

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
STONY BROOK UNIVERSITY- SUNY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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CRITERIA:

Accreditation Criteria for Schools of Public Health & Public Health
Programs, amended October 2016

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INTRODUCTION

Stony Brook University was established in 1957 and is part of the State University of New York (SUNY) system. The university is a public sea grant and space grant research university. Stony Brook has three colleges (arts and sciences; business; and engineering and applied sciences) and nine schools (graduate; journalism; marine and atmospheric sciences; professional development; nursing; social welfare; health technology and management; dental medicine; and medicine) with more than 200 undergraduate majors, 100 master's programs, 50 doctoral programs, and 21 graduate certificate programs. As of fall 2020, the university has 2,695 faculty (full- and part-time); 12,037 staff; and 26,782 students (18,010 undergraduate and 8,772 graduate). Stony Brook holds regional accreditation by the Middle States Commission on Higher Education and holds 26 specialized accreditations in nutrition, medicine, occupational therapy, engineering and technology, journalism, phlebotomy, physical therapy, athletic training, nursing, and social work to name a few.

The program in public health was developed by a task force in 1996 and enrolled its first cohort of MPH students in 2004. The program was established to train individuals to integrate the knowledge, skills, vision, and values of public health into their careers and provide leadership in the field. The program currently offers an MPH degree in three concentrations: community health, health analytics, and health policy and management with 27, 27, and 30 students in each concentration, respectively. The program also offers eight joint degree programs including MPH-MSW, MPH-MS, MPH-MD, MPH-MBA, MPH-MAPP, MPH-DDS, BS-MPH, and BA-MPH. All degrees are offered in a campus-based format. The program in public health is not housed within a larger school or college. The program sits within the Office of the Senior Vice President for Health Sciences. The senior vice president for health sciences oversees the program in addition to other health science schools including the School of Dental Medicine, Social Welfare, Medicine, Nursing, and Health Technology and Management. The MPH program director is also the director of the program in public health and reports to the senior vice president for health sciences. Starting in July 2021, the director of the program in public health and all health science school deans will report directly to the university provost.

The program was first accredited by CEPH in 2008. The last full review was in 2014 and resulted in a seven-year accreditation term with one interim report related to faculty and staff diversity. The Council accepted the program's 2015 interim report as evidence of compliance in this area. Due to COVID-19-related restrictions on travel and gatherings, this site visit was conducted via distance technology, with all attendees participating via the Zoom platform with video. CEPH conducted an on-campus visit on October 15, 2021 to confirm the site visit team's observations and conclusions made during the virtual site visit.

Instructional Matrix - Degrees and Concentrations				
			Campus based	Distance based
Master's Degrees		Academic	Professional	
Community Health			MPH	X
Health Analytics			MPH	X
Health Policy and Management			MPH	X
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional	
2nd Degree Area	Public Health Concentration			
Social Welfare	Any MPH concentration		MPH-MSW	X
Business	Any MPH concentration		MPH-MBA	X
Public Policy	Any MPH concentration		MPH-MAPP	X
Medicine	Any MPH concentration		MPH-MD	X
Nutrition	Any MPH concentration		MPH-MS	X
Dental Medicine	Any MPH concentration		MPH-DDS	X
Applied Math and Statistics	Health Analytics		BS-MPH	X
Pharmacology	Health Analytics		BS-MPH	X
Earth and Space Sciences	Health Analytics or Community Health		BA-MPH	X
Women's Studies	Health Analytics or Community Health		BA-MPH	X

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, implementation		Stony Brook's program in public health has a well-defined structure and position in the university. The program has designated nine standing committees and three ad hoc committees. Committees include the Executive Committee; Curriculum Committee; Admissions Committee; Student Recruitment Committee; MPH Peer Mentoring Committee; Alumni Engagement Committee; Academic Integrity, Grievance, and Appeals Committee; Diversity, Inclusion, Cultural Competence, and Equity Committee (DICCE); and Awards Committee. Ad hoc committees include the Academic Standing Committee; Faculty/Staff Search Committee; and the Banking, Bridging, and Buyout Committee. The committees have a wide range of responsibilities and functions. Membership formulas on committees vary but generally include program leaders and faculty members; students and external stakeholders also serve as members of some committees.	Click here to enter text.	
Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities 				
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		<p>The Executive Committee meets every other month and makes decisions regarding degree requirements. This committee includes the program director, full- and part-time faculty from each concentration, and program staff.</p> <p>The Curriculum Committee meets monthly and is responsible for quality improvement and the overall design of the curriculum. This includes consideration of modifications to the curriculum as well as review of course</p>		

		<p>syllabi. The Curriculum Committee also reviews and approves student assessment polices and processes.</p> <p>The Curriculum Committee proposes changes in degree requirements to be reviewed and approved by the Executive Committee before they are submitted to the Stony Brook Graduate Council, State University of New York, and New York Education Department. Curriculum design follows a similar process, with the Curriculum Committee reviewing proposed new courses, proposing modifications to existing courses, reviewing appropriateness of course instructors, considering student feedback, and competency attainment data. Curricular recommendations are reviewed by the Executive Committee before being presented for approval to the Graduate Council and SUNY.</p> <p>Admissions policy and guideline recommendations for the MPH are made by the Admissions Committee and are approved by the Executive Committee. The Admissions Committee meets one to two times a month to make decisions regarding the acceptance of applicants and is made up of MPH faculty, staff, and alumni; an MHA Advisory Board member; one MHA alumni; and program in public health staff.</p> <p>The ad hoc Faculty Search Committee is assembled by the Executive Committee when needed with the program director making the final candidate recommendation. All applicants are sent to the Affirmative Action/Equal Employment Opportunity Committee for approval of the final candidate.</p>		
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		<p>Faculty promotion policies are established by a standing committee in each school called the Committee on Appointments, Promotion, and Tenure (APT). Although the program is not within a school or college, the majority of MPH faculty have academic appointments in the School of Medicine (Department of Family, Population, and Preventive Medicine). The remaining MPH faculty members have appointments in the School of Social Work. The program director and the faculty member's dean or department chair deliver a recommendation regarding faculty promotion/tenure to the appropriate APT committee. The committee votes and recommends to the dean/senior vice president of health sciences who then recommends to the university president or chancellor.</p> <p>Faculty are engaged in university decision making through participation in committees such as the Institutional Review Board; University Faculty Senate; Community Engagement and Outreach Committee; and APT Committee.</p> <p>The self-study describes formal and informal opportunities for interaction between full- and part-time faculty members. Formal opportunities include the Executive Committee and the yearly faculty retreat. Informal opportunities include the Wednesday "brown-bag" get together.</p> <p>During the site visit, part-time, adjunct faculty, and MPH administrators confirmed part-time faculty participation in the Curriculum Committee and the DICCE Committee. Part-time faculty recalled other forms of participation including informal pre-class gatherings and guest lectures, in addition to committee participation.</p>		
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A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		Students have formal and informal methods to participate in program policy making through committee memberships. Students are voting members on the Curriculum Committee; Alumni Engagement Committee; and DICCE Committee.	Click here to enter text.	
Students engaged as members on decision-making bodies, where appropriate		<p>The Organization for Public Health Students and Alumni (OPHSA) is the organization for students and alumni through which student representatives can communicate to the larger student body. The Curriculum Committee student representative is also part of OPHSA.</p> <p>The program also has informal processes to solicit student input. These processes include course evaluations and semesterly focus groups where students provide feedback on courses and instructors.</p> <p>Examples of the influence of students on decision making include changes to the sequencing of courses, class size, and the number of credit hours offered for courses.</p>		

		<p>Students have provided input on instructors and guest lecturers that have subsequently led to replacements or hires. Students have also made recommendations that influenced room assignments, course requirements, and decisions to add concentrations.</p> <p>Students and alumni who met with site visitors confirmed their participation and voting on committees. Program faculty provided various examples of this participation as well. One student noted the successful recommendation recently made by students on the DICCE Committee regarding adding more relevant diversity courses to the curriculum in the winter of 2022.</p>		
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A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		<p>The program has guiding statements that include a vision, mission, goals, and values. The mission of the 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.”</p> <p>The program has eight stated goals that speak to instruction; scholarship; service; and diversity, inclusion, cultural competence, and equity. The goal statements reference community engagement and empowerment as a reflection of the program’s aspiration to respond to its service area.</p> <p>The program has six stated values: beneficence; diversity and inclusiveness; reduction of health disparities; protection of vulnerable populations; balance of public health with human rights; and community engagement. The values statement speaks to an obligation to Long Island specifically and then to a global impact.</p> <p>The guiding statements reflect aspirations to advance public health and promote student success by focusing on the development of students as future practitioners, scholars, and leaders in the communities of focus. The</p>	<p>Click here to enter text.</p>	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				
Guiding statements reflect aspirations & respond to needs of intended service area(s)				
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes				

		<p>statements are sufficiently specific to allocate resources and guide decision making.</p> <p>During the site visit, program faculty and administrators discussed procedures used to review guiding statements, mission, vision, and goals during retreats and certain committee meetings. Full- and part-time faculty are actively engaged in refining guiding statements as well as evaluation goals and objectives. University leaders who met with site visitors were very positive and affirming regarding the future of the public health program.</p>		
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B2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered		The program reports MPH graduation rates that meet or exceed this criterion's threshold. Students have a maximum of five years to complete the MPH degree.	Click here to enter text.	
Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees		The cohort of MPH students that entered in 2014 reports an 84% graduation rate. Although the self-study reports that the 2015 cohort reached its maximum time to graduation with only a 67% graduation rate, the program provided additional explanation during the site visit. After studying the cohort, the program found that the students who did not make it to graduation were starting the practicum but not completing it. To combat this, the program has added a new practicum and community engagement coordinator whose role is to help students successfully complete the practicum. The program noted that it has also been more intentional when talking about		

		<p>the practicum experience, so that students know what is involved and are less overwhelmed when completing it. The program revises the practicum manual regularly and encourages students to ask questions to ensure that they understand the full scope of the project. Finally, the program did not move a student who went on approved leave to the next cohort, which would have put them at the 70% threshold.</p> <p>The subsequent MPH cohorts have either already reached the 70% threshold or are on target to do so. Current graduation rates are 76% for the 2016 cohort, 70% for the 2017 cohort, and 64% for the 2018 cohort. These rates represent starting cohorts between 29 to 44 students.</p> <p>The program reports several factors that account for the positive graduation rates. The program's holistic approach to applications identifies students with high potential for success. Additionally, program faculty encourage students to regularly meet with their advisors or the assistant director for student affairs to ensure a successful progression through the MPH degree. The assistant director for student affairs and the program director directly reach out to students who are not on track to graduate within the five-year limit to remind them of the timeframe and talk through how to complete the required coursework.</p>		
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B3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates’ employment or enrollment in further education post-graduation for each public health degree offered		The program reports post-graduation outcomes that exceed this criterion’s threshold, with few reported unknown outcomes. Each year the program sends an e-survey that asks graduates to provide contact information, so that the program can maintain contact post-graduation. In addition, the program uses social media searches such as Google, Facebook, and LinkedIn for employment information. Alumni also frequently reach out to the program to provide updates on their recent promotions, new employment, or advanced studies.	Click here to enter text.	
Chooses methods explicitly designed to minimize number of students with unknown outcomes		The program presents three years of post-graduation outcome data, with one reported unknown outcome in 2020. The program reports the following positive outcomes rates: 100% (2018 and 2019) and 97% (2020).		
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		Although the program consistently reports positive post-graduation outcomes, many students do not reply to program emails. Therefore, one of the roles of the Alumni Engagement Committee is to maintain relationships with alumni through newsletters, events, and opportunities to engage with current students, faculty, and staff. For example, every year the Alumni Engagement Committee holds an alumni panel where alumni can speak on their capstone course experience to current students. Additionally, to engage program alumni, each year one alum is recognized to give the graduation address; the annual Delta Omega induction luncheon recognizes		

		excellence among current students and alumni; and finally, all current students and alumni are invited to the annual holiday party.		
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B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program collects data regarding alumni perceptions of competency attainment through the MPH alumni survey, alumni engagement survey, graduation survey, and focus groups.	Click here to enter text.	
Documents & regularly examines its methodology & outcomes to ensure useful data		The MPH alumni survey is distributed 12 months after graduation via email. The survey assesses how well the program prepared alumni to meet professional or educational goals and career advancement, in addition to their general perceptions of the program. The engagement survey was sent in September 2019 to 271 program alumni who graduated between 2007 and 2019. The survey received a 22% response rate (n=60) and asked how the program prepared graduates for their current job or career advancement, as well as their best and worst experiences in the program. Additionally, the graduation survey, which is distributed just after graduation, asks alumni to rate how competent they feel in each of the 22 competency areas.		
Data address alumni perceptions of success in achieving competencies				
Data address alumni perceptions of usefulness of defined competencies in post-graduation placements		For the graduation survey, MPH students rate their competency on a scale of one (not at all competent) to five (very competent). On the most recent survey, MPH		

		<p>graduates rated high levels of proficiency in selecting quantitative and qualitative data collection methods appropriate for a given public health context; explaining basic principles and tools of budget and resource management; and communicating audience-appropriate public health content. Graduates felt less prepared in discussing multiple dimensions of the policy-making process and applying epidemiological methods in a breadth of settings and situations in public health practice, although the average responses were still between 4.5 and 4.6.</p> <p>The program also collects alumni perceptions through focus groups. The first focus group was conducted in February 2021, and the program plans to continue having annual alumni focus groups. MPH alumni who participated in the focus group said that they felt well prepared in addressing evidence-based approaches to public health, especially data management and analyzing and interpreting quantitative data using biostatistics and computer-based software. Alumni also noted that they felt well prepared in applying negotiation skills, evaluating public health programs, applying qualitative methods, and working on interprofessional teams.</p> <p>Alumni who met with site visitors echoed feeling well prepared for the workforce. One alum reported that she had to do a qualitative data analysis for her job and referred back to class notes that had exactly the information she needed to complete the work project. Other alumni felt well prepared in communicating public health information, working in groups, and completing work tasks with little to no supervision.</p>		
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		Although survey responses indicate that alumni are satisfied with competency attainment and how the program prepared them for post-graduation roles, the program is unsatisfied with the number of responses. Regarding the graduation survey, the response rates from 2018, 2019, and 2020 ranged from 14-23%. The program has added the focus groups to increase response rates and to obtain qualitative data. The program also hired a new staff position, the accreditation and assessment specialist in fall 2020, who will enable the program to focus more on alumni relationships, data collection, and feedback. As mentioned in Criterion B3, the program also added the Alumni Engagement Committee to help maintain alumni relationships and obtain additional alumni perceptions.		
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B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success		The program's evaluation plan includes eight goal statements and 27 objectives. For each program goal, the program defines specific and appropriate measures including data sources and individuals or committees responsible for review. The indicators in the evaluation plan align with the program's mission and goals. They cover instruction; scholarship; service; and diversity, inclusion, cultural competence, and equity. The chosen indicators provide meaningful information about whether the program is meeting its goals and mission.	Click here to enter text.	
Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined		For example, one metric associated with the goal of preparing students to meet the needs of the evolving public health field by delivering a high-quality curriculum,		

responsible parties & cycles for review		<p>is student satisfaction with the curriculum. This metric is assessed through the graduation survey and employment data. The survey and data are reviewed on an annual basis by the Executive Committee, Curriculum Committee, and at faculty retreats. For the goal to provide a diverse, inclusive, and equitable learning and working environment for students, faculty and staff, the program chose the measurable objective of recruiting strategies that ensure a diverse student body. The 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. The Executive Committee receives summary reports of these data.</p> <p>Minutes of the Executive, Curriculum, and DICCE Committee meetings show review and discussion of program goals and measures. During the site visit, faculty and administrators confirmed the rigor of the evaluation process and gave numerous examples of data review and information from various systems.</p>		
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B6. USE OF EVALUATION DATA

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		The program engages in regular review of data collected for evaluation purposes and uses this information to engage in continuous quality improvement. The self-study provides examples that demonstrate the use of formal processes to carefully examine the program and to make substantive improvements.	Click here to enter text.	
Translates evaluation findings into programmatic plans & changes. Provides specific examples of				

<p>changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)</p>		<p>The self-study document describes efforts to produce programmatic changes, and the program provides supporting evidence. For example, enrollment data and MPH student feedback from the 2018 graduation survey and the 2019 end of semester feedback session gave rise to concerns regarding sufficient resources to meet the demand for practicum placements for MPH students. The Executive Committee received the information because it has responsibilities related to curriculum and community service activities and relationships. As a result, the program hired a practicum placement and community engagement coordinator.</p> <p>In another example, program administrators and Curriculum and Executive Committee members reviewed student feedback, in-class discussions, and climate survey data findings. The results indicated that students perceived faculty as passive about diversity, inclusion, equity, and cultural competence. Therefore, the program began requiring faculty to address diversity, inclusion, equity, and cultural competence in class discussion and coursework. This information also led to the program's creation of the DICCE Committee in 2019.</p>		
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C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		The self-study presents budget data and narrative information that indicate solid and stable financial resources.	Click here to enter text.	
Financial support appears sufficiently stable at time of site visit		<p>Program funding is determined by the president of the university in collaboration with the vice presidents of various schools, colleges, centers, and programs. The senior vice president of the Health Sciences Center meets with the program director to determine financial resource needs for each fiscal year. For the past five years, the program has had a financial surplus ranging from \$180,355 (2017-2018) to \$486,938 (2016-2017).</p> <p>Most faculty salaries come from state-appropriated funds, with the exception of tenure track faculty hired after 2013 (n=4). The expectation of these faculty, after a three-year start-up period, is to cover 50% of their salaries through salary offsets. Faculty may negotiate a greater percent offset with program funds (includes grants and foundation support) or another source, such as another academic unit.</p> <p>The program funds new faculty or staff lines through a budget modeling and strategic plan process that details the need for the position and how new funds would be used. The program completes a Position/Compensation Request Form, which is reviewed and approved by the associate vice president of health services administration</p>		

		<p>and the senior vice president of health sciences. In addition, some faculty may be hired by another academic unit and request an affiliation with the program.</p> <p>The program's operational costs include salaries for faculty, staff, and adjuncts; technology (hardware, software, licenses); office supplies; marketing and recruitment materials; instructional materials; professional society memberships and dues; conference expenses; and accreditation costs. These operational costs are funded by tuition revenue, the senior vice president of health sciences' allocated annual operational funding, and salary offsets.</p> <p>Student support includes travel for conferences, networking, interprofessional education events, and scholarships. These costs are funded by philanthropic support, operational funds from the senior vice president of health sciences, and salary offsets.</p> <p>In 2019, the program developed a policy to support faculty for professional development and provide bridge funding for salaries, course buyouts, and salary offset banking. The program has committed to ensuring that all full-time MPH faculty have access to funds for professional development and pilot studies. Primary instructional faculty have access to a minimum of \$3,000 annually, and funds may be rolled over for up to three years but may not exceed \$9,000.</p> <p>The program receives tuition and fees through the Graduate Tuition Sharing Program. Tuition revenues subject to sharing are billed tuition, net any tuition waivers. The difference in net tuition between the baseline year (AY 2016-17) and the comparison year are allocated</p>		
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		<p>to the program. Sixty-five percent of this revenue is returned to the program for fall and spring courses, and 70% for summer courses (no baseline comparison). The balance of these funds covers indirect and overhead costs.</p> <p>Indirect costs associated with grants and contracts are returned to the program via the program's indirect cost account. This account is a university-sponsored account that is used for salary support and office operating expenses.</p> <p>Annual revenue from grants and contracts ranged from \$321,367 (2016-17) to \$465,270 (2019-20). The average revenue from this source was \$406,359.</p> <p>During the site visit, the program director stated that program faculty have seven RO1 grants that are currently active. Stability of financial support for the program was apparent through conversations with university leaders.</p>		
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C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		The program has adequate faculty resources to support its degree offerings. The program has 11 PIF and eight non-PIF for the MPH in three concentrations.	Click here to enter text.	
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable		The FTE of each PIF is determined by a written agreement between the program and the department chair that specifies how much time that faculty member will commit		

Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable	N/A	<p>to the degree program. PIF who have a twelve-month appointment with 100% of their time dedicated to teaching, research, service, and/or administration are designated at 1.0 FTE. The FTE for non-PIFs is calculated by the amount of time devoted to teaching based on the number of credits for the course. Teaching a three-credit course is equivalent to 0.12 FTE.</p> <p>For general advising and career counseling in the health analytics concentration, the five faculty have on average eight students with a maximum of 12 and a minimum of four. For the community health concentration, the four faculty advise, on average, 10 students with a maximum of 18 and a minimum of nine students. For the health policy and management concentration, the four faculty have on average seven students, with a maximum of seven and a minimum of six. In addition to the MPH faculty who advise MPH students, the assistant director for student affairs provides general advising and career counseling for all MPH students.</p> <p>There is one capstone seminar instructor for the ILE who supervises 29 students at a time. During the site visit, the faculty member who teaches the course reported that this load is sustainable since there is an MPH-trained staff member who co-instructs the course. Additionally, the program reported that there are many faculty members who have their hands on the course and assist with ILE advising.</p> <p>The program collects quantitative and qualitative data on class size and faculty availability from an online student assessment administered at the end of each semester. The Center for Excellence in Learning and Teaching conducts</p>		
Ratios for general advising & career counseling are appropriate for degree level & type				
Ratios for MPH ILE are appropriate for degree level & nature of assignment				
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable	N/A			
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	N/A			
Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)				
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)				

		<p>the course evaluations and tabulates the data. Students rate their perceptions on a Likert scale from strongly agree to strongly disagree and comment on their responses. The self-study presents six groups of responses from spring 2019 through to fall 2020. When asked if the class size was conducive to learning, most respondents reported that they agreed or strongly agreed (76%, 83%, 70%, 85%, 80%, 73%). Students provided qualitative data regarding perceptions of class size and reported that class sizes were acceptable. Other students commented “although the class was large, it did not distract from learning” or “it was good to have a larger class where you could hear many different opinions and insights during class discussions.” Some students reported that “small class sizes would have allowed for better class discussions” or the large class sizes “hindered student presentations” and were “not conducive to class discussions.”</p> <p>Students who met with site visit appreciated class sizes that are usually around 60 students for the first year, and between 20-30 for the second year, with some classes as small as six students. One student noted that she was concerned about the growing size of the program between her first and second year but reported that the program has adapted to its larger cohorts with additional staff and faculty and breaking students into groups to ensure everyone is getting enough attention and support. Faculty who met with site visitors noted that based on student feedback and program growth, the program has tried to find appropriate teaching assistant (TA) support with some courses having two to three TAs based on the subject matter and class size.</p>		
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		<p>When asked about student satisfaction with faculty availability, most students reported they were satisfied or very satisfied (66%, 98%, 83%, 95%, 73%). The qualitative data regarding student satisfaction with faculty availability was mostly positive with 55/60 of the comments being positive. Some of the comments include “the instructor was readily available as was the TA” or “the instructor was always available and always responsive.” Students who met with site visitors commented on the accessibility of faculty who are easy to reach and are happy to set up a Zoom call within the hour if a student asks.</p> <p>The program notes that some courses include both MPH and MHA students, and survey responses cannot be stratified based on the degree type. Since 2020, the program has conducted group feedback sessions based on degree program to obtain better feedback. Students are now provided separate sections by degree program to be able to differentiate MPH and MHA student perceptions.</p>		
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C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals		The program employs nine staff members who have FTEs ranging from 0.30 to 1.0. Staff support for the 2020-21 academic year included a staff director (0.80); associate director (1.0); assistant director for student affairs (0.70); associate director for academic affairs (0.50); assistant director for administration and finance (0.70); senior staff assistant (1.0); practicum placement and community engagement coordinator (0.70); accreditation and	Click here to enter text.	
Staff & other personnel resources appear sufficiently stable				

		<p>assessment specialist (0.30); and two graduate assistants who contribute 30 hours a week to the program. Staff are shared with other programs including the MHA program and the population health and clinical outcomes research doctoral program.</p> <p>The self-study notes that although the program's staff resources are currently sufficient to provide support for MPH students and faculty, the program is growing and will require additional staff support in the future. The program plans to create and fill new positions to accommodate this growth, but at the time of the site visit, the program did not have the positions or a timeline for filling them completed.</p> <p>Program staff reported their high satisfaction with the program's consistent support for their professional development. Several students gave examples of access to staff resources and described how staff proactively reach out and help students throughout their academic careers.</p>		
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C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		The program has adequate physical resources that support its mission and instructional programs. The program's main physical location is the program in public health office suite. There are eight offices for MPH faculty, three cubicle offices for part-time faculty, and five additional open-space workstations for student assistants. In 2017 the suite of offices underwent renovation to add additional physical space. The program also uses office	Click here to enter text.	
Physical resources appear sufficiently stable				

		<p>space in the Department of Family, Population, and Preventive Medicine (FPPM) that is located across the hall and was renovated in 2017-18. Program faculty use seven of the offices within FPPM. One primary faculty member has an office within the School of Social Welfare.</p> <p>For program staff, the program's suite of offices has individual offices 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 workstation and one enclosed cubicle for student assistants. All program faculty and staff are provided with HP desktop computers, dual monitors (if requested), and printers.</p> <p>Most of the program's classes are held near the FPPM office suite. Some of these classrooms have been recently renovated to enlarge instructional space, improve lighting, and update digital technologies. All classrooms are internet connected and equipped with laptop computers and projectors and/or SMART screens, video equipment, and microphones.</p> <p>The program's students have access to six computer workstations within the suite and printer access. The program's and the FPPM's conference rooms are available to students as study space and formal and informal meeting space.</p> <p>The program's physical space meets the current needs. The program anticipates the need for additional faculty and staff space as the number of students grows.</p>		
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		During the site visit, faculty had positive feedback related to offices, classrooms, and equipment. Interviewed students described a wealth of resources available to them including classrooms, study space, and meeting space.		
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C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Adequate library resources, including personnel, for students & faculty		<p>The university's Health Sciences Library (HSL) is open 24 hours a day, seven days a week and maintains a print collection of 170,000 serial and monograph volumes, 95,000 books, 4,200 electronic books, 20 print journals, and 10,000 electronic journals. The HSL provides access to 290 web-based research databases including ACCESSMedicine, ClinicalKey, DynaMed, MEDLINE, ScienceDirect, UpToDate, and Web of Science. Remote access to the web-based resources is available for faculty, staff, and students. Students also have access to interlibrary loans and document delivery services, as needed, as well as group and individual study spaces in the HSL.</p> <p>The program provides all students with an Apple iPad at orientation at no cost. Students can keep the iPad after graduation. Students have access to computers and printers at the HSL. Students have access to all computer software through a variety of university-provided sources, including data analysis and management software packages; Microsoft Office Suite; and EndNote citation manager. The university's Stony Brook Instructional</p>	Click here to enter text.	
Adequate IT resources, including tech assistance for students & faculty				
Library & IT resources appear sufficiently stable				

		<p>Computers (SINC) site allows students to access site-licensed academic software from their personal computers both on and off campus.</p> <p>Program faculty also receive a new Apple iPad at orientation. All program faculty and staff have access to the same software as students. Additional available software include REDCap, Qualtrics, DeDoose (organizes and analyzes qualitative and mixed methods data), and Kahoot (learning platform for real-time quizzes).</p> <p>Technical support is available through the university's Division of Information Technology. This division provides 130 IT-related services to faculty, staff, and students.</p> <p>Faculty and students have access to specific educational software and technology relevant to the coursework offered by the program. Examples of available software include EndNote, SPSS, SAS, Atlas Ti, REDCap, Qualtrics, BlackBoard, and Zoom.</p> <p>MPH students interviewed during the site visit had positive experiences with the library and IT resources available to them.</p>		
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D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		<p>The MPH program ensures grounding in foundational knowledge areas through 12 courses: contemporary issues in public health, health systems performance, introduction to the research process, biostatistics, epidemiology, theories of health behavior and health communication, qualitative methods, social and behavioral determinants of health, demography and global health, evaluating programs and policies to improve health, environmental and occupational health, and health systems performance. This common curriculum demonstrates grounding through a combination of course instruction and readings.</p> <p>Site visitors' review of the course syllabi and clarifications gained from site visit discussions confirmed didactic coverage of all foundational knowledge areas, as shown in the D1 worksheet.</p>	Click here to enter text.	

D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		The program addresses the 22 foundational competencies in the 12 required courses listed in Criterion D1. Reviewers were able to verify didactic coverage and assessment opportunities for all 22 competencies, as shown in the D2 worksheet.	Click here to enter text.	

		<p>Through additional documentation and site visit discussion, program faculty validated reviewers' initial concerns about competencies 12, 16, and 21. For example, for foundational competency 21, the program has a diverse group of students who work in different professions during the day and attend program courses at night. For the IPE activity, students work on interprofessional teams serving in roles associated with their current health professions, which include EMTs, doctors, veterinarians, dentists, and more. The program identifies students' current employment and prior training to assemble each interprofessional team. Although most students are either employed full-time in other health professions or are dually enrolled at the university in another health profession, some students are full-time MPH students without training in another profession. These students bring the public health perspective, specifically their concentration, to the team. The program consistently ensures that each group has a mix of different professions.</p> <p>For foundational competency 16, students are first introduced to different leadership styles throughout course lectures in HPH 550: Theories of Health Behavior and Health Communication. Students then work in groups to identify which leadership styles to use; in the next assignment, they design a health communication program using the chosen style.</p>		
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D2 Worksheet

MPH Foundational Competencies	Yes/CNV
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	Yes
11. Select methods to evaluate public health programs	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	Yes
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Perform effectively on interprofessional teams	Yes
22. Apply systems thinking tools to a public health issue	Yes

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		The program defines at least five distinct competencies for each of its three concentrations. The team's validation of each competency statement and students' opportunity to learn and demonstrate each competency is presented in the D4 worksheet.	Click here to enter text.	
Assesses all students at least once on their ability to demonstrate each concentration competency		The program ensures didactic coverage and assessment through four required courses for the health policy and management concentration and three required courses in the health analytics and community health concentrations.		
If applicable, covers & assesses defined competencies for a specific credential (eg, CHES, MCHES)	N/A	Students in the health analytics or community health concentrations have the option of adding an elective from an approved list to the three required courses.		

D4 Worksheet

MPH in Community Health Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Collect, organize and convey information effectively for different audiences important to public health initiatives	Yes	Yes
2. Appraise and apply social and behavioral change theories when developing community health initiatives	Yes	Yes
3. Create a multi-method plan for community health assessment, taking into consideration the strengths and limitations of primary and secondary data to assess needs and assets	Yes	Yes
4. Demonstrate capacity to engage with community partners	Yes	Yes
5. Create theory-driven community health interventions with a mission, goals and measurable process, outcome and impact objectives that address public health issues.	Yes	Yes
6. Demonstrate an advanced understanding of why diverse cultural groups may respond differently to the same community health intervention in the selection of appropriate audiences, equity-focused designs, and implementation approaches of community health initiatives.	Yes	Yes
7. Develop knowledge and skills for evaluating community health initiatives	Yes	Yes

MPH in Health Policy and Management Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Quality Assessment and Performance Improvement Analyze and use data within organizations to improve performance.	Yes	Yes
2. Strategic and Business Planning Perform environmental, market and community needs analyses; using appropriate tools and techniques, develop strategic alternatives consistent with organizational goals; prepare integrated plan involving multiple stakeholders and team members to evaluate and implement proposed programs, projects or business initiatives with the goal of improving	Yes	Yes
3. Financial Management Explain financial and accounting information, prepare and manage budgets, and evaluate investment decisions.	Yes	Yes
4. Health Policy and Economics Understand economic theory and health policy processes, including the creation and implementation of policy and its impact on the delivery of health services.	Yes	Yes
5. Health Law and Governance Analyze governance and legal issues that arise in health organizations and respond appropriately.	Yes	Yes
6. Population Health Use epidemiological, market, patient outcome and organizational performance data to improve quality and manage financial and other risks associated with defined populations.	Yes	Yes
7. Leadership and Change Management Develop effective leadership approaches to communicate a vision, motivate stakeholders, build consensus, and lead organizational change efforts	Yes	Yes

MPH in Health Analytics Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Apply analytical and conceptual models for public health	Yes	Yes
2. Assess current evidence base on a topic through a literature review, synthesizing information, identifying gaps, and critiquing study limitations	Yes	Yes
3. Formulate a scientific question based on review of scientific literature	Yes	Yes
4. 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	Yes	Yes
5. Utilize a suite of methods appropriate for analyzing public health data	Yes	Yes
6. Conduct a research project related to population health	Yes	Yes
7. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least 2 work products that are meaningful to an organization in appropriate applied practice settings		The program has strong and well-established processes to ensure that all students complete supervised applied practice experiences (APE) at sites that allow them to gain public health experience and apply knowledge and skills learned in the classroom. Students must complete HPH 580: Practicum. This is a three-credit course with a 135-hour planned and supervised practical experience. Students write a practicum proposal and identify at least five competencies (at least three of which are foundational and at least two are concentration competencies). Students develop a practicum proposal and work with a faculty supervisor to choose competencies. Each	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least 5 competencies, at least 3 of which are foundational				

		<p>practicum proposal must be reviewed and approved by the student's preceptor, project faculty supervisor, and the MPH practicum coordinator before students can start working. Once the project is complete, the faculty supervisor assigns a letter grade based on review of the practicum products, preceptor evaluation of student performance, and student achievement in meeting the stated competencies, goals, and objectives of the project. Students also write an evaluation of their practicum experience and must address whether they met their practicum goals and objectives and the extent to which they achieved their selected competencies.</p> <p>The self-study provided examples of student work products that demonstrate that students complete two work products that demonstrate at least five competencies. Examples of work products provided include creating a data collection tool; research papers; oral presentations to employees; maps and statistical analyses of school districts; a code book; and qualitative report.</p> <p>Example of work sites include the Stony Brook Cancer Center, Suffolk County Public Libraries, Suffolk County Public Schools, Stony Brook World Trade Center Health Program, and the Bureau of Environmental Protection, and Nassau County Department of Health, to name a few.</p> <p>During the site visit, the program director described how appropriate sites are identified for students. Potential sites are assessed for goodness of fit with the program's goals and objectives and alignment with master's level knowledge and skills. Sites are also assessed for their readiness to support students who will work toward</p>		
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		<p>solving a site's problem(s) and allowing students some level of independence in their work. The program ensures that the applied practical experience is mutually beneficial to both parties via feedback from both students and preceptors after each applied experience is completed.</p> <p>Several students stated that the expectations for the applied practical experience were reviewed with them at their initial orientation sessions. Students confirmed that they clearly understood the expectations for this experience. Students also noted that expectations are well-documented, and faculty are always very accessible. Many students stated that faculty are proactive in reaching out to them.</p>		
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D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		All MPH students must complete the ILE through two three-credit courses: HPH 580: Practicum and HPH 581: Capstone. Students complete the capstone course during the spring semester of the second year. Most of the	Click here to enter text.	
Project occurs at or near end of program of study				

Students produce a high-quality written product		student's coursework must be completed before enrolling in the capstone course.		
Faculty reviews student project & validates demonstration & synthesis of specific competencies		<p>As described in Criterion D5, in the practicum course, students select three foundational and two concentration competencies that they integrate into two work products. In the capstone course, students work in small groups to write and present an original grant proposal for an external organization. Next, students individually identify at least five competencies that are relevant to their groups' grant writing projects, two of which must include leadership (foundational competency 16) and interprofessional practice (foundational competency 21).</p> <p>Although students individually select competencies to cover, students work in groups to complete the grant writing project and a PowerPoint presentation to summarize the grant proposal. Each student then writes an individual two-page paper about the experience, reflecting on integration of competencies and contributions to the project. The capstone course instructor assesses each student on the quality of the written grant proposal and presentation and how well each student synthesized their selected competencies using a rubric.</p> <p>The program provided several examples of practicum projects and grant writing proposals. The program also provided sample rubrics that demonstrated grading of both foundation and concentration competencies.</p> <p>During the site visit, faculty discussed the "double duty" nature of the practicum course as a part of the integrated learning experience. Faculty also discussed the grant</p>		

		<p>writing activity, which is the focus of the capstone course. The capstone course syllabus was modified in January 2021 and now requires students to choose both foundational and concentration competencies to integrate. Examples provided from spring 2021 demonstrated appropriate ILE components.</p> <p>During the site visit, the course instructor discussed the benefits of the grant writing course to community groups that have received funding as a result of students' capstone work. A community stakeholder who met with reviewers verified this benefit, touting three consecutive years of continuous funding due to students' grant proposals.</p>		
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D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		MPH students must successfully complete a minimum of 54 semester-credit hours to earn the degree. One credit equals 50 minutes of classroom instruction and two hours of out-of-class study for 15 weeks.	Click here to enter text.	

D15. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D19. ALL REMAINING DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D20. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			
Instructional methods support regular & substantive interaction between & among students & the instructor	N/A	Since fall 2020, students in the MPH in health policy and management concentration must take four required courses in an online format. However, for this criterion to be applicable, a student must be able to earn the entire degree in a fully online format.	Click here to enter text.	The Council reviewed the self-study and site visit team's report and concluded that the delivery format of the degree does not require the program to respond to this criterion. Therefore, the Council acted to change the team's finding of met to a finding of not applicable.
Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated	N/A			
Curriculum is subject to the same quality control processes as other degree programs in the university	N/A			
Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners	N/A			

Provides necessary administrative, information technology & student/faculty support services	N/A			
Ongoing effort to evaluate academic effectiveness & make program improvements	N/A			
Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification	N/A			

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		The program has a qualified primary and adjunct faculty complement with 11 primary and nine non-primary faculty. All PIF have terminal degrees in public health, medicine, or a related field, including psychology, social work, business administration, and public affairs. All primary faculty all have strong backgrounds in their fields across research, practice, and teaching.	Click here to enter text.	
Faculty education & experience is appropriate for the degree level (eg, bachelor's, master's) & nature of program (eg, research, practice)		Adjunct faculty are also well qualified, with master's or doctoral degrees and/or working experience in their field of expertise. Non-primary faculty bring to the program several disciplines that complement the primary faculty, including health services research; economics; health		

		<p>administration; and sociology, as well as providing greater depth in epidemiology, policy, and management.</p> <p>Collectively, the faculty have a depth of experience across a variety of areas that align with the different concentrations and the requisite academic training and expertise to teach the foundational knowledge and competencies.</p> <p>During the site visit, university leaders commented that program faculty were leaders in their fields and exceptionally productive, as demonstrated by their scholarly activity and extramural service.</p>		
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E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		The program has strong faculty linkages to public health practice. Several primary faculty have career experience in public health outside of academia. For example, one primary faculty member is a full-time health law expert and a fellow at the Commission on the Accreditation of Healthcare Management Education. Another primary faculty member has over 28 years of experience in health care organizations such as United Health Care, CIGNA Health Care of New York, Physicians Health Services of New York, and Health Plus Lutheran. Adjunct faculty have employment experience in customer engineering for healthcare and life sciences, employment at Google to help healthcare providers manage large databases, and	Click here to enter text.	
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels				
Regularly involves practitioners in instruction through variety of methods & types of affiliation				

		<p>experience working for the American Lung Association of Long Island.</p> <p>The program’s faculty complement includes both public health and medical practitioners. Some of these faculty are PIF, and others are affiliated faculty (instructors or adjuncts). The affiliates participate in the program’s curriculum as guest lecturers and attend seminars and special events. Some of these affiliates also collaborate on research and service opportunities with faculty, students, and alumni.</p> <p>During the site visit, program faculty provided additional examples of primary instructional faculty and other faculty having considerable practice experience outside of academia. For example, one faculty member has 10 years of experience as a local public health commissioner and another faculty member has 25 years of experience in the healthcare sector and in laboratory settings.</p> <p>In the self-study, the program recognized the need to increase the number of practice-based faculty. The program has recently received permission to hire one additional faculty member on a non-tenure practitioner track who will focus on teaching, advising, mentoring, and providing a bridge for partnerships between the program and the public health field of practice. The program plans to continue to increase practice-based affiliates and adjuncts; however, at the time of the site visit there was no specific timeline.</p>		
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E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		<p>Primary and non-primary faculty are supported to maintain currency in what they teach and how they teach it. All faculty participate in professional development and utilize resources to maintain pedagogical relevance. All faculty attend professional meetings and workshops in their fields of study. Faculty are encouraged to request travel funds to attend conferences. The MPH program sets aside funds for this purpose. To access the funds, faculty must make a request and include an explanation as to how the request supports instructional currency.</p> <p>The program evaluates instructional effectiveness through three primary methods: student course evaluations, peer evaluations, and an evaluation by the program director. Student evaluations encompass course evaluations and student feedback sessions. MPH concentration heads conduct peer observation of all faculty instructors (PIF and non-PIF) within their concentration courses. The review occurs once every two years for each faculty member, or as necessary based on student evaluations. Peer reviewers observe new instructors prior to mid-term to make adjustments, if necessary. Observer feedback is shared with the instructor and the Curriculum Committee for improvement purposes. The program director also visits each MPH course every two years, or as necessary, to observe teaching and provide feedback to instructors.</p>	<p>Click here to enter text.</p>	
Systems in place to document that all faculty are current in pedagogical methods				
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction				
Supports professional development & advancement in instructional effectiveness for all faculty				

		<p>Observations extend to PhD students and teaching assistants.</p> <p>The university's Center for Excellence in Learning and Teaching provides support for continuous improvement in learning and teaching. The support includes innovative services and training in best practices for face-to-face and online instruction. The training includes addressing inequity and racism in the curriculum and in the classroom. All faculty members must attend at least one professional development activity annually.</p> <p>The program has weekly "lunch and learn" sessions at which faculty share teaching experiences and best practices. MPH faculty also share instructional resources from professional networks, scientific, and practice societies. The MPH program also has a Mentoring Committee that consists of tenured senior faculty. Senior faculty provide needed guidance and advice to tenure-track and other faculty members. The program's teaching policy limits the amount of teaching required of faculty to accommodate professional development.</p> <p>The program lists four indicators related to faculty instructional effectiveness. Faculty currency is assessed through peer/internal review and through biannual review. The Curriculum Committee oversees maintaining the quality of the curriculum by review of class topics and relevancy of textbooks. Curriculum Committee review of syllabi is focused on ensuring that curricula meet competencies and are relevant to current public health practice. During the site visit, the Curriculum Committee chair provided details on the committee's rigorous review of faculty syllabi. The committee reviews competencies</p>		
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		<p>and content and makes recommendations for improvements.</p> <p>For student satisfaction with instructional quality, the program uses an online survey to assess every course. This information is provided to various committees for decision making purposes.</p> <p>For involvement of community-based practitioners in courses, the program currently has two courses. In HPH 508: Health Systems Performance and HPH 500: Contemporary issues in Public Health, public health practitioners present guest lectures to students. Practitioners who were present at the site visit confirmed their participation as lecturers in the program. Some served as adjunct professors in the program in the recent past as well.</p>		
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E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		<p>The program indicates that research and scholarship are pillars of the public health program and are highly valued for faculty and students. Faculty members engage in research and scholarly activities as a requirement for promotion and tenure. During the site visit, the program director confirmed this as a requirement for all PIF.</p> <p>The program has a designated goal and two objectives for research. The goal is to advance knowledge in public</p>	<p>Click here to enter text.</p>	
Faculty are involved in research & scholarly activity, whether funded or unfunded				
Type & extent of faculty research aligns with mission & types of degrees offered				

Faculty integrate their own experiences with scholarly activities into instructional activities		health through MPH faculty research. The objectives are faculty producing impactful scholarly work that attracts extramural funding and faculty participating in national and international scholarly organizations related to public health.		
Students have opportunities for involvement in faculty research & scholarly activities		<p>Support for faculty involvement in scholarly activities comes in part from the Stony Brook Renaissance School of Medicine. Nearly all program faculty are appointed to the school, which provides new tenure track faculty hired with full salary support for a three-year start-up period and provides 50% salary support thereafter. In addition, new tenure-track faculty receive at least \$25,000 in start-up funds to be used for professional development, travel to conferences and workshops, computer equipment, and research support funds. Finally, new program hires are given a full calendar year of no teaching assignments or committee work to ensure that they can focus on developing their research programs.</p> <p>The Office of Vice President for Research also provides research award opportunities for faculty under the Targeted Research Opportunities program. These internal awards are used to conduct pilot projects that can be used to compete for external funding opportunities. The self-study provides examples of program faculty who have been awarded funding.</p> <p>Faculty may buy out teaching time by obtaining research funding. The program also provides research-related travel funds to promote research collaboration and/or dissemination, even if faculty members do not have an external source of funding themselves.</p>		

		<p>The self-study proves a range of examples of the scholarly work faculty participate in and how they incorporate it into their teaching. For example, one faculty member who is an environmental epidemiologist features his research in his courses. His research focuses on identifying environmental factors that play an important role in morbidity and ways to investigate exposure-disease relationships. He integrates his research experiences into field campaigns, choices of study design, decisions about study power, potential issues with confounding or information bias into course content.</p> <p>In the community health concentration, a faculty member conducts research regarding prevention and response to intimate partner violence, youth development, and community-level prevention programs. This faculty member shares her expertise in qualitative methods and community engagement with vulnerable populations in her HPH 564: Qualitative Methods course. Additionally, two faculty members co-developed, implemented, and evaluated an experiential interprofessional learning opportunity as a part of the capstone course that resulted in a publication with two students as co-authors. Finally, another faculty member is part of the World Trade Center Health Program research group at Stony Brook. The group provides health care for first responders to the 9/11 terrorist attack and conducts research. This work provides opportunities for MPH students to conduct practicum projects.</p> <p>The program has selected three indicators that capture faculty research and scholarship. The indicators include percent of total PIF participating in research activities; number of articles published in peer-reviewed journals;</p>		
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		<p>and total research funding. The program has met or exceeded its defined targets for indicators one and three. For the number of articles published in peer-reviewed journals, the target set was 65. Year one and two targets were not met; however, in year three the goal was exceeded at 74.</p> <p>During the site visit, the program director confirmed the comprehensive support of faculty research. The faculty discussed their active R01 research projects and numerous other ongoing co-investigator and investigator research projects. Faculty told site visitors that they feel supported in their scholarly efforts.</p>		
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E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		The program's general expectation for faculty extramural service is reflected in its mission statement and values. The program also expresses its expectations for extramural service in goal five: "participation in services activities designed to meet the current needs and priorities of public health-based community partners by students and faculty." The three objectives associated with this goal also provide general guidance for faculty.	Click here to enter text.	
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means		The university encourages extramural service but does not define specific expectations. The university's support for extramural service is reflected in the service criteria as a requirement for promotion and tenure.		

		<p>In the self-study, the program further describes expectations in the promotion and tenure process, which include significant participation in service activities within and outside the university; leadership roles on committees, professional organizations, boards, and community organizations; and work with student organizations. The quality and/or level of services is expected to increase with rank.</p> <p>The program director provides an annual review for all PIF. This review addresses previous years' service and plans for the upcoming service. The director provides support for faculty service by permitting the program's funds to be used for non-grant-supported travel requests to attend and participate in extramural service. In addition, the program's teaching policy states that PIF have a maximum teaching load of up to two courses per calendar year. This allows faculty to have protected time to participate in service activities.</p> <p>The self-study provides several examples of faculty members' integration of service into their instruction. For example, one faculty member has served the past eight years as a living donor advocate at Stony Brook University Hospital. In addition, he has recently become vice-chair of the United Network for Organ Sharing's Ethics Committee. He integrates his service experience in ethics and health into HPH 500: Contemporary Issues in Public Health, in which he addresses emerging issues such as ethical frameworks for analyzing issues in public health, mandatory vaccinations, and health care as a right.</p> <p>Another faculty member established the Healthy Libraries Program with the Suffolk County Cooperative Library</p>		
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		<p>System. She also serves on the board of the American Heart Association, Long Island Chapter, and the local Ryan White HIV Planning Council. She integrates her community service into sessions on ethical conduct of research and community-based participatory research into HPH 501: Introduction to the Research Process and as a faculty supervisor for the practicum course.</p> <p>The program has also launched various service projects in response to the COVID-19 crisis. For example, one faculty member has participated in efforts to disseminate COVID-19 related health information to communities on Long Island in collaboration with the Healthy Libraries Program. An MPH student was involved in the creation of materials that were translated by the faculty member.</p> <p>The program tracks service data annually and measures the program's progress against the following indicators: percent of faculty participating in extramural service activities; number of faculty-student service collaborations; and number of community-based service projects. Over the past three years 94% (15 out of 16) of PIF have engaged in service activities. For faculty-student service collaborations, the program reported seven activities among five faculty members, in which 20 students participated over the past three years. The program has also participated in 11 community-based service projects in which faculty, staff, and/or students have been involved in the past three years.</p> <p>The program acknowledges that there is room for improvement in offering students service opportunities outside of their practicum experiences.</p>		
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		During the site visit, students gave several other examples of extramural research and practice opportunities they have had with faculty.		
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F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		<p>The program engages with constituents through its standing and ad hoc committees; program faculty and staff attending community and practice-based forums and conferences; and the program's community-based committees. The program uses its Curriculum Committee as a formal structure for constituent input. The committee comprises county health department directors, the Long Island Health Collaborative director, instructional designers from the Center for Excellence in Learning and Teaching, program faculty, students, and alumni. The committee meets monthly during the fall and spring semesters, and as needed in July and August. The Curriculum Committee is responsible for decisions regarding curriculum matters such as new courses, modifications to courses, appropriateness of instructors, student feedback of courses, and competency attainment. The committee reviews all syllabi at least every three years and ensures that course syllabi are updated to maintain relevance to the field.</p> <p>In addition to the Curriculum Committee, the program engages with the Long Island Health Collaborative (LIHC), which is a voluntary workgroup whose mission is to connect Long Island-based organizations and industry</p>	Click here to enter text.	
Ensures that constituents provide regular feedback on all of these: <ul style="list-style-type: none"> • student outcomes • curriculum • overall planning processes • self-study process 				
Defines methods designed to provide useful information & regularly examines methods				
Regularly reviews findings from constituent feedback				

		<p>partners that focus on population health improvement to serve the community and close gaps in health care and other services. The organization meets bi-monthly and is made up of county health departments, Long Island hospitals, community-based health and social service organizations, academic institutions, health plans, and local municipalities. The program director is an active member of the LIHC to collaborate on projects, present both formally and informally on progress of various initiatives of interest to the community and connect MPH students to practicum opportunities.</p> <p>The program director also maintains close and routine interactions with the commissioners of health from Nassau and Suffolk Counties to discuss program-related matters relevant to the MPH curriculum, practicums, new hires, and overall planning and future directions of the program. Both commissioners of health for Long Islanders are part of the LIHC, which allows for additional regular input. Finally, the commissioners of health for Long Islanders attend HPH 500: Contemporary Issues in Public Health each year to give lectures and group advisement for MPH students on career planning.</p> <p>LIHC meetings inform the MPH program on changing practice and research needs of the community, which leads to new ideas for the curriculum, practice, and faculty research, which often involves students. For example, LIHC funded data analyses for qualitative interviews conducted by MPH faculty and students to understand the health and social needs of patrons in the library setting and the resources needed to address social and behavioral determinants of health. The LIHC funding supports the educational materials that MPH students,</p>		
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		<p>nursing students, and social work interns use to promote information access and resource utilization among patrons in partnering public libraries.</p> <p>The program notes it has struggled to obtain information from employers of alumni due to alumni not providing employer contact information, or employers not responding to the surveys. To combat this, the program has scheduled a meeting with external partners and employers of graduates that the program plans to continue doing on an annual basis. The program plans to engage employers to determine how well MPH graduates are performing competencies in employment settings.</p> <p>Employers of graduates spoke to site visitors about the outstanding students that come out of the program with professionalism and attention to detail. Employers reported that students pick up information quickly and apply it usefully and are well trained in public presentations and data analysis. One employer noted that students who come out of the program have successful careers because they are so well-trained and prepared.</p> <p>Curriculum Committee and LIHC members who participated in the site visit commented on the accessibility and willingness of the program to hear their ideas. Interviewed community members said that the program director is always reaching out to them for input on what could be done to make the program better. The county health commissioner stated that he is accessible to the program because he prioritizes his relationship with the program and students.</p>		
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		<p>The program notes that it plans to expand its engagement and outreach activities with the community to better inform the program. In December 2019, the program created a new staff position, the outreach and community engagement team member. The staff member is a program alumna, former outreach coordinator for the LIHC, and previously worked with the Healthy Libraries Program. The staff person will work closely with the associate director for academic affairs, assistant director for student affairs, student and alumni networks, and the program director to build and strengthen relationships with alumni, employers, the LIHC network, and other relevant community partners.</p> <p>During the site visit, one county health commissioner gave an example of feedback that he provided to the program that was put into effect immediately. During an interview of a potential employee, who was also a student in the program, the student appeared in inappropriate attire. The health commissioner let the program know, and the program implemented training on proper interview attire and etiquette into the program. The health commissioner said that the improper dress never occurred again because the program was so quick to respond.</p>		
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F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		Students in the MPH program are introduced to service, community engagement, and professional development in a variety of ways, but starting during new student	Click here to enter text.	

<p>Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field</p>		<p>orientation. The program provides information on its website, through email announcements, e-newsletters, and in-class announcements to raise awareness of professional service opportunities that become available. The assistant director for student affairs, who is also the practicum placement and community engagement coordinator, announces opportunities for service activities through e-blasts each semester. The announcements are also posted on the program’s website.</p> <p>The program has one student organization: the Organization for Public Health Students and Alumni (OPSHA). The organization promotes student leadership, serves as a voice for the MPH student body, and serves as a vehicle for students to perform service and scholarly activities. In 2018, OPSHA participated in public health week by planning and holding an interprofessional education event which had over 200 participants. Additionally, in 2020 they hosted a bake sale to raise money for UNICEF, hosted a food drive for Long Island Harvest, and sold raffle tickets to gather donations for the Long Island States Veterans Home. Finally, in 2021, OPSHA’s Anti-Racism Committee organized a Zoom presentation and workshop on racial disparities.</p> <p>The program also has a student-led organization called the Future Healthcare Leaders. The group has engaged public health and health care executives in professional development and networking events. Some of these events include topics such as health administration career pathways in a COVID-19 world, the basics of finance and economics in health care, and disparities and social determinants of health.</p>		
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		<p>Students who met with site visitors reported that program faculty send weekly newsletters with job and volunteer opportunities. In addition, if there is a specific community event, program faculty email event details to students.</p> <p>During the site visit, students who are members of OPSHA provided additional examples of student service opportunities throughout the pandemic including virtual food drives and a walk-a-thon for a local organization. OPSHA conducts one major community event each semester and multiple smaller events throughout the year. Students and alumni reported satisfaction with community and professional service activities advertised and offered by the program.</p>		
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F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities		The program has several communities of interest that it assesses for professional development needs. The first includes professionals who provide services for the prevention and care of the HIV/AIDS community. This community was selected since people living with HIV/AIDS are a priority population for Suffolk and Nassau counties and because members of the MPH faculty have longstanding relationships with the professionals in the HIV/AIDS workforce. The program notes that Long Island has the largest suburban HIV epidemic in the country. Program faculty are members of the Ryan White HIV/AIDS Council that oversees data collection, analysis,		

		<p>interpretation, and reporting of HIV/AIDS data. The Council uses the data to determine priorities of the population based on interviews, focus groups, and providers.</p> <p>The second community of interest includes public librarians who are providers of health information and resources to Long Island library patrons. Over the last three years, program faculty and students have developed a Healthy Libraries Lab to assess the training needs of public librarians on topics such as mental health, food insecurity, and how to conduct an evidence-based search on health and health care topics. The program chose this community of interest since communities often have a high level of trust in public libraries as a source of health information and resources. In addition, public libraries have more visits per year than primary care settings. Community members rely on the library and librarians for information; however, librarians may not be specifically trained in health topics, therefore, the program believes training librarians is important for the advancement of community health.</p> <p>The third community of interest includes residents of Long Island and the providers who serve them as part of the LIHC. As mentioned in Criterion F1, the collaborative includes hospitals, county health departments, health providers, service organizations, academic institutions, local governments, and business sector representatives.</p> <p>To work with the HIV/AIDS community, the program has been in collaboration with the Center for Public Health Education for over a decade. The Center for Public Health Education has been training the HIV/AIDS public health</p>		
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		<p>workforce for over 25 years and has trained over 30,000 health care professionals on Long Island and greater New York. In 2018, the New York State Department of Health AIDS Institute asked program faculty to conduct a Long Island-wide assessment of HIV prevention, testing, and support services available. The AIDS Institute also asked the program to conduct a needs assessment to better understand the HIV prevention and related needs of the region, its consumers, and providers. The findings of the report were used to inform training needs and subsequent calls for funding.</p> <p>In 2017 the members of LIHC expressed an interest in assessing the needs of Long Islanders through public library patrons. In response, program faculty, staff, and students collaborated with another university to conduct a qualitative study interviewing library personnel at 32 locations to determine the needs of public library patrons and what areas librarians need training in. In addition, an MPH student analyzed 60 Master of Public Librarianship curricula to identify the extent to which public librarians are trained in mental health, addiction, and health care or health services. The program summarized the library surveys to determine what topics librarians need and would like training in. The program also conducts surveys and has ongoing discussions with library directors and with the director of outreach for the Suffolk Cooperative Library System to determine the needs of librarians. The topics identified through surveys and discussions 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, diabetes education, and more. The survey was emailed to four partner public</p>		
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		<p>library directors to complete. The survey results were then discussed at a meeting between library partners and program faculty to develop a training program.</p> <p>Finally, LIHC created a Community Health Assessment Survey to assess community needs, priority health concerns, and barriers to accessing care. LIHC generates reports that the program can use. Since 2017, some of the greatest concerns voiced include drug and alcohol abuse, heart disease, mental health, lack of health insurance, and obesity/weight loss.</p> <p>The program plans to maintain its partnerships with the Center for Public Health Education, the Long Island Health Collaborative, and the Suffolk Cooperative Library System. In addition, the program has asked its alumni network to identify their continuing professional development needs, so that the program can support their identified needs in the public health workforce.</p>		
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F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		The program uses multiple methods for developing and implementing professional development opportunities. First, the program reviews needs assessments and confirms priorities with the community partners. Next, all activities are planned and implemented with guidance and engagement from community partners. After each training, there is dedicated time during weekly meetings to reflect and discuss opportunities for improvement,	Click here to enter text.	

		<p>review participant evaluations, and determine if learning objectives were achieved as intended. Finally, activities that are not well attended or do not meet planned objectives are revised to ensure improvement.</p> <p>As noted in Criterion F3, the program conducts needs assessments of HIV/AIDS communities to design training content and curriculum. The program works with the Center for Public Health Education which has trained 2,024 health and human service providers and individuals seeking employment. A major portion of the training is targeted to individuals seeking employment as certified peer workers, for which there have been 83 training events with 818 participants. Examples of trainings include elements of transgender health, managing oral lesions for oral health providers, HIV issues for nurses, cultural competency, and medication errors for pharmacists. From 2018 to 2019, there were 66 training events for 679 individuals covering preventing HIV/AIDS, reducing stigma in healthcare, and LGBTQ cultural competency. Program faculty members who are associated with the Center for Public Health Education contribute 10% of their time/effort to support and teach training activities.</p> <p>Also noted in Criterion F3, the program provides trainings for public librarians. Since January 2019, the program has delivered free trainings, conducted workshops, and held webinars. Examples of topics that have been covered include teen mental health during social distancing (71 participants), disinfection for COVID-19 (48 participants), stress and mental health during COVID-19 (59 participants), and more. The webinars can be downloaded, and at the time of the site visit, there had been between 90-200 views.</p>		
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		<p>Additionally, the university's Office of Global Affairs asked the program to train 25 delegates from the Henan Providence in China, all working in public health ministry positions. The program director was tasked with selecting, inviting, and coordinating the topics and content of several public health practitioners and clinicians, epidemiologists, and program faculty members to run and participate in the training.</p>		
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G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines appropriate priority population(s)		<p>The program has identified priority populations for students, faculty, and staff. The priority populations are Black/ African American and Hispanic/Latinx. The program chose these groups since they are underrepresented in the program, in higher education in general, and in the public health workforce, particularly in leadership positions.</p> <p>The unit has two diversity, inclusion, and cultural competence and equity goals and nine related strategies. The goals and strategies target faculty, staff, and students and are consistent with the university's plan for equity, inclusion, and diversity. University leaders who met with site visitors discussed the program's alignment with university goals related to diversity and inclusion and mentioned the proactive nature of the program's efforts.</p> <p>Strategies to achieve the program's diversity goals include efforts to increase the number of applications from priority</p>	<p>Click here to enter text.</p>	
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Identifies strategies and actions that create and maintain a culturally competent environment				
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)				
Practices support recruitment, retention, graduation of diverse				

students, with attention to priority population(s)		populations. The program recruits MPH students from local colleges that have diverse student populations and offers joint degrees that combine the MPH with programs that historically enroll greater numbers of priority populations. The program has also proposed a BA/MPH in collaboration with the Department of Africana Studies, which it anticipates will help increase the number of priority population students.		
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies				
Perceptions of climate regarding diversity & cultural competence are positive		<p>The program works to retain MPH students from priority populations through excellence in academic and career advising. There is an assistant director for student affairs who supports students as they progress through the program and a faculty advisor who makes sure that students are meeting academic requirements, discussed further in Criteria H1 and H2. The program has policies and plans in place for promotion and retention of diverse faculty. For example, the MPH Peer Mentoring Committee provides all faculty members with mentoring and professional development to ensure that faculty feel supported in their roles.</p> <p>Over the past three years, the program's Black/African American and Hispanic/Latinx student representation has increased from 17% in 2018 to 29% in 2020. Faculty representation from priority populations has slightly improved with 5% of instructional faculty being Black/African American or Hispanic/Latinx in 2018 and 10% in 2020. The program acknowledges that despite its efforts to increase representation of the priority populations among faculty and staff, the proportions of Black/African American and Hispanic/Latinx faculty and staff has remained sub-optimal. Although the program was in a hiring freeze at the time of the site visit, it plans on hiring a</p>		

		<p>faculty and staff member who identifies as a member of a priority population when it can launch a new search.</p> <p>The program measured faculty and student perceptions about climate through the program in public health's climate survey in February 2020. At the time of the site visit, the 2021 climate survey was underway. When asked if the program encourages open discussion about issues relating to diversity and inclusion, 78% of students agreed or strongly agreed. Students also provided qualitative responses that expressed mixed sentiments. One student stated that they felt that the program would support them if they experienced discrimination and others reported that the climate survey was a great start to tackling diversity and inclusion. Other responses, however, indicated that students did not feel the program provided enough ways of handling diversity outside of school and in the field of public health. Other students noted that there should be more racial/ethnic diversity among the faculty.</p> <p>Public health faculty and staff also completed a climate survey and report positive perceptions regarding diversity and inclusion. When asked if the program encourages open discussion about issues relating to diversity and inclusion, 90% reported that they agreed or strongly agreed. When asked if the program has done an adequate job providing content around diversity and inclusion, 65% either agreed or strongly agreed with the statement. Qualitative responses reported similar concerns as students with the need for greater diversity among the faculty and the need for greater prominence of topics including race, inclusion, and equity in the curriculum.</p>		
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		<p>The program notes that based on some results of the climate surveys it has worked to be more intentional to provide faculty and staff with training opportunities to develop skills in discussing topics such as racism and infusing these topics into the curriculum with readings, group discussions, discussion boards, and other active learning activities. The program explained that the Student Recruitment Committee will continue to focus recruitment efforts on under-represented groups. Based on survey feedback, the program also plans to be more intentional in its efforts to diversify the student, faculty, and staff body.</p> <p>During the site visit, students were complimentary of the program's efforts to address issues of diversity. The program director pointed out that diversity and inclusion are infused into every area of the program. The DICCE Committee consists of both students and faculty. Students were quick to point out the responsiveness of the faculty and program to their needs regarding the inclusion of DICCE related topics in the curriculum. Faculty relayed their commitment and intentionality to address race and racism in the curriculum and program.</p>		
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H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		Academic advising services do not differ by MPH concentration or combined degree program. Communication regarding academic advising begins with	Click here to enter text.	
Advisors are actively engaged & knowledgeable about the curricula				

<p>& about specific courses & programs of study</p>		<p>the required new student orientation session and associated materials.</p>		
<p>Qualified individuals monitor student progress & identify and support those who may experience difficulty</p>		<p>Students' plans of study are initially created by the assistant director for student affairs as guidance for incoming students. These plans are updated annually. The assistant director for student affairs meets regularly with students to review their plans of study and records recommendations on an advising sheet. The assistant director for student affairs also regularly reviews the academic standing of each student.</p>		
<p>Orientation, including written guidance, is provided to all entering students</p>		<p>Each student is assigned a faculty advisor within the first few weeks of matriculation into the program. The program matches a faculty member in the students' concentration, when possible. Students are encouraged to meet with their advisors at least twice a year (spring and fall) to discuss progress through the degree, academic growth and attainment of competencies, and future plans. Faculty advisors complete an advising checklist each time they meet with a student. These completed checklists are shared with the assistant director for student affairs to help address any pending items.</p> <p>The program expects PIF to serve as advisors to students. Advisors are selected by the assistant director of student affairs and the program director. Assignments are based on the number of students to be assigned, the number of students previously assigned from a prior cohort, concentration interest, and goodness of fit between the student and faculty member.</p> <p>Faculty participate in Executive Committee meetings, which familiarize them with the program's academic</p>		

		<p>requirements and advising expectations. The assistant director for student affairs annually reviews faculty advising roles and responsibilities at these meetings. New faculty receive guidance during the onboarding process by observing advising sessions, reviewing the advising checklist, and discussing advising roles and responsibilities with the director and the assistant director for student affairs. New faculty do not have student advisees their first year of employment.</p> <p>The self-study reports graduation survey data that show high satisfaction with academic advising. From 2018 to 2020, 83%, 80%, and 93% of MPH students reported that the quality of academic advising in the program is exceptional or excellent. Few students provided qualitative perceptions of academic advising, but respondents noted that the assistant director for student affairs is “essential to the program” and without her help the student “would not have completed the degree.”</p> <p>During the site visit, students rated their academic advising experiences very highly. Several students indicated that their faculty advisors were readily available, and two students stated that when their faculty advisors did not know an answer, they connected the student with other faculty or a staff person to get the answer.</p>		
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H2. CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		Each faculty advisor has the primary role of providing students with career counseling guidance and career placement opportunities. In the self-study, the program provided a copy of the advising checklist used by faculty. This list includes items related to career advising. Students in joint degree programs also have an advisor in their second programs.	Click here to enter text.	
Variety of resources & services are available to current students				
Variety of resources & services are available to alumni		<p>The program sends email announcements to students that list jobs, practicums, and/or internships. Career counseling is also provided within the program's curriculum in the capstone course when students participate in a career-mapping activity. Also, as part of the capstone course, the program has an annual alumni panel. The program's website provides information regarding careers in public health.</p> <p>Students also have access to career advising services within the university's Career Center. The program promotes these services to students through bi-weekly emails, presentations in classes, and at student organization meetings.</p> <p>All PIF participate in student advising. These faculty are oriented to their roles by the assistant director of student affairs. Practice-based instructional and affiliate faculty give presentations to students during core and concentration courses; they also take part in career</p>		

		<p>advising with groups of students. In the self-study, the program provided examples of how these faculty provide career advice to students as part of the practicum experience.</p> <p>Examples of career advising services for students and alumni include workshops on resume and cover letter preparation, interviewing techniques, understanding the job market, and salary negotiation skills in the capstone course; the Career Center's Healthcare, Research and Human Services Job and Internship Fair; and the 2020 Health Administration Career Pathways & Current Events in a COVID-19 World event.</p> <p>The program measures student satisfaction with advising services with one question in its annual graduation survey. From 2018 to 2020, 64%, 100% and 67% students rated the quality of career advising in the program as either exceptional, excellent, or very good. Qualitative data from alumni focus groups in February 2021 suggest overall satisfaction with the program's career advising and indicate areas for improvement. Some students reported that more career advising would be beneficial to students and more career readiness should be incorporated into the capstone course. Others reported that the career planning was their favorite component in the capstone course, and they appreciated the alumni panel to hear about experiences at different stages in their work life.</p> <p>In the future, the program plans to provide additional options for advising throughout students' course of study rather than emphasizing it primarily in the capstone course. The program has also added a full-time staff person (practicum placement and community</p>		
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		<p>engagement coordinator) to better support students and alumni in this area.</p> <p>In the self-study, the program notes the lack of a consistent process to document or track the number of students or alumni who attend career advising events. It is the intent of the newly hired practicum placement and community engagement coordinator to improve tracking and reporting in the future. The program also intends to work more closely with the university's Career Center to leverage its services to benefit program students and alumni. The program has just begun the process of thinking about how to better integrate career advising opportunities throughout a students' tenure of study.</p> <p>During the site visit, students spoke very positively about their career advising experiences in the program. They indicated that faculty were accessible, and they felt like they had a good match between their career interests and their faculty advisors. Students also indicated that there are systems, processes, and procedures in place to support their future career aspirations.</p>		
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H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		The program's student complaint procedures are in the bulletin on the program's website and in the program's orientation Blackboard page. Students are advised to first discuss their concerns with faculty. If the concern is not resolved, students can meet with their faculty advisors.	Click here to enter text.	
Procedures are clearly articulated & communicated to students				

Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel		Next, students must reach out to the following (in this order): assistant director for student affairs, associate program director, and program director.		
Designated administrators are charged with reviewing & resolving formal complaints		If the grievance is not resolved, students may bring their concern to the Academic Integrity and Grievance and Appeals Committee by submitting a written appeal to the university's vice provost of graduate education. The vice provost may forward the complaint to the university's Graduate Council Appeals Committee for review and recommendations. This committee then submits a report to the dean of the graduate school. Lastly, the vice provost for graduate education issues a final decision.		
All complaints are processed & documented		<p>If a student is not satisfied with the program's handling of a concern, they may contact the university Ombudsman's Office with a formal grievance. The Ombud's Office provides another channel for dispute resolution services.</p> <p>The self-study indicates that all student grievances have been resolved between the student and faculty member, associate program director, and/or the program director. These complaints were related to grades, exams, or assignments. There have been no formal grievances in the past three years.</p> <p>Students who met with site visitors could explain the complaint and grievance procedures. Students knew where to find the complaint procedures on the program's website and indicated that the procedures were clear and easy to understand.</p>		

H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The program employs several recruitment procedures to ensure a successful and diverse student body. The assistant director for student affairs and other members of the Student Recruitment Committee hold information sessions that describe the MPH program, career opportunities in public health, admissions requirements, and the MPH application process.	Click here to enter text.	
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		<p>Information sessions target undergraduate and other students who may have an interest in public health (e.g., biology, health science, MD and DDS students). Information sessions are also conducted for degrees which have a racially/ethnically diverse student body. For example, more than 70% of the BS in health science student body at Stony Brook identifies with a historically underrepresented racial/ethnic minority group. The program also recruits from local four-year colleges which tend to have greater racially/ethnically diverse student bodies. At the information sessions the program provides flyers, links to the program website, and contact information for the assistant director for student affairs. The program also attends graduate school fairs, public health fairs, and posts on social media websites such as Facebook and Twitter.</p> <p>The program admits students once a year and uses SOPHAS. Requirements include a bachelor’s degree from an accredited college or university with a GPA of 3.0 or</p>		

		<p>higher, three recommendation letters, an essay, and a personal interview, if requested by the Admissions Committee.</p> <p>The Admissions Committee and Executive Committee make decisions regarding policies and guidelines for admitting students. The Admissions Committee makes admissions decisions and takes a holistic approach considering grades, recommendation letters, essays, and professional experience.</p> <p>The program presents data on several outcome measures that relate to the ability to recruit and enroll diverse and qualified students. The program aims to have 33% of students who apply to the program identify as Black/African American or Hispanic; 33% of accepted students to be from priority populations; and 40% of students who enroll to be from priority populations. The program met all targets in the 2020-21 academic year. The percentage of students who applied that were from priority populations has increased from 30% in 2018 to 33% in 2020. The percentage of students enrolling from priority populations has also been increasing with 21% in 2018 to 41% in 2020. The self-study notes that the recruitment and enrollment of under-represented students has improved, and the program will continue to be intentional in recruiting and maintaining a diverse study body.</p>		
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H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		The program has clear and publicly available information on academic calendars, grading policies, academic integrity standards, and degree completion requirements for the MPH program of study. The information available in the program bulletin appeared to be accurate and up to date based on site visitors' review.	Click here to enter text.	
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information				

AGENDA
All meetings held via Zoom.

Wednesday, April 14, 2021

6:00 pm EDT
Site Visit Team Executive Session 1

Thursday, April 15, 2021

8:45 am EDT
Site Visit Team Executive Session 2

9:00 am EDT
Program Evaluation

Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Lisa Benz Scott, PhD – PPH Director, MPH Director, Professor • Dylan Smith, PhD – MPH Associate Director, Associate Professor • Catherine Messina, PhD – PPH Associate Director for Academic Affairs, Research Associate Professor • Norman Edelman, MD – Professor 	<i>Guiding statements – process of development and review?</i>
<ul style="list-style-type: none"> • Jaymie Meliker, PhD – Professor, Chair of PPH Curriculum Committee • Lauren Hale, PhD – Professor, Chair of PPH Admissions Committee • Héctor Alcalá, PhD, MPH – Assistant Professor, Social and Behavioral Determinants of Health, Theories of Health Behavior • Amy Hammock, PhD, MSW – Assistant Professor, Qualitative Methods • Joanie Maniaci, MA – PPH Assistant Director for Student Affairs • Krista Gottlieb, MBA – PPH Accreditation and Assessment Specialist 	<i>Evaluation processes – how does program collect and use input/data?</i>
<ul style="list-style-type: none"> • Cathy Polster, MA – PPH Assistant to the Director/Office Manager 	<i>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?</i>
<ul style="list-style-type: none"> • Christine Ziman, MA – PPH Assistant Director for Administration and Finance 	<i>Budget – who develops and makes decisions?</i>
Total participants: 12	

10:00 am EDT
Break

10:15 am EDT	
Curriculum 1	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Lisa Benz Scott, PhD – PPH Director, MPH Director, Professor • Dylan Smith, PhD – MPH Associate Director, Associate Professor • Catherine Messina, PhD – PPH Associate Director for Academic Affairs, Research Associate Professor • Norman Edelman, MD – Professor, Concentration Head for Health Policy and Management • Jaymie Meliker, PhD – Professor, Chair of PPH Curriculum Committee, Concentration Head for Health Analytics • Rachel Kidman, PhD – Associate Professor, Concentration Head for Community Health • Lauren Hale, PhD – Professor, Capstone Instructor • Wei Hou, PhD – Associate Professor, Biostatistics • Héctor Alcalá, PhD, MPH – Assistant Professor, Social and Behavioral Determinants of Health, Theories of Health Behavior • Andrew Flescher, PhD – Professor, Contemporary Issues in Public Health • Amy Hammock, PhD, MSW – Assistant Professor, Qualitative Methods • Krista Gottlieb, MBA – PPH Accreditation and Assessment Specialist 	<p><i>Foundational knowledge</i></p>
	<i>Foundational competencies – didactic coverage and assessment</i>
	<i>Concentration competencies – development, didactic coverage, and assessment</i>
Total participants: 12	

11:30 am EDT
Break

12:30 pm EDT	
Students	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Gabriella Pandolfelli – MPH Health Policy and Management, 2nd year student • Missy Cottone – MPH/MS Nutrition Community Health, 2nd year student • Cassandra Willie – MPH Community Health, 2nd year student • Shoshanna Alexander- MPH Community Health, 1st year student • Alicia Calder- Community Health, 2nd year student • Maryam Hassanein – MPH Community Health, 2nd year student • Anthony Fratto – MPH Health Analytics, 2rd year student 	<p><i>Student engagement in program operations</i></p> <p><i>Curriculum</i></p> <p><i>Resources (physical, faculty/staff, IT)</i></p> <p><i>Involvement in scholarship and service</i></p> <p><i>Academic and career advising</i></p> <p><i>Diversity and cultural competence</i></p> <p><i>Complaint procedures</i></p>

<ul style="list-style-type: none"> • Laura McKellar – MPH Community Health, 2nd year • Alexandra Crowley – MPH Health Policy & Management, 2nd year student • Krista Hammel – MPH Community Health, 2nd year student 	
Total participants: 10	

1:30 pm EDT
Break

1:45 pm EDT Curriculum 2	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Lisa Benz Scott, PhD – PPH Director, MPH Director, Professor • Dylan Smith, PhD – MPH Associate Director, Associate Professor • Catherine Messina, PhD – PPH Associate Director for Academic Affairs, Research Associate Professor, Practicum Instructor • Jaymie Meliker, PhD – Professor, Chair of PPH Curriculum Committee, Concentration Head for Health Analytics • Lauren Hale, PhD – Professor, Capstone Instructor • Joanie Maniaci, MA – PPH Assistant Director for Student Affairs • Pascale Fils-Aime, MBA, MPH – PPH Practicum Placement and Community Engagement Coordinator • Amy Hammock, PhD, MSW – Assistant Professor, Faculty Advisor for Practicum • Héctor Alcalá, PhD, MPH – Assistant Professor, Faculty Advisor for Practicum • Cordia Beverley, MD – Assistant Dean for Community Health Policy, Clinical Associate Professor, PPH Affiliated Faculty 	<p><i>Applied practice experiences</i></p>
	<i>Integrative learning experiences</i>
	<i>Public health bachelor's degrees</i>
	<i>Academic public health degrees</i>
<ul style="list-style-type: none"> • Julie Agris, PhD, JD, LLM, FACHE – MHA Director, Associate Professor • Jeff Ritter, DBA, MBA – MHA Associate Director, Research Assistant Professor 	<i>Distance education</i>
Total participants: 12	

2:45 pm EDT
Break

3:00 pm EDT	
Instructional Effectiveness	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Lisa Benz Scott, PhD – PPH Director, MPH Director, Professor • Dylan Smith, PhD – MPH Associate Director, Associate Professor • Catherine Messina, PhD – PPH Associate Director for Academic Affairs, Research Associate Professor, Practicum Instructor • Norman Edelman, MD – Professor, Concentration Head for Health Policy and Management • Andrew Flescher, PhD – Professor • Jaymie Meliker, PhD – Professor, Chair of PPH Curriculum • Christine Ziman, MA – PPH Assistant Director for Administration and Finance • Amy Hammock, PhD, MSW – Assistant Professor • Rachel Kidman, PhD – Associate Professor • Héctor Alcalá, PhD, MPH – Assistant Professor • Ernest Conforti, MBA, MS, CPHQ, FACHE - Associate Director of Operations, The Heart Institute, Stony Brook Medicine • Lawrence Eisenstein, MD, FACP – Commissioner of Health, Nassau County Department of Health, Stakeholder 	<i>Currency in areas of instruction & pedagogical methods</i>
	<i>Scholarship and integration in instruction</i>
	<i>Extramural service and integration in instruction</i>
	<i>Integration of practice perspectives</i>
	<i>Professional development of community</i>
Total participants: 12	

4:00 pm EDT
Break

4:15 pm EDT	
Stakeholder/Alumni Feedback/Input	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Alvin Mathew, MBA, MPH'18– Associate Executive Director, Sunrise Senior Living • Kristi Ladowski, MPH'11 – Injury Prevention and Outreach Coordinator, Stony Brook Medicine, Stakeholder • Laurel Grumpert – MPH '20- Program Coordinator • Jake Labriola, MPH'18 – Doctor of Veterinary Medicine Student • Nicholas Tkach, MPH'19 – Doctor of Medicine Student • Gwendolyn Phillips, MPH'12– Case Manager and Evaluation Specialist, Counseling and Psychological Services, Stony Brook University, Stakeholder • Lawrence Eisenstein, MD, FACP – Commissioner of Health, Nassau County Department of Health, Stakeholder 	<i>Involvement in program evaluation & assessment</i>
	<i>Perceptions of current students & program graduates</i>
	<i>Perceptions of curricular effectiveness</i>
	<i>Applied practice experiences</i>
	<i>Integration of practice perspectives</i>
	<i>Program delivery of professional development opportunities</i>

<ul style="list-style-type: none"> • Gregson Pigott, MD, MPH – Commissioner of Health, Suffolk County Department of Health Services • Fred Sganga, MPH, FACHE, LNHA – Executive Director, Long Island State Veterans Home, Stakeholder • Valerie Lewis – Administrator of Outreach Services, Suffolk County Cooperative Library System, Preceptor • Janine Logan, MS, APR – Executive Director, Long Island Health Collaborative, Preceptor • Ilvan Arroyo, MA – Associate Director, Center for Public Health Education, Preceptor 	
Total participants: 12	

5:15 pm EDT
Site Visit Team Executive Session 3

5:45 pm EDT
Adjourn

Friday, April 16, 2021

8:30 am EDT University Leaders	
Participants	Topics on which participants are prepared to answer team questions
<ul style="list-style-type: none"> • Kenneth Kaushansky, MD, MACP – Senior Vice President of Health Sciences (equivalent to the Provost for Health Sciences, PPH directly reports) • John Riley, MBA – Associate Vice President of Health Sciences • Paul Goldbart, PhD – Provost 	<i>Program’s position within larger institution</i> <i>Provision of program-level resources</i> <i>Institutional priorities</i>
Total participants: 3	

9:00 am EDT
Break

9:15 am EDT
Site Visit Team Executive Session 4

1:00 pm EDT
Exit Briefing