



Sacred Heart  
UNIVERSITY

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PUBLIC HEALTH

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**Sacred Heart University  
Public Health Program  
Self-Study**

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## Introduction

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

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

Sacred Heart University, a private liberal-arts University, was founded in 1963 by Reverend Walter W. Curtis, second bishop of the Diocese of Bridgeport, to provide an institution of higher education that would serve the people of the diocese and region, regardless of sex, race, creed or religion.

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

Sacred Heart University includes five Colleges (Health Professions, Arts and Sciences, Business, Education, and Nursing) and one School (Computer Science and Engineering). The University is in the process of developing a second School, the School of Social Work. The University offers 3 Associate's degrees, 46 Bachelor's degrees, 29 Master's degrees, 4 Doctoral degrees, and 5 Professional Certificate degrees.

- c. number of university faculty, staff and students

The University employs 333 full time and 1302 part time faculty as well as 829 staff. Sacred Heart University serves just under 9,000 students: 5,130 full-time undergraduates, 844 part-time undergraduates, 2,984 full- and part-time graduate students.

- d. brief statement of distinguishing university facts and characteristics

Sacred Heart University is the first Catholic University in the United States to be led and staffed by lay people. As such, Sacred Heart is contemporary in spirit and thinking and rooted in the liberal arts and Catholic intellectual traditions, with a mission to educate the whole person while preparing students to lead and serve in the world today. For the 2018-19 school year, undergraduate and graduate students hailed from 48 states, District of Columbia, plus two U.S. territories and more than 40 countries.

Sacred Heart University has five campus sites; three are located within 1 mile of one another in Fairfield and Trumbull, CT, one is in Dingle, Ireland, and one is in Luxembourg. The four located within one mile of one another are:

- Center for Healthcare Education (CHE): The College of Health Professions, including the MPH program, and College of Nursing are housed in the CHE
- Main Campus: The College of Arts and Sciences resides in the main campus buildings.
- West Campus: The College of Business and College of Education reside in the West Campus building.

Dingle, Ireland is used for undergraduate study abroad experiences throughout the academic year. Luxembourg is used for study abroad experiences for the College of Business.

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

Sacred Heart University is accredited by the New England Commission on Institutions of Higher Education (formerly NEASC), one of six regional associations in the United States that accredits schools and colleges. The last review in 2013 resulted in an accreditation term of ten years.

Specialized accreditors are listed by College below:

- College of Arts and Sciences:

- Social Work: Council on Social Work Education (CSWE)
  - College of Business: Association to Advance Collegiate Schools of Business (AACSB)
  - College of Health Professions
    - Physical Therapy program: Commission on Accreditation in Physical Therapy Education (CAPTE)
    - Occupational Therapy program: Accreditation Council for Occupational Therapy Education (ACOTE)
    - Communication Disorders program: Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)
    - Athletic Training program: The Commission for Accreditation of Allied Health Education Programs (CAAHEP)
    - Physician's Assistant program: The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
  - College of Nursing:
    - Baccalaureate degree program in nursing: Commission on Collegiate Nursing Education (CCNE)
    - Master's degree program in nursing (CCNE)
    - Doctor of Nursing Practice program (CCNE)
- f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

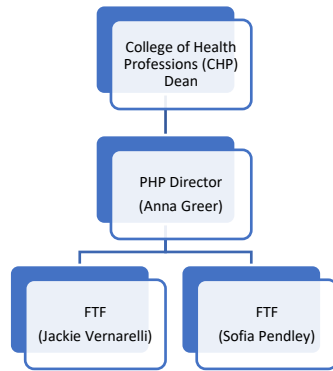
The public health program began in the fall, 2018. The public health program has only one degree offered, a master's of public health (MPH) degree with a concentration in community health. The program was developed in response to an observed need. Specifically, Sacred Heart undergraduate students in both the Health Science and Exercise Science undergraduate programs were asking for an MPH program that they could matriculate into after graduating from their undergraduate studies. The current MPH program director, Dr. Anna Greer, was already working at SHU as a behavioral scientist within SHU's Exercise Science program. Dr. Greer worked with faculty at the University, faculty external to SHU at existing MPH programs, and regional public health leaders to develop the existing MPH program. Currently, the MPH program is its own department within the College of Health Professions: the Department of Public Health (i.e., the MPH program is synonymous with the public health department). We graduated our first class in May, 2019. We pride ourselves on engaging our students with the local community throughout the program whenever possible.

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

Each of the organizational charts listed below are also included in the ERF.

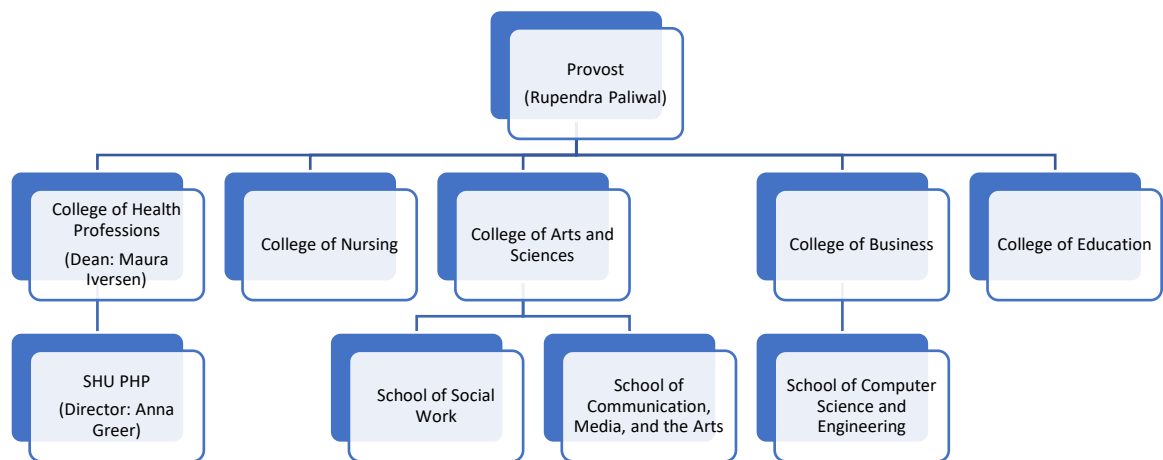
- a. the program's internal organization, including the reporting lines to the dean/director

*Internal organizational chart*

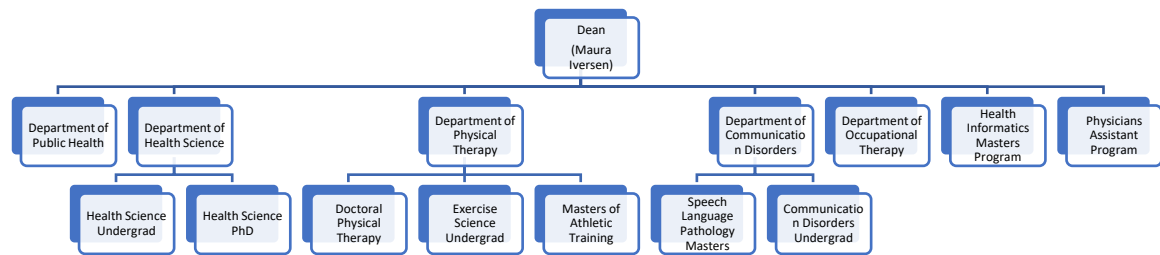


- b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

*Relationship between program and other academic units*

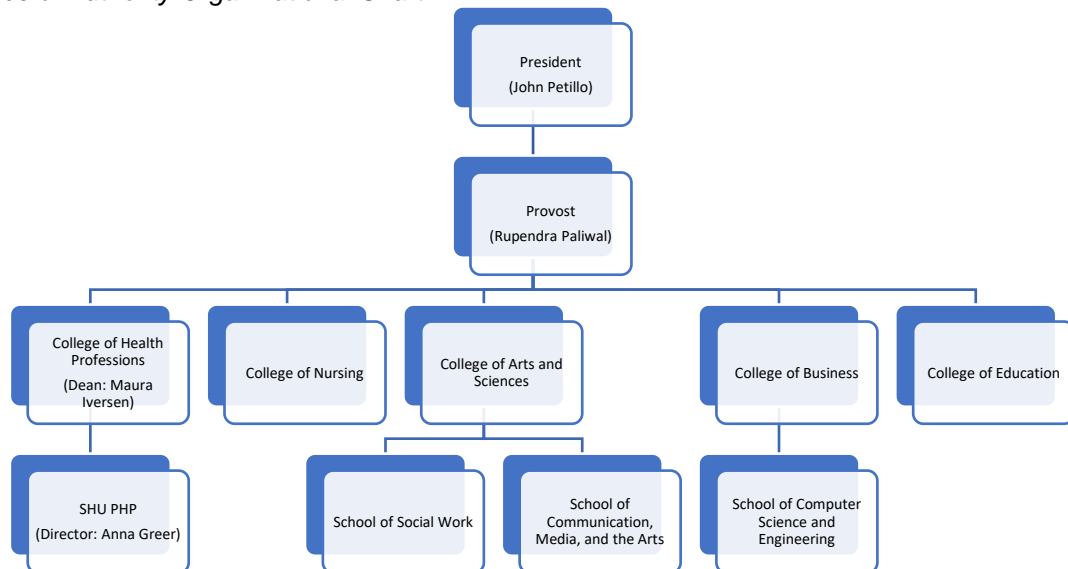


College of Health Professions Organizational Chart  
(note: a larger version is included in the ERF)



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

*Lines of Authority Organizational Chart*



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

NOT APPLICABLE

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

Instructional Matrix - Degrees and Concentrations					
			Campus based	Executive	Distance based
Master's Degrees	Academic	Professional			
<i>Concentration</i>	<i>Degree</i>	<i>Degree</i>			
Community Health		MPH	MPH		

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

Degree		Current Enrollment
MPH		
	Community Health	20



## **A1. Organization and Administrative Processes**

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

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

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

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

Currently, we do not have any existing committees, standing or ad-hoc. We have three full-time faculty members and one adjunct faculty member. As such, we function as a committee as a whole. We all work together to make joint decisions for all aspects of the program. As the program grows and additional faculty are added to maintain a favorable faculty:student ratio, we will develop committees as needed. At a minimum, we anticipate needing the following committees: Curriculum and Pedagogy, Assessment and Data Management, and Alumni Engagement. Currently, the MPH faculty meets at least bi-weekly to work together to complete program business, with two additional full-day faculty retreats (one each semester).

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

- a. degree requirements

The program director worked with the MPH faculty to ensure that the degree requirements are in line with CEPH accreditation standards and the program mission and goals. If future changes to degree requirements are required, the MPH faculty would submit the desired changes to the College of Health Professions Academic Affairs Committee for review. This Committee is made up of faculty members from across the College. If approved, changes could be instituted. If denied, an appeal could be made to the Dean of the College of Health Professions.

- b. curriculum design

The program director and faculty members worked together to identify where CEPH competencies should be introduced, emphasized, and reinforced within the curriculum. Faculty responsible for teaching the courses then develop the syllabi and curriculum for their respective courses. The faculty then met in person to review and discuss the syllabi, concepts covered, readings assigned, and pedagogy used in each course.

At the end of each semester, we review assessment outcomes from that semester and discuss changes to the curriculum as needed. These discussions take place in person, as a faculty team.

- c. student assessment policies and processes

All decisions are made jointly by the MPH program director and faculty. All assessments opportunities, and grading rubrics are reviewed as a team and revised or adjusted as needed together. Any time an assessment policy or procedure is adjusted, the accreditation templates and charts are adjusted accordingly.

d. admissions policies and/or decisions

The program director works with the MPH faculty and the graduate admissions office to implement the admission policies. The admissions policies were developed based on expectations for the minimum requirements needed to succeed in the MPH program. The policies will be revisited in three years once we have enough data on student outcomes (e.g., retention, graduate rate, post-graduation outcomes) to determine if the requirements should be adjusted. The decision to adjust the requirements would be a joint decision between the MPH program faculty and the graduate admissions director assigned to the public health program.

Admissions decisions are made by the program director and full-time faculty members after each faculty member has reviewed the applicant's materials and a discussion of the candidates' qualifications and materials has taken place. The faculty then vote to accept, wait-list, or deny acceptance into the program.

e. faculty recruitment and promotion

Faculty are recruited through the standard Sacred Heart University search committee process. Faculty search committees must include faculty from the program hiring as well as at least one faculty member external to the hiring program. The search committee reviews each candidate's materials, discusses the candidates, and votes on who to invite for a phone interview (no maximum limit of candidates). The search committee then invites finalists (typically, 2-3) for an in person, campus interview for the open position. After the in-person interviews, the search committee makes a recommendation for hiring to the College Dean and University Provost. The Dean and/or Provost, who meets with the candidate during their in-person interview then makes a decision on whether or not to offer the candidate the position. All search committee members are required to participate in a search committee orientation with the University Office of Human Resources prior to the start of any search to ensure that the search committee is aware of standard faculty search processes for the University.

Promotion decisions are made by either the University Committee on Rank or Tenure (CTR) or the University Committee on Clinical Rank (CCR). Tenure-track faculty are reviewed by the CTR and Clinical-track faculty are reviewed by the CCR. Both committees are made up of representatives from each of the Colleges on campus. College representatives on the CTR and/or CCR may be either associate or full professors, and each committee member must have a total of at least eight years of full-time faculty experience, with at least five years at Sacred Heart University. All members of the CRT must also be tenured. Whenever a PHP faculty member submits an application for promotion and tenure, the PHP Director is required to write a letter commenting on support/no support for promotion and/or tenure. All faculty in the PHP are also allowed to submit letters of support if they would like. These letters are reviewed by the CRT.

When seeking promotion, faculty submit a promotion application according to the instructions outlined in the [University faculty handbook](#). The CTR and CCR vote on their respective applications and make a recommendations promotion (or no promotion) and/or tenure (no tenure) to the University President and Board of Trustees. The President and Board of Trustees have access to the faculty applications and CTR and CCR reports. They discuss at a Board meeting in the spring and make the final vote for the promotion and tenure decisions.

f. research and service activities

Each year, every PHP faculty member completed a performance review which includes a sections on both service and research activities. Each faculty member meets with the PHP Director to discuss goals in these areas and subsequent progress towards goals. The performance reviews and PHP Director comments are then reviewed by the CHP Dean who

makes decisions on annual merit raises (e.g., 1, 2, or 3% raises) based on the annual performance reviews.

In addition, the PHP Director creates budget lines within the operational budget to fund student travel to conferences and faculty travel to conferences. These funds ensure that faculty and students can disseminate their scholarship.

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

University Faculty Handbook: [https://www.sacredheart.edu/media/shu-media/human-resources/Faculty\\_Handbook\\_May\\_2019\\_v3.pdf](https://www.sacredheart.edu/media/shu-media/human-resources/Faculty_Handbook_May_2019_v3.pdf)

University Student handbook: [https://www.sacredheart.edu/media/shu-media/student-conduct-and-community-standards/Student\\_Handbook\\_2020\\_2021\\_ADA.pdf](https://www.sacredheart.edu/media/shu-media/student-conduct-and-community-standards/Student_Handbook_2020_2021_ADA.pdf)

The MPH Program Policies and Procedures Manual is included in the ERF.

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

MPH faculty contribute to decision-making activities at both the College and University levels through service on College and University Committees. Examples of Committee participation by MPH faculty are included in the ERF.

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

The MPH faculty holds at least bi-weekly meetings to conduct program business. MPH full-time faculty are required to attend unless they are sick or out of the office for SHU-related business. Adjunct faculty are invited to attend every meeting. All meeting notes are recording and stored on a share folder on the University's One-Drive system. All full-time and part-time faculty have access to the folder.

\*See ERF file for example meeting notes

In addition, all full-time faculty have offices adjacent to one another so we communicate daily in our hallway: offering support, problem solving, and more.

With regards to part-time faculty, the Program Director meets at least once each semester with part-time faculty to discuss new program policies and procedures, course assessments, and any recommended changes to the curriculum. The Program Director also solicits feedback from adjunct faculty about their recommendations for program improvement at these by-annual meetings (see Adjunct Check In form in the ERF). In addition, the adjunct faculty are invited to attend all meetings and events offered by the program. Adjunct faculty are only drawn from the MPH Advisory Board to ensure that all part-time faculty are engaged with the program and understand, and have input on, the program's guiding statements (e.g., mission, goals) and curriculum.

Please note that we only had one adjunct faculty member in the fall 2019 and have not had to use adjunct faculty again.

\*See ERF file for example meeting notes from adjunct faculty meeting

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

Strength

- Our small program size is a major strength when it comes to Organization and Administrative Processes within our program as the faculty regularly interact and provide input on all program policies and procedures.

Weakness

- Our challenge lies in our ability to contribute to governance and decision-making external to our program. Our limited number of faculty limits our ability to serve on a broad range of committees, and thus limiting our reach and impact for decision-making.

Plans to address weakness

- We have tried to be strategic in placing MPH faculty members on committees that could have an impact on the MPH program and the University culture and climate as a whole. For example, MPH representation on the Interprofessional Education committee was essential for ensuring our students had the opportunity to engage in meaningful IPE events and experiences. MPH representation on the University Academic Assembly was important as this is the “most-powerful” faculty-led, decision-making body at the University-level.

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

Not applicable

### A3. Student Engagement

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

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

All MPH students, upon program matriculation, become members of the MPH Student Association, a student group formally recognized by the University. Each cohort within the MPH Student Association nominates and elects a student representative from their cohort. This student representative has the following responsibilities:

- Hold at least one informational and listening session each semester with MPH students to obtain feedback and suggestions related to the MPH program.
  - Example for how this has impacted the program: In our first year of the program, students expressed an interest to the student representative that all professors post detailed instructions and grading rubrics for all course assignments at the start of the semester. All professors were providing assignment instructions at the start but not the associated rubrics. The MPH faculty discussed this with the student representative and determined it was feasible and acceptable. We now post all assignment instructions and grading rubrics together on our course Blackboard sites at the start of the semester. Students report that this has helped them better understand assignment expectations and better plan ahead to complete assignments.
- Attend at least one faculty meeting per month throughout the academic year. This enables the representative to share student ideas and concerns in real-time and enable student-centered decision-making.
  - Example for how this has impacted the program: The MPH student representative shared news of the availability of Graduate Student Advisory Committee (GSAC) funds and students' interest in attending CPHA to the MPH faculty in the program's first year. The MPH faculty supported the MPH student association by reviewing application drafts and providing letters of support

In addition, while the MPH student representative is required by the MPH program to participate in GSAC meetings and activities, all MPH students are encouraged to get involved with GSAC.

The SHU MPH faculty regularly solicit feedback from the MPH students each semester during advising meetings. Using the "MPH Student Advising Form" (included in ERF), faculty document any concerns related to the program. All concerns raised during advising or any other time are discussed during the MPH faculty meetings.

- Example for how this has impacted the program: During advising meetings, the part-time MPH students voiced concern over the length of time it would take them to complete the program. The MPH faculty discussed this concern and decided to offer some of the existing courses during the winter and late spring terms so that part-time students could take a greater number of courses each year, ultimately resulting in approximately one less year of school for part-time students.

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

The relationship between the MPH Student Association and its elected representative to the MPH program faculty and GSAC enables all MPH student to share in decision-making as it pertains to both the MPH program and graduate student life at SHU.

**A4. Autonomy for Schools of Public Health**

Not applicable.

**A5. Degree Offerings in Schools of Public Health**

Not applicable.

## B1. Guiding Statements

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

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

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

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

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

The **program's vision** is improved health and quality of life among individuals, families, and communities in Connecticut and beyond.

The **program's mission** is to prepare public health professionals to promote health equity among individuals, families, and communities in Connecticut and beyond.

The **program's goals** that describe strategies to accomplish the defined mission:

*Instructional Goal:* To provide public health education that is academically excellent, engaging, and prepares graduates for successful public health careers.

*Scholarship Goal:* To engage faculty and students in public health research activities and dissemination that are rooted in social justice

*Service Goal:* To facilitate faculty and student engagement in community and professional public health service activities that are rooted in social justice.

The MPH values reflect Sacred Heart University's overarching goal to prepare our students to live in and make their contributions to the human community. The MPH **program values** are:

- Promote health equity: commit to equitable and inclusive approaches to promote health and wellness
- Community engagement: build relationships with communities to support the health of those communities
- Collaboration: collaboration among department faculty, with students, the university, the profession, and community partners
- Academic Excellence: excellence in teaching, mentoring, advising, and scholarship
- Ethical Behavior: fair, just, and equitable treatment of all persons
- Responsiveness: able to adapt knowledge, skills, and abilities to an ever-changing world

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

As mentioned previously, the SHU MPH PHP resides within the College of Health Professions. Annually, we are asked by our University to complete a Plan of Operation for the year which addresses priorities for the College and University. In addition, we are asked to indicate how the SHU MPH PHP will contribute to the College of Health Profession's Strategic Plan. As such, our strategic priorities are indexed/mapped to the College's Strategic Plan. We have included the

following in the ERF: 1) 2020-2023 College of Health Professions Strategic Plan with the SHU MPH PHP contributions and 2) 2020-2021 SHU MPH PHP Plan of Operation.

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

We are confident that we will be able to implement our program according to our vision, mission, goals, and values. We have developed a five-year strategic plan to help ensure we stay on track to meet our goals while remaining aligned with our values.



## B2. Graduation Rates

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

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

Graduation rate data for each degree in unit of accreditation. See Template B2-1.

Students in MPH Degree, by Cohorts Entering Between 2018 and 2020-21					
*Maximum Time to Graduate: Five Years					
	Cohort of Students	2018-19	2019-20	2020-21	2021-22
2018-2019	# Students entered	14			
	# Students withdrew, dropped, etc.	2			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	12	11		
	# Students withdrew, dropped, etc.	0	2		
	# Students graduated	9	0		
	Cumulative graduation rate	67%	0%		
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	9	8	
	# Students withdrew, dropped, etc.	0	0	0	
	# Students graduated	3 expected	7 expected	0	
	Cumulative graduation rate	86% expected	64% expected	0%	

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

Not applicable.

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

In the first year of the program, two students dropped out. Both students reported that they dropped out of the program because they decided they did not think public health was a good fit for them and wanted to pursue a different field. One student did not enroll in a different graduate program, and one student enrolled in a Masters of Media Studies program at Sacred Heart University. Two additional students dropped out of the program in 2019-2020. Both were part-time students who decided that they could not handle the workload of the program while working their full-time job.

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

Not applicable.

### B3. Post-Graduation Outcomes

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

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

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

#### Template B3-1

Post-Graduation Outcomes	2020 Number and percentage
Employed	8 (88.9%)
Continuing education/training (not employed)	1 (11.1%)
Not seeking employment or not seeking additional education by choice	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)
Unknown	0 (0%)
<b>Total graduates (known + unknown)</b>	<b>9 (100%)</b>

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

We completed an alumni survey with graduates six months after the 2020 graduation. We had a 77.7% response rate. We sent out a pre-announcement email, the email with the survey link, and two follow up emails to all alumni. We had a 77.7% response rate (n=7 out of 9). We sent follow-up individual emails to the two remaining students to ascertain post-graduation status. This process allowed us to determine post-graduation outcomes for all graduates. We are pleased that all students are employed or enrolled in continuing education. The one student who is participating in continuing education is enrolled in Dental School.

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

Not applicable

#### B4. Alumni Perceptions of Curricular Effectiveness

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

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

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

We completed an alumni survey with graduates six months after graduation. We had a 77.7% response rate. However, six students (66.7%) completed the full survey and reported on application of competencies. In the table below, we show their reported self-assessment for their ability to apply the MPH competencies. As shown below 100% of students agreed or strongly agreed that they could apply all competency areas.

*MPH Graduates' Self-Assessment of MPH Competency Application, n=6*

Competency Area	Strongly Disagree	Disagree	Agree	Strongly Agree
"I am confident I could apply..."	n (%)	n (%)	n (%)	n (%)
Evidence-based approaches (e.g., gather quantitative or qualitative data, interpret study results) in my career	0(0)	0(0)	1(16.67)	5(83.33)
What I know about health care systems and related inequities to improve public health	0(0)	0(0)	0(0)	6(100)
Program planning and management skills (e.g., assess needs, plan and evaluate programs) in my career	0(0)	0(0)	3(50)	3(50)
What I learned about health policy (e.g., identify stakeholders, advocate for policies) in my career	0(0)	0(0)	1(16.67)	5(83.33)
Principles of leadership and conflict negotiation in my career	0(0)	0(0)	2(33.33)	4(66.67)
Develop and evaluate health communication in my career	0(0)	0(0)	0(0)	6(100)
Perform on interprofessional teams in my career	0(0)	0(0)	0(0)	6(100)
A systems thinking approach to better understand and address public health issues	0(0)	0(0)	1(16.67)	5(83.33)

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

We have outlined below the process we will use to obtain feedback from SHU MPH alumni.

Maximizing Reach: We use several strategies to increase our ability to reach MPH alumni.

- We include a question on the MPH Exit Survey (included in ERF) asking all students to provide an email address that they use other than their SHU email address, which will expire after graduation.
- We offer a LinkedIn workshop to all SHU MPH students in their second year of the program and encourage students to maintain their profiles after graduation. If students maintain their LinkedIn site, we will have an additional channel by which to reach them and find their most up-to-date email address.
- As a part of a discussion about professional behavior and responsibilities in their seminar class, we stress the importance of being an engaged alumni member.

Maximizing Response Rates: We use several strategies to increase alumni response rates

- Following best-practice for maximizing survey response rates, we send a pre-survey announcement letting alumni know we will be sending a brief "Alumni Survey" (included in ERF) one week prior to survey distribution. We then send the brief "Alumni Survey Solicitation Email" with link to an electronic survey (included in ERF) one week later. We

provide two follow-up reminder emails for two more weeks for a total of 4 weeks of emails to alumni. We then send individual emails to those alumni who do not respond to the group email survey solicitation.

- All surveys allow for respondents to submit their responses anonymously.

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

While our overall response rate was strong, all graduates did not complete the full survey resulting in a smaller response rate for certain sections of the questionnaire. In the future, we will adapt the solicitation email to let students know that we need them to complete the full survey to have all of the accreditation data we need. In addition, next year we plan to add a call with alumni to obtain qualitative responses to what they liked most about the program as well as opportunities for improvement. We believe this addition will provide us with more actionable feedback.

## B5. Defining Evaluation Practices

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

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

### Template B5-1

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
<b>Instructional Goal: To provide public health education that is academically excellent, engaging, and prepares graduates for their public health careers.</b>		
Student perceptions of the course as it contributes to their understanding of the subject matter and perceptions of teacher learning style	Following two items from University course evaluation system "this course is improving my understanding of the subject matter." "the instructor's teaching style helped my learning"  Included in annual Instructional Report  Student feedback shared through student representatives (elected by students) at the first faculty meeting of each month.	Full faculty at first meeting after evaluations released  Student feedback from representatives reviewed at faculty meetings as feedback is shared.
Faculty participation in pedagogy-focused and content-focused professional development activities	Data taken from Faculty performance review (end of academic year) and included in Instructional Report	Program Director with faculty members
Course syllabi cumulatively cover foundational public health knowledge and competencies	Instructional Report – Program Director reviews syllabi to ensure all competencies are mapped to course content	Full faculty at annual retreat
Number of courses with service learning and nature of engagement with the community	Instructional Report – Program Director completes report after email or in-person communication with faculty members about their service	Full faculty at annual retreat

	learning and community engagement course activities	
Students satisfaction with the MPH program	Item from Exit Survey Report included in Instructional Report	Full Faculty Review at annual retreat
MPH graduates academically prepared for their chosen career	Comprehensive Exam Results (passing grade demonstrates competency), Alumni Employer Survey, question 4 (we review the findings collectively; strongly agree and agree responses from employers that student show competency in the listed domains indicate students were academically prepared for their career)	Full Faculty Review at annual retreat
MPH graduates perceive they were well-prepared for their chosen career	Alumni Survey, question 4 (sent annually 6-9 months after graduation)	Full Faculty Review at annual retreat
<b>Scholarship Goal: To engage faculty and students in public health research activities and dissemination rooted in social justice</b>		
Primary faculty peer-reviewed publications and presentations in public health field with social justice focus	Scholarship Report (compiled by the Program Director after reviewing the faculty annual performance reviews and in person and email discussions with MPH faculty)	Program Director reviews with faculty at annual retreat
Primary faculty internal and external grant applications with social justice focus	Scholarship Report (compiled by the Program Director after reviewing the faculty annual performance reviews and in person and email discussions with MPH faculty)	Program Director reviews with faculty at annual retreat
Student research activities (published theses, peer-reviewed presentations and publications) with social justice focus	Scholarship Report (compiled by the Program Director after reviewing the faculty annual performance reviews and in person and email discussions with MPH faculty)	Program Director reviews with faculty at annual retreat
<b>Service Goal: To engage faculty and students in community and professional public health service activities rooted in social justice</b>		
Primary faculty volunteer roles in professional or community organizations at the local, state, national, or international levels, with social justice focus	Service Report (compiled by the Program Director after reviewing the faculty annual performance reviews and in person and email discussions with MPH faculty)	Program Director reviews with faculty at annual retreat
Student volunteer roles in professional or community organizations at the local, state, national, or international levels with social justice focus	Scholarship Report (compiled by the Program Director after reviewing the faculty annual performance reviews and in	Program Director reviews with faculty at annual retreat

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

We have chosen the methods above as they will allow us to track program progress in advancing the field of public health and promoting student success. As shown in Table 5-1, we collect data throughout the year to allow us to determine if we are reaching our goals. We meet at least bi-weekly as a full faculty, which allows us to make changes to our program activities if problems arise or immediate action is needed. We also meet for an annual faculty retreat every May. Prior to the meeting we work together to complete the MPH Instructional, Research, and Service reports for that academic year. We then review these reports at the annual retreat and develop a "Summary Evaluation Report" (example included in the ERF), which includes strengths and opportunities for each of the focus areas (instruction, research, and service) as well as action items for the program to implement in the coming year. The action items include a description of the action needed, person responsible, and timeline. The Summary Evaluation Report is then referenced at each subsequent faculty meeting to ensure progress on all action items.

We **promote student success** through our teaching, research, and service activities.

Teaching: We ensure our courses are academically excellent, engaging, and prepare graduates for their public health careers.

To examine if our courses are academically excellent, we use:

- A review of syllabi from the academic year to ensure courses cover all foundational public health knowledge and provide opportunity to teach and have students apply competencies. We will note the results of this review in our annual Instructional Report (example included in the ERF)
- Course evaluations results to determine if students perceive our courses as contributing to their understanding of the subject matter and student perceptions on teacher's teaching style. The scores from these items are included by course in the annual Instructional Report.
- Data reported in the Faculty Annual Performance Review are used to document participation in content and pedagogy-related professional development activities

To examine if our courses are engaging, we use:

- Discuss and document service learning and community engagement activities so that we can determine if we are offering engaged learning opportunities as planned. Data for this report are taken from MPH faculty verbal reports in faculty meetings and via email communication and entered into the annual Instructional Report.

To examine if students are prepared for their public health careers, we use:

- A comprehensive exam to ensure they are academically ready to enter the public health workforce
- An alumni survey to determine if they feel adequately prepared to apply the CEPH competencies in their career and/or graduate program.

Research: We engage faculty and students in public health research activities and dissemination.

To examine if students are engaged in public health research activities and dissemination, we use:

- In-person conversations and emails between faculty members to the Program Director to gather a list of faculty and student research activities.
- Faculty's annual performance review to double check that we have documented all students' participation in research activities and dissemination during the year.
- All data gathered above is combined into the annual MPH Research Report (example included in the ERF)



Service: We engage faculty and students in community and professional public health service activities.

- In-person conversations and emails between faculty members to the Program Director to gather a list of faculty and student service activities.
- Faculty's annual performance review to double check that we have documented all student participation in community and professional public health service activities during the year.
- All data gathered above is combined into the annual MPH Service Report (included in the annual evaluation reports folder in the ERF)

Our research activities also help our program to **advance the field of public health**

Research: Research related to the public health practice and public health pedagogy contribute to the program's ability to advance the field of public health. To determine research activities to which faculty and students contribute, we use:

- In-person conversations and emails between faculty members to the Program Director to gather a list of faculty and student research activities.
- Faculty's annual performance review to double check that we have documented all students' participation in research activities and dissemination during the year.
- All data gathered above is combined into the annual MPH Research Report (included in the annual evaluation reports folder in the ERF)

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

See the completed Instructional, Research, and Service reports as well as the Summary Evaluation annual report for the last two academic years in the ERF.

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

To date, this process is working well and allows us to capture what we are doing and opportunities for improvement as well as a process to ensure we are closing the loop on our assessment activities.

## B6. Use of Evaluation Data

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

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

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

### *Example #1 (2018-2019)*

- Evaluation finding: We have 1-2 student-elected representatives attend the MPH faculty meetings once/month. These students can bring student concerns to the attention of the faculty. Through this mechanism, students reported a need to see assignment rubrics at the start of the semester to enable them to better prepare their assignments. The notes from this faculty meeting are included in the ERF.
- *Person(s) responsible for determining planned change:* all MPH faculty
- *Programmatic change:* All MPH faculty are now required to post assignment rubrics at the start of each semester. This was implemented as planned in the fall, 2019 semester and will continue to be implemented in subsequent semesters.

### *Example #2 (2018-2019)*

- *Evaluation finding:* Based on our Service Annual Report, few MPH students participated in service to the community in the 2018-2019 academic year. This service report is included in the ERF.
- *Person(s) responsible for determining planned change:* All MPH faculty identified the issue and asked Dr. Pendley to follow through on identifying more opportunities for service to the community
- *Programmatic change:* Dr. Pendley and Dr. Vernarelli worked with students to develop weekly COVID reports in the Spring (2020) for local organizations (e.g., schools, health departments, etc.)

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

As evidenced above, we are identifying opportunities for improvement and effectively implementing program changes to address these weaknesses. We will continue to seek to improve the program based on our assessment activities.

## C1. Fiscal Resources

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

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

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

Faculty salaries are paid by the University. When new full-time faculty lines are added, they are added to the university budget. Thus faculty salaries are not dependent on enrollment.

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

We can request new faculty or staff through a written proposal to the Dean of the College of Health Professions. The report should include the number of faculty or staff needed with a proposed salary range and a rationale for the need. Need is usually related to program growth or accreditation requirements. The Dean then brings the proposal forward to the University Provost who either approves or denies the proposal. The Provost decision is based on the University budget and program need.

- c) Describe how the program funds the following:
  - a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

The operational costs for the program are supported through a budget allocation from the University and based primarily on tuition revenue and an annual program fee charged to all students. This MPH Program Fee is used to support expenses associated with the implementation or dissemination of Applied Learning experiences. For example, this fee might cover the purchase of materials for implementing needs assessments for community partners or registration at professional conferences for presentation of thesis research.

Each of these funding sources are highly stable. In addition to the program operating budget, the program will be allocated a budget for adjunct faculty and faculty development from the Dean's budget. The forecast for adjunct salaries is highly reliable in the MPH program as we offer a lock-step curriculum with known instructor needs. The Dean's budget for faculty development has remained consistent for faculty over recent years providing \$1,000 per faculty member annually. Faculty who are involved in presentation of papers or other high profile professional activities may request additional support.

Each year in the summer, the Program Director will develop a plan of operation for the PHP for the coming year. Within the plan of operation are any needs identified to meet the goals and expected outcomes of the program as determined by the faculty and program director at the annual summer retreat. Budgetary implication of these plans are identified and discussed with the Dean.

The University Budget process begins late in the fall semester and is completed in mid-Spring every year. At the College level, budget requests for any increase in financial support for supplies/equipment, personnel, or increased costs of operation as well as any new initiatives determined to meet program goals and outcomes are submitted to the Dean.

If the Dean approves, these are moved forward in the development of the University Budget in the late fall. Budget approval for these requests usually occurs in mid-spring as the finalized budget is approved by the University Board of Trustees.

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

Currently the MPH program offers four graduate research assistantships in the amount of \$5,000 each. These costs associated with the research assistantships are built into the University budget. Additional research assistantships may be offered as grants are obtained to support additional positions. For example, we currently have two additional graduate assistantships, which are supported through grants funds obtained by the MPH faculty.

We are working with our Advisory Board to plan for an endowed fund, which would be used to offer reduced cost tuition to students of color living in Bridgeport (the local community where we do much of our applied practice, research, and service activities). We are hoping to start building the fund within the next two years.

We set aside approximately \$5,000 annually from our operating budget to support student conference travel. We fully fund (i.e., cover registration, transportation, and lodging) any student who has their original research accepted for presentation at a regional, national, or international conference. For example, in 2019 we supported one MPH student who presented her research at the Nutritional Epidemiology Section of the Annual Meeting of the American Society for Nutrition. We supported two MPH students who will presented research at the 2019 American Public Health Association annual meeting.

Our MPH student association works with SHU's GSA to obtain funding to cover conference registration for all MPH students to attend the Connecticut Public Health Association meeting.

We also use the operating budget to support student initiated programs and activities that are in line with the program mission and goals. For example, we are providing \$500.00 to the MPH student association to implement a week-long campaign for National Public Health Week in 2020.

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

All MPH faculty members are provided \$1,000.00 annually to use towards professional development activities. This could be travel support to a conference or the purchase of new equipment or textbooks. In addition, the we use funds from the MPH operating budget to fully fund (i.e., conference registration, lodging, transportation) each faculty member to attend up to two national conferences. In addition, one faculty member per year can receive additional funds to present at an international conference.

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

The operating budget we are given has been sufficient to date. If we needed to request additional funds, we can make a written request, including the amount, how the money will be spent, and a rationale to the Dean of the College of Health Professions.

- e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned

is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

*Student fees* are indexed into the operating budget based on enrollments. These funds are used to meet specific needs to buy supplies for use by the program. The tuition is not used to fund the operating needs of the individual program. All revenue is used to fund the operations of the entire university, faculty, staff, support services, etc.

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

Indirect funds that have been recovered by an externally funded sponsored project will be allocated as follows, regardless of indirect rate: 25% Principal Investigator, 25% College or Division, 25% Office of Sponsored Programs (OSP), 25% General Fund. A link to the policy regarding Indirect Funds is here: <https://www.sacredheart.edu/media/shu-media/sponsored-programs/Policy-on-Incentives-and-Allocation-of-Indirect-Funds.pdf>

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

Not applicable

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

#### Template C1-1

Sources of Funds and Expenditures by Major Category, 2017 to 2020					
	2017-2018	2018-2019	2019-2020	Year 4	Year 5
<b>Source of Funds</b>					
Tuition & Fees	\$ -	\$ 272,382	\$515,663		
<b>Total</b>	\$ -	\$ 272,382	\$515,663	\$ -	\$ -
<b>Expenditures</b>					
Faculty Salaries & Benefits	\$132,920	\$ 346,314	\$371,247		
Staff Salaries & Benefits	\$ -	\$ 6,487	\$ 8,741		
Operations	\$ 292	\$ 24,454	\$ 10,683		
Travel	\$ 83	\$ 6,087	\$ 3,668		
<b>Total</b>	\$133,295	\$ 383,342	\$394,339	\$ -	\$ -

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

Not applicable

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

Not applicable

## C2. Faculty Resources

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

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

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

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

**Template C2-1 (programs)**

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY <sup>+</sup>
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3 <sup>^</sup>	PIF 4*	PIF 5*	
Community Health						
MPH	Anna Greer 1.0	Sofia Pendley 1.0	Jacqueline Vernarelli 1.0	n/a	n/a	Non-PIF: 1

<b>TOTALS:</b>	Named PIF	3
	Total PIF	3
	Non-PIF	1

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

All faculty dedicate 100% of their time to teaching and/or administrative activities related to the public health program. As such, they are all 1.0 FTE.

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

The Non-PIF member was only used once in the first semester of the program as an adjunct professor for one course. We no longer have a need for Non\_PIF.

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

General advising & career counseling (2020-2021)			
Degree level	Average	Min	Max
Master's	7	6	8

Advising in MPH integrative experience (2020-2021)		
Average	Min	Max
2.5	0	5

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

- a. Class size and its relation to quality of learning (eg, The class size was conducive to my learning)

Students are asked to complete a question on their exit survey asking about their agreement with the statement, "class size was conducive to learning." The response options are: 1-4 with 1=strongly disagree and 4=strongly agree. In 2019-2020, on average students reported a 3.63 for this item. The 2019-2020 Exit Survey results are included in the ERF.

- b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

Students are asked to complete a question on their course evaluation for each course about their agreement with the statement, "the instructor was available for extra help." The response options are: 1-5 with 1=strongly disagree, 3=neutral, and 5=strongly agree. In 2019-2020, on average students reported a 4.65 for this item. See the 2019-2020 Instructional report in the ERF for detailed data.

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

In 2019-2020, students overwhelmingly provided positive comments about class size. Specifically, on their exit surveys, students reported that the class size was great as it "helped us build better relationships with our faculty and classmates." Only one student reported that the class size was too small as it limited perspectives provided in class discussions.

With regards to qualitative comments on availability, in 2019-2020, some students reported that faculty were "always available" and that "email responses were fast too." Several students reported that some faculty were more available than others and that availability was "inconsistent."

The qualitative data are included in full in the ERF.

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

We feel we have an opportunity to improve availability for students. In addition to the minimum office hours required by our University (6 hours/week), we plan to make ourselves available before and after class to ensure all students have an opportunity to meet with us as needed.



### C3. Staff and Other Personnel Resources

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

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

Role/function	FTE
Program Assistant	0.33
Graduate assistant	0.25

The MPH program has one administrative assistant who has primary responsibility for purchasing, inventory, payroll, and personnel documentation for the PHP faculty and staff, including adjunct faculty. She also provides administrative assistance to the program director, including administrative support for some aspects of the faculty practice. She is full-time and works 12 months annually.

Because we have a relatively small program, we share our administrative assistant with two other programs. The Health Science undergraduate program which includes 400 undergraduate students and four full-time faculty, and the Health Informatics program which includes 14 students and two full-time faculty. We work together with our administrative assistant to set goals for the year and to complete all assessments and feedback.

Our graduate research assistant position is for one Master of Public Health graduate student who helps us with activities to support program activities including program marketing (e.g., student representative at Open Houses), administrative support (e.g., making copies, etc). She also provides research support for our faculty (e.g., data entry and management). She is paid to work 10 hours per week.

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

There are technical support staff for information and instructional technology in the CHE. This resource is referred to as 'The Factory.' These are factory-authorized technicians who can repair and replace faculty and student hardware equipment and software problems, troubleshoot IT difficulties and provide immediate assistance in classrooms.

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

The program staff are sufficient. We have a relatively small program with limited administrative support needs. Our administrative assistant is able to help us with everything we need for the program to run effectively.

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

Not applicable

#### C4. Physical Resources

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

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

- Faculty office space

Each of the three full-time faculty members has a private office with a locking door for privacy and security in an office suite on the first floor of the Center for Healthcare Education (CHE). Each office has a desk with locking storage, bookshelf, and file cabinets and a minimum of two chairs. Faculty have access to a variety of meeting spaces throughout the CHE including three large conference rooms, one on each floor of the building. All classrooms and conference rooms are available for reservation through the University's central registration system.

- Staff office space

The administrative assistant has a cubicle space with locking storage and the graduate research assistants share a separate cubicle space in the same office suite.

In addition to the aforementioned locking storage, the PHP has dedicated locked storage cabinets in a separate storage room within the CHE, which is locked at all times. This storage room is only accessible to faculty and staff.

- Classrooms

The program has access to classroom and meeting space of sufficient quality and quantity to carry out program goals on the Center for Healthcare Education (CHE) campus. All classrooms are assigned prior to the start of each semester with adequate space for instructors and students. The CHE has eight classrooms, which can hold between 30-90 students each. The CHE also has one large theatre-style classroom, which can hold 166 persons. This space is used for interprofessional learning experiences as well as guest lectures and invited speakers. All classrooms are equipped with one podium with a DVD/Blu-ray player, projector, surround sound, computer, and ability to plug in to laptop computers as needed. At least one projector is available in each room, two in the larger classrooms for adequate viewing. Each room has internet access and adequate lighting and a phone, which can be used to call technology support or public safety as needed.

- Shared student space

Students have four library study rooms in the Health Science library located at the CHE (more on the libraries below). The CHE is also equipped with 24 hoteling workstations equipped with computers and printers available for use by faculty, students, and visiting professionals. Three additional study group rooms are located on the second floor of the building and available for reservation and use by students. The MPH program laboratory described in the following section is also shared student space available to all MPH students.

- Laboratories, if applicable to public health degree program offerings

The MPH program has dedicated laboratory space. This space is locked and can be accessed by key card by all MPH faculty, staff, and students. The space includes a large TV screen for presentations, conference table, white board, and four computers loaded with SAS, GIS, and

Atlas.ti software so that the students can practice using the software applications outside the classroom.

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

The faculty space is sufficient for our current program. As we grow and additional faculty are needed, we will need to identify additional office space. Our administrative assistant would prefer to work in a private office, but there are none available at this time.

Our MPH students regularly use the lab space to work together on assignments, community projects, and to study as groups for exams. They have expressed gratitude for having a dedicated lab space that they can access at any time of day.

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

The meeting space available in our building is more than adequate. We foresee available office space becoming a challenge if we experience program growth and need to add more faculty.

## C5. Information and Technology Resources

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

- 1) Briefly describe, with data if applicable, the following:
  - library resources and support available for students and faculty

The University has an institutional library system that supports the education and scholarship goals of the program. There are two libraries that support the students and faculty in the College of Health Professions. The Ryan-Matmura Library is located on the main campus of the university. There is a branch to this library located in the Center for Healthcare Education, where the MPH is located, called the Mike Emery Health Sciences library.

The library system houses both print and electronic information resources including over 120,000 print volumes, nearly 75,000 electronic titles, and almost 2,000 audiovisuals. Electronic resources may be accessed by students and faculty remotely through the library's website, which includes interlibrary loan for those resources not available for free through the institutional system. The professional staff consists of 8 full-time librarians with a director of Library services, Gavin Ferriby. The Public Health Program works closely with the library staff toward developing and enhancing services and collections. One member of the PHP served on the Health Sciences Library Committee, which meets 1-2 times annually to discuss common issues related to the library and to coordinate library purchases. Dr. Anna Greer is the MPH representative on this committee.

The Health Science library, located at the CHE, is led by the Health Science librarian, Geoffrey Staysniak. This library includes computer stations and four private meeting rooms on reserve for student groups only. Mr. Staysniak has developed informational resources specifically for the MPH program students (link: <https://library.sacredheart.edu/c.php?g=851104&p=6090142> ).

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

All MPH students can access SAS quantitative software, Atlas.ti qualitative software, and Geographic Information Systems (GIS) software in the MPH lab 24 hours/day, 7 days/week using their student key card. These three programs are the only software programs that are not free that we use in the program. As such, we ensure that students have access to them for free in the lab.

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

All MPH faculty can access SAS quantitative software, Atlas.ti qualitative software, and Geographic Information Systems (GIS) software in the MPH lab 24 hours/day, 7 days/week using their faculty key card. In addition, SHU has licenses for SPSS and SAS that faculty can download on their personal computers for free.

- technical assistance available for students and faculty

There are technical support staff for information and instructional technology in the CHE. This resource is referred to as 'The Factory.' These are factory-authorized technicians who can repair and replace faculty and student hardware equipment and software problems, troubleshoot IT difficulties and provide immediate assistance in classrooms.

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

All faculty have the information and technology resources they need to carry out their duties related to teaching, research, and service. All students have sufficient access to software to allow them to apply the concepts they are learning in the classroom.

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

We are pleased with our availability to make qualitative, quantitative, and GIS software available to our students and faculty. In addition, if find a need for additional software purchases, we have the money available in our operating budget to do so.

## D1. MPH Foundational Public Health Knowledge

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

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

- 1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.

Table D1-1 starts on the next page.

<b>Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)</b>	
<b>Content</b>	<b>Course number(s) &amp; name(s) or other educational requirements</b>
1. Explain public health history, philosophy and values	MPH 500: Profession and Science of Public Health
2. Identify the core functions of public health and the 10 Essential Services*	MPH 500: Profession and Science of Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	MPH 501: Research Methods; MPH 554: Health Communication
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	MPH 511: Epidemiology
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	MPH 500: Profession and Science of Public Health
6. Explain the critical importance of evidence in advancing public health knowledge	MPH 501: Research Methods
7. Explain effects of environmental factors on a population's health	MPH 500: Profession and Science of Public Health
8. Explain biological and genetic factors that affect a population's health	MPH 500: Profession and Science of Public Health
9. Explain behavioral and psychological factors that affect a population's health	MPH 500: Profession and Science of Public Health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	MPH 503: Social Determinants of Health
11. Explain how globalization affects global burdens of disease	MPH 500: Profession and Science of Public Health
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	MPH 500: Profession and Science of Public Health

- 2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

All syllabi are located in the Syllabi folder in the ERF.

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

We feel confident we are adequately covering the foundational knowledge areas (as shown in our syllabi)

## D2. MPH Foundational Competencies

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

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

- 1) List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

### Template D2-1

Requirements for MPH degree, Community Health Concentration		
Course number	Course name*	Credits (if applicable)
<b>CORE CURRICULUM</b>		
MPH 500	Profession and Science of Public Health	3
MPH 501	Research Methods	3
MPH 502	Biostatistics	3
MPH 503	Social Ecological Determinants of Health	3
MPH 505	Public Health Program Planning and Management	3
MPH 506	Grant Writing and Reporting	3
MPH 507	Public Health and Healthcare Systems	3
MPH 508	Issues of Diversity and Equity	3
MPH 509	Policy in Public Health	3
MPH 511	Epidemiology	3
<i>Choose either Public Health Seminar I and II or Thesis I or II</i>		
MPH 596	Public Health Seminar I	3
MPH 597	Thesis I	3
MPH 598	Public Health Seminar II	3
MPH 599	Thesis II	3
<b>COMMUNITY HEALTH CONCENTRATION</b>		
MPH 550	Community Health Development	3
MPH 554	Health Communication	3
<i>Choose one of the following courses</i>		
MPH 522	Behavioral Aspects of Exercise	3
MPH 526	Natural Disasters	3
MPH 528	Public Health Nutrition	3



<b>TOTAL</b>	<b>45</b>
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- 2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.

### Template D2-2

<b>Assessment of Competencies for MPH in Community Health Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)*</b>	<b>Describe specific assessment opportunity<sup>n</sup></b>
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	MPH 511: Epidemiology	MPH 511: Descriptive Epi Report Description: Students will select a disease of interest and present a summary of that disease to the class using descriptive epidemiology. Specifically, students describe the disease using three characteristics: P-P-T (person, place, time). Students will be required to present supporting epi data/statistics from primary source articles and data briefs.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	MPH 501: Research Methods	<u>Quantitative and Qualitative</u> MPH 501: Case Study Method Selection Description: Students provided with quantitative and qualitative research scenarios in case studies and asked to select the most appropriate data collection method. All students will have to do both qualitative and quantitative. Rubric used for grading.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Quantitative: MPH 502: Biostatistics Qualitative: MPH 554: Health Communication	<p>Quantitative MPH 502: Final data analysis project Description: Students answer research question using NHANES dataset. Students required to analyze and interpret the data and write-up their findings in a final paper. Students are also required to include the SAS output as evidence of their analysis. Assessed using rubric.</p> <p>Qualitative MPH 554: Qualitative data analysis assignment Description: Students are provided with example transcripts from a qualitative research study. They are then required to code, analyze, and interpret the results. Atlas.ti software is used for the analysis. Graded using rubric.</p>
4. Interpret results of data analysis for public health research, policy or practice	MPH 502: Biostatistics	<p>MPH 502: Final data analysis project Description: Students answer research question using NHANES dataset. Students required to analyze and interpret the data and write-up their findings in a final paper. Students are also required to make recommendations based on their analysis of the research question. Assessed using rubric.</p>
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	MPH 507: Public Health & Healthcare Systems	<p>MPH 507: Exam Essay Question Description: Students asked to compare the organization, structure, and function of health and public health systems in the US to that of two other countries and to describe regional differences within the US. Graded using rubric.</p>

6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	MPH 503: Social Determinants of Health	<p>MPH 503: Reading Questions</p> <p>Description: Students are given readings from public health experts on racial health inequities and are asked to respond to question prompts from the readings. Responses are graded with a rubric and discussed further in class.</p>
<b>Planning &amp; Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	MPH 501: Research Methods	<p>MPH 501: Needs Assessment Project</p> <p>Description: Students identify community health needs in rural Pennsylvania using publicly available databases which include existing health data</p>
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	MPH 550: Community Health Development	<p>MPH 550: Community Health Project</p> <p>Description: Students will work with a community organization to solve a particular public health need. Students will develop goals and a timeline for their project and will work to create a culturally relevant product. Product graded with rubric. Assessment from community partner also used to determine student skills.</p>
9. Design a population-based policy, program, project or intervention	MPH 505: Public Health Program Planning & Management	<p>MBH 505: Program Planning Project Final Program and Evaluation Plan</p> <p>Description: Students work as a team to develop a health promotion program planning proposal. Students are evaluated individually by both an instructor rubric and by peer assessment.</p>
10. Explain basic principles and tools of budget and resource management	MBH 505: Public Health Program Planning & Management	<p>MPH 505: Assignment H-Budget development and budget justification</p> <p>Description: Students develop budget and budget justification for a health promotion program. They also develop a plan for sustainability and resource management. Assessed using rubric.</p>

11. Select methods to evaluate public health programs	MBH 505: Public Health Program Planning & Management	MBH 505: Public Health Project Evaluation Plan Description: As a part of their program planning proposal, students are required to develop an evaluation plan which includes the selection of methods for evaluating their proposed program. Individuals graded using rubric.
<b>Policy in Public Health</b>		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	MPH 509: Policy in Public Health	MPH 509: Final Exam Essay Questions Description: Students are asked to a) describe the policy making process b) describe how ethics and evidence should impact the policymaking process. Graded using rubric.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	MPH 509: Policy in Public Health	MPH 509: Health Advocacy Project Description: As a part of their Advocacy Project, students are asked to identify how they would identify and engage relevant policy stakeholders and build coalitions and partnerships as a part of the health advocacy process. Graded using a rubric.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	MPH 509: Policy in Public Health	MPH 509: Health Advocacy Project Description: As a part of their Health Advocacy Project, students are asked to identify a proposed state-level policy (in the state they are registered to vote) and develop an Op-ed for their local or state newspaper as well as a letter to their legislator advocating for or against their identified policy. Graded using rubric.
15. Evaluate policies for their impact on public health and health equity	MPH 509: Policy in Public Health	MPH 509: Policy Analysis Assignment Description: Students are required to develop a policy analysis paper which compares a proposed state-level policy to the status quo and one alternative policy solution. Graded using a rubric.

<b>Leadership</b>		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	MPH 508: Issues of Diversity and Equity	MPH 508: Discussion Board 2 Leadership Case Study Description: Students complete a case study in which they are required to apply principles of leadership and management to resolve a race-related conflict at a worksite. They are then required, as a mock Executive Director, to create a vision and develop strategies to empower all employees to embrace inclusion and diversity.
17. Apply negotiation and mediation skills to address organizational or community challenges	MPH 509: Health Policy Analysis	MPH 509: Case Study After learning about Interest-based conflict resolution, negotiation and mediation skills, students are asked to respond to a case study indicating how they would handle the conflict presented using concepts learned in class. Graded with a rubric.
<b>Communication</b>		
18. Select communication strategies for different audiences and sectors	MPH 554: Health Communication	MPH 554: Health Communication Campaign and Proposal Description: As a part of their Health Communication Campaign Proposal, students are required to select communication strategies appropriate for their chosen target audience and sector. Graded using rubric.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	MPH 554: Health Communication	MPH 554: Health Communication Campaign and Proposal Description: As a part of their Health Communication Campaign Proposal, students are required to develop written (e.g., brochure or pamphlet) and oral (i.e., PSA) materials that would be used in the campaign. Graded using rubric.

20. Describe the importance of cultural competence in communicating public health content	MPH 554: Health Communication	MPH 554: Exam Essay Question Description: Students are required to describe why it is important to communicate public health content in a culturally competent manner and provide one example for how they would ensure their communication materials are culturally competent. Graded using a rubric.
<b>Interprofessional Practice</b>		
21. Perform effectively on interprofessional <sup>1</sup> teams	Interprofessional Committee activities	IPE required activities – All second year MPH students are required to attend at least three out of four IPE workshops. IPE sessions are evening workshops that are held annually by the IPE Committee at Sacred Heart University. IPE workshops cover the four foundational competencies from IPEC. Students are given didactic prep and then work through case studies in interprofessional teams.
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	MPH 550: Community Health Development	MPH 550: Systems Thinking Project Description: Students are required to conduct a literature review for a complex health problem and then develop a causal loop diagram based on the identified literature. Students are then required to report their findings in a written paper which includes a Causal Loop Diagram visual, written description of the CLD, and a recommendation for addressing the complex health issue based on the causal loop diagram developed. Graded using rubric.

- 3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

All course syllabi are included in the ERF. Syllabi are labeled by course number so that they can be easily located by reviewers.

We have also included the assignments we use to assess each competency in a folder titled "Assignment and Rubrics". The assignments include both the assignment instructions and the grading rubrics we use to evaluate each assignment submitted by students. Each document is labeled by competency number, course number, and then assignment title (e.g., CC7\_401\_Needs Assessment and Rubric) so that assignments can be easily located by reviewers.

All MPH students are required to attend at least three out of four interprofessional education (IPE) workshops during their second year in the MPH program. IPE workshops are hosted by the IPE committee at Sacred Heart University. The IPE committee includes faculty membership from the College of Health Professions, the College of Nursing, the College of Education, and the College of Arts and Sciences. Graduate students from select professional programs and undergraduate nursing students are invited to attend the IPE workshops.

During the IPE workshops, students have an opportunity to first learn about a topic relevant to multiple professions and then work together with students from other professional programs on case studies appropriate to the workshop theme, each contributing based on their discipline. Each of the four workshops cover one of the four foundational Interprofessional Education Collaborative (IPEC) core competencies: (1) Values and ethics for interprofessional practice, (2) Roles and responsibilities for collaborative practice, (3) Interprofessional communication practices, and (4) Interprofessional teamwork and team-based practices. To evaluate these IPE workshops, IPE workshop facilitators administer the validated Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R) tool to measure changes in student perceptions of IPE and interprofessional collaborative practice. The MPH program faculty use the IPE rubric included in the Rubrics folder to assess student's IPE performance at the workshop.

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

We are confident we are both teaching and assessing each competency as shown above in the syllabi and assignment overviews. We will use the findings from our assignment assessments to determine opportunities for better ways to instruct and assess student master of the CEPH competencies and concentration competencies.

### D3. DrPH Foundational Competencies

Not applicable

### D4. MPH Concentration Competencies

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

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

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

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

#### Template D4-1

Assessment of Competencies for MPH/DrPH in Community Health Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity <sup>n</sup>
1. Analyze the ethical implications underlying decisions in public health practice	MPH 501: Research Methods	MPH 501: Ethics Case Study Description: Students will be provided with a case study and asked to apply ethics principles to respond to case study questions. A rubric will be used to grade the written assignment. Graded with Rubric



2. Serve as a community health resource person for a community partner	MPH 550: Community Health Development	MPH 550: Community Health Project Description: Students meet with community partner, assess needs, and develop product to meet the partner's needs. Assessed by community partner feedback form, student reflection, and product developed. Graded using rubric
3. Compare approaches for promoting health behaviors and develop best practice recommendation based on the comparison.	Student choose one of the following elective courses: MPH 522: Behavioral Aspects of Exercise; MPH 526: Community Health in Times of Crisis; MPH 528: Public Health Nutrition	MPH 522 - Strategy Comparison Paper Description: Students must identify a problem related to behavioral aspects of exercise. They must then identify and compare solutions to the problem using the public health literature and provide a recommendation to address the problem. Graded using rubric  MPH 526: Problem Set 1 Description: Students will compare response and recovery efforts from two major disasters or humanitarian crises. They then must identify lessons learned and best practices for future preparedness, response, and recovery efforts. Graded using rubric  MPH 528: Strategy Comparison Paper Description: Students must identify a problem related to public health nutrition. They must then identify and compare solutions to the problem using the public health literature and provide a recommendation to address the problem. Graded using rubric
4. Develop a health communication campaign for a specific community audience or sector.	MPH 554: Health Communication	MPH 554: Health Communication Campaign Proposal Description: Students develop health communication campaign proposal for a specific audience and health-related issue. Rubric is used to assess the final written proposal.
5. Evaluate and revise health promotion materials to ensure they are accurate, accessible, and actionable.	MPH 554: Health Communication	MPH 554: Health Literacy Assignment Description: Students will evaluate and revise health promotion materials to ensure they are accurate (based on scientific evidence), accessible (use plain language and <7th grade reading level) and actionable (include feasible action step). Written assignment graded with rubric. *This assignment is based on the National Plan to Improve Health Literacy ( <a href="https://health.gov/communication/initiatives/health-literacy-action-plan.asp">https://health.gov/communication/initiatives/health-literacy-action-plan.asp</a> )

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

Not applicable

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

All course syllabi associated with concentration competencies are included in the ERF.

We have also included the assignments we use to assess each competency as well as their rubrics in the ERF. Each document is labeled by competency number, course number, and then assignment title (e.g., Con1\_501\_Ethics Case Study Analysis)

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

We are confident we are both teaching and assessing each competency as shown above in the syllabi and assignment overviews. We will use the findings from our assignment assessments to determine opportunities for better ways to instruct and assess student master of the CEPH competencies and concentration competencies.

## **D5. MPH Applied Practice Experiences**

**MPH students demonstrate competency attainment through applied practice experiences.**

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

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

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

Before a student begins their APE, they are required to meet with the MPH APE advisor, Dr. Pendley as well as their site supervisor to discuss which projects will be the focus of the experience and which competencies will be applied by completing the proposed projects. Students then enroll in two Applied Practice Experience Seminar Courses, one in the fall and one in the spring of their second year. At the beginning of the seminar course, students draft a project proposal plan. This plan is reviewed by the student, their site mentor, and by Dr. Pendley. Each month of the APE, the student submits a monthly report that details any activities and progress toward goal completion. All APE students meet with Dr. Pendley monthly in the seminar class to discuss challenges, successes and other lessons learned. Upon completion of the APE seminar, students write a final project paper that includes a literature review, project rationale, goals and objectives, activities to address those goal statements, and their final portfolio products. Students present their final project to their classmates and invited guests at the end of the spring semester. The site mentors and any other friends and family are invited to the student APE presentations.

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

All students are required to take Seminar I (MPH 596) and Seminar II (MPH 598) when they are completing their APE. This course is designed to support the students as they complete the APE process and prepare students for careers in public health. The seminar syllabi are included in the in the ERF.

In addition, the supporting forms required from students to demonstrate that they are working with their site supervisor to identify meaningful activities to meet the APE requirements are included in the folder, titled "D5\_3\_APE forms."

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

Template D5-1 is below. The work products associated with the template are included in the ERF in the folder titled "D5\_1\_Portfolio Samples" and organized by student name.

#### Template D5-1

Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice^	Competency as defined in Criteria D2 and D4*
Diaz – APE Backup Documentation and Products	Select communication strategies for different audiences and sectors
Project Proposal	Communicate audience-appropriate public health content, both in writing and through oral presentation
Final Paper and Project Findings	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
Portfolio 1: The Truth on Vaping: Middle School Health Education	Advocate for political, social or economic policies and programs that will improve health in diverse populations
Portfolio 2: Community Vaping Forum	Comm Health Concentration: Identify opportunities for collaboration between public health agencies and other community-level social services to enhance continuous care in communities
	Comm Health Concentration: Develop community health materials that are culturally competent for a specific community audience or sector

Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice^	Competency as defined in Criteria D2 and D4*
Andrukiewicz – APE backup documentation and products	Design a population-based policy, program, project or intervention
Project Proposal	Assess population needs, assets, and capacities that affect communities' health
Final Paper and Project Findings	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
Portfolio 1: BBHD Family Food Program Application and Voucher	Comm Health Concentration: Sepcify approaches for assessing and promoting health behaviors that are crucial to human health and safety
Portfolio 2: BBHD Family Food Program Participant Post-Survey	Comm Health Concentration: Develop community health materials that are culturally competent for a specific community audience or sector
Portfolio 3: BBHD Family Food Program Farmer Interviews	
Portfolio 4:	

BBHD Family Food Program Interview with Organizations	
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Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice^	Competency as defined in Criteria D2 and D4*
Doris - APE backup documentation and products	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
Project Proposal	Interpret results of data analysis for public health research, policy or practice
Final Paper and Project Findings	Design a population-based policy, program, project, or intervention
Portfolio 1: Pre-Intervention Electronic Survey	Communicate audience-appropriate public health content, both in writing and through oral presentation
Portfolio 2: Post-Intervention Knowledge Assessment	Community Health Concentration: develop a communication campaign for a specific community audience or sector
Portfolio 3: Vaccination Presentation (Immunization Training for Community Health Workers)	Community Health Concentration: specify approaches for assessing and promoting health behaviors that are crucial to human health and safety

Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice^	Competency as defined in Criteria D2 and D4*
Elimanco – APE backup documentation and products	Apply awareness of cultural values and practices to the design or implementation of public health policies and programs
Project Proposal	Select communication strategies for different audiences and sectors
Final Paper and Project Findings	Communicate audience-appropriate public health content, both in writing and through oral presentation
Portfolio 1: Physician Orientation and Training	Community Health Concentration: Develop community health materials that are culturally competent for a specific community audience or sector
Portfolio 2: The Basics Campaign Checklist	Community Health Concentration: develop a communication campaign for a specific community audience or sector
Portfolio 3: Bridgeport Basics Worksheets (environmental scan, implementing the basics, training steps)	Community Health Concentration: specify approaches for assessing and promoting health behaviors that are crucial to human health and safety
Portfolio 4: The Basics Survey for Healthcare Professionals Survey	

Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice^	Competency as defined in Criteria D2 and D4*
Arias – APE backup documentation and products	Select quantitative and qualitative data collection methods appropriate for a given public health context
Project Proposal	interpret results of data analysis for public health research, policy or practice
Final Paper and Project Findings(Portfolio products are appendices)	assess population needs, assets, and capacities that affect communities' health
Portfolio 1: Community Asset Mapping of Primary Care in Connecticut	apply awareness of cultural values and practices to the design or implementation of public health policies or programs
Portfolio 2: Community Asset Mapping of Social Determinants of Health	Community Health Concentration: identify opportunities for collaboration between public health agencies and other community-level social services to enhance continuous care in communities
Portfolio 3: Population Analysis	Community Health Concentration: apply quality and performance improvement concepts to address performance issues in community organizations and coalitions
Portfolio 4: Community Health and Wellness Summary	

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

We are confident we are supporting students by helping them identify meaningful applied practice experiences where they are able to apply at competencies as required. As our program grows, we hope to maintain the fidelity and quality of this process. We will continue to evaluate the APE process and products in an effort to identify any opportunities for improvement or adjustment.

## D6. DrPH Applied Practice Experience

Not applicable.

## D7. MPH Integrative Learning Experience

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

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

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

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

MPH Integrative Learning Experience for Community Health Concentration	
Integrative learning experience (list all options)	How competencies are synthesized
Comprehensive Exam (exam Copy and Associated Case Study included in ERF)	Students are required to respond to five applied public health scenarios. Prompts require them to integrate concepts from across competencies. All exams are graded using a standard rubric.
Research Thesis	Students are required to formulate a public health research question and synthesize what they have learned to propose and implement a public health study. All thesis are graded by two faculty members using a standard rubric.

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

All students who choose to complete a research thesis will complete the thesis paper as their integrative learning experience. Completing a thesis requires students to synthesize the following competencies:

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative or qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate

4. Interpret results of data analysis for public health research, policy or practice
5. Communicate audience-appropriate public health content, both in writing and through oral presentation

Students who complete a thesis are required to enroll in two semesters of coursework, during which they work closely with their thesis chair and thesis reader to develop their thesis proposal, conduct their research, and complete and defend their final thesis report. The thesis proposal includes a literature review and methods for the proposed study. The thesis final report includes the literature review, methods, results, and discussion written in the format of a peer-reviewed journal article. Students must present both their proposal and their final report to their thesis committee. These events are open to all faculty and students at the University. Theses are assessed by the thesis chair and reader using a grading rubric at both the thesis proposal and thesis defense. The grading rubric assesses students' ability to complete the thesis and demonstrate synthesis of the above competencies.

All students who do not complete a research thesis are required to take a written comprehensive exam. The comprehensive exam includes five open-ended questions which require students to integrate content learned across their curriculum. We purposely prepared the exam as a series of applied questions with prompts related to a variety of competencies to require students to synthesize multiple competencies to address the public health problems presented. For example, one question is a case study about substance use in Staten Island. Students are required to draw a causal loop diagram of the problem, identify potential policy solutions for the problem and develop a logic model outlining programming and policy options to address the substance use problem based on the information provided in the case study.

All five questions are graded using a standard rubric. Students receive a P/F grade based on their written responses. If students fail the comprehensive exam, they are allowed to complete a subsequent oral examination with all MPH faculty during which they would answer questions which require them to integrate knowledge from across the curriculum.

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

The thesis handbook is included in the ERF. The process for the comprehensive exam is included in the PHP student's policy and procedures manual (in the ERF).

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

\*The Comprehensive Exam grading rubric and thesis grading rubrics are included in the ERF.

All three faculty grade the comprehensive exams using the above reference Comprehensive Exam grading rubric. Specifically, faculty grade the portion of the exam that is related to their areas of expertise/the courses they teach.

Each research thesis is supervised by a chair and second reader. The chair and second reader convene immediately after the thesis proposal and thesis defense, discuss the student's presentation and complete the grading rubric together as a team.

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



Copies of completed research theses and comprehensive exams are included in the ERF in a folder titled Integrative Learning Experience Examples.

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

*Not applicable.*

**D8. DrPH Integrative Learning Experience**

Not applicable.

**D9. Public Health Bachelor's Degree General Curriculum**

Not applicable.

**D10. Public Health Bachelor's Degree Foundational Domains**

Not applicable.

**D11. Public Health Bachelor's Degree Foundational Competencies**

Not applicable.

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

Not applicable.

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

Not applicable.

**D14. MPH Program Length**

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

**Programs use university definitions for credit hours.**

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

All MPH students are required to complete a minimum of 45 semester- credits.

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

Each course is worth 3 credits or 2.5 contact hours. This is the standard for graduate programs at our University.

**D15. DrPH Program Length**

Not applicable.

**D16. Bachelor's Degree Program Length**

Not applicable.

**D17. Academic Public Health Master's Degrees**

Not applicable.

**D18. Academic Public Health Doctoral Degrees**

Not applicable.

**D19. All Remaining Degrees**

Not applicable.

**D20. Distance Education**

Not applicable.

## E1. Faculty Alignment with Degrees Offered

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

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

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

### Template E1-1

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification ^	Graduate Degrees Earned	Institution(s) ) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2- 1
Anna E. Greer	Associate	Tenured	PhD	University of South Carolina	Health Promotion, Education, and Behavior	Community Health
Sofia Pendley	Assistant	Clinical	PhD	Tulane University	Global Community Health and Behavioral Sciences	Community Health
Jacqueline A. Vernarelli	Assistant	Tenure-track	PhD	Boston University	Medical Nutrition Science	Community Health

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

**Template  
E1-2**

<b>Non-Primary Instructional Faculty Regularly Involved in Instruction</b>							
<b>Name*</b>	<b>Academic Rank^</b>	<b>Title and Current Employment</b>	<b>FTE or % Time Allocated</b>	<b>Graduate Degree(s) Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Concentration affiliated with in Template C2-1</b>
Maritza Bond	Adjunct	Director, New Haven Health Department	0.1	MPH	Southern Connecticut State University	Public Health generalist	Community Health

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

All CVs are located in a folder titled CVs within the ERF.

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

Maritza Bond, the adjunct professor listed in Template E1-2 taught one course for us, but will not be teaching again in the foreseeable future as we, our full-time MPH faculty, can now cover the course she had taught: Public Health and Health Care Systems.

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

We are confident we have sufficient faculty numbers and expertise to implement our curriculum and other program activities.

## **E2. Integration of Faculty with Practice Experience**

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

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

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

We integrate guest lectures into our courses from practitioners to integrate perspectives from the field of practice. For example, we bring in a CT legislator to speak in the Health Policy Course (MPH 509) about the legislative process. In Healthcare Systems (MPH 507), we bring in a Nurse Practitioner to discuss how the health care system is dealing with the Opioid Epidemic.

We also integrate service learning into our courses. For example, in Community Health Development (MPH 550), students are required to partner with a public health organization external to SHU to address a community health issue that the organization is dealing with. Students taking the Public Health Nutrition (MPH 528) course create educational materials on public health nutrition for local schools.

Finally, our faculty do engage in significant practice experience outside that which is typically associated with an academic career. Specifically, Dr. Anna Greer manages a Farmer's Market within the City of Bridgeport. Dr. Jacqueline Vernarelli regularly serves as a statistical and legal consultant on cases related to public health nutrition.

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

Not applicable.

### E3. Faculty Instructional Effectiveness

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

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

**The program supports professional development and advancement in instructional effectiveness.**

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

Funds are provided to all primary and non-primary faculty members to ensure they can attend at least one training opportunity (e.g., conference, workshop, etc.) annually to stay current in their areas of expertise. All faculty report in their annual review about their experiences at the trainings they chose to attend.

*Please note: We only had one non-primary faculty member for one semester; all faculty are primary faculty.*

- 2) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

All faculty are encouraged to attend at least one pedagogical training (internal or external to the University) every year. They are also asked to report in their annual performance review how they have/or plan to incorporate what they have learned into their teaching. In addition, each faculty member is observed annually by a peer faculty member and written feedback is provided. Finally, students complete online, confidential course evaluations annually. Each faculty member has access to the results; the program director has access to all MPH faculty's course evaluations.

- 3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

Sacred Heart University has a Center for Excellence and innovation in Teaching. The Center regularly provides workshops, article discussions, peer coaching, and more to assist faculty as they work to continuously improve their teaching. MPH faculty are required by the MPH program director to attend at least one training annually. MPH faculty have the choice of which training they would like to attend so that their learning needs are best met. Examples are included below:

- Dr. Vernarelli attended a workshop on how to incorporate online teaching into her pedagogy. This is useful for when we have snow days or other events that require a lecture to be moved online.
- Dr. Pendley participated in a peer-reviewed teaching workshop to improve her pedagogical skills.
- Dr. Greer attended a workshop on how to provide effective feedback to students on their work.

*Please note: We only had one non-primary faculty member for one semester; all faculty are now primary faculty.*

- 4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

As outlined in the [SHU Faculty Handbook](#), applicants for tenure or promotion must demonstrate and be able to document development of excellence in Teaching Effectiveness. Several steps are taken to ensure faculty can demonstrate excellence as required for advancement. First, all faculty are required to complete annual performance reviews. As a part of the performance review, faculty are required to report on their instructional effectiveness based on course evaluations and peer observation. They are also asked to describe any trainings they have attended as well as how these trainings have been/will be incorporated into their teaching practice. These annual performance reviews are reviewed by the MPH program director and Dean of the College of Health Professions and are used to make recommendations for continued employment and/or advancement at the University.

- 5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Faculty Currency: Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.

- The Curriculum and syllabi are reviewed annually by the MPH faculty at our annual retreat. We discuss any changes that might be necessary given emerging topics and public health needs and share resources identified that might be of use in each other's courses. For example, the faculty worked together to identify where to best address negotiation and conflict resolution. As a team, the faculty determined that Health Policy would be the best place to emphasize this topic. Dr. Greer teaches this course, but Dr. Pendley recommended an article that she had come across as a strong reading basis for teaching and applying the negotiation and conflict resolution material.

Faculty instructional technique: Participation in professional development related to instruction

- All MPH faculty are required to attend professional development related to instruction annually. Faculty are also required to indicate how they have/will incorporate what they have learned into their teaching. For example, Dr. Pendley teaches Program Planning. She wanted to make the course more aligned with a real-world experience where practitioners work in teams to develop public health programs. Thus, she attended a Team Based Learning (TBL) week-long conference. She took what she learned at that conference and revised the Program Planning course to align it with TBL pedagogy. As such, the students work in teams the entire semester learning from each other and from Dr. Pendley.

School- or program- level outcomes: Courses that employ active learning techniques

- We are committed to offering active learning techniques when possible to provide engaging learning experiences for our students. We track active learning techniques annually and continually try to identify opportunities for better quality and/or more active learning techniques in our courses. For example, in our Community Health Development course, students are required to pair with an external organization to implement their course project. The course project requires them to work with the organization to identify and address a community health need.

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

*Not applicable*



#### E4. Faculty Scholarship

**The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.**

**The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.**

**Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.**

- 1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.

The MPH program aligns our research definitions and expectations with those of the University. SHU defines research and scholarly activity as "activities that update and/or extend the frontiers of knowledge in a particular academic or professional discipline or of solving a specific problem. These activities allow the faculty member to remain active in their particular area of specialty or practice, including: the development and sharing of ideas; participation in conferences, conventions, workshops, professional meetings; and the publication of articles and monographs" (SHU Faculty Handbook). As outlined in the [SHU faculty handbook](#), faculty members should be able to demonstrate and be able to document appropriate contributions to their discipline(s). Such contributions should enhance the faculty member's professional development, make a contribution to the faculty member's discipline(s), increase recognition of the University as a center of knowledge or culture in the community of interest or the community at large, and/or contribute to the treasury of human knowledge.

- 2) Describe available university and program support for research and scholarly activities.

All faculty have the opportunity to apply for an internal research grant annually which can be used to implement a research study of interest to the faculty member. The size of the award varies, but it is approximately \$3,000. In addition, all tenure track faculty are granted one course release per year to focus on their scholarly efforts. In addition, SHU has an Office of Sponsored Programs which provides support for faculty applying for and managing extramural grants.

- 3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Our faculty regularly integrate their research experience into their instruction of students.

1. Dr. Greer conducted research to examine vaping behavior among college students and opportunities for a change to vaping policies on college campuses. This research informed a process to revise the SHU vaping policy. She incorporates this experience into the Health policy course she teaches. Specifically, she discusses how research should inform policy development, the process for identifying and examining stakeholder perceptions as well as framing for policy advocacy using specific examples from her research experience.
2. Dr. Vernarelli regularly uses the National Health and Nutrition Examination Survey (NHANES) data set to examine nutrition-related research questions. Dr. Vernarelli also teaches Biostatistics. In Biostatistics, Dr. Vernarelli uses her NHANES experience to teach students how to identify research questions, extract and organize data from large datasets, and analyze data using the NHANES dataset.

3. Dr. Pendley has conducted implementation research and program evaluations that examine the impacts of disasters on health. Dr. Pendley teaches a course called Community Health in Times of Crisis. She regularly draws from her experience working in disaster settings including Hurricane Katrina in New Orleans and the 2010 Haiti Earthquake to provide insight and examples for how to best work with communities during times of crisis.
- 4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.
  1. Dr. Vernarelli identified students who are interested in Biostatistics and Epidemiology while she is teaching these courses. She then invites them to participate in research with her to further their skills. These collaborations have resulted in students serving as co-authors on publications (1; additional 2 in submission) and presentations (5) at national conferences.
  2. Dr. Greer is the principal investigator on a grant to promote safe routes to school in Bridgeport, CT. She invited the MPH students to participate in her research activities. Three students participated in data collection to examine intersection safety as a part of a pre-test and post-test before and after an intersection improvement.
  3. Dr. Pendley serves as the lead evaluator on a four-year USDA grant. She told students about the grant activities and invited students to participate in the research process. Four students assisted with survey data collection. The students were trained to recruit participants, administer informed consent, and administer the survey in person at farmers' markets.
- 5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Faculty scholarship is evaluated annually through a performance review. Faculty set scholarship goals (e.g., one peer-reviewed publication, one student co-authored project, etc) and have to report whether those goals were met annually. The performance reviews are then included in that faculty member's packet at the time of application for tenure and/or promotion. In addition to performance reviews, faculty are also required to provide letters of recommendation from internal and external peers speaking to the quality of their scholarly activity. While no specific numbers are provided as minimum guidelines for scholarship activity. Faculty are expected to make a meaningful contribution to their field through scholarship activity. Faculty who are able to demonstrate a consistent and meaningful scholarship record are granted promotion and tenure.

- 6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

#### Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1- 2019-2020	Year 2 - 2020- 2021 (as of 2/15/21)	Year 3 - 2021- 2022
Number of Community Based Participatory Research activities	3 initiatives every 3 years	2 initiatives	1 initiative	

Number of grant submissions	3 submissions every 3 years	1 submission	1 submission	
Number of articles published	4 articles published every 3 years	4 articles published	1 article published	

Note: Supporting information for the data shown is in our annual Research Report (located in the ERF)

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

*Not applicable*

## E5. Faculty Extramural Service

**The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.**

**As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.**

- 1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

Service that contributes directly or indirectly to the profession and community are required to qualify for tenure and/or promotion. There is no minimum amount outlined by the University, but faculty are expected to engage in extramural service. The program expectations are in line with the University expectations. We value extramural service as it allows us to build stronger relationships with our community partners in the region.

- 2) Describe available university and program support for extramural service activities.

Sacred Heart University has an Office of Volunteer Programs and Service Learning (VPSL) which faculty can work with to identify extramural service partnerships. Faculty can make an appointment to work with the VPSL staff in identifying opportunities for extramural service or can search a database they have developed using keywords to identify potential partners for service activities. There is no faculty release time for service-related activities.

- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

1. Dr. Anna Greer serves on the Advisory Council for the City of Bridgeport Department of Health and Social Services. In service to the Health Department, Dr. Greer's MPH 554 students reviewed and revised health communication materials promoting flu vaccinations for the Health Department to improve the communication materials for the Bridgeport population.
2. Dr. Pendley used the development of COVID-19 situation reports to teach students concepts in Crisis Management and Risk Communication in her course: Community Health in Times of Crisis (MPH 526).
3. Dr. Vernarelli used the development of COVID-19 situation reports to teach students epidemiology concepts (MPH 511). Report recipients included local and state health departments, offices of emergency management, government officials, and national emergency management and operations centers.
4. Dr. Vernarelli provides nutrition education resources for local schools. During the Spring 2019 semester, students enrolled in her Public Health Nutrition elective (MPH 528) created curated multimedia resource for parents and children who were stuck at home during the transition to remote learning for K-12 school students.
5. Dr. Vernarelli taught the fundamentals of contact tracing during the Fall 2020 semester in Research Methods (MPH 501). Students enrolled in her course subsequently completed the John's Hopkins Contact Tracing certification course and served as contact tracers for the University and the local community during the COVID-19 pandemic.

- 4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.
  1. SHU MPH students collaborated with Dr. Vernarelli and Dr. Pendley to develop COVID-19 situation reports for a Yale, Tulane, SHU Virtual Medical Operations Center. Recipients include: local and state health departments, offices of emergency management, government officials, and national emergency management and operations centers.
  2. Brianna Collins, Debrina Hudson, Sara Szollosy, and Emma Turchick worked with Dr. Pendley to collect women's hygiene products to be distributed in a Bridgeport public high school.
  3. Gabrielle Diaz served with Dr. Greer on an educational panel about Vaping among high school students for the Cities of Fairfield, Stratfield, and Trumbull CT.
  4. Christopher Quigley and Allyson Wojnoski worked with Dr. Pendley and were trained as Medical Reserve Corps volunteers to assist with Fairfield County, Connecticut's mass vaccination campaign for COVID-19.
- 5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

*Number of faculty-student service collaborations:* We chose this indicator because we saw an opportunity after our first year of the program to increase our activities in this area. In our first year (2018-2019), we were so focused on curriculum that we didn't really offer faculty-student service collaborations. We saw this as a drawback to the program and committed to offer at least one opportunity annually for students. In our second year (2019-2020) we offered a major service project: the creation of COVID-19 Situation reports for local and state health departments, offices of emergency management, government officials, and national emergency management and operations centers. This initiative was led by Dr. Sofia Pendley and Dr. Jackie Vernarelli. Combined, they have expertise in crisis communication and presentation of epidemiological data. They invited students to participate in this service project through their courses: Community Health in Times of Crisis and Epidemiology. As such students were able to integrate service and learning for a real-life situation. Some of these students are continuing service to work as contact tracers for COVID-19.

*Number of community-based service projects:* Our MPH faculty are involved in a variety of community-based service projects (which we track in our annual service reports – included in ERF). MPH faculty participated in 6 community-based service activities in 2018-2019 and 8 community-based service activities in 2019-2020.

*Public/private or cross-sector partnerships for engagement and service:* We have engaged with a variety of partners for service projects. These include nonprofit organizations working in the areas of urban agriculture (Green Village Initiative) and immigrant rights (Make the Road CT and Building One Community). We have also partnered with several Health departments including Bridgeport Health Department, Fairfield Health Department, and Trumbull Health Department. The service projects associated with these collaborations are described below.

- Green Village Initiative (GVI) – Dr. Greer serves on the Advisory Board for GVI's School Garden initiative. She provides program implementation and evaluation support.
- Make the Road CT (MRCT) – Dr. Greer and Dr. Pendley support the MRCT youth as they advocate for safer routes to school
- Building One Community – Dr. Pendley and Dr. Vernarelli helped Building One Community develop an assessment tool for use in their program activities.
- Building One Community – Dr. Pendley provided consultation services for Building One Community to develop an impact evaluation framework
- Bridgeport Health Department – Dr. Greer serves on the Advisory Board for the Health Department and contributed to the health department's work towards accreditation.

- Fairfield and Trumbull Health Departments – Dr. Greer and an MPH student served as panel members for a community panel on vaping among youth.
- Fraser Woods Montessori School – Dr. Vernarelli served as a keynote speaker for a community presentation on childhood nutrition; she also serves as a member of the School Health & Safety Committee, where she developed the school reopening plan in response to the COVID-19 pandemic.
- Connecticut Department of Emergency Management and Homeland Security Region 1– Dr. Pendley is working with DEMHS Region 1 coordinators to strengthen and maintain a Medical Reserve Corps unit at Sacred Heart University to serve the Fairfield County region.
- City of Bridgeport – Drs. Pendley and Vernarelli serve as members of the City of Bridgeport Emergency Management and Homeland Security Office Mass Vaccination Team, where they provide consultation services for the planning, implementation, and education of COVID-19 vaccination for area residents.

6) Describe the role of service in decisions about faculty advancement.

Service to the University is expected of all faculty members. Service to the University can include service on program, college, and/or University committees. Extramural service that contributes directly or indirectly to the profession and community are also required to qualify for tenure and/or promotion. Examples include serving as a referee or Editor for a peer reviewed journal, service on a regional or national board relevant to one's profession, or service with a community partner relevant to the faculty member's area of expertise. Service, both internal and external, are reviewed annually during performance reviews at the end of the academic year as well as any time a faculty member applies for promotion or tenure.

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

*Not applicable.*

## **F1. Community Involvement in Program Evaluation and Assessment**

**The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).**

**Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.**

- 1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

We implemented an MPH Advisory Board in the spring, 2019. The Advisory Board membership, including name, organization, and bios are included in the in the ERF.

All alumni are automatically enrolled in the Alumni Association upon graduation.

We use an Alumni Employer survey to get input from practitioners supervising our alumni. The Alumni Employer Survey is included in the ERF.

- 2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

We meet with the Advisory Board at least once per semester. The Advisory Board is provided with our self-study document and asked to review and provide comments and suggested changes as they see fit. We also present selected challenges/issues and ask if they have any ideas for how we might address them. For example, they have provided informational support and contacts to help us explore the development of a fund to cover tuition costs for students of color living in Bridgeport, CT.

We also invited the Advisory Board to review our syllabi to determine if there is any content that we should add to our courses and to determine if the curriculum looks current given their public health practice experience. Two advisory board members volunteered to review the syllabi. The major themes presented were the importance of students learning how to actually work in communities with community members and Advisory Board members wanted to ensure that students would get hands on experience working in the field before they graduated so that they had experience applying the concepts they are learning. As a result, we require that students work with external organizations for two of their major course assignments (in MPH 550: Community Health Development and MPH 554: Health Communication). This is in addition to their applied practice experience where they are working in the community.

MPH faculty also have conversations with APE supervisors and practitioners for which students do service learning. We ask about any observed weaknesses in student performance in order to determine if there are areas where we should strengthen our curriculum. To date supervisors and practitioners have not identified any areas of weakness. We will continue these conversations as the program continues and public health practice evolves.

- 3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

The MPH program faculty developed a draft of the vision, mission, values, goal, and evaluation measures and brought these documents to the first Advisory Board meeting. The Advisory Board was asked to review the document and provide suggested edits to the content and wording. The revised document is what was submitted for our Accreditation Application.

b) Development of the self-study document

As we prepared our self-study document, we wanted to get external feedback on our syllabi to determine if we have any gaps in concepts they deem important based on their work in the field. Two advisory board members volunteered to review the syllabi. The major themes presented were the importance of students learning how to actually work in communities with community members and Advisory Board members wanted to ensure that students would get hands on experience working in the field before they graduated so that they had experience applying the concepts they are learning. As a result, we require that students work with external organizations for two of their major course assignments (in MPH 550: Community Health Development and MPH 554:Health Communication). This is in addition to their applied practice experience where they are working in the community.

c) Assessment of changing practice and research needs

We wanted to know if there were practice and research needs above and beyond the foundational competencies that our Advisory Board thought our students should achieve. We asked all advisory board members to review the 22 competencies and then reflect on their changing practice/research needs and share what additional competencies we should be focusing on in our program. Due to COVID-19, we sent the request electronically. We received responses from 4 advisory board members. Advisory board members recommended the following items be addressed in addition to the CEPH competencies.

- Cultural diversity and racism as a national health crisis
  - We are able to incorporate this into our courses MPH 503: Social Determinants of Health and MPH 508: Issues of Diversity and Equity.
- Co-designing with community members around public health issues that affect those communities
  - We now address this in MPH 550:Community Health Development
- Accessing/Analyzing data from cross-sector sources that affect public health outcomes (education, housing, environmental, community violence, economic, food access etc)
  - This is now addressed in MPH 503: Social Determinants of Health

d) Assessment of program graduates' ability to perform competencies in an employment setting

We also ask Alumni for their employers contact information so we can survey Alumni employers. We ask employers to rate the alumni's ability to perform competencies at their current job using the Alumni Employer survey (see ERF). We then review the findings and update the program curriculum if needed. Thus far, we have completed one alumni survey with our first class who graduated. We received four employer emails from our alumni. Of these four, three responded to our request to complete the Alumni Employer Survey. All three employers agreed or strongly agreed that our alumni performed well in each of the competency



areas if they had observed the alumni perform job duties in those areas. As such, to date we have not had to make adjustments to the curriculum based on the employer feedback.

- 4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

We have included the results from our competency review in the ERF. We have also included the results of the Alumni employer survey in the ERF. We also include attendee lists and notes from our Advisory Board meetings in the ERF.

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

We have found it challenging to engage our Advisory Board electronically during the COVID-19 pandemic. We plan to hold Zoom meetings with them this fall to further engage beyond email communication and updates with the hope we can better engage. Engaging in person was working very well pre-COVID-19, but we need to adapt to the current climate.

In the future we also plan to collect qualitative feedback from alumni employers through a phone call. We will inquire about students' preparedness and any suggestions for improving our curriculum to better prepare graduates. We believe this qualitative method will provide us with more actionable feedback.

We also plan to implement a new APE Preceptor Feedback Survey where we include questions about students' ability to perform the core competencies as well as open ended questions about areas for student improvement. Further, once COVID is over, we will invite preceptors to students' APE presentations at SHU. This will give us the opportunity to hold a brief meeting with all preceptors and have conversations about students' performance in person which will believe will yield valuable qualitative feedback.

## F2. Student Involvement in Community and Professional Service

**Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.**

- 1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

In MPH 500 “Profession and Science of Public Health”, students are introduced to service, community engagement and professional development activities. Students are introduced to service through the course through examples of different community organizations that are working in the area. Additionally, if there is a particular opportunity that arises in the semester, students are encouraged to participate.

Students are introduced to community engagement through a health policy brief assignment. In this assignment, students select a health issue that is pertinent to a particular community. They write about the issue examining policies and political issues and present the information in an unbiased manner. Students then present out to one another so that they can share research and learn from one another.

Students in the course are also introduced to professional development techniques through an informational interview assignment. For this assignment, students select someone working in a public health job (ideally one that the student would like to pursue professionally) to interview. In the class we practice techniques for informational interviewing so that the student feels more comfortable reaching out. Then, the student conducts the informational interview, follows up with their new contact afterwards, and writes a summary paper on the experience and what they learned.

- 2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

The MPH student association representative, also serves as the MPH representative on the University’s Graduate Student Advisory Committee (GSAC). GSAC is an advisory organization that fosters support and interaction among graduate students, faculty, the University and community at large through intellectual and social events. It provides a voice for graduate students by embracing the academic, social, cultural, and general diversity of its members. GSAC also offers funding for which graduate student associations can apply.

- Example for how this has impacted the program: Our MPH student association applied for, and was awarded, funding to cover registration costs for all SHU MPH students interested in attending the 2018 and 2019 Connecticut Public Health Association annual meeting. This resulted in six student attendees in 2018 and fourteen student attendees in 2019.

SHU MPH students collaborated with Dr. Vernarelli and Dr. Pendley to develop COVID-19 situation reports for a Yale, Tulane, SHU Virtual Medical Operations Center. Recipients include: local and state health departments, offices of emergency management, government officials, and national emergency management and operations centers.

- Example for how this has impacted the program and community: This project brought visibility to our MPH program. The project also provided valuable up-to-date information in a time of crisis for our community.

SHU MPH students collaborated with Dr. Vernarelli and Dr. Pendley to support Sacred Heart University’s response to COVID-19. Specifically, students enrolled in Pendley’s Public Health in Times of Crisis course and those in Vernarelli’s Epidemiology course collaborated and analyzed multiple data sources to develop a weekly COVID-19 situation report and data briefs that were distributed to various community groups, including the Bridgeport Emergency

Management and Homeland Security Office, local health departments, Pediatric Healthcare Associates (a large local pediatric healthcare organization), schools, local politicians, etc. The work received local media attention, on TV and print.

Students in Dr. Vernarelli's Research Methods Course became trained contact tracers. SHU MPH students have been involved in contact tracing efforts at the university and in local community settings.

Dr. Pendley is the co-lead for the Sacred Heart University Medical Reserve Corps unit. Students are trained to respond to disasters to support local preparedness and response efforts. Students recently participated in specialized training to participate in Vaccine Strike Teams, the goal to increase COVID-19 vaccination coverage in the surrounding area.

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

*Not applicable.*

### **F3. Assessment of the Community's Professional Development Needs**

**The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.**

- 1) Define the program's professional community or communities of interest and the rationale for this choice.

Our professional community of interest is professionals working in Connecticut to address public health issues. We chose CT because we have the opportunity to reach professionals working in CT through organizations already in existence (e.g., Connecticut Public Health Association, New England Public Health Training Center – CT Chapter).

- 2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs

We have had the opportunity to leverage our partnerships for our needs assessment activities as described below.

In our region, the New England Public Health Training Center (NEPHTC) (<https://sites.bu.edu/nephtc/>) regularly assesses the professional development needs of those in the New England region. We have met in person and over the phone with the Training Center to learn about their assessment process, their trainings to address identified gaps/needs, as well as how our faculty and students might participate in their activities. The training assessment results are included in the Folder titled NEPHTC Findings in the ERF. The person who oversees NEPHTC activities, Kathi Traugh, indicated that the assessments provide some useful information but fall short as few local health departments in CT complete the existing assessment.

In addition, the Connecticut Public Health Association (CPHA) conducts an annual assessment of legislative priorities with CPHA members, which provides insight into topics of interest to the professional community. The 2019 results (2020 assessment not conducted due to COVID) indicate that professionals are particularly interested in addressing the following topics:

1. Affordable Care Act
2. Gun safety
3. Chronic disease prevention (e.g. sugary drink tax to combat diabetes and obesity, smoking cessation efforts, access to adequate nutrition & exercise)
4. Climate change/Clean Air Act and health
5. Opioid overdose epidemic

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

We are thankful to have the NEPHTC, which examined professional development needs in the region and CPHA which examines legislative priorities. We will continue to work with the Training Center and CPHA to see how we might contribute to their efforts. We also have identified an opportunity to more closely examine training needs among public health professionals in CT as this is a weakness of the NEPHTC assessment. We are exploring opportunities to send a survey out to Health Department Directors and their staff in the coming year to further solicit training needs and health priority areas so we can better serve our CT community.

#### **F4. Delivery of Professional Development Opportunities for the Workforce**

**The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.**

- 1) Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

Our MPH faculty meet as a team to review the NEPHTC and CPHA assessment results. We then discuss and identify areas which we have the expertise to address.

With regards to the NEPHTC results, we have met with Kathi Traugh, the professional from NEPHTC – CT Chapter who oversees the trainings offered in response to the assessment and have put forward several topics on which we can do trainings. In addition, Dr. Greer has joined to CT chapter and attends meetings to stay abreast of opportunities where the MPH faculty might offer trainings. Dr. Greer shared the MPH faculty's areas of expertise as they relate to the training needs (e.g., working with communities to address public health issues – community based participatory research). We are currently waiting to be asked to implement one of these trainings. We see NEPHTC trainings as an opportunity to reach a broad audience of professionals in CT.

With regards to the CPHA legislative priorities, we have partnered with local public health agencies to address priority areas. We have been asked to participate in several trainings, and we have been responsive in developing and implementing trainings as requested.

- 2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).

One of our faculty members serves on the board of the Connecticut Public Health Association (CPHA). This gives her a voice in planning what content is included in the CPHA Annual Meeting program. This meeting serves public health professionals and students across the state of CT. Annual attendance is around 300 professionals and students.

In addition, the CPHA then works with surrounding Universities, including Sacred Heart University, to offer an annual Advocacy Summit for public health professional and students across CT. Sacred Heart serves as an annual sponsor for this event to ensure continuity of this training opportunity. The CT Advocacy Summit served over 100 professional and student attendees in the spring 2020.

In addition, we offered two specific trainings that address the CPHA legislative priorities:

- 1) Chronic Disease Prevention – exercise: Dr. Greer was invited to speak about altering built environments and public policies to improve youth's ability to walk to school and recreational opportunities at the 2019 CT Injury Prevention Conference. The CT Injury Conference is a collaboration between the Connecticut Department of Public Health and the five Level 1 Trauma Centers in Connecticut: Connecticut Children's; Hartford Hospital; Yale New Haven Hospital; Yale New Haven Children's Hospital; and, Saint Francis Hospital. The conference theme was "Informing community-based prevention strategies." Approximately 200 persons attend this meeting and 20 professionals attended the breakout session led by Dr. Greer
- 2) Tobacco cessation – Dr. Greer and an MPH student, Gabrielle Diaz, were asked to sit on a panel with CT legislators to discuss policy and program opportunities to reduce vaping among adolescents. The panel was open to the public. In addition to parents of adolescent age youth, both

local city officials and local health department employees (Fairfield County) were in attendance. The audience was approximately 50 persons.

COVID response emerged as a training need in 2019-2020, and 2020-2021.

Dr. Vernarelli and Dr. Pendley have been working with the Bridgeport Emergency Management and Homeland Security Office Mass Vaccination Planning team by providing training materials to promote and educate the public about COVID vaccination. These materials include resources that could be used by community leaders for vaccine promotion (i.e.: FAQ sheets or slide decks to be used by congregational leaders or school nurses).

Dr. Pendley has been working with an interdisciplinary group of professionals from public health, nursing and emergency management to strengthen and maintain the Medical Reserve Corps unit at Sacred Heart University. The mission of the Sacred Heart Medical Reserve Corps (MRC) is to develop and coordinate a network of volunteers who will support Connecticut Department of Emergency Management and Homeland Security (DEMHS) Region 1 efforts. As a part of this process, Dr. Pendley is training current and future health professionals to assist with COVID-19 vaccine promotion and dissemination. This is a new initiative for the public health program. As of January 2021, 100 volunteers are current within the SHU MRC roster. Volunteers include undergraduate students, graduate students from the Physician Assistant program, faculty from the Colleges of Nursing and Health Professions, alumni from the Colleges of Nursing and Health Professions and staff from St. Vincent's College. The SHU MRC has responded to requests for support for multiple mass vaccination sites managed by Local Health Departments and for university COVID-19 testing support.

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

In order to broaden our reach, we have partnered with external organizations to offer training opportunities. We see this as a strength to our approach to addressing training needs. One challenge we have run into is how to continue to best offer training opportunities during COVID-19. We will continue to explore online options for training and education.

## G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

- 1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The MPH program has identified Black, Indigenous, and people of color (BIPOC) as our priority population. The Sacred Heart University population is majority-white students and faculty. We believe one of the best ways we can impact public health is by empowering BIPOC populations through education. As such, we aim to recruit BIPOC students to the program.

- 2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

We aim to recruit a class of at least 30% BIPOC annually. Our 2018-2019 cohorts were 29% BIPOC. Our current cohorts (data for 2020-2021) are 43% BIPOC. We do not have any faculty recruitment goals at this time as we do not plan to hire new faculty in the foreseeable future. Currently our faculty is 33.3% BIPOC.

We are taking several steps to ensure the ongoing success of our BIPOC students. For example, we purposefully include BIPOC guest lecturers and course readings from BIPOC researchers so that students have experience with public health practitioners that are similar to them. We provide an honorarium of \$100 to all guest lecturers to attract and retain them. In addition we discussion inclusion and diversity as an important part of public health practice and our program in class discussions in Social Determinants of Health and Issues of Diversity and Equity. Finally, we ask students about their experience with the program during advising sessions. This recently resulted in a BIPOC student telling a faculty member that he was struggling because he could not afford internet and had to drive to the library to complete all of his assignments. The MPH faculty reached out to our networks and were able to secure him free internet for the remainder of his time in the program.

- 3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

We collect data on students' race and ethnicity at the time of their applications. We use this information to determine BIPOC percentages annually.

We are working towards developing a fund to provide financial support to future BIPOC students. The steps taken are listed below.

- We have convened two Advisory Board meetings with the purpose of discussing the development of a fund to support scholarships for BIPOC students
- The MPH program director has participated in online webinars to better understand fund development
- The MPH program director has met with SHU's Office of University Advancement to discuss the steps for creating and building an endowed fund for BIPOC students.
- The MPH faculty developed a one-page funding request with assistance from the Fairfield Community Foundation. The Fairfield Community Foundation is now helping to look for potential donors.

- 4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

We have taken several steps to ensure a culturally competent environment. First, all students are required to complete a diversity and inclusion training at the start of their first semester. This training discusses implicit bias and racism and discusses ways students can ensure an inclusive environment.

In addition, we require students to work with organizations external to the University so that they are exposed to a variety of people with different cultures and backgrounds. We also purposefully recruit speakers from a variety of cultural backgrounds to ensure students are exposed to different perspectives. For example, Monette Ferguson, one of our Advisory Board members is a Black woman who leads a non-profit organization in Bridgeport (i.e., Alliance for Community Empowerment) that promotes early childhood health and development offers a guest lecture annually in MPH 550: Community Health Development. An additional example: a Cuban immigrant speaks guest lectures in Issues of Equity and Diversity about his experience immigrating from Cuba and building a successful life for himself and his family in the US.

Finally, we have added a course to our curriculum, Issues of Diversity and Equity, which requires students to reflect on these issues as they pertain to public health practice.

- 5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

We have increased the percentage of BIPOC students over time from 29% in our first cohort to 43% in our latest cohort. In addition, one of our three faculty members is Latina. We hope that BIPOC students will see representation of BIPOC among our faculty and feel more comfortable attending SHU.

We surveyed our students (Exit survey, Spring, 2020) to determine if we are creating an environment supportive of diverse populations. Our students reported that "The MPH program's climate was excellent. Between class discussions and discussions with professors, the diversity and cultural competence exceeded my expectations."

- 6) Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.

Questions about the program's climate regarding diversity and cultural competence are included in the students' exit survey. Results from this survey (2020 graduates) indicate that 100% of graduates agree that SHU's MPH program is inclusive of all types of people. Students also reported



in open ended responses that we have created an “accepting” environment and that “The program has strongly incorporated cultural competency throughout the program.”

Faculty and our one staff member have a discussion annually about how we can create a stronger program climate with regards to diversity and cultural competence. Everyone is in agreement that diversity and inclusion are priorities for our program. We have included a course in our curriculum called “MPH 508: Issues of Diversity and Equity” so that students are required to think critically about these issues with our faculty.

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

We are proud of the work we are doing in this area. We will continue to try to support BIPOC students entering our program through continued efforts to develop a fund for BIPOC students.

## H1. Academic Advising

**The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.**

- 1) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

All three MPH faculty advise MPH students at least once per semester using the MPH Advising Form (included in ERF).

- 2) Explain how advisors are selected and oriented to their roles and responsibilities.

The MPH faculty all serve as advisors. The Program Director advises all part-time students and the Dr. Pendley and Dr. Vernarelli split the remaining students. If a student's professional interests align well with a particular faculty member, we make sure that the student and faculty with matching interests are paired for advising.

- 3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, which provide additional guidance to students.

The SHU "MPH Advising Form" and the "MPH Full-time Plan of Study" are included in the ERF. There is no part-time plan of study as these students' schedules will vary depending on their preferences for class times and days of the week. The Thesis Handbook and Applied Project (APE) forms also include guidance for students interested in completing a Research Thesis or Applied Project. These Thesis Handbook and Applied Project Forms (APE forms folder) are also included in the ERF.

- 4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

We ask students in their Exit survey how satisfied they are with academic advising during their time at SHU. Among our 2020 graduating class (response rate =60% for academic advising question), 83% reported that they are very satisfied with their advising experience. One person reported that they were somewhat satisfied.

- 5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

All MPH students are required to attend: 1) The University's Graduate student orientation and 2) the MPH program student orientation.

The graduate student orientation covers University policies, procedures, and resources relevant for graduate students. For example, Graduate students are introduced to the [SHU Student Handbook](#) and provided overview talks addressing the SHU library, Wellness Center, Center for Excellence in Teaching (the CEIT provides tutoring and other learning services for students), Blackboard System, and the Career Center.

The MPH program orientation covers information specific to the MPH program. We review and discuss the MPH Policies and Procedures Manual (included in the ERF), SHU MPH curriculum,

and program expectations and resources. The Orientation slides used in 2019 are included in the ERF.

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

We feel that students are well-prepared to navigate the University and MPH program after completing both orientations.

## H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

- 1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

Career advising takes place in a number of ways. First, SHU has a Career Services office, which provides a variety of services to students, including resume development, job interview skills workshops, and more. In addition, in students Seminar courses they work with their instructor to develop and refine their resume in preparation for job searching. They also participate in a workshop to develop their LinkedIn profile. Finally, at each advising session, we ask students about their career goals and how we can help prepare them for their post-graduation plans. We are able to tailor services (interview preparation, CV refinement, job searching skills) to individual needs through our one-on-one advising sessions with students.

- 2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

The SHU Career Center hires professionals with experience in career advising for college students. The SHU MPH faculty are prepared to perform career advising because of their experience working in the public health field. Each MPH faculty member uses a standard advising form which orients them to discuss career advising at each advising meeting (a minimum of two advising meetings per year).

- 3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Examples for enrolled students:

1. We offer a LinkedIn workshop to all second year students in their seminar course. Students are advised on how to set up and maximize their pages for future employment purposes. All nine students in the course participated (Spring, 2020).
2. All students in the seminar course (n=9 in 2020), were required to develop a resume. The lead instructor reviewed all of the resumes and provided feedback for improvement.
3. Faculty provide mock interviews for students applying for jobs, internships, graduate school to help them prepare to obtain the positions of interest. In 2019-2020, four mock interviews were completed with graduating students to prepare them for job applications and dental school application.

Example for alumni

1. Each faculty sends an email to the alumni who used to be their advisees to check in with them every fall. We ask what they are up to and if there is any way we can support

them as they continue to navigate their career goals. For example, the program director reached out to Gabrielle Diaz who was working at a local health department. She indicated that she was hoping to switch to another health department and the program director, Dr. Greer, was able to give her advice for the upcoming interview and write a letter of recommendation for the alumni.

2. Dr. Vernarelli was in contact with student Rebecca DiSarro, who enrolled in a research-focused dental school program following graduation from SHU. Rebecca commented that having research experience was crucial in her enrollment in the dental program. During Fall 2020, Dr. Vernarelli continued collaboration with DiSarro, resulting in a research publication.
- 4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

Students are asked to provide their level of satisfaction with career advising when they complete their exit survey. Among the 2020 graduating class, 83% reported being very satisfied with career advising. One student reported being somewhat satisfied with career advising.

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

*Not applicable.*

### H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

- 1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.

*We publicize complain procedures for students on the SHU MPH webpage (<https://www.sacredheart.edu/academics/colleges--schools/college-of-health-professions/departments/public-health/complaints-against-the-program-policies/>).*

Students may file complaints with the SHU MPH program director. Complaints are to be written out and mailed or emailed to the program director. The steps are listed below in item 2.

- 2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

1. When possible, the Program Director will discuss the complaint directly with the party involved within 14 business days. The expectation is that the complaint can be satisfactorily resolved by this discussion. The Program Director will provide a written description of the resolution to the person complaining.

2. If dissatisfied with the outcome of the discussion with the Program Director, or if the complaint is against the Program Director, the complainant may submit a written complaint to the Dean, College of Health Professions. The Program Director will provide the Dean with a written summary of previous discussions where applicable. The Dean will discuss the matter with the Program Director and complainant separately and may schedule a joint appointment or conference call with the Program Director and complainant in attempt to reach a solution. The Dean will provide the complainant and the Program Director with a written letter outlining the solution reached through this step.

3. If the complainant remains dissatisfied after step two, the last line of complaint is to the Provost, who serves as the chief academic officer of Sacred Heart University.

4. Any letters or documentation associated with the complaint from the complainant, the Program Director, Dean, or Provost will be kept in a folder marked "Complaints against the Public Health Program" kept in the program's files for a period of five years.

- 3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

No formal complaints or student grievances have been submitted in the last three years.

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

Not applicable

#### H4. Student Recruitment and Admissions

**The program implements student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.**

- 1) Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

A variety of recruitment activities are conducted. For example, we hold graduate student open houses at least quarterly. These events are publicized by the Marketing and Graduate Admissions departments at SHU. At these events, one of the SHU MPH faculty members meets with potential students, provides an overview of the program and answers questions that prospective students might have. In addition, SHU's marketing department uses paid advertisements on social media to promote the program. Finally, we have a booth at the Connecticut Public Health Association annual meeting to promote the program and recruit potential students.

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

All students applying to the SHU MPH program must have graduated with a Bachelor's degree and have earned a minimum GPA of 3.0. They must have also earned a C or higher in both a Statistics course and a Psychology or Sociology course. We also require that all students write an essay indicating why they have chosen to pursue a degree in public health and what their goals are for working in the profession. They also must submit a resume and two letters of recommendation. The admission policies are included at the following webpage: <https://www.sacredheart.edu/majors--programs/public-health---mph/admission-requirements/>

- 3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

##### Template H4-1

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	2018-2019	2019-2020	2020-2021
Percentage of undergraduate students accepting offers of admission	50%	50%	36%	71%
Percentage of priority underrepresented students accepting offers of admission	50%	25%	36%	43%

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

While we have increased the proportion of Black, Indigenous, and people of color (BIPOC) enrolled in the program, our overall numbers for the program are still below capacity. We believe we could maintain program quality and enroll a cohort of up to 15 students. We will continue to explore additional avenues for program recruitment. For example, we are considering partnering with local undergraduate institutions to create accelerated pathways to our MPH program.

## H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

- 1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

Academic Calendar: See SHU Website: <https://www.sacredheart.edu/offices--departments-directory/registrar/academic-calendars/graduate-calendars-2020---2021/graduate-semester-level-programs/>

Admission Policies: See SHU Website: <https://www.sacredheart.edu/majors--programs/public-health---mph/admission-requirements/>

Grading Policies: See the Policies and Procedures Manual in the ERF

Academic Integrity Standards: See the SHU Student Handbook: <https://www.sacredheart.edu/current-students/student-handbook/>

Degree Completion Requirements: See the Policies and Procedures Manual in the ERF