provides faculty supervision for community-based MPH student practicum projects (e,g Director of The Healthy Libraries Program HeLP)	• Annual Meeting of the New York State Public Health Association (2018) • APHA (2017, 2018, 2019, 2020 - virtual) • ASPPH Leadership retreat, 2017, 2019 • State and local meetings of Nassau and Suffolk County Health Commissioners
Julie Agris PhD JD (PIF): Health Policy and Management	• HPA 536 Health Law and Compliance**	• Annual Health Law Professors Conference 2019 • American Society of Law, Medicine, and Ethics, 2019
Hector Alcala´ PhD (PIF): Health Policy and Management, Community Health	• HPH 550 Theories of Health Behavior and Communication* • HPH 523 Social & Behavioral Determinants of Health*	• American Public Health Association (APHA; 2017, 2018, 2019) APHA sponsored Harvard University T.H. Chan School of Public Health continuing professional training program titled "Applied Risk Communication for the 21st Century" (2018)
Andrew Flescher PhD (PIF): Health Policy and Management	• HPH 500 Contemporary Issues in Public Health*	• New York Society for Ethical Culture (2019) • APHA (2017) • Boston University conference on firearms research (2016) • Member of APHA workgroup on firearms research (2016-present) • Member of APHA workgroup: The Primary Prevention of War (2015-present)
Rachel Kidman PhD (PIF)	• HPH 525 Evaluating Programs and Polices to Improve Health* • HPH 555 Global Health and Demography*	• AIDS Impact international conferences (biannual meetings), 2017, 2019 • Population Association of America (PAA), annual meetings, 2017, 2019 • Voting member, IMPAACT (International Maternal Pediatric Adolescent AIDS Clinical Trials Network) Social and Behavioral Science Core. 2018-present. • Affiliate, WORLD Policy Analysis Center, University of California Los Angeles 2016-present

Jaymie Meliker PhD (PIF): Head, Health Analytics	• HPH 516, Environmental and Occupational Health*	• International Society of Environmental Epidemiology Annual Meeting, Utrecht, Netherlands (August, 2019) • Webinar participant: Environmental Health Matters Initiative: PFAS (September, 2019)
Dylan Smith PhD (PIF): Health Analytics	• HPH 559, Advanced Research Methods*** • HPH 560, Advanced Biostatistics***	• Annual meeting of the Gerontological Society of America (2019)

* MPH core courses: the MPH Core Courses are listed in Criterion section D2 ** MPH Health Policy and Management concentration course: MPH Concentration Courses are listed in Criterion section D4
*** MPH Health Analytics concentration course

MPH faculty also maintain active memberships in professional organizations related to their field of study and instructional responsibility. The PPH provides funds to pay for relevant journals and professional memberships for MPH faculty.

Examples include, but are not limited to:

MPH Faculty (PIF or Non-PIF) and MPH concentration	Instructional responsibility related to field of study	Membership in professional organization(s)
Lisa Benz Scott PhD: PPH Director	• Teaches sessions in MPH courses: e.g. HPH 501: Introduction to the Research Process*: sessions on IRBs and ethical practice of research; Community Based Participatory Research. • Provides faculty supervision for community-based MPH student practicum projects (e,g Director of The Healthy Libraries Program HeLP)	• Association of Schools and Programs of Public Health (ASPPH, Program Representative) • Association for Prevention Teaching and Research (APTR) • American Academy of Health Behavior (AAHB) • American Association of American Public Health Association, Community-Based Public Health Caucus (APHA) • Association of University Programs in Health Administration (AUPHA) • Community Campus Partnerships for Health (CCPH)
Julie Agris PhD JD (PIF): Health Policy and Management	• HPA 536 Health Law and Compliance***	• American College of Healthcare Executives • Association of University Programs in Health Administration • American Health Lawyers Association • American Society of Law • Medicine and Ethics • Academy for Professionalism in Healthcare

Hector Alcala´ PhD (PIF): Health Policy and Management, Community Health	• HPH 550 Theories of Health Behavior and Communication* • HPH 523 Social & Behavioral Determinants of Health*	• American Public Health Association (APHA) • California Public Health Association-North (CPHA-N)
Gregory Benjamin PhD (non-PIF): Health Analytics	• HPH 501 Introduction to the Research Process*	• Association of Institutional Research • Society for Epidemiologic Research • American Public Health Association • American Evaluation Association
Sean Clouston PhD (PIF): Health Analytics	• Requested and was approved for a teaching "buy-out" due to numerous NIH grants	• Population Association of America • American Sociological Association • Gerontological Association of America
Norman Edelman MD (PIF): Head, Health Policy and Management	• HPH 508 Health Systems Performance* • Mentors MD/MPH students	• Association of American Physicians • American Society for Clinical Investigation • American Federation for Clinical Research • American Physiological Society • American Thoracic Society • American Heart Association • Fellow, American College of Physicians • Fellow, American College of Chest Physicians • Association of American Medical Colleges • Association of Academic Health Centers • Fellow, American Association for Advancement of Science
Andrew Flesher PhD (PIF): Health Policy and Management	• HPH 500 Contemporary Issues in Public Health*	• American Public Health Association (most years, since 2013) • Society of Christian, Jewish, Muslim Ethics • American Academy of Religion • United Network of Organ Sharing • Gingold Theatrical Group, formerly on Board of Directors, currently on Advisory Board)
Lauren Hale PhD (PIF): Health Analytics	• HPH 581 Capstone Seminar* (Professional communication skills; grant writing and publication skills)	• Founding Editor: National Sleep Foundation's Sleep Health journal • National Sleep Foundation (Vice Chairman of the Board of Directors) • Pajama Program and the Children and Screens Institute (Scientific Advisory Board member) • United States National Member Organization Committee for the International Institute for Applied Systems Analysis

		• Sleep Research Society and the Population Association of America
Amy Hammock PhD (PIF): Community Health	• HPH 564 Qualitative Methods* • HPH 552 Planning and Implementing Community Health Initiatives**	• American Academy of Health Behavior • American Public Health Association • Council on Social Work Education • Society for Social Work and Research
Rachel Kidman PhD (PIF): Head, Community Health	• HPH 525 Evaluating Programs and Policies to improve Health* • HPH 555 Global Health and Demography*	• Population Association of America • IMPAACT (International Maternal Pediatric Adolescent AIDS Clinical Trials Network • WORLD Policy Analysis Center, University of California Los Angeles
Jaymie Meliker PhD (PIF): Head, Health Analytics	• HPH 516, Environmental and Occupational Health*	• International Society of Environmental Epidemiology • International Society of Exposure Science • Society for Epidemiologic Research • American Association of Geographers • American Public Health Association
Brenda MacArthur PhD (non-PIF): Community Health	• HPH 551 Practice of Health Communications**	• National Communication Association • Eastern Communication Association • International Communication Association • International Environmental Communication Association
Olga Morozova PhD (nonPIF): Health Analytics	• New core MPH faculty – she is not teaching this year but is involved in planning the re-design of the Health Analytics concentration	• Society for Epidemiological Research • American Statistical Association • New England Statistical Society
Dylan Smith PhD (PIF): Health Analytics	• HPH 559, Advanced Research Methods^{+} • HPH 560, Advanced Biostatistics^{+}	• Association for Psychological Science Gerontological Society of America • Society for Personality and Social Psychology

* MPH core courses ** MPH Community Health concentration course *** MPH Health Policy and Management concentration course $^{+}$ MPH Health Analytics concentration course

Examples of PPH support for journals relevant to the MPH degree program curriculum (which are not paid for through faculty grants or funds) include:

- American Journal of Public Health (official journal of the APHA)
- Health Behavior Research (official journal of the American Journal of Health Behavior)
- Health Services Management Research (official journal of the (APHA)

Full and part-time MPH faculty also maintain their field-specific licenses, credentials, and continuing education units, as appropriate.

For example:

- Norman Edelman MD (PIF) is the head of the MPH Health Policy and Management concentration and is board-certified in Internal Medicine and in Pulmonary Critical Care Medicine. He is the

Senior Scientific Advisor to the American Lung Association where he manages the Airways Clinical Research Centers Network.

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

Program processes for evaluating MPH faculty (PIF and non-PIF) instructional effectiveness include:

Student course evaluations.
Online course evaluations. All Stony Brook University courses are subject to student assessment through an online standardized form entitled the "Student Evaluation of Instructor and Course" form. The SBU online course evaluation process is conducted by the SBU Center for Excellence in Learning and Teaching which collects and tabulates all course evaluation data. The online process allows students to complete course evaluations anonymously and in private and ensures that no student-identifiable information is available to SBU and / or course instructors. The online process also allows instructors to add custom questions specific to their course, to allow for targeted evaluation. Students can complete online evaluations outside of classroom time, at their convenience, which allows them to devote more time to completion of evaluations and perhaps encourage them to provide more thoughtful/detailed feedback. Additionally, evaluation reports are not available to instructors until after final grades for a course are submitted. Students can access course evaluations during the final third of a course (approximately four weeks before the end of the semester, for full semester courses). Access ends the last day of the official final examination period. Instructors are instructed by the PPH/MPH Director to: talk to students about the value placed on course evaluations in continuous quality improvement; explain how each semester's evaluation results are used to improve courses; monitor response rates and post weekly updates during the evaluation period. Students also receive multiple email reminders to complete MPH course evaluations during this period.

Course evaluation reports are reviewed by the PPH/MPH Director and by MPH faculty members (PIF and non-PIF) for each course they teach to assess student feedback. The Curriculum Committee (CC) also has access to a summary of course evaluations and select members of the CC review them at the end of each semester. NOTE: The CC also has a MPH student member who represents current MPH students, presents their concerns to the CC, and advocates for their instructional needs. In cases where student feedback raises concern about MPH faculty instruction in a particular course, the PPH/MPH Director will bring this to the attention of the CC and an action plan is articulated. The MPH instructors are counseled by the PPH/MPH Director to improve teaching methods and is monitored for improvements (via student and faculty feedback – if necessary, an observer may be placed in the classroom to provide ongoing feedback and monitoring). If improvements are not satisfactory (within a semester or, if appropriate, a second year), the Curriculum Committee is consulted to identify an alternate instructor.

A sample student course evaluation template is located in the Electronic Resources File (ERF) - Folder: E3. Faculty Instructional Effectiveness: SBU Online Student Evaluation of Instructor and Course.

MPH student feedback sessions. The PPH/MPH Director and the Assistant Director for Student Affairs hold end-of-semester feedback sessions with MPH students as another way to evaluate MPH course instruction and to obtain MPH student feedback. Two separate feedback sessions are conducted; one for first-year MPH students and one for MPH students in their second year or beyond. Students are encouraged to give candid input about their experiences in the MPH degree program including faculty instruction.

However, while feedback sessions are typically held at the end of the semester, in cases where MPH students present a concern that merits direct attention, the PPH/MPH Director will hold feedback sessions immediately to address problems well before the end of the semester.

Competency assessment surveys. In addition, the competency assessment surveys are used in part to generate information on instructors' abilities to impart learning experiences leading to successful MPH competency attainment by students. Through the competency assessment surveys, students' self-rate their competence in each of the CEPH Foundational competency areas and concentration competency areas at

the beginning and end of each academic year. In prior years, this was done before and after every course. However, our MPH students have reported experiencing significant "survey fatigue" and because competencies are mapped to multiple courses throughout the MPH curriculum, we have reduced the number of times we conduct this assessment. PPH staff generate reports in which they average pre- and post-course self-ratings of each competency, and the differences between each average are calculated. Results are also compared to those of previous academic years to assess trends in MPH student competence. A report for each specific course is furnished to the MPH faculty member who teaches that course. Additionally, the PPH/MPH Director, staff, and faculty review the findings during PPH Executive Committee meetings at the end of each semester.

The PPH Policy for Peer and PPH/MPH Director evaluations of MPH instructional effectiveness for core and concentration courses can be found in the ERF (Folder: E3: subfolder - PPH Pedagogical Improvement and Teaching Observation Policy). Also included is a list of MPH instructors and courses that have been evaluated to date (filename: List of MPH Teaching Observations). Please note: although evaluations were interrupted due to the temporary switch to remote delivery of our in-person MPH curriculum due to the COVID 19 pandemic that began in March 2020, these have been resumed (conducted virtually via ZOOOM) and continue to date. Evaluation policies are summarized below.

Peer Evaluation of MPH Faculty Instructional Effectiveness for Concentration Courses.
As described in Criterion sections A1.1, page 14, membership of the PPH Curriculum Committee (CC) include MPH concentration heads. All MPH concentration heads are MPH instructional faculty and faculty peers. Most are senior faculty members with extensive teaching experiences. For example, in 2014 the Chair of the CC (Jaymie Meliker PhD, PIF) is the recipient of the SUNY Chancellor's Award for Excellence in Teaching. Andrew Flescher PhD, received the 2020 Godfrey Excellence in Teaching Award, recognizing his excellence in teaching by the SBU College of Arts and Sciences. In addition to reviewing proposed new MPH courses and proposed modifications to existing MPH courses, the CC reviews the appropriateness of MPH PIF and non-PIF course instructors.

The MPH concentration heads also conduct peer observation of MPH faculty teaching (PIF and non-PIF) within their concentration courses. The concentration heads visit each concentration course every two years (or more often if student evaluations suggest that there are concerns) to observe teaching and provide feedback to the course instructors. New MPH faculty are observed before the midterm so that they have time to correct any deficiencies before the end of the semester.

Peer observations of faculty teaching are evaluated using a peer observation feedback tool. Two examples used by the MPH for evaluation of teaching are provided in the ERF: Folder E3: subfolder Teaching Observation Tools. The observer provides a copy of the completed observation feedback tool to the MPH instructor within one week of observation and a meeting is set up (in person, phone, or Zoom) to discuss. Instructors are asked to reflect on the feedback and to provide the PPH/MPH Director their plan for addressing any concerns. The observer's summary of feedback provided to the Instructor is also shared with the Curriculum Committee.

PPH/MPH Director Evaluation of MPH Faculty Instructional Effectiveness for Core Courses.
Similarly, the PPH/MPH Program Director visits each MPH core course once every two years (or more frequently if student evaluations suggest that there are concerns) to observe teaching and provide feedback to the MPH instructor (PIF and non-PIF). The PPH/MPH Director follows the same observation process as described above.

The PPH/MPH Program Director developed and instructs a full-year university-level teaching course for the PPH PhD students. The PPH/MPH Program Director also observes and evaluates our PPH doctoral students who serve as MPH course TAs, give lectures or lead active learning sessions in an MPH courses as part of their teaching practicum requirements. To date (2019-2020), two PhD students are serving as TAs for the MPH Biostatistics and Epidemiology courses.

Annual Performance Review.
In addition to the PPH/MPH Director's direct observation of teaching, the PPH/MPH Director holds an Annual Performance Review, in consultation with the MPH faculty member's Department Chair or Dean, with each primary instructional MPH faculty member to discuss his/her instructional performance. This includes review of all relevant teaching data described above and a discussion of plans for improvement (as appropriate) and resources needed (e.g., provision of a TA).

SBU and PPH Teaching Awards.
Though not a formal process for evaluating MPH faculty effectiveness, University and PPH teaching awards are highly competitive and highly regarded by MPH faculty, students and staff as an indicator of excellence in instruction. Teaching awards are evidence of a high level of achievement in quality instruction. Each year, Stony Brook University recognizes superior teaching with the Chancellor's Award for Excellence in Teaching and the Chancellor's Award for Excellence in Adjunct Teaching. A candidate for this award may be directly nominated by students; student letters are an important part of the nomination file. Jaymie Meliker PhD, MPH primary instructional faculty and head of the MPH Health Analytics Concentration, was nominated by an MPH student and received this award in 2014. Andrew Flescher PhD, MPH primary instructional faculty, was nominated by students and received the 2020 Godfrey Excellence in Teaching Award, recognizing his excellence in teaching by the SBU College of Arts and Sciences. This award recognizes excellence of classroom teaching and dedication to the mentorship of students.

Each year, the PPH presents teaching awards to one primary instructional MPH faculty member and one non-primary instructional MPH faculty member. The recipients of this award are nominated and selected by MPH students. Dylan Smith PhD, primary instructional faculty in the Health Analytics concentration, received this award in 2018. Catherine R. Messina, PhD, primary instructional faculty in the Community Health concentration received this award in 2018 and 2020. Amy Hammock PhD, primary instructional faculty in the Community Health concentration has received this award more frequently than any other MPH faculty member (five times in the last 8 years), most recently in 2019. Two non-PIF faculty (Jaime Romeiser, PhD, MPH and Wei Hou, PhD) have received this award in past years. Because of his excellence in teaching and collaborative research activities, we have added Dr. Hou to the PPH core faculty group and he is a MPH primary instructional faculty member (beginning July 2020).

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

University support for continuous improvement in faculty's instructional roles:

The SBU Center for Excellence in Learning and Teaching (CELT). The Center for Excellence in Learning and Teaching (CELT) at SBU provides support for continuous improvement in teaching and learning for the SBU community year https://www.stonybrook.edu/celt/. CELT provides innovative services and training in best practices for all faculty, instructional staff, graduate and undergraduate teaching assistants in the areas of rigorous assessment, teaching, technology, best practices for online learning, addressing inequity and racism in the curriculum and in the classroom, learning spaces / AV support, video productions, faculty development and advancement, and funding opportunities.

Examples of PPH / MPH program involvement with and use of CELT resources include:

(1). PPH policy states that all PPH/MPH faculty are expected to attend at least one professional development activity related to instructional effectiveness, each calendar year (the policy document can be found in in the ERF Folder: E3: PPH Pedagogical Improvement and Teaching Observation Policy. This can be an in-person or online activity. CELT offers numerous teaching workshops and webinars throughout the year https://www.stonybrook.edu/celt/ and will also design custom teaching trainings and conduct these at the convenience of interested groups. To be more intentional about MPH faculty use of CELT offerings, the PPH met with CELT representatives (March 2020) and requested that CELT conduct a survey of MPH faculty (PIF and non-PIF) to obtain their input on their interests and priorities for topics that would be offered

during tailored in-service teaching workshops. The findings of this assessment revealed that faculty were interested in two themes: (1) the evidence for online, synchronous vs. asynchronous teaching modalities compared to face to face instruction on learning outcomes; and (2) examples of strategies to optimize student learning and engagement in a remote delivery modality. The results were used by CELT and the PPH/MPH Director to plan and implement a two-session professional development workshop, which nearly all PPH/MPH instructional faculty attended (including PIF and several non-PIF) in May of 2020. The faculty development workshops were delivered by Linda Unger, Senior Instructional Designer at CELT on May 8, 2020 and May 15 2020 and focused on online course development, and best practices and strategies for effective distance learning. These sessions were recorded so that faculty who could not attend had post-event access and could benefit from the workshop could review at a later time. ERF: Folder E3 contains a spreadsheet listing attendance of MPH faculty at distance learning trainings (file name: MPH Faculty Trainings Distance Learning).

Participation was nearly 100% in large part because the timing was during the COVID-19 related transition from face to face to remote delivery (thus, instructors were desperate to have resources and ideas to help plan transitions in course planning from face to face to remote delivery for summer and fall courses. In addition, the sessions were planned during a time that faculty have no teaching or meeting obligations (Wednesdays, during the open "campus life" time block).

(2) The PPH/MPH Program Director attends CELT trainings, workshops, and also has one-on-one consultations with CELT instructional specialists to improve her expertise in teaching and learning theory and practice, and the tools that are available so that she can bring these resources back to the MPH program faculty. Jaymie Meliker (PIF and head of the Health Analytics concentration) attended a CELT workshop in 2019.

(3) As a University resource, CELT also supports PPH policy that PPH/MPH faculty incorporate themes of diversity, health equity, social justice, etc., into their courses (the policy document can be found in the ERF Folder: E3: PPH Pedagogical Improvement and Teaching Observation Policy). PPH/MPH, faculty were encouraged to attend the CELT series of faculty development activities: "CELT Conversations on Inclusive Pedagogy" (beginning Fall 2020). The first activity, a panel discussion titled "Syllabus reboot: Addressing inequity and racism through the teaching practice", featured SBU faculty speakers: Joseph M. Pierce, Associate Professor and Director of Undergraduate Studies, Hispanic Languages and Literature; Aprajita Mohanty, Associate Professor, Clinical Psychology; and Theresa Tiso, Associate Professor, Women's, Gender, and Sexuality Studies.

(4) CELT consults on syllabi for the MPH degree program as well as assessment to observe and evaluate teaching effectiveness in online and face to face modalities.

(5) A member of the CELT team recently joined the PPH Curriculum Committee.

Program support for continuous improvement in faculty's instructional roles:

(1) The PPH demonstrates its support for continuous improvement in faculty's instructional roles by articulating its Policy for PPH/MPH faculty use of CELT and other professional development resources for improving instructional effectiveness. (This policy document is located in the ERF Folder: E3: PPH Pedagogical Improvement and Teaching Observation Policy). PPH policy requires that all PPH/MPH faculty attend at least one event, workshop, training, seminar, or other structured activity intended to cultivate excellence in teaching and learning per calendar year. This includes integrating cultural competency, cultural sensitivity, equity, inclusion and social justice as part of their comprehensive pedagogical approach (a list of faculty who attended trainings is located in the ERF: Folder G1 Diversity and Cultural Competence – Curricula Requirements RE Diversity – Fac-Staff Diversity Trainings). Faculty may attend on campus resources such as those provided by CELT that are available to all PPH instructors as part of the campus community or they may attend relevant off-campus resources of their choice. If requested by faculty, the PPH will arrange PPH-only trainings to be delivered by CELT. If there is a charge or fee, PPH will cover the cost of the training. Faculty will report their professional development activities as part of their annual reviews with the PPH/MPH Director and/or the Associate MPH Program Director. The PPH/MPH Director

and Assistant Director for Administration and Finance are responsible for assuring compliance and documentation with the training requirement.

Because restrictions on in-person contact due to COVID19 have required a temporary transition of our in-person curriculum to remote delivery, which began in March 2020, our MPH faculty have been attending workshops and trainings focused on best practices and strategies for distance learning. A list of attendees and trainings attended is located in the ERF: Folder E3 - MPH Faculty Trainings Distance Learning.

(2) MPH faculty share ideas, teaching tools, and resources, including readings, textbooks, active learning assignments, and other strategies. MPH faculty accomplish this through weekly "lunch and learn" sessions where they share teaching experiences and best practices. Recently (February 2020), MPH faculty dedicated a lunch and learn session to the discussion of effective sharing of peer teaching feedback and a review of new peer teaching evaluation rubrics. Currently, during the COVID 19 pandemic, faculty continue to meet via ZOOM conferencing, to exchange ideas and best practices about remote delivery of course materials (a temporary situation due to imitations on face-to-face contact because of the pandemic) and to discuss how to best respond to current topics surrounding racism, diversity and inequities in the classroom.

The MPH faculty also share instructional resources during Executive Committee meetings, and via emails where information is shared from their professional networks, scientific and practice societies. For example, in 2017 the PPH/MPH Program Director attended an ASPPH retreat of Deans/Directors, at which time there was a session focused on a book on the opioid crisis, Dream Land, The True Tale of America's Opiate Epidemic" by Sam Quinones. After attending the conference, Dr. Benz Scott invited the MPH faculty to read the book, discuss it during a faculty lunch meeting, and decide together which of the core classes would integrate the book into the class. The instructor for Contemporary Issues in Public Health quickly responded that he would assign the book as required reading for this core course, and now all entering MPH students for the last 2 years have read the book and engaged in discussions and assignments concerning it.

MPH faculty share tools and readings on an ongoing basis from both peer-reviewed literature and popular media channels that are used as a springboard for active learning in their classes. As noted, the PPH routinely covers costs for MPH faculty to attend ASPPH, APHA, and other relevant conferences to stay on top of science and practice topics, and bring that information back to inform class content and instructional design. For example, Héctor Alcala´ PhD (PIF; Health Policy and Management concentration; Community Health) attended a training at the Harvard School of Public Health in the summer of 2018 on the topic of health risk communication, which he integrates into the course he teaches for the MPH program on health behavior change and risk communication.

(3) The MPH Peer Mentoring Committee. The MPH Peer Mentoring Committee (described in greater detail in Criterion section A1.1, page 17) is composed of tenured senior members of the MPH faculty and provides peer-to-peer guidance and feedback on a voluntary basis to tenure-track and non-tenure track (including public health practice) MPH faculty during a meeting held each Spring semester.

Mentoring opportunities to support the career success of our entire MPH faculty body emphasize instructional effectiveness, in addition to scholarship, administrative leadership, and research growth. With regard to instructional effectiveness, peer mentoring provides all MPH instructional faculty with a variety of (and multiple) opportunities for mentoring and professional development which is inclusive of all ranks (i.e., tenured and non-tenure track faculty): (1) a mentor match (of their mutual selection/approval with a senior member of the faculty); (2) opportunities to present their teaching strategies during faculty seminars and receive peer feedback to improve instructional design; and (3) ongoing one-on-one mentoring by their supervisor.

(4) PPH supported library and technology resources to support MPH faculty instructional effectiveness. The PPH/MPH Director also meets with the Director of the SBU Health Sciences Center (HSC) Library, to request purchase of resources relevant to MPH faculty field-specific instructional needs. For example, one

such meeting resulted in the purchase, by the HSC Library, of the Encyclopedia of Health Behavior Research, and a list of relevant public health journal titles to be available in the HSC library. Criterion sections C.4 and C.5 also fully describe the extensive library and technology resources provided by PPH funds that support MPH faculty instructional effectiveness. The PPH advocates for access to new technologies through campus resources to support excellence in MPH faculty instructional roles.

The PPH also maintains its own library of teaching textbooks and teaching resources Faculty members each have a library of text books and teaching resources stored in their private offices. The PPH will purchase instructor's copies of textbooks and resources by request to assist faculty in selecting an appropriate textbook for their courses. We review new releases from publishers and determine the goodness of fit to the curriculum by reviewing desk copies.

(5) PPH/MPH Director's annual review of MPH faculty. Participation in professional development opportunities and maintaining currency in their field of interest are topics that the PPH/MPH Director discusses with faculty during Annual Performance Reviews with MPH PIF faculty members. While the PPH/MPH Director does not routinely meet with non-PIF MPH faculty, those who are teaching concentration courses regularly meet with MPH concentration heads. However, the PPH/MPH Director meets with non-PIF MPH faculty if a Curriculum Committee review of syllabi and/or student feedback raises concerns about the currency of course content and materials and the PPH/MPH Director will reach out to new instructors every few weeks throughout a course to see how they are doing and to provide support for any problems or challenges.

(6) PPH teaching policy stipulates that Primary/Core MPH faculty have a maximum teaching load of one to two MPH courses per calendar year, which allows MPH faculty to have protected time to participate in professional development activities that support advancement in instructional effectiveness (examples are presented above in Criterion section E3.1). MPH faculty workload is very carefully monitored with mechanisms in place to balance scholarship time/effort with instructional needs. For example, faculty may apply for a "buy out" of a course if they have a grant that for a period of time requires them to shift time/effort to that endeavor so that the attention to their teaching role is not neglected. As an example, in Spring 2020, Dr. Jaymie Meliker took over instruction of HPH 514: Epidemiology in Public Health because the planned instructor, Dr. Sean Clouston, requested and was approved for a buy-out due to numerous NIH grants that require his full attention (he is over 90% covered by grant activity at this time). (Buy-out policies and procedures are described in the PPH Faculty Support Policy located in the ERF: Folder C1). Dr. Clouston continues to be actively engaged as an MPH student advisor and mentor, and he is a member of several PPH/MPH committees. Additionally, new hires to the MPH/PPH are given a calendar year of no teaching assignments and no committee work. This level of salary support and protected time ensures that new MPH/PPH faculty are able to focus on developing their research programs. Olga Morozova PhD, is new MPH core faculty (Health Analytics concentration) who joined the PPH in July 2020. She will begin teaching in July 2021.

Courses in the MPH curriculum are typically scheduled to meet two evenings per week during Spring and Fall terms, which allows for time during the daytime hours to participate in 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.

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

Instructional effectiveness, in addition to research, scholarly activity, and extramural service, contributes to decisions about faculty advancement. The PPH/MPH Director, in collaboration with the MPH faculty member's home Department Chair or Dean (as explained in detail in Criterion section A1.2.e), includes instructional effectiveness as an item in each faculty member's Annual Performance Review. Instructional effectiveness, research and scholarly activity, and extramural service are required for MPH faculty promotion and tenure in the 3 schools in which MPH faculty have academic appointments (School of Medicine, School of Health Technology and Management, and School of Social Welfare). Teaching

excellence is required for all instructional faculty at every rank/appointment level across these three schools, and is taken into consideration by the supervising chair as part of the faculty review / advancement process.

Both the PPH/MPH Director and the MPH faculty member's Dean or Department Chair deliver a recommendation regarding faculty member's promotion/tenure to the APT committee of the school in which the faculty member has an appointment. The APT committee evaluates the candidate's instructional effectiveness. Documented evidence of instructional effectiveness considered by APT committees include: quantitative and qualitative evidence from student, peer and course director evaluations, course syllabi, lecture notes, significant responsibility for course planning and administration, publicly available evidence of innovative and creative teaching methods and/or curricular materials, university and/or national teaching awards and honors. The quality and / or the level of instructional effectiveness is expected to contribute to decisions about promotion to a higher rank.

The APT committee members then vote to provide a recommendation to the Dean/Senior Vice President of Health Sciences, for or against promotion/tenure of the MPH faculty member. The Dean/Senior Vice President of Health Sciences, in turn, makes a recommendation and the review process continues up the supervisory chain (to the University President, and, in case of tenure, to the SUNY Chancellor).

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

The following indicators are meaningful to the MPH degree program and relate to instructional quality:

Faculty currency

• Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.
As described in Criterion section A1.1 page 14, the PPH Curriculum Committee (CC) members are charged with maintaining the quality of the MPH curriculum. CC membership includes faculty who are MPH concentration heads. The PPH Curriculum Committee (CC), which meets monthly during the fall and spring semesters, and as needed during the months of July, and August. The CC considers course relevance to public health, quality and currency of content/topics and textbook selection, and active learning strategies in their review of MPH syllabi. When considering currency, the CC takes into account student feedback, faculty feedback and other sources of relevant public health information such as ASPPH data annual trends and annual CEPH reports.

Progress over the last three years for peer/internal review of syllabi/curricula by the PPH CC has resulted in continual updating of MPH courses and curricula to reflect the evolving field of public health and improvement in instructional approaches. CC review of syllabi has focused on ensuring that curricula for the MPH degree program meet revised CEPH criteria which includes ensuring that CEPH Foundational Public Health Knowledge Areas and Foundational Competencies are appropriately mapped to MPH course content and assessments. Based on CC reviews, previously passive assessment methods (e.g., multiple choice exams) are replaced with assessments that are active (i.e., written papers and proposals, oral or poster presentations, discussion panels, etc.). The CC also reviews MPH concentration competencies for currency and active assessment methods. Recently, the CC identified an insufficiency in how the MPH curriculum addresses diversity inclusion, equity and cultural competence. As a result, the MPH curriculum now more frequently incorporates themes of diversity, health equity, social justice, etc., and related instructional materials and resources into core and concentration courses (discussed in greater detail in Criterion section G1.4.a, page 225).

Faculty instructional technique

• Student satisfaction with instructional quality

The MPH degree program's approach to assessing MPH student satisfaction with instructional quality is to collect survey data for each course conducted via the online course assessment process at the end of each semester, and through MPH student feedback sessions conducted by the PPH/MPH Director and the Assistant Director for Student Affairs. In the last 3 years, this stepped-up approach to student feedback has enabled the MPH degree program to be very responsive to any MPH student instructional concerns, to provide valuable feedback to MPH instructional faculty and counseling for improvement in teaching when necessary, to encourage MPH faculty to elicit continuous feedback throughout the semester rather than just at the end, and in some cases replace MPH instructional faculty who demonstrated a pattern of sub-optimal instructional quality. Furthermore, we are often able to make mid-course adjustments before the semester ends (e.g., encourage MPH faculty to elicit continuous feedback throughout the semester rather than just at the end).

• Peer evaluation of teaching

The self-study process has made us aware that our prior processes for peer-review of teaching effectiveness were not sufficient. As described in Criterion section E3.2, we are more intentional about peer observation of faculty teaching and developed and implemented an PPH-wide policy for peer observation/feedback, PPH/MPH Director evaluation of teaching and for PPH/MPH faculty participation in professional development activities related to teaching and learning. We began to implement our improved teaching evaluation policy in Spring 2020 but due to the COVID-19 crisis and transitioning during from face to face to remote delivery we have not completed all the peer observations intended. We are re-scheduling the peer observations that were missed earlier in 2020 for the 2020-2021 academic year.

School- or program-level outcomes

• Courses that involve community-based practitioners

In the last three years, community-based practitioner involvement in MPH courses has grown. HPH 508 Health Systems Performance is an MPH core course taught by Norman Edelman, MD. This course introduces students to the current system that delivers health care in the United States, with international comparisons. Topics include the organization and financing of health care systems, access to health care including health insurance, regulation and policy issues, and the health care workforce. Community based practitioners present on topics relevant to course objectives. Examples of community-based practitioners who lecture to HPH 508 students include: Fred Sganga, MPH, LNHA, FACHE, Director, Long Island State Veterans Home at Stony Brook, Reuvan L. Pasternak MD, MPH, former Executive Director Stony University Hospital, Michael L. McClain, MA, MS Retired, former director of Stony Brook Mental Health Programs, Rachel Wong, MD, MPH, Assistant Professor of Medicine; Stony Brook Medicine. Community-based practitioners also present to students enrolled in HPH 500 Contemporary Issues in Public Health. This course provides an introduction to the field of public health, and aims to develop an appreciation of the unique and important mission of public health and an understanding of how public health functions today. This includes the practices of public health. Examples of community-based practitioners who present on relevant topics include: Larry Eisenstein, MD, Commissioner of Health, Nassau County; and Rachel Boykan, MD, FAAP Associate Professor of Clinical Pediatrics, Division of Hospital Medicine and Associate Director, Pediatric Residency Training Program, SBUH. Each year HPH 581 Capstone (the Integrative Learning Experience) brings in community-based partners to discuss their needs for the MPH students' grant writing project. Lastly HPH 580 Practicum (the Applied Learning Experience) provides a strong service-learning opportunity for MPH students to work with, and learn from community-based partners. Detailed examples of such opportunities can be found in Criterion section F2. Student Involvement in Community and Professional Service.

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

Strengths:

- Faculty development to maintain currency in their areas of instructional effectiveness and in pedagogical methods is achieved through PPH support for non-grant-funded memberships in professional organizations, travel to conferences, workshops and trainings specific to their field of study, capping the teaching load for each Primary and Non-primary Instructional Faculty member to one to two MPH courses per academic year, and the PPH/MPH Director's one-on-one Annual Performance Review meetings with each Primary Instructional faculty member at which time productivity and the relationship between faculty scholarship and instruction are discussed. MPH faculty may also discuss their needs and/or barriers to faculty development at this time as well as plans for improvement based on student feedback provided in formal course evaluations and informal feedback provided during small group focused discussions with each cohort regarding what students perceive is working well and what improvements are recommended for each course per term.
- The PPH maintains formal procedures for evaluating MPH faculty competence and performance through reviews of faculty appropriateness to teach new courses by the Curriculum Committee, the annual PPH/MPH Director performance reviews, and the promotion and tenure process.
- The PPH employs multiple strategies to evaluate and to elicit student evaluation of MPH courses and of MPH faculty instructional effectiveness. These include student membership on the Curriculum Committee, online course evaluation surveys, the Graduation Survey, and MPH student feedback sessions.

Weaknesses:

- The self-study process has made us aware of the importance of peer-review of teaching effectiveness, which has resulted in implementing new processes for concentration heads to organize peer review among concentration faculty, in addition to the core course observation that are observed by the PPH/MPH Program Director that are observed on an on-going basis. We began implementing peer observation of concentration courses by concentration heads in Spring 2020. Due to the COVID-19 crisis and the transition of face-to-face course to remote delivery, we completed some but not all of the peer observations intended. We are re-scheduling the peer observations that were missed earlier in 2020 for the 2020-2021 academic year.

Plans for improvement:

- We intend to be more intentional about our peer observation of faculty teaching with advance scheduling of observations by concentration heads and the PPH/MPH Director each semester. We also plan to continue to promote MPH faculty participation in CELT resources and other resources for instructional effectiveness. We have identified a staff member who will keep track of faculty attendance on a dedicated spreadsheet and notify the PPH/MPH director of any who have not met the training hours minimum by mid academic year (January). We will continue to identify upcoming resources and events and make them known to faculty and encourage participation. We also will collaborate with CELT to organize PPH/MPH faculty-tailored workshops on priority topics of interest (as we previously did in May of 2020, to help prepare our summer and Fall instructors for the transition from face to face delivery to fully remote delivery).

- In response to our self-study process, we have developed and implemented a PPH-wide policy for peer observation/feedback and PPH/MPH Director evaluation of teaching and for PPH/MPH faculty participation in professional development activities related to teaching and learning.

- We have set up a schedule for ensuring that Curriculum Committee reviews of MPH core and MPH concentration course syllabi take place systematically. In addition, we have added evaluation tools to be completed by observing MPH faculty that is used for teaching observations in core and concentration courses, and instructors provide a plan for improvement as part of their response to written feedback (and during Annual Reviews with the PPH/MPH Director).

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

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

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

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

The Master of Public Health Program asserts its commitment to excellence in research for the benefit of the public's health in its mission statement. One of the three pillars (presented in Criterion section B1.1, Guiding Statements). through which the MPH operationalizes its values is Scholarship.

Research and scholarship are components of the MPH degree program that are highly valued and strongly encouraged for both faculty and students. The PPH has recruited and maintains an MPH faculty comprised of productive researchers. The PPH promotes policies that support an excellent research environment. MPH faculty members are expected to engage in research and scholarship; these expectations are included in their tenure and/or promotion review. Please refer to section E4.4 for details regarding the role of faculty research and scholarship in decisions about MPH faculty advancement.

The **MPH degree program's definition and expectations** regarding faculty extramural service activities are described in the following goal statements and measurable objectives:

Goal 3: Advance knowledge in public health through MPH faculty research.

Objective 3a) Faculty produce impactful scholarly work that attracts extramural funding

Objective 3b) Faculty participate in national and international scholarly organizations related to public health.

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

University support for research and scholarly activities. Stony Brook University (SBU), a member of the Association of American Universities, is an internationally recognized research institution and is among the top-ranked research institutions in the United States. The University and the SBU Renaissance School of Medicine have numerous systems in place to support research and scholarly activities among faculty – including MPH faculty, noting that nearly all MPH faculty have an academic appointment in the SBU Renaissance School of Medicine.

SBU Renaissance School of Medicine salary support for research and scholarly activities for new hires, and protected time. Since 2013, the Program in Public Health has hired faculty with appointments in the SBU Renaissance School of Medicine, which provides new tenure track faculty hires with full salary support for a three year-start-up period and provides 50% salary support thereafter. Nearly all of the MPH faculty within the PPH are appointed in the Renaissance School of Medicine which affords them these salary and start-up benefits. In addition, new tenure track MPH faculty receive at least $25,000 in start-up funds to be used for professional development, travel to conferences and workshops, computer equipment, and funds for research support (such as student research assistants,

most of whom are MPH students). Lastly, new hires to the MPH/PPH are given a calendar year of no teaching assignments and no committee work. This level of salary support and protected time ensures that new MPH/PPH faculty are able to focus on developing their research programs.

- **Internal grants for pilot projects.** The SBU Renaissance School of Medicine (SBU RSOM) in conjunction with the Office of Vice President for Research (OVPR) also provides several internal research award opportunities for faculty under the Targeted Research Opportunities (TRO) program. These internal awards may be used to conduct pilot projects that can be used to support success to compete for external funding opportunities (such as R21 and R03, applications). Several MPH/PPH faculty were awarded funding through SBU RSOM as well as other SUNY-wide funding opportunities (e.g., L. Benz Scott, R. Kidman, C. Messina). In addition, the PPH offers bridge funding to faculty who apply for it as well as the option to buy out of teaching assignments depending on research workload. The policies that describe eligibility for bridge funding and teaching buy-outs are outlined in the ERF Folder C1 – PPH Faculty Support Policy.

  Faculty may also submit applications to the OVPR Seed Grant Program. This competitive award provides up to $70,000 to fund pilot projects that can potentially lead to extramural funding.

- **Research tools.** The SBU OVPR provides numerous services and functions that support research and scholarship. The OVPR facilitates the grant and contracts application process and manages awards. The OVPR also provides technology tools to disseminate information, facilitate collaboration and to ensure that research administration is efficient. The OVPR is responsible for assuring that research conducted at SBU is ethical and compliant with government regulations, while at the same time informing the appropriate regulatory agencies.

  The webpage: https://research.stonybrook.edu/ is the central hub for links to all aspects of research support important to MPH faculty and students.

  This includes:
  - Tools and contact information to facilitate finding funding opportunities - e.g., grants.gov, the SBU Faculty Research Interests Database, the PIVOT global funding opportunities database, grant writing resources, SBU Seed Funding opportunities, etc.
  - Tools and contact information to help researchers prepare and submit proposals - budget and application tools, proposal submission guides, etc.
  - Tools, resources and contact information to facilitate the ethical conduct of research and research compliance - human subjects training, institutional review board resources and application process, conflict of interest, misconduct, etc.
  - Resources and contact information for managing awards – travel, contracts, financial reporting and award closeout, authorized signatures, procurement, etc.

  “My Research” is a single-system e-portal for managing all research administration activities that is accessible by researchers, students and staff http://myresearch.stonybrook.edu/.

  Each department within the University is assigned a Grants Administrator, a Contracts Administrator, a New York State Contracts Administrator, a Clinical Trials Administrator, a Grants Management Specialist, and a Financial Specialist. The PPH has a full-time pre- and post-award administrator, Ms. Andria Adler, who is dedicated to support the research success of our faculty, post-docs, pre-doctoral, and research assistants (including MPH) hired to work on sponsored programs. Ms. Adler is employed by the RSOM with 50% of her time dedicated specifically to MPH/PPH faculty grant support (since 2018). Prior to the appointment of Ms. Adler to MPH/PPH awards, we had similar staff support provided with a shared hire between PPH and the Cancer Center (2017-2018). In addition to our own staff for grant support, the PPH has assigned administrators located in the central offices as described above.

Program support for research and scholarly activities

- **The MPH Peer Mentoring Committee** (described in greater detail in Criterion section A1.1, page 17) is composed of tenured senior members of the MPH faculty and provides peer-to-peer guidance and feedback on a voluntary basis to tenure-track and non-tenure track (including public health practice) MPH faculty during a meeting held each Spring semester that is chaired by a senior member of the MPH faculty (and not attended by the PPH/MPH Director). The meeting minutes are held confidential and the feedback provided to each faculty participant is intended to be supportive and non-evaluative in nature.

  Mentoring opportunities to support the career success of our entire MPH faculty body emphasize research growth, as well as instructional effectiveness, scholarship, and administrative leadership. With regard to research and scholarly activities, peer mentoring provides all MPH instructional faculty with a variety of (and multiple) opportunities for mentoring and professional development which will be inclusive of all ranks (tenured and non-tenure track faculty): (1) a mentor match (of their mutual selection/approval with a senior member of the faculty); (2) opportunities to present their research activities and receive peer feedback during faculty seminars and informal weekly lunch-time meetings (focused on research plans and potential problems for faculty/peer input); and, (3) ongoing one-on-one mentoring by their supervisor (including both the PPH/MPH Director and also the Chair of the faculty member's academic home department).

- **MPH faculty workload**. PPH teaching policy stipulates that Primary/Core MPH faculty have a maximum teaching load of one to two MPH courses per calendar year. This also allows MPH faculty to have protected time to participate in collaborative research and build an independent program of research (if on the tenure track). MPH faculty workload is very carefully monitored with mechanisms in place to balance instructional commitments with research and scholarship needs. For example, faculty may apply for a buy-out of a course if they have a grant that, for a period, requires them to shift time/effort to that endeavor.

- **PPH/MPH Director's annual review of MPH faculty**. Research and scholarly activities and research and scholarship related needs are also discussed during the PPH/MPH Director's Annual Performance Review with MPH faculty members.

- **Support for research related travel.** The PPH provides research-related travel funds (minimum of $3,500 per annum as specified in our PPH Faculty Support Policy; ERF Folder C1) to promote research collaborations, and/or research dissemination, even if faculty members do not have an external source of funding themselves.

- As described in Criterion C5 (in greater detail), the PPH supports and facilitates MPH faculty access to library and technology resources relevant to research and scholarly productivity.

2) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

MPH faculty research expertise is closely aligned with their instructional responsibilities (see Criterion section E3 and faculty CVs, ERF Folder: E1).

MPH faculty primarily integrate research and scholarly activities and experience with MPH instruction in the MPH core and concentration courses taught by faculty. This is accomplished by matching faculty expertise very intentionally to the course content (such as having an environmental epidemiologist teach a course in environmental health; having a biostatistician teach the biostatistics courses, and having a behavioral scientist with expertise in the social and behavioral determinants of health teach the course with a similar name). Recent examples of faculty integration of research and scholarly activities into MPH instruction for each MPH concentration area include, but are not limited to:

1. Jaymie Meliker PhD (PIF and head of the Health Analytics concentration) is an environmental epidemiologist with additional expertise in human exposure assessment. His scholarship falls into two lines of inquiry: (1) identifying environmental factors that play important roles in disease morbidity, and (2) developing space-time methods that improve our ability to investigate exposure-disease relationships. Highlights of his work include pioneering development of space-time information systems for lifetime exposure reconstruction, and epidemiology of low-level exposure to arsenic in drinking water. He has published on drinking water contaminants, air pollutants, arsenic, cadmium, asthma, osteoporosis, stroke, and different types of cancers, and enjoys tackling environmental epidemiologic and spatio-temporal methodological problems to advance population health. He is currently working on a COVID-19 related study which proposes to analyze sewage water samples on Long Island in collaboration with the Suffolk County Department of Health Services.

His scholarly pursuits include leading case-control, case-cohort, and cohort studies, as well as estimating and monitoring human exposure to contaminants. These real-world experiences directly translate into relevant teaching moments in his MPH degree program core courses on epidemiology (HPH 514 Epidemiology for Public Health) and environmental and occupational health (HPH 516 Environmental and Occupational Health), and his Health Analytics concentration course on spatial analysis (HPH 534 Spatial Analysis: Health Applications). In these courses, he relates his research experiences on field campaigns, choices of study design, decisions with regard to study power, potential issues with confounding or information bias, and so on, to course topics. His scholarship allows him to communicate with the MPH students directly about their research goals, on assignments, and in helping them learn to interpret the scientific literature.

2. Dylan Smith PhD (PIF; Health Analytics concentration) is a Social Psychologist. His research interests include the use of social cognitive principles to study resilience and adaptation in the context of aging-related disability and chronic illness. As part of this research, he uses real-time measurement methods in micro-longitudinal designs to examine the complex interplay between social and cognitive factors, physical and emotional symptoms, and health and well-being. He also explores how cognitions and beliefs about health and physical functioning affect quality of life. Current projects include a longitudinal study of racial/ethnic disparities in people with chronic pain, and a study of risk and resilience factors in Alzheimer's caregivers.

Dr. Smith employs subsets of his own research data that he has collected on a sample of over 300 older adults with osteoarthritis who have taken part on a longitudinal study which involves multiple waves of data collection in both of his MPH Health Analytics concentration courses: HPH 559 (Advanced Research Methods) and HPH 560 (Advanced Biostatistics). These data are especially useful for covering repeated measures, design and analysis. Specifically, he assigns descriptive and analytic modeling approaches to these data in the "stats lab" portion of these classes. Using data from his own research allows him to elaborate on specific issues related to study design, data collection, management, and analysis, in the context of a real, ongoing research project.

In addition, Dr. Smith often analyzes and publishes on data from publicly available data sets. Similar to above, he uses some of these data sets as examples for both labs and home work assignments. Using real data allows for an emphasis on the real, practical issues encountered with existing data—no doubt similar to issues many of the MPH Health Analytics students will encounter in their careers moving forward.

3. Norman Edelman MD is the head of the MPH Health Policy and Management concentration and is board-certified in Internal Medicine and in Pulmonary Critical Care Medicine. He is the Senior Scientific Advisor to the American Lung Association where he manages the Airways Clinical Research Centers Network. His current field of study is the US health care workforce. His core course, HPH 508 Health Systems Performance, presents a session on the US health care work force which features a class discussion of the findings and implications of his published research: Low Income Suburban Residents Perceive a Greater Lack of Specialty But not Primary Care Physicians than Those with Higher Incomes (Scott LB, Crnosija N, Riaz M, Edelman NH. J Community Health. 2017 Dec;42(6):1173-1178. doi: 10.1007/s10900-017-0367-

y.). The paper referenced here has two MPH graduates as co-authors along with Drs. Edelman and Benz Scott, further evidence of students engaged in scholarly activities along with MPH faculty.

4. Lauren Hale PhD (PIF; Health Analytics concentration) researches the social patterning of sleep and how this contributes to inequality in health and well-being. As shown in her CV (ERF Folder E1 – Faculty CVs: subfolder Primary Instructional Faculty), she is the founding editor of the award-winning journal: Sleep Health. Dr. Hale is well-funded (NICHD, NIDDK, NHLBI, NIA) and a highly experienced grant writer, She utilizes large-scale study data to examine how demographic, behavioral, and neighborhood characteristics relate to sleep and well-being in children, adolescents, adults, and aging populations. To date, she has over115 peer-reviewed publications, 11 book chapters, 120 presentations as well numerous research reports, briefs, and popular press articles. Dr. Hale shares her extensive funding and publication expertise with the MPH students enrolled in HPH 581, the MPH Capstone course, during the grant writing project and sessions on professional writing. End of semester MPH student feedback for the Capstone course indicates that they especially value the grant writing experience because they may be involved in grant writing in their post-graduation placements.

5. Rachel Kidman Ph D (PIF: Community Health Concentration) examines the impact of HIV/AIDS on child and adolescent welfare in sub-Saharan Africa, factors that create vulnerability or resilience in this population, and interventions that can effectively meet their needs. She led a 5-year study in Malawi to examine the role of adverse childhood experiences in shaping divergent HIV risk trajectories during adolescence. She also led a 5-year study to estimate the impact of violence on HIV transmission in order to inform developmentally-appropriate interventions among male adolescents in South Africa. She has conducted longitudinal impact evaluations of community-based programs for children affected by AIDS in South Africa; investigated health and educational disparities among children affected by AIDS in Malawi; and carried out case studies of community programming for vulnerable children in order to highlight best-practices in Botswana. Under UNICEF Malawi, she conducted research on programs serving vulnerable children and their families in order to recommend practices that could be replicated or scaled-up as part of a national initiative. This experience makes her well suited to instruct MPH students in program evaluation with her course HPH 525 Evaluating Programs and Polices to Improve Health. Her extensive experience in global health contributes to HPH 555 Demography and Global Health, where Dr. Kidman challenges students to think about how a global perspective could impact their future public health practice.

3) **Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities**.

Opportunities for student involvement in faculty research and scholarly activities include, but are not limited to:

1. Jaymie Meliker PhD (Head: Health Analytics concentration) teaches MPH students about his scholarship, how to conduct research, and to publish. This is done through class work, independent studies, or paid experiences working on his projects. Two examples of Dr. Meliker's published research which include MPH students (underlined) as co-authors are:

Romeiser JL, Labriola J, Meliker JR. (2018) Geographic patterns of prescription opioids and opioid overdose deaths in New York State, 2013-2015. Drug and Alcohol Dependence.

Crnosija N, Choi M, Meliker JR (2018) Fluoridation and County-Level Secondary Bone Cancer among Cancer Patients 18 years or older in New York State. Environmental Geochemistry and Health. doi: 10.1007/s10653-018-0170-4.

2. Lisa Benz Scott PhD (PPH/MPH Director) is leading an ongoing community-based research and public health practice project involving several MPH students as either research assistants and or as MPH practicum (i.e., Applied Learning Experience) placements, with a focus on needs and asset mapping, intervention planning and delivery, and program evaluations to improve the social and behavioral determinants of health addressed in the public library setting (the Health Libraries Program, HeLP). Data

collection, community-based presentations, and invited presentations at associations locally and state-wide are in progress, as well as manuscripts which include students as co-presenters and co-authors. Examples of presentations, data collection, and community-based program evaluations are provided in the ERF: Folder F3 – Long Island Libraries and Their Patrons. Under Dr. Benz Scott's supervision, one of our MPH students recently analyzed all 60 of the Master of Public Librarianship curricula offered at Universities nationally to identify the extent to which graduate programs that train public librarians include coursework in topics such as mental health, addiction, and health care or health services. This manuscript is in preparation.

In addition, Dr. Benz Scott has involved MPH students in projects focused on the scholarship of teaching and interprofessional education. An example of this is provided with the following publication, which was also selected for presentation at an IPE conference (cancelled due to COVID-19) with two MPH students (now alumni) as the first authors:

Hunt, Lydia; Tkach, Nicholas; Kaushansky L; Benz Scott L. (2019). Analysis of an interprofessional experiential learning program utilizing the case of Henrietta Lacks. Pedagogy in Health Promotion: The Scholarship of Teaching and Learning. Available at: https://journals.sagepub.com/doi/abs/10.1177/2373379919875750?journalCode=phpa

Also in preparation is a new manuscript with the HeLP team on interprofessional education (IPE) themes in the public libraries. 25 nursing, public health, social work and health science librarianship students involved in the HeLP community library projects completed an IPE competencies survey and also wrote a reflection of their experience in the libraries between January and March 2020, pre-COVID shut-down. This paper provides opportunities for MPH students to analyze qualitative and quantitative data and take part in manuscript writing. This paper is expected to be submitted in November 2020 to Pedagogy in Health Promotion, with two MPH students/alumni (Gabriella Pandolfelli, MPH '21, Talissa Tejada, MPH '20) and faculty (including Drs. Benz Scott and Hammock) among the contributors.

3. Dylan Smith PhD (Health Analytics concentration) has several ongoing data collection and analysis projects, all of which provide opportunities for MPH students' involvement. In his osteoarthritis project mentioned above in Criterion section E4.3, MPH students have opportunities to be involved with data cleaning and dataset construction, which are ongoing, and/or perform analyses, literature searchers, or manuscript preparation duties for co-authorship. There are also possibilities for a student to take the lead in a secondary analysis of these data that could result in a first-authorship for the student. He is also involved in a project on quality of life among Alzheimer's caregivers, currently in data collection. This project provides opportunities for MPH students to engage directly in data collection, including scheduling and interviewing participants, again with the potential for co-authorship. Currently MPH student, Kimberly Greene, works with Dr. Smith on a project to understand functional mobility in older adults. She is in training to conduct interviews with older adults to learn about the day to day experiences of dementia caregivers.

4. As noted above in response to E4.2, page 177, Norman Edelman MD (Head: Health Policy and Management concentration) provides opportunities for MPH students to get involved in his research on US healthcare workforce. An example of this is his publication: Low Income Suburban Residents Perceive a Greater Lack of Specialty But not Primary Care Physicians than Those with Higher Incomes (Scott LB, Crnosija N, Riaz M, Edelman NH. J Community Health. 2017 Dec;42(6):1173-1178. doi: 10.1007/s10900-017-0367-y.). Two MPH students are authors on this paper.

5. Sean Clouston PhD (Health Analytics Concentration) is a member of the World Trade Center Health Program research group at SBU, which provides comprehensive health care to 9/11 first responders while conducting research on cognition, immunology and cancer in this population. Dr. Clouston gives informal "lunch and learns" to students and staff of the World Trade Center Health Program every 6-9 months. Among attendees are MPH, MHA, MA, MSc, BA, BSc students actively working on projects. Dr. Clouston usually selects topics for his lunch and learn presentations based on current trends and interest in conjunction with the WTC community. The goal is to update the WTC staff about important research findings and to give the teams an outlet to discuss active problems that are observed among the clinic community. Among data collected by the WTC, is the *WTC Oral History Project.* This project obtains and

archives qualitative interviews with first responders, survivors, volunteers, family members, clergy and anyone affected by this disaster; interviews are stored in the Library of Congress. The WTC Health Program provides opportunities for MPH students to conduct Practicum projects (the Applied Practice Experience). Recently (2020), MPH student Laurel Gumpert completed her HPH 580 Practicum (i.e., Applied Practice Experience) with the World Trade Center Health Program under Dr. Clouston's supervision. Along with here qualitative analysis of WTC interviews to identify and examine the multi-faceted impacts of 9/11 on family members of first responders, she also gave a presentation of her project at a "Lunch and Learn" for students and WTC staff. Upon graduation from our MPH program, Ms. Gumpert was hired by the World Trade Center Program as a Research Program Coordinator.

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

In addition to instructional effectiveness and extramural service, contribute to decisions about faculty advancement. The PPH/MPH Director, in collaboration with the MPH faculty member's home Department Chair or Dean (as explained in detail in Criterion section A1.2e), includes Research and scholarly activity as an item in each faculty member's Annual Performance Review. Research and scholarly activity, instructional effectiveness, and extramural service are required for MPH faculty promotion and tenure in the 3 schools in which MPH faculty have academic appointments (SBU Renaissance School of Medicine, School of Health Technology and Management, School of Social Welfare). Expectations for research and scholarly activity are similar across the schools.

Both the PPH/MPH Director and the MPH faculty member's Dean or Department Chair deliver a recommendation regarding faculty member's promotion/tenure to the APT committee of the school in which the faculty member has an appointment. The APT committee evaluates the candidate's on-going patterns of research and scholarly activity. Documented evidence of an on-going pattern of research and scholarly activity that merits advancement include: a pattern of scholarship that addresses major and significant problems or topics and which leads to publications, conduct of a research program with a growing rate of publication in critically refereed journals, first or senior author publications in top peer-reviewed journals, Principal Investigator of a competitively reviewed grant, ability to attract students and fellows, attaining a national and international reputation for research and recognition as a major influence the in the field, university and/or teaching awards and honors. As the rank increases so shall the expectations for quality and / or the level of research and scholarly activity (from Assistant to Associate with tenure to Full Professor).

The APT committee members then vote to provide a recommendation to the Dean/Senior Vice President of Health Sciences, for or against promotion/tenure of the MPH faculty member. The Dean/Senior Vice President of Health Sciences, in turn, makes a recommendation and the review process continues up the supervisory chain (to the University President, and, in case of tenure, to the SUNY Chancellor).

5) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

Template E4-1 presents 4 measures that are meaningful to the mission and context of PPH/MPH degree program as indicators of faculty success in research and scholarly activities. As shown, our faculty meet or exceed stated targets. The targets are meaningful to the MPH degree program in terms of fulfilling our public health mission, vison and goals.

Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**Year 1 (2017-2018)**	**Year 2 (2018-2019)**	**Year 3 (2019-2020)**
Percent of total core MPH faculty (includes PIF) participating in research activities.	**80%**	10/12 = 83%	10/12 = 83%	11/15 = 80%
Number of articles published in peer-reviewed journals	•Minimum of 2 / year for tenure track faculty • No minimum / year for non-tenure track faculty	2017: 60	2019: 74 2018: 62	2020: 36
Total research funding	$300,000	$391,570	$427,587	$465,270
Number of grant submissions	• Minimum of 1 major grant submission / year for tenure track faculty	19	13	48

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

Strengths:

- There is strong University and PPH support for MPH faculty research and scholarship. At the University level and PPH (including academic appointments that afford benefits to those in the RSoM), this includes salary support and protected time, opportunities to apply for pilot study funding, a comprehensive array of research tools and dedicated personnel to support all aspects of research and scholarship, and a promotion and tenure process with specific expectations for research and scholarship activities.

- The PPH promotes excellence in research and scholarship through the recruitment and support of a productive and accomplished MPH faculty. PPH policies regarding research and scholarship include carefully monitoring MPH faculty workload to meet faculty needs for dedicated research time, providing funding for research-related travel, and discussion of research related needs during the annual PPH/MPH Director performance review

- MPH faculty maintain a high level of research productivity. They integrate their research and scholarship experiences and expertise into their instruction of MPH students and also provide opportunities for MPH students to get involved.

Weaknesses:

- The PPH primarily hires faculty that are strong in research and scholarship. The majority of our MPH faculty who are engaged in research conduct secondary analyses of large population-level datasets (e.g., Drs. Meliker, Hale, Rizzo, Clouston, and Alcala´). We have fewer MPH faculty who are actively conducting research with opportunities to engage in primary data collection and intervention research.

Plans for improvement:

- As noted above, although a few MPH faculty have research projects that involve MPH students in primary data collection where the students work directly with partners and community members (such as Drs. Meliker, Smith, and Benz Scott), most of our faculty are conducting secondary data analyses using large population health datasets. Primary data collection is an area of research that we endeavor to grow and provide more opportunities for our MPH students in the future.

- The PPH plans to continue to monitor MPH faculty workload and productivity, to ensure that MPH 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 MPH faculty research opportunities and to present research at scientific conferences.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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

The Master of Public Health program is committed to extramural service activities, which is reflected in our mission statement (see Criterion section B1.1, Guiding Statements). The third pillar through which the MPH operationalizes its values is Service. Service is a component of the program that is highly valued and strongly encouraged for both faculty and students. MPH 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 section E5.6 for details regarding the role of service in decisions about MPH faculty advancement.

The **MPH degree program's definition and expectations** regarding faculty extramural service activities are described in the following goal statement and measurable objectives:

Goal 5: **Participation in service activities designed to meet the current needs and priorities of public health-based community partners by students and faculty.**

Objective 5a) Identify current service needs and priorities of public health-based community organizations.
Objective 5b) Meet the service needs and priorities of public health-based community organizations and governmental public health agencies through high-quality partnerships with faculty, staff, and students.
Objective 5c) Faculty provide their expertise to meet public health-related service needs and priorities of community partners including engaging and supervising students in activities that support the mission of collaborating organizations.

Stony Brook University encourages extramural service does but not define specific expectations for faculty participation in extramural service activities. Instead, expectations for extramural service are described in the criteria for promotion and tenure that are set by the MPH faculty member's home department or school. As noted in sections E3.4 (page 170) and E4.4 (page 180) the PPH is structured so that PPH Faculty members (including MPH Degree Program faculty) have academic titles that are based in a home department, within a School or College. The majority of our MPH faculty have academic appointments in the School of Medicine (Department of Family, Population and Preventive Medicine). One faculty member has an appointment in the School of Health Technology and Management, and one in the School of Social Welfare. Faculty promotion policies and criteria, including those for evaluating service, are established by each Committee on Appointments, Promotion and Tenure (APT) which are standing committees of individual schools (the Renaissance School of Medicine, School of Health Technology and Management, School of Social Welfare). The APT committees are guided by the Policies of the Board of Trustees of the State University of New York. Expectations for extramural service are similar across the schools in which MPH faculty have academic appointments and include: significant participation in service activities within and outside the university, leadership roles on committees, professional organizations, boards, and community organizations within and outside of the university, and work with student organizations. The quality and / or the level of service is expected to increase with rank.

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

Stony Brook University support for extramural service is reflected in criteria for service as a requirement for promotion and tenure that is common to the three schools in which MPH faculty have appointments. This is described in greater detail in section E5.6.

The PPH/MPH Program Director conducts an annual review with all MPH primary/core faculty during which extramural service is reviewed and plans for service participation for the upcoming year are discussed. MPH faculty members in turn provide feedback to the PPH/MPH Director on their workload and other considerations which may affect extramural service participation, such as travel funding and protected time.

The PPH/MPH Director provides support for MPH faculty extramural service by permitting program funds to be used for non-grant-supported travel requests to attend / participate in service activities. MPH faculty are encouraged to make requests and indicate in that request how the opportunity will support extramural service. Travel requests are granted based on availability of funds, and are available to full-time MPH faculty as well as those on modified/qualified appointments.

PPH /MPH teaching policy stipulates that Primary/Core MPH faculty have a maximum teaching load of one to two MPH courses per calendar year, which allows faculty members to have protected time to develop and participate in extramural service activities. Courses in the MPH curriculum are typically scheduled to meet two evenings per week during Spring and Fall terms, which also allows for time during the daytime hours to engage in extramural service activities.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

Faculty integration of extramural service activities with MPH instruction is conducted primarily through the MPH core and concentration courses taught by faculty. Recent examples of faculty integration service experience into MPH instruction include but are not limited to:

1. Andrew Flescher PhD (core MPH faculty and PIF, Health Policy and Management concentration) has served for the last eight years as a Living Donor Advocate at Stony Brook University Hospital. Dr. Flescher also serves on the Stony Brook Hospital's Living Donor Selection Committee, the function of which is to choose appropriate candidates for donation and transplantation. He gives several talks to community audiences on the role of a living donor advocate. Earlier this year, Dr. Flescher became the Vice Chair of United Network for Organ Sharing's Ethics Committee (and will chair the committee in 3 years). He was first appointed to the Ethics Committee for the United Network for Organ Sharing in 2017. In 2018 he was appointed to the Medical Advisory Board Ethics Committee, LiveonNY (State of New York ethics advisory board to New York's Organ Procurement Organization) in 2018. In 2018 Dr. Flesher was awarded the Stony Brook University Hospital's Michael A Maffetone Community Service Award for his community outreach and contributions to education at health care providing institutions on Long Island, NY. Dr. Flesher integrates his service experience in the area of ethics and health into his MPH core course HPH 500 Contemporary Issues in Public Health where he addresses emerging issues such as: Ethical Frameworks for Analyzing Issues in Public Health; The Tension between Individual and Society; What are the rights of the individual versus the rights of the population in terms of protecting public health?; Should vaccinations be mandatory? For which populations and under what circumstances?; Should Health Care Be Considered a Right?; and related topics. Details and additional examples can be found in Dr. Flescher's syllabus for HPH 500 which is located in the ERF Folder: D2: subfolder MPH Core Course Syllabi

2. Lisa Benz Scott PhD is Director of the PPH and Director of the MPH degree program. Dr. Benz Scott is engaged in several service activities. Dr. Benz Scott established the Healthy Libraries Program in collaboration with the Suffolk County Cooperative Library System and partnering public library directors (in Brentwood, Patchogue-Medford, Longwood, Huntington Village and Huntington Station) along with faculty supervisors and their students in Social Welfare, Nursing, Nutrition, Health Science Librarianship, and the MPH degree program. The goal is for students to work closely with public librarian partners to assess the needs of public librarians and the patrons they serve for trainings, seminars, workshops, and other

educational programs delivered in group and one-on-one formats. The topics address the social and behavioral determinants of health that are priorities for training and education among the partnering communities and the programs provided promote access to local resources (such as homeless shelters, food pantries, primary health care, specialty care, mental health and substance abuse programs, and case management). Dr. Benz Scott also serves on the Board of Directors, for the Long Island chapter of the American Heart Association, appointed November 2018 – ongoing. She serves as an elected Council member of the Long Island Ryan White HIV Planning Council, nominated by the Nassau County Commissioner of Health and elected by the Council members in 2016 – ongoing. As part of her service to the HIV Planning Council for Long Island, she also serves on the Strategic Planning and Assessment Committee (2016 – ongoing). Dr. Benz Scott is an active member of the Nassau - Suffolk Hospital Council's Long Island Health Collaborative (January 2013 – ongoing). As part of her engagement with the LIHC, she has contributed to several projects to date, including: Needs Assessment and Priority Setting for Public Health Programs on Long Island (Winter/Spring, 2013); Population Health Screening and Evaluation of Public Health Programs (Summer – Present, 2013); Universal Metric for Population-level Evaluation of Wellness and Chronic Disease Prevention/Management Programs Island-wide, Evaluation Leader (2014-2015). Assessing Population Health Resources in Partnership with the Public Libraries on Long Island (including an assessment of mental health programs and opioid poisoning (2017-ongoing). Dr. Benz Scott integrates her extensive community service experience into her teaching of sessions on the Ethical Conduct of Research and Community Based Participatory Research which are conducted during the MPH core course HPH 501 Introduction to the Research Process. Dr. Benz Scott also integrates her experience with community projects as faculty supervisor for MPH HPH 580 Practicum projects (i.e., Applied Practice Experience). To date, Dr. Benz Scott has supervised 10 MPH student practicums relating to the Healthy Libraries Program. Practicum projects are designed to be service-learning projects – thus, Dr. Benz Scott guides students through all stages of a community-based service project: community engagement, identification of community needs, the design, implementation, evaluation and sustaining of community based projects, as well as dissemination of findings to community stakeholders.

3. For the last four years, Amy Hammock PhD (Community Health Concentration) has collaborated with Dr. R. Anna Hayward, Associate Professor at SSW as the Co-PI of a responsible fatherhood program evaluation funded by the Office for the Administration of Children and Families. The program, run by The Retreat, Inc., a local domestic violence agency, works with dads in Suffolk County who were either recently incarcerated, are homeless, are unemployed, and/or are in treatment for addiction, helping them with parenting and healthy relationship skills. Dr. Hammock's role has been to lead the interviewing of fatherhood program participants (40 semi-structured interviews) to learn about their experiences in the program. Dr. Hammock shares her expertise in qualitative methods and community engagement with vulnerable populations in her core course HPH 564 Qualitative Methods as well as HPH 552 Planning and Implementing Community Health Initiatives. Many MPH students (particularly those in the Community Heath concentration) choose to apply qualitative approaches to data collection and analyses for their practicum projects (i.e., Applied Practice Experience).

4. In addition to the project described in item #3, Dr. Hammock also is engaged in another project focused on children who witness domestic violence and their non-abusing parents. The primary partners are The Retreat, Inc., as well as the Social Service League, Boy Scouts, and Girl Scouts. This project is new and under review for funding. If funded, the goal of this project is to expand evidence-based programming to children in Suffolk County who witness violence between their parents. Children enrolled in services will be provided with group and individual counseling, as will their non-abusing parents. Community-wide prevention initiatives will also be implemented. Dr. Amy Hammock's role is to evaluate the program, using a mixed methods approach. If funded, 1-3 MPH students will be able to work on this project, collecting data and doing community outreach activities for their practicum projects.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Faculty extramural service provides opportunities for MPH student involvement in practice settings that address current community public health needs. Additionally, MPH students are also able to make important network connections that, in some cases, lead to employment. Examples of faculty extramural service that

provides opportunities for student involvement include but are not limited to those listed here. More detail and other examples are provided in Criterion section F2.

1. Andrew Flescher's community service activities are described above. His engagement as a Living Donor Advocate at Stony Brook University Hospital and on the Stony Brook Hospital's Living Donor Selection Committee provides opportunities for MPH student involvement. In 2019, Dr. Flescher began a supervised internship in the Program in Public Health which gives MPH students exposure to those giving the gift of life and trains students to become living donor advocates. The principal function of a living donor advocate is to certify that a prospective kidney donor is not coerced in any way in his or her decision to donate a life-saving bodily organ. This entails lengthy and substantive interviews with prospective donors in advance of their scheduled nephrectomies as well as checking up on them post-op in the hospital--- a trained advocate informs the patient all the things they need to know to engage in their transplantation safely and take care of themselves after surgery. The MPH internships that Dr. Flescher has created gives personal exposure and experience to MPH students at every stage of the transplantation process in living donation scenarios right up until the point in time that a living donor gives the gift of life. Our MPH students who are selected are trusted with critical and substantive responsibilities, which include conducting the "first point of contact" assessments of prospective living donors whereby the students certify that prospective living donors have not been coerced in any respect prior to donating their kidney. Throughout the course of this one year to eighteen-month experience, under the supervision of Dr. Flescher, MPH students get to know the whole transplantation clinical team, including Stony Brook Hospital's living donor coordinator, Steve Knapik, and the transplantation coordinator, who directs the program, Dawn Francisquini. While the MPH internship program with the living donors is recent, the MPH students who have participated have received rave reviews. The three of our MPH students who have been working consistently on this internship are Jessica White, Gabriella Pandolfelli, and Chelsea Appiah-Kubi. One of our MPH graduates (Kaileen Puppo) has gone on to get job with LiveOnNY, New York's contracted non-profit Organ Procurement Organization, hired right after getting her MPH from our program as its Coordinator for Community Outreach and Volunteer Services. This ongoing activity will provide opportunities for MPH students going forward.

2. Lisa Benz Scott's Healthy Libraries Program established in collaboration with the Suffolk County Cooperative Library System and partnering public library directors (in Brentwood, Patchogue-Medford, Longwood, Huntington Village and Huntington Station) along with faculty supervisors and their students in Social Welfare, Nursing, Nutrition, Health Science Librarianship, and the MPH degree program (described above) provides numerous opportunities for MPH student involvement. As noted, to date, Dr. Benz Scott's Healthy Libraries Program has provided HPH 580 Practicum (i.e., Applied Practice Experience) opportunities for 10 MPH students, 3 in 2018 (Jake Labriola, Bianca Franza, Gabriella Zapalla, and 7 in 2019-2020 (James Stork, Haolin Hong, Allison Vaughn, Laura Burkhardt, Talissa Tejada, Jennifer Vasquez, and Rachel Leahy). This project also provides part-time employment (20 hours a week) as the Program Coordinator to current MPH student Gabriella Pandolfelli (expected to graduate in May 2021). The Healthy Libraries Program is growing in the number of libraries involved, the number of learning experiences, and is funded in part by a Community Impact grant provided by the Long Island Board of Directors of the American Heart Association. We see great potential for sustained impact with potential for more MPH student engagement as part-time assistants and practicum projects. Slide sets summarizing MPH students' work on the Health Libraries Program can be found in the ERF Folder F3: Long Island Public Libraries and Their Patrons.

3. Another opportunity for MPH student involvement in faculty extramural service is a recent community outreach event, "The Flu and You: What you Need to Do. Ask Your County Health Commissioner." This year's (October 2020) community outreach event focused on increasing awareness of the importance of flu vaccine during the pandemic, with a particular focus on the Spanish-speaking community. This free ZOOM webinar featured Gregson Pigott, MD, MPH, Commissioner, Suffolk County Department of Health Services, Lawrence Eisenstein, MD, MPH, FACP, Commissioner, Nassau County Department of Health, Moderator: Lisa Benz Scott, Ph.D., Director, Program in Public Health and MPH degree program, Stony Brook Medicine, and Spanish Language Translator: Héctor E. Alcalá, Ph.D., MPH, Assistant Professor, Department of Family, Population and Preventive Medicine and Core Faculty Program in Public Health, Stony Brook Medicine. Planning Committee Leaders were Cordia Beverly MD, Assistant Dean for Community Health Policy, Renaissance School of Medicine at Stony Brook and a PPH/MPH affiliate, and

Yvonne Spreckles, Director of Community Relations for Stony Brook Hospital, also a PPH/MPH affiliate. Rachel Kidman PhD (core MPH faculty) also served on this committee. Three MPH/Prev Med residency students were on the planning committee and contributed to the social media posts, educational messages included in the list of questions and script, and evidence-based resources. This community outreach event was broadly advertised by Stony Brook University's Alumni Association and Stony Brook Medicine, the Suffolk County Cooperative Library System, and over 100 clinical and social service partners to reach Spanish-speaking populations throughout Long Island. The event provided closed captions in English and Spanish. This event was free, delivered by Zoom, recorded, and now available on YouTube. It was very well attended with 401 people registered for the event. Registrants submitted questions for the Commissioners to answer about flu (and COVID-19) as part of the registration form. Based on its' success, Dr. Benz Scott and the Health Commissioners plan to make this a quarterly/seasonal series on different topics based on what is happening with public health at that moment. MPH students will be included on the planning committee and these outreach events also have potential for MPH student practicum projects.

In addition to these educational events, the Committee successfully implemented two vaccine clinics using a mobile van, pleased at public libraries in high-need communities (Riverhead public library, Patchogue-Medford public library, on Nov 12 and 14, 2020, respectively). We partnered with the provider of FQHCs on Long Island, Sun River Health, to vaccinate 100 adults at no cost for influenza. We plan to do more events like this in the near future given the success of the program.

4. Dr. Hammock involves students in a project with Spanish-speaking immigrants on Long Island. Conducted in partnership with SEPA Mujer, Inc., a Latinx community organization on Long Island that advocates for the needs of Spanish-speaking immigrants on a variety of issues (citizenship, lack of pay, and other social determinants of health). This project aims to evaluate the effects of their new Spanish-speaking domestic violence hotline. Dr, Hammock is involved in conducting a process evaluation of this work. The Director of SEPA Mujer and Dr. Hammock are both Co-PIs on a grant proposal, which, if funded will include 1-3 MPH students on this project.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

The following indicators are meaningful to the MPH degree program and relate to MPH students and faculty participation in service activities

- <u>Percent of faculty participating in extramural service activities</u>

The Master of Public Health program is committed to extramural service activities. MPH faculty are highly engaged in diverse extramural service activities which serve the public health profession.

MPH faculty members are expected to make service contributions and service is included in their tenure and/or promotion review. As described in section E5.2 (page 184) there is SB university and PPH support for faculty extramural service. Table 9 below presents some examples of Core MPH faculty participation in extramural service activities over the last three years. **94% (15/16)** of core MPH faculty (which include MPH PIF) have been actively engaged in service activities over the past three years.

Table 9. Core MPH faculty participation in extramural service activities over the last three years		
Faculty Member	Service Activity / Organization	Dates
Lisa Benz Scott (PPH/MPH Program Director)	• Member of the Long Island Health Collaborative • Elected member of the Ryan White HIV Planning Council of Long Island ○ Serves on the Strategic Assessment Committee which reports to the Ryan White HIV Council • Member Board of Directors of the American Heart Association of Long Island • Ad Hoc grant reviewer: National Institute of Minority Health and Health Disparities • Member, Editorial boards of the American Journal of Health Behavior and the Journal of Cardiopulmonary Rehabilitation and Prevention.	2013-present 2016-present 2016-present 2018-present 2016-present 2015-present
Julie Agris (MPH Core faculty: Health Policy and Management Concentration)	• Health Administration Press (HAP)/Association of University Programs in Health Administration (AUPHA) Editorial Board for Graduate Studies: Board member • Association of University Programs in Health Administration (AUPHA), Collaborative Partnership Committee on Professionalism • The Academy for Professionalism in Healthcare (APHC): Co-Chair, Leadership Excellence in Educating for Professionalism	2020-present 2017-present 2051-present
Hector Alcala (MPH Core faculty: Health Policy and Management Concentration; Community Health)	• Native American Centers for Health Research (NARCH) Study Section • Doctors Back to School Program • Center for Public Health Education • Diversity Ambassador, Renaissance School of Medicine, Department of Family Population and Preventive Medicine	2017 2017-2020 2019-present 2020-present
Sean Clouston (MPH Core faculty: Health Analytics Concentration)	• Associate Editor, International Journal of Public Health • Associate Editor, Journal of Health and Social Behavior • Steering and Scientific committee member for the New York City Epidemiological Form • National Institutes of Health - Neurological, Aging, and Musculoskeletal Epidemiology (NAME) – ad hoc grant review • National Institute on Aging - Social and Behavioral (NIA-S)- ad hoc grant review	2020-2021 2017-2020 2016-2018 2019 2019

Norman Edelman (MPH Core faculty and Head: Health Policy and Management Concentration)	• Senior Scientific Advisor: American Lung Association	1984-present
Andrew Flesher (Core MPH faculty: Health Policy and Management concentration)	• Appointment to the Ethics Committee for the United Network for Organ Sharing • Medical Advisory Board Ethics Committee, LiveonNY (State of New York ethics advisory board to New York's OPO) • Liberal Arts and Sciences Department Advisory Committee, Farmingdale State College	2017-present 2018-present 2019-present
Lauren Hale (Core MPH faculty: Health Analytics Concentration)	• National Sleep Foundation Board of Directors -Vice Chairman of the Board • Founding Editor-in-Chief, *Sleep Health*, • Children and Screens Institute Scientific Advisory Board member • Pajama Program Scientific Advisory Board member • Sleep, Health, and Society Network, Co-founder	2013-present 2018-present 2014-present 2019-present 2018-present 2007-present
Amy Hammock (Core MPH faculty: Community Health Concentration)	• Described above: sections E5.3 and E5.4 • Peer reviewer several journals	Present Past 3 years
Wei Hou (Core MPH faculty: Health Analytics Concentration)	• NIH/NIDDK grant reviewer • Associate Editor: BMC Genetics • Review of Bioinformatics and Biometrics: Editorial Board • PLoS One: Statistical Advisory Board	2018-present 2017-present 2012-present 2012-present
Rachel Kidman (Core MPH faculty and Head: Community Health Concentration	• NIH Special Emphasis Panel for AIDS and AIDS Related Research – Ad hoc reviewer • NIH Special Emphasis Panel for Reducing Stigma to Improve HIV/AIDS Prevention, Treatment and Care in Low- and Middle-Income Countries – ad hoc reviewer • NIH Special Emphasis Panel for Behavioral & Social Science Approaches to Preventing HIV/AIDS Grant Applications – ad hoc reviewer	2020 2020 2017
Jaymie Meliker (Core MPH faculty and Head: Health Analytics Concentration	• NIH IRAP Study Section – Infectious, Reproductive, Asthma, and Pulmonary Conditions: grant review standing committee member • NIH NIEHS P30 Center Grants – Ad hoc reviewer • NIH NIEHS Superfund Research Program P42 Grants- Ad hoc reviewer • New York State Environmental Biomonitoring Program – Advisory Board Member	2018-2023 2020 2020 2019-present

	• NCI, DCEG, Occupational & Environmental Epidemiology Branch, Review of intramural research program – site visitor	2019
Catherine Messina (Core MPH faculty: Community Health Concentration)	• Ad hoc reviewer: National Institutes of Health Special Emphasis Panel /Scientific Review Group Member Conflict: Healthcare Delivery and Methodologies (ZRG1 HDM W03) • Ad hoc reviewer: National Institutes of Health Special Emphasis Panel/Scientific Review Group:2018/11 ZRG1 HDM W03 Member Conflicts Review Panel: Health Services and Health Informatics.	2019 2018
Olga Morzova (Core MPH faculty: Health Analytics concentration)	• Peer reviewer several journals: Science Advances; BMC Public Health; PLOS One; American Journal of Drug and Alcohol Abuse; LGBT Health; Value in Health • Grant review: National Institute on Drug Abuse Special Emphasis Panel: NIH HEAL Initiative ("Helping to End Addiction Long-term")	Past 3 years
John Rizzo (Core MPH faculty: Health Policy and Management Concentration)	• Chief Economist for the Long Island Association • BMC Health Services Research: Editorial Board • Aorta: Editorial Board	Present 2010-present 2013-present
Dylan Smith (Associate Director MPH and Core MPH faculty: Health Analytics concentration)	• Peer reviewer for several journals: British Journal of Health Psychology; Personality and Social Psychology Bulletin; Journal of the American Medical Informatics Association; Journal of Applied Social Psychology; Journal of Developmental Psychology; Journal of the Society for Medical Decision Making, etc.	Past 3 years

The PPH's professional staff are also engaged in service activities. For example, the Assistant Director for Student Affairs (Joanmarie Maniaci) is the current Co-Chair for the ASPPH Student Affairs section. The PPH Accreditation and Assessment Specialist, Krista Gottieb, is involved with a grassroots Brooklyn-based annual benefit concert entitled "Cancer Can't Kill Love" which has donated over $100,000 to cancer research to date to organizations such as Memorial Sloan Kettering Cancer Center and Stand Up to Cancer. The Senior Staff Assistant / Assistant to the Director (Catherine Polster) chairs the PPH Diversity, Inclusion, Cultural Competence and Equity Committee (described in Criterion section A1.1, page 19). She actively participates as an ASPPH Diversity and Inclusion Section Leader for the Stony Brook PPH, and is a member of the Stony Brook Student Affairs Diversity Leadership Development Initiative (DLDI) Committee, the Health Science Center Workforce Diversity Committee, and Stony Brook PRODiG ("Promoting Recruitment, Opportunity, Diversity, Inclusion and Growth") Advisory/Alignment Committee (2019). MPH student representatives also serve on this committee. Ms. Polster is also a member of the new Stony Brook University Campus, Community and Personal Safety Advisory Committee. Staff participation in service activities highlights the importance the PPH/MPH program places on service. Staff, who are very well known

to our MPH students, act as role models for our students. Ms. Polster's service activities support her position as chair of the PPH Diversity, Inclusion, Cultural Competence and Equity Committee which has 6 MPH student members.

- Number of faculty-student service collaborations

The importance the MPH degree program places on service is modeled by the service activities of our faculty. The MPH degree program has numerous opportunities for students to engage in service activities (described in detail above in section E5.4 and Criterion F2). Service and community engagement among MPH students are strongly encouraged through a variety of communication mechanisms (e.g., through email notifications, OPHSA and Health Care Leaders initiatives). MPH students are encouraged to become involved in service activities as they arise, and to pursue opportunities for service, whether they identify opportunities themselves or are notified of opportunities by program faculty or staff. This process is described in detail in Criterion F2. Because our MPH program is relatively small and our faculty get to know students quite well as advisors and instructors, we have an opportunity to get to know the unique skills of our students and have a good sense of who among our cohorts will be well suited for faculty collaborations.

Table 10. Faculty-student service opportunities past 3 years (details in Criterion sections E5.4 and F2):

Faculty Member	Service Activity / Organization	Dates
Lisa Benz Scott (PPH/MPH Program Director)	• Healthy Libraries Program	2018- ongoing: 10 MPH student projects / potential for more
	• The Flu and You: What You Need to Do. Ask Your County Health Commissioner (free community outreach Zoom webinar in English and Spanish)	Oct. 2020: 1 project with 3 MPH students / potential for more Nov. 2020: Mobile van clinics and public libraries
Héctor Alcala (MPH Core faculty: Health Policy and Management Concentration; Community Health)	• Center for Public Health Education	2019-2020: 1 MPH student project / potential for more
	• Doctors back to School Program	2017 – ongoing: 1 MPH student project / potential for more
Andrew Flesher (Core MPH faculty: Health Policy and Management concentration)	• Living Donor Advocacy	2017-ongoing: 1 MPH student project; 3 MPH student internships / potential for more
Lauren Hale (Core MPH faculty: Health Analytics Concentration)	• Children and Screens Institute	2020-ongoing: 1 MPH student project / potential for more
Amy Hammock (Core MPH faculty: Community Health Concentration)	• Described in Criterion sections E5.3 and E5.4	2018-ongoing: 1 MPH student project / potential for 6 more

The number of faculty-student service opportunities and extramural service collaborations has progressed in the past 3 years. We are currently working with the faculty to identify more opportunities to strengthen the engagement of students in (non-research) service partnerships and to increase the number of faculty-student service opportunities through an inventory of faculty-led community-academic partnerships with public health workforce organizations.

We endeavor to engage more MPH students in faculty-student service opportunities that are available and to continue to maintain and create new ones. However, a challenge is that our MPH classes are offered during the evening (5:30 to 8:30pm) which means that many of our MPH students are working part- to full-time during the day, including in public health workforce related positions, and therefore do not have the time or perceive a need for additional service activities outside of their practicum requirement (the Applied Practice Experience). Typically, MPH students who pursue additional service opportunities are minimally or unemployed and seeking exposure to practice-based settings early in their career trajectory.

- Number of community-based service projects

The number of community-based service projects has also progressed in the past 3 years. Currently, there are 10. All are active, long term and sustained.

  - Minority Training Program in Cancer Control Research (MTPCCR)
  - Stony Brook Center for Public Health Education
  - Healthy Libraries Program (HeLP)
  - World Trade Center (WTC) Research Group
  - United Network for Organ Sharing (UNOS)
  - Sleep Health Education and Children and Screens
  - The Retreat, Inc.
  - Center for Prevention and Outreach
  - SEPA Mujer, Inc.
  - NYS Center for Clean Water Technology
  - The Long Island Association (LIA)

These community-based service projects are featured on the PPH website in the Community Engagement tab: https://publichealth.stonybrookmedicine.edu/community

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

The PPH/MPH Director, in collaboration with the MPH faculty member's Department Chair or Dean, also includes service as an item in each faculty member's Annual Performance Review. As noted in sections E3.4 and E4.4, instructional effectiveness, research and scholarly activity, and **extramural service** are important for MPH faculty promotion and tenure in the 3 schools in which MPH faculty have academic appointments. Expectations for extramural service are similar across the schools. Expectations regarding faculty extramural service at the University and PPH levels, and APT promotion policies and criteria regarding extramural service for the three schools are described above in section E5.1.

Both the PPH/MPH Director and the MPH faculty member's Dean or Department Chair deliver a recommendation regarding the faculty member's promotion/tenure to the appropriate APT committee, which evaluates the candidate's participation in extramural service. Documented evidence of participation in extramural service activities that merit advancement includes significant participation in service activities within and outside of the university (i.e. membership in editorial boards of major journals, membership in standing NIH study sections, or a significant role in professional or scientific societies), leadership roles on committees, professional organizations, boards, and community organizations within and outside of the university (e.g., editor of a journal, consultation with community organizations, external review of grants), and work with student organizations. The quality and / or the level of service is expected to increase with rank.

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

Strengths:

- MPH faculty are highly engaged in diverse extramural service activities which serve the public health profession.

- Extramural service activity among MPH Primary/Core faculty is strongly encouraged through promotion and tenure guidelines and performance reviews with the PPH/MPH Director and the faculty member's Department Chair or Dean.
- Extramural service activity among MPH Primary/Core faculty is supported through the provision of non-grant supported travel funds, MPH course scheduling, and workload considerations.
- There are numerous opportunities for MPH students to engage in faculty-student service activities outside of their practicum experience.

Weaknesses:

- After careful consideration, we determine that the commitment to and involvement in extramural service activities demonstrated by the MPH degree program and our MPH faculty is robust. We have not identified weaknesses related to this criterion.

Plans for improvement:

- The PPH plans to continue to support MPH-related extramural service activities among faculty and to increase the number of new extramural faculty-student service activities.

F1. Community Involvement in Program Evaluation and Assessment

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

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

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

The program actively engages constituents using formal and informal mechanisms to ensure that they provide regular feedback on its MPH student outcomes, MPH curriculum and overall MPH planning processes, including the self-study process. The program does this by engaging such constituents on our standing and ad hoc committees, by members of the MPH faculty and staff regularly attending community and practice-based forums and conferences, and serving on community-based committees that inform the curriculum and planning of educational endeavors. These activities also inform the program's goals, vision and values, as well as MPH student outcomes (such as the Applied Practice Experience, i.e., practicum) which often lead to practicum, internship, and employment placements with constituent organizations.

Structures external to the PPH. Since the time of our last self-study, the Program in Public Health (PPH) has focused on engaging a highly structured and regular source of constituent input from an organization known as the Long Island Health Collaborative (described below) rather than engaging a small Advisory Board (as we had done in the early years of the PPH). There are many factors to motivate our engagement with the LIHC. First, the prior PPH advisors (including county level Commissioners of Health, senior leadership of health and health care organizations, community health and social service organization representatives) had difficulty routinely attending MPH specific meetings. The only people who attended the advisory meetings were those who already had a relationship to the PPH, and there was little time during our brief meetings for members to talk in-depth about issues of importance to the organizations they represent. Second, advisors previously reported that the content of the meetings had reached a saturation point in that the program was running well and was delivering a successful MPH program for which they supported the mission, vision, and values (which meant they were questioning the value added for them to come to meetings). There seemed to be a lack of new ideas among the small group of advisors and a desire to expand and diversify our network of constituents. Based on this feedback and observations, the PPH/MPH Program Director began to explore a new structure for regular community engagement to involve a much larger and more diverse body of new constituents.

The primary mission of the Long Island Health Collaborative (LIHC) is to connect Long Island-based organizations and industry partners that focus on population health improvements to serve the community and close gaps in health care and other services. Membership in the collaborative and the work shared by its members are free. The LIHC is a voluntary workgroup of committed partners who work together to improve the health of Long Islanders. LIHC members include both Nassau and Suffolk, Long Island, NY, county health departments, all hospitals on Long Island, community-based health and social service organizations, academic institutions, health plans, and local municipalities, among other sectors. Specifically, the membership includes 22 hospitals, 2 county health departments (Nassau County and Suffolk County), 10 Universities (schools/colleges/programs including the MPH programs at Hofstra, Adelphi, and Stony Brook), 4 health insurers, 100+ CBOs, 9 municipal partners, 8 health providers, 6 medical societies, 12 businesses and chambers, and 2 regional health information organizations.

In 2015, the LIHC received funding from New York State Department of Health as a regional Population-Health Improvement Program (PHIP). With this funding, the LIHC launched various projects that promote population health improvements. This workgroup is free to join, there are no dues or fees, and the extensive

network the LIHC has cultivated is an invaluable resource to Long Island organizations. Examples of services that the LIHC provides to members include:

- Event promotion – The LIHC has three venues for promoting the important work of all of its members. The first is a weekly email that goes out to a list of more than 500 individuals representing more than 200 Long Island organizations, which is used to promote any and all events, including fundraisers and charity events. The second is the LIHC's website calendar, where the LIHC promotes community health programs, social services events, and forums, health screenings, and initiatives that address the social and behavioral determinants of health. The LIHC also uses various social media platforms to promote events for members.

- Data – the LIHC collects primary data on Long Islander's opinions on community health through a survey its members help to distribute, https://www.surveymonkey.com/r/CMLICHAS. LIHC members also assist local organizations in accessing and analyzing data made available through the state and public data sets. LIHC staff help members understand how valuable data can be, how they should be collecting and synthesizing it to help evaluate and improve the work they're doing.

- Networking – The LIHC holds bi-monthly meetings in a large professional conference room (prior to COVID-19, currently) on Zoom) that are well attended, with new and returning members enthusiastically joining the agenda and networking activities.

The PPH/MPH Program director is an active member of the LIHC, regularly attends meetings, spear heads and collaborates on projects, places MPH students in Applied Practice Experiences (i.e., practicums) to support the work of member organizations, and presents to the members both formally and informally on progress on various initiatives of interest to the community. These constituents represent local (Long Island) and NY state legislatures, and individuals working in health and non-health sectors (including parks and recreation, transportation, the public libraries, mental health associations, YMCA, food pantries, the Shinnecock nation). All LIHC agenda's and summaries can be found here:
- https://www.lihealthcollab.org/member-resources/meeting-info

In addition to active engagement with the LIHC, the PPH/MPH Program Director also has close and routine interactions with key stakeholders including the Nassau and Suffolk County Commissioners of Health, Lawrence Eisenstein MD, MPH and Gregson Pigott MD MPH (respectively). The MPH Program Director frequently interacts with the Commissioners for Long Islanders via phone calls and face to face meetings, often on a weekly or bi-weekly basis to discuss public health practice and program-related matters (curriculum, practicums, new hires, and overall planning processes to inform the self-study and beyond). These interactions happen with scheduled calls as well as informal interactions that take place at committee meetings, local and state public health conferences, and other less structured opportunities to discuss the program. For example, the PPH/MPH Program Director serves on a monthly Ryan White HIV Planning Council with both the Commissioners of Health for Long Islanders (Dr. Eisenstein and Dr. Pigott). Participation in the Planning Council provides the Director with an informal opportunity to talk with the Commissioners of Health about emerging population health issues and programmatic matters, student placements at their respective County Health Department, and feedback on how our students are performing. Both Commissioners also participate in the Long Island Health Collaborative and attend bi-monthly meetings as their schedules allow, which is another regular opportunity for input. Lastly, the Commissioners of Health for Long Islanders attend a core class each year (HPH 500, Contemporary Issues in Public Health) and give lectures on population health as well as group advisement to our MPH students on career planning. We always debrief the quality of student engagement in the Commissioner's active discussions during their class time, and the Commissioners provide feedback on the skills of our students such as the content and depth of their questions and responses during small group and instructor-guided discussions. Several MPH students have interned or done practicums with the county health departments providing a preceptor, and we obtain detailed feedback on student performance and reflect on the competencies mapped to various courses and student projects.

Another critically important informal structure is the PPH's engagement with ASPPH - a national community of academic public health programs, learning from one another, sharing ideas and resources to improve and innovate all aspects of our schools/programs. Our administrative leadership, faculty and staff, attend and actively engage in the ASPPH annual meetings, section retreats, discussion boards, and the annual Leadership Retreat for primary representatives each summer. Engagement with the expertise found among ASPPH participants is a source of enrichment to our program and is an immensely valuable resource / network.

2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

Formal engagement of external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions, is conducted through membership in the PPH Curriculum Committee, which reviews all syllabi for the MPH degree program, as well as CVs of MPH course instructors, and takes part in CC discussions about the content and currency of MPH degree program curriculum. As described in Criterion section A1.1 page 14, Ms. Janine Logan (LIHC Executive Director) serves on the standing PPH Curriculum Committee. Tavora Buchman PhD (Director of Epidemiology and Planning Analytics, Nassau County Department of Health) also serves on the standing Curriculum Committee of the PPH as does Jennifer Jaiswal MA, Instructional Designer and Senior Instructional Technologist; SBU Center for Excellence in Learning and Teaching.

Additionally, Ms. Logan is an actively engaged preceptor and collaborator on MPH practicums (i.e., Applied Practice Experience) and hires our graduates to work for the LIHC as well as the Nassau Suffolk Hospital Council. Tavora Buchman PhD (Director of Epidemiology and Planning Analytics, Nassau County Department of Health) also serves as preceptor and collaborator on MPH practicums

As noted above, in section F1.1, the PPH/MPH Program Director also has close and routine interactions the Nassau and Suffolk County Commissioners of Health, Lawrence Eisenstein MD MPH and Gregson Pigott MD MPH (respectively). These phone calls and face to face meetings include discussions of program-related matters relevant to the content and currency of the MPH curriculum, practicums (i.e., Applied Learning Experiences), new hires, and overall planning processes and future directions of the MPH degree program.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

In July 2020, the PPH/MPH Program Director invited the LIHC Executive Director Ms. Janine Logan to review and provide feedback on sections of the self-study document (the vision, mission, values, goals, and evaluation measures) and to provide comments/feedback to the PPH/MPH Program Director, which was integrated into the final version of the self-study. Additionally, in July 2020, Dr. Benz Scott asked both Nassau and Suffolk County Commissioners of Health for Long Island, Lawrence Eisenstein MD, MPH and Gregson Pigott MD MPH (respectively), to review draft sections of the self-study document (the vision, mission, values, goals, and evaluation measures). Due to restrictions on face-to-face contact during the pandemic, the PPH/MPH Program Director was not able to meet with stakeholders in a group or one on one meeting to discuss independent feedback. All stakeholders provided independent feedback via email or by one-on-one phone call with the PPH/MPH Director (during July – August 2020), which was integrated into this version of the self-study. Other key stakeholders were also engaged with a similar process (e.g., Mr. Fred Sganga MPH, Executive Director, Long Island State Veterans Home; Mrs. Marguerite Smith, leader of the Health and Wellness Committee for the Shinnecock Reservation in Southampton NY; Ms. JoAnn Henn and Ms. Georgette Beal, lead administrators for the United Way of Long Island, which is the region's administrative body for the Ryan White HIV Planning Council for Long Island.

b) Development of the self-study document

The Associate Director for Academic Affairs (Catherine R. Messina PhD) undertook the development and writing of the self-study document in collaboration with the Director of the Public Health Program, Lisa Benz Scott PhD. The Associate Director for Academic Affairs and the PPH/MPH Director consulted with relevant constituent groups to elicit their feedback on drafts of criterion sections relevant to those specific constituents. This included self-study planning meetings with faculty and staff. Our practice and community partners are actively involved in the evaluation of our MPH degree program as part of our continuous quality improvement (as shown by their membership in the PPH curriculum committee and their teaching and supervision of MPH student practicum projects). Development of the self-study document and progress towards its completion is routinely reported to the Executive Committee as part of a standing agenda item at each meeting. Feedback provided by all constituents is integrated into the preliminary self-study draft submitted to CEPH for review, November 2020.

c) Assessment of changing practice and research needs

The content of the Long Island Health Collaborative (LIHC) meetings (described above in section F1.1) informs the MPH degree program on the changing practice and research needs of the Long Island constituents, which leads to new ideas for our MPH curriculum, practice, and MPH faculty research - which often involves MPH students. One example of this is the extensive research and practicum work (i.e., Applied Practice Experience) that is happening with the public library system, all of which began with collaborations between LIHC partners and the PPH/MPH Program. The LIHC has funded the data analyses for qualitative interviews conducted by MPH faculty, Dr. Lisa Benz Scott and Dr. Amy Hammock, as well as MPH students to understand the health and social needs of patrons in the library setting, and resources needed to address social and behavioral determinants of health. The LIHC's Executive Director, as well as the Suffolk Cooperative Library System's Director of Outreach (Mrs. Valerie Lewis), have served as preceptors to several MPH Applied Learning Experiences (i.e., MPH practicums) that focus on issues of mental health, food insecurity, and access to health and social services among patrons in the public libraries. The students and faculty collaborate with preceptors to prepare data-driven presentations to public library directors throughout Suffolk County as well as to the LIHC members with deliverables created as part of MPH students' practicums (Applied Practice Experience). The primary goal of this work is to inform the needs of the community and design, implement and evaluate interventions to achieve community health improvements. The intervention portion of the collaboration with public libraries and the PPH/MPH is currently funded in part by another LIHC member organization, the American Heart Association of Long Island's Board of Directors as part of a Community Impact grant. The funding supports educational materials provided by MPH students, nursing students, and social work interns to promote information access and resource utilization among patrons in partnering public libraries. These partnering libraries are located in high need Long Island communities. Progress on these projects are shared with LIHC members at monthly or bi-monthly meetings, and through the meeting structure of the LIHC there are ongoing new opportunities. For example, at a recent meeting, the Alzheimer's Association representative heard about the inter-professional library-based intervention and asked to train our MPH students to deliver care-giver support programs to patrons who have a loved one with dementia or Alzheimer's Disease. Public library directors have reported that senior populations are a major demographic in the public library setting and there is a need for more programs to support the health priorities of seniors. The Alzheimer's Association has too few staff to do all the trainings requested to reach a greater number of communities, thus, our program is responding to a community need identified through our relationship with constituents involved in the LIHC. These interactions are spontaneous and we are able to identify and link/leverage resources while also involving students in all aspects of this work with constituents of the Collaborative.

d) Assessment of program graduates' ability to perform competencies in an employment setting

External partners contribute to assessment of MPH Degree program graduates' ability to perform competencies in an employment setting by serving as preceptors for MPH student practicums (i.e., Applied Practice Experiences). We design practicum projects to meet CEPH Foundational Competencies and MPH

Concentration Competencies and the competencies applied to each practicum are selected by the MPH student. As noted above, LIHC's Executive Director, Ms. Janine Logan, as well as the Suffolk Cooperative Library System's Director of Outreach, Mrs. Valerie Lewis, have served as preceptors to several MPH practicum projects (e.g., The Healthy Libraries Program, HeLP). Their feedback on student performance is an assessment of how well our MPH students can perform competencies in an employment setting. Several MPH students have interned or done practicums with a preceptor provided by the County Health Departments, and we obtain detailed feedback on student performance and reflect on the competencies that are mapped to various courses and student projects.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Documentation request 3c: Examples of LIHC agenda and summary meeting reports which address changing practice and research needs, as well as documentation of the PPH/MPH Program Director presenting on emerging health topics (e.g., the Healthy Libraries Program, and a collaborative analysis with several faculty and students from divisions of Stony Brook Medicine of the proximity of libraries in relation to opioid hot spots on Long Island) available here:
https://www.lihealthcollab.org/filesimages/Meeting%20Info/2019/Meeting%20Agenda%202.14.19.pdf
https://www.lihealthcollab.org/filesimages/Meeting%20Info/2019/LIHC%20Meeting%20Summary_2.14.19.pdf
https://www.lihealthcollab.org/filesimages/meeting%20info/2017/liphip%20meeting%20summary%20_7.13.17.pdf
https://www.lihealthcollab.org/filesimages/Meeting%20Info/2017/LIPHIP%20Meeting%20Agenda%207.13.17.pdf

Documentation request 3d: External partners contribute to assessment of MPH Degree program graduates' ability to perform competencies in an employment setting by serving as preceptors for MPH student practicums (i.e., Applied Practice Experiences). Practicum projects are designed to meet CEPH Foundational Competencies and MPH Concentration Competencies which are selected by the MPH students. Examples of The Healthy Libraries Program (HeLP) practicum projects and assessment by external partner Valerie Lewis, Suffolk Cooperative Library System's Director of Outreach (and preceptor for these projects) are located in the ERF: Folder F1.

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

Strengths.

- The Program in Public Health at the Renaissance School at Stony Brook Medicine has cultivated sustained relationships with key stakeholders and large networks of constituents that inform the MPH program's mission, vision, values, curriculum, competencies and Applied Practice Experiences, as well as ongoing feedback to continuously monitor emerging public health practice trends. These inputs inform the current and future focus of the MPH program's research, education, and service activities and ensure that the program is relevant to prepare MPH students for public health practice. The PPH/MPH Director utilizes both formal and informal structures to engage these stakeholders and to link and leverage resources about trends in public health (academic and practice) through the rich local network provided by the Long Island Health Collaborative, and collaborations with state public health officials and national experts (such as ASPPH staff and primary representatives).

Weaknesses.

- We identify no weaknesses in this criterion and are committed to sustaining existing external relationships while also cultivating new collaborations with our growing alumni and employer community, community stakeholders, the public libraries of Long Island, and other relevant community partners.

Plans for improvement.

Although we have identified no weaknesses, we plan to continue to grow our engagement and outreach activities to inform the MPH program. One way we are able to improve our engagement and outreach activities is by investing in the creation of a new professional staff position for a full-time Outreach and Community Engagement team member, which is currently held by Ms. Pascale Fils-Aime. Ms. Fils-Aime is an alumna of the MPH program, is a former outreach coordinator for the LIHC, and previously worked with the Healthy Libraries Program. Ms. Fils-Aime works closely with the Associate Director for Academic Affairs, the Assistant Director for Student Affairs, our students and alumni networks, as well as the PPH/MPH Program Director, and is an ideal support staff member to build and strengthen relationships with alumni, employers, the LIHC network, and other relevant community partners.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) **Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.**

The MPH degree program is committed to service and professional development activities, which is reflected in our mission statement (see Criterion section B1.1). Service is a component of the MPH degree program that is valued and strongly encouraged among students and faculty as well as staff. MPH students are encouraged to become involved in service activities as they arise, and to pursue opportunities for service, whether they identify opportunities themselves or are notified of opportunities by program faculty or staff.

MPH degree program students are introduced to service, community engagement, and professional development activities and encouraged to participate in a variety of ways. First, MPH students are introduced to the opportunities for various University, PPH and MPH-level and faculty-led activities beginning at orientation to the program. Opportunities are described and introduced by the PPH/MPH program director, MPH faculty and PPH staff during orientation and interested students are encouraged to reach out for more information for service, internships, assistantships, volunteer work, and other activities that provide the contexts in which public health work is performed outside of an academic setting. In addition, our website, email announcements, e-newsletters, and in-class announcements raise awareness of professional service opportunities that become available from outside public health organizations who contact the PPH for engagement of our MPH faculty/staff/students in their work. We routinely place MPH students with opportunities at the Suffolk County Department of Health, the Nassau County Department of Health, and community-based and health care and behavioral health organizations. We also have MPH students who directly reach out to faculty, staff, or the PPH/MPH director to express their interest in a placement for a particular public health activity as a volunteer (such as becoming a contact tracer for the State of New York) or we are asked to recruit and recommend MPH students to fill a need among the public health workforce. Because our MPH program is relatively small and our faculty get to know students quite well as advisors and instructors, we have an opportunity to get to know the unique skills of our students and have a good sense of who among our cohorts will be well suited for various requests for service by our partners, which often leads to more internships, practicums, and employment opportunities for our graduates due to the success of our students as they perform well in community service activities.

At graduation each year, we recognize an MPH student for excellence in leadership, and one of the criteria we consider is engagement in community service above and beyond the academic requirements of the MPH degree. It is not surprising that the award winner is often the MPH students' own elected leader. The president of the Organization for Public Health Students and Alumni (OPHSA – described in Criterion section A3.1, page 29), the advocacy organization for current and former students of the PPH. OPHSA promotes student leadership and serves as the voice for the MPH student body. MPH faculty typically nominate the president of OPHSA for the PPH Excellence in Leadership award.

The student-led groups of the PPH have demonstrated their own pursuit of activities to engage with non-academic public health, in addition to faculty and program-directed opportunities. For example, in 2018 the OPHSA students participated in National Public Health Week by helping to plan and execute an inter-professional education event focused on The Immortal Life of Henrietta Lacks reaching over 200 attendees with campus, health care workforce, and community members (published in *Pedagogy in Health Promotion*, with two MPH students and faculty as co-authors in 2019, also described in Criterion section G1.4.c, page 230). In 2019, OPHSA chose to support an Adopt-a-Family initiative by collecting donations for Long Island Against Domestic Violence. They also organized a Pet Therapy program bringing service dogs and their handlers to campus to help students manage stress effectively, and they supported campus-wide initiatives such as participating in Earthstock. In 2020, OPHSA students planed and implemented a bake sale to raise

money for UNICEF, a food drive for Long Island Harvest, and sold raffle tickets to gather donations for the Long Island States Veterans Home. In 2019, the PPH began engaging students in a second student-led organization called the Future Healthcare Leaders (FHA) which primarily includes MPH students in the Health Care Policy and Management track and MHA students as well as some undergraduates interested in the intersection of health care management/leadership and population health. This student group has engaged public health and health care executives in professional development and networking events, such as an expert panel on leadership during crisis led by Fred Sganga, MPH, FACHE, LNHA Executive Director of the Long Island State Veterans Home in October 2020; "Health Administration Career Pathways and Current Events in a COVID-19 World" by Jeff Ritter, DBA, MBA; "The Basics of Finance and Economics in Healthcare" by Reuven Pasternak, MD, MPH, MBA, Former (Retired)Vice President for Health Systems, SBUH; Current Principal/Co-Founder of Vector 8 Consulting; Management Program Analyst, U.S. Department of Defense; "Coronavirus: Disparities and Social Determinants of Health" by Janine Logan, MS, APR, Senior Director, Communications and Population Health Nassau-Suffolk Hospital Council, Northern Metropolitan Hospital Association, Suburban Hospital Alliance of New York State, LLC; Director of Long Island Population Health Improvement Program and the Long Island Health Collaborative.

Recently (October 2020), the new cohort of first-year MPH students attended a talk by Fred Sganga MPH, FACHE, LNHA, Executive Director of the Long Island State Veterans Home (LISVH) as part of the speaker series in their HPH 508 Healthcare Systems class with Dr. Norman Edelman. Mr. Sganga described how lonely and isolated the Veterans are due to COVID restrictions on visitors to the LISVH. One of the students had seen on social media that some long-term care facilities have started pen pal programs for their residents and reached out to her classmates and the PPH/MPH Director to do something similar at the LISVH, as a safe way to interact with the Veterans and alleviate loneliness and isolation. She and her classmates are currently leading the effort, along with Mr. Sganga and his LISVH team, to put this pen pal program into action.

Another recent (October 2020) MPH student engagement opportunity was the community outreach event, "Ask Your County Health Commission Event" to increase awareness of the importance of flu vaccine this year during the pandemic. This was a free ZOOM webinar featuring Gregson Pigott, MD, MPH, Commissioner, Suffolk County Department of Health Services, Lawrence Eisenstein, MD, MPH, FACP, Commissioner, Nassau County Department of Health, Moderator: Lisa Benz Scott, Ph.D., Director, Program in Public Health, Stony Brook Medicine, and Spanish Language Translator: Héctor E. Alcalá, Ph.D., MPH, Assistant Professor, Department of Family, Population and Preventive Medicine and Core Faculty Program in Public Health, Stony Brook Medicine. Planning Committee Leaders were Cordia Beverly MD, Assistant Dean for Community Health Policy, Renaissance School of Medicine at Stony Brook and a PPH/MPH affiliate, and Yvonne Spreckles, Director of Community Relations for Stony Brook Hospital, also a PPH/MPH affiliate. Three MPH students were also on the planning committee. This community outreach event was broadly advertised by Stony Brook University and the Suffolk County Cooperative Library System to reach Spanish speaking populations served by libraries in underserved areas. 401 people registered for the event; registrants submitted questions in advance to the Commissioners during registration.

Outside of the required Applied Practice Experience (i.e. HPH 580 Practicum), there are several ways that an MPH student may get involved with a service activity through our MPH degree program. First, the PPH Director, MPH faculty, and PPH 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 either the Practicum Placement and Community Engagement Coordinator or the Assistant Director for Student Affairs, announcing opportunities for service activities. MPH students who are interested may respond to the opportunity or in some cases we screen and place MPH students to make sure it is a good match. In addition, some of our MPH 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.

Another way for MPH students to be involved in service is through MPH courses for which there are learning experiences that include a service component. For example, the HPH 581 Capstone course (i.e., the Integrative Learning Experience) includes a grant writing group assignment in which community partners are invited to the class and request assistance to apply for a sponsored funding / grant opportunity. MPH students work closely with the partner on all aspects of selecting an appropriate funding opportunity, reviewing the application requirements, preparing all sections of the application narrative (including budget, review of literature, methods, and evaluation of impact). The students are required to "see it through to the end" so that the grant is actually submitted (whether the deadline extends beyond the course timeline) and following through to see if it is funded. In some cases, the grants are funded and students are fortunate to be able to be employed by a grant that they helped to write. Examples of grants submitted in recent years that included MPH Capstone students involved are provided here from the Center for Public Health Education's Director, Mr. Ilvan Arroyo. Related grant documents developed by our Capstone students are found in ERF: Folder F2: subfolder: Capstone grants for CPHE.

Capstone Students Spring 2017:
Alysa Bruce, Samantha Dayton, Laura Lalak, Rubbing Pan and Pallavi Srivastava
Group assisted on renewal application for 2017 - 2018 Northeast Caribbean AIDS Education and Training Center grant (HRSA)
Group worked on: Work Plan for training activities, budget, budget justification and updating summary of HIV/AIDS statistics for Long Island region

Capstone Students Spring 2018:
Project 1: Leah Todd, Nia Boyd, Bethany Springer, Shannell Morrison, Tenzin Tsetan
Group assisted on renewal application for 2018- 2019 for HIV/STI/Viral Hepatitis Training Center for New York City and Long Island (NYS-DOH AIDS Institute)
Group assisted on: narrative for project, budget, work plan and outreach efforts for training.

Project 2: Steven D. London, Arslan Qureshi, Jill Markowitz, Angela Mendes, Conor O'Brien, Eleanor Yusupov.
Group assisted on renewal application for 2018 - 2019 Northeast Caribbean AIDS Education and Training Center grant (HRSA)
Group worked on: Work Plan for training activities, budget, budget justification and updating summary of HIV/AIDS statistics for Long Island region

Other examples of grants developed, written and submitted by our MPH students for 2019 and 2020 include:

Capstone Students Spring 2019:
Haoli Chen, Janiper Chae, Jennifer Itty, Hanjo Kwon-Anderson, Sofia Vaca
Group assisted Yvonne Spreckels, the Director of the Stony Brook Department of Communications in application for a grant to foster the educational development of high school youth from underserved communities. The grant is titled: Diversifying Healthcare through Stony Brook University's HOPE Program: Equipping Minority Youth and Families for Careers in Healthcare through Parental Involvement and Research Engagement
Group assisted on: narrative for project, budget, work plan and evaluation.

Capstone Students Spring 2020:
Brian Egan, Danielle Russo, Alseny Dieye Frederick, & Andrew Uterano
Group assisted the Family and Children's association in a grant proposal for creative respite program to provide support for caregivers of Alzheimer's patients on Long Island.
Group assisted on: narrative for project, budget, work plan and intervention.

The above 2019 and 2020 Capstone grant applications can be found in the ERF: Folder D7: subfolder Grant proposals: HOPE Grant 2019 and FCA Creative Respite Program, respectively.

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

In addition to the HPH 580 Capstone projects described above, we polled the MPH core faculty in September 2020 to provide a description of professional and community service opportunities in which MPH students have participated in the last three years which involved faculty engagement (or new initiatives that are in the process of engaging students, such as new COVID-19 related projects that are underway). Below is a description of several such opportunities, listed by faculty member in which MPH student involvement is described (or pending):

Héctor Alcalá PhD MPH has worked with several pipeline programs, both locally and nationally, that aim to increase student participation in the health sciences. In Suffolk County, Dr. Alcalá has worked with "Doctors Back to School Program" for the past three years. This program aims to get local Long Island high school students from economically disadvantaged communities to pursue careers in the health sciences. As part of these efforts, Dr. Alcalá has spoken with local high school students in their science classes to explain the variety of careers they can pursue and the challenges they may encounter. Preliminary analyses of data show that students who participate in "Doctors Back to School" are more likely to report desire to pursue a career in the health sciences. MPH student, Khadija Ahmed participated with in the "Doctors Back to School Program" with Dr. Alcalá in 2017. This program is held annually, thus, there are continuous opportunities for MPH students to get involved.

Dr. Alcalá is also involved in local efforts to train and educate local communities. As part of SBU's Center for Public Health Education, Dr. Alcalá leads trainings for HIV peer educators in the NYC and Long Island areas. These efforts help ensure that HIV peer educators can better support individuals who are diagnosed with HIV. Currently he is working with Tara Conlon, one of our MPH students, to evaluate the effectiveness of the trainings offered, for HIV peer educators, though the Center for Public Health Education. Dr. Alcalá participated in efforts to increase dissemination of COVID-19 related health information to communities on Long Island in collaboration with the Healthy Libraries Program (HeLP) (2020). This has resulted in creation of SBU-specific corona virus prevention materials in the Spanish language which have over 153,000 views from the Stony Brook Medicine website. MPH (specifically Gabriella Pandolfelli), nursing (BSN), and social welfare students are involved in the creation of educational materials and Dr. Alcalá reviews them for content and translates them from English into Spanish for a variety of public health topics.

Lisa Benz Scott PhD established the Healthy Libraries Program in collaboration with the Suffolk County Cooperative Library System and partnering public library directors (in Brentwood, Patchogue-Medford, Longwood, Huntington Village and Huntington Station) along with faculty supervisors and their students in Social Welfare, Nursing, Nutrition, Health Science Librarianship, and the MPH degree program. The goal is for students to work closely with the partners to assess the needs of public librarians and the patrons they serve for trainings, seminars, workshops, and other educational programs delivered in group and one-on-one formats on topics that address the social and behavioral determinants of health and promote access to local resources (such as homeless shelters, food pantries, primary health care, specialty care, mental health and substance abuse programs, and case management). The programs are entirely delivered by MPH, MSW, BSN, and health librarian interns who are recruited and supervised by faculty in each of these disciplines, all year round. Students completed trainings on disability support services, health literacy, and hunger solutions. The PPH has hired a part-time program coordinator, an MPH student named Gabriella Pandolfelli, to work closely with the various academic and community partners to plan, implement and evaluate library-based trainings for both librarian personnel and patrons. Several hundred patrons and librarians have participated in the face to face (Sept – March, 2020) and virtual programs (via Zoom, and recordings posted on library website for download thereafter, free to the public), all of which are planned, delivered and evaluated by our students. Links to Health Library Program websites with resources for librarians and patrons can be found the ERF: Folder F2. The Healthy Library Program has also provided HPH 580 Practicum (i.e., Applied Practice Experience) opportunities for 10 MPH students, 3 in 2018 (Jake Labriola, Bianca Franza, Gabriella Zapalla, and 7 in 2019-2020 (James Stork, Haolin Hong, Allison Vaughn, Laura Burkhardt, Talissa Tejadea, Jennifer Vasquez, and Rachel Leahy). Also in Folder F2, is a

presentation (October 7, 2020) by the PPH/MPH Director, Lisa Benz Scott, to the Board of Trustees of the Suffolk Cooperative Library System which is based on the 2019-2020 Healthy Libraries practicum projects.

Sean Clouston PhD is a member of the World Trade Center Health Program research group at SBU, which provides comprehensive health care to 9/11 first responders while conducting research on cognition, immunology and cancer in this population. Dr. Clouston gives informal "lunch and learns" to students and staff of the World Trade Center Health Program every 6-9 months. Among attendees are MPH, MHA, MA, MSc, BA, BSc students actively working on projects Topics are usually selected based on current trends and interest in conjunction with the WTC community. The goal is to update the staff about important research findings and 2) to give the teams an outlet to discuss active problems that the nurses are seeing. Among data collected by the WTC, is *WTC Oral History Project.* This project obtains and archives qualitative interviews with first responders, survivors, volunteers, family members, clergy and anyone affected by this disaster; interviews are stored in the Library of Congress. The WTC Health Program provides opportunities for MPH students to conduct Practicum projects (the Applied Practice Experience). Recently (2020), MPH student Laurel Gumpert completed her HPH 580 Practicum (i.e., Applied Practice Experience) with the World Trade Center Health Program under Dr. Clouston's supervision. Along with her qualitative analysis of WTC interviews to identify and examine the multi-faceted impacts of 9/11 on family members of first responders, she also gave a presented her project at a "lunch and Learn" for students and staff. Upon graduation from our MPH program, Ms. Gumpert was hired by the World Trade Center Program as a Research Program Coordinator.

In addition, the workforce involved in the WTC clinic and students involved in the WTC projects, Dr. Clouston has also provided educational outreach conferences to the WTC survivor and family population. For example, Dr. Clouston presented at a large conference at which he gave a talk about issues surrounding aging and PTSD called the Research2Care conference. The goal of this conference was to educate and engage various WTC stakeholders in future research planning. In total, 203 people were pre-registered to attend, and registrants included health professionals, first responders, survivors and their families.

Andrew Flescher PhD has served for the last eight years as a Living Donor Advocate at Stony Brook Hospital. In 2019, he began a supervised internship in the Program in Public Health which gives MPH students exposure to those giving the gift of life and trains students to become living donor advocates. The principal function of a living donor advocate is to certify that a prospective kidney donor is not coerced in any way in his or her decision to donate a life-saving bodily organ. This entails lengthy and substantive interviews with prospective donors in advance of their scheduled nephrectomies as well as checking up on them post-op in the hospital--- a trained advocate informs the patient all the things they need to know to engage in their transplantation safely and take care of themselves after surgery. The patient is also informed of the grievance policy should they have any complaints. All discussions with living donors are documented on Powerchart, our electronic medical chart system. Dr. Flescher also serves on the Stony Brook Hospital's Living Donor Selection Committee, the function of which is to choose appropriate candidates for donation and transplantation. He gives several talks to community audiences on the role of a living donor advocate. Earlier this year, Dr. Flescher became the Vice Chair of UNOS's Ethics Committee (and will chair the committee in 3 years). The MPH internships that Dr. Flescher has created gives personal exposure and clinical experience to MPH students at every stage of the transplantation process in living donation scenarios right up until the point in time that a living donor gives the gift of life. Our MPH students who are selected are trusted with critical and substantive responsibilities, which include conducting the "first point of contact" assessments of prospective living donors whereby the students certify that prospective living donors have not been coerced in any respect prior to donating their kidney. Throughout the course of this one year to eighteen month experience, under the supervision of Dr. Flescher, MPH students get to know the whole transplantation clinical team, including Stony Brook Hospital's living donor coordinator, Steve Knapik, and the transplantation coordinator, who directs the program, Dawn Francisquini.

While the MPH internship program with the living donors is recent, the MPH students who have participated have received rave reviews. The three of our MPH students who have been working consistently on this internship are Jessica White, Gabriella Pandolfelli, and Chelsea Appiah-Kubi. All three began their training almost a year ago and began interviewing prospective living donors in January, 2020. Jessica stopped mid-summer (due to family), and Gabriella and Chelsea are still at it. They have, on average, about 3 patients

per week (except for a brief time during the beginning of lock-down) during which they conduct 30 minute telephone interviews as the "first point of contact," discussions which are intended to elicit confirmation that at no point has the prospective living donor been coerced in deciding to donate his or her kidney. In this role, students are brought into direct contact with members from our community poised to donate their organs, and thus, in a tangible and indispensable way, positively impact our efficiency of being able to do kidney transplantations at Stony Brook Hospital in an ethical and legally sound manner. The way we have set things up, the whole process would come to a halt without them. Finally, their work with this internship is not clerical, but entirely substantive. It involves exercising judgment and compassion. It requires hard thinking and focus in order to make critical distinctions. And it depends on their ability to form trusting relationships with a variety of different people in conversations which are held in confidence. This is first hand community engagement. Our students are making a difference in the lives of others and in doing so helping to save lives. One of our MPH graduates (Kaileen Puppo) has gone on to get job with LiveOnNY, New York's contracted non-profit Organ Procurement Organization, hired right after getting her MPH from our program as its Coordinator for Community Outreach and Volunteer Services. Other opportunities await the students who are poised to graduate this year.

Lauren Hale PhDis a well-known sleep researcher and is founding Editor-in-Chief of the journal *Sleep Health*. Given the widespread need for sleep health education, Dr. Hale is engaged in numerous communication efforts about her research that help communicate and educate the public and the public health workforce. This occurs at the local and national levels through in person and webinar talks to parents, students, and school boards. She discusses policy, practice, and evidence regarding school start times, screen time at various ages/stages of development and sleep, sleep disparities and sleep health, and sleep during the pandemic. For example, Dr. Hale has presented in person to committees and school boards in the following school districts: Northport-East Northport District (where she lives); Three Village District (where she works), Shoreham Wading River District, and Smithtown District. She also speaks to media outlets regularly, including newspaper (LA Times, NY Times), magazine (The Atlantic, Teen Vogue), radio (WSHU, WHYY), podcast (Freakonomics), and television (ESPN) interviews. Since the beginning of the COVID-19 pandemic, Dr. Hale has become an Associate Editor of a social media science communication campaign called, Dear Pandemic (available on Facebook, Instagram, and Twitter). At present, this interactive and engaging initiative has over 34,000 followers and continues to grow. At the national level, Dr. Hale works with several public health non-profit organizations. She serves as on the Board of Directors of the National Sleep Foundation (currently in her 8th year, she is now the Vice Chairman of the Board of Directors). She is also on the Scientific Advisory Boards of the Institute for Children and Screens and the Pajama Program on coping with life during the pandemic. Through engagement with these non-profit organizations, Dr. Hale's research and influence extends beyond the academic realm and helps improve programming efforts and to better train the public health workforce and improve sleep health of the broader population. Her position with Children and Screens has also provided an HPH 580 Practicum (i.e., Applied Learning Experience) for our MPH student, Andrew Uterano. He completed his practicum for the Institute for Children and Screens under the supervision of Dr. Hale in 2020.

Amy Hammock PhD MSW has a long-standing relationship working with The Retreat, Inc., a domestic violence agency in Suffolk County. Currently, she is working with this community partner on the following two projects:

1. Community of identity: low-income fathers in a responsible fatherhood program [partner: The Retreat]
For the last four years, Dr. Hammock has collaborated with Dr. R. Anna Hayward, Associate Professor at SSW as the Co-PI of a responsible fatherhood program evaluation funded by the Office for the Administration of Children and Families. The program, run by The Retreat, Inc., a local domestic violence agency, works with dads in Suffolk County who were either recently incarcerated, are homeless, are unemployed, and/or are in treatment for addiction, helping them with parenting and healthy relationship skills. Dr. Hammock's role has been to lead the qualitative arm of the study: 40 semi-structured interviews with fatherhood program participants about their experiences in the program. Recently, Dr. Hammock and hear collaborators were awarded an additional 5-year grant from the Office for the Administration of Children and Families to continue this evaluation project, during which we will be expanding the qualitative study to better understand fathers' risk for IPV perpetration. One MPH student under Dr. Hammock's supervision, Alvin Mathew (class of 2018), served as a student assistant on this project for 1.5 years,

helping to write focus group questions, doing qualitative and quantitative data analysis on the evaluation. He assisted in writing one of the manuscripts currently under review and he did much of the analysis submitted in the end-of-project report to the funder.

2. Community of Identity: Children who witness domestic violence and their non-abusing parents. [main partner: The Retreat; other partners: Social Service League, Boy Scouts, Girl Scouts]. This project is new and under review for funding. If funded, the goal of this project is to expand evidence-based programming to children in Suffolk County who witness violence between their parents. Children enrolled in services will be provided with group and individual counseling, as will their non-abusing parents. Community-wide prevention initiatives will also be implemented. Dr. Hammock's role is to evaluate the program, using a mixed methods approach. If funded), 1-3 MPH students will be able to work on this project, collecting data and doing community outreach.

In addition to the above two projects, Dr. Hammock is also engaging students in a third community service opportunity with the community of identity being college students in partnership with SBU's Student Affairs, Center for Prevention and Outreach, Title IX office. Dr. Hammock is integrally involved in sexual violence prevention on the university's campus. From 2012-2015, she was Principal Investigator (PI) of an Office of Violence Against Women campus violence prevention grant, which provided SBU with funds to train staff and students in two evidence-based prevention programs: Bringing in the Bystander and Green Dot. This prevention work is ongoing. Working closely with the campus staff of the Center for Prevention and Outreach (CPO), together Dr. Hammock and her team developed research questions about the impact of this work. For example, the research question for the recently-published article (July 2020) in the *American Journal of College Health*, "Men's experiences of sexual assault bystander intervention education," grew out of a desire for CPO staff to learn more about the increased involvement and interest of men of color in the evidence-based programs. With Dr. Hammock's leadership, the research questions, focus group data collection, analysis, and writing were conducted in collaboration with CPO staff, providing opportunities for interprofessional learning. Findings suggested that national statistics were not necessarily useful in helping men feel connected to the issue, and that these evidence-based prevention programs may not attend enough to the negative unintended consequences of bystander intervention for men of color, particularly when police are called to the scene. Given recent national conversations, this finding seems particularly relevant and timely; research findings like these may help improve sexual violence bystander trainings to be actively antiracist. MPH student graduate, Kerri Mahoney (class of 2016) worked with CPO on her practicum involving high risk drinking and sexual assault; now she has a full-time job at CPO doing health education on campus about alcohol and other drugs

Lastly, Dr. Hammock involves students in a project with Spanish-speaking immigrants on Long Island. In 2019, she was approached by SEPA Mujer, Inc., a Latinx community organization on Long Island that advocates for the needs of Spanish-speaking immigrants on a variety of issues (citizenship, lack of pay, and other social determinants of health), to help them evaluate the effects of their new Spanish-speaking domestic violence hotline. This hotline is now up and running and receiving lots of calls, many about violence in the era of COVID-19. Dr, Hammock is involved in conducting a process evaluation of this work. Over the course of her meetings, the Executive Director voiced her desire for SEPA and other organizations and researchers to come together to create a research hub on immigrants' experiences on Long Island. They are in the process of inviting various entities to join this effort based on a CBPR approach, and plan to apply for federal funding for this endeavor this fall. Already, Dr. Hammock facilitated a connection between SEPA and several researchers at Stony Brook, and together, recently submitted a National Science Foundation (NSF) application to develop a crowd-sourced information technology app to alleviate disparities in emergency response during natural disasters. This project is of particular interest to Dr. Hammock, both because IPV tends to increase during times of disaster and because the Latinx community on Long Island has been hard-hit during recent hurricanes and flooding. The Director of SEPA Mujer and Dr. Hammock are both Co-PIs on that grant proposal. If funded (this should be determined by October 2020), Dr. Hammock plans to include 1-3 MPH students on this project.

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

Strengths:

- Service, community engagement and professional development activities among MPH students are strongly encouraged through a variety of communication mechanisms beginning at the time of orientation, modeled by the service activities of our faculty, and there are sufficient opportunities for students to engage in service learning activities outside of their practicum experience.

- There are numerous ways in which MPH students are notified of and encouraged to engage in service activities outside of the Applied Practice Experience (i.e., HPH 580 Practicum), such as through email notifications, OPHSA and HCL initiatives, and optional internships and volunteer activities.

- The PPH has a Memorandum of Understanding (MOU) with each of the following: Nassau County Department of Health, the Suffolk County Department of Health Services, the Center for Public Health Education, and the Suffolk Cooperative Library System (along with several public libraries, and academic partners in nursing, nutrition, social welfare, and health science library divisions of Stony Brook Medicine). We also have an MOU with the Independent Living Donor Advocacy Program. These MOUs are found in the ERF Folder F2.

Weaknesses:

- After careful consideration, the MPH degree program has made the determination that the commitment to and involvement in service activities demonstrated by the program and our MPH students is robust. We have not identified weaknesses related to this criterion. We do endeavor to engage more students in the excellent service opportunities that are available and to continue to maintain and create new ones. One of the challenges is that our MPH classes are offered during the evening (5:30 to 8:30pm) which means that many of our MPH students are working part- to full-time during the day, including in public health workforce related positions, and therefore do not have the time or perceive a need for additional activities outside of their coursework. Typically, the students who pursue additional service opportunities are minimally or unemployed and seeking exposure to practice-based settings early in their career trajectory.

Plans for improvement:

- The PPH plans to continue to maintain its existing engagement of MPH students in public health service activities, and to grow in the number of new service activities with our existing partners and to develop new partners. We have recently taken an inventory of faculty-led community-academic partnerships with public health workforce organizations and are working with the faculty to identify opportunities to strengthen the engagement of students in those partnerships as interns, student volunteers, as well as possible Capstone grant writing collaborations, and practicums. In addition to the opportunities described above in section F2.2, we have identified the following faculty-led community-academic partnerships with public health workforce organizations as opportunities to engage our MPH students:

    - **Jaymie Meliker PhD** is working with the NYS Center for Clean Water Technology to understand the scope of nitrogen and pesticide pollution in Long Island public and private drinking water. We have plans for an ecologic epidemiologic study of birth outcomes. We are also collaborating with Suffolk County Health Department on this project. In addition, Dr. Meliker is working with the NYS Center for Clean Water Technology to interpret COVID RNA measurements from wastewater to shed insights on potential new clusters on Stony Brook campus and in regions of Suffolk County, NY served by wastewater treatment plants. This includes a collaboration with Suffolk County Health Department. No MPH students involved yet but we are in the process of developing the agreement to do so. Within the past 3 years, Dr. Meliker serves or has served in an advisory capacity with numerous community groups, locally and nationally: NYS Environmental Biomonitoring Program; USEPA Science Advisory Committee on; EPA Region 2 Environmental Justice, Technical Advisory Board on changes

to the Suffolk County Administrative Code regarding existing on-site sewage disposal systems for residential properties; Gelfond Fund for Mercury Related Research & Outreach; and the Stony Brook Institute for Partnerships in Innovation, Resilience, and Environmental Solutions (INSPIRES).

- **John Rizzo PhD** serves as the Chief Economist for the Long Island Association. The Long Island Association, (LIA) is the largest business organization on Long Island. Dr. Rizzo's position involves monitoring and analyzing economic conditions on Long Island. The Mission of the Long Island Association is to lead and unify the region in order to enhance, strengthen and protect Long Island as a premier place to live, work and play. The LIA advocates for policies, programs and projects that create jobs, spur private investment, reduce the federal, state and local tax burden, improve access to and from New York City and improve the overall business climate on Long Island. The LIA supports economic development, workforce housing, greater state support for education, public safety, clean reliable energy, workforce training and retention, environmental protection, technology and infrastructure investments, and our not-for-profit organizations as well as opportunities for growth, equality and diversity in the Long Island region. As Chief Economist for the LIA, Dr. Rizzo produces a monthly economic report, which for the past six months has focused on the economic effects of COVID-19 on Long Island (a copy of this report can be found in the ERF: Folder F2). He educates the Long Island community by providing expert interviews with New York Newsday on economic trends and conditions on Long Island and he is frequently quoted for his expertise on these matters in that newspaper. He also informs local business owners as a writer of a monthly column for *Long Island Business News* commenting on various economic issues affecting Long Island. Dr. Rizzo is in the process of pursuing an internship to place an MPH student under his supervision with the LIA to assist with generating these reports for Long Islanders on the state of the economy.

- We plan to develop new service learning placement opportunities with the Long Island Association (for which we do not yet have an MOU), with the Center for Public Health Education (for which we already have an MOU), the Nassau and Suffolk County Departments of Health (for which we have MOUs), the Suffolk Cooperative Library System (for which we have MOUs that also includes 5 public libraries to place students with the Healthy Libraries Program in collaboration with PPH, the Stony Brook School of Social Welfare, the Stony Brook School of Nursing, the Health Sciences Library, and the Division of Nutrition Sciences in the Renaissance School of Medicine at Stony Brook).

- We plan to maintain and grow our partnerships with which we already have MOUs to increase the number of MPH students involved in service activities.

- We plan to develop new partnerships with community-based organizations through our continued engagement with the Long Island Health Collaborative and our faculty-led initiatives.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) **Define the program's professional community or communities of interest and the rationale for this choice.**

The MPH program assesses the professional development needs of individuals currently serving public health functions in its self-defined priority communities. There are several professional communities of interest which the MPH program has prioritized and periodically assesses their professional development needs.

First, the **MPH program assesses the professionals who provide services for the prevention and care of the HIV/AIDS community**. The rationale for selecting this professional group is two-fold: (1) prevention of HIV/AIDS and the care of people living with HIV/AIDS is a priority for the health of Suffolk and Nassau Counties or "Long Islanders" (noting there are changing trends in persons at risk for and those living with HIV/AIDS by age, gender, race/ethnicity, sexual orientation, sexual identity, transmission mode, access to health care, and geography); and (2) members of the MPH faculty have long-standing relationships (and capacity) to assess and assist the professional HIV/AIDS workforce.

Long Island is home to the largest suburban HIV epidemic in the United States (US) a default of being the only suburban jurisdiction funded by the Ryan White Part A program. Although Long Island appears to be an area of wealth and health, if we zoom in and look more closely, there are large disparities—communities of color invariably fare much worse than communities that are majority White. In fact, a 2015 report by Erase Racism using Census data found that Long Island is one of the most racially segregated areas in the US. In part, this is due to fewer resources for healthy lifestyles, but minority neighborhoods also often have fewer businesses, fewer services, higher unemployment, lower performing schools, inadequate transportation, and are more isolated than White neighborhoods. Further, issues of discrimination and stigma disproportionately impact lower income communities, LGBT individuals and lower income communities. The Long Island HIV epidemic is as diverse as our geography.

Drs. Benz Scott, Alcalá, and Mr. Ilvan Arroyo (Director of the Center for Public Health Education at Stony Brook Medicine and a Professional Practice Faculty Affiliate) are involved with assessing the professional development needs of the HIV/AIDS workforce of providers on Long Island as well as PLWHIV/AIDS through their engagement with the Ryan White Council and its subcommittees. The Ryan White HIV/AIDS Council (for which both Dr. Benz Scott and Mr. Arroyo are elected and voting members) meets monthly and includes a subcommittee (which they both serve on) for Strategic Assessment and Planning (referred to as the SAP). This committee oversees all data collection, analysis, interpretation, and reporting to the RW Council, as well as annual procedures to rank priorities for recommended funding allocations for services. These priorities are made based on our review of interviews with consumers living with HIV/AIDS and with providers, focus groups with consumers and with providers, and self-report surveys to both providers and consumer groups to assess their training and service needs (annually). The data collection through priority setting procedures are done by the Ryan Whites HIV/AIDS Council on an annual basis. (The reports are not to be shared outside of the Council's deliberations, however, we provide evidence of the process with meeting minutes for the Ryan White Council in the ERF Folder F3: subfolder: Ryan White HIV Planning Council, for which we have been involved for many years).

Second, the MPH program assesses **public librarians who are providers of health information and resources to communities as part of their effort to address the social and behavioral determinants of health of their patrons on Long Island**. There are 121 public libraries on Long Island (64 of which are located in Suffolk County). Over the last 3 years, the MPH program's faculty, staff, and students have developed a Healthy Libraries Lab to assess the training needs of public librarians on topics including mental health (how to help a patron during a mental health crisis) and food insecurity (how to assist patrons to access supplemental nutrition programs such as SNAP and WIC), as well as how to do an evidence-based search on health and health care topics. The rationale for prioritizing public librarians is that

communities often trust public libraries as a source of health information and resources, with health topics being one of the most searched topics on the internet and in circulation collections. In addition, public libraries have more visits per year than do primary health care visits. The Brentwood Public Library, located near the University, as an example, has over 1,000,000 patron visits per year. Public libraries are a place that patrons can go for assistance with health and social needs (from parenting classes to GED and ESL classes, to learning how to use a computer, to making a resume, to legal assistance for a domestic need), as well as a place for warmth in the cold winter months and cool conditioned air in the summer months. Many libraries offer food pantries and meal programs, healthy snacks, and other food assistance, yet many librarians are not specifically trained in health topics and do not have the resources to hire social workers, mental health case managers, nutritionists, and other content experts to assist patrons. Therefore, training librarians to support the educational and resource needs of patrons is an important priority for the advancement of community health. We have cultivated a partnership with the Suffolk County Cooperative Library System (SCCLS) and several individual libraries. The SCCLS provides trainings and resources to the library staff at all 64 locations in Suffolk County, and routinely supports us to conduct various needs assessment activities to inform the design and content for trainings of librarians by our Healthy Libraries Program inter-professional team.

Third, the MPH program assesses the **health and social service needs of Long Islanders and the providers who serve them as part of the Long Island Health Collaborative**. The Long Island Health Collaborative is a partnership of Long Island's hospitals, county health departments, health providers, community-based social and human service organizations, academic institutions, health plans, local government, and the business sector, all engaged in improving the health of Long Islanders. Collaborative members are committed to improving the health of people living with chronic disease, obesity, and behavioral health conditions in Nassau and Suffolk counties.

2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs

The HIV/AIDS Community: The Center for Public Health Education has been training the HIVAIDS public health workforce for over 25 years, and has trained over 30,000 health care professionals on Long Island and greater New York. Dr. Benz Scott has collaborated with the Center on needs assessments and training evaluations for over a decade, and in recent years that collaboration has grown to include new opportunities to engage MPH students, Dr. Alcala, and our Capstone course to assist with grant preparations to fund training programs. Looking at the last 3 years specifically, MPH faculty members were invited in 2018 to collaborate with another MPH program at Hofstra University (located in Nassau County) to do a Long Island-wide assessment for The New York State Department of Health AIDS Institute. The New York State Department of Health AIDS Institute has a strong commitment to ensuring the full range of HIV prevention, testing, care and support services are available on Long Island. This is especially important now, since funding for the Long Island's Regional Prevention and Support Services (RPSS) Initiative was discontinued at the end 2017. The AIDS Institute contracted Hofstra University and Stony Brook University to conduct a needs assessment process to better understand the HIV prevention and related needs of the region, its consumers, and providers. The needs assessment was conducted in the Summer and Fall of 2018, and included focus groups with various groups of consumers, a series of key informant interviews with agencies across Long Island, and provider and community forums. In order to continue to prevent new HIV transmissions on Long Island, an updated HIV prevention needs assessment was warranted. The objective of this project was to understand the primary and secondary HIV prevention needs of clinical, public health, and consumers (both persons living with HIV and persons with high-risk behaviors for HIV) stakeholders on Long Island. The report was used to inform the AIDS Institute's decision-making process regarding service provision for the region, future RPSS solicitations, and future research. The report is provided in the ERF Folder F3: subfolder: HIV AIDS Community-Center for Public Health Education: LI HIV Needs Assessment Report 2018, as evidence of our work on this important community assessment, which was shared throughout Long Island and NYS providers. The findings of the report were used to inform subsequent calls for funding based on the needs we identified.

- Summary results:

  The HIV/AIDS Workforce Community: For the years 2017, 2018 and 2019, the Center for Public Health Education (CPHE) conducted annual training Needs Assessments for our AIDS Education and Training Center (AETC) grant with our clinical longitudinal training sites on Long Island which include: Stony Brook Medical, Nassau County Medical Center, Northwell Health, Hudson River Healthcare in Suffolk County and NuHealth Family Health Centers in Nassau County. The AETC Needs Assessment instrument can be found in the ERF: Folder F3: subfolder: HIV AIDS Community-Center for Public Health Education: subfolder NECA AETC, as an example of the needs assessment methodology. The Needs Assessments for 2017-2019 found that the two most requested training topics were Legal Issues Related to HIV and Cultural Competency. CPHE provided 10 training events related to HIV Confidentiality and New York State HIV Testing Law to four out of the five training sites to a total of 133 individuals. The second most requested training topic was Cultural Competency and CPHE provided 9 training events to 117 individuals to all five of our training sites. Additional topics identified were Oral Health, Health Literacy and Stigma in Healthcare and was able to provide five training events related to these topics. Results of the AETC Needs Assessments for 2017, 2018 and 2019 are also located in ERF Folder F3: subfolder: HIV AIDS Community-Center for Public Health Education: subfolder NECA AETC

The Long Island Public Libraries and their Patrons. Beginning in 2017, the members of the Long Island Health Collaborative (LIHC) expressed an interest in assessing the needs of Long Islanders by understanding the health and social needs that patrons come to public libraries to address, and how well the public librarians are able to meet those needs with their existing resources on topics like mental health, addiction, food insecurity, homelessness, access to health care, and access to evidence-based health information. In response, the MPH program's faculty, staff, and students collaborated with the MPH program at Adelphi University (located in Nassau County, led by Dr. Tonya Samuel) to undertake an extensive qualitative study involving in-person interviews with up to three library personnel at over 32 sites (with 30-60 minute structured interviews with public library directors, clerks, reference and circulation desk staff, janitors, and security guards) to understand the needs of patrons and the public librarians who serve them. The interviews were completed from 2017-2019, with 95 total interviews conducted in-person by faculty and trained students, which were subsequently audio-recoded, transcribed, and analyzed using DeDoose. The transcription costs were supported by a partnership with the Long Island Health Collaborative and a population health grant by New York State to the Nassau Suffolk Hospital Council, and a copy of the report is provided in the EFR. Additional needs assessments include: telephone interviews with library directors (January – March 2020, n= 39 of 64, copy of presentation to Board of Trustees for the SCCLS October 7 2020, is provided in the EFR Folder F3: subfolder: Long Island Public Libraries and their Patrons); self-report surveys of librarians asking what topics they would like training on prior to delivering programs throughout 2020 (assessments done in Fall, 2019, results provided below); an analysis of all libraries' health program content and mapping it for all 121 libraries on Long Island (2017-2018); and, GIS hot spot analysis of food insecurity by library location (using the percent of children receiving free or reduced lunches and census data in relation to library locations, 2019). In addition, one of our MPH students recently analyzed all 60 of the Master of Public Librarianship curricula offered at Universities nationally to identify the extent to which graduate programs that train public librarians include coursework in topics such as mental health, addiction, and health care or health services.

- Summary results:

  The Long Island Public Librarians and Their Patrons. Summary of self-report surveys of librarians asking what topics they would like training on prior to delivering programs throughout 2020 (assessments done in Fall, 2019: Prior to launching trainings, webinars, and other programs, the Healthy Libraries Program (HeLP) faculty engage our librarian partners to assess their interests, needs, and priorities for programming. We do this using a variety of strategies including surveys of the librarian directors and ongoing discussions during weekly meetings with the Director of Outreach for the Suffolk Cooperative Library System, representing the outreach and education for all public libraries in the County. As an example of a structured assessment, in the Fall of 2019 the HeLP faculty supervisors

created a brief survey that was completed by the four library directors to fill out anonymously their preferences for training topics and modality of delivery. The aim of the survey was to assess the preferred method of delivery for different HeLP program topics. The topics were: blood pressure screening, nutrition counseling, education on medication, strategies for stress reduction, education on heart attack or stroke, fall prevention education for the elderly, education on home safety for all ages, first aid, preschooler education (stranger danger, what to expect at a doctor visit, and Halloween safety as examples), diabetes education, and education on wounds/skin care. The survey was created in Qualtrics, a password protected data management tool. The survey was emailed to the four partner Public Library Directors to complete. The survey asked participants to "Please rank the following library services preferred as either one on one, group or combination information sessions." For blood pressure screenings and diabetes education 75% (n=3) of participants selected a one-on-format and 25% (n=1) selected a group format. For nutrition counseling, education on medication 50% (n=2) of participants selected one-on-one format and 50% (n=2) selected a combination delivery. For strategies for stress reduction, education on heart attack or stroke, fall prevention for the elderly, and education on home safety for all ages 75% (n=3) of participants selected a group format and 25% (n=1) selected a combination delivery. For first aid, programs for preschoolers like stranger danger, and education on wound/skin care 25% (n=1) of participants selected one-on-one format and 75% (n=3) selected a group format. The survey results were then used at a meeting with partners and faculty supervisors (and our students from nursing, public health, and social work) to plan the HeLP fall schedule. Faculty supervisors from the Program in Public Health, School of Nursing, School of Social Welfare and Health Sciences Library discussed and selected topics and the format of program delivery for the spring HeLP schedule. Appropriate delivery of programs were chosen based on the survey completed by the Library Directors, and ongoing feedback.

Additionally, the summary results of the many needs assessments described above are available in the form of deliverables ranging from manuscripts submitted for publication (MPH students and faculty as co-authors), final practicum reports to preceptors who supervised and reviewed deliverables such as Power Point slide decks, presentations and reports to funders. Examples of deliverables resulting from these needs assessments which have summary findings included are provided in the ERF Folder F3: subfolder: Long Island Public Libraries and their Patrons – subfolder: Needs Assessment Public Libraries Food Insecurity_Substance Abuse_Mental Health, with all deliverables developed by MPH students supervised by Drs. Benz Scott, Hammock, and collaborators with the Healthy Libraries Program for presentation to our preceptors (Mrs. Valerie Lewis, Director of Outreach, SCCLS; and Ms. Janine Logan, Executive Director, LIHC). These needs assessments are a part of the work of the Healthy Libraries Lab at Stony Brook Medicine (led by Drs. Benz Scott and Hammock with over a dozen MPH and health science students involved over the last 3 years), and the results continuously inform the trainings, webinars, and other resources we provide through our Healthy Libraries Program.

The Long Island Health Collaborative (LIHC): The Community Health Assessment Survey is a tool used by the LIHC to learn about the health needs of the residents on Long Island. It was created in 2013 by a committee of members (including MPH Program Director, Dr. Lisa Benz Scott) and is now widely used throughout member institutions to assess community needs, priority health concerns, and barriers to accessing care. It is one data source useful for hospitals and health departments to help inform their Community Service Plans and Community Health Improvement Plans, respectively. It is also useful for community-based organizations, academic institutions, local municipalities, legislators, and other stakeholders who need information about a specific community or population for resource planning purposes. Many organizations also refer to these analyses to inform grant applications. The LIHC is able to generate reports that use a free Excel add-in called Power Pivot, which allows users to interact with the documents. County-level reports can be used to quickly identify the needs of specific communities. The MPH program uses the reports and member input to assess what topics/content expertise the MPH programs on Long Island can provide LIHC members to develop, implement, and evaluate programs to meet community needs. The LIHC has collected 15,000 surveys since it started the initiative in 2013. The LIHC analyzes the data and presents to members two times per year, to spot changes in data points over time. All analyses are available for public use. Surveys are self-report, available in multiple languages, and are completed by patients, clients of social service organizations,

and community members at health fairs, in waiting rooms, and at community events. The surveys are completed online or on paper then returned to the LIHC for data entry.

- Summary results:

The Long Island Health Collaborative Needs Assessment. The results of the Long Island Health Collaborative Community Health Assessment Survey are provided for the last 3 years. Direct links are available at:
2017 Community Health Assessment Survey Results
2018 Community Health Assessment Survey Results
2019 Community Health Assessment Survey Results

Summary of above:

- **2017** – 2,237 surveys were collected between January 1st and December 15th, 2017. For Nassau/Queens there were 1,279. For Suffolk County we had 826 respondents.
    - When asked what the biggest ongoing health concerns in the community where you live are Nassau/Queens Counties and Suffolk County respondents agreed that Cancer and Drugs & Alcohol Abuse were the top two concerns. These choices represented roughly 30% of the total responses.
    - When asked what the biggest ongoing health concerns for yourself are Nassau/Queens and Suffolk respondents agreed that Heart Disease & Stroke and Cancer were the top two concerns. These choices represented about 25% of the total responses.
    - The next question sought to identify potential barriers that people face when getting medical treatment Respondents from all three counties reported that No Insurance and Unable to Pay Co-Pays/Deductibles were the top barriers to getting medical treatment. These three choices represented roughly 40% of the total responses.
    - When asked what was most needed to improve the health of your community Respondents from all three counties reported that Healthier Food Choices and Clean Air & Water were what was most needed to improve the health of their communities. These top three choices accounted for approximately 30% of the total Suffolk responses.
    - When people were asked what health screenings or education services are needed in your community Nassau/Queens respondents felt that Diabetes, Blood Pressure, and Cancer services were most needed. Suffolk County respondents felt that Mental Health/Depression, Drug & Alcohol, and Cancer services were most needed. In Nassau/Queens, these three choices represented roughly 30% of the total responses. In Suffolk, these three choices represented roughly 30% of the total responses.
    - For the final question people were asked where do you and your family get most of your health information. Both Nassau/Queens and Suffolk Counties respondents said the top three places they get their health information from are Doctor/Health Professional, Internet, and Family or Friends. In Nassau, these three choices represented roughly 55% of the total responses. In Suffolk, these three choices represented roughly 60% of the total responses.
- **2018** - 2677 surveys were collected between January 1st and December 31st, 2018. There were 1664 respondents for Nassau, 810 for Suffolk and 203 for Queens.
    - When asked what the biggest ongoing health concerns in the community where you live Nassau/Queens Counties and Suffolk County respondents agreed that Cancer and Drugs & Alcohol Abuse were the top two concerns.

- When asked what the biggest ongoing health concerns for yourself are Nassau/Queens and Suffolk respondents agreed that Heart Disease & Stroke was the top concerns.

- The next question sought to identify potential barriers that people face when getting medical treatment Respondents from all three counties reported that No Insurance, Fear, and Unable to Pay Co-Pays/Deductibles were the top barriers to getting medical treatment.

- When asked what was most needed to improve the health of your community Respondents from all three counties reported that Healthier Food Choices was what was most needed to improve the health of their communities

- When people were asked what health screenings or education services are needed in your community Nassau/Queens respondents felt that Blood Pressure, Diabetes, and Cancer services were most needed. Suffolk County respondents felt that Drug & Alcohol, Mental Health/Depression, and Routine Well Checkups services were most needed.

- For the final question people were asked where do you and your family get most of your health information Both Nassau/Queens and Suffolk Counties respondents said the top three places they get their health information from are Doctor/Health Professional, Internet, and Family or Friends.

- **2019** - 1,249 surveys were collected between January 1st and December 31st, 2019. There were 347 respondents for Nassau, 819 for Suffolk and 83 for Queens.

    - When asked what the biggest ongoing health concerns in the community where you live are, Nassau/Queens Counties respondents chose Cancer, Diabetes, and Drug & Alcohol Abuse as their top three. Suffolk County respondents chose Drugs & Alcohol Abuse, Cancer and Mental Health Depression/Suicide as their top three concerns. Both Nassau/Queens and Suffolk named Obesity/Weight Loss Issues and Health Disease & Stroke as their 4^{th} and 5^{th} choices.

    - When asked what the biggest ongoing health concerns for yourself are Nassau/Queens and Suffolk respondents agreed that Heart Disease & Stroke was the top concern. Cancer was second for both counties.

    - The next question sought to identify potential barriers that people face when getting medical treatment respondents from all three counties reported that No Insurance, Unable to Pay Co-Pays/Deductibles, and Fear were the top barriers to getting medical treatment.

    - When asked what was most needed to improve the health of your community, Nassau/Queens respondents chose Clean Air and Water as their top need. Suffolk chose Mental Health Services. Both counties chose Healthier Food Choices as their second most needed improvement.

    - When people were asked what health screenings or education services are needed in your community Nassau/Queens respondents felt that Blood Pressure and Cholesterol services were most needed. Suffolk County respondents felt that Mental Health/Depression and Drug & Alcohol services were most needed. Cancer was the third choice for both counties.

    - For the final question people were asked where do you and your family get most of your health information. Both Nassau/Queens and Suffolk Counties respondents said the top three places they get their health information from are Doctor/Health Professional, Internet, and Family or Friends.

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

Strengths:

- The MPH program has many strengths and finds no weaknesses in meeting this criterion. With regard to strengths, the MPH program has established strong partnerships with the public health workforce in communities including the HIV/AIDS professional workforce, the public librarian workforce, and the broader health and social service provider community. We have sustained productive relationships that provide ongoing mechanisms to collect data from using a variety of methods and data sources to assess community needs. We routinely review our needs assessment data with communities and together we collaboratively plan, implement, and improve workforce training opportunities that are provided by MPH program faculty, staff, students, and our affiliates.

Weaknesses:

- In review of this criterion, we find no weaknesses.

Plans for Improvement

- Our plan is to continue to maintain our partnerships with the Center for Public Health Education, the Long Island Health Collaborative, and the Suffolk Cooperative Library System, and continue to grow opportunities for student participation in needs assessments and the resulting workforce development activities provided by the MPH program faculty, staff, and students. We also have recently assessed our alumni network to identify their continuing professional development needs and are actively considering ways to support their success as part of the public health workforce.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

The program's process for developing and implementing (and evaluating) professional development activities for the priority professional workforce identified in Criterion section F3 is based on a few factors. First, we thoroughly review our needs assessments and confirm priorities with our community partners. Second, all activities are carefully planned and implemented with close guidance and ongoing engagement with our community partners. Adjustments to content, delivery, process, and learning outcomes are made in an ongoing and iterative manner whenever developing and implementing an activity, and after a training event there is dedicated time to reflect and discuss opportunities for improvement during weekly meetings with team members, review of participant evaluations and pre/post-assessments to determine of learning objectives were achieved as intended. Third, activities that are not well attended or fall short of objectives are revised to ensure that we improve with future programs.

2) **Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program).**

For the HIV/AIDS Professional Workforce Community: The HIV/AIDS Workforce Community: Under the New York State Department of Health Regional Training Center program, the Center for Public Health Education has trained 2,024 health and human service providers and individuals seeking employment as a Certified Peer Worker and provided 52 webinar training events and 48 in-person trainings from January 2017 – September 2020 in the Long Island region. A major portion of training is targeted to individuals seeking employment as Certified Peer Workers and included the following training: Three Day Pre-Certification Peer Worker Training, New York State Peer Worker Certification Process (webinar), Peer Workers Promoting Primary Care and Peer Workers as Patient Navigators. Going back three years, for the 2017 – 2018 stage, 83 training events to 818 participants were completed. Examples of training offered to the Long Island clinical work force included: Elements of Transgender Health, Managing Oral Lesions for Oral Health Providers, HIV Issues for Nurses, Building Bridges to Cultural Competency and Medications Errors for Pharmacists. Throughout the 2018 – 2019 timeframe, CPHE conducted 66 training events to 679 individuals and training topics included: Harm Reduction Strategies to Prevent HIV/HCV Infection, Primary Care for Oral Health Providers, Reducing Stigma in Healthcare and LGBTQ Cultural Competency. During the 2019 – 2020 cycle, CPHE experienced a substantial reduction in training event to the Long Island work force due to COVID-19, however, 55 training events to 936 individuals were completed. Training topics also reflected training need on COVID-19 and included: COVID-19 and Stigma, Self-care Strategies of Healthcare Workers During COVID-19, Role of Health Home Care Managers, Health Equity and Health Literacy in Patient Care.

For the Public Librarians Professional Workforce Community: From January 2019 through October 2020 (ongoing) the MPH program collaborated with public librarians to deliver free trainings, workshops, webinars with our programs designed, implemented, and evaluated by our trained and supervised inter-professional team of students (nursing, public health, social welfare, dietetic interns, and health science library interns). Programs are offered based on librarian interest (needs assessments) and priority health issues. In January 2020, the Healthy Libraries Program was selected for a Community Impact award ($10,000) by the Long Island Board of Directors of the American Heart Association to support the success of these trainings (covering the cost of printed educational materials on heart disease and stroke prevention, blood pressure cuffs, and promotional Branded material and student uniforms). The list of programs

(delivered in person up until March 2020; virtual/remote delivery using Zoom thereafter) include these topics, and are evaluated with pre/post polls of participants to assess learning outcomes immediately before/after each session. Sessions are recorded and posted on YouTube and linked to library websites for download/viewing after the live event. Topics to date: Disinfection for Homeless Shelters and Food Pantries (hosted by Patchogue-Medford Library, April 17, 2020; COVID-19, CVD, and Respiratory Issues (hosted by Patchogue-Medford Library, April 2020); Teen Mental Health During Social Distancing (May 26th, 2020, 71 participants, hosted by the Suffolk Cooperative Library System); Telehealth: What should you know? (May 27th, 2020, 22 participants, Patchogue-Medford public library); COVID-19, CVD, and Respiratory Issues (June 2, 2020; entirely in the Spanish language, Patchogue-Medford Public Library); General Disinfection for COVID-19 Webinar (June 16th, 2020, 48 participants, The Brentwood Public Library); Stress and Mental Health During COVID-19 (June 17th, 2020, 59 participants, hosted by the Suffolk County Cooperative Library System); Lyme and Tick-Borne Disease (July 7, 2020; 11 participants, Patchogue-Medford Library); Outdoor Safety (July 21st, 2020); Back to School and COVID-19 (September 8th, 2020, Sayville Public Library); COVID-19 Update (September 15th, 2020); Virtual Supermarket Tour and How to Read a Food Label (September 16th, 2020 and again October 8, 2020). Post-event, these webinars have so far been downloaded or had unique views on average 90-200 times (to date).

Other examples of professional development and training the public health workforce: In 2019, the MPH program was asked to assist the University's Office of Global Affairs to train 25 delegates from the Henan Providence in China, all working in public health ministry positions. Dr. Benz Scott was tasked with selecting, inviting, and coordinating the topics and content of several public health practice and clinicians including the Suffolk County Commissioner of Health Services at the time (Dr. James Tomarken), an infectious disease epidemiologist who is a compliance officer for hospitals throughout New York State, and members of our core and affiliated faculty (Drs. Norman Edelman and Linda Mermelstein).

Tentative Schedule -- China Center Training Program for Henan Delegation
Public Health & Infectious Disease in the U.S.
November 4 to November 7

Day	Date	Time	Lecture/Activity	Presenter	Location
1	11/4 (MON)	9:30 am - 10:30 am	Orientation	Trista Lu, Assistant Director, China Center	Charles B. Wang Center - Room 201
		10:00 am -- 10:30 am	Welcome	Yixian Qin, Acting VP/Dean of Global Affairs	Charles B. Wang Center - Room 201
		10:30 am - 12:30 pm	U.S. health care system	Dr. Norman Edelman, MD Professor, FPPM (Family, Population & Preventive Medicine) Core faculty of the Program of Public Health, Stony Brook University	Charles B. Wang Center - Room 201
		12:30 pm - 2:00 pm	Lunch		
		2:00 pm - 4:00 pm	Overview of the US, State, and Local Public Health System" with an emphasis on local surveillance and handling of communicable diseases	Dr. Linda Mermelstein MD, MPH	Charles B. Wang Center - Room 201
2	11/5 (TUE)	10:00 pm -12:00 pm	Infectious Disease - Development in Chronic Care Management and innovation in treatment/control of infectious disease	Dr. Luis A. Marcos, MD, MPH, FIDSA Associate Professor of Medicine Director, ID Fellowship Program Division of Infectious Diseases	Charles B. Wang Center - Room 201
		12:00 pm - 2:00 pm	Lunch		
		3:00 pm - 4:00 pm	Hospital associated infections and the program created and implemented in NY state	Mare Ciacco Tsivitis, MPH, CIC, FAPIC HAI Reporting Program Regional Representative – Metropolitan Area New York State Department of Health Bureau of Health Care Associated Infections	Charles B. Wang Center - Room 201
3	11/6 (WED)	10:00 am - 12:00 pm	Introduction of infectious disease research focused on the pathogenesis of chronic infection by the pathogen, Cryptococcus neoformans	Dr. Bettina Fries, MD Professor Infectious Disease, Chief of Infectious Diseases School of Medicine, Stony Brook University	Charles B. Wang Center - Room 201
		12:00 pm - 2:00 pm	Lunch		
		2:00 pm - 4:00 pm	Latest development in health emergency preparedness, pandemic planning and preparedness	Dr. Susan V. Donelan, MD, FSHEA Medical Director, Assistant Professor Infectious Disease School of Medicine	Charles B. Wang Center - Room 201
4	11/7 (THU)	10:00 am - 12:00 pm	Development in control, treatment and care for AIDS/HIV and other infectious disease.	Dr. Jack Fuhrer, MD Associate Dean for Admissions Associate Professor of Medicine Clinical Director of the AIDS Center	Charles B. Wang Center - Room 201
		12:00 pm - 2:00 pm	Lunch		
		2:00 pm - 4:00 pm	*Disaster Management or Infectious Disease on a polulation level focus.*	Dr.James Tomarken MD, MPH, MBA, MSW Suffolk County Department of Health Services -- Commissioner	Charles B. Wang Center - Room 201

Contact Informaion: chinacenter@stonybrook.edu, 631-632-1448
Trista Y. Lu, Assistant Director China Center - trista.lu@stonybrook.edu

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

Strengths*:*

- The MPH program at Stony Brook Medicine has a robust approach to workforce professional development with priorities for the HIV/AIDS professional workforce, public librarian work force, and the broader Long Island Health Collaborative workforce. The MPH program engages faculty, staff, and students in a variety of trainings, webinars, and workshops that are planned and implemented based on review of needs assessments and thoughtful planning with our community partners using evidence-based tools.

Weaknesses:

We find no weaknesses in meeting this criterion.

Plans for Improvement:

We plan to continue to sustain and grow in the types of professional develop programs delivered by the MPH constituents.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

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

The PPH is committed to diversity among our faculty, staff, and students. In the prior self-study (2013), the MPH degree program identified persons who self-identify as Black/African American and/or Hispanic/Latino race/ethnicity as the program's self-defined, priority under-represented populations. In 2020, we reaffirmed our commitment to the same priority under-represented populations who remain a particular interest to the PPH/MPH degree program. Historically, these groups are and continue to be underrepresented in the PPH/MPH, in higher education (including graduate public health education), and in the public health workforce, especially in leadership positions. It is critical for our PPH/MPH students, faculty, and staff to learn, participate and work in an environment that is inclusive and respectful of all populations as educators, researchers, mentors, and colleagues. Diversity in the PPH/MPH degree program contributes to the diversity of the public health workforce. A diverse public health workforce better serves the unique needs of diverse populations.

The process used to define priority populations among PPH/MPH students, faculty, and staff is on-going and reflects the PPH commitment to diversity and inclusiveness in all constituent degree and certificate offerings. For the MPH Degree Program, this includes regular reviews of MPH student recruitment and admissions data quantifying the self-reported characteristics of race/ethnicity, as well as reviews of these characteristics among PPH/MPH faculty and staff, especially during job searches. We compare diversity among our MPH student body and faculty and staff to diversity among other graduate programs at Stony brook University in addition to data reports on these metrics provided by ASPPH using SOPHAS source material and data reported by member Schools and Programs in Public Health to understand national trends, best practices, and the experiences at comparable peer institutions.

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

The PPH has adopted the following goals and measurable objectives for increasing the representation of and to support the persistence and success of our identified priority under-represented populations, among the MPH degree program students, faculty and staff (see Criterion section B1.1).

GOAL 7: (Diversity, inclusion, cultural competence and equity) Meet our commitment to provide a diverse, inclusive, and equitable learning and working environment for our students, faculty, and staff.	7a) Recruitment strategies ensure a diverse student body.
	7b) Diverse student body in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.
	7c) Students favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.
	7d) Recruitment strategies ensure a diverse faculty and staff.
	7e) A diverse faculty and staff in terms of ethnicity/race, gender, gender identity, sexual orientation, age, clinical background, work experience, and health care and service backgrounds.
	7f) Faculty and staff favorably perceive the MPH degree program's climate regarding cultural competence, diversity, inclusion and equity and follow-up on identified areas of concern.

GOAL 8: (Diversity, inclusion, cultural competence and equity) Foster a meaningful sense of cultural competence in our students, faculty, and staff	8a) The MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations.
	8b) Students' service and research efforts are informed by best practices regarding cultural competence.
	8c) Faculty and staff participate in professional development activities that foster cultural competence.

These goals are consistent with Stony Brook University Plan for Equity, Inclusion and Diversity, which can be accessed at https://www.stonybrook.edu/commcms/cdo/plan/plan.php (a copy is also located in the ERF: Folder G1) and the mission of the SBU Office of Institutional Diversity and Equity (OIDE) https://www.stonybrook.edu/commcms/oea/index.php. The mission of the OIDE is to uphold and reaffirm the University's commitment to creating and maintaining workplace, educational and recreational environments that are safe and accessible, and free of all forms of discrimination, including sexual misconduct.

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

PPH actions and strategies to advance and support the goals and objectives noted above in section G1.2, focus on recruitment of MPH students, PPH/MPH faculty and PPH/MPH staff from the program-defined priority populations, and the retention and success of these constituent groups.

Processes used to define the actions and strategies identified below, include reviews of the successes and challenges of prior actions and strategies undertaken by the PPH/MPH; actions and strategies implemented by other groups at Stony Brook University such as the Graduate School, the Renaissance School of Medicine, the School of Social Welfare, and the School of Health Technology and Management; information shared by other CEPH-accredited Schools/Programs at meetings such as ASPPH's annual meeting or the leadership retreat for Deans/Directors each summer; reviews of PPH/MPH self-reported data and feedback obtained from surveys of MPH students and MPH student feedback groups disc;ussions among PPH/MPH

faculty and staff (e.g., Executive Committee meetings), and reports/recommendations from the PPH Diversity, Inclusion, Cultural Competence and Equity committee (described in greater detail below).

In addition, we work closely with community partners to discuss appropriate actions and strategies and to obtain their feedback on our continuing efforts to increase representation of our defined priority population and to ensure their retention and success. Community partners include: Gregson H. Pigott, MD, MPH, Commissioner of Health, Suffolk County NY Department of Health. Dr. Pigott served as Director of the Office of Minority Health (OMH) in the Suffolk County Department of Health Services from June 2009; the HIV/AIDS provider community through our relationship and partnerships with the United Way of Long Island, which is the region's administrative body for the Ryan White HIV Planning Council for Long Island United Way (Georgette Beal and JoAnn Henn, lead administrators); and the Stony Brook Center for Public Health Education, a division of the SBU School of Health Technology and Management (Ilvan Arroyo MA).

The PPH implements the following actions and strategies:

Recruitment / admissions / retention / and success of a diverse MPH study body. As described in Criterion section A1.1 (Organization and Administrative Processes, page 16), the PPH Student Recruitment Committee (SRC) is charged with ensuring recruitment of a diverse and qualified applicant pool for the MPH degree program. The SRC evaluates the success of prior recruitment efforts, identifies new recruitment opportunities, and develops new plans of action for recruitment and assists with implementation (such as faculty attending recruitment events to meet with prospective applicants, giving presentations in undergraduate classes, meeting in groups or one-on-one. Attending affinity groups to network and discuss the field of public health with members of black student organizations, women in science, and other undergraduate clubs/organizations). The PPH SRC works closely with the PPH Admissions Committee to set targets for recruitment that align with diversity expectations for MPH student admissions and enrollment.

To increase MPH applications from priority populations, the PPH SRC focuses recruitment efforts on local 4-year colleges which tend to have greater racially/ethnically diverse student bodies, i.e. Farmingdale State College: 40% diversity among undergraduates: SUNY College at Old Westbury: >70% diversity among undergraduates; and New York Institute of Technology, Old Westbury campus: ranks 76 / 100 for racial/ ethnic diversity; 23% of undergraduates are white. SRC representatives present info-sessions at these institutions, describing the MPH program, advanced graduate certificate program offerings (a potential gateway to admissions to the MPH degree program), MPH concentrations, career opportunities in Public Health, MPH admissions requirements, and our MPH application process. Students also receive flyers with this information, the link to our website, and contact information for the Assistant Director for Student Affairs, to facilitate follow-up.

Members of the PPH SRC also meet with undergraduate programs of study at Stony Brook University (SBU) which tend to have a more racially/ethnically diverse student body. For example, at SBU, the Bachelor of Science in Health Science in the School of Health Technology and Management has over 1,000 students and more than 70% of the student body identifies with a historically underrepresented racial/ethnic minority group.

The PPH Assistant Director for Student Affairs meets with the State University of New York Educational Opportunities Program-Advancement on Individual Merit (EOP/AIM), which provides educational support to educationally and economically disadvantaged students. EOP/AIM students can apply to SUNY graduate schools for free. Because the PPH uses the SOPHAS application process, EOP/AIM students are still required to pay the SOPHAS application fee. In order to relieve these students of this economic burden which might be a barrier to applying to the MPH degree program, PPH funds cover the cost of the SOPHAS application fee for students recruited through EOP/AIM. The PPH Assistant Director for Student Affairs also meets with the SBU Women In Science and Engineering (WISE) program. Info-sessions about the MPH degree program, as described above, are presented to the EOP/AIM and WISE programs.

Separately, the PPH creates flyers advertising the MPH degree program, and supplies flyers annually to the 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, CIE staff circulates PPH flyers which contain information on our degree program offerings (included the MPH), admissions requirements, a link to our website, and contact information for the Assistant Director for Student Affairs. In October 2020, PPH joined CIE to participate in the Black Doctoral Network Virtual Recruitment Fair. Interested participants were able to speak with a PPH representative directly. PPH also received the list of participants (over 200) for future follow-up.

Additionally, intentional implementation of combined MPH degree programs with programs that historically enroll greater numbers of students from our PPH-defined priority populations contributes to improved representation of these groups in our MPH cohorts. Our new MSW/MPH dual degree program has brought several African American and Hispanic students to our entering cohort this year (as noted in section G1.5, page 234). Currently we are developing a proposal for a BA/MPH in collaboration with the Department of Africa Studies which we anticipate will help us to enroll greater numbers of priority population students.

Regarding retention and success of priority populations, the Program in Public Health is dedicated to recruiting diverse students who are well qualified to succeed in our MPH degree program. The Admissions Committee employs a holistic application review and student selection process that considers a comprehensive range of applicant factors. These include relevant but varied work and volunteer experiences, research experience and letters of recommendation and a personal essay, highlighting the applicant's interest in public health and potential to contribute to the field, in addition to academic metrics (such as GPA, course work and grades, etc.) and standardized test scores (e.g., TOEFL for students whose native language is one other than English, etc.). Students who may not meet requirements for admission to the MPH degree program may be offered the option of taking part in one of our advanced graduate certificate programs. The certificate Program can be a "gateway" to the admission to the MPH degree program because it offers students the opportunity to demonstrate their ability to succeed in MPH coursework and establish relationships with PPH/MPH faculty and then reapply to the MPH degree program.

We make every effort to support the success and retention of all of our MPH students, especially those who are among the PPH defined priority populations, with excellence in academic and career advising. The Assistant Director for Student Affairs supports our as they progress through the MPH degree program. She is our students' resource regarding requirements for all degrees and concentrations, plans of study, course schedules, deadlines, practicum and internship opportunities, leaves of absence, and change of concentration, etc. The Assistant Director for Student Affairs 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 and support continuous progress. MPH students are also assigned an advisor from among the Core MPH faculty members in the student's MPH concentration. MPH concentration faculty are most familiar with career opportunities and academic requirements in that particular area. Academic and career advising are described in greater detail in Criterions H1 and H2, respectively. Our response to G1.4 (below) describes in detail, members of the PPH/MPH faculty (core, primary instructional, non-primary instructional and affiliates), staff members, preceptors and guest lecturers who reflect the diversity of their communities and who contribute to the retention and success of PPH defined priority populations students by serving as role models and advisors.

Recruitment / retention / and success of diverse MPH faculty and staff.

The PPH implements several actions and strategies in job searches to recruit a diverse PPH/MPH faculty. In their last reaccreditation review of the PPH (2013), CEPH found the PPH to be deficient with regards to strategies for recruiting diverse faculty and staff. CEPH recommended that the PPH develop and implement strategies that were "active". Based on that recommendation, the PPH submitted a revised diversity recruitment strategy to CEPH in April 2015 (subsequently approved). The PPH began implementing this CEPH approved strategy in 2015; it remains the process by which the PPH currently recruits diverse faculty and staff for its degree programs. Details of the development process, stakeholders involved, and implementation of this CEPH-approved strategy are found in the ERF: Folder G1 – Recruitment Strategies for Diversity of Faculty and Staff – document "Interim Report to CEPH Diversity of Faculty Staff Strategy".

Also found in the same ERF Folder and subfolder is a recruitment plan for faculty (utilized in 2019-2020) and the current mailing list for women and minority outreach.

In addition to strategies for recruitment, the PPH employs policies and plans for promotion and retention of a diverse PPH/MPH faculty. Currently, the MPH Peer Mentoring Committee, described in Criterion section A1.1, page 17, provides all MPH faculty members with mentoring and professional development. In addition to the Peer Mentoring Committee, we work intentionally with MPH 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 Frances L. Brisbane PhD MSW, Vice President for Health Sciences Workforce Diversity (and retired 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.

PPH actions and strategies to recruit a diverse PPH/MPH staff are similar to those described above, for PPH/MPH faculty. In all cases the PPH closely follows the Stony Brook University Policy Manual for Equal Opportunity and Affirmative Action https://www.stonybrook.edu/policy/policies.shtml?ID=105. Additionally, PPH/MPH staff members are eligible for permanent appointment opportunities once they meet certain requirements: e.g., seven consecutive years of full-time University service in an eligible professional title, having the same eligible professional title for the last two of those seven years, and materials (staff member's CV/resume, letters of recommendation, and a self-assessment) submitted by the staff member's supervisor with a recommendation for granting permanent appointment. Final approval of the permanent appointment process for staff is the decision of the Chancellor of the State University of New York.

Other actions and strategies to support recruitment, retention, and success of diverse students, faculty, and staff.
Maintaining a learning and working environment that is safe, accessible inclusive, equitable, and free from harassment also contributes to recruitment, retention, and the success of program-defined priority populations among MPH students, faculty and staff. To accomplish this, the PPH recently assembled the Diversity, Inclusion, Cultural Competency and Equity (DICCE) committee (also described in Criterion section A1.1, page 19) to further support recruitment, retention and the success of program identified priority populations. The DICCE committee works to cultivate a supportive, welcoming, and respectful learning and working environment for all students, faculty, and staff, free of discrimination based on race, ethnicity, socioeconomic status, gender, religion, sexuality, gender identity or expression, political affiliation, disability, health status, national origin, religion, culture, refugee status, or other historically marginalized social identities. The responsibilities of DICCE include (1) regularly assessing the Program's climate with respect to diversity, inclusion and equity, using a variety of tools, including surveys, focus groups, and individual conversations; (2) reporting results of these assessments to the faculty, students and staff, seeking their input and recommendations about how to improve the Program's climate; and (3) developing and implementing initiatives to improve the Program's climate, using results from the assessments to guide decision- making. These include (but are not limited to) initiatives that support diversity, inclusiveness, cultural competence and equity considerations in the curriculum, scholarship, community engagement efforts, and recruitment and retention of diverse faculty, staff, and students.

The DICCE committee is instrumental in gathering data reflecting the perceptions of PPH/MPH students, faculty and staff with regard to the programs' diversity, inclusiveness, and cultural competence. The DICCE committee has developed and recently administered a PPH-wide online, anonymous survey to ascertain the PPH's climate. Survey results are described in detail in below in section G1.6. The committee also contributes questions about the PPH climate that are included in the end of semester MPH student feedback sessions. MPH student feedback session findings are also described in detail in section G1.6.

We widely disseminate PPH policies and SBU policies regarding conduct; sexual harassment; diversity, equity and inclusion; and disability and accessibility. These are explained in the PPH Bulletin https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf (also located in the ERF: Folder H5) and the PPH/MPH Orientation BlackBoard page. Included are contact information if students, faculty and staff want additional information, have concerns, or need to file a

complaint. PPH/MPH faculty, staff, and students are expected to adhere to the Stony Brook University Office of Diversity and Affirmative Action's (ODAA) "Non-Discrimination Policy", "Sexual Harassment Policy" and "Equal Opportunity/Affirmative Action Policy" with regard to hiring, employment, and promotion.

PPH policy requires that all PPH/MPH course instructors comply with SBU Senate Undergraduate and Graduate Councils policy requirements regarding statements and information about student accessibility support services (SASC), academic integrity, and critical incident management that should be contained in course syllabi. Required syllabi statements authorized by the SB University Senate Undergraduate and Graduate Councils address: **s**tudent accessibility support services (SASC), academic integrity, and critical incident management (https://www.stonybrook.edu/commcms/provost/faculty/handbook/academic_policies/syllabus_statement.php). PPH/MPH faculty are expected to be familiar with the Religious Holiday Statement and Academic Calendar found on the Office of the Provost website: https://www.stonybrook.edu/commcms/provost/faculty/handbook/employment/religious_holidays_policy.

The *Stony Brook University Student Conduct Code* is supplied to each academic year's incoming class in their Orientation materials: https://www.stonybrook.edu/commcms/ombuds/pdfs/universitystudentconductcode.pdf. 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. Since Fall 2020, students are asked to take the Stony Brook Community Pledge during Orientation: https://www.stonybrook.edu/commcms/studentaffairs/pledge/. During Orientation, students also participate in hour-long small group discussions led by PPH faculty on the topic of health disparities and institutional/systematic racism as a public health issue. The PPH Director 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, inclusion and equity and is free from harassment. To date, there have been no violations of any of the above policies among PPH faculty, staff, or students.

Stony Brook University provides numerous campus opportunities, programs, organizations, and events that support recruitment, retention and success among diverse PPH/MPH faculty, students and staff. These include offerings from the Office of Multicultural Affairs, LGBTQ* Services, Student Affinity Groups, and Diversity Centers: https://www.stonybrook.edu/commcms/cdo/resources/programs?accordion=undefined. As noted in section G1.2, SB University recently hired a new Vice President of Equity & Inclusion and Chief Diversity Officer, Judith Brown Clarke PhD and she has begun implementation of a new Diversity Action Plan 4 High Performance https://www.stonybrook.edu/commcms/cdo/news/DAP4HP_071320.php. (Dr. Clarke's presentation of her Diversity Plan in Action can also be found in the ERF: Folder G1. Faculty, staff and students are alerted by the PPH when these opportunities are announced and encouraged to attend.

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

PPH Goal 8 and associated measurable objectives (see Criterion section B1.1) drives processes to develop actions and strategies designed to create and maintain a culturally competent environment within the PPH/MPH degree program.

GOAL 8: (Diversity, inclusion, cultural competence and equity) Foster a meaningful sense of cultural competence in our students, faculty, and staff	8a) The MPH curriculum instills awareness and sensitivity to the cultural differences between populations, especially underserved populations.
	8b) Students' service and research efforts are informed by best practices regarding cultural competence.
	8c) Faculty and staff participate in professional development activities that foster cultural competence.

These include:

a) Curricular requirements**.**

The required MPH core curriculum (described in Criteria D1, D2, and D14) features courses that are aligned with the CEPH Foundational Public Health Knowledge Areas and Foundational Competencies that address diversity, health inequities, and cultural competence. Syllabi for these courses can be found in the ERF: Folder: D2.

Foundational Public Health Knowledge Area #10: Explain the social, political and economic determinants of health and how they contribute to population health and health inequities

- HPH 500 Contemporary Issues in Public Health
- HPH 523 Social and Behavioral Determinants of Health
- HPH 555 Demography and Global Health

Foundational Competency #6: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

- HPH 500 Contemporary Issues in Public Health
- HPH 523 Social and Behavioral Determinants of Health

Foundational Competency #8: Apply awareness of cultural values and practices to the design or implementation of public health polices or programs

- HPH 550 Theories of Health Behavior and Communication

Foundational Competency #14: Advocate for political, social or economic policies and programs that will improve the health of diverse populations

- HPH 555 Demography and Global Health

Foundational Competency #15: Evaluate policies for their impact on public health and health equity

- HPH 500 Contemporary Issues in Public Health
- HPH 508 Health Systems Performance

Foundational Competence #20: Describe the importance of cultural competence in communicating public health content

- HPH 501 Introduction to the Research Process
- HPH 550 Theories of Health Behavior and Communication

However, on reflection, the PPH Curriculum Committee (CC) determined at their July 14, 2020 meeting, that only addressing the Foundational competencies related to diversity, health inequities, and cultural competence in the core MPH curriculum is not sufficient. The PPH CC concluded that instructors of both MPH core and MPH concentration courses should be more intentional about incorporating themes of diversity, health equity, social justice, etc., about addressing descriptive and theoretical concepts regarding disparities, and teaching methods and approaches for addressing disparities, in their courses. The PPH CC requested that instructors provide to the committee, annotated syllabi which describe how they are covering this material in their classes, indicate the active components in their courses (i.e., readings, tools,

skill-building) that address a wide range of inequities (e.g., sex, race, age, class, disability, LGBTQ, etc.) and conduct culturally competent evaluations. The communication to faculty from the CC and the PPH/MPH Director can be found in the ERF: Folder G1: subfolder Curricula Requirements re Diversity. The process for review of syllabi for all core and concentration courses by the CC began with their August 14th, 2020 meeting. Feedback is provided to course instructors. Minutes from the July, August and September CC meetings can be found in the ERF: G1: subfolder CC Minutes.

In support of this PPH CC request to MPH faculty, the PPH Director has articulated as PPH **policy**, that faculty will integrate cultural competency, cultural sensitivity, equity, inclusion and social justice as part of a comprehensive pedagogical approach. (See ERF: Folder: E3: subfolder: Curricula Requirements Re Diversity - PPH Pedagogical Improvement and Teaching Observation Policy). To assist faculty with effectively incorporating themes of diversity, health equity, social justice, etc., into their courses, faculty are encouraged to attend the SBU Center for Excellence in Learning (CELT) series of faculty development activities: "CELT Conversations on Inclusive Pedagogy" (beginning Fall 2020). The first activity was a panel discussion titled "Syllabus reboot: Addressing inequity and racism through the teaching practice",

Faculty and staff are also encouraged to participate in professional development activities that are dedicated to diversity, equity, cultural competence, equity, and related themes, with the cost of participating (such as registration fees) paid for by the PPH to remove that barrier to attending. A list of workshops and trainings attended by faculty and staff to date, can be found in the ERF: Folder G1: subfolder Curricular Requirements Re Diversity – Fac Staff Diversity Trainings.

b) Our MPH students are exposed to members of the PPH/MPH faculty (core, primary instructional, non-primary instructional and affiliates), staff members, preceptors and guest lecturers who reflect the diversity of their communities.

The following PPH/MPH faculty, staff and affiliates work with PPH/MPH students in various capacities, providing ample student exposure to representatives of the program-defined priority population, but also the LGBTQ community, and other racial/ethnic minority and disability groups. These individuals serve as role models to our MPH students and are MPH academic and career advisors.

Héctor E. Alcalá PhD, primary instructional and core faculty in the PPH/MPH degree program, studies the impact of early life adversity on health. In particular, he examines how adversity impacts cancer risk and known correlates of cancer like smoking, cancer screening and use of other preventive health services. Dr. Alcalá's research also focuses on health disparities, with a focus on racial and ethnic disparities. Dr. Alcalá teaches two core MPH degree program courses: Theories of Behavior Change and Health Communication (HPH 550) and the Social and Behavioral Determinants of Health (HPH 523). In addition, he frequently serves as faculty supervisor for MPH student practicum projects (the Applied Practice Experience). Dr. Alcalá is also a member of the PPH Diversity, Inclusion, Cultural Competence and Equity (DICCE) committee (described in Criterion section A1.1, page 19 and below in G1.3, page 223) which has six MPH student representatives. Dr. Alcalá is the Faculty Diversity Ambassador for the department of Family, Population and Preventive Medicine the academic "home" of the PPH. His appointment letter is located in ERF Folder: G1.

Dr. Alcalá is actively involved in SBU programs and initiatives to improve health disparities and improve access to opportunities among under-represented groups. For example, on July 29, 2020, Dr. Alcalá took part as a panelist in the SBU Third Virtual Town Hall sponsored by the SBU Center for Changing Systems of Power, the College of Arts and Sciences, and the Stony Brook Alumni Association, discussing "Health Care Disparities: The COVID 19 Pandemic". He frequently reviews community outreach and educational materials (such as for the Healthy Libraries Program) to provide translation from English to Spanish which have reached over 150,000 community members using social media tools (the SBM website, twitter, Facebook) and grassroots efforts to reach Spanish-speaking communities on Long Island.

Recently, (October 2020) Dr. Alcalá took part in the community outreach event, "Ask Your County Health Commission Event" to increase awareness of the importance of flu vaccine this year during the pandemic.

This was a free ZOOM webinar featuring Gregson Pigott, MD, MPH, Commissioner, Suffolk County Department of Health Services, Lawrence Eisenstein, MD, MPH, FACP, Commissioner, Nassau County Department of Health, Moderator: Lisa Benz Scott, Ph.D., Director, Program in Public Health, Stony Brook Medicine. Dr. Alcalá provided the Spanish language translation in real time during the event and reviewed all print, website, and social media for translation in the Spanish Language. This community outreach event was broadly advertised by Stony Brook University and the Suffolk County Cooperative Library System to reach Spanish-speaking populations served by public libraries in underserved areas. 400 people registered for the event.

For the past 3 years, Dr. Alcalá has participated in the "Doctors Back to School Program" coordinated at the Renaissance School of Medicine at Stony Brook by Cordia Beverly MD, Assistant Dean for Community Health Policy (also described below) and a PPH/MPH affiliate, and Yvonne Spreckles, Director of Community Relations for Stony Brook Hospital. Doctors Back to School Day was developed by the American Medical Association to help students from underrepresented communities realize that medicine is an attainable profession. This program is conducted at underserved and ethnically diverse high schools on Long Island NY. Stony Brook participants in this program reflect the diversity of the participating high schools and share their stories about how they set and attained career goals in a health field. Dr. Alcalá represents the Hispanic/Latino community and the field of public health. MPH student Kahdija Ahmed, took part in this program with Dr. Alcalá in 2017.

At the national level, Dr. Alcalá has worked with the Minority Training Program in Cancer Control Research, since 2014, which aims to increase the representation of underrepresented minorities in the field of cancer research. To this aim, Dr. Alcalá has participated as a speaker for training workshops, advised students on graduate school applications and involved students in his research. This program has several hundred alumni, with over 100 pursuing a PhD since participating in the program.

The PPH collaborates with the Center for Public Health Education (CPHE to support Long Island public health workforce development. The CPHE is a Local Performance Site (LPS) of the Northeast/Caribbean AIDS Education & Training Center Program and a division of the SBU School of Health Technology and Management. Dr. Alcalá is the PPH faculty collaborator with the CPHE with Ilvan Arroyo MA, the Associate Director of the CPHE and affiliated faculty for the PPH/MPH. The CPHE and its' collaboration with the PPH is described in greater detail below in section G1.4.c, page 230).

Ilvan Arroyo MA is the Associate Director of the Center for Public Health Education (CPHE), a division of the SBU School of Health Technology and Management. and affiliated professional practice faculty for the PPH/MPH. Mr. Arroyo serves as a preceptor for an MPH Applied Practice Experience (i.e., Practicum) project focuses on workforce training, which is being conducted as part of the collaboration between the CPHE and the PPH. These are described in greater detail below in section G1.4.c, page 230.

Georgette Beal is Senior Vice President, Planning & Grants Management and Community Impact for the United Way of Long Island, which is the region's administrative body for the Ryan White HIV Planning Council for Long Island. As a community partner, Ms. Beal provided feedback on our most recent revision of the MPH mission, vison, values, goals and measurable objectives (see Criterion section B1.3). She has facilitated MPH student placements at United Way.

Cordia Beverley MD, currently serves as Assistant Dean for Community Health Policy and is a Clinical Associate Professor in the Department of Family, Population and Preventive Medicine, at Renaissance School of Medicine at Stony Brook University. She is committed to community and population health improvement and is a member of the School of Medicine Faculty Diversity Advisory Council. Her current research interest involves developing methods to improve the cultural competence of healthcare delivery to underserved populations coping with cancer or chronic diseases. Dr. Beverley frequently serves as preceptor for MPH practicum projects (i.e., Applied Practice Experience) and is an PPH/MPH affiliate faculty member. She also lectures on topics related to minority health and health disparities for the MPH core course, HPH 500 Contemporary Issues in Public health. Dr. Beverly's participation in the Doctors Back to School Program with Dr. Héctor E. Alcalá is described above.

Dr. Beverley was a member of Stony Brook Medicine's leadership team for the Delivery System Reform Incentive Payment (DSRIP) program, a CMS and New York State initiative which awarded Stony Brook Medicine funding as the lead organization to transform health care delivery for Medicaid and uninsured individuals in Suffolk County. During that time, she served as preceptor for a number of MPH practicum projects (i.e., Applied Practice Experience) conducted as part of the needs assessment and planning activities to implement DSRIP. Several of our MPH graduates were hired by the DSRIP implementation team to work on community engagement and evaluation activities.

Dr. Beverley and the PPH/MPH Director are currently Co-Chairs of the Community Engagement and Outreach Committee, charged by the Senior Vice President of the Health Sciences, to address emerging priority health disparity issues during the COVID crisis. They lead a group of behavioral scientists, family and preventive medicine clinicians, preventive medicine residents, community health educators, nutritionists, and outreach experts to plan, design and implement improved education and access to resources among Hispanic and African American communities. The website that was designed to provide educational information to the public on COVID-19 prevention in both English and Spanish as part of this outreach effort received 153,000 hits in the first week.

Francis Brisbane PhD MSW is Professor Stony Brook School of Social Welfare, Vice President for Health Sciences Workforce Diversity (https://renaissance.stonybrookmedicine.edu/hscdiversity), and retired Dean of the SBU School of Social Welfare. She is PPH/MPH affiliate faculty. Dr. Brisbane leads the Black Faculty and Staff Association (BFSA). 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 at SBU. The BFSA is a resource available to PPH/MPH faculty members for mentoring and professional development. The MPH Peer Mentoring Committee, described in Criterion section A1.1 (page 17), works intentionally with PPH/MPH faculty to assist them with mentoring relationships that involve senior faculty in other divisions of the university, including our affiliates. Dr. Brisbane was the keynote speaker at the experiential interprofessional learning opportunity conducted as part of the 2018 MPH Integrated Learning Experience (HPH 581 Capstone course). This activity used the book, *The Immortal Life of Henrietta Lacks by Rebecca Skloot* (2010) to facilitate discussions (described below in section G1.4.c, page 230). In her presentation, Dr. Brisbane discussed her personal experiences growing up as an African American woman during the same era as Henrietta Lacks. Dr. Brisbane advises the PPH on matters relating to recruitment of diverse faculty and staff, and contributed to the development of the PPH's current diversity recruitment procedures which were approved by CEPH in 2015 (see section G1.3, page 222)

Erica Diminich, PhD is a Research Scientist and Research Assistant Professor, Department of Family, Population & Preventive Medicine, and a PPH/MPH affiliate. Dr. Diminich builds partnerships with Latino communities living on Long Island NY. She is currently focused on the role of Hispanic churches on stress and mental health of Hispanic/Latino populations. She serves as preceptor for the MPH Applied Practice Experience (i.e. practicum).

Pascale Fils-Aime MPH MBA is the PPH/MPH Community Engagement and Practicum Placement Coordinator. Ms. Fils-Aime is an alumnus of our joint MPH/MBA degree program. She engages local community organizations, particularly those reflective of the diversity in their communities and which serve underserved populations, to identify appropriate Applied Learning Experience (i.e., practicum) opportunities for our MPH students. She assists students in connecting with these organizations to complete their practicum requirements. She also assists in putting together the PPH newsletter with internship and job opportunities for current students. Ms. Fils-Aime is a member of the PPH Diversity, Inclusion, Cultural Competence and Equity committee.

Yuri Jadotte PhD, MD, MPH, is an instructor (non-PIF) in the PPH/MPH degree program and a graduate of our MPH degree program. Dr. Jadotte will be the head of the future Generalist concentration (under development) and teaches elective courses attended by Preventive Medicine (PM, SBU Renaissance School of Medicine) residents who are also obtaining a concurrent MPH degree as a requirement of their residency program. Dr. Jadotte's scholarly work focuses on reducing health disparities via excellence in

preventive clinical care, translational socio-behavioral science research, interdisciplinary and interprofessional pedagogy, equitable policy-making and enhancing the capacity of health professionals to work collaboratively with disadvantaged populations to achieve optimal health outcomes.

Aldustus E Jordan Ed.D is Associate Professor (retired) and the former (retired) Dean for Student and Minority Affairs, Renaissance School of Medicine. Dr. Jordan is PPH/MPH affiliate faculty and teaches cultural competence and conflict management for the MPH Capstone Course (HPH 581) annually. Dr. Jordan provides guidance to the PPH/MPH Director and PPH/MPH faculty on matters of cultural competence, and had done so for many years. Dr. Jordan has had a long and distinguished career of service to the Stony Brook community. He is a long-standing role model and mentor for PPH/MPH faculty and students and gave a truly inspirational Key Note address at the PPH/MPH graduation 2019 (the "Dream Maker").

Valerie Lewis is Administrator for Outreach Services, Suffolk County Cooperative Library System and head of Talking Books services for the sight impaired. The SCCLS houses the Long Island Assistive Technology Center, which is dedicated to assistive technology for individuals who cannot use traditional print materials. Ms. Lewis is PPH affiliate faculty and has served as a preceptor for the series of MPH students' Applied Practice Experience (i.e., practicum), community-based "Healthy Libraries" projects These projects focus on Nassau and Suffolk County Libraries as sources of public health support for disadvantaged populations on Long Island NY. The Healthy Libraries Projects are described in greater detail in Criterion F2. MPH students who worked under Ms. Lewis had the experience of creating presentations that were tailored to the needs of vision-impaired audiences.

Gregson H. Pigott, MD, MPH is Assistant Professor, Stony Brook School of Medicine and Commissioner of Health, Suffolk County NY Department of Health. Dr. Pigott served as Director of the Office of Minority Health (OMH) in the Suffolk County Department of Health Services from June 2009. - He coordinated annual conferences devoted to eliminating health disparities that have focused on obesity, diabetes, cancer, emergency services and cultural literacy. Noting that an effective way to reach minority populations is through the community, Dr. Pigott organized the Suffolk County Gospel Health Fest, which offered inspiration, entertainment and health screenings, as well as the soccer health fest, featuring all-day tournaments and health screenings. MPH students have attended these conferences as volunteers at the request of Dr. Pigott Dr. Pigott also directed the Suffolk County SHOPs program and Baby Showers Program. Dr. Pigott is PPH/MPH professional practice affiliate faculty, a frequent guest lecturer in MPH core course HPH 500, Contemporary Issues on Public Health, conducts group advisement of MPH students on career planning, provides MPH practicum mentoring and participates in our graduations.

Catherine Polster BA, PPH Senior Staff Assistant and Assistant to the Director, is the Chair of the PPH DICCE committee which includes MPH student representatives. She actively participates as an ASPPH Diversity and Inclusion Section Leader for the Stony Brook PPH, and is a member of the Stony Brook Student Affairs Diversity Leadership Development Initiative (DLDI) Committee, the Health Science Center Workforce Diversity Committee, and Stony Brook PRODiG ("Promoting Recruitment, Opportunity, Diversity, Inclusion and Growth") Advisory/Alignment Committee (2019). MPH student representatives also serve on this committee. Ms. Polster is also a member of the new Stony Brook University Campus, Community and Personal Safety Advisory Committee, which is led by Judith Brown Clarke PhD, Vice President of Equity and Inclusion and Chief Diversity Officer, and Lawrence Zacarese JD MHA, Interim Chief of Police and Assistant Vice President for Campus Safety, Senior Operations Director for Institutional Resiliency and Business Continuity. The purpose of this committee is to research and identify opportunities for collaboration and partnership between the SBU community and the SBU Police Department (UPD) and to help build trust between these groups by developing a set of recommendations and guidelines that can enhance the work of UPD and create a progressive culture of understanding and accountability within the SBU campus community.

Marguerite Smith Esq, is leader of the Health and Wellness Committee for the Shinnecock Reservation in Southampton NY and, as a community partner, provided feedback on our most recent revision of the MPH mission, vison, values, goals and measurable objectives (see Criterion section B1.3).

Yvonne Spreckles, Director of Community Relations for Stony Brook Hospital, is a PPH/MPH affiliate. As noted above, she coordinates the Doctors Back to School Program with Cordia Beverley MD. She also coordinates the HOPE (Health Occupations Partnership for Excellence) Program which fosters the development of promising high school students from underserved, racially and ethnically diverse communities, and supports their pursuit of a college education and future careers in health care. The HOPE program is part of Stony Brook Medicine's Health Initiative for Underserved Communities. Ms. Spreckles has served as preceptor for the MPH student Applied Practice Experience (i.e., practicum project). She also provides part-time employment to PPH/MPH students in the community relations office.

c) PPH/MPH Faculty and students engage in scholarship and/or community engagement activities with agencies reflective of the diversity in their communities, that are designed to create and maintain a culturally competent environment**.**

Lisa Benz Scott PhD (Director PPH/MPH) collaborated with Professor Lauren Kaushansky to co-develop, implement, and evaluate an experiential interprofessional learning opportunity as part of the 2018 MPH Integrated Learning Experience (HPH 581 Capstone course). This IPE learning activity used the book, *The Immortal Life of Henrietta Lacks by Rebecca Skloot* (2010) to facilitate discussion which included topics such as communication across cultures and diverse populations, privacy and patient rights, professional roles and responsibilities, and advocacy for self and others. MPH / PPH faculty and students, as well as faculty and students enrolled in SBU graduate programs in Teaching, Social Work, and Physician Assistant Education as well as undergraduate health science majors (total = 250) took part in a 4 hour evening program which facilitated teamwork and collaboration among participants and used a variety of methods to conduct innovative presentations about the book. This activity resulted in a publication with two MPH degree program students as first and second authors: Hunt, L., Tkach, N., Kaushansky, L., & Benz Scott, L. (2019): **Analysis of an Interprofessional Experiential Learning Program Utilizing the Case of Henrietta Lacks**, *Pedagogy in Health Promotion*. https://doi.org/10.1177/2373379919875750. Recently this article was included in a "Special Collection: Teaching Racial Justice and Equity in Health Promotion and Public Health" organized by the journal *Pedagogy in Health Promotion* https://journals.sagepub.com/php/collection-teaching-racial-justice . This collection features published peer-reviewed articles which focus on new approaches to teaching and learning to address racism and health equity and promote social justice.

In January 2020, the PPH/MPH entered into collaboration with the Center for Public Health Education (CPHE) to support Long Island public health workforce development. [NOTE: The Memorandum of Understanding between the CPHE and the PPH can be found in the ERF: Folder G1: subfolder MOU CPHE]. The CPHE is a Local Performance Site (of the Northeast/Caribbean AIDS Education & Training Center Program) and a division of the SBU School of Health Technology and Management. Ilvan Arroyo MA is the Associate Director of the CPHE and affiliated faculty for the PPH. The CPHE provides "information on HIV/AIDS that supports health and human service professionals caring for people infected with HIV/AIDS; promotes quality care and targets resources needed to meet the needs of underserved communities; promotes HIV prevention education and harm reduction; influences public policy and facilitate research relevant to the HIV/AIDS epidemic" https://healthtechnology.stonybrookmedicine.edu/centers. The CPHE provides training opportunities to health care providers working with people living with HIV in the NY counties of Nassau, Suffolk and Queens. The PPH/MPH role in this collaboration is to identify training participants to the CPHE's regularly scheduled training sessions held on Long Island: provide MPH students to help conduct training needs assessments on the CPHE's AIDS Education and Training Center grant and assist in creating and conducting needs assessments for HIV Regional Training center grant; collaborate with the CPHE to pursue new funding opportunities and assist with grant renewal applications as needed to support workforce development, needs assessment, program delivery, and/or evaluation. MPH/PPH faculty member, Héctor Alcalá PhD assists with curriculum development. Dr. Alcalá, the PPH/MPH Director, and Ilvan Arroyo MA, with others from the Hofstra University MPH Program, also conducted the Long Island HIV Prevention Needs Assessment (2018). This is described in greater detail in Criterion F3.

In addition, the CPHE partners with the PPH to provide Applied Practice Experience (i.e., practicum) opportunities to our MPH students to provide scholarly products that are useful to the CPHE's workforce development mission. MPH student Tara Colon is currently working on a practicum project looking at workforce needs for the CPHE (Dr. Alcalá is the MPH faculty supervisor for this project; Mr. Arroyo is the preceptor).

The Community Health Assessment Survey is conducted by the Long Island Health Collaborative and is developed in partnership with its members (including the PPH) to assess perceptions of individuals and communities about their health and barriers to health and health care. The Long Island Health Collaborative partners with Long Island hospitals, county health departments, physicians, health providers, community-based social associations, human service organizations, academic institutions, libraries, health plans, local government, and the business sector, to engage in efforts to improve the health of all Long Island NY populations. Lisa Benz Scott PhD (Director, PPH/MPH) was part of the team that developed this tool in 2013. Results of the health needs assessment are useful for hospitals and health departments in developing their Community Service Plans and Community Health Improvement plans, respectively. Results also useful for community-based organizations, academic institutions, local municipalities, legislators, and other stakeholders for providing health need information for specific communities or populations for resource planning. This is an on-going survey – 14,000 surveys have been collected since 2013. Several MPH alumni were hired by the Long Island Health Collaborative to work on community needs assessments and / or establishing partnerships, including Pascale Fils-Aime MPH (noted above in section G1.4.b), who is now the PPH Practicum Placement and Community Outreach Coordinator. Numerous MPH students have also completed Applied Practice Experience projects (i.e. MPH practicum). This is described in greater detail in Criterion section F3.

As described fully in Criterion section F2, PPH/MPH Director Lisa Benz Scott established the Healthy Libraries Program (HeLP) in collaboration with the Suffolk County Cooperative Library System and partnering public library directors (in Brentwood, Patchogue-Medford, Longwood, Huntington Village and Huntington Station; underserved areas of Suffolk County, LI NY with racially and ethnically diverse populations) along with faculty supervisors and their students in Social Welfare, Nursing, Nutrition, Health Science Librarianship, and the MPH degree program. The goal is for students to work closely with the partners to assess the needs of public librarians and the patrons they serve for trainings, seminars, workshops, and other educational programs delivered in group and one-on-one formats on topics that address the social and behavioral determinants of health and promote access to local resources (such as homeless shelters, food pantries, primary health care, specialty care, mental health and substance abuse programs, and case management). The programs are entirely delivered by MPH, MSW, BSN, and health librarian interns who are recruited and supervised by faculty in each of these disciplines, all year round. Students completed trainings on disability support services, health literacy, and hunger solutions. To date, the Healthy Library Program has also provided HPH 580 Practicum (i.e., Applied Practice Experience) opportunities for 10 MPH students, 3 in 2018 (Jake Labriola, Bianca Franza, Gabriella Zapalla, and 7 in 2019-2020 (James Stork, Haolin Hong, Allison Vaughn, Laura Burkhardt, Talissa Tejadea, Jennifer Vasquez, and Rachel Leahy). This is an on-going project with potential for more MPH student collaborations. (2019-2020 practicum projects can be found in Criterion section D5).

Also described in Criterion F2: Amy Hammock PhD (core/PIF MPH faculty) involves students in a project with Spanish-speaking immigrants on Long Island. In 2019, she was approached by SEPA Mujer, Inc., a Latinx community organization on Long Island that advocates for the needs of Spanish-speaking immigrants on a variety of issues (citizenship, lack of pay, and other social determinants of health), to help them evaluate the effects of their new Spanish-speaking domestic violence hotline. This hotline is now receiving many calls about violence in the era of COVID-19. Dr. Hammock is involved in conducting a process evaluation of this work. Over the course of her meetings, the Executive Director of SEPA Mujer, Inc voiced her desire for SEPA and other organizations and researchers to come together to create a research hub on immigrants' experiences on Long Island. Dr. Hammock facilitated a connection between SEPA and several researchers at Stony Brook, and together, they recently submitted a National Science Foundation (NSF) application to develop a crowd-sourced information technology app to alleviate disparities in emergency response during natural disasters. This project is of particular interest to Dr. Hammock, both because interpersonal violence tends to increase during times of disaster and because the

Latinx community on Long Island has been hard-hit during recent hurricanes and flooding. The Director of SEPA Mujer and Dr. Hammock are both Co-PIs on that grant proposal. If funded (this should be determined by October 2020), Dr. Hammock plans to include 1-3 MPH students on this project.

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

*a. Efforts at increasing representation and supporting persistence and ongoing success of the MPH Degree program's priority MPH **student** population:*

- **MPH degree program applications, acceptances, enrollment and retention.**

Information on race/ethnicity of students is self-reported at the time of application for admission to the MPH degree program as part of the admissions application form (via SOPHAS).

Data on race/ethnicity for total enrollment for each of the past three year, are presented in Table 11, below. As shown, Black/African American and Hispanic/Latino students (our program defined priority population) together make up less than 20% of our total MPH student body, if we only consider students who identified one race. If students who identified Black or Hispanic as one of their races (among those who reported more than one race), then Black/Hispanic students make up greater than 20% of our total MPH student enrollment for years 2019 and 2020.

Table 11. Race/Ethnicity of MPH Students*: **Total** Enrollments Fall 2018 – Fall 2020

Incoming Class+	**Black/ African American**	**Hispanic/ Latino**	**Total Blk/AA and Hisp.*** **	Asian	White	Other**	**More than one race**	Not Reported	Total
	% (n)	**% (n)**	**% (n)**	% (n)	% (n)	% (n)	**% (n)**	% (n)	n
Fall 2018	**7.1 (6)**	**3.6 (3)**	**10.7 (9)**	28.6 (24)	52.4 (44)	1.2 (1)	**9.3 (5)*** **	1.2 (1)	84
Fall 2019	**6.7 (6)**	**2.3 (2)**	**9.2 (8)**	23 (20)	52.9 (46)	1.1 (1)	**13.8 (12)*** **	0	87
Fall 2020	**12.7 (13)**	**3.9 (4)**	**16.7 (17)**	17.6 (18)	52 (53)	0	**13.7 (14)*** **	0	102

*US Citizens only. **American Indian/Alaska Native and / or Native Hawaiian/Pacific Islander
+ MPH students only enroll in the program in the Fall of each year.

It is important to note that:
***2018: 5/5 students selected Black or Hispanic as one of their races, including these students would **increase the total % of Black/Hispanic enrollments to 16.7%**
***2019: 11/12 students selected Black or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic enrollments to 21.8%**
***2020: 13/14 students selected Black or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic enrollments to 29.4%**

In terms of our program defined priority population, compared to the current enrollment head count of **all** graduate students at **Stony Brook University** (below; US citizens only with known race/ethnicity), shown in Table 12, our current total enrollment of Black/African American and Hispanic students for 2020 exceeds that of SBU when we consider those who identified Black or Hispanic among more than one race. In terms of diversity, our current enrollment of Asian students and students with American Indian/Alaska Native and / or Native Hawaiian/Pacific Islander race/ethnicity, also exceeds SBU for 2020.

Table 12. Race/Ethnicity of SBU Graduate Students* 2020 (n = 6403; Fall Headcount Enrollment: SBU Fact Book 2020-2021) https://www.stonybrook.edu/commcms/irpe/fact_book/data_and_reports/human_resources.php						
Black/ African American	**Hispanic/ Latino**	**Total Black/ African American and Hispanic/ Latino**	**Asian**	**White**	**Other****	**More than one race**
7.3%	**12.7%**	**20%**	14.2%	62.9%	0.2%	**2.6%**

In terms of student diversity, the MPH degree program also exceeds that of the other Stony Brook Medicine schools. Student diversity within Stony Brook Medicine has been stable or increasing gradually over the past decade for most of the health sciences schools and programs. This table lists the percentage of URM (Under-Represented Minority) students enrolled in each school in 2009 and 2019.

	Percent of Enrolled URM Students	
Stony Brook Medicine Schools	**2009**	**2019**
Dental Medicine	7%	8%
Health Technology & Management	17%	21%
Nursing	20%	24%
Social Welfare	28%	28%
Medicine	12%	17%

Communication from Kenneth Kaushansky MD, Senior Vice President Health Sciences and Dean, Renaissance School of Medicine: Email to all Stony Brook Medicine personnel, Wednesday, July 29, 2020 at 8:21 AM – "**Coordinating Efforts to Achieve Greater Diversity and Inclusion in Healthcare by Creating a More Nurturing and Welcoming Environment for Students, Residents, Faculty and Hospital Staff Within the Renaissance School of Medicine"**

Tables 13 - 16, display **applications, acceptances and enrollment** for incoming cohorts, for our MPH degree program over the past three years. As shown, applications, acceptances, and enrollments of our program defined priority populations have greatly improved for the incoming 2020 cohort. Moreover, rates of Black/Hispanic students are equivalent to Whites when students who reported more than one race also identified as Black or Hispanic.

Table 13. Race/Ethnicity of MPH Students*: **Applications** Spring-Summer 2018 – Spring-Summer 2020									
Applications for Incoming Class	**Black/ African American**	**Hispanic/ Latino**	**Total Blk/AA and Hisp.*****	Asian	White	Other**	**More than one race**	Not Reported	Total
	% (n)	**% (n)**	**% (n)**	% (n)	% (n)	% (n)	**% (n)**	% (n)	n
2018	**13.3 (14)**	**3.8 (4)**	**17.1 (18)**	21.9 (23)	40.0 (42)	0	**17.1 (18)*****	3.8 (4)	105
2019	**14.7 (14)**	**1 (1)**	**15.8 (15)**	24.2 (23)	42.1 (40)	0	**14.7 (14)*****	3.2 (3)	95
2020	**19.1 (26)**	**4.4 (6)**	**23.5 (32)**	27.2 (37)	34.6 (47)	0	**10.3 (14)*****	4.4 (6)	136

*US Citizens only. **American Indian/Alaska Native and / or Native Hawaiian/Pacific Islander
[+] MPH students only enroll in the program in the Fall of each year.

<u>It is important to note that:</u>
***2018: 14/18 applicants selected Black or Hispanic as one of their races, including these applicants **would increase the total % Black/Hispanic applicants to 30.4%**
***2019: 12/14 applicants selected Black or Hispanic as one of their races, including these applicants would **increase the total % Black/Hispanic applicants to 28%**

***2020: 13/14 applicants selected Black or Hispanic as one of their races, including these applicants **would increase the total % Black/Hispanic applicants 33.1%**

Table 14. Race/Ethnicity of MPH Students*: **Acceptances** for Fall 2018 – Fall 2020 enrollment									
Incoming Class	**Black/ African American**	**Hispanic/ Latino**	**Total Blk/AA and Hisp.*** **	Asian	White	Other**	**More than one race**	Not Reported	Total
	% (n)	**% (n)**	**% (n)**	% (n)	% (n)	% (n)	**% (n)**	% (n)	N
Fall 2018	**10.5 (8)**	**1.3 (1)**	**11.8**	19.7 (15)	46.7 (36)	0	**18.4 (14)*** **	5.3 (4)	76
Fall 2019	**6.5 (4)**	**0 (0)**	**6.5 (4)**	14.5 (9)	56.5 (35)	0	**17.7 (11)*** **	4.8 (3)	62
Fall 2020	**17.3 (18)**	**3.8 (4)**	**21.2 (22)**	25 (26)	37.5 (39)	0	**12.5 (13)*** **	3.8 (4)	104

*US Citizens only. **American Indian/Alaska Native and / or Native Hawaiian/Pacific Islander

***2018: 14/14 students who accepted selected Black or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic applicants to 29%**
***2019: 9/11 students who accepted selected Black or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic applicants to 21%**
***2020: 12/13 students who accepted selected Black or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic applicants to 32.7%**

Table 15. Race/Ethnicity of MPH Students*: **New** Enrollments Fall 2018 – Fall 2020									
Incoming Class	**Black/ African American**	**Hispanic/ Latino**	**Total Blk/AA and Hisp.*** **	Asian	White	Other**	**More than one race**	Not Reported	Total
	% (n)	**% (n)**	**% (n)**	% (n)	% (n)	% (n)	**% (n)**	% (n)	n
Fall 2018	**4.8 (2)**	**2.4 (1)**	**7.2 (3)**	21.4 (9)	52.3 (22)	0	**14.3 (6)*** **	4.5 (2)	42
Fall 2019	**6.9% (2)**	**0**	**6.9 (2)**	10.3 (3)	58.6 (17)	0	**24.3 (7)*** **	0	29
Fall 2020	**18 (11)**	**6.6 (4)**	**24.6 (15)**	21.3 (13)	36.1 (22)	0	**18 (11***)**	0	61

*US Citizens only. **American Indian/Alaska Native and / or Native Hawaiian/Pacific Islander

***2018: 6/6 students selected black and/or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic new enrollments to 21.4%**
***2019: 6/7 students selected black and/or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic new enrollments to 27.6%**
***2020: 10/11 students selected black and/or Hispanic as one of their races, including these students would **increase the total % Black/Hispanic new enrollments to 41%**

We believe that the increased efforts of the PPH Student Recruitment Committee (described above in section G1.3) and the intentional implementation of combined MPH degree programs with programs that historically enroll greater numbers of students from our PPH-defined priority populations has contributed to improved representation of these groups in our 2020 MPH cohort. Our new MSW/MPH dual degree program has brought several African American and Hispanic students to our entering cohort this year (as noted in section G1.5). Recently the PPH/MPH program began to develop a proposal for a BA/MPH in collaboration with the Department of Africa Studies, which we anticipate will strengthen admissions and enrollment of a greater number of priority population students.

With regard to retention, the majority of students who enroll in the MPH degree program also graduate (see Criterion B2, Graduation Rates). As shown in Template B2-1, only one student dropped out/withdrew in the past five years. The MPH degree program is successful in retaining our program defined priority population.

*b. Efforts at increasing representation and supporting persistence and ongoing success of the MPH Degree program's priority MPH **faculty and staff**:*

Table 16. Race/Ethnicity and sex of current MPH Faculty and Staff 2020					
	Black/ African American % (n)	**Hispanic/ Latino** % (n)	**Asian** % (n)	**White** % (n)	**Female % (n)**
Core and non-Core Instructional MPH faculty (n=20)	5% (1)	5% (1)	10% (2)	80% (16)	40% (8)
PPH Staff (n=5)	20% (1)	0	0	80% (4)	100% (5)

Table 17. Race/Ethnicity and sex of current MPH Faculty and Staff 2019					
	Black/ African American % (n)	**Hispanic/ Latino** % (n)	**Asian** % (n)	**White** % (n)	**Female % (n)**
Core and non-Core Instructional MPH faculty (n=15)	0	5% (1)	10% (2)	80% (12)	40% (6)
PPH Staff (n=5)	0	0	0	100% (5)	80% (4)

Table 18. Race/Ethnicity and sex of current MPH Faculty and Staff 2018					
	Black/ African American % (n)	**Hispanic/ Latino** % (n)	**Asian** % (n)	**White** % (n)	**Female % (n)**
Core and non-Core Instructional MPH faculty (n=16)	0	5% (1)	10% (2)	80% (13)	44% (7)
PPH Staff (n=5)	0	0	0	100% (5)	80% (4)

Despite PPH/MPH efforts to increase representation of our program-defined priority populations among faculty and staff, proportions of Black/African American and Hispanic faculty and staff remain sub-optimal over the past three years. Presently, two of the 20 PPH/MPH faculty (10%) and one of the five PPH/MPH staff (34%) identify as a member of the program's self-defined, priority under-represented population based on race/ethnicity. Two PPH staff members identify as a member of the program's self-defined, priority under-represented population. While all PPH staff members are women, less than 50% of PPH/MPH faculty are women.

Our last MPH faculty recruitment was conducted in the Fall 2019. Characteristics of applicants are described below. The new hire, Olga Morozova is White.

Applicant Status	% Black/African American	% Hispanic/Latino	% Female	Total n
Applied	11% (11)	5% (5)	54% (54)	100
Qualified / not interviewed*	13% (11)	5% (4)	51% (44)	86
Qualified / Interviewed	0	7% (1)	71 (10)	14

* Insufficient experience / less qualified than other candidates / no grants / lacking clear line of research inquiry

Clearly, recruitment of faculty and staff representation of our program-defined priority populations remains a challenge. Our difficulties in this regard are not isolated. Proportions of Black/African American and Hispanic faculty and staff in the larger Stony Brook University community are also low and unsatisfactory.

Full time SBU Faculty, East and West Campus

Table 19. Race/Ethnicity of SBU FACULTY*: 2019 n=2475							
	Black/ African American	**Hispanic/ Latino**	**Asian**	**White**	**Other**	**More than one race**	female
	4.4%	4.2%	16.3%	74.4%	0.2%	0.5%	63.9%

*US citizens with known race ethnicity1

Full time SBU non-instructional, research or public service staff East and West Campus

Table 20. Race/Ethnicity of SBU Staff*: 2019 n = 3222							
	Black/ African American	**Hispanic/ Latino**	**Asian**	**White**	**Other**	**More than one race**	Female
	6.4%	10.8%	7.3%	74.1%	0.4%	0.9%	64.2%

*US citizens with known race ethnicity
Source: SBU Fact Book 2019-2020:
https://www.stonybrook.edu/commcms/irpe/fact_book/data_and_reports/human_resources.php

As Described above in sections G1.3 and G1.4, the PPH and Stony Brook University provides numerous opportunities, programs, organizations, and events that support retention and success among diverse PPH/MPH faculty, students and staff.

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

All PPH students, faculty and staff (MPH, MHA, and PhD programs) were invited to take part in a self-report anonymous web-based survey about the program's climate regarding diversity and cultural competence. Here we only report findings for the MPH Degree program, the unit of accreditation.

The students, faculty and staff surveys were developed by the PPH Diversity, Inclusion, Equity and Cultural Competence (DICCE) committee (described in Criterion A1, page 19 and above in section G1.3, page 223) and reviewed by the PPH/MPH Director, Lisa Benz Scott PhD. Surveys asked respondents about their perceptions of the inclusiveness of the learning and working environment, whether they felt supported and valued in this environment, how well they believe the PPH provides content about diversity and inclusion, and whether they have experienced or witnessed acts of discrimination. Surveys provided respondents with open space for additional comments and contact information. The student and faculty/staff survey tools can be found in the ERF: Folder G1: subfolder PPH Climate Surveys.

The PPH student climate survey.

The first online, anonymous PPH student survey was conducted in February 2020 and asked about student's perceptions for the Fall 2020 semester. Students received three email reminders to complete the survey. A faculty member of the DICCE committee (Héctor E. Alcalá PhD) visited MPH core classes to remind students of the importance of this survey and encouraged students to complete it. Reminders were also posted on the PPH FaceBook social media page. Three reminders were sent to students by the PPH Assistant Director for Student Affairs, as part of her regular PPH updates.

Survey respondents included students in the MPH and MHA degree programs. However, key findings are reported for MPH degree program students (the unit of accreditation) only. 24 MPH students responded for a response rate of 35% for the MPH degree program.

Quantitative findings. Students responded whether they Strongly Agree, Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree with a series of statements. 87%-91% of MPH students strongly agreed/agreed that they felt welcomed by their student peers, staff and faculty. 83%-91% of MPH students strongly agreed/agreed that they felt valued by their student peers, faculty, and staff. Smaller proportions of MPH students strongly agreed/agreed that student peers, faculty, and staff understood them and their situation (65% - 74%). 74% strongly agreed/agreed that they felt valued as a member of the student body. 73% - 65% strongly agreed/agreed that their contributions in class were valued by faculty and staff. 74% of MPH students strongly agreed/agreed that they were confident that the PPH would take appropriate actions to address their concerns about discrimination.

78% of MPH students strongly agreed/agreed that the PPH/MPH encouraged open discussion about diversity and inclusion while only 56% strongly agreed/agreed that the PPH/MPH did an adequate job providing content around diversity/inclusion.

100% of MPH students reported that they never personally experienced or witnessed discrimination based on age. 87% to 96% of MPH students reported that they never personally experienced or witnessed discrimination based on race, ethnicity, religion, disability, gender, or sexual orientation (respectively). 83% reported that they never personally experienced or witnessed discrimination based political identification.

Qualitative findings. The student survey provided space for students to share any additional comments, questions, concerns about their experience at SBU PPH during the Fall 2019 semester regarding equity, inclusion, and diversity, and / or make suggestions for future programming that the PPH could undertake to improve the climate of the PPH/MPH). Seven students offered comments:

- One student felt that the PPH program did not provide enough instruction on “respectful ways of handling diversity outside of school and in the public health field.” This student noted “Especially in the changing climate of the world we live in today where diversity and inclusion are so broadly discussed, and even more than discussed, but expected, we as future PPH officials need to be properly trained and educated on diversity.”
- Another student voiced the concern that class discussions were not politically balanced and favored one perspective over the other.
- Two students felt that there should be more racial/ethnic diversity among the faculty.
- One student suggested increasing the racial/ethnic diversity of the PPH/MPH faculty. Another suggested “programming events for Native American Heritage Month, Black History Month, Hispanic Heritage Month, etc. These events could include having presentations/discussions on health issues that are prominent in these different racial/ethnic communities.”
- One student stated that they felt that the PPH would support them if they experienced discrimination.
- Another student noted that the climate survey was “a great start.”

In addition to the surveys, MPH students were asked about diversity, inclusion, equity and cultural competence during their regular end of semester feedback sessions. The feedback session conducted in May 2020 (via ZOOM) with all second year MPH students was conveniently scheduled during their Capstone course (instructor exited the Zoom for this purpose). Notes were used to capture students’ qualitative responses to questions by the PPH/MPH Program Director on the topic of diversity, inclusion, and the PPH climate. Responses helped us to better understand the quantitative survey responses:

- MPH students expressed that while they felt that the PPH maintained an environment of inclusiveness, they felt that the program would benefit from more diversity among the PPH/MPH faculty.
- Discussions about whether MPH students felt valued, included, and respected also support the quantitative findings noted above – while feedback was mostly positive, some comments were negative.
    - For example, we learned that some students perceive that PPH/MPH faculty instructors are passive rather than active in encouraging open discussions about diversity and

inclusion, noting that MPH students experienced situations when students were more likely than faculty to initiate these discussions.

-

When asked what the PPH could do to promote equity, diversity and inclusion, MPH students suggested:

- Nominating MPH class leaders and/or having a team of MPH students undertake to promote /organize equity, diversity and inclusion activities.
- Students would like to see more volunteer opportunities for students to host an event or fundraiser addressing these themes.

The PPH faculty / staff climate survey.

The first online, anonymous PPH faculty and staff survey was conducted in April 2020 and also asked about faculty and staff perceptions for the Fall 2020 semester. Surveys were sent to 35 Core and instructional MPH faculty, MHA faculty and PPH staff. Recipients received three email reminders to complete the survey. Reminders were also posted on the PPH FaceBook social media page.

Survey respondents included 21 PPH faculty and staff in the MPH and MHA degree programs (response rate = 60%. The majority of faculty and staff participate in both the MPH and MHA degree programs. Because we are a small program we felt that separating out the small number of responses exclusive to the MHA faculty might violate the anonymous nature of the survey and make it possible to infer the identity of respondents, Therefore, key findings are reported in the aggregate for all PPH faculty and staff.

Quantitative findings. Faculty and staff responded whether they Strongly Agree, Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree with the following statements. 95% of faculty/staff strongly agreed/agreed that they felt valued as an instructor, advisor, or staff member by PPH students. 90% strongly agreed/agreed that they felt respected by PPH students. 95% also strongly agreed/agreed that there are people in the PPH who support them. 85% strongly agreed/agreed that they felt comfortable seeking advice from their colleagues in the PPH.

Smaller proportions of PPH/MPH faculty and staff strongly agreed/agreed that they felt welcome in the PPH and that their contributions in the PPH were valued by their colleagues (75% and 66%, respectively). 65% strongly agreed/agreed that their colleagues did not question their knowledge based on their identify. 60% strongly agreed/agreed that their colleagues viewed them as equal participants in the PPH. 75% of faculty and staff strongly agreed/agreed that their colleagues in the PPH staff understood them and their situation while 60% strongly agreed/agreed that students in the PPH understood them and their situation. 75% of faculty and staff strongly agreed/agreed that they were confident that the PPH would take appropriate actions to address their concerns about discrimination.

90% of PPH faculty and staff strongly agreed/agreed that the PPH/MPH encouraged open discussion about diversity and inclusion while only 65% strongly agreed/agreed that the PPH/MPH did an adequate job providing content around diversity/inclusion.

90% of PPH faculty and staff reported that they never personally experienced or witnessed discrimination based on religion and 85% reported that they never personally experienced or witnessed discrimination based on sexual orientation. 80% reported that they never personally experienced or witnessed discrimination based on disability. 70%, 67%, and 60% reported that they never personally experienced or witnessed discrimination based on gender, socioeconomic status, and age (respectively). 65% of faculty and staff reported that they never personally experienced or witnessed discrimination based on race or ethnicity or political affiliation.

Qualitative findings. The faculty and staff survey provided space for respondents to share any additional comments, questions, or concerns about their experience at SBU PPH during the Fall 2019 semester regarding equity, inclusion, and diversity. Comments underscored:

- Need for greater diversity among the faculty.
- Including topics about race, inclusion and equity more frequently and with greater prominence in the curriculum.

- Concerns about lapses in collegiality and behaviors that could lead colleagues to feel undervalued or less respected by their peers.

In summary, the results of the MPH student and PPH faculty and staff surveys reveal important deficiencies in the PPH related to this criterion. Less than 100% of MPH students and PPH faculty and staff feel welcomed or valued in the PPH. Less than 100% of MPH students and PPH faculty and staff feel that the PPH would address their concerns regarding discrimination. Additionally, some MPH students and PPH faculty and staff experienced or witnessed some forms of discrimination during the Fall 2020 semester. This is not satisfactory to our program and has motivated immediate actions to improve the climate for all.

Key findings for MPH student and PPH faculty and staff surveys were presented to the PPH Executive Committee on July 7, 2020 (minutes of this meeting can be found in the EF: Folder G1: subfolder EC Minutes). The PPH plans to repeat these surveys annually. Annual surveys will allow us to identify patterns/ trends in PPH/MPH climate ratings and to identify critical problem areas for immediate attention by PPH leadership. In addition to annual self-report surveys, we will continue to add questions related to climate (diversity, inclusion, equity, cultural competence) to all end of semester MPH student feedback sessions.

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

Strengths:

- The PPH community was deeply impacted by the tragic murder of George Floyd and engaged in many discussions to consider how to be an ally against institutional racism, how to have difficult conversations about race and racism in and out of the classroom, and how to improve our climate as well as our curriculum to more intensely and intentionally commit ourselves to zero tolerance of discrimination. We have invested in several faculty and staff trainings and workshops on topics directly related to these themes and modified our new student orientation to include discussion of our commitment to a community that is respectful and free of harassment and discrimination, micro-aggressions, and disparities and discrimination. We removed the GRE requirement as part of admissions*, reviewed all core courses to ensure there are readings, discussions, and intentional learning activities focused on health disparities. We continue to be committed to continuously improve our climate with respect to diversity, inclusiveness, cultural competence, and equity.

  *We endorse the ASPPH position statement on admissions criteria and no longer require standardized test scores (i.e., GRE) as part of our admissions process.
  https://s3.amazonaws.com/ASPPH_Media_Files/Docs/ASPPH_GRE+Position+Paper.pdf

- The PPH/MPH continuously monitors our efforts to increase the diversity of our MPH/PPH students, faculty and staff and we continuously reflect on the adequacy of our MPH curriculum to address themes of diversity, inequity, social justice and cultural competency. We provide an educational and work environment that allows everyone consistent opportunities to be heard through surveys, feedback sessions, meetings with PPH leadership, and we respond with intentional and timely efforts to address concerns brought to our attention.

- As a result of what we learned about our climate in 2020 from students, faculty and staff feedback the PPH will conduct an annual quantitative climate survey plus incorporate qualitative discussion questions into the end of semester feedback sessions. We also have revised our new student orientation content to include an hour discussion on the topic of racism as a public health issue and our pledge as a community to engage one another with respect and a commitment to an environment free of harassment, discrimination and one that values diversity, equity, and inclusion. We have reviewed and as needed modified syllabi for MPH courses to promote faculty instructors who are actively and intentionally including content focused on health disparities, as well as racism as a public health issue. These actions will provide ongoing dialogue to improve the climate and to continuously alert the PPH of emergent MPH student concerns and allow PPH Leadership to address these concerns quickly. Faculty and staff are increasingly encouraged to participate in professional development activities that are dedicated to diversity, equity, cultural competence, equity, and related themes, with the cost of

participating (such as registration fees) paid for by the PPH to remove barriers to attending. The DICCE Committee shares workshops, trainings, webinars, readings, and other materials with all faculty and staff to promote understanding about how to address diversity in the classroom, and Executive Committee meetings intentionally includes agenda time allocated to DICCE reports and faculty/staff sharing of lessons learned and resources on this topic, The faculty and staff survey will be conducted annually as well. In addition, we are working to improve the diversity of our faculty, with collaborations with other divisions of the University with whom there are faculty who are among under-represented minority groups. We are developing a proposal for a BA/MPH in collaboration with the Department of Africa Studies. Our new MSW/MPH dual degree program has brought several African American and Latino students to our entering cohort this year.

- Our efforts for diversity improvements are not in isolation, the University at large, and the Schools and Programs of the Stony Brook Health Sciences (Stony Brook Medicine) leadership are highly committed to improving the diversity of our University community and to improving our climate. For example, the University recently hired a Chief Diversity Officer, Dr. Judy Clarke. She has launched several initiatives through the President's Office and the Office of the Vice President for Health Sciences and Dean of Medicine https://www.stonybrook.edu/commcms/cdo/news/DAP4HP_071320.php. All MPH faculty recently attended trainings held by the Chief Diversity Officer, to promote improvements in our climate (September 2020).

- Our MPH students are exposed to members of the PPH/MPH faculty (core, primary instructional, non-primary instructional and affiliates), staff members, preceptors and guest lecturers who reflect the diversity of their communities.

- The PPH and Stony Brook University provides numerous opportunities, programs, organizations, and events that support retention and success among diverse PPH/MPH faculty, students and staff.

Weaknesses:

- We are dissatisfied with our progress in recruiting and hiring faculty and staff representative of our program defined priority population. Although we are in a hiring freeze at this time, we are committed to future success with our diversity strategy to attract and hire future faculty and staff who identify as African American and/or Hispanic/Latino when we are able to launch a new search.

- Based on the results of our 2020 surveys and feedback sessions, we were not satisfied with aspects of our climate. This dissatisfaction has resulted in more intentional, active efforts to provide faculty and staff with more training opportunities to develop skills in discussing topics such as racism (institutional racism, structural racism) and actively addressing these topics in the MPH curriculum with readings, small group discussions, discussion boards, and other active learning activities. We are also not satisfied that less than 100% of students, faculty and staff report feeling welcomed and valued in the PPH/MPH.

- The climate survey response rate among our students was lower than desirable, with only 35% of MPH students participating. Our students have expressed feeling "survey fatigue" due to the number of different ways that we ask for their feedback and conduct assessments with web-based tools. Starting with the Fall 2020 semester, we have initiated plans to reduce the number of student surveys and space them out so that the climate survey is not requested for completion at a time that is in close proximity to another planned assessment.

- Similarly, the climate survey response rate for PPH faculty and staff was also lower than desirable (60%). However, PPH faculty and staff found the summary of survey findings to be interesting and useful to making programmatic improvements. PPH leadership has acted quickly to respond to reported concerns and faculty/staff have reacted to actions taken by the DICCE committee and PPH leadership for improving the PPH climate. Therefore, we are optimistic that "buy-in" to this important assessment will increase and yield higher response rates to subsequent surveys.

- Faculty and staff responses to the PPH climate survey indicate that more professional development opportunities are needed to support interactions and dialogue around issues of equity, inclusion, diversity, and cultural competence. Similarly, our students have indicated that some faculty are passive and uncomfortable discussing topics such as racism and health disparities, and this is not satisfactory for a public health program dedicated to excellence in teaching.

Plans for improvement:

- Although the MPH program currently has higher rates of students who identify as African American and also Hispanic/Latino compared to other graduate programs at Stony Brook Medicine, we are committed to our diversity strategy to increase the diversity of our student body. The PPH Student Recruitment Committee will continue to focus recruitment efforts toward under-represented groups; the PPH plans to continue intentional implementation of combined MPH degree programs with programs that historically enroll greater numbers of students from our PPH-defined priority populations. Currently, we are developing a proposal for a BA/MPH in collaboration with the Department of Africa Studies which we anticipate will help us to enroll greater numbers of priority population students.

- The PPH continuously monitors diversity trends among MPH/PPH students, faculty and staff and we are often not satisfied with the results of our strategies and actions. Based on our 2020 climate survey findings, student feedback sessions, and other informal dialogue with faculty, we are more intentional in our efforts to diversify our MPH/PPH students, faculty and staff. This includes more intensive efforts to recruit at local schools and SBU undergraduate programs with higher proportions of under-represented populations. We are increasing professional development opportunities for faculty/staff trainings on diversity and equity as well as how to be an ally for anti-racism. We are revising the MPH curriculum to identify and strengthen active learning focused on diversity and health disparities with intentional readings, discussion, and assignments that promote student to student and faculty to student interactions around culture competence. We revised our new student orientation to include intentional content in this area and launch each new cohort with a commitment to upholding a climate that values equity, inclusion, diversity, and one that is free of harassment and discrimination.

- Also based on the 2020 climate survey findings, the Senior Staff Assistant / Assistant to the Director and Chair of the DICCE committee is alerting faculty and staff regarding workshops and trainings provided by the SBU Ombuds Office, that focus in effective communication, maintaining a positive work environment, etc. These workshops can also be adapted to student audiences to ensure that all feel welcomed and valued as members of the PPH. A list of available workshops in located in the ERF: Folder G1.

- We are in the process of engaging our student leaders (OPHSA) in creating affinity groups (e.g., black students for public health; LGBTQ for public health and social justice) and planning educational events/programs.

- We will continue to provide our existing faculty with frequent opportunities for trainings, workshops, informal discussions, and sharing of resources to promote understanding, manage and resolve conflict, and have difficult conversations in the classroom around issue of diversity.

H1. Academic Advising

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

1) **Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.**

Academic advising services for the MPH Degree Program does not differ by MPH concentration or combined/concurrent MPH degree and proceeds as follows:

Academic advising for the MPH Degree Program begins with communication about course registration and attendance at the required new student orientation session. As noted below in Criterion section H1.5, during Orientation, MPH Concentration Heads, MPH faculty members and PPH staff attend. MPH Concentration Heads provide formal presentations that describe the different MPH concentrations in detail, so that students may make the best choice for their career trajectory. We also provide entering students with access to the New Student Orientation page on BlackBoard, which contains the PPH Bulletin, plans of study tailored to each MPH degree program and concentration, and general information about Stony Brook University, the PPH and the MPH degree program. The plans of study were created by the PPH Assistant Director for Student Affairs (Joanmarie Maniaci) to best inform MPH students of the courses they are required to take and of the course sequence that is suggested by the program. These are updated annually and also made available on our website.

The Assistant Director for Student Affairs supports students' progression through the MPH degree program. The Assistant Director for Student Affairs meets regularly with students to review their plans of study, and the recommendations discussed during these meetings are recorded on an Advising Sheet. The Assistant Director for Student Affairs 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 and support continuous progress. The Assistant Director for Student Affairs 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. Students are encouraged to direct their questions about course offerings, plans of study, degree requirements, deadlines, practicum requirements, and procedural issues including registration, academic standing, leaves of absence, change of concentration, and graduation to the Assistant Director for Student Affairs. Students are also encouraged to reach out to the Assistant Director for Student Affairs on an as-needed basis.

Each student in the MPH program (or any of the combined and concurrent degree programs) is assigned a faculty advisor within the first few weeks of matriculation into the program. Whenever possible, that advisor will be a Core* faculty member in the student's MPH concentration: Health Analytics, Community Health, and Health Policy and Management. MPH students may change advisors at any time with the consent of the PPH/MPH Director. MPH students who change their concentration will also be assigned, or may select, an MPH faculty advisor in the new concentration. Students are encouraged to meet with their MPH faculty advisors at least twice a year to discuss students' progress through the MPH Degree program, assess academic growth and attainment of the MPH Foundational Competencies, and provide guidance with independent study and other projects. The MPH faculty advisor also discusses the students' expectations for the future and acts as a touchstone if the student is having problems. The two meetings take place at the end of the Fall and Spring semesters and can be conducted in person or by phone, whichever is preferred by both the student and faculty advisor. As the end of the semester approaches each Fall and Spring semester, the Assistant Director for Student Affairs emails students to ask them to make an appointment with their faculty advisor. Students generally contact their faculty advisor directly to make appointments. 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 Assistant Director for Student Affairs reviews the Advising Sheet and Checklist (see the ERF folder: H1 Academic Advising), and acts to settle any pending items in concert with the student.

*NOTE: MPH Core faculty dedicate 50% or more of their FTE effort to the PPH. That effort can be a mix of primary course responsibilities and teaching, research, service, administration, and various other contributions (e.g., mentoring, advising) that support the PPH/MPH mission. There are significantly greater service, administrative, and research expectations on Core faculty as compared to other instructional faculty. All Core faculty report directly to the PPH/MPH director. The majority of Core faculty are also Primary Instructional Faculty.

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

The MPH core faculty are expected to serve as faculty advisors to MPH students. The advisors are generally selected by the Assistant Director for Student Affairs in consultation with the MPH Program Director, and assignments are based on the number of students in the pool to be assigned, the number of students already assigned (from a prior cohort) to have a fair/equitable number of advisees per faculty member, concentration interest and goodness of fit between student and faculty member. Participation in Executive Committee meetings familiarizes faculty with expectations and requirements of the MPH Degree program. During Executive Committee (EC) meetings, the Assistant Director for Student Affairs reviews faculty advisory roles and responsibilities. New faculty members receive guidance directly on this as part of their onboarding to PPH by observing advising sessions, reviewing the Advising Checklist, and discussing the roles/responsibilities for faculty advising with the PPH/MPH Director as well as the Assistant Director for Student Affairs. New faculty hires do not have advisees in their first year to give them time to acclimate and get to know the MPH program before beginning to advise.

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

In addition to the advising checklist noted above in section H1.1, the following advising materials and resources also provide academic guidance to students. These are accessible to students via the PPH website. Advising materials are also available on the MPH student orientation page on BlackBoard.

- The Program in Public Health MPH Degree Program website provides a comprehensive academic resource to MPH students. https://publichealth.stonybrookmedicine.edu/academics/mph

- The PPH Bulletin can be found here: https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf and ERF Folder: H5.

Examples of the following student advising materials and resources can be found in the ERF Folder H1: Plans of study advising MPH only by concentration. Web links are also provided below.

- MPH student plans of study and advising sheets for the MPH degree program by concentration can be found here:

MPH Degree Program Community Health Concentration:
https://publichealth.stonybrookmedicine.edu/academics/mph/communityhealth

MPH Degree Program Health Analytics Concentration:
https://publichealth.stonybrookmedicine.edu/academics/mph/healthanalytics

MPH Degree Program Health Policy and Management Concentration:
https://publichealth.stonybrookmedicine.edu/academics/mph/healthpolicy

- Sample plans of study and advising sheets for the following combined MPH degree programs can be found here and in the ERF Folder H1: Plans of study advising combined MPH programs

Master of Business Administration / MPH (MBA/MPH) Note: students can select from any of the MPH concentrations for the combined MPH/MBA. Other concentration plans can be discussed with the MPH Academic Coordinator. Only the Health Policy and Management Concentration plan of study/advising sheet is provided as an example.

https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/mba

Master of Arts in Public Policy /MPH (MAAP/MPH) Note: students can select from any of the MPH concentrations for the combined MAAP/MPH. Other concentration plans can be discussed with the MPH Academic Coordinator. Only the Health Analytics Concentration plan of study/advising sheet is provided as an example.

https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/mapp

MPH/MS Nutrition Note: students can select from any of the MPH concentrations for the combined MPH/MS Nutrition program. Other concentration plans can be discussed with the MPH Academic Coordinator. Only the Community Health Concentration plan of study is provided as an example.

https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/nutrition

- While plans of study and advising sheets are not provided for the following combined and concurrent MPH degree programs, these web sites provide academic and contact information for advising:

MD/MPH https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/md

MSW/MPH https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/msw

DDS/MPH https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/grad/dds

Accelerated undergraduate/MPH degree programs – BS Applied Math and Statistics/MPH, BS Pharmacology/MPH, BA Earth and Space Sciences/MPH , BA Women's Studies/MPH
https://publichealth.stonybrookmedicine.edu/academics/degreeoptions/undergrad

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

MPH student satisfaction with academic advising is assessed with a question in the annual Graduation Survey which is sent to all graduating seniors upon completion of the MPH degree program. A copy of this survey is located in ERF Folder B4.

Results of MPH Student Graduation Survey 2020 – 2018.

Table 21. MPH Student Graduation Survey 2020 – 2018						
	Exceptional % (n)	Excellent % (n)	Very Good % (n)	Good % (n)	Fair % (n)	Poor % (n)
How would you rate the quality of academic advising in the MPH program?						
2020 (n = 14/34; Response rate =41%)	86 (12)	7 (1)	0	7 (1)	0	0
2019 (n = 5/35; Response rate =14%	40 (2)	40 (2)	20 (1)	0	0	0
2018 (n = 6/26; Response rate = 26%	33 (2)	50 (3)	0	17 (1)	0	0

Although students may also add comments about academic advising to the Graduation Survey, very few do so. These two comments are from the 2020 survey and refer to the PPH Assistant Director for Student Affairs, Joanmarie Maniaci:

Comment #1: "…And Joanie. If I didn't have her helping me I would not have completed this degree."
Comment #2: "Joanie is essential to the program. She keeps us sane."

In summary, response rates for the 2020 Graduation survey are somewhat improved, compared to 2019 and 2018, but are still bellow 30%. While the majority of MPH graduates rated the quality of academic advising as Exceptional – Excellent, the proportion of Exceptional responses for 2020 exceeds that of 2019 and 2018.

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

Orientation to the MPH Degree Program does not differ by concentration or combined/concurrent MPH degree. Prior to the PPH orientation event, new MPH students receive an eWelcome Packet from the Assistant Director for Student Affair which provides instructions for completing HIPPA training, instructions for parking, and access to the MPH Orientation webpage on BlackBoard. The eWelcome Packet lists requirements which must be completed before the date of orientation which includes completing any outstanding conditions (final transcripts) as noted in their Letter of Admission; the online Human Subjects training provided by the Collaborative Institutional Training Initiative (CITI); HIPAA training and the student health form.

As noted above in section H1.1, before enrollment into courses, all new MPH students are required to attend a single new student Orientation session which is held in mid August before the start of classes. The PPH/MPH Director orients new students to the program. MPH concentration heads, MPH faculty members and PPH staff attend this session. MPH concentration heads provide formal presentations to describe the different concentrations in detail, so that students may make the best choice for their career trajectory. MPH students receive an overview of the Applied Learning Experience (i.e., Practicum) and review expectations for academic integrity and professionalism. Students receive an iPad, as part of Stony Brook Medicine's iPad initiative, and obtain their Student ID card. Additionally, students not already familiar with the Health Sciences building, receive a tour.

We provide entering students with access to the New Student Orientation page on BlackBoard, 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 and the MPH degree program, as noted above in section H1.1. 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.

New student orientation sessions are mandatory and are largely well attended. In rare instances, students who are unable to attend the session, meet individually with the Assistant Director for Student Affairs who then orients them to the MPH degree program. Because of temporary restrictions on in-person contact due to the COVID19 pandemic, this past fall (2020) was the first time that the PPM/MPH new student orientation was conducted online on August 19, 2020. As shown below, all elements of the in-person orientation were conducted via ZOOM conferencing with a combination of synchronous and asynchronous presentations. The entire orientation session was recorded so that students who could not attend, were still able to access the presentations. Links to all presentations are provided in the Blackboard Orientation site.

This an example of the correspondence that went out to students:

"PPH/MPH New Student Orientation Schedule for Welcome Week, August 17, 2020.

1. **Welcome Week** – in addition to the required orientation session, August 19, 2020, incoming students will be given a schedule of optional events happening during the week of August 17, 2020. These include a presentation from Financial Aid, an OPHSA sponsored yoga/meditation event, and a Health Care Leaders (HCL) sponsored guest speaker event.

2. IDs and iPads, can be picked up by the incoming students during our Curbside Pick-up event on August 20, 3-6 pm.
    a. Social distancing will be practiced and students will be required to wear a mask to pick-up their items.
    b. Students will be given options if they are unable to come to campus during this time.

3. Our regular required new student orientation will be conducted via ZOOM, August 19, 6:30-9pm. 6:30-7:30 will be the PPH/MPH Director's introduction, staff introductions, and dissemination of PPH-wide information. The PPH/MPH program director, degree program associate directors, and MPH concentration heads will also attend and give presentations. At approximately 7:30 pm MPH and MHA only "chat rooms" will begin.
    c. Several "pop-up" Zoom sessions with core PPH/MPH faculty are scheduled throughout the week so that students can meet with faculty informally. These sessions also include non-core PPH/MPH instructional faculty."

Each year, new MPH students are invited to attend a faculty/staff/student mingle that occurs either on the same day as new student orientation or during the first week of classes. Attendance is always excellent. Faculty are available to discuss the classes they teach, their research programs, and more generally, the program. Additionally, student representatives from our student organization (OPHSA) are available to answer questions..

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

Strengths:

- The PPH has developed a comprehensive advising system for the MPH Degree Program, whereby the roles of faculty, students, and the Assistant Director for Student Affairs are clearly delineated and the program makes every effort to encourage MPH students to meet with their MPH advisors and/or the Assistant Director for Student Affairs.
- MPH students are provided with many opportunities for academic advisement including regularly scheduled and "as-needed" meetings with their faculty advisor and the Assistant Director for Student Affairs.
- Online information about the MPH program is comprehensive and easily accessible
- Data obtained from MPH students in the past 3 years suggests that students are satisfied with MPH advising services.

Weaknesses:

- The PPH has formal procedures for advising but we are improving methods for tracking all instances where MPH degree program students receive academic advising (formal and informal) and how often this occurs. The Assistant Director for Student Affairs retains advising check lists that are completed by MPH faculty.
-
- Obtaining adequate response rates, and therefore meaningful data, for the MPH Graduation Survey continues to be challenging. Response rates for the 2020 Graduation Survey were somewhat higher than those for 2019 and 2018, but still below 30%.

Plans for improvement:

- PPH is developing a plan to document faculty/student advising, as well as staff/student advising, in a more systematic way. A shared tracking document has been created and collected data will be available for review at our site-visit.

- Starting this fall (2020), we are initiating a new pilot mentoring program with the new cohort of incoming MPH students. Our new MPH students will be matched with a 2nd year MPH student who will serve as their student mentor. MPH student mentors will be an additional source of information and support for new students as they navigate through their first year in our MPH degree program. MPH students enrolled in combined or joint MPH and clinical degree programs (e.g., MD/MPH; DDS/MPH, Preventive Medicine residents) that provide mentoring related to the MPH program will not be included. The Practicum Placement and Community Engagement Coordinator will track MPH student use and satisfaction with this new program in Spring 2021.

- Our MPM students have reported experiencing survey fatigue which may account for low response rates to the Graduation Survey. Starting Fall 2020, we are reducing the number of survey assessments that are MPH students are asked to complete. We are also sending out the Graduation Survey multiple times, to capture non-responders. We plan to remind students of the importance of our survey assessments via social media. We will also include discussion items about academic advising at the end of year feedback sessions with our graduating MPH seniors, which are conducted at the close of the Capstone course.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) **Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

Each student in the MPH degree program (or any of the combined and concurrent MPH degree programs) is assigned an MPH faculty advisor upon matriculation into the program. That advisor will be a Core MPH faculty member in the student's MPH concentration. It is primarily the role of the MPH faculty advisor to provide MPH students with individualized career counseling, and to assist with career placement opportunities. MPH 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. As noted in Criterion section H1.1, an MPH student's career path may be discussed during an advising session, or whenever the student would like to seek the guidance of their MPH faculty advisor. MPH faculty members are encouraged to ask about individual students' career goals, and to provide whatever assistance in achieving those goals that they deem appropriate and have the ability to carry out. A copy of the Advising Check List used by faculty during advising sessions may be found in the ERF: Folder H2. This check list includes items relating to career advising. MPH 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 MPH faculty members with joint degree advisees and the PPH Assistant Director for Student Affairs are encouraged to communicate with other program advisors if it's in the student's best interest.

In addition, the PPH administrative team sends frequent emailed announcements listing potential jobs, practicums, and/or internships to MPH students. These informative resources are organized and e-distributed by the PPH Assistant Director for Student Affairs (Joanmarie Maniaci) and the PPH Practicum Placement and Community Engagement Coordinator (Pascale Fils-Aime). Students receive resources in an e-newsletter format at least once per month. Career counseling is also contained within the MPH curriculum, with MPH students participating in a career-mapping exercise during the Capstone course (HPH 581). The career-mapping exercise involves defining a specific career goal that the MPH 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 (developed by the American Council on Education (ACE) Office of Women in Higher Education). The career-mapping exercise is located in the ERF Folder: H2.

Another career development activity for MPH students is the annual MPH Alumni Panel which is conducted in the Spring semester of students' second year, during their MPH Capstone course (HPH 581) (described in Criterion section D7, the Integrative Learning Experience). Each year, several of our MPH alumni are invited to take part in a panel whereby they discuss the public health work that they perform and their inter-professional experiences in the workplace, 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, students participate in a Question-and-Answer Session with the alumni presenters. We frequently hear from our students that this networking opportunity with alumni is a highlight of the program, and the alumni look forward to having the chance to return to share their growth since graduating and feel it is an honor to be a panelist.

The PPH website also provides information and links regarding careers in Public Health. https://publichealth.stonybrookmedicine.edu/careers/ph . The PPH website features information about alumni employment and this provides students with additional examples of various positions that are held by our MPH graduates.

In addition to the career advising and services provided to MPH students by the PPH, MPH students have access to the variety of services available from the Stony Brook University's Career Center https://www.stonybrook.edu/career-center/. The Career Center educates students about career development and job applications, and connects students to job and internship opportunities. The Career Center provides assistance with needs such as resume and cover letter writing, and job interviewing skills. The PPH actively promotes Career Center services through the bi-weekly emails sent to MPH students, presentations in MPH classes and/or at the MPH student organization meetings. For example, the PPH, in collaboration with our MPH 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. The recent presentation (March 5, 2020) by the SBU Career Center in collaboration with OPHSA is included ERF: Folder H2.

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

As noted above in Criterion section H2.1, each student in the MPH program (or any of the combined and concurrent degree programs) is assigned an MPH faculty advisor within the first 6 weeks of entering the program. The primary role of a faculty advisor is to assist with career counseling. Whenever possible, that advisor will be a Core MPH faculty member in the student's MPH concentration because MPH concentration faculty are most familiar with career opportunities in that particular area.

All Core MPH faculty take part in MPH student advising. The faculty advisor is oriented to their role by the Assistant Director for Student Affairs. Additionally, practice-based instructional and affiliate PPH/MPH faculty, give presentations to our MPH students during MPH core and concentration courses and at that time, also take part in career advising with the groups of students present. Career counseling may also take place during meetings with practice-based partners serving as Applied Practice Experience (i.e., practicum) project preceptors. Recent examples of practice-based and affiliate PPH/MPH faculty who present to, or serve as preceptors for our MPH students and also provide career advice include: e.g. Lawrence Eisenstein MD, MPH and Gregson Pigott MD, MPH, the Commissioners of Health for Nassau and Suffolk Counties (respectively), Reuvan L. Pasternak MD, MPH, former Executive Director Stony University Hospital; Fred Sganga, MPH, LNHA, FACHE Director, Long Island State Veterans Home at Stony Brook; Michael L. McClain, MA, MS Retired, former director of many Stony Brook Mental Health Programs; Linda Mermelstein, MD, MPH, Former Deputy Commissioner of the Suffolk County Department of Health Services (retired) and now Associate Director of Community Outreach, Stony Brook University Cancer Center; Robert S. Chaloner, MD, MBA (CEO, Southampton Hospital).

Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

<u>2018:</u>

(1) **Example of HPH 581 Capstone course session:**
March 1, 2018 – Guest Speaker: Urszula Zalewski, MBA, MS, Assistant Director of Experiential Programs, Stony Brook Career Center
Topics: preparing a concise resume/cover letter, interviewing (mock interview/employer highlights), job market, and salary negotiation skills.
Attendance: 23 MPH students

(2) Example of a Stony Brook University Career Center large scale event that all MPH/PPH students and MPH/PPH alumni were invited to attend.

Healthcare, Research and Human Services Job and Internship Fair
March 2, 2018 12:00 PM - 3:00 PM
West Campus - SAC- Student Activities Center - Ballrooms A & B
The Career Center invited Alumni Employers and Job Seekers to the Healthcare, Research and Human Services Job and Internship Fair. Attendance: unable to determine

Recruiters hired for internships, part-time and full-time jobs.

(3) Example of a Stony Brook University Career Center large scale event that all MPH/PPH students and MPH/PPH alumni were invited to attend.

Healthcare, Research & Human Services Job and Internship Fair
September 28, 2018 12:00 PM - 3:00 PM
West Campus - SAC- Student Activities Center - Ballrooms A & B
The Career Center invited Alumni Employers and Job Seekers to the Healthcare, Research & Human Services Job and Internship Fair. Recruiters hired for internships, part-time and full-time jobs. Attendance: unable to determine

2019:

(1) Example of a Stony Brook University Career Center large scale event that all MPH/PPH students and MPH/PPH alumni were invited to attend.

Healthcare, Research & Human Services Job and Internship Fair
March 1, 2019 12:00 PM - 3:00 PM
West Campus - SAC- Student Activities Center - Ballrooms A & B
The Career Center invited Alumni Employers and Job Seekers to the Healthcare, Research & Human Services Job and Internship Fair spring. Recruiters hired for internships, part-time and full-time jobs. Attendance: see table below

(2) Example of a Stony Brook University Career Center large scale event that all MPH/PPH students and MPH/PPH alumni were invited to attend.

Healthcare, Research & Human Services Job and Internship Fair
September 27, 2019 1:00 PM - 4:00 PM
West Campus - SAC- Student Activities Center - Ballrooms A & B
The Career Center invited Alumni Employers and Job Seekers to the Healthcare, Research & Human Services Job and Internship Fair. Attendance: see table below

Recruiters will be hiring for internships, part-time and full-time jobs.

(4) Example of emails sent to second year (i.e., “senior”) MPH students regarding advising. All MPH students receive emails regarding advising.

Greetings!
Registration for Spring classes is underway. As always, I can be your point of contact for course selection and sequencing. All students are welcome to schedule appointments with me. Part-time and dual-degree students are strongly encouraged to do so at least once a semester.
In addition, every fall and spring semester, we have *Faculty Advising*. Over the next few weeks, you are expected to schedule an appointment with your Faculty Advisor to talk about your progress through the program. The Faculty Advisor also discusses your expectations for the future and acts as a touchstone and advocate if you are having problems.

You should contact your Faculty Advisor via email to schedule an appointment in the next few weeks. If you cannot meet your Faculty Advisor in person, a telephone conversation can be substituted. However, please make every effort to meet in person as these meetings are designed to benefit you.

Your faculty advisor is:
Sean Clouston
sean.clouston@stonybrookmedicine.edu

Please let me know if you have any concerns.
Sincerely,
Joanie Maniaci

(5) Example of a HPH 581 Capstone course session, February 21, 2019 – Guest speaker Stony Brook University Career Center Staff. 29 MPH students were enrolled in the Capstone course and all attended. NOTE: These sessions are held each Spring semester during the Capstone course.

Preparing your Resume
Presenter: Urszula Zalewski, MBA, MS, Assistant Director of Experiential Programs, Stony Brook Career Center
Topics: preparing a concise resume/cover letter, interviewing (mock interview/employer highlights), job market, and salary negotiation skills.

2020:

(1) Example of a Stony Brook University Career Center large scale event that all MPH/PPH students and MPH/PPH alumni were invited to attend.

Healthcare, Research & Human Services Job and Internship Fair
Held each semester, this event is for students and alumni seeking a full-time job, internship, co-op or part-time experience in the fields of healthcare, research, biotechnology, and human services. Recruiters hired for internships, part-time and full-time jobs.

January 28, 2020. 1:00 PM - 4:00 PM
West Campus - SAC- Student Activities Center - Ballrooms A & B
The Career Center invited Alumni Employers and Job Seekers to the Healthcare, Research & Human Services Job and Internship Fair this fall. Attendance: see table below

(2) Example of OPHSA Meeting featuring the Stony Brook University Career Center:
March 5, 2020, 4:30 pm, Family, Population and Preventive Medicine Conference Room. (This presentation can be found in the ERF: Folder H2.)

“Career Center will be present discussing interview skills and job search strategies.”
Attendance: 15 MPH students were in attendance.

(3) “Health Administration Career Pathways and Current Events in a COVID-19 World” by Jeff Ritter, DBA, MBA, Assistant Professor, PPH and Associate Director, MHA Program. Sponsored by the Future Health Care Leaders, SBU Student Organization – MPH students in the Health Policy and Management concentration are members, August 2020. 20-25 attendees, of which 1/3 were MPH students (others were MHA and undergraduate).

(4) “Public Health Career Pathways.” November 12, 2020. An OPHSA sponsored event for MPH students presented by Pascale Fils-Aime, PPH Practicum Placement and Community Engagement Coordinator, and MPH degree program alumni. 17 MPH students attended.
Slides from this event are located in the ERF: Folder H2.

The Career Center provided data for this self-study on use of the Career Center by MPH students during the 2019-2020 academic year:

Stony Brook University Career Center Masters of Public Health Students Usage Report

Note: This report measures Masters of Public Health Students' career related activity between June 1st 2019 and October 1st 2020

Category	Number of Students
Logged into Handshake*	72
Submitted Job Application	31
Attended an Event	23
Attended an Event – Workshop	17
Attended a Career Fair Session	15
Booked a Career Coaching Appointment	10
Attended an Event - Virtual Session	5
Attended an Event - Classroom Presentation	3
Attended an Event - Group Appointment	1

*Handshake is the University's platform for job searching.

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

MPH student satisfaction with career advising is assessed with a question placed within the annual Graduation Survey which is sent to all graduating seniors upon completion of the MPH degree program (located in ERF Folder B4).

Results of MPH Student Graduation Survey 2018 - 2020

Table 22. MPH Student Graduation Survey 2018 - 2020						
	Exceptional % (n)	Excellent % (n)	Very Good % (n)	Good % (n)	Fair % (n)	Poor % (n)
How would you rate the quality of career advising in the MPH program?						
2020 (n = 14/34; Response rate =41%)	29 (4)	21 (3)	14 (2)	29 (4)	0	7 (1)
2019 (n = 5/35; Response rate =14%)	40 (2)	40 (2)	20 (1)	0	0	0
2018 (n = 6/26; Response rate = 26%)	17 (1)	50 (3)	0	33 (2)	0	0

Students add comments about career advising to the Graduation Survey, such as these examples:

2020: (1 student commented) "I think more career advising can be beneficial to students."

2018: (1 student commented) "…for the capstone seminar I think there needs to be more career readiness incorporated into the class. There is so much to cover in such a short amount of time, so I don't think all the responsibility for career readiness should be only during the spring semester of capstone seminar"

In summary, response rates for the 2020 Graduation survey are greatly improved (compared to 2019 and 2018). We believe this improvement is attributed to: (1) the program's greater emphasis in response to student feedback that we provide students with multiple options for career advising activities throughout their years with the program (rather than emphasizing it at the Capstone course in the last semester of their studies); and (2) adding a full-time professional staff member (the Practicum Placement and Community Engagement Coordinator) to support student and alumni engagement, networking, and communication about career opportunities.

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

Strengths:

- The PPH has developed a comprehensive career advising system for Public Health, whereby the roles of MPH faculty, MPH students, the Assistant Director for Student Affairs, and the Practicum Placement and Community Engagement Coordinator are clearly delineated. The PPH makes every effort to encourage MPH students to meet with their MPH advisors and/or Academic Affairs staff to discuss career decisions and opportunities.

- MPH students are provided with many resources for career counseling, including meetings with their faculty advisor, job postings and practicum/internship opportunities from the Assistant Director for Student Affairs and the Practicum Placement and Community Engagement Coordinator, a career mapping exercise as part of the Capstone Course curriculum, an annual MPH Alumni Panel (also part of the Capstone curriculum), and Stony Brook University's Career Center

- MPH students benefit from direct contact with numerous practice-based instructors and affiliates who provide career advice while teaching and/or serving as Applied Practice Experience (i.e. Practicum) preceptors.

Weaknesses:

- While the PPH informs and strongly encourages MPH students and alumni to attend career related events and activities sponsored by various units (Career Services, Alumni Association) and student-led activities (such as by OPHSA and Future Healthcare Leaders groups), we have not established a consistent process to document or track the number of MPH students or alumni who attend these events.

- Students have expressed a desire to have more career advising opportunities throughout their years of study with us, indicating that some students are not entirely satisfied with career advising and would like to have career advising earlier in their program (before the Capstone course).

Plans for improvement:

- PPH recently hired a new staff person, the Practicum Placement and Community Engagement Coordinator, a position that includes promoting career advising with preceptors, alumni employers, and other professional networks throughout the student's years of MPH study. Together with her supervisor, the Assistant Director for Student Affairs, the Coordinator is in the process of developing enhanced methods to track practicums and liaison with MPH alumni, preceptors, and community partners. The Assistant Director for Student Affairs plans to develop systematic methods to better document student participation in various career advising opportunities and more frequent assessments of MPH student satisfaction with available career advising (in addition to the Graduation Survey, we will include questions about career advising in end of semester group feedback sessions between students and the PPH/MPH Program Director).

- PPH has a long-standing relationship With the SBU Career Center. We intend to be more intentional about promoting use of the Career Center's services, to achieve an increase in the usage of their services among our MPH students. We will do this by including information about upcoming events by SBU Career Center in our monthly e-newsletters to students (and also to

alumni) and encouraging student attendance. We believe the addition of the Practicum Placement and Community Engagement Coordinator will help in the promotion of career services. Additionally, we plan to develop and implement more MPH targeted events and opportunities in collaboration with the SBU Career Center.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) **Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.**

The PPH is fully committed to working together with MPH students to ensure that the program serves its student population with fairness, while also maintaining the integrity of the MPH Degree program. This is explained in the PPH Bulletin which can be accessed through the PPH website and the MPH/PPH Orientation BlackBoard page. The PPH/MPH Director presents at orientation on how PPH will manage MPH student concerns. It is part of the orientation slide set that students can also access through the MPH/PPH Orientation BlackBoard page.

The Stony Brook University Graduate School instructs that grievances should first be considered at the program level. The PPH advises all students to take this approach by first discussing concerns with faculty instructors. If a satisfactory resolution is not reached, students can reach out to their faculty advisors, the Assistant Director for Student Affairs, the Associate MPH Program Director, and the PPH/MPH Program Director (in that order). MPH (and all PPH) students may also voice programmatic concerns by attending the end of semester feedback sessions conducted by the PPH Director, the Assistant Director for Student Affairs, and / or the Associate Director for Academic Affairs. If a student expresses a programmatic complaint or concern, the PPH/MPH faculty and staff works with him/her to address it. Typically, MPH/PPH students have programmatic concerns regarding grades, exams, or assignments. To date, these have been successfully managed between the student, the MPH faculty member and /or the Associate MPH Program Director and/or PPH/MPH Director, as appropriate. Students can also bring concerns related to classroom facilities (room space, temperature, sound) or resources (e.to the g., quality of AV and/or computing equipment) to the course instructor who then contacts the PPH Senior Staff Assistant / Assistant to the Director students may go directly to the PPH Senior Staff Assistant / Assistant to the Director. The PPH Senior Staff Assistant / Assistant to the Director then alerts the appropriate Health Sciences or SB University official and follows up until the concern is resolved.

If a problem or concern is not resolved through discussion with the above noted PPH faculty and leadership, MPH/PPH students may also bring concerns to the PPH Academic Integrity and Grievance and Appeals Committee. The Stony Brook University Graduate School states that each graduate program should establish a grievance and appeals committee. The PPH Academic Integrity, Grievance, and Appeals Committee is comprised of PPH leadership and faculty (described in greater detail in Criterion section A1.1, page 18).

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

If a student is not satisfied with the PPH program's handling of a concern or incident, he/she may contact the Stony Brook University Ombudsman's Office with a formal grievance. As explained in the PPH Bulletin, the Stony Brook University Ombuds Office (http://www.stonybrook.edu/ombuds/) provides an alternative channel for confidential, impartial, independent and informal dispute resolution services for the entire University community. The Ombuds Office is a source of confidential advice and information about University policies and procedures and helps individuals and groups address university-related conflicts and concerns.

Students may also appeal decisions made by the PPH program-level Academic Integrity, Grievance and Appeals Committee by submitting a written appeal to the Stony Brook University Vice Provost of Graduate

Education within two weeks of the PPH's decision. The Vice Provost of Graduate Education may forward the compliant to the Stony Brook University Graduate Council Appeals Committee (GCAC) for review and recommendations for resolution. The GCAC then issues a report to the Stony Brook University Dean of the Graduate School for review and recommendation. Finally, the Vice Provost for Graduate Education issues a final decision which is final.

3) List any <u>formal</u> complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

MPH students **have not** submitted any formal grievances concerning the program to the University during the past three years. A statement by the SBU Graduate School Office of Student Services attesting to this can be found in the ERF: Folder H3 Student Complaint Procedures.

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

<u>Strengths:</u>

- The program takes all 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. No formal complaints and/or student grievances have been submitted in the past 3 years.

<u>Weaknesses:</u>

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

<u>Plans for improvement:</u>

- Continue with procedures currently in place for addressing student complaints.

H4. Student Recruitment and Admissions

The program implements student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

1) **Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

NOTE: The Program in Public Health only offers the Master of Public Health Degree.

The Program in Public Health is dedicated to recruiting bright, diverse, 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 MPH admissions policies and procedures, as well as a link to the MPH program's application (via SOPHAS, Schools of Public Health Application Service: the centralized application service for Schools and Programs of Public Health). Recent activities of our MPH students and PPH/MPH faculty are also highlighted on the home page 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 sessions which describe the MPH program, certificate program offerings (a potential gateway to admissions to the MPH degree program), MPH concentrations, career opportunities in Public Health, MPH admissions requirements, and our MPH application process. Students also receive flyers with this information, the link to our website, and contact information for the Assistant Director for Student Affairs, to facilitate follow-up. Current information sessions target undergraduate students at Stony Brook and other neighboring institutions, primarily utilizing student groups and classes to ensure attendance.

The PPH Assistant Director for Student Affairs and other members of the PPH Student Recruitment Committee (SRC) (described in Criterion section A1.1, page 16) delivers these info-sessions to promote the MPH program to undergraduate groups on Stony Brook's campus 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, admitted DDS students). Info-sessions are also conducted with groups that are from programs of study at Stony Brook which tend to have a very racially/ethnically diverse student body. For example, at SBU, 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. The Assistant Director for Student Affairs also meets with the State University of New York Educational Opportunities Program-Advancement on Individual Merit, which provides educationally-related support to educationally and economically disadvantaged students, and the SBU Women In Science and Engineering (WISE) program.

The PPH SRC also focuses MPH recruitment efforts on local 4-year colleges which tend to have greater racially/ethnically diverse student bodies, i.e. Farmingdale State College: 40% diversity among undergraduates: SUNY College at Old Westbury: >70% diversity among undergraduates; and New York Institute of Technology, Old Westbury campus: ranks 76 / 100 for racial/ ethnic diversity; 23% of undergraduates are white. PPH SRC representatives present similar info-sessions at these institutions. Students also receive flyers with this information, the link to our website, and contact information for the Assistant Director for Student Affairs, to facilitate follow-up.

Separately, the PPH has created flyers advertising the MPH degree program, and supplies flyers annually to the 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, CIE staff circulates PPH flyers which contain information on our degree program offerings (included the MPH), admissions requirements, a link to our website, and contact information for the Assistant Director for Student Affairs. In October 2020, PPH joined CIE to participate in the Black Doctoral Network Virtual Recruitment Fair. Interested participants were able to speak with a PPH representative directly. PPH was also given the list of participants (over 200) for future follow-up.

PPH also takes advantage of several recruitment initiatives available through ASPPH as well as our other community partners. Below is a list of activities we are participating in for Fall 2020:

Idealist Graduate School Fair – September 10
This is Public Health Virtual Fair – September 16
This is Public Health Virtual Min Fair – October 1
This is Public Health Virtual Graduate School Fair – October 13
Farmingdale State College Virtual Graduate School Fair – October 16
This is Public Health Virtual Fair – November 18

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

As noted in Criterion section A1.2d*, Organization and Administrative Processes: admissions policies and/or decisions* (page 24), the PPH adheres to admissions standards set by the Stony Brook University Graduate Council but the PPH admissions process for the MPH Degree program is not implemented through the Graduate Council. The PPH Admissions Committee and the PPH Executive Committee make decisions regarding policies and guidelines for admitting students to the MPH degree program and the program Admissions Committee makes decisions on the assessment and acceptance of applicants to the MPH degree program. Admissions policies and procedures for the MPH degree program are described in the PPH Bulletin (located in the ERF Folder: H5) and on the PPH website https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf. Applications for the MPH degree program are accepted through SOPHAS (Schools of Public Health Application Service). Admission to the MPH program is during the Fall semester only and is open to students from all academic disciplines.

The MPH Admissions Committee takes a holistic approach to admissions and considers all factors including grades, 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. It is also expected that incoming students will be computer literate and email capable, and have library skills sufficient for graduate work. For students with deficiencies in these areas, resources are available through the Health Sciences Center Library to acquire or update them.

The MPH admission requirements 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). The PPH endorses the ASPPH position statement on admissions criteria and no longer requires that applicants to the MPH degree program provide standardized test scores (i.e., GRE) https://s3.amazonaws.com/ASPPH_Media_Files/Docs/ASPPH_GRE+Position+Paper.pdf

1. 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. The section (below) on International Students provides 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.

2. 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.
3. One essay, no more than 500 words:
    - How do your background, training, and experience prepare you for a leadership role in Public Health?
4. A personal interview, if requested by the MPH Admissions Committee.
5. Completion of the on-line application, SOPHAS, by the deadline of each admission cycle.
6. 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.

Once admitted to the MPH degree program, students are required to complete the following:

a. All entering students must complete the online Health Insurance Portability Accountability Act (HIPAA) training by the Orientation to the MPH Program.
b. All entering students must complete the online Protection of Human Subjects training by the Orientation to the MPH Program. The course is offered by the Collaborative Institutional Training Initiative (CITI).
c. All entering students must complete the online training in Academic Integrity and Avoidance of Plagiarism within 3 weeks of Orientation.

3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

Template H4-1 displays recruitment, acceptance and enrollment measures that are meaningful to the MPH degree program and which demonstrate our progress in enrolling a qualified and diverse student body.

Outcome Measures for Recruitment and Admissions MPH Degree Program				
Outcome Measure	**Target**	**Year 1 2018 cohort**	**Year 2 2019 cohort**	**Year 3 2020 cohort**
		% (n)	**% (n)**	**% (n)**
1. Percentage of priority population students (as defined in Criterion G1)* applying for admission	33%	(n = 105) 17.1% / 30.4%**	(n = 95) 15.8% / 28%**	(n = 136) 23.5% / 33.1%**
2. Percentage of priority population students (as defined in Criterion G1)* accepting offers of admission	33%	(n = 76) 11.8% / 29%**	(n = 62) 6.5% / 21%**	(n = 104) 21.2% / 32.7%**
3. Percentage of priority population students (as defined in Criterion G1)* who enroll	40%	(n = 42) 7.2% / 21.4%**	(n = 29) 6.9%/ 27.6%**	(n = 61) 24.6% / 41%**
4. Of those who apply, percentage of priority population students (as defined in Criterion G1)* who are accepted for admission	85%	44% / 68%**	27% / 48%**	68% / 71%**+
5. Of those who are accepted, percentage of priority population students (as defined in Criterion G1)* who enroll	78%	37% / 41%**	50% / 62%%**	68% / 78%**+

* MPH degree program self-defined priority population students = Black/African American and Hispanic students

** Percent of total if students enrolled who reported more than one race also selected Black/Hispanic as one of those races, are included.

+ For 2020, the percentage of white students who applied and were accepted is 83%; the percentage of white students who were accepted and enrolled is 56%. The target set for percentage of those who apply and are accepted for admission is designed to accept a similar proportion of Black/African American and Hispanic applicants. The target set for percentage of those who are accepted and enroll, is to maintain this level of enrollment for Black/African American and Hispanic students who are accepted.

Targets for applications, acceptances and enrollment of priority population students (outcome measures #1, #2, and #3) are set to maintain gains made in 2020.

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

Strengths:

- The PPH employs social media approaches for MPH recruitment via Twitter and Facebook with members of the faculty and staff who are routinely pushing out information about info-sessions on these channels.

- The PPH website has undergone several redesigns to make it more attractive and user friendly to prospective applicants as well as our current student body. Our admission criteria are clearly stated and accessible to prospective applicants as is information about our curriculum and stories about the success of our students and alumni which are highlighted on the PPH website.

- The PPH participates in SOPHAS application process which allows applicants to have a streamlined process, with staff dedicated to assist applicants throughout their submission.

- The PPH has a standing Student Recruitment Committee which is actively involved to fulfil its charge to ensure adequate recruitment of a diverse and qualified applicant pool for the MPH degree program.

- The PPH provides funds to cover the cost of the SOPHAS application fee for students recruited through the State University of New York Educational Opportunities Program-Advancement on Individual Merit (EOP/AIM) program, which provides education-related support to educationally and economically disadvantaged students. This funding relieves students of the added economic burden of application fees might reduce as a barrier to applying to the MPH Degree program.

- The PPH Admissions Committee employs a holistic approach to the review of applications to the MPH degree program.

- Consistent with recommendations of the ASPPH, the PPH Admissions Committee has eliminated a requirement of standardized test scores (e.g., GRE requirement) as part of our admissions criteria: https://s3.amazonaws.com/ASPPH_Media_Files/Docs/ASPPH_GRE+Position+Paper.pdf

- The PPH works closely with several synergistic degree programs that are also offered at Stony Brook University to provide students with streamlined application procedures to facilitate pursuit of joint and combined MPH degree program opportunities (e.g., MD/MPH; DDS/MPH; MSW/MPH, MBA/MPH, MS-Nutrition/MPH, MA Public Policy / MPH)

- The PPH supports the training of the public health workforce for the State of New York and Long Island, based on the proportion of our students who identify as residents of New York and live/work in public health after graduation on Long Island or in the NYS region.

Weaknesses:

- The impact of the current pandemic on recruitment and enrollment of students to the MPH degree program is unknown. While we are relying on virtual recruitment fairs, the outcomes of this on the number of applicants to our program in the coming years are unknown. On the other hand, the current public health crisis may inspire and motivate individuals to choose public health as a career and we may have to be more selective (to keep our class size desirably managed) based on the availability of resources to grow in response to greater applicants.

Plans for improvement:

- Our recruitment and enrollment of under-represented students in the MPH degree program has improved. We will continue our intentional efforts to recruit and maintain a diverse MPH student body.

- We will continue outreach to undergraduate programs that have a strong record of enrolling underrepresented and underserved populations, maintain our joint MPH degree programs and develop new joint programs (e.g., we are currently working on establishing a joint BA/MPH program with the SBU Department of Africana Studies).

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

The following direct links provide all publicly available information and descriptions of the MPH degree program offerings including academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

The web site for the Stony Brook Public Health Program (PPH)
https://publichealth.stonybrookmedicine.edu/ 6.3K users visited this site in June 2020 (Google Analytics). On average, the MPH degree program specific pages receive about 50-55 hits a week, for a total of approximately 400 hits per month.

Within web site for the PPH are the links to the PPH Bulletin which is updated at the start of each academic year and the link to MPH Degree Program specific information.

- The link to the PPH Bulletin
  https://publichealth.stonybrookmedicine.edu/sites/default/files/2020PPHBulletin_Final_1.pdf
  The PPH Bulletin can also be found in ERF Folder: H5.

- The link to MPH Degree Program specific information
  https://publichealth.stonybrookmedicine.edu/academics/mph

The Stony Brook University Graduate School academic calendar can be found at:
https://www.stonybrook.edu/commcms/registrar/calendars/academic_calendars