

Central New York Master of Public Health (CNYMPH) Program

2013 SELF-STUDY



A Collaborative Program with SUNY Upstate Medical University
and Syracuse University

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Our self-study process was guided by the following:

Program Administrators

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The institutional commitment throughout this process has been invaluable. Thank you to everyone for pooling together all of the resources necessary to successfully complete this self-study process.

1. CRITERION: THE PUBLIC HEALTH PROGRAM

1.1 Mission

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

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

The Central New York Master of Public Health (CNYMPH) Program is a collaborative program established in 2008 between State University of New York (SUNY) Upstate Medical University (UMU) and Syracuse University (SU). The mission of the CNYMPH Program is

Strengthen the public health workforce by preparing professionals to plan, implement, evaluate, and advocate for population-based health policies and programs.

b. A statement of values that guides the program.

To achieve our mission, goals, and objectives and to ensure the commitment and disposition of an exemplary public health professional, the key values of the CNYMPH Program are

Open Learning Environment

The CNYMPH Program strives to nurture an open learning environment, where a diverse body of students is allowed the academic freedom to pursue new ideas and to develop a sense of lifelong learning through the spirit of inquiry, innovation, and creative problem solving.

Service

The CNYMPH Program faculty, staff, and students strive to model and embody the spirit of community service, engagement, and collaboration.

Advocacy

The CNYMPH Program seeks to improve the health of its community, its region, and the human population as a whole by striving for social justice, by advocating for vulnerable populations, and by working collaboratively to reduce health disparities.

Professionalism

The CNYMPH Program faculty, staff, and students envelop all of these values in an overarching sense of passion, integrity, and ethical practice.

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

The CNYMPH Program strives to achieve its mission through coordinated efforts directed toward the following three overarching goals focusing on:

1. **EDUCATION**—Educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.

The CNYMPH Program seeks to develop, provide, and assess an educational experience for students that will lead to competence in the fundamental areas of public health necessary for careers in public health practice and policy.

2. **RESEARCH** – Advance public health knowledge by developing an active program of population-based health research and program evaluation.

The CNYMPH Program seeks to create an environment in which faculty and students are encouraged and supported to participate in public health research to meet the needs of the community.

3. **SERVICE AND OUTREACH** – Develop active community partnerships and collaborative endeavors that contribute to sound public health policies and practices at the local, state, and national level.

The CNYMPH Program seeks to foster applied learning experiences and service opportunities among students, faculty, and community partners that validate the knowledge and skills acquired through the didactic MPH experience. In September 2012, the program developed and approved a logic model to help guide the strategic planning and evaluation process (**ERF. A: CNYMPH Logic Model**).

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

Table 1: Goals and Measurable Objectives

1. EDUCATION GOAL - Educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.
Objective 1.1: Recruit a diverse and qualified student body for broad-based practice in public health and policy.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Establish baseline data for 14 footprint counties¹ to determine diversity targets. ▪ Determine percent of students (applicants and new enrollments) from our target area based on race, ethnicity, and urban and rural backgrounds. ▪ Determine percent of enrolled students from various graduate and undergraduate disciplines (social sciences, health sciences, humanities). ▪ Determine percent of new enrollments (matriculation) who have GPAs of 3.0 and above.

¹List of UMU 14 footprint counties: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins.

1. EDUCATION GOAL (continued)- Educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.
Objective 1.2 Develop and implement a competency-based curriculum in public health practice and policy.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Develop and adopt a set of 18–24 competencies that will guide the MPH curriculum. ▪ Incorporate competencies across the required curriculum. ▪ Determine percent of MPH core and program-specific course syllabi with learning objectives mapped to public health competencies. ▪ Link field placement activities to competencies. ▪ Link culminating experience activities to competencies.
Objective 1.3: Increase the level of interdisciplinary training across UMU and SU.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Increase the number of MPH elective courses (new and existing) approved and cross-listed at UMU and SU ▪ Record number of non-matriculated students enrolled in MPH courses per year.
Objective 1.4: Strengthen students’ cultural competency by increasing their awareness, knowledge, and skills in working with diverse populations.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Track percent of MPH required courses that expose students to diversity issues. ▪ Track percent of MPH required courses that build students competency in diversity and cultural considerations through service learning opportunities.
Objective 1.5: Ensure that students demonstrate proficiency in the core and program-specific competencies at the time of graduation.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Track percent of students with a grade of B or better in the core courses. ▪ Track percent of students with a grade of B or better in the program-specific courses. ▪ Track percent of students receiving a grade of B or better for field placement. ▪ Track percent of students receiving a grade of B or better for culminating experience. ▪ Determine percent of MPH students graduating within five years of matriculation.
Objective 1.6: Develop and implement a process to identify areas for improvement in the MPH curriculum.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Track percent of response rate of course evaluations completed by students. ▪ Determine percent of courses with an overall evaluation score of 3.0 or better on a 5.0 scale. ▪ Determine percent of field supervisors who rate MPH students as “met” expectations or “exceeding” expectations. ▪ Determine percent of students who rate their field placements as “met” expectations or “exceeding” expectations. ▪ Track percent of employers completing surveys every three years. ▪ Track percent of alumni completing surveys every three years. ▪ Record number of courses identified for improvement based on feedback.

<p>1. EDUCATION GOAL (<i>continued</i>)- Educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.</p>
<p>Objective 1.7: Develop and provide Public Health Grand Rounds series to link the community, public health professionals, students, and faculty to current trends in public health that will enhance knowledge, promote best practices, and facilitate change.</p>
<p><i>Outcome Measure(s)</i></p>
<ul style="list-style-type: none"> ▪ Record number of Public Health Grand Rounds scheduled during the academic year. ▪ Track percent of MPH students attending a minimum of eight Grand Rounds prior to graduation. ▪ Track percent of faculty attending a minimum of four Grand Rounds per academic year.
<p>Objective 1.8: Increase the number of current professionals with formal training in public health.</p>
<p><i>Outcome Measure(s)</i></p>
<ul style="list-style-type: none"> ▪ Develop and offer a Certificate of Advanced Study (CAS) in Public Health. ▪ Record number of individuals graduated in public health with a CAS in public health per year
<p>Objective 1.9: Increase the number of concomitant degree programs from baseline to three by the end of year five.</p>
<p><i>Outcome Measure(s)</i></p>
<ul style="list-style-type: none"> ▪ Degree plan in place and registered with NYSED for MS/MPH. ▪ Degree plan in place and registered with NYSED for a JD/MPH.
<p>2. RESEARCH GOAL – To advance public health knowledge by developing an active program of population-based health research and program evaluation.</p>
<p>Objective 2.1: Increase faculty participation in collaborative and interdisciplinary public health research.</p>
<p><i>Outcome Measure(s)</i></p>
<ul style="list-style-type: none"> ▪ Determine percent of program research that involves more than one academic department or discipline from either UMU or SU. ▪ Track percent of faculty with active projects in population-based health research or program evaluation. ▪ Track percent of faculty with publications in population-based health research or program evaluation in peer-reviewed journals. ▪ Track percent of faculty with presentations relevant to population-based health research or program evaluation at national, regional, or local conferences or meetings. ▪ Record number of policy briefs published by primary faculty on a public-health-related topic.
<p>Objective 2.2: Increase opportunities for students to participate in faculty-directed research projects</p>
<p><i>Outcome Measure(s)</i></p>
<ul style="list-style-type: none"> ▪ Determine percent of students engaged in faculty-directed research or projects. ▪ Track percent of students included as primary or co-author on publications in peer-reviewed journals. ▪ Track percent of students included on presentations at national, regional, or local conferences or meetings.

3. SERVICE AND OUTREACH GOAL - Develop active community partnerships and collaborative endeavors that contribute to sound public health policies and practices at the local, state, national levels.
Objective 3.1: Increase student participation in collaborative public health activities with community agencies annually.
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Increase the number of community agencies interested in hosting MPH students for field placements to 30 sites. ▪ Determine percent of eligible MPH students matched with community agencies for field placement as indicated by a signed FPPA ▪ Record number of students participating in community service activities outside of program requirements.
Objective 3.2: Increase faculty participation in community service activities as defined by the program.²
Outcome Measure(s)
<ul style="list-style-type: none"> ▪ Track percent of primary faculty participating in community service activities annually.

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

The development of the CNYMPH Program’s original mission, goals, and objectives were primarily guided by a regional health assessment conducted in 2004 by the Commission for a Healthy Central New York and subsequent reports published in 2006 and 2008 by the Public Health Workforce Task Force. These reports validated concerns about the public health workforce shortages and called for expanded education in public health, in addition to the establishment of academic/practice partnerships in the region. This report provided the impetus for a strategic and collaborative effort which brought UMU, an academic health center, together with SU, a private university, which houses the Maxwell School, the #1 ranking program in Public Administration. A copy of these reports can be found in the accreditation resource file **ERF. B: Strengthening the Public Workforce Taskforce Report 2006; ERF. C: NY Public Workforce Taskforce Final Report 2008.**

From its inception, an interdisciplinary group of faculty members from both institutions sought to blend the missions, goals, and objectives of both institutions. The drafting of the mission of the CNYMPH Program, as well as its goals and objectives, was a lengthy process, which had several iterations and involved several key groups of constituents.

^{1st} Version: In 2007, the CNYMPH Program’s director and associate director, as well as input from the academic leaders and faculty from both institutions, drafted the program’s vision, mission, and goals in an initial application to the New York State Education Department (NYSED). Key stakeholders included executive institutional leaders, program faculty, student representatives, and community leaders.

²Community Service is defined as contributions of professional expertise to public health undertaken for the benefit of the communities we serve beyond what is accomplished through teaching and research. These include but not limited to:

- Collaborations with public and private organizations,
- Consultations with public and private organizations,
- Provision of technical assistance,
- Serving as board members and officers of professional associations,
- Serving as members of community-based organizations and advisory boards.

2nd Revision: In July of 2008, the program convened an inaugural retreat. The main retreat objective was to bring the primary faculty together to collaboratively discuss developing the mission and a vision for the CNYMPH Program. During this retreat, participants reviewed, discussed, and revised the original vision, mission, and goals to ensure consistency with the mission and goals of both institutions. Key stakeholders included faculty from College of Medicine at UMU, SU Maxwell School, and College of Human Ecology.

3rd Revision: On February 8, 2009, the program convened the second program planning and faculty retreat. Key stakeholders included primary faculty and staff.

Discussions of the vision, mission, and goals continued over several months during the CNYMPH Faculty Council (governing body) meetings. With the arrival of our inaugural class of students in the fall of 2009 and with aspirations for CEPH accreditation, the discussion shifted towards developing and implementing processes that would allow for continued monitoring and evaluation of our program’s mission, goals, and objectives. In addition, the program sought input from key stakeholders, such as the student body and representatives from the larger community and established a Steering Committee in the fall of 2009. The Self-Study Steering Committee included the program director and associate director, program coordinator, program chairs, the Commissioner of Health, a student representative, and academic representatives from the College of Medicine at UMU and SU faculty.

4th Revision: Our annual CNYMPH Program planning and faculty retreat, January 6 and 8, 2010, brought together students, faculty, and administrators. During this two-day retreat, participants reviewed UMU and SU missions, values, and goals and compared them to other MPH Programs and to CEPH guidelines. The revisions were presented at the CNYMPH Faculty Council and ultimately were approved on July 14, 2010.

For a visual representation of the development of the program, please see **ERF. D: CNYMPH Timeline**.

We recognized that many of our initial objectives were process-based to ensure a seamless implementation during the first 3 years of operation. As part of our current strategic planning process, in June 2013, the program revised the goals and objectives to be outcome rather than process measures. A draft of the revised goals and objectives can be found in **ERF. E: Revised Goals and Objectives**.

The mission, goals, and objectives are continuously evaluated to ensure consistency with the mission of both institutions.

UMU Mission	Improve the health of the communities we serve through education, biomedical research, and health care.
SU Mission	Promote learning through teaching, research, scholarship, creative accomplishment, and service.
CNYMPH Mission	Strengthen the public health workforce by preparing professionals to plan, implement, evaluate, and advocate for population-based health policies and programs.

As the program continues to enhance student’s experiences, to meet community needs, and to evolve and comply with CEPH accreditation standards, the goals and objectives continued to be modified during faculty meetings.

The minutes and materials from the above-mentioned retreat and meetings are available in the accreditation resource file [ERF. F: Retreat and Faculty Minutes](#).

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

The mission, goals, objectives, and value statements are made available to the program's constituent groups, including the general public, in several ways:

- **Website:** <http://www.upstate.edu/cnymph>
- **Brochures and posters:** See recruitment materials in criterion 4.3.

Handbooks: Student handbook (**ERF. G: CNYMPH Student Handbook**) and faculty handbook (**ERF. H: CNYMPH Faculty Handbook**)

- **Informational Sessions:** Several informational sessions and presentations are held throughout the year.

The CNYMPH Program's mission, goals, and related objectives are linked to specific program activities. Within the CNYMPH Program, the process of evaluating the mission, goals, and objectives is based on continuous monitoring and review. The Program held a strategic planning session in June 2013. The faculty agreed to maintain the current mission and values and outlined some long term and short term goals for program improvement and expansion. Additional meetings over the next year will help finalize the programs goals and objectives. See **ERF. I: CNYMPH June 2013 Strategic Plan**.

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

This criterion is **MET**.

Strengths relating to this criterion

The program has a clearly formulated and publicly stated mission with supporting goals and objectives aligned with those of UMU and SU. The program has well-defined, specific, measurable objectives relating to education, research, service, and outreach that support the broader mission of both institutions. The stated objectives and outcome measures are routinely monitored and revised through a formal, ongoing process overseen by the Faculty Council. The assessment provides the necessary feedback on the quality and effectiveness of the program to the administration, faculty, department chairs, deans, students, the CNYMPH Community Advisory Board, and the Executive Committee (see criterion 1.5).

Weaknesses relating to this criterion

The CNYMPH Program has two external groups of constituents: the Community Advisory Board and the Executive Committee. During the initial developmental process of the program's mission statement, goals, and objectives, the program did not solicit comments or input from these two groups. As a new program, the mission, goals, and objectives will continue to undergo revisions as the program matures.

The lack of recognition of public health as a career option and of the existence of the CNYMPH Program as a community resource is a concern for our program. The program has developed plans to address this concern, which is outlined below.

Plans relating to this criterion

The program plans to address many of the gaps and weaknesses identified through this initial self-study process during several strategic planning meetings. The program plans to use the logic model as a guide to further the development and assessment of the program. New goals and objectives are being developed for the program and the copy of the current draft is available.

Moving forward, the program has plans to involve both the Community Advisory Board and the Executive Committee in the process of routinely reviewing and revising the vision, mission, and goals. The program also plans to work with community leaders to identify other groups of constituents that can provide valuable insights as the community in CNY continues to mature.

The program will also work collaboratively with the marketing departments at UMU and SU to formalize a marketing and recruitment plan targeting regional colleges and universities, in addition to the public health agencies in the 14-county footprint.

1.2 Evaluation

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals, and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission.

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

Evaluation Processes

The program has established explicit processes that monitor the progress towards achieving our mission, goals, and objectives. The evaluation process has integrated components for the collection of quantitative and qualitative data, for data analysis and interpretation, and for reporting, reviewing and disseminating evaluation results to program stakeholders. The primary purpose of our evaluation system is to 1) facilitate a continual feedback loop to improve the effectiveness and quality of the program, 2) support data-driven decision making that informs the planning process and to assess the subsequent implementation and effectiveness of those plans and decisions, and 3) disseminate these plans and decisions to the program's institutional and community partners.

Program evaluation is the responsibility of all standing committees within the CNYMPH governance structure, which is outlined in criterion 1.5. Each of these committees is tasked with reviewing information and data pertinent to its charge and making recommendations for improvement to the Faculty Council. For example, the Admissions Committee reviews all application information and data relevant to the student recruitment and diversity targets; the Curriculum Committee reviews the program competencies and attainment, course syllabi and evaluations, and other data relevant to the instructional goal and targets; the Evaluation Committee reviews data relevant to overall program effectiveness and satisfaction, which are generated by key stakeholders including students, alumni, and employers.

The Operations Committee reviews and deliberates over the data and summary reports from each committee and provides recommendations to program leadership and Faculty Council. For example, the Admissions Committee reviews and makes final decisions about applicants to the program. The Faculty Council reviews and approves all program policies, major curricular change, setting strategic priorities, and the approval of faculty appointments to the program.

Evaluation Framework

A framework for an ongoing, systematic process has been established to evaluate the program's effectiveness in achieving its mission, goals, and objectives against data collected on an annual basis.

The framework includes an evaluation matrix (**Table 2: Evaluation Matrix**) complete with outcomes measures, baseline measures and targets. The evaluation matrix was developed by the Evaluation Committee, with guidance from the standing program committees and the CNYMPH Faculty Council. The Evaluation matrix is linked to a data elements specification table (**ERF. J: Data Elements Specification Table**) to identify the various reports and data sources that track the outcomes measures. The Operations Committee, in collaboration with the Evaluation Committee, periodically reviews the matrix and makes appropriate revisions. Our self-study process has also played an integral role in assessing our evaluation framework based on the required criteria

for compliance. Through this process, the program has identified strengths and weaknesses in the system; and the weaknesses are being addressed in a strategic planning process.

Data Elements and Collection Systems

The Data Elements Specification Table provides descriptions of data elements for evaluating the program's goals and objectives. Each data element is linked to an objective and outcome measure; the data source and the corresponding party are responsible for providing the data (at the end of each semester or academic year, as appropriate). For many of the data elements, there are two people responsible for gathering data. One person is the external contact (parties outside of the CNYMPH Program or department that oversees the data element for the institution), and the other person is the internal contact (an individual within the program or department responsible for requesting and compiling the data). The internal responsible party presents the data to the respective committees (Admissions, Evaluation, or Curriculum Committee) for analysis and review. As previously stated, the respective committees will subsequently make recommendations based on their review of the data and present the findings to the Operations Committee.

The program works with partners at UMU and SU to ensure that requisite data needed to inform decision making and to respond to accreditation is efficiently, effectively, and systematically collected and reported to the responsible parties in our program. In general, the data are obtained, compiled, and organized using the following data collection systems:

- *The Banner Data System* –UMU uses Banner as a database and reporting system for admissions, registration, grades, course evaluations, undergraduate transcripts, standardized test scores, and student demographic data (UMU). CNYMPH students have access to this system through UMU.
- *MySlice*–SU uses MySlice as a portal to convey information and resources to applicants, students, faculty, and staff. MySlice is also a database for personal services (email account, address, and emergency contacts) and student services (academic transcript requests, exam schedules, grades, enrollment, course catalogue, and parking services). CNYMPH students have access to this system through SU.
- *CNYMPH databases and spreadsheets* – These sources include data on student performance and competency attainment during field placement and capstone experiences; on faculty development, productivity, achievement, and student mentorship; and on curriculum standards and course competencies.
- *Survey Monkey* –This survey tool is used to obtain, store, and report feedback from various stakeholders on a regular basis (i.e., student exit survey data, employer and alumni survey data).

The Evaluation Committee and the Curriculum Committee have developed a number of questionnaires for collecting evaluation measures, particularly those pertaining to mastery of core and program-specific competencies, course sequencing, and information about our graduates' public health careers. These evaluation tools are available at the accreditation electronic resource files (ERF) site and include

- Evaluation questionnaires for field placement student (**ERF. K: Student Evaluation of Field Placement**) and field supervisor evaluations (**ERF. L: Field Supervisor Student Evaluation**)
- Evaluation forms for the capstone project, completed by the student's Capstone Committee (**ERF. M: Capstone Evaluations**)
- Student feedback survey (deployed during the spring semester every academic year) (**ERF. N: Student Feedback Survey**)
- Student exit survey completed at the time of graduation (**ERF. O: Student Exit Survey**)
- Curriculum survey (ad hoc) completed in fall 2011 (**ERF. P: Curriculum Survey**)

- Faculty 360° course evaluations completed at the end of each semester (**ERF. Q: Faculty 360° Course Evaluation**)
- Alumni survey – Alumni survey was deployed in spring 2013 and will be on a three-year cycle. (**ERF. R: Alumni Survey**)
- Employer survey – Employer survey was deployed in spring 2013 and will be on a three-year cycle (**ERF. S: Employer Survey**)

Stakeholder Involvement

Students: Our MPH students play an integral part in the evaluation process and have contributed valuable information for evaluating our program. Students use several avenues to provide feedback or raise concerns about the program:

1. **Course Evaluations:** At the end of each semester, students complete an anonymous, online instructor and course evaluation consisting of likert scale items and open-ended questions available through the University's Banner system. The results are distributed to each faculty member and the program director. In general, a substantial proportion of the students (approximately 50%) rate the individual courses as a 4 or higher on a 5-point scale (4 = very good, or 5 = excellent). The use of the online evaluations has greatly increased the turnaround of information while minimizing workload but has inadvertently reduced response rates. The program's Faculty Council has identified course evaluations to be an important topic for review and has recommended that all faculty 'set aside' time at the end of class time once the evaluations have been deployed electronically. Students are required to bring their laptops to class during this designated time to complete the electronic questionnaire. This method has increased the participation rates from 66% during AY 2011-2012 to 72% in AY 2012-2013, but still below our target.

Note expectations: MPH students who are taking SU classes complete both a paper evaluation for SU and an online course evaluation for UMU. Paper course evaluations are maintained at SU.

2. **Student Feedback Survey:** The program encourages student participation in the evaluation process. Student representatives independently developed and deployed a student-driven survey, which is distributed in the spring semester of each academic year. Student representatives compiled and presented results to the faculty, staff, and administration at a Faculty Council meeting.
3. **Curriculum Survey:** In the fall of 2011, students who enrolled in our *Survey Research Methods* course developed an ad hoc survey regarding student satisfaction with class scheduling. The results from the survey were used to modify the curriculum requirements and the timing of course offerings (this started in the spring of 2012).
4. **Student Exit Survey:** Graduates are asked to complete an anonymous, online exit survey at the end of the graduating semester. This survey asks the students to rate how well the program has prepared them to carry out the program competencies; to rate their satisfaction with the quality of the program including academic advising, career counseling, quality of instruction, and workload; and to make suggestions for how to improve the program. The results are compiled and analyzed by the Evaluation Committee and presented to the Faculty Council with recommendations for improvements.
5. **Student Evaluation of Field Placement:** At the end of their field placement experience, students complete a formal evaluation. Paper evaluation forms are compiled by the course instructor, and summary data is presented to the Faculty Council.

Community Advisory Board is composed of public health practitioners who are in a position to hire or to influence hiring decisions of public health graduates. The board meets twice a year during which time members provide valuable input and feedback on current workforce development issues, on skills and expertise needed in the region, and on pending collaborative projects or grant opportunities that can include faculty and student participation. Advisory board meeting minutes are available (**ERF. T: Community Advisory Board Meeting Minutes**).

Field Supervisors and Capstone Preceptors complete an evaluation of mentored students. The evaluation assesses the students' attainment of program competencies, overall performance, and quality of the students' work. This information is submitted to the course instructor, who then compiles and presents a report to the Faculty Council.

Program faculty and staff also provide feedback during standing committee meetings. Faculty members also complete a 360° course evaluation form each semester and submit it to the Curriculum Committee for review. The 360° course evaluation requires each faculty member teaching a required course to identify areas for improvement and to suggest modifications based on results from the student course evaluations or on trends in the field. Faculty members can recommend strategic priority areas for change or improvements. Faculty council meeting minutes are available in (**ERF. U: Faculty Council Meeting Minutes**).

Alumni currently have an opportunity to provide valuable input through the alumni survey. The first alumni survey was deployed in the spring of 2013. This data will be used to improve the program curriculum and preparation of our students. Alumni also provide input through their service on the Curriculum Committee and on the Self-Study Steering Committee.

Employers of our alumni are also a valuable source for feedback. The first employer survey was disseminated in the spring of 2013 to all employers who have hired our graduates. The purpose of the survey was to gather data to assess our graduates' level of preparation for the scope of work they perform. This data will be used to enhance preparation of our students.

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

The program director and associate director are ultimately responsible for routine monitoring of activities pertaining to curriculum; student recruitment and retention; financial, institutional, and personnel resources; standards of academic performance; opportunities for applied practice learning; faculty development; community outreach; and program information and marketing with assistance from various program committees. The program committees submit a report with appropriate recommendation on the program's performance and activities to the director and the Operations Committee.

During the fall of 2012 and spring of 2013, the program compiled, populated, and evaluated the data from the evaluation matrix. This process highlighted several areas of improvement. For example, the program recognized the majority of our initial objectives were "process" focused. This evaluation process yielded several priority areas to address in the upcoming year. Our strategic planning process will focus on several key areas: 1) revisit the goals areas related to instruction, research, and service and revise our initial objectives to establish more robust outcome-focused objectives, 2) establish two additional goal areas specifically related

to collaboration and workforce development, and 3) re-evaluate the program's information management systems. The matrix aided in enhancing the quality of instructional goal *to educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.*

In 2010, CEPH representatives advised our program that our original curriculum was not CEPH compliant. In an effort to become compliant, our program began a process to revamp and redefine not only our curriculum but also our focus area. The first step involved redefining our program focus relevant to our mission. Based on feedback from faculty, students, and administrators, a consensus was reached after several meetings to focus on *Public Health Practice and Policy*. The next step involved reviewing our competencies to ensure they fit with our new focus area. The Faculty Council reviewed and revised the original competencies (adapted from the Association of Schools of Public Health) and drafted a new list of 26 competencies. These competencies were incorporated into the curriculum in fall 2010.

Faculty then mapped each required MPH course to the new list of competencies. This process highlighted three areas of concern: 1) some courses had only learning objectives; 2) some courses had competencies but not learning objectives; 3) some of the new competencies were not covered in the existing courses; 4) some competencies were covered only in elective courses. As a result, the Curriculum Committee was tasked with reviewing all MPH courses to ensure that they met the competencies and the new focus. The new focus included four new program-specific categories: Public Health Practice, Public Health Policy, Program Planning and Evaluation, and Research Methods. Within each program-specific category, students are required to take one course from a list of course options.

Within the Public Health Policy program-specific category, the program included two course options: Public Health Policy and Global Health Policy. Global Health Policy was previously an elective course; the Public Health Policy title was changed from Public Health Practice II. The program-specific category Research Methods includes three course options: Mixed Methods Research in Public Health, Survey Research Methods, and Health Services Outcomes Research. The program created the Mixed Methods Research in Public Health course. Survey Research Methods was previously Advanced Research Methods (title and content were changed). Health Services Outcomes Research moved from an elective option. The Program Planning and Evaluation program-specific category has one option: Program Planning and Evaluation. The program changed the title of the course and content to meet the new competencies.

This process also resulted in the elimination and creation of several courses. The program eliminated nine elective courses (Disease and Human Evolution; Health Care Policy; Elder Law; Health Law; Interdisciplinary Approaches to Aging Issues; Economic For Health and Medical Care; Human Resource Management for the Public Sector; History of Public Health in America). The program created a course titled Economics for Public Health Practitioners.

In the fall of 2012, the Curriculum Committee reviewed the new competencies in conjunction with the data from the Student Exit Surveys. This review helped ensure that the competencies included high level competencies. The committee further refined our list of competencies from 26 to 19 (combining several competencies) to better reflect integration of higher-level competencies within each MPH course. The program now has a structured competency-based curriculum with a prescribed course schedule including nine hours of electives mapped to competencies, learning objectives, and assessments to ensure students demonstrate skills in public health practice and policy.

Research Goal: The matrix aided in enhancing the research goal to advance public health knowledge by developing an active program of population-based health research and program evaluation.

Since this is a newly established collaborative program, much of our attention for the first three years was focused on ensuring a sound and seamless structure for the program at both institutions. As a result, our research objectives were focused on increasing faculty and student participation in public health research. After discussions with the faculty at various meetings, it was clear that the program needed a more robust and active research program in which faculty were actively seeking grant funding and collaborative opportunities. Subsequently, research and, more specifically, collaborative research emerged as one of the strategic priority areas for the program for this upcoming year.

In an effort to move towards our objective to “increase opportunities for students to participate in faculty-directed research and projects,” the program has secured travel and research funds from two sources for the students: The Lerner Center for Public Health Promotion, which was established in the summer of 2011 at the Maxwell School at SU, and the Department of Public Health and Preventive Medicine (PHPM) fund at UMU. These sources support MPH students presenting at conferences or professional meetings and support research activities. Please refer to criterion 1.6 for more specific details about these funds.

c. Data regarding the program’s performance on each measurable objective described in criterion 1.1.d must be provided for each of the last three years.

The goals and objectives identified in criterion 1.1.d are presented in **Table 2** below with corresponding outcome measures and assessment of the program’s performance against those measures for the past three academic years. This table is located on the following pages.

Table 2: Evaluation Matrix

EDUCATION GOAL - educate a diverse group of professionals with the values, commitment, knowledge, and technical skills necessary to improve population health.					
Objective 1.1: Recruit a diverse and qualified student body for broad-based practice in public health and policy.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Establish baseline data for 14 footprint counties to determine diversity targets.	Determine population distribution of program’s target area.	MET			
Determine percent of students from our target area based on race, ethnicity, and rural and urban backgrounds: - applicants - new enrollments (matriculated)	The percentage of students will match the population distribution in the program’s target area:				
	- Applicants	-MET	-MET	-MET	-MET
	- New enrollments	-NOT MET	-NOT MET	-NOT MET	-NOT MET

Objective 1.1 (continued): Recruit a diverse and qualified student body for broad-based practice in public health and policy.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Determine percent of enrolled students from various graduate and undergraduate disciplines (social sciences, health sciences, humanities).	No more than 50% of graduate and undergraduate disciplines are represented in any one of the student groupings.	MET 42% Natural Sciences	MET 45% Prof. & Applied Sciences	MET 36% Natural & Prof. Sciences	MET 38% Natural Sciences
Determine percent of new enrollments (matriculation) who have GPAs of 3.0 and above.	75% of new enrollments have GPAs of 3.0 and above.	MET 83%	NOT MET 63%	MET 80%	MET 90%

Objective 1.2: Develop and implement a competency-based curriculum in public health practice and policy.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Develop and adopt a set of 18–24 competencies that will guide the MPH curriculum.	By the end of year two, 18-24 competencies will be developed and adopted into the MPH curriculum.	NOT MET No Comp	MET 26 Comp	MET 33 Comp	MET 19 Comp
Incorporate competencies across the required curriculum.	100% of the required courses will meet at least two program competencies.	NOT MET 0%	MET 100%	MET 100%	MET 100%
Determine percent of MPH core and program-specific course syllabi with learning objectives mapped to program competencies and assessments.	100% of core and program-specific course syllabi with learning objectives will be mapped to public health competencies and assessments.	NOT MET 0%	NOT MET 14%	NOT MET 86%	MET 100%
Link field placement (FP) activities to competencies.	100% of FP activities will be linked to program-specific competencies.	NOT MET 0%	MET 100%	MET 100%	MET 100%
Link culminating experience (CE) activities linked to competencies.	100% of CE activities will be linked to program-specific competencies.	NOT MET 0%	MET 100%	MET 100%	MET 100%

Objective 1.3: Increase the level of interdisciplinary training across UMU and SU.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Increase the number of MPH elective courses (new and existing) approved and cross-listed at UMU and SU.	Two MPH elective courses per year will be approved and cross-listed at UMU and SU.	NOT MET	MET 2 added	MET 5 added	NOT MET None added
Record number of non-matriculated students enrolled in MPH courses per year.	Counts of non-matriculated students enrolled in MPH courses per year	24	13	21	25
Objective 1.4: Strengthen students' cultural competency by increasing their awareness, knowledge, and skills in working with diverse populations.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of MPH required courses that expose students to diversity issues	35% of required courses will expose (1) students to cultural competency.	NOT MET 22%	MET 50%	MET 50%	MET 57%
Track percent of MPH required courses that build students' competency in diversity and cultural considerations through service learning opportunities	40% required courses will build (2) students' cultural competency through service learning opportunities.	NOT MET 11%	NOT MET 29%	NOT MET 29%	MET 50%
Objective 1.5: Ensure students demonstrate proficiency in the core and program-specific competencies at the time of graduation.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of students with a grade of B or better in the core courses	80% of students will have a B or better average in the core courses .	MET 92%	MET 93%	MET 94%	MET 91%
Track percent of students with a grade of B or better in the program-specific courses	80% of students will have a B or better average in the program-specific courses .	N/A	MET 97%	MET 96%	MET 95%
Track percent of students receiving a grade of B or better for field placement	100% of students will receive a grade of B or better for FP.	N/A	N/A	MET 100%	NOT MET 85%
Track percent of students receiving a grade of B or better for culminating experience	100% of students will receive a grade of B or better for CE.	MET	MET 100%	MET 100%	NOT MET 91%
Determine percent of MPH students graduating within five years of matriculation	80% of MPH students will graduate within five years of matriculation	N/A	N/A	N/A	N/A
Objective 1.6: Develop and implement a process to identify areas for improvement in the MPH curriculum.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of response rate of course evaluations completed by students	75% response rate of course evaluations	N/A	NOT MET 74%	NOT MET 66%	NOT MET 72%

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Determine percent of courses with an overall evaluation score of 3.0 or better on a 5.0 scale	80% of courses with an overall evaluation score of 3.0 or better on a 5.0 scale	N/A	NOT MET 67%	NOT MET 58%	MET 100%
Determine percent of field supervisors who rate MPH students as “met” expectations or “exceeding” expectations	80% of preceptors	N/A	MET 83%	MET 100%	MET 100%
Determine percent of students who rate their field placements as “met” expectations or “exceeding” expectations	80% of students	N/A	MET 92%	MET 100%	MET 95%
Track percent of employers completing surveys every three years	40% of employers will complete survey every three years.	N/A	N/A	N/A	NOT MET 38%
Track percent of alumni completing surveys every three years	50% of alumni will complete a survey every 3 years.	N/A	N/A	N/A	MET 73%
Record number of courses identified for improvement based on feedback	100% of courses identified for improvement will be modified.	MET MPHP 603, 660	MET MPHP 603, 698	MET MPHP 603, 604, 660, 699	Ongoing

Objective 1.7: Develop and provide Public Health Grand Rounds series to link the community, public health professionals, students, and faculty to current trends in public health that will enhance knowledge, promote best practices, and facilitate change.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Record number of Public Health Grand Rounds scheduled during the academic year	Six Public Health Grand Rounds during the academic year	MET 7	MET 7	MET 6	MET 6
Track percent of MPH students attending a minimum of eight Grand Rounds prior to graduation	90% of MPH students will attend a minimum of eight Grand Rounds prior to graduation.	N/A	NOT MET 0%	NOT MET 23%	Not Met 21%
Track percent of faculty attending a minimum of four Grand Rounds during the academic year	100 % of faculty will attend a minimum of four Grand Rounds during the academic year.	NOT MET 14%	NOT MET 45%	NOT MET 75%	Not Met 36%

Objective 1.8: Increase the number of current professionals with formal training in public health.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Develop and offer a Certificate of Advanced Study (CAS) in Public Health	By year two of the program, CAS in Public Health will be offered.	N/A	N/A	MET	MET

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Record number of individuals graduated in public health with a CAS in public health per year	Two CAS students per year	N/A	N/A	1	1
Objective 1.9: Increase the number of concomitant degree programs from baseline to three by the end of year five.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Degree plan in place and registered with NYSED for a MS/MPH	Establish and offer MS/MPH concomitant degree programs	N/A	N/A	NOT MET	NOT MET
Degree plan in place and registered with NYSED for a JD/MPH	Establish and offer JD/MPH concomitant degree programs	N/A	N/A	NOT MET	NOT MET
2. RESEARCH GOAL – To advance public health knowledge by developing an active program of population-based health research and program evaluation.					
Objective 2.1: Increase faculty participation in collaborative and interdisciplinary public health research					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Determine percent of program research that involves more than one academic department or discipline from either UMU or SU	20% of the research involves more than one academic department or discipline from either UMU or SU.	MET 58%	MET 58%	MET 51%	MET 68%
Track percent of faculty with active projects in population-based health research or program evaluation	50% of faculty with active projects in population-based health research or program evaluation (funded and unfunded)	MET 86%	MET 62%	MET 76%	MET 64%
Track percent of faculty with publications in peer-reviewed journals	50% of faculty will publish in peer-reviewed journals.	NOT MET 43%	MET 52%	NOT MET 48%	NOT MET 48%
Track percent of faculty with posters, presentations at national, regional, or local conferences or meetings	50% of faculty with posters, presentations at national, regional, or local conferences or meetings.	MET 57%	NOT MET 43%	MET 71%	MET 56%
Record number of policy briefs published by primary faculty on a public-health-related topic	Faculty will publish at least one policy brief on a public-health-related topic per year.	NOT MET 0%	NOT MET 0%	NOT MET 0%	MET 1
Objective 2.2: Increase opportunities for students to participate in faculty-directed research and projects.					
Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Determine percent of students who have been involved in faculty-directed research or projects	20% of students will engage in faculty research or projects.	MET 38%	MET 40%	MET 46%	MET 20%

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of students who are included as primary or co-author on publications in peer-reviewed journals	10% of students will be included as primary or co-authors on publications in peer-reviewed journals.	NOT MET 0%	NOT MET <1%	NOT MET 0%	NOT MET <1%
Track percent of students who are included on presentations at national, regional, or local conferences or meetings	10% of students will be included on presentations at national, regional, or local conferences or meetings.	MET 10%	NOT MET 0%	MET 12%	NOT MET 8%

3. SERVICE AND OUTREACH GOAL - Develop active community partnerships and collaborative endeavors that contribute to sound public health policies and practices at the local, state, and national levels.

Objective 3.1: Increase student participation in collaborative public health activities with community agencies annually.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Increase number of community agencies interested in hosting MPH students for field placements	Placement sites will reach 30 sites.	NOT MET 9	NOT MET 19	MET 32	MET 40
Determine percent of eligible MPH students matched with community agencies for field placement as indicated by a signed FPPA	100% of eligible students will have a signed FPPA with community agencies.	MET 100%	MET 100%	MET 100%	MET 100%
Record number of students participating in community service activities outside of program requirements	Count of students participating in community service activities outside of program requirements	Unknown	3	23	36

Objective 3.2: Increase faculty participation in community service activities as defined by the program

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of primary faculty participating in community service activities annually	75% of primary program faculty will participate in community service activities annually.	MET 100%	MET 100%	MET 100%	MET 100%

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

The self-study process was an opportunity for broad-based participation and critique from all program constituents. Planning for this process began in the fall 2009 with the establishment of the Self-Study Steering Committee. The Self-Study Steering Committee was charged with providing oversight and recommendations on issues related to the development and management of the program's self-study and the accreditation process.

The members of the Self-Study Steering Committee established a time line and distributed workload among committee members and program staff. A documentation checklist was developed with responsible parties in charge of collecting all necessary data and artifacts necessary to support the criteria. A member of the primary faculty was assigned as lead person tasked with drafting the narratives for each criterion. The timeline and documentation checklist were both presented at the Faculty Council meeting and disseminated to the various standing committees. The Self-Study Steering Committee was instrumental in assembling the entire self-study document by reviewing the narratives corresponding to each criterion, as well as assessing the strengths, weaknesses, and plans. The committee also identified areas for improvement or further discussion, which were then delegated to the appropriate committee or to the Faculty Council.

The lead person brought accreditation criteria relevant to their charge and subject matter to the appropriate committee for deliberation. The committee members assisted in drafting the narrative or made recommendations on how to best make changes to the program to meet the accreditation criteria. For example, the Curriculum Committee was tasked with examining all criteria related to instructional programs; the Admissions Committee was tasked with examining all data and information related to applications, acceptances, enrollments, standardized test scores, transcripts, and student demographics.

The self-study document was developed through an inclusive and collaborative process. Students, faculty, alumni, university colleagues, members of the community, and the public health workforce were invited to review and comment on draft sections relevant to that constituent group. Comments received were recorded and considered by the Self-Study Steering Committee; as appropriate, sections of the report were modified. Following substantial revision and enhancement, a draft of the preliminary self-study document was circulated to various program stakeholders, as well as to external stakeholders and the university's leadership.

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

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion

Since this is a newly established collaborative program, much attention has been paid to establishing the infrastructure that allows for a seamless integration of the program at both partnering institutions. This infrastructure required collaborations with multiple stakeholders including university officials, students, community representatives, and alumni. With a systematic focus on evaluation and planning in place, the program has engaged with these key stakeholders to monitor progress and to pinpoint areas of concern at an early stage. In addition, the range of stakeholder involvement has allowed the program to assess results and to identify common themes from multiple sources. These assessments have led to documented changes in the MPH Program and curricular structure and in resource allocation (e.g. increase dollars to support student travel and research, expansion of program faculty).

Weaknesses relating to this criterion

The program's evaluation procedures in conjunction with the self-study process have uncovered several weaknesses that the program plans to address:

1. The evaluation system, procedures in place, and our data collection process are still relatively new. There is a lack of robust data collection and analysis that is needed to provide a comprehensive picture of the impact our program has on the community and the public health workforce in the region. This is due in part to the initial measurable objectives established by the program that were primarily "process" in nature. In addition, alumni and employer survey data have not been available to inform decision making and planning processes for the program. These databases are currently in the development phase.
2. Throughout this self-study process, we recognized that grades are not an accurate assessment of the students' attainment of the program competencies. The program is in the process of revising the outcome measures to ensure that students demonstrate proficiency in the core and program-specific competencies at the time of graduation. See revised goals and objectives under criteria 1.1d.
3. Since inception, the program has benefited from committed constituents and stakeholders who have been involved with the program; however, this involvement has not been on a consistent basis. While the self-study process has involved extensive cooperation and input from these various stakeholders, the program has relied heavily on faculty and student input and feedback over the last three years. In addition, the program has identified gaps in the feedback loop related to the dissemination of assessment results to university administrators, students, and community partners. We recognize the need to be more consistent in our efforts to not only engage other stakeholders but also include them in our evaluation procedures on a consistent basis.
4. The program has faced some challenges in meeting targets set for various objectives specifically related to research. It is notable that the program is primarily staffed with junior faculty whose primary focus is the instructional aspects of the program and service. This carries implicit limitation in carrying out their research agendas.
5. The overall response rates from students on course evaluations and the Student Feedback Survey have been below our target for the last three years. The program has implemented some measures in an attempt to improve the overall response rates.

Plans relating to this criterion

As a program, we continuously strive to be responsive to the needs of our stakeholders and of the "environment" in an effort to improve and grow the program. As we move forward, the program plans to implement the following strategies to ameliorate identified gaps and weaknesses:

1. The program is making preparations for a comprehensive strategic planning retreat in 2013-2014 to focus on a plan for the next five years of the program. This retreat will include representatives from each group of constituents to discuss strategic priority areas related to instruction, research, service, collaboration, and workforce development.
2. During this strategic planning process, the program will continue to develop and redefine the goals, measurable objectives, outcomes, and targets to adequately measure the extent to which our program is achieving its mission.
3. The program will also investigate methods to increase research productivity among faculty and students. Student involvement in research has not been systematically tracked except for the last year. An increase in research productivity will allow opportunities for students to participate in faculty research.

4. Subsequently, the program plans to recruit multiple stakeholders during every phase of our evaluation process, as well as to implement annual meetings and reports to disseminate evaluation findings to students, university administrators, community partners, and representatives from the public health workforce.
5. In an effort to improve the response rates for course evaluations, the program has requested that all faculty allocate time at the end of the last day of class to allow students the time to complete the online course evaluations. Students are required to bring their laptops to class during that timeframe to complete the online questionnaire. This strategy was first implemented in the fall of 2012.

1.3 Institutional Environment

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

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

The CNYMPH Program is administratively housed in the College of Medicine's Department of Public Health and Preventive Medicine (PHPM) at UMU.

UMU

UMU is one of 125 academic health centers in the country and the only one in Central New York and consists of four colleges including the College of Graduate Studies, the College of Health Professions, the College of Nursing, and the College of Medicine.

SU

SU is a private research university located in Central New York. The University is classified as a Carnegie Research University (high research activity) and consists of twelve schools and colleges, including the Maxwell School of Citizenship and Public Affairs (Maxwell). The Lerner Center for Public Health Promotion is a center within Maxwell.

Both UMU and SU have enjoyed continuous accreditation from Middle States Commission of Higher Education (MSCHE) since 1952 and 1921, respectively. Online verification of institutional accreditation can be found on the web.³

Table 3 on the next page displays the names of accrediting bodies (other than CEPH) to which both institutions respond.

³http://www.msche.org/institutions_directory.asp

Accrediting Body Information for Partner Institutions Approved by U.S. Secretary of Education

Table 3: Accrediting Bodies:

Accrediting Body	UMU	SU
Accreditation Council for Graduate Medical Education (ACGME)	X	
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	X	
Accreditation Council for Continuing Medical Education (ACCME)	X	
American Physical Therapy Association (APTA)	X	
Commission of Accreditation	X	
Commission on Accreditation of Allied Health Education Programs (CAAHEP)	X	
Commission on Collegiate Nursing Education (CCNE)	X	
Joint Review Committee on Education in Radiologic Technology (JRCERT)	X	
Liaison Committee on Medical Education (LCME)	X	
American Medical Association (AMA)	X	
Association of American Medical Colleges (AAMC)	X	
National Accrediting Agency for the Clinical Laboratory Sciences (NAACLS)	X	
Middle States Commission on Higher Education	X	X
National Architectural Accrediting Board (NAAB)		X
American Chemical Society (ACS)		X
American Psychological Association (APA)		X
American Speech-Language-Hearing Association (ASHA)		X
National Council for the Accreditation of Teacher Education (NCATE)		X
Council for Accreditation of Counseling and Related Educational Programs (CACREP)		X
Specialty Professional Associations (SPA)		X
Accreditation Board of Engineering and Technology (ABET)		X
Commission on Accreditation and Approval for Dietetic Education (CADE)		X
National Association for the Education of Young Children (NAEYC)		X
Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)		X
Council on Social Work Education (CSWE)		X
American Library Association, Committee on Accreditation (ALA COA)		X
American Bar Association (ABA)		X
The Association to Advance Collegiate Schools of Business (AACSB)		X
National Association of Schools of Public Affairs and Administration (NASPAA)		X
Accrediting Council on Education in Journalism and Mass Communications (ACEJMC)		X
American Bar Association – Standing Committee on Paralegals (ABA)		X
American Association for Intensive English Programs (AAIEP)		X
National Association of Schools of Art and Design (NASAD)		X
Council for Interior Design Accreditation (CIDA)		X
National Association of Schools of Music (NASM)		X
International Association on Counseling Services (IACS)		X
Accreditation Association for Ambulatory Health Care (AAAHC)		X

- b. **One or more organizational charts of the university indicating the program’s relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.**

SUNY – Organizationally, the SUNY system is the umbrella State run universities in New York. The chancellor oversees the entire SUNY system (which includes UMU). Please see the SUNY organizational chart (**ERF. V: SUNY Organizational Chart**).

UMU – Organizationally, UMU is an integrated academic medical center with the President, David Smith, MD, as the principal leader and advocate of all operations and colleges of the institution. Dr. Smith is the chief administrative officer of the campus and is responsible to the Chancellor, Nancy Zimpher, PhD, and the Board of Trustees of the State University of New York (SUNY) system. Dr. Smith has an established administrative structure that directly aligns the President’s Office with key functions in academics, research, and clinical practice. This structure includes the Dean of the College of Medicine with operational authority over the academic departments of the College, including the Department of Public Health and Preventive Medicine (PHPM), which houses the CNYMPH Program. The Chair of PHPM, Donna Bacchi, MD, MPH, reports directly to the Dean of the College of Medicine, David Duggan, MD (**Figure 1 on the next page**).

Figure 1: Organizational Chart for UMU, College of Medicine (COM)

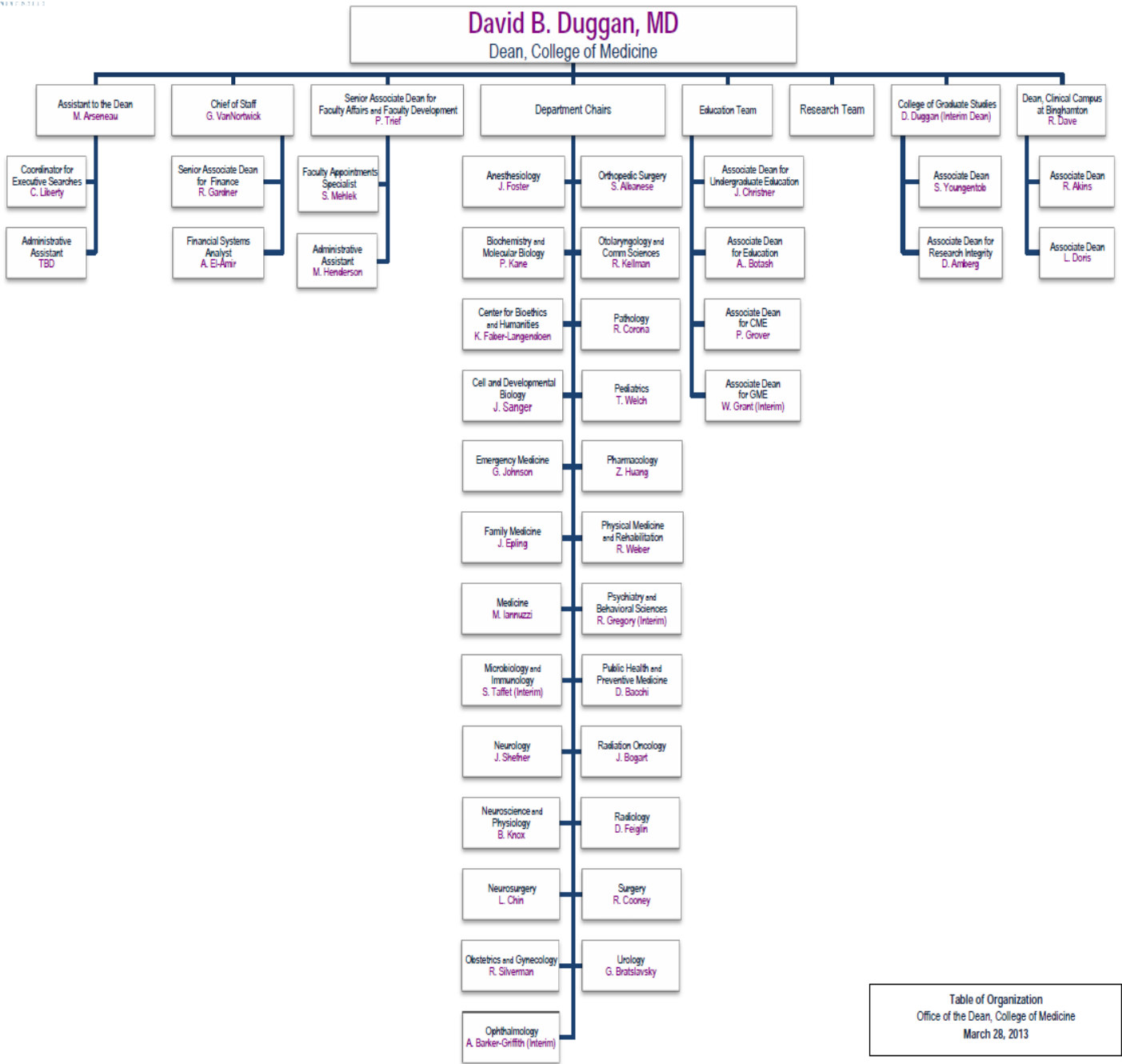
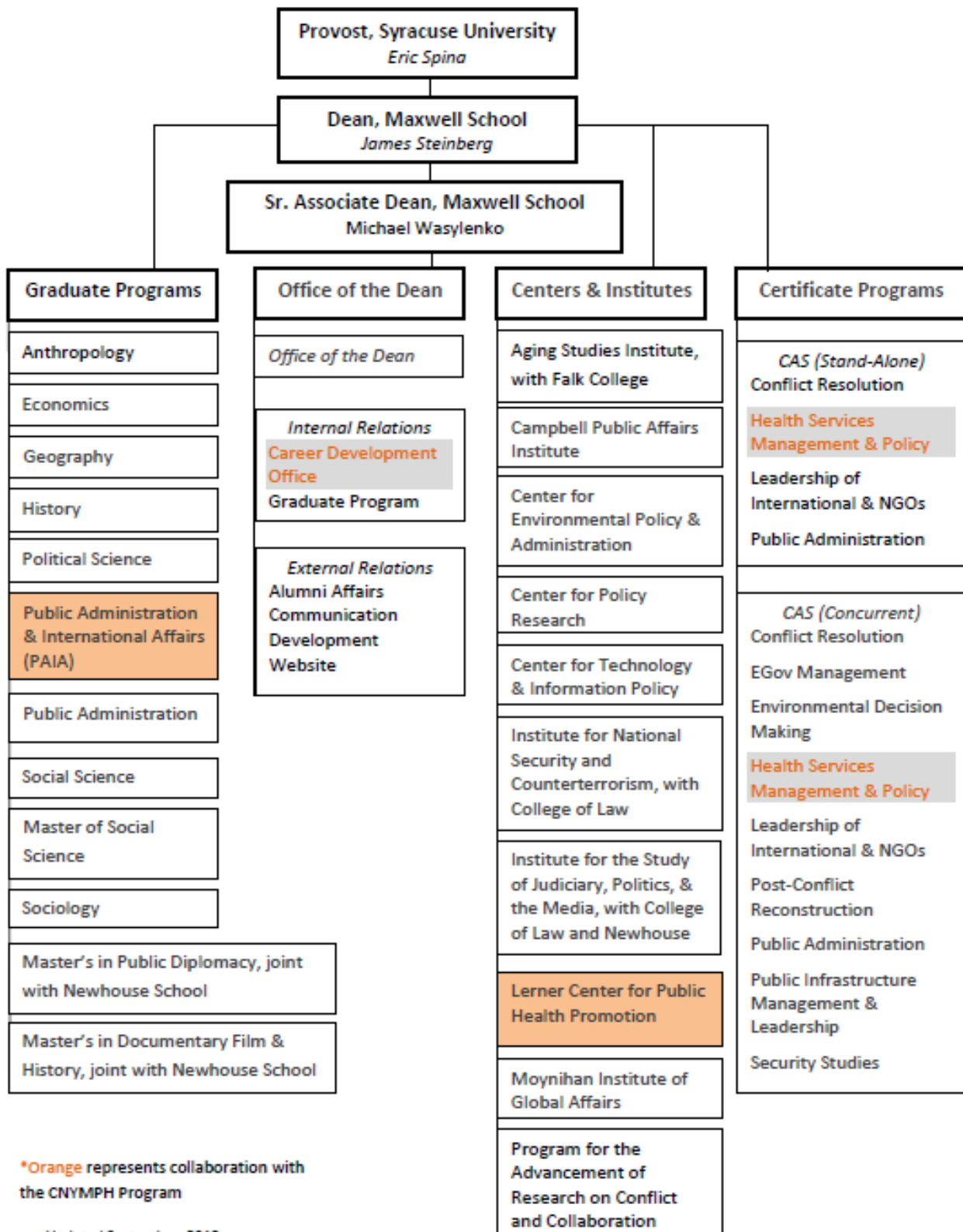


Table of Organization
Office of the Dean, College of Medicine
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SU – SU is governed by its Board of Trustees, which has legal responsibility for the University’s physical and financial assets (see **ERF. W: SU Organizational Chart**). The Chancellor, Nancy Cantor, PhD, is the chief executive officer and works collaboratively across the university system with other senior officers, including the Vice Chancellor for Academic Affairs and Provost, Eric Spina, PhD, and the Deans of the various colleges to advance the mission and vision of the institution **Figure 2**. The Vice Chancellor and Provost, as the chief academic officer, is responsible for all aspects of the academic mission of the University, including the administration of the undergraduate and graduate degree programs and research activities of faculty members. The Maxwell School serves the CNYMPH Program as the institutional support for prominent research and teaching faculty with expertise in administration and social policy issues. The associate director of the CNYMPH Program, Thomas Dennison, PhD, reports directly to the Chair and Associate Dean of the Department of Public Administration, Ross Rubenstein, PhD, who reports to the Dean of the Maxwell School, James Steinberg, JD.

Figure 2: Organizational Chart Maxwell School



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

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

A contract between UMU and SU clearly specifies the financial relationship between the two institutions. This contract, which can be found in **ERF. X: 2008 Affiliation Agreement**, supports the development of an annual operating budget that assumes that UMU will provide approximately two-thirds of the credit hours, and SU will offer the remaining one-third of the total credits. At the end of each fiscal year, student credit hours are totaled, and tuition and fees revenues are distributed based on credit hours taken at each institution.

In the establishment of the program, UMU invested resources by hiring new faculty and administrative support to provide a larger percentage of the new course offerings, whereas SU leveraged existing faculty and elective courses. The cost of faculty teaching elective courses at SU is not directly budgeted to the CNYMPH Program. The budgeting and resource allocation process for the CNYMPH Program is a collaborative process between the program director (UMU), the associate program director (SU), and the Accounting and Budgeting offices at both institutions.

At the inception of the program, a baseline operating budget was established collaboratively between the two universities with certain faculty lines funded by either UMU or SU and allocated at the department level. The director and associate director, in overseeing the day-to-day operations of the program, determine the required resources for the program. The required resources are determined by student enrollment, teaching projections, faculty development, and other programmatic needs; the program's operating budget was projected each upcoming year. The director, in her capacity as Chair of the Department of Public Health and Preventive Medicine at UMU, subsequently negotiates with the Dean of the College of Medicine to secure the necessary resources. The associate director, in his role at the Maxwell School at SU, works directly with the Chair of the Department of Public Administration and International Affairs (PAIA) in consultation with the Dean of the Maxwell School and the Deans of other Colleges whose faculty participate in the CNYMPH Program to secure the necessary resources.

Overhead expenses (at both UMU and SU), including space occupancy and capital investment such as equipment and computers, are budgeted at the institutional level, not departmental level. In addition, the program is supported by the administrative offices (Admissions, Registrar, Student Services, Financial Aid, etc.) at UMU and supported by SU as necessary. These costs are also part of the institutional overhead costs and support.

The program does not have an active fund-raising campaign at this time. However, in June 2011, the associate director of the program, in his capacity as faculty and administrator at the Maxwell School, secured an endowment for the establishment of the Lerner Center (Center) for Public Health Promotion; the associate director is currently the Lerner Center director. The endowment is administratively housed at the Maxwell School and supports the annual operating budget for the Center. The Lerner Center's mission is to promote health policy, public health community engagement, research, and program planning. The Center serves as a laboratory for MPH student involvement to gain hands-on experience. The Lerner Center supports the CNYMPH Program's mission by 1) employing a full-time program director (core faculty member in the CNYMPH program) (**ERF. Y: Lerner Chair Job**), 2) providing graduate assistantships for three MPH students annually (tuition and stipend) (**ERF. Z: Lerner Center Fellowship Description**), 3) sponsoring other CNYMPH students for public-health-related travel (**ERF. AA: Lerner Center Student Fund Application**), 4) funding a

variety of campus and community health promotion initiatives. In addition, a fully endowed chair position, the Lerner Chair in Public Health Promotion, has been established and a search process has been initiated. This position will hold a core faculty appointment in the CNYMPH Program.

In addition, a restricted fund established through the Foundation for Upstate Medical University to award students with support to pursue educational activities within the program, such as poster presentation, travel, etc. Students must complete an application form to receive funds (**ERF. BB: PHPM Student Fund Application Form**).

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

The CNYMPH Program adheres to the hiring practices of UMU and does not discriminate on the basis of race, sex, sexual orientation, color, religion, age, national origin, disability, marital status, or status as a disabled veteran or veteran of the Vietnam Era in the recruitment and employment of faculty and staff, in the recruitment of students, or in the operation of any of its programs or activities, as specified by law.

Faculty Recruitment

The CNYMPH Program draws from the existing faculty at both UMU and SU to recruit a multidisciplinary team of faculty that will support the program's mission, goals, and objectives. The director and associate director of the CNYMPH Program work directly with the Chairs of the various academic departments at both institutions to identify and recruit *primary*⁴ and *affiliated*⁵ faculty who meet the needs of the CNYMPH Program. Each faculty member selected to participate in the CNYMPH Program must have a primary appointment at either UMU or SU and is promoted and assigned tenure by his or her primary institution governed by its faculty appointment and promotion policies.

To recruit new faculty for the CNYMPH Program (outside of existing faculty at SU and UMU), the director and associate director first determine which institution will provide the faculty line. The search is conducted by the department in which the recruit will have his or her primary appointment in consultation with the faculty of the CNYMPH Program, the respective institutional Human Resources Department, and the Office of Diversity and Inclusion (ODI). During the initial development of the program, two new, primary full-time faculty lines were approved for the CNYMPH Program. These faculty members were hired and appointed through the Department of Public Health and Preventive Medicine at UMU. The position announcements are found in (**ERF. CC: Faculty Position Announcements**). In 2011, two additional faculty lines were added – one through the department of Public Administration and International Affairs at SU and the other through the Department of Public Health and Preventive Medicine at UMU – to support the CNYMPH Program.

Faculty Selection and Advancement

Faculty members with a primary appointment at either institution are then recommended to the CNYMPH Faculty Council, the governing body, for review of their qualifications. The council approves the faculty member as *primary* or *affiliated* CNYMPH faculty. If the faculty member has a primary appointment at SU, he or she may request a (secondary) voluntary appointment in the Department of Public Health and Preventive Medicine (PHPM) at UMU. Similarly, a faculty member with a primary appointment at UMU may request a

⁴ Core faculty = full-time university faculty (Upstate or SU) who spend at least 50% FTE engaged in public health activities related to the CNYMPH Program. These activities include teaching, research, service, and administration.

⁵ Affiliated faculty = faculty who spend less than 50% FTE engaged in teaching or service or research related to the CNYMPH Program.

(secondary) voluntary appointment in the appropriate college at SU. Promotions and tenure decisions are made at the faculty's home institution.

Staff Recruitment, Selection and Advancement

Administrative positions for the CNYMPH Program (staff assistants, program coordinators) are recruited and hired through either university. The appropriate program administrator proceeds with the recruitment, following policies and guidelines established by the corresponding HR department and the Office of Diversity and Inclusion (ODI). Each university offers training and development for staff advancement.

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

The CNYMPH Curriculum Committee is one of five standing committees and has representation from both institutions. This committee is charged with ensuring that the MPH curriculum meets or exceeds the current standards of public health education and adheres to the established program competencies. This committee reviews all existing and new course offerings in the MPH Program to ensure quality of instruction and appropriate linkage to the program's required competencies. Grading standards and other policies related to the academic aspects of the program, including the establishment of graduation requirements and review of student petitions, are also within the purview of the Curriculum Committee.

Major changes in academic standards and policies are subject to deliberation and are approval by the CNYMPH Faculty Council (governing council) by majority vote of the primary faculty.

In addition, curricular changes involving credit hours or program focus are reviewed and formally approved at UMU by the College of Medicine Curricular Committee and dean; SU requires full Faculty Senate approval. After approval from both UMU and SU, the application is submitted for approval by SUNY and the New York State Education Department.

The academic standards and policies for the CNYMPH Program are published in the Faculty and Student Handbook (**ERF. G: CNYMPH Student Handbook**) and **ERF. H: CNYMPH Faculty Handbook**).

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

UMU

UMU is a part of the State University of New York (SUNY) system, which is the largest comprehensive system of public higher education in the country. With more than 7,500 degree and certificate programs on 64 college campuses, SUNY enrolls nearly a half-million students each year from all 50 states and more than 170 countries world-wide and employs more than 88,000 people across New York.

UMU, founded in 1834, provides educational opportunities and medical services in the city of Syracuse and the surrounding Upstate New York areas. The medical campus features the University Hospital, a 370-bed, tertiary-care teaching and research hospital with numerous specialty departments and clinics, including Level I trauma, Golisano Children's Hospital, burn care, cancer treatment, AIDS care, diabetes treatment, neurosurgery, and pediatric centers. It also conducts community health outreach programs. As part of the SUNY system, the medical complex also comprises four professional colleges, an extensive Health Sciences Library, and clinical research facilities.

The College of Graduate Studies awards Ph.D. and master's degrees through its five basic science departments, in addition to several interdepartmental and joint programs. The College of Health Professions offers twelve degree programs (undergraduate and graduate) across seven disciplines. The College of Nursing offers both undergraduate and graduate degree programs in nursing. The College of Medicine offers several unique programs including the Rural Medical Education Program (RMed), the MD/PhD, MD/MPH, and the Medical Student Research Track.

The University's student enrollment as of 2012 is approximately 1,632, of which 1,268 are full-time students, and 364 are part-time students. The College of Medicine, which houses the CNYMPH Program, provides institutional funding, faculty, and resources, including physical office space, classrooms, Health Sciences Library, computer labs, and equipment, in addition to administrative support to the operations of the program. Students in the CNYMPH Program are admitted through the UMU's Admissions Office. All matriculated student academic records and accounts are managed through UMU's Registrar and Bursar Offices.

SU

SU, chartered in 1870, is a private research university located in Central New York. The University is classified as a Carnegie research university (high research activity) and consists of twelve schools and colleges, including the Maxwell School of Citizenship and Public Affairs (Maxwell). SU offers a stable, culturally diverse and intellectually stimulating learning environment for our over 12,000 undergraduate and 3,200 graduate students. The institution offers students a curriculum that integrates theory with practice, while blending the liberal arts and professional studies. The mission of SU is to "promote learning through teaching, research, and scholarship, creative accomplishment and service" and is driven by its vision—Scholarship in Action—a commitment to forging bold, imaginative, reciprocal, and sustained engagements with many constituent communities, local as well as global.

In particular, SU's Maxwell School of Public Administration, is ranked one of the top Public Administration Schools in the nation and was the first school to provide such graduate education in the U.S. A hallmark of the Maxwell School is the breadth and diversity of its programming including joint and concurrent degree programs and executive and certificate programs. The Maxwell School is also home to ten research centers and institutes, one of which is The Lerner Center for Public Health Promotion. The Maxwell School also provides institutional funding, faculty, and resources to support the operations of the CNYMPH Program.

The value added by this collaborative program is the combined resources of both institutions which offer students access to a broad range of services, and faculty with interdisciplinary experiences. This collaborative program is stronger because of the combination of the clinical and scientific dimensions of public health (UMU) with the social science, administration and policy dimensions of public health (SU). Matriculated CNYMPH students are granted graduate student status at both institutions. Course offerings (core, program-specific, and electives) for the CNYMPH Program are provided through UMU and SU. The various colleges and schools within UMU and SU also provide a plethora of elective courses.

Upon graduation, CNYMPH students are conferred a degree with the official seal of both UMU and SU. UMU is the administrative arm of the program and all primary student files are kept at UMU. Students apply to the program, register and apply for financial aid, through UMU. UMU registrar shares information with their counterpart at SU where a 'shadow file' is kept. All students go through orientation and attend UMU graduation ceremonies to be hooded. Students pay a health fee to both universities and can use either student health service. They can also use both athletic facilities.

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

The CNYMPH Program operates within the parameters of a contract between UMU and SU that was approved and signed by the New York State Attorney General and Comptroller in December 2008. The contract contains the roles and responsibilities of each institution, governance and administration, program management and leadership, as well as fiscal obligations of each institution. The contract is available in the electronic resource file (**ERF. DD: 2008 Affiliation Agreement**). This contract was amended in 2010 to include the provisions of the Certificate Advanced Study in Public Health (CASPH) (**ERF. EE: 2010 Amended Affiliation Agreement**). An extension was approved in June 2013 (**ERF. FF: 2013 Affiliation Extension Agreement**). Another full agreement has been signed and is waiting Attorney General and Comptroller approval (**ERF. T: 2013 Affiliation Agreement**). In the event that either institution decides to terminate the CNYMPH Program affiliation agreement, each institution agrees to provide the services as outlined in the agreement until every student currently enrolled in both the MPH and Certificate of Advanced Study in Public Health programs has completed all degree requirements. Students have up to 5 years to complete their degree.

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

This criterion is **MET**.

Strengths relating to this criterion

Both UMU and SU are committed to providing the CNYMPH Program with the necessary institutional resources and financial support to ensure the sustainability of the program. The institutional organization and departments involved with the CNYMPH Program are appropriate for carrying out the mission of the program. Particularly, the CNYMPH Program not only serves as the vessel for carrying out the program's mission but also keeps public health visible at UMU, SU, and within the community.

Weaknesses relating to this criterion

The CNYMPH Program is contingent upon the administrative and institutional environment at both universities.

Plans relating to this criterion

As the program continues to grow in terms of educational, research, and service initiatives, additional institutional resources will need to be allocated to sustain this growth. Future contracts between both institutions will incorporate allocating additional resources for the program.

1.4 Organization and Administration

The program shall provide an organizational setting conducive to public health learning, research, and service. The organizational setting shall facilitate interdisciplinary communication, cooperation, and collaboration that contribute to achieving the program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

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

As a collaborative program between UMU and SU, each institution is responsible for carrying out specific functions of the program. There are certain linkages between the two institutions that must be maintained at all times to ensure the seamless operation of the program.

First, the Executive Committee is composed of representatives of both SU and UMU and provides direct communication at the senior level around policy issues. Representation on the Executive Committee is displayed in the table below.

Syracuse University	Upstate Medical University
Senior Associate Dean, Maxwell School	Vice President, Academic Affairs
Chair, Department of Public Administration and International Affairs, Maxwell School	Chair, Department of Family Medicine
Associate Provost for Academic Affairs	Dean, Student Affairs
Executive Director, Development	Vice President, Development
Registrar	Registrar
Associate Controller	Assistant Vice President, Finance
Associate Director, CNYMPH	Director, CNYMPH

The CNYMPH Program Office, in conjunction with other UMU administrative offices (Admissions, Registrar, Bursar, and Student Affairs), is responsible for coordinating the faculty committee structures, recruitment and admission of students, course registration, student orientation, commencement, maintaining student academic records and accounts, and the execution of affiliation agreements with local and state community agencies, when necessary. The program relates to the governing boards through the existing reporting system for the academic programs operated by UMU. All academic-related matters and programmatic concerns pertaining to the administration of the CNYMPH Program, including UMU’s policies and procedures, faculty appointment, promotion and tenure, budgetary considerations, and planning, are channeled upward from the faculty and staff through the director of the program to the Dean of College of Medicine (see **Figure 3**).

Figure 3: Organizational Chart of the CNYMPH Program

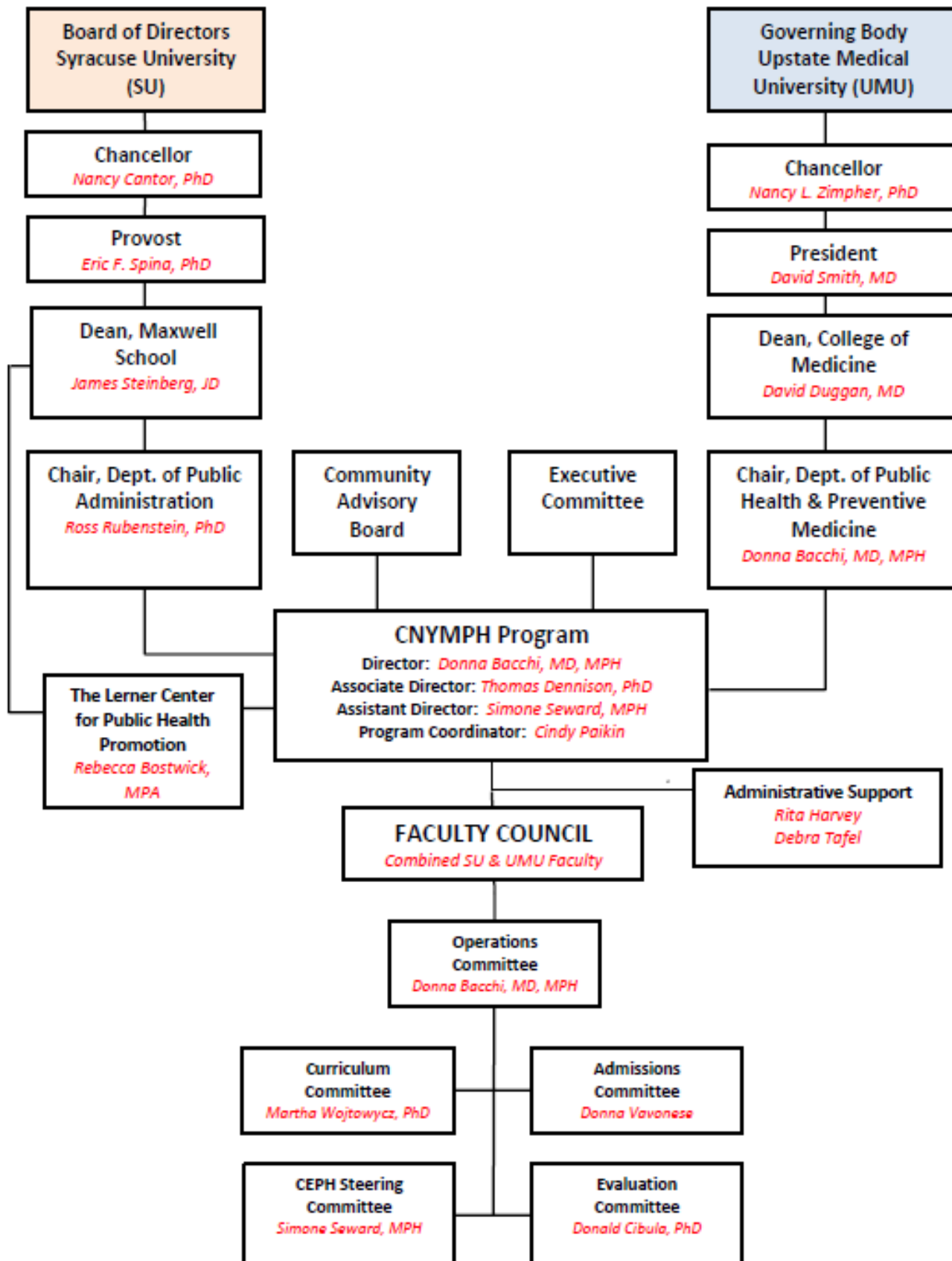


Figure 4: Department of Public Health and Preventive Medicine at UMU

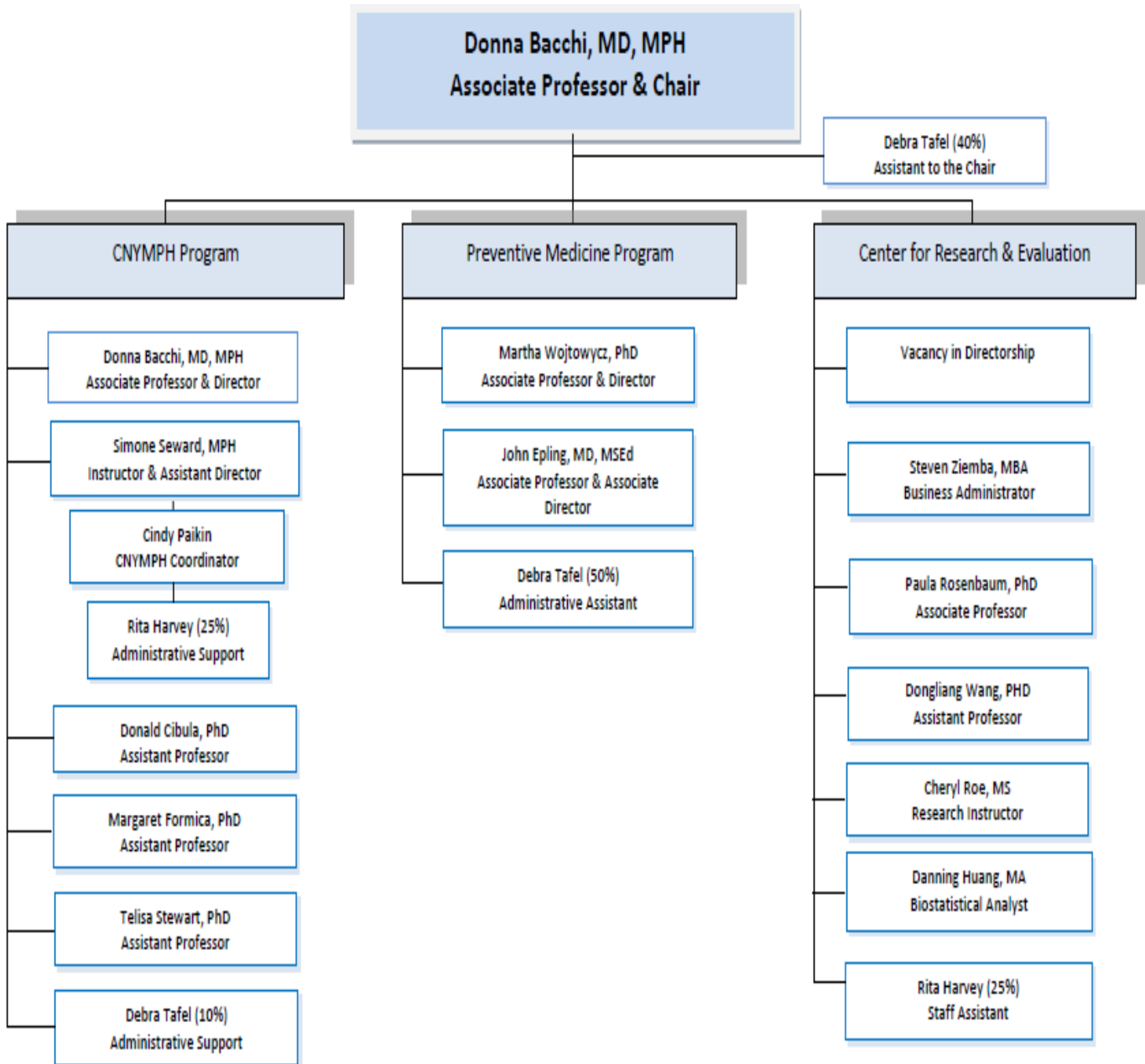
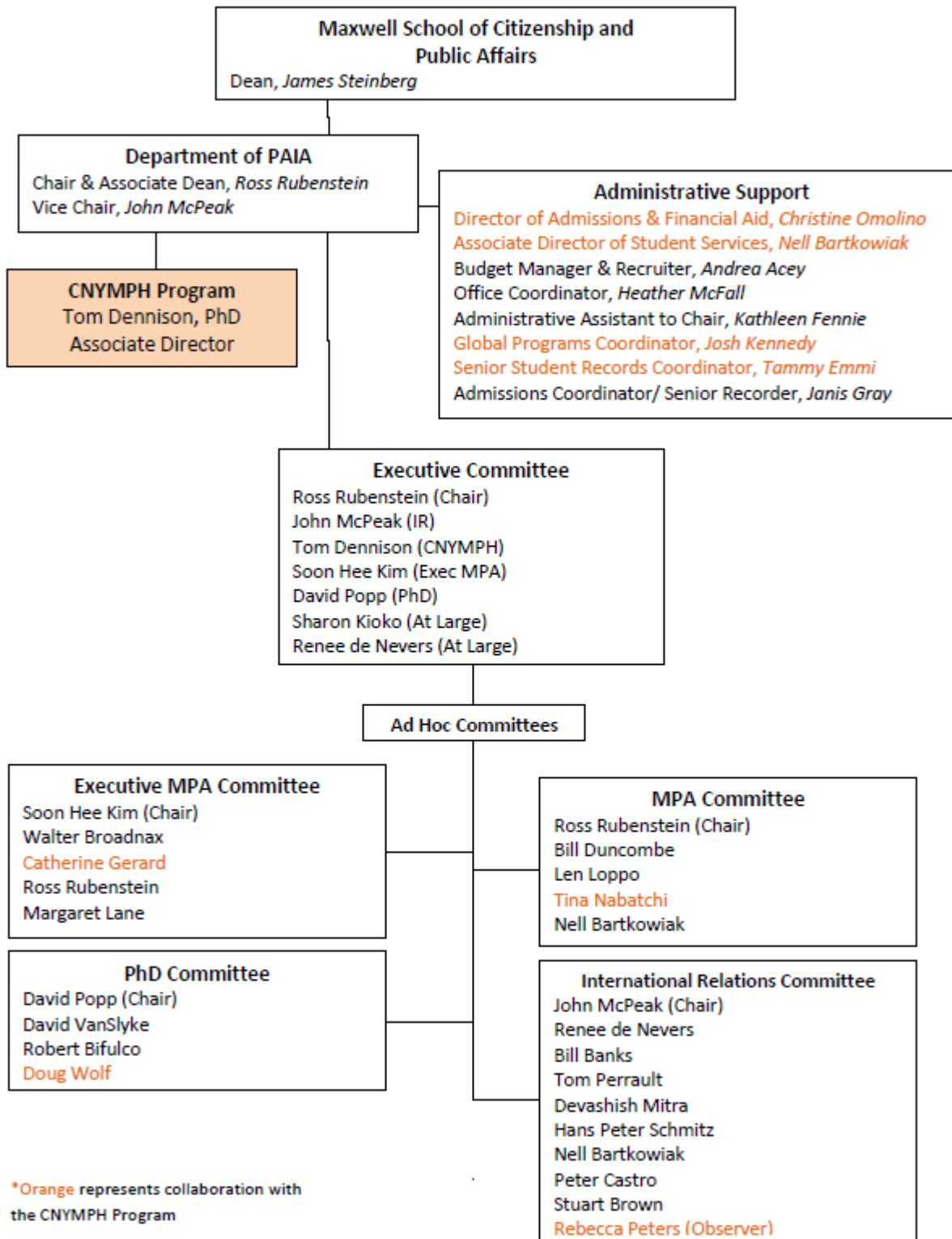


Figure 5: Organizational Structure for PAIA



Updated September 27, 2013

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

A key strength of the CNYMPH Program is the inherent collaborative learning community that has been established, drawing on the expertise and resources including faculty from two well-established institutions and their networks of community partners. This interdisciplinary coordination, cooperation, and collaboration occurs on three levels to support public health learning, research, and service—the organizational/institutional level, the colleges and centers level, and the faculty, student, and community level.

One of the benefits of the CNYMPH Program includes expanding the capacity of both institutions in graduate education with a focus on population-based health from a clinical/medical, environmental, social behavioral, regulatory, and administrative perspective. Building on the strengths and expertise of each institution (including the individual colleges, centers and institutes), the CNYMPH Program provides a unique experience for furthering public health practice and policy in the Central New York region, as well as helping to build the public health infrastructure in our communities.

The governance, management, and operational structure of the CNYMPH Program require not only cross-institutional collaboration and coordination but also collaboration and coordination across many disciplines within each institution. The operations committee is the highest standing committee for the program. The operations committee oversees four CNYMPH standing committees (Admission Committee (AC), Curriculum Committee (CC), Evaluation Committee (EC), Self-Study Steering Committee). Each CNYMPH Program committee is composed of the appropriate representatives from each institution to establish program-specific policies and procedures that are compliant with each institution’s regulatory process and hierarchical structure. The committees ensure synergy between UMU and SU and support public health learning, research, and service. For example, the Executive Committee is composed of executive leaders (deans, provost, associate deans, VPs, etc.) from both institutions related to areas of finance/contracts, academic affairs, student affairs, registrar, and research. This committee has sufficient executive power to ensure each institution’s integrity. This committee also ensures that both institutions fulfill their collective responsibilities established in the contract for the development of program policies, resources and standards, academic rigor and consistency, and faculty and student affairs in line with the mission of both institutions.

The Lerner Center is also integral to the interdisciplinary collaboration. For example, the Lerner Center promotes the “Healthy Monday” campaign. This campaign is a national initiative to help end chronic preventable diseases by offering weekly prompts and programs to encourage people and participating organizations to start and sustain healthy behaviors. This initiative has been adopted by UMU and SU.

The concomitant five-year MD/MPH degree program, designed for medical students at UMU, provides strong interdisciplinary training to medical students interested in combining clinical practice with a focus on prevention and policy making related to population health problems. MD/MPH students are integrated into the public health student body and have the opportunity to work on various research projects with the MPH faculty.

The CNYMPH Program and its executive leadership strongly support collaboration for research and service. Two of our program objectives are: 1) “to create an environment that supports faculty and student participation in public health research to meet the needs of the community we serve,” and 2) “to engage in

collaborative activities with community agencies that address the public health needs of the community served by the program.” Collaborative efforts in research and service are highly considered in the promotion and tenure process. Community leaders also encourage faculty and students to engage in collaborative opportunities and provide resources to help with such efforts. Some recent examples listed below are evidence of this collaborative support. A detailed description of each project is provided in criteria 3.1 and 3.2.

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

This criterion is **MET**.

Strengths relating to this criterion

The organizational setting and structure of the CNYMPH Program easily facilitate interdisciplinary communication, cooperation, and collaboration that contribute to achieving the program’s public health mission and are conducive to public health learning, research, and service.

Weaknesses relating to this criterion

Due to the collaborative nature of the program, programmatic decision making can be lengthy because of approval requirements from both institutions. Because the CNYMPH program is sponsored jointly by Upstate Medical University and Syracuse University, it must meet the academic and other requirement at both institutions. This means that at times decisions or changes must be evaluated by the leadership at both schools and may lengthen the decision making process. For example, when new courses are proposed for the CNYMPH program, they must go through the processes at both Universities. At UMU, a new course can be approved by the CNYMPH curriculum committee and the chair of the college of medicine curriculum committee. At SU, a new course needs to go through the faculty senate which meets once a year. However, at SU a course can be taught during the approval process. While this sometimes takes longer than it might in one school, both universities have mechanism for insuring new courses can be implemented in a timely manner.

Plans relating to this criterion

The program will conduct strategic planning on how to streamline a more efficient process for programmatic decision making.

The program hopes to establish additional concomitant degree programs with other interested colleges in both institutions.

1.5 Governance

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting, and decision making.

The program is governed within an organizational structure that is supported by policies and procedures. Governance is collaborative and includes program administration, faculty, staff, students, and community partners. Please refer to **ERF. GG: Committee Rosters** for current memberships.

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

The following committees have been established to support governance:

- Community Advisory Board
- Executive Committee
- Faculty Council
- Operations Committee
- Admissions Committee
- Curriculum Committee
- Evaluation Committee
- Self-Study Steering Committee

Community Advisory Board (CAB)

The charge of the Advisory Board is to assist in gathering and leveraging community partner to support the CNYMPH Program and to offer guidance in program design, planning, and evaluation. Specifically, the Advisory Board provides guidance for

- Identifying of and collaborating with community organizations willing and able to provide practical experiences for the MPH students,
- Developing linkages with academic programs at both institutions to enrich the experience of students studying public health and medical services issues,
- Developing linkages with academic programs and community agencies that may be a source of recruitment of MPH students, and
- Assessing the content of the curriculum and other experiences available to the MPH students to ensure that their training is relevant and applicable to the needs of the community and to the regional public health workforce.

Composition and current membership: The CAB consists of 13 members and meets twice a year. In addition to the director and the associate director, membership consists of the deans from both the College of Medicine and the Maxwell School, public health professionals currently practicing in the region, an MPH faculty member, and a student representative. New members are selected by the director and associate director with input from current members and other program standing committees.

Executive Committee

The Executive Committee was established to provide input and guidance to support the administration of the program at the institutional level and is a venue for cross-institutional communication. This committee is charged with ensuring adherence to administrative policies at the respective institutions, as well as adherence to the roles and responsibilities of both institutions outlined in the affiliation agreement between UMU and SU.

Composition and current membership: In addition to the MPH director and associate director, the Executive Committee consists of 14 members from UMU and SU upper-level administration and meets three times a year. The Executive Committee members are appointed by the President of UMU and the Provost of SU in consultation with the participating in the CNYMPH Program.

Faculty Council

The Faculty Council is the governing body responsible for the academic administration of the CNYMPH Program. This committee approves policies governing faculty, staff, and students; approves policies that govern the program; and approves faculty appointments and re-appointments. Also, the Council provides a platform for the faculty to discuss key issues impacting the program.

Composition and current membership: The Faculty Council consists of 19 faculty members from UMU and SU who serve as either primary (9) or affiliated members (10) in the CNYMPH Program. All primary faculty are members of the council and have voting privileges. The director and associate director approve and appoint affiliated faculty to the Faculty Council. Affiliated faculty serves without voting privileges.

Operations Committee

The operations committee assists program leadership with overall management of the MPH Program and provides a venue for collaboration between program components. The committee facilitates communications among program leadership, chairs of various committees, and the Lerner Center. The committee meets monthly to discuss all issues related to the MPH Program including reviewing program evaluation results and making recommendations to program leadership.

Composition and current membership: It is composed of the CNYMPH director, associate director, coordinator, all sub-committee chairs, Lerner Center program director, and a student representative.

Admissions Committee

The Admissions Committee oversees the admissions process and has decision-making authority regarding individual applicants. Specifically, the Committee

- Recommends changes to admission standards for MPH candidates and reviews completed applications,
- Approves candidates for admission, and
- Executes strategies to attract and recruit a diverse student population.

Composition and current membership: The Admissions Committee consists of eight members and meets as needed following applicant interviews. In addition to the MPH director and associate director, membership includes several MPH faculty members, one staff person from UMU's Office of Student Admissions, a faculty member from SU, and a student representative. The student representative attends as needed.

Curriculum Committee

The Curriculum Committee ensures that the curriculum meets and exceeds the current standards of public health education. This committee makes recommendations and presents curricular matters to the larger CNYMPH Faculty Council. Specifically, the Committee

- Reviews and approves all proposed curricular changes or revisions affecting the program, including changes in course sequencing and elective course offerings.
- Reviews and approves course syllabi to ensure compliance with MPH educational program goals and public health competencies. This includes approval of new course offerings in the program.
- Analyzes data and information gathered from various assessments (student course evaluations, 360° Faculty Course Evaluations, etc.) to improve the quality and effectiveness of the curriculum.

The CNYMPH Curriculum Committee consists of representatives from both UMU and SU. Minor course changes do not go beyond the program's Curriculum Committee. Major curricular changes, e.g., new course approvals, change in required courses for the MPH degree, must be approved by Faculty Council. Once proved by the Council they need to be reviewed and approved by both the UMU College of Medicine Curriculum Committee, and the SU Faculty Senate. A change in the number of credits required for the MPH degree would also have to be reviewed and approved by the New York State Department of Education.

Composition and current membership: The Curriculum Committee consists of about seven members. Membership includes five faculty members in the CNYMPH Program, a student representative, and an alumni representative and meets regularly as determined by the chair.

Evaluation Committee

The CNYMPH Evaluation Committee is charged with monitoring and evaluating program performance against the measures and targets established during our initial strategic planning process. The Committee reports findings to the Faculty Council, to be used for program planning and for compliance with accreditation requirements.

Composition and current membership: The Evaluation Committee consists of six members and meets as needed. Membership includes five faculty members in the CNYMPH Program and a student representative and meets regularly as determined by the chair.

Self-Study Steering Committee

The Self-Study Steering Committee is an ad hoc committee charged with providing recommendations for the development, management, and review of the CNYMPH accreditation process. The committee members assist with the preparation of the self-study document and make recommendations to improve the program to meet the accreditation criteria.

Composition and current membership: The Self-Study Steering Committee consists of 12 members. Membership includes the director, associate director, five primary MPH faculty members, a representative from the Dean's Office in the College of Medicine, a community representative, the business manager, a student representative, and an alumni representative.

Moving forward, the Self-Study Steering Committee will be disbanded and their roles and responsibilities will be assigned to the Evaluation Committee.

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

▪ **General program policy development**

The CNYMPH Program’s collaborative nature requires that policy development involves input and participation by faculty, staff, and key stakeholders to ensure compliance with administrative policies and procedures at each institution. Individual faculty members can propose new policies or revisions to existing policies. Committees can also make policy recommendations specific to their charge. All CNYMPH Program policies are approved by the Faculty Council.

The need for new policies or changes typically emerges from leadership activities (top-down process) or from programmatic issues or concerns that arise (bottom-up process).

The “Top-Down” Process

With the top-down process, policies are set at the institutional level (UMU or SU) and are then communicated to the Faculty Council at the program level for discussion. Depending on the issue, the appropriate committee develops the policy. The committee drafts and presents the policy and procedures to the Operations Committee for review and deliberation. Once finalized, the policy is presented to the Faculty Council for voting and adoption. An example of an institutional policy adopted at the program level is the *Policy on Remitted Tuition Benefits*, which can be found in the Policies and Procedures Manual (**ERF. HH: Policies and Procedures Manual**).

The “Bottom-Up” Process

With the bottom-up process, the creation of a program policy begins with an issue affected by the policy decision. Depending on the issue, one of a number of outcomes is possible:

- A policy statement is drafted by the members of the appropriate committee and presented at the Faculty Council, where it is discussed by all faculty. After deliberations, the primary faculty will vote to accept or reject the policy. If accepted, the policy then goes to the Operations Committee for implementation.
- If rejected, the issue is tabled for further discussion or assigned to the Operations Committee for further development.
- The issue is handled in a manner that does not require a policy, e.g., it may be operationalized as part of an advising function or on a case-by-case basis.

An example of a policy developed and implemented at the programmatic level is the *Policy on Adding Non-MPH Electives*, which can be found Policies and Procedures Manual referenced above.

▪ **Planning and Evaluation**

With input and recommendations from the Operations Committee and relevant committees, as well as the two external committees—the Community Advisory Board and the Executive Committee—the program director and the associate director are responsible for the overall planning and management of the program. Strategic planning occurs at Faculty Council meetings and annual CNYMPH Program retreats. Program planning decisions are based on the existing evaluation system (data driven), the Evaluation Committee's findings and recommendations to the Operations Committee based on its routine, systematic data review, and processes (described in criterion 1.2).

- **Budget and Resource Allocation**

Budget and resource allocations for the CNYMPH Program are a collaborative process between the program director and the associate director in conjunction with the dean of each respective college. A consolidated budget is then developed based on programmatic needs. Additional information concerning the program's budget and resource allocation processes can be found in criterion 1.3.c.

- **Student recruitment, admission, and award of degrees**

Student Recruitment

The director, associate director, and program coordinator work collaboratively with the Office of Student Admissions and the Marketing Department at UMU and the admissions staff at the Maxwell School Department of PAIA to develop and implement recruitment efforts. A particular focus of the UMU admissions process is targeting the 14 footprint counties. Please refer to criterion 4.3 for a detailed description of the student recruitment policies and procedures.

Admission

The Office of Student Admissions at UMU serves as the single application point of entry into the joint program. This committee reviews completed applications and makes admissions decisions. All matriculated students are simultaneously admitted to both institutions. Please refer to criterion 4.3 for a detailed description of the admissions policies and procedures.

Award of Degrees

The MPH degree is conferred in accordance with established policies of the Office of the Registrar at both institutions. The program director and the academic advisors certify students upon their completion of the program requirements. Both participating universities' seals are imprinted on the diploma.

- **Faculty Recruitment, Retention, Promotion, and Tenure**

The CNYMPH Program draws from the existing faculty at both UMU and SU to recruit a multidisciplinary faculty. Existing faculty members with a primary appointment at either SU or UMU are recommended to the CNYMPH Faculty Council for review of their qualifications and approval. The director and associate director review the performance of each faculty member on an annual basis. Each faculty member is promoted and assigned tenure by his or her primary institution, governed by its faculty appointment and promotion policies. Please refer to criteria 1.3.c and 4.2 for a detailed description of the faculty recruitment, retention, and promotion and tenure process.

- **Academic Standards and Policies, including Curriculum Development**

The general guidelines for academic performance in the program were set by the Curriculum Committee and approved by the faculty council at the inception of the program. With the revision of the curriculum in 2010, the committee revised the academic performance standards and policies by creating a tiered process to allow for early detection of students not meeting the standards. These revised standards and accompanying policy were presented to the Faculty Council and adopted in 2011 and can be found in the Policies and Procedures Manual and the CNYMPH Student Handbook previously referenced.

This committee reviews all new and existing courses (core, program-specific, and electives) offered in the MPH Program based on student feedback and 360° Faculty Course Evaluations and makes recommendations for

improvements or removal. Recommendations and additional curricular matters that have an impact on the program, the students, and its faculty are brought to the Operations Committee for deliberation. The Faculty Council must approve and adopt all changes.. New courses approved for inclusion in the MPH curriculum must be approved by both institutional processes to be assigned appropriate course numbers. Significant curriculum changes (i.e., changes in structure, credit hours, or program focus) to the MPH Program curriculum must be further reviewed and approved by the UMU Curriculum Committee and SU Faculty Senate.

▪ **Research and Service Expectations and Policies**

Research and service expectations and policies for individual faculty are established and monitored by the institution at which the individual holds a primary appointment as part of the promotion and tenure process. During the initial period of the approval process for faculty joining the CNYMPH Program (primary or affiliated), the CNYMPH director and the associate director review each faculty member’s research and service portfolio. For all primary CNYMPH faculty members, the CNYMPH director outlines the expectations for teaching, research, and service in their agreement of expectations. The director works with primary faculty members to set appropriate research and service goals and then evaluates faculty progress toward the fulfillment of those goals.

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

The CNYMPH Program adheres to the policies, governance structure, and roles and responsibilities of joint faculty set forth within the contract between UMU and SU signed and executed in 2008. Program-specific policies and procedures that govern the program and guide faculty and students are identified in the CNYMPH faculty and student handbooks, which are widely available in hard copy and online. These policies are congruent with the policies and practices of both universities.

In addition, the CNYMPH Program follows the governance practices of each institution regarding the rights and responsibilities of administrators, faculty, and students as outlined in the documents in the table below.

Table 4: Institution Documents on Policies and Procedures

Institution	Policy Documents
UMU	Faculty Organization Bylaws: http://www.upstate.edu/facgov/fac_org/bylaws.php Medical College Assembly Bylaws: http://www.upstate.edu/facgov/medical/bylaws.php Faculty Orientation/Faculty Handbook: http://upstate.edu/facultydev/faculty_orientation/ Annual Academic Expectations: http://upstate.edu/facultydev/intra/expectations.php Promotion and Tenure: http://upstate.edu/facultydev/intra/promo_tenure.php Emeritus and Joint Appointment: http://upstate.edu/facultydev/intra/emeritus.php Upstate Student Government: http://www.upstate.edu/currentstudents/campuslife/activities/student_organizations/so_usg.php Student Handbook: http://www.upstate.edu/currentstudents/docman/index.php?cid=123

Institution	Policy Documents
SU	University Senate Bylaws: http://universitysenate.syr.edu/bylaws/bylaws.html Syracuse University Policies: http://supolicies.syr.edu/ Faculty Manual: http://www.syr.edu/academics/office_of_academic_admin/faculty/manual/index.html Student Handbook: http://supolicies.syr.edu/studs/ Statement of Student Rights and Responsibilities: http://supolicies.syr.edu/studs/stud_rights.htm

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

Table 5 lists the program faculty who hold membership on university committees, through which faculty contribute to the activities of each university.

Table 5: Program Faculty Membership on University Committees

Faculty Member	UMU Committees – Date of Service
Bacchi, Donna	Member, President’s Advisory Committee for Women’s Issues (PAWI): 2009-Present Member, Center for Civic Engagement Advisory Board: 2012 Member, COM Admissions Committee: 2011-Present Member, COM Educational Policy Committee (EPC): 2009-Present Member, Associate Dean for Curriculum Search Committee: 2011-2012 Member, OB/GYN Search Committee: 2011
Dennison, Thomas	Chancellor’s Health Care Advisory Committee: 2008-Present Sustainable Compensation and Benefits Committee: October-December, 2009 Department of Public Administration and International Affairs Executive Committee: 2012-Present
Formica, Margaret	Member, Medical College Assembly Executive Committee: August 2011-August 2012
Morley, Christopher	Member, Subcommittee on Information Management and Technology for Research, Engaging Excellence Initiative: 2008-2009
Rosenbaum, Paula	Member, Research Advisory Committee: 2007-Present Ad-Hoc Reviewer for IRB: 1998-Present
Seward, Simone	Member, Inter-professional Experiences Committee: 2012 Member, Center for Civic Engagement Advisory Board: 2012
Wojtowycz, Martha	Member, Curriculum (COM) Coordinating Committee I: 2010 to Present

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

Students actively participate in governance of the CNYMPH Program, primarily through the following committees: Community Advisory Board, Executive Committee, Curriculum Committee, Evaluation Committee, Admissions Committee (by invitation only), and the Self-Study Steering Committee. Student representatives are selected each year to serve on one of the standing committees by the director with input from the associate director and program coordinator (**ERF. II Student Representative Memo**). The term for each student representative is one year with the possibility to renew for a second term. If a student

representative rotates off the committee due to graduation, an alternative student representative is chosen to serve for that term to maintain continuity of student representation. If a spot becomes vacant for other reasons, another representative from the student body is chosen as a replacement.

Students play a significant role in conducting evaluations and providing “real time” feedback to program administrators. The student representative on the Curriculum Committee attends monthly meetings and is expected to give a report on behalf of the student body to the committee and present any issues or concerns that he or she hears from classmates. These issues or concerns are discussed at the committee meeting and presented at the Faculty Council meeting with recommendations from the committee for further deliberations. One of the issues the student representative reported in the fall 2011 semester related to course sequencing and scheduling of classes. The Curriculum Committee decided to poll the students to determine their needs regarding course offerings and most feasible timeslots for classes. The students developed and deployed a survey with a response rate of 61%. The survey results were compiled and reported to the Faculty Council, which resulted in revision of the course sequencing and class schedules to accommodate the students’ needs.

The student representative on the Evaluation Committee attends regular meetings and provides input on program evaluation. The student representative spearheads an annual student-driven survey (Student Feedback Survey) of the student body to evaluate the performance of the program. The student representative compiles a report and presents the findings to the Faculty Council during the annual retreat. Based on the report, the Faculty Council will take appropriate actions. A copy of the students’ evaluation report can be found in **(ERF. JJ: Student-Driven Summary Report)**

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

This criterion is **MET**.

Strengths relating to this criterion

The committee processes work effectively in the areas of admissions, curriculum, and evaluation. The Executive Committee supports and sustains inter-university collaboration and cooperation.

Weaknesses relating to this criterion

There is no formal strategic plan related to student and faculty recruitment. The Advisory Board would benefit from additional input from community constituency. Representation from SU on the Operations Committee and on the Faculty Council should be strengthened. There is overlap between the functions of the Operations Committee and Faculty Council that causes repetition of the same information with largely the same audience.

Plans relating to this criterion

As part of the strategic planning process proposed for 2013-2014, attention will be paid to strategies to expand the participation of SU faculty in the governance processes. The strategic planning process will also realign the committee structure, to absorb the Self-Study Steering Committee into the Evaluation Committee.

1.6 Fiscal Resources

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research, and service objectives.

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

The program is fiscally supported through a contractual agreement between UMU and SU. This agreement between the two institutions outlines the way in which the two universities relate on financial issues. Both universities support the following: a) faculty assigned to teach in the CNYMPH Program and b) funding for other direct expenses associated with the program. The fiscal year for UMU and SU runs from July 1 to June 30. Tuition, which is billed and collected by UMU, is divided between the two universities proportionate to the number of credit hours taken by students in MPH courses at each university. Section A discusses the overall budget process. Section B summarizes the resources available through UMU, Section C presents the resources available through SU, and Section D discusses the resources available through the Lerner Center for Public Health Promotion.

Budget Process

A. The budget for the program is established annually. The availability of qualified faculty to teach core and elective courses is of primary consideration in the budget process. Qualified faculty are identified, course loads assigned, and the costs of instruction time are included in the budget. Other considerations include allocation of sufficient funding for direct program expenses, such as support staff, travel, conferences, accreditation fees, and other operational expenses. As noted earlier, UMU provides overhead as part of the agreement between the two universities. At UMU, overhead is not included in the overall budget.

B. UMU Resources

While UMU's sources of support include state appropriations, tuition revenue, sponsored scholarly research activity, and contract service, it is primarily supported through state appropriated funds and tuition.

- New York State determines the total funds to be allocated to SUNY. Through a resource allocation process at the state level, funds are allocated to UMU based on a number of factors, including enrollment, program costs, and sponsored research expenditures. The distribution of state funds throughout the campus is determined at the institution level. Within the department, the Chair decides where to allocate these funds. As part of the SUNY System, the CNYMPH Program's tuition rates are determined by the Board of Trustees with final approval by the State Legislature. In November 2011, SUNY Trustees approved a tuition plan that includes modest annual increases for a four-year period. This tuition plan offers predictability in revenue for the program.
- Additional revenue has come into the program from various grants and contracts. Only funds that came directly to the program were reported in the tables below.

- The CNYMPH Program Faculty Student Account (FSA) also receives funds that support food and other items for student recruitment and other student meetings. The Department of Public Health and Preventive Medicine established a restricted fund (PHPM Fund) through the Upstate Medical University Foundation. Funds are generated by donations from the campus community and other revenues earned by faculty. The purpose of this fund is to award students with support to pursue research activities and is awarded at the discretion of the program through a formal request process.
- Revenue generated for indirect costs on sponsored research awards are retained by UMU and are not redistributed to the department or to the investigator.
- Where revenue from grants and awards offset the cost of faculty salary and fringe benefits, a portion (86%) of the recovery is returned to the department as part of UMU's institutional sale of service policy. These funds are placed into a departmental development fund (DDF). A portion of the DDF funds (20%) is placed into an individual faculty development fund (FDF) for use by the faculty member. The funding is used during the faculty member's tenure with UMU to acquire resources necessary to support research and scholarly activity, such as equipment, travel, and graduate student funding.

The table below summarizes the resources UMU provides.

Table 6: UMU Resources (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
Source of Funds				
Tuition and Fees	\$164,782	\$271,312	\$432,501	\$432,423
State Support	\$689,389	\$684,397	\$469,582	\$445,285
Grants and Contracts	\$60,000	\$137,293	\$103,677	\$78,917
Student Support - UMU	\$833	\$738	\$12,531	\$6,957
Total	\$915,004	\$1,093,740	\$1,018,291	\$963,582
Expenditures				
Faculty Salaries and Benefits	\$754,185	\$851,249	\$685,248	\$681,366
Staff Salaries and Benefits	\$57,427	\$64,336	\$143,902	\$95,882
Accreditation	\$0	\$1,000	\$1,250	\$5,114
Operations	\$37,865	\$19,468	\$10,819	\$3,459
Memberships	\$1,195	\$1,095	\$2,696	\$1,685
Conferences and Travel	\$7,887	\$4,249	\$5,544	\$6,027
Equipment and Software	\$6,613	\$8,987	\$6,431	\$4,336
Student Support - UMU	\$833	\$738	\$2,933	\$2,789
Payments to SU	\$48,999	\$142,618	\$159,468	\$162,924
Total	\$915,004	\$1,093,740	\$1,018,291	\$963,582
Contribution to Overhead	\$0	\$0	\$0	\$0

C. SU Resources

SU operates within a Responsibility Center Management (RCM) budgeting methodology, dividing the University into revenue-generating responsibility centers (schools, colleges, and other non-academic centers) and administrative and facilities units (including academic support, business affairs, library, physical plant, and construction). Under RCM, the responsibility centers receive credit for all revenues.

- a. Tuition revenue generated by courses taught by faculty whose primary appointment is at Syracuse University is credited to the Office of the Dean at the Maxwell School (where the SU CNYMPH Program administratively houses the SU portion of the CNYMPH Program) into a fund that is designated for the CNYMPH Program. These revenues are used to cover the direct costs incurred by SU associated with operating the CNYMPH Program.
- b. The direct costs of grants and contracts are credited to the cost center administering the grant. Indirect cost recovery on grants and contracts is distributed to the Office of the Dean at the Maxwell School. These funds are used to offset the overhead expenses associated with program operations. A portion (10%) of the indirect cost revenues is set aside in a faculty development account that the faculty generating the grant or contract uses for research and scholarly purposes.
- c. The direct revenue covers the direct expense and generates a small contribution to University overhead.

The table below summarizes the resources SU provides.

Table 7: SU Resources (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
Source of Funds				
Tuition	\$48,999	\$142,618	\$159,468	\$162,924
Grants and Contracts	\$0	\$0	\$0	\$2,500
Total	\$48,999	\$142,618	\$159,468	\$165,424
Expenditures				
Faculty Salaries and Benefits	\$38,226	\$95,969	\$128,011	\$110,819
Staff Salaries and Benefits	\$0	\$0	\$0	\$0
Accreditation	\$0	\$1,000	\$3,250	\$3,240
Operations	\$1,550	\$2,473	\$5,849	\$1,374
Memberships	\$535	\$340	\$535	\$1,755
Conferences and Travel	\$556	\$0	\$2,487	\$1,063
Grants and Contracts	\$0	\$0	\$0	\$0
Total	\$40,867	\$99,782	\$140,131	\$118,251
Contribution to Overhead	\$8,132	\$42,836	\$19,337	\$50,655

D. The Lerner Center for Public Health Promotion Resources

The Lerner Center for Public Health Promotion was established in June 2011 at the Maxwell School. The Center is funded by a permanent endowment. The Center engages in a range of activities that support instruction, research, and community service. The Center provides funding to support public health graduate students, as well as community initiatives. The Center’s permanent endowed funding will also support the recruitment of a chair in public health promotion during fiscal 2012-2013. The associate director of the CNYMPH Program (also the director of the Lerner Center) has primary responsibility for establishing the Center's budget.

The table below summarizes the resources the Lerner Center provides.

Table 8: Lerner Center Resources (CEPH Template 1.6.1)

	2009–2010	2010–2011	2011–2012	2012–2013
Source of Funds				
Grants	\$0	\$0	\$0	\$43,556
Lerner Center Endowment	\$0	\$0	\$299,534	\$433,748
Total	\$0	\$0	\$299,534	\$477,304
Expenditures	\$0	\$0	\$0	\$0
Faculty Salaries and Benefits	\$0	\$0	\$23,620	\$27,964
Staff Salaries and Benefits	\$0	\$0	\$78,137	\$99,999
Operations	\$0	\$0	\$57,227	\$82,235
Memberships	\$0	\$0	\$0	\$0
Conferences and Travel	\$0	\$0	\$10,749	\$10,000
Equipment and Software	\$0	\$0	\$0	\$0
Student Support	\$0	\$0	\$75,833	\$112,250
Academic and Community Partnerships	\$0	\$0	\$53,968	\$101,300
Grants and Contracts	\$0	\$0	\$0	\$0
Total			\$299,534	\$433,748

E. Grants and Contracts

Various grants and contracts have generated funding for the program. These grants and contracts are discussed in detail in the criterion related to research and service. Revenue to the program is summarized in the tables 9 and 10 below.

Table 9: Grants (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
Healthy Monday and CATCH After School Pilot	\$0	\$0	\$0	\$13,581
Let's Go To The Fair: Smoking Cessation Project	\$0	\$644	\$7,485	\$0
Syracuse Healthy Start Evaluation	\$0	\$10,851	\$7,823	\$8,829
Influenza Vaccine Understanding	\$0	\$0	\$0	\$1,100
Weight Loss in Primary Care	\$0	\$5,063	\$4,683	\$6,011
Antimicrobial Efficacy Testing	\$0	\$13,000	\$0	\$0
Diabetes Prevention Program				\$29,975
Denvax-clinical trial	\$0			\$2,930
Sustained skeletal benefits	\$0	\$2,881	\$2,765	\$2,904
Geospatial SGA Variation in Onondaga County	\$0	\$0	\$2,000	\$0
PCB Exposure and Health Perceptions	\$0	\$0	\$1,000	\$0
Micronutrient deficiency and EBV	\$0	\$2,419	\$0	\$0
Total	\$0	\$34,858	\$25,756	\$65,330

Table 10: Contracts (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
Oneida County Health Department - Community Health Assessment	\$0	\$0	\$0	\$2,500
Tioga County Health Department PHAB Accreditation Readiness Review	\$0	\$16,817	\$0	\$0
Madison County Health Department Strategic National Stockpile Project	\$0	\$10,000	\$14,778	\$0
Onondaga County Department of Health MCH Medical Director	\$30,000	\$30,000	\$30,000	\$30,000
Onondaga County Department of Health - Epidemiology Support	\$30,000	\$30,000	\$0	\$0
Atlas Linen Antimicrobial Testing	\$0	\$5,000	\$8,000	\$0
Healthy Start Health Education Model	\$0	\$0	\$25,143	\$27,143
Maternal Child Health Initiative	\$0	\$10,618	\$0	\$0
Total	\$60,000	\$102,435	\$77,921	\$59,643

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

Table 11: Overall Financial Summary (CEPH Template 1.6.1) summarizes the annual program revenue and expenditures for 2009-10 fiscal years (July 1 through June 30) through the current period by major category on a consolidated basis. This table combines the resources available through UMU, SU, and the Lerner Center for Public Health Promotion, as well as the revenue from grants and contracts.

Table 11: Overall Financial Summary (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
Source of Funds				
Tuition and Fees	\$164,782	\$271,312	\$432,501	\$432,423
State Support	\$689,389	\$684,397	\$469,582	\$445,285
Grants and Contracts	\$60,000	\$137,293	\$103,677	\$124,973
Student Support - UMU	\$833	\$738	\$12,531	\$6,957
Lerner Center	\$0	\$0	\$299,534	\$433,748
Total	\$915,004	\$1,093,740	\$1,317,825	\$1,443,386
Expenditures				
Faculty Salaries and Benefits	\$792,411	\$947,218	\$836,878	\$820,149
Staff Salaries and Benefits	\$57,427	\$64,336	\$222,039	\$195,881
Accreditation	\$0	\$2,000	\$4,500	\$8,354
Operations	\$39,415	\$21,941	\$73,895	\$87,068
Memberships	\$1,730	\$1,435	\$3,231	\$3,440
Conferences and Travel	\$8,443	\$4,249	\$18,780	\$17,090
Equipment and Software	\$6,613	\$8,987	\$6,431	\$4,336
Student Support - UMU	\$833	\$738	\$2,933	\$2,789
Student Support - Lerner Center	\$0	\$0	\$75,833	\$112,250
Academic and Community Partnerships - Lerner Center	\$0	\$0	\$53,968	\$101,300
Total	\$906,872	\$1,050,904	\$1,298,489	\$1,352,657
Contribution to Overhead	\$8,132	\$42,836	\$19,337	\$50,655

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

The financial contributions of each sponsoring institution are clearly presented in preceding sections. These sections also include discussion about how indirect cost returns for research generated by faculty are handled.

The agreement between UMU and SU stipulates that UMU collect and levy tuition which is set by SUNY. **Table 12** illustrates the tuition and fees set for NY State residents and non-residents. The rate for tuition revenue reimbursed to SU by UMU for courses taught by SU faculty is based on a blend of the historical distribution of in-state and out-of-state students, as outlined in the agreement between the two institutions.

Revenue is distributed between the two universities based on the actual distribution of credit hours taught by faculty of the two institutions proportionate to the number of credit hours taught by faculty whose primary appointment is at one or the other university (i.e., when a faculty member whose primary appointment is at SU teaches an MPH course, the hours are credited to SU). The financial model was constructed with an assumption that roughly 65% of the credits would be taught by UMU faculty and 35% by SU faculty. The model also assumed that UMU would provide the administrative home and support for the program.

An invoice detailing the credit hours applicable to the program provided by SU is submitted to UMU each semester. UMU then remits payment to SU once a full reconciliation of student registration is complete. Students pay each institution the required fees at the time of their enrollment on a per semester basis. When a student takes nine or more credit hours a semester at SU, a health fee is assessed in addition to the UMU health fee.

Table 12: Schedule of Tuition and Fees (CEPH Template 1.6.1)

	2009-2010	2010-2011	2011-2012	2012-2013
New York State Resident				
Part Time Per Credit Hour	\$349	\$349	\$370	\$390
Annual Full Time	\$8,370	\$8,370	\$8,870	\$9,370
Non-Resident				
Part Time Per Credit Hour	\$552	\$574	\$632	\$695
Annual Full Time	\$13,250	\$13,780	\$15,160	\$16,680
Upstate Medical University				
Activity Fee	\$130	\$130	\$130	\$130
Health Services Fee	\$198	\$198	\$190	\$215
Disability Insurance Fee	\$65	\$65	\$65	\$65
SUNY College Fee	\$25	\$25	\$25	\$25
Technology Fee	\$162	\$162	\$165	\$215
Syracuse University				
Health Fee (1)	\$270	\$286	\$294	\$300
Per Semester Activity Fee	\$40	\$40	\$40	\$40

(1) Applies when a student takes nine or more credits per semester taught by SU faculty

Please see budget tables in word document (**ERF. KK: Budget Tables (1.6)**)

- d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program’s performance relative to those objectives.

Table 13: Outcome Measures (CEPH Template 1.6.1)

Outcome Measure	Target	2009-2010	2010–2011	2011- 2012	2012- 2013
Track program expenditures per FTE Student	>\$25,000	\$51,821 MET	\$33,900 MET	\$30,197 MET	\$30,637 MET
Track research and service dollars per Faculty FTE	>\$25,000	\$8,823 NOT MET	\$20,422 NOT MET	\$14,826 NOT MET	\$12,829 NOT MET
Increase total research and service dollars as a percent of total Budget	15%	6.6% NOT MET	16.4% MET	9.5% NOT MET	9.0% NOT MET
Provide graduate assistantships funded by CNYMPH	3 Students	3 MET	3 MET	3 MET	3 MET
Increase number of research and service assistants per student headcount	10% of students Headcount	25% MET	26% MET	28% MET	9% NOT MET
Provide professional development per primary faculty	\$500	\$1,023 MET	\$983 MET	\$793 MET	\$617 MET

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

This criterion is **MET**.

The CNYMPH Program has adequate resources to provide high-quality education. However, several of the outcomes fell short of their target.

Strengths relating to this criterion

The predictability of tuition levels associated with a multi-year tuition plan allows the program to forecasts it budgetary planning. In addition, the endowment helps strengthen the program by supporting students (tuition and stipends) and community service activities. A rich pool of faculty resources exists at both universities.

Weaknesses relating to this criterion

Low levels of outside research and service funding are available to the program.

Plans relating to this criterion

As part of the planning process, a strategic research plan will be developed to increase extramural funding to the program.

1.7 Faculty and Other Resources

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

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

As illustrated in **Table 14**, the CNYMPH Program focus in Public Health Practice and Policy currently has nine primary faculty representing a variety of public health disciplines across both universities that support its instructional, research, and service objectives.

Table 14: Headcount of Primary Faculty by Concentration Area (CEPH Template 1.7.1)

Concentration Area	2010-11	2011-12	2012-13
Public Health Practice and Policy	9	8	9

- b. A table delineating the number of faculty, students, and SFRs for each of the last three years (academic years).

Table 15 below indicates the program has nine primary faculty members and 16 affiliated faculty. The primary faculty FTE is 7.12 and the affiliated faculty is 3.01. The total headcount for students is 64 and the student FTE is 47. This accounts for a SFR by primary faculty FTE of 7.78 and a SFR by total faculty FTE of 2.80.

Table 15: Faculty, Students, and Student/Faculty Ratios by Specialty Area (CEPH Template 1.7.2)⁶

Public Health Practice & Policy	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2009–2010	7	5.04	10	1.77	17	6.81	24	17.50	3.47	2.57
2010–2011	9	6.89	12	1.57	21	8.46	42	31.00	4.50	3.66
2011–2012	8	5.82	13	2.48	21	8.30	60	43.00	7.39	5.18
2012–2013	9	7.12	16	3.01	25	10.13	64	47.00	6.60	4.64

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

There are currently five administrative personnel who contribute to the CNYMPH Program. As seen in the table below, there are 5 administrative personnel that make up 2.75 FTE.

Table 16: Headcount and FTE of Non-Faculty, Non-Student Personnel

Position	HC	FTE
CNYMPH Coordinator	1	1.00
Administrative Staff Person	1	0.10
Administrative Support Staff	1	0.25
Business Manager	1	0.40
Program Director of Lerner Center	1	1.00
Total	5	2.75

⁶NOTES:

The faculty FTEs are calculated using the percent of time that faculty are working within the MPH Program. Faculty members' academic expectations are clearly defined in their personnel files within the department of Public Health and Preventive Medicine. These expectations are updated annually based on an academic year, which is from the fall through the summer sessions. Components of faculty activities are weighted based on time spent in each area.

The student FTE is calculated on an entire academic year. Total credits that equal or exceed 18 per academic year are considered 1 FTE. Total credits fewer than 18 for an academic year are considered 50% FTE.

- Key:
- HC = Head Count
 - Primary = Full-time faculty who support the program based on the CEPH definition of Required Faculty Resources.
 - FTE = Full-time-equivalent
 - Other = Adjunct, part-time, and secondary faculty
 - Total = Primary + Other
- SFR = Student/Faculty Ratio

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

The institutional resources at both UMU and SU provide the CNYMPH Program with adequate space (offices, classrooms, common space for student use) to conduct the activities necessary to fulfill the mission of the program. Program activities are conducted mainly on two campuses. The close proximity of both campuses provides MPH students easy access to space and services at both institutions. The buildings at UMU most frequently used for program activities are Weiskotten Hall and Setnor Academic Building. The program at SU primarily uses Eggers Hall located in the Maxwell School for all program activities. Other locations on either campus, including the Campus Activity Building (CAB) at UMU and the School of Management (SOM) at SU, have also been used for classroom space or for special events, such as orientation. **ERF. LL: UMU/SU Campus Map).**

The CNYMPH Program Office has a suite located in a newly renovated space on the second floor of Weiskotten Hall, the original medical school building at UMU. The program director is physically located at UMU (Weiskotten Hall), and the associate director is located at both UMU (Weiskotten Hall) and SU (Eggers Hall).

All new or renovated instructional spaces are equipped with either a projection or other video display device. All lecture spaces with a capacity of 50 or more contain teaching stations equipped with dedicated, networked computers, projection systems, document cameras, and other resources. Nearly 100% of teaching and meeting spaces provide instructors with access to campus network resources, and nearly half of all instructional space is equipped with permanently installed projection equipment; portable projection equipment is available for the remainder of the rooms. With the installation of wireless technology in instructional areas, students have network access in more than 50% of instructional space and all new or renovated areas include plans to include such access. There is campus-wide WiFi providing students with easy access to the internet at both universities.

Weiskotten Hall and Setnor Academic Building:

Office: The program has two main suites for faculty offices, which are located in Weiskotten Hall. These suites also include administrative space and two separate student offices equipped with computers and printing access. The suites are also in proximity to a CNYMPH communal break room and a conference room. The conference room is equipped with computer, internet access, projector, and phone conferencing.

Classrooms: In both Weiskotten Hall and Setnor Academic Building, classrooms, auditoriums, and conference rooms are available for program use. In the Setnor Academic Building, students have access to state-of-the-art computers, internet access, TV/DVD players, multi-media projectors, and video conferencing (SKYPE). Weiskotten Hall has classrooms equipped with projectors, computers, and internet access. Both buildings have SMART classrooms.

Common Space: Students also have access to several student lounges located in both Weiskotten Hall and Setnor Academic Building.

Eggers Hall:

Office: The CNYMPH Program has a presence in Eggers Hall within the Department of Public Administration and International Affairs in the Maxwell School of Citizenship and Public Affairs. Administrative personnel in this department provide support to the CNYMPH Program when necessary.

Classrooms: The program also uses existing classrooms, auditoriums, conference rooms, and computer labs to support its daily operations.

Common Space: Eggers Café provides a space for MPH and other graduate students to congregate informally. Additionally, the Academic Village (common space) contains generous meeting, study, and lounging space.

A list of the commonly used classrooms, offices, meeting and conference rooms, and computer labs is presented in the table below. A map of the campuses identifying the three main buildings is presented in **(ERF. LL: UMU/SU Campus Map)**.

Table 17: Description of Space Available to the CNYMPH Program at UMU and SU

Type of Space	Campus/Building	Suite/Room #
Office of CNYMPH Program	UMU – Weiskotten Hall	Suite 2263
Office of the Director	UMU–Weiskotten Hall	Suite 2262
Conference Room (3)	UMU – Weiskotten Hall Setnor Academic Building	Room 2261 and 9299 (Doust Board Room) Room 4516
Break Room/Lounge Area	UMU – Weiskotten Hall	Room 2259
Student Computers (2)	UMU – Weiskotten Hall	Rooms 2260, 2263A
Auditoriums (3)	UMU – Weiskotten Hall	Room 1159, 2231, 9295
Classrooms (14)	UMU – Weiskotten Hall Setnor Academic Building	Rooms 3109, 3111, 3113 Rooms 1507, 1508, 2507, 2508, 2509, 2510, 3507, 3508, 3509, 3510, 4507
Computer Labs (5)	UMU – Weiskotten Hall Silverman Hall	Room 1210 (30), Health Sciences Library Rooms 220 (15), 222C (24), CAB Upper Basement (4) Room 1212 (11)
Student Lounges (2)	UMU – Weiskotten Hall Setnor Academic Building	9 th floor 1 st floor
Department of Public Administration and International Affairs	SU – Eggers Hall	Suite 215
Office of Associate Director	SU – Eggers Hall	Suite 426
Conference Rooms (2)	SU – Eggers Hall	Room 425 Room 209
Auditoriums (11)	SU – Maxwell Hall	Maxwell Auditorium 10 others on campus
Computer Labs (2)	SU – Eggers Hall	Room 040

	Interactive Media Lab	Room 062
Student Lounges (2)	SU – Eggers Hall Academic Village	Room 240 Room 234

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

Currently, the CNYMPH Program does not have laboratory space.

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

Faculty and staff at both institutions have their own individual computers. Both UMU and SU have a variety of public computer lab space available to MPH students, faculty, administration, and staff as described below.

Description of IT support at UMU

Academic Computing provided through the Office of Information Management and Technology (IMT) at UMU supports students, faculty, and staff in the use of computer resources on campus. Access and assistance are provided for a range of student needs including installation of campus antivirus software and help with connection to the campus wireless network. IMT runs a helpdesk for students, faculty, and staff for all computer related services at Upstate Medical University.

Description of Computing Lab Resources at UMU

Health Science Library

General Floor: At UMU, computers (PC and MAC) are available during all library hours of operation in both the main library, a computer lab, and three computer classrooms. On the first floor of the library in the Reference Area, ten computers are intended primarily for research in health, public health, and medicine. On the second floor of the library, a total of 77 computers are available throughout the learning center. Six of the computers are equipped with scanners to enable the patrons to create PDF documents. In addition, three computer classrooms are available to the MPH Program.

Dr. John Bernard Henry Microcomputer Center: The computing center, located on the second floor in the Health Sciences Library, consists of one open work area and two computer classrooms. The open computing area contains 26 Windows PCs and 8 iMacs.

Room 220 is a 15-seat computer classroom with a projector and a teaching station, and Room 222C is a 24-seat computer classroom with a projector and a teaching station. Printing is available in both rooms on a pay-for-print system. All computers have SPSS. Both black-and-white and color printers are available on the pay-for-print system. These workstations contain six flatbed scanners and one slide scanner. Computers with scanners have Adobe Acrobat Professional and Photoshop installed. Access to this area is available during library hours via swipe card.

I-Lab: The lab contains 32 Windows PCs for regular use and 1 Windows PC as a presentation station. Printing is available on the pay-for-print system, with paper provided. Access to this lab is available 24/7 via swipe card.

CAB: The Campus Activity Building (CAB) located in the upper basement of the CAB. This lab consists of five Windows PCs.

Description of Computing Lab Resources at SU

The entire SU campus has wireless access. Additionally, SU has 11 computer labs accessible to the entire student body with varying hours of operation. All of these computers have Windows 7, Microsoft Office, SAS, STATA, SPSS, and access to laser printers. The following labs have a cumulative 120 computers with 24-hour access: Kimmel 029, Lawrinson 201, Graham 016, Brockway 202, and Link 110. The following labs have 82 computers available from a half hour after the building opens until a half hour before the building closes (generally 7am–10pm): Schine Student Center Ludwig Lounge, Schine Student Center 126, Goldstein Student Center 107, CST 1-114, Huntington 020, and the Physics lab. Also, ten email stations throughout campus are available to all students.

The SU Bird Library is open 24 hours and has 38 PCs and MACs available to students. These computer workstations are also available to visitors. The computers have Microsoft Office, SAS, SPSS, STATA, Windows 7, and GIS. Media PC stations and IT equipment are available to rent.

The majority of students use the computer labs at their specific school. The Maxwell School has two workspaces available exclusively to students affiliated with the PAIA department: the Academic Village in Eggers Hall and the Eggers 040 Lab. All of these computers are equipped with Windows 7, Microsoft Office, SAS, STATA, SPSS, and access to laser printers.

Description of IT support at SU

Information Technology and Services (ITS) at SU provides a variety of computing services and facilities for students, faculty, and staff. These include computing support and repair services for desktop or laptop computers running Vista, Windows 7, Windows XP with SP3, or Macintosh OS X - Leopard (10.5 or higher), consulting services for SU's AirOrange X Internet connection, SU student e-mail, ITS computer labs, recommended antivirus, MySlice and NetID, and password and troubleshooting services for computer issues up to two hours. ITS is available by email (help@syr.edu), through an online help form through the Syracuse website, live telephone support (315.443.2677), and service center walk-in support.

The Maxwell School ITS is located in the basement of Eggers Hall and has walk-in hours, a service hotline, and email access to more conveniently address student, faculty, and staff computer and technology issues.

Software Resources: UMU students, faculty, and staff are eligible to take advantage of substantial savings on popular software titles, such as Microsoft, Adobe, SPSS, Quark, and Parallels, and on computer hardware products, such as Dell and HP. Similarly, students and faculty are considered a part of the SU community. Faculty members have access to free and discounted software, and students have access to discounted computer software.

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

Students, faculty, and staff have access to library facilities at both UMU and SU. During orientation, the universities' libraries provide training on the use of library facilities to all MPH students. All MPH students have both UMU and SU ID cards.

Upstate Medical University Health Sciences Library⁷

The library at UMU supports teaching and research activities. The library also serves the health information needs of both the general public and health care professionals throughout Central New York. The staff is available for training on the use of a variety of search sites and software programs upon request.

UMU library has jointly created a pathfinder for local public health resources with the SU Bird Library. In addition, the library currently subscribes to 66% of the journals on the core journal list of the MLA Public Health/Health Administrations Core Public Health Journal List and owns 62% of the essential purchase titles from *Doody's Core Title List of Books* on the subject areas pertinent to public health. The library's collection numbers over 216,000 print volumes and 2,200 rare books. The library subscribes to over 70 databases and 2,600 full-text electronic journals and textbooks.

The library provides web access to many specialized online databases, full-text journals, and e-books without charge. The available database selection is extensive and broad-based to permit searches for information on a wide variety of subject requests.

Hours of Service: The library hours of operations include Monday through Thursday from 8am–1 am, Friday from 8am–9 pm, Saturday from 10am–9 pm, and Sunday from 11 am–1 am. Students and faculty can connect to the library from off-campus sites and use the online resources for free.

Additional Services

Reference librarians provide assistance to our CNYMPH faculty, staff, and students.

- **Research consultations** are available for assistance with research projects.
- **Library classes and trainings** are available to faculty and students. Faculty can create a customized library training session or class to meet their needs. Students, for example, are often encouraged to seek training on how to use RefWorks—an online research management, writing, and collaboration tool—among other resources.
- **Library tours** are provided to orient faculty and staff.
- **House calls** are available for the department. The librarian comes directly to the department to provide assistance.
- **Library liaison** is assigned to the department as a direct line to customized library services.
- **Literature searches** of the biomedical and public health literature are normally ready within 24 hours of a faculty request. Students requesting a search will also receive training on how to search for their desired topic.

⁷<http://library.upstate.edu/>

Citation Tools and Writing Guides

The library also provides a plethora of tools and guides for creating citations and bibliographies, formatting papers, and writing. Refworks, American Psychological Association (APA) style, and the Modern Language Association (MLA) are supported at the library and at the department level.

Document Delivery

The library's Document Delivery Department will order materials (articles, books, videos, and more) from other libraries through the Interlibrary Loan (ILLiad) system.

Syracuse University Libraries⁸

The SU libraries, which include the E.S. Bird Library (the largest library), house collections in fine arts, humanities, social sciences, government documents, maps, and other subject areas and services including the Special Collections Research Center and the Archives. Other libraries on or near the SU campus also serve the SU community, including the Martin Luther King Library, the Barclay Law Library, and the Moon Library on the SUNY ESF campus. A map of the libraries is available online at <http://library.syr.edu/information/locations/index.html>

Hours of service: For much of the year, the largest library (E. S. Bird) is open 8 am–midnight, Monday–Thursday; 8 am–10 pm on Friday; 10 am–10 pm on Saturday, and 10 am–midnight on Sunday. After 9 pm, SU and ESF ID cards are needed for entry to the building. Hours vary by library location and time of year.

Online and print collections:

The SU libraries' collections include over 2,900,000 volumes, 400 databases, and 20,000 serials (including more than 16,000 e-journals), as well as maps, data sets, visual resources, sound recordings, and other resources. The SUMMIT catalog is the source of information about the library's collections of books, journals, videos, sound recordings, and other items. The catalog is publicly accessible at <http://summit.syr.edu>.

The SU libraries' Special Collections Research Center⁹ holds numerous primary source resources of interest, including the Virginia Insley Collection on Public Health Social Work.

Space: The SU libraries have a number of group and individual study areas and several instructional spaces, including one hands-on instructional space containing 15 computers plus an instructor's station. Wireless access is available in the E.S. Bird Library, the Science and Technology Library, the Math Library, the Geology Library, and in many areas of the campus.

Public Health Resources:

The SU libraries have numerous resources of interest to public health researchers and continue to acquire relevant resources. An SU report indicates that SU students and faculty have access to many of the journal titles identified by the Public Health/Public Administration section of the Medical Library Association as Essential Core (15 of 17 titles) and Research Level Core (27 of 35 titles).

The SU libraries also subscribe to several health-related databases, such as Medline and Health Reference Center. In addition, there are many other resources that include coverage of health, policy, and industry information. For example, Business and Company Resource Center, Public Administration Abstracts, PAIS

⁸<http://library.syr.edu>

⁹<http://library.syr.edu/information/spcollections/>

International, PsycINFO, Sociological Abstracts, and numerous U.S. government publications, including Congressional hearings and Congressional Research Service Reports, are available. The SU libraries also provide access to data sets, including those from the Inter-University Consortium for Political and Social Research (ICPSR) and additional health-related data sets.

Research Assistance: Librarians are available to provide research assistance to users of library resources. A subject list is available at http://library.syr.edu/cgi-bin/subject_librarians.cgi. Reference services are offered in person, by telephone, by email, and online in real-time.

Collections-related questions may be directed to the bibliographers, who welcome collections suggestions:

- Arts and Humanities: Mark Weimer, mfweimer@syr.edu, 443-3874
- Social Sciences and Area Studies: Tasha Cooper, nacoop01@syr.edu, 443-9518
- Science and Technology: Janet Pease (interim), jlpease@syr.edu, 443-9768

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

Students in the CNYMPH Program can use the Writing Center at UMU and at SU at any time for assistance with reviewing and evaluating class papers. Students also have access to recreational, student health, and counseling services at both campuses.

i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years.

Table 18 summarizes the resource-related outcomes for the CNYMPH Program over the past three years. Three indicators are used as direct measures of adequacy of program resources.

Table 18: Outcome Measures for Adequacy of Resources

Outcome Measure	Target	2010–11	2011–12	2012–13
Dedicate space for Faculty, Staff, and Students	By Academic year 2010–2011	MET	MET	MET
Provide endowment support	Minimum of One	NOT MET	MET	MET
Secure institutional support for computer statistical software	Accessibility at both institutions	NOT MET	MET	MET

When the program started, there was no allocated program space specifically for students and faculty. The faculty were located in three different buildings; students had no program-related meeting or workspace. The program director secured newly renovated space for the program within the UMU complex.

An endowment was established at SU to develop the Lerner Center for Public Health Promotion in collaboration with the CNYMPH Program. The endowment provides three graduate assistantships and other support for students (travel, software, etc.).

At program inception, only SU provided the SPSS software used by the CNYMPH Program. The software was installed on publicly available computers for student use. In 2010, SU purchased the INVIVO software for students doing qualitative studies; this software was installed on one departmental computer for student use. The following year, UMU bought an institutional license for SPSS and made this software available on all public computers, thereby reducing the need for students to purchase a license.

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

This criterion is **MET**.

Strengths relating to this criterion

The program has a sufficient complement of primary and affiliated faculty to support its mission. Both universities have ample resources to support student and faculty needs. The program has dedicated space, publicly available statistical software, and an endowment to support program activities.

Weaknesses relating to this criterion

The program seeks to overcome the limited SU faculty participation on committees.

Plans relating to this criterion

During the strategic planning process, additional resources (financial and faculty) for program development will be explored. With the establishment of a specific goal area related to collaboration and the corresponding outcome measures, these resources will continue to be a priority area.

1.8 Diversity

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research, and service practice

a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program:

The CNYMPH Program is committed to working with diverse populations in the 14 county Central New York area it serves and to hiring a diverse faculty and staff who reflect the demographic distribution of these areas (**Figure 6: New York Regional Map**). Ethnic and racial minorities, particularly Black, Native American, and Hispanic, have historically been underrepresented in public health policy, research, and practice.¹⁰ The goal of the CNYMPH Program is to redress this imbalance by the recruitment, retention, and graduation of students, faculty, and staff in proportion to their overall representation in our catchment area. The CNYMPH Program recognizes the need to be mindful of the diversity of the population we serve and incorporates the concept of diversity and cultural competency in our students' overall academic and community experiences.

i. Description of the program's underrepresented populations, including a rationale for the designation.

The CNYMPH Program has defined its service area as 14 contiguous counties in Central New York with a total population of 1.6 million persons. Of the 400 zip codes in these 14 counties, 79% are rural, 8.5% are suburban and 12.5% are considered urban. The ethnicity of the service area is predominantly white (88.5%) with African Americans accounting for only 5.5%, and persons of Hispanic origin only 3.3%. Persons of Asian background represent slightly over 2.5% of the population. There are differences between the counties that are predominately rural and those that contain larger urban cities (Syracuse, Utica and Binghamton). In the urban counties, there are more African Americans and persons of Hispanic origin (8% and 5%, respectively) compared to the rural communities in which both populations represent less than 3% of the population (see **Table 19**). Our immediate program catchment area has a significantly higher population of racial and ethnic minorities. In the last ten years, over 10,000 refugees were settled in CNY, predominately in two counties (Onondaga and Oneida, with 6,676 and 3,829, respectively).¹⁰ More details regarding each of the 14 counties can be found in **ERF. MM: CNY Regional Demographic Data Report**.

¹⁰ New York State Office of Disability and Temporary Assistance, 2013.

Figure 6: New York Regional Map

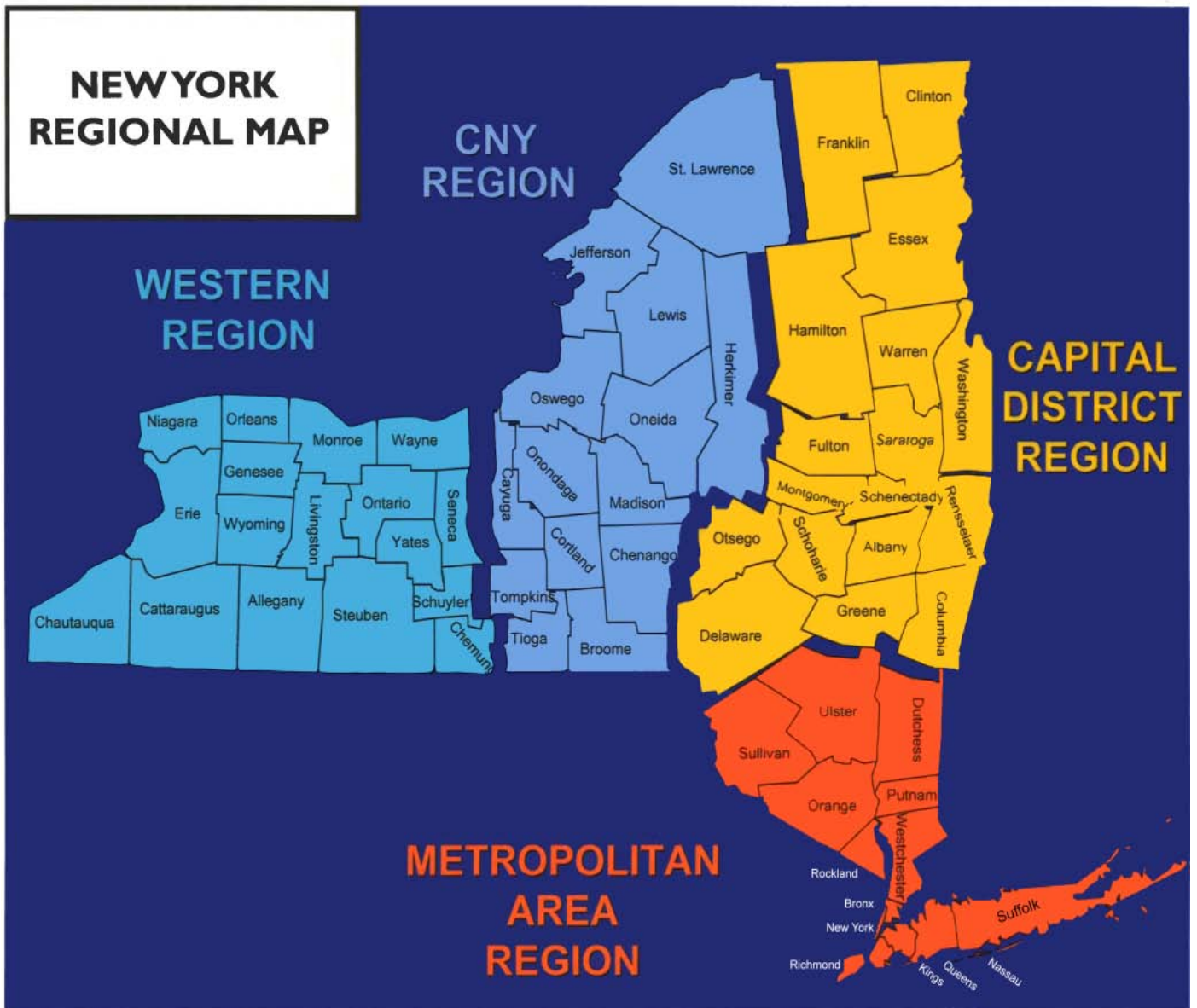


Table 19: New York Regional Demographics

	Service Area	Urban Counties	Rural Counties
	2010	2010	2010
White	87.8%	84.1%	94.1%
African American	5.8%	8.4%	2.6%
Asian	2.6%	3.1%	1.9%
Hispanic	3.5%	4.0%	2.7%
Men	49.3%	48.8%	49.9%
Women	50.7%	51.2%	50.1%
Rural	79.0%		
Urban/Suburban	21.0%		

Source: Kennedy, Caitlin Public Health Reports 2005; 120:355-57

The CNYMPH Program’s demographic data for faculty and staff were collected by electronic survey and matched to our demographic footprint. Data for students were collected from their admissions application using Banner. The program’s students do not represent the overall footprint. Demographics of faculty, staff and students compared to the demographics of the 14-county footprint can be found in **ERF. NN: CNYMPH Program Demographic Match to Footprint Area.**

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

The CNYMPH Program developed specific–diversity- and cultural-competency-related goals and objectives for student recruitment and educational experiences:

- Objective 1.1: Recruit a diverse and qualified student body for broad-based practice in public health and policy
- Objective 1.4: Strengthen students’ cultural competency by increasing their awareness, knowledge, and skills in working with diverse populations.

Two of the nineteen program competencies address the need for cultural competency within the students’ educational learning experiences and include:

- P7 Identify and assess social, cultural, economic and behavioral determinants of health outcomes and disparities and
- P10 Demonstrate how to appropriately address cultural competency issues for a population.

Additionally, 9 of 18 core and program-specific courses include these competencies: MPHP 601, 603, 604, 605, 642, 656, 657, 660, 698 (see criterion 2.3 for course descriptions).

Although the research goal and objectives do not specify diverse populations, faculty members are encouraged to develop research projects that include populations that match our footprint. In addition, the

program adheres to written policies concerning diversity and cultural competency promoted by the administration of both universities and that are consistent with their missions and values.

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

The CNYMPH Program supports a climate free of harassment and discrimination, where all forms of diversity are acknowledged, respected, and valued, thereby enabling persons of all abilities, genders, ethnicities, races, and sexual orientations to interact, learn, and work together in dignity. The program adheres to official policies promoted by both UMU (including the College of Medicine) and SU.

UMU: At UMU, the policies that support and value the contributions of all forms of diversity include the following: College of Medicine’s policy on diversity and inclusion, Upstate Pledge, and the Commitment to Diversity as well as the University Hospital’s Non-Discrimination Policy. These policies and statements can be found in **ERF. OO: COM Diversity and Inclusion Diversity, ERF. PP: Upstate Pledge, and ERF. QQ: University Hospital Non-Discrimination Policy.**

In addition, the President’s Diversity Council is charged with developing and leading strategic initiatives to achieve UMU’s goal to promote a more diverse and inclusive community¹¹. The Office of Multicultural Affairs is responsible for training faculty, staff, and students to support a multicultural environment; for providing cultural experiences and education to support our diverse community; and for assisting in student recruitment and support for underrepresented students. Examples include the Diversity Lecture Series; events celebrating Black History month, Native American Heritage Month, and Latino Heritage Month; and participation in the Mercy Works program, Project Search, and the Presidential Scholars Program.¹² Additionally, one of the CNYMPH staff is part of a group called Diversity Allies, which is charged with educating various departments regarding cultural competency issues. UMU is also committed to maintaining an environment that is free from unlawful sexual harassment.¹³

SU: SU is dedicated to having a diverse student body and has several offices in Student Affairs that address diversity and cultural competence. The Office of Multicultural Affairs; the Lesbian, Gay, Bisexual, Transgender (LGBT) Resource Center; and the Diversity Cultural Center have a number of formal policies addressing diversity and cultural competency. In addition, SU is also committed to maintaining an environment that is free from unlawful sexual harassment. Detail on these areas can be viewed at the websites listed below:

- <http://humanresources.syr.edu/faculty/diversity.html>
- http://supolicies.syr.edu/ethics/nonD_equal_policy.htm
- http://supolicies.syr.edu/studs/nonD_stud_disability.htm
- http://supolicies.syr.edu/studs/stud_rights.htm
- http://supolicies.syr.edu/univ_senate/nonD_harass_emp.htm
- http://supolicies.syr.edu/univ_senate/sexual_harass.htm

¹¹<http://www.upstate.edu/diversityinclusion/council/intra/council.php>

¹²<http://www.upstate.edu/currentstudents/support/multicultural/>

¹³<http://www.upstate.edu/diversityinclusion/complaint/sexharassment.php>

In addition, SU has Affinity Groups and Dialogue Circles that meet regularly to help the university community have a better appreciation for racial and ethnic diversity.^{14,15}

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

The program adheres to both universities' policies that support a climate for working and learning in a diverse setting. UMU has both a president's statement on promoting a diverse workforce and a policy of diversity and affirmative action (**ERF. RR: President Statement on Workforce Diversity**). SU also supports a policy that promotes working and learning in a diverse environment.¹⁶

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

The Curriculum Committee is charged with maintaining the quality and relevance of the curriculum, which includes ensuring that all program competencies and curriculum-related-objectives are being met. They also review service learning opportunities and syllabi learning objectives that address diversity and cultural competency (see criterion 2.6).

The involvement of the Lerner Center with the CNYMPH Program provides service learning opportunities that allow students to build competencies in diversity and cultural considerations. For example, the Community Health Assessments conducted by the Lerner Center in fall 2011 were completed by the MPH students enrolled in Public Health Administration. The students were required to analyze the demographic profiles of their assigned communities and develop appropriate mechanisms and tools for gathering population data.

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

The program has a policy for faculty recruitment that includes actions to increase diverse applicants (**ERF. SS: Faculty Recruitment Policy**). The program recently hired a new faculty member with a background and expertise in rural health who will assess the rural health needs in the communities we serve and assist the program in incorporating those needs into the educational and research programs. In addition, both universities have developed programs to help with development, promotion, and retention of faculty.

UMU: UMU has a faculty mentorship program called TEMPO (Trusted, Experienced Mentors Promoting Others) that pairs new faculty members with experienced researchers to help them develop their research program¹⁷ and has an annual faculty development series on relevant topics (**ERF. TT: Faculty Development Series**). Additionally, the Women in Medicine and Sciences Group (WIM) is available to all female faculty and has as its goal to enhance the status of women faculty.¹⁸

SU: SU has developed a project called The Inclusive Connective Corridor as a fresh approach to recruiting, promoting, and retaining women in science, technology, engineering, and mathematics (STEM), especially women of color and women with disabilities (**ERF. UU: SU Women Faculty Recruitment Initiative**).

¹⁴http://humanresources.syr.edu/staff/bu_staff/affinity.html

¹⁵http://humanresources.syr.edu/faculty/dialogue_circles_faq.html

¹⁶<http://humanresources.syr.edu/faculty/diversity.html>

¹⁷<http://www.upstate.edu/wim/>

¹⁸<http://www.upstate.edu/wim/>

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

The program adheres to each institution's diversity policies when hiring staff and uses them to develop materials, including position advertisements. At UMU these policies include the Commitment to Diversity (**ERF. VV: UMU Diversity Commitment**).

Additionally, UMU's President's Advisory Committee on Women, of which the CNYMPH director is a member, has an annual staff development day and advancement fair. Websites with additional resources are available from UMU¹⁹ and SU²⁰.

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

The CNYMPH Admissions Committee works with the UMU Office of Admissions to identify ways to identify and recruit underrepresented students (see criterion 4.3). This includes outreach to college and university pre-health advisors in our catchment area and working with various Collegiate Science and Technology Entry Program (C-STEP) programs, which target underrepresented minorities to consider health-related fields. This year, we added a multi-mini interview to the admissions process and included students and faculty from the underrepresented areas we seek in the interview day.

ix. Regular evaluation of effectiveness of above-listed measures

Appropriate committees and program administration are responsible for regular evaluation of the components of this section to which they are charged. They report recommendations for changes to the Operations Committee and to the Faculty Council for vote when appropriate.

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

Both the mission and values of the CNYMPH Program demonstrate a commitment to diversity²¹ Information provided above demonstrates how the program has made efforts to address diversity and cultural competency gaps. The admissions office routinely targets colleges in the areas we serve and has expanded participation with SU in the (CSTEP), which prepares and supports students from underrepresented groups for post-baccalaureate professional training (**ERF. WW: Admission Recruitment Sites**). The program regularly participates in University Career Days, which targets minorities. Each summer we sponsor an intern from an underrepresented minority who is interested in public health through a local program called Synergy to mentor them and provide them skills to advance their academic and professional careers. In addition, we participate in the Upstate Presidential Scholars program, which seeks to pair graduate students from underrepresented minorities interested in experiences that will prepare them for employment in the health care industry²² with UMU faculty. Program information related to Grand Rounds and degree programs is sent to public health employees and potential students in our target area through the CNY Area Health Education

¹⁹<http://www.upstate.edu/diversityinclusion/pacwi/>

²⁰<http://humanresources.syr.edu/faculty/diversity.html>

²¹<http://www.upstate.edu/cnymph/about/>

²²<http://www.upstate.edu/diversityinclusion/internship.php>

Council (CNYAHEC) and other list serves. During faculty recruitment, announcements are sent to minority and women list serves; and targeted ads are placed when appropriate as per our policy.

The program includes cultural competency as a program competency, and all core and program-specific syllabi have been mapped to this competency to evaluate how effectively the program is meeting its educational objectives in this area. The Curriculum Committee reviews annual 360° Faculty Course Evaluations to determine any potential changes. Additionally, many of our student field placements provide opportunities to work for agencies that serve diverse populations and build cultural competency. The UMU Office of Community Engagement provides students with opportunities to volunteer in diverse settings in inner city Syracuse.²³ In addition, The Lerner Center at SU provides similar volunteer and paid fellowship opportunities to work with their community partners.²⁴

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

Program administration reviewed all university documents relevant to diversity, harassment, and cultural competency and consulted each university's diversity administrator in the adoption and development of program policies and plans. Program faculty had an opportunity to review them prior to inclusion in the student and faculty handbooks.

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

The program annually reviews its policies when updating student and faculty handbooks to ensure they are up to date. The Admissions Committee reviews applicant, acceptance, and matriculation policies regarding diversity to identify areas for improvement. The Faculty Council reviews the results of an annual student-sponsored program-evaluation survey for any diversity and cultural competency issues identified and discusses ways to address them. The curriculum committee reviews core and program-specific syllabi to ensure they are meeting these specific competencies and objectives.

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

The program initially identified the following objective regarding diversity:

Objective 1.1 Recruit a diverse and qualified student body for broad-based practice in public health and policy.

In the table below, the program has increased the percent of students from rural communities in the last three years. The program met its target for newly enrolled African American students in two of the last three years.

²³<http://www.upstate.edu/currentstudents/campuslife/outreach/>

²⁴<http://lernercenter.syr.edu/index.html>

The program needs to improve outreach to increase faculty, staff, and students who represent the communities we serve.

Table 20: Summary Data for Faculty, Students, and Staff (CEPH Template 1.8.1)

Category/Definition	Method of Collection	Data Source	Target	Year 1	Year 2	Year 3
Faculty – Latino/Hispanic	Self-Report	Human Resources	5%	0%	0%	0%
Faculty – Rural	Self-Report	Faculty Survey	40%	5%	5%	12%
Newly Enrolled Students– African American	Self-Report	Admissions Form	5%	8%	7%	0%
Student – Rural	Self-Report	Admissions Form	50%	13%	17%	21%
Staff – Rural	Self-Report	Staff Survey	50%	100%	25%	25%

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

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion

The program reaches out to colleges and universities in our catchment area and makes a conscious effort to focus on underrepresented students.

To increase diversity among the faculty, the program advertises specifically to women and minorities.

Program and student activities are encouraged in diverse populations.

Weaknesses relating to this criterion

The program is lacking a strategic plan for recruitment and retention of a diverse student body, staff, and faculty.

Although the program’s catchment area includes 14 footprint counties (mostly rural), there is minimal inclusion of rural health in the curriculum.

Plans relating to this criterion

Plans to address these areas include a) developing and adopting program-specific policies and plans to address the weaknesses above by academic year 2014, b) consulting the CNYAHEC, Advisory Board, and other identified groups in plan development, c) revising objectives and targets to increase diversity among faculty and staff, and d) creating a strategic plan that focuses on incorporating diversity into our instruction, research, and service.

2. CRITERION: INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings

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

- a. An instructional matrix presenting all of the program’s degree programs and areas of specialization, including undergraduate, master’s, and doctoral degrees, as appropriate.

Table 21: Instructional Matrix – Degrees and Specializations (CEPH Template 2.1.1)

	Academic	Professional
Master’s Degrees		
Public Health Practice and Policy		MPH
Joint Degrees		
Medicine		MD/MPH

The program currently offers one degree, the Master of Public Health, with a concentration in public health practice and policy. The MPH is the primary professional degree, which strives to prepare students as public health practitioners to plan, implement, advocate, and evaluate population-based programs and policies that improve the health and well-being of communities. To accomplish this mission, the CNYMPH Program has developed and implemented a competency-based curriculum, preparing students for career opportunities that involve public health interventions at the practice and policy levels.

The Academic Year 2009-2010 was the inaugural year in which students were enrolled in the program. The program originally planned to meet the needs of students with a generalist emphasis in public health, as well as a student focus on management, research, and direct service. This framework was established to support advising students. In the spring of 2010, the curriculum planning process amended the program to include one area of emphasis—Policy and Practice. All students entering the MPH Program in the fall of 2010 used the Policy and Practice framework to develop their plan of study.

The program also offers an MD/MPH concomitant degree, which is further described in criterion 2.11. In addition, students interested in an emphasis in health services delivery can pursue a certificate of Advanced Study in Health Services Management and Policy granted by the Maxwell School of Citizenship and Public Affairs.

- b. **The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.**

The CNYMPH Program circulates an official publication and lists required courses and their course descriptions. This publication can be found on the program's website:

- MPH degree: http://www.upstate.edu/cnymph/academic/mph_degree/
- MD/MPH degree: http://www.upstate.edu/cnymph/academic/mph_degree/md_mph.php

Additionally, all requirements for the CNYMPH degree program are described in detail in the *CNYMPH Program Student Handbook* and are posted on the program's website. The *CNYMPH Student Handbook* can also be found in **ERF. G: Student Handbook**.

The *SUNY UMU Academic Catalog (pages 36–38)* lists all of the colleges and the degree programs available at the institution and contains CNYMPH specific degree information and course offerings: http://www.upstate.edu/scripts/documents/currentstudents/academic_catalog.pdf

The *College of Medicine's (COM) Course Selection Book (pages 3–10)* contains a listing of all the MPH course offerings (designated with an MPHP prefix) with their descriptions: http://www.upstate.edu/scripts/documents/currentstudents/course_selection_com.pdf

The *COM's Student handbook (pages 126 - 128)* also contains information related to the CNYMPH Program and the degree requirements: http://www.upstate.edu/scripts/documents/currentstudents/11_medicine.pdf

The CNYMPH Program is also listed at SU in the *Course Catalog* as a degree option: http://coursecatalog.syr.edu/2012/programs/public_health_cnymph

The Maxwell School of Citizenship at SU has a direct link to the CNYMPH Program website: <http://www.maxwell.syr.edu/deans.aspx?id=324>

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

This criterion is **MET**.

Strengths relating to this criterion

The CNYMPH Program offers an MPH degree, which provides broad mastery of the core public health disciplines, as well as a focus on public health practice and policy. The program prepares students as public health practitioners to plan, implement, advocate, and evaluate population-based programs and policies that improve the health and well-being of communities. In addition, the program also offers an MD/MPH concomitant degree.

The CNYMPH curriculum with course descriptions is outlined in the several course catalogs and on the CNYMPH Program website. The program is also widely advertised at UMU and SU.

Weaknesses relating to this criterion

There are additional departments at SU and SUNY that currently are not engaged with the program that may provide expertise in our field of study. Such collaborators may include the David Falk College of Sports and Human Dynamics (SU) (which offers the undergraduate public health degree program), LC Smith College of Engineering and Computer Science (environmental engineering), and Environmental Science and Forestry (SUNY-ESF) (environmental health specialty).

Plans relating to this criterion

Through our strategic planning process, the CNYMPH Program will explore additional concentrations that may include epidemiology, biostatistics, and administration and health policy concentrations.

Currently, the CNYMPH Program is in negotiations with other programs at SU to develop additional interdisciplinary training.

2.2 Program Length

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

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

The CNYMPH Program uses the same definition of a credit as the SUNY system. SUNY has adopted a variant of the traditional “Carnegie Unit” as a measure of academic credit. This unit, referred to a “semester credit hour,” is an academic unit earned for fifteen 50-minute sessions of classroom instruction with two hours of outside study for each class session. A three-semester credit hour course meets three 50-minute sessions per week for fifteen weeks for a total of 45 sessions.²⁵

b. Information about the minimum degree requirement for all professional public health master’s degree curricula shown in the instructional matrix.

When the program was initially designed, students could focus on one of four areas of specialization: Public Health Generalist, Medical Professional, Public Health Scientist, or Public Health Administrator. The plans of study for these tracks were designed for students to master the knowledge and skills needed for these workforce roles. However, the program did not have the adequate number of faculty to meet the requirements for four tracks. The focus of the program was changed to public health practice and policy. Program competencies were modified to reflect the change in the program focus.

The current CNYMPH Program’s minimum degree requirements are listed in **Table 22**. All students are required to take the five core courses and the four program-specific courses in the areas of public health practice, public health policy, program planning and evaluation, and research methods. Students take three elective courses, which include at least one applied methods elective²⁶ and at least one content elective. They are required to complete a Field Placement course, which allows them to apply their public health knowledge and skills through practical experiences. The students complete their degree requirements with a culminating experience, in which they synthesize and integrate their public health knowledge and produce a capstone project. The electives that a student chooses are related to the capstone project format that the student selects. For example, if a student chooses to do a grant proposal for his or her capstone, he or she must take the Grant Writing in Public Health elective. The capstone project formats and the courses required for each format are discussed in criterion 2.5.

²⁵ http://www.suny.edu/sunypp/documents.cfm?doc_id=168

²⁶ Applied methods electives are courses that emphasize and demonstrate the application of appropriate qualitative and quantitative methods to public health planning, development, evaluation, and research.

Table 22: Degree Requirements for the MPH

	Semester Credit Hours
Core courses:	
Principles of Epidemiology	3
Principles of Biostatistics	3
Principles of Environmental Health	3
Social and Behavioral Dimensions of Public Health	3
Public Health Administration	3
Total core course credit hours	15
Program-specific courses:	
Public Health Practice	
Public Health Policy	3
Program Planning and Evaluation	3
Mixed Methods Research in Public Health <i>or</i> Health Services/Outcomes Research Methods <i>or</i> Survey Research Methods in Public Health	3
Total program-specific course credit hours	12
Field Placement	3
Culminating Experience	3
Electives (3)	9
TOTAL credits	42

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

In each of the last three years, there were no professional public health master’s degrees awarded for fewer than 42 semester credit units. All graduates completed a minimum of 42 credit hours.

- d. **Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses, and plans relating to this criterion.**

This criterion is **MET**.

Strengths relating to this criterion

The CNYMPH Program conforms to the commonly accepted standards regarding program length and objective of credentials. The MPH degree normally takes two years of full time study or five years of part time study.

Weaknesses relating to this criterion

No weakness identified.

Plans relating to this criterion

The CNYMPH Program will explore additional concentrations in epidemiology, biostatistics, and administration and health policy. If additional concentrations are added, the CNYMPH Program would consider modifying the total number of credit hours to meet the concentration.

2.3 Public Health Core Knowledge

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

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

The CNYMPH Program ensures that students have fundamental competence in the areas of basic public health knowledge in a variety of ways, including coursework, involvement in public health activities, mentored research, and applied public health experiences. Mastery of skills is a cumulative process that starts from the time of acceptance to the program and extends throughout the student’s educational experience.

The curriculum is designed to provide a broad overview of core areas germane to public health practice and policy. The program began using the Association of Schools of Public Health (ASPH) competencies (Version 2.3)²⁷ as its original course framework. The framework guided the CNYMPH Program to create its own competencies. The Curriculum Committee developed a syllabus format, which is required for all core and program-specific courses, and is encouraged for elective courses. Each syllabus identifies the program competencies and maps course activities to these competencies. The Curriculum Committee reviews course syllabi periodically to ensure that the program meets student needs.

Table 23: Required Courses Addressing Public Health Core Knowledge Areas (CEPH Template 2.3.1)

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	Principles of Biostatistics – MPHP 602	3
Epidemiology	Principles of Epidemiology – MPHP 601	3
Environmental Health Sciences	Principles of Environmental Health – MPHP 603	3
Social and Behavioral Sciences	Social and Behavioral Dimensions of Public Health – MPHP 604	3
Public Health Administration	Public Health Administration – MPHP 607	3

Students are required to complete one course in each of the five core areas. The core course requirements for each of the five areas include the following descriptions:

Principles of Epidemiology (MPHP 601, Year 1 Fall). The description includes: epidemiologic measures and study designs, disease transmission, morbidity and mortality, surveillance, screening, descriptive and analytic study designs, bias, measures of association, causation, and ethical and professional issues in epidemiology. The course contributes to one of the five core areas of public health knowledge—epidemiology.

Principles of Biostatistics (MPHP 602, Year 1 Fall). The description includes: descriptive statistics, probability distributions, point and interval estimation of population parameters, hypothesis testing, parametric and non-parametric tests, simple linear regression, data analysis using SPSS software, interpretation of results, and presentation of findings. Contributes to one of the five core areas of public health knowledge—biostatistics.

²⁷http://www.asph.org/publication/MPH_Core_Competency_Model/index.html.

Principles of Environmental Health (MPHP 603, Year 1 Spring). The description includes: characterization and management of environmental health risks, physiological mechanisms by which exposure to chemicals and biological agents impacts health, evaluation of the risk of population exposure to environmental hazards, common environmentally related diseases and their causes, prevention of health impacts caused by chemicals and biological agents in water, food, consumer products, and by the uncontrolled disposal of sanitary, municipal and industrial waste. Contributes to one of the five core areas of public health knowledge — environmental health sciences.

Social and Behavioral Dimensions of Public Health (MPHP 604, Year 1 Fall). The description includes: explanatory models of health behavior and health education used within biomedicine and public health, critical perspectives of medical anthropology used to examine how contemporary public health policy, practice, and research might more successfully and reflexively engage with the public, comparison of health-related beliefs, behaviors, and practices across populations, social categories, and health systems to elucidate the factors determining health disparities and to suggest the modes by which public health might best remediate these disparities. Contributes to one of the five core areas of public health knowledge – social and behavioral sciences.

Public Health Administration (MPHP 607, Year 1 Spring). The description includes: community health assessment framework, incorporating tools and techniques of strategic planning, building constituencies and partnerships, managing conflict, human resource management, financial management and budgeting. Contributes to one of the five core areas of public health knowledge—public health administration.

Basic public health competencies are also met in the program-specific courses, which all students must take. A grid of the core competencies and core and program-specific courses are in Table 26.

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

This criterion is **MET**.

Strengths relating to this criterion

The five core courses provide fundamental knowledge to all public health degree students. In addition, this knowledge is reinforced in program-specific courses, applied experiences, and elective courses.

Weakness relating to this criterion

Weaving core competencies into courses for stronger reinforcement and application can be strengthened. The CNYMPH Program’s assessments for depth and breadth of the competencies can be improved.

Plans relating to this criterion

Further evaluation into the assessment process will help ensure that both depth and breadth of the competencies are accurately measured.

2.4 Practical Skills

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

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

Since its inception, the CNYMPH Program has required students to complete a practice-based experience. The Field Placement is a required 200-hour practice experience that immerses students in various aspects of public health practice. This three-credit course is a planned, supervised, and evaluated experience that provides MPH students with an opportunity to bridge professional academic preparation with real-world public health practice. Public health knowledge and skills acquired in the core and program-specific courses are integrated and applied in a defined experience within an agency setting under the supervision and mentoring of a qualified master- or senior-level professional capable of evaluating the students' professional competence. This practice-based experience also allows faculty the opportunity to not only assess students' progress toward earning their degree but also discuss students' career goals and professional expectations.

The field placement experience can take place in a variety of agencies and organizations, which include local and state public health agencies and non-profit organizations, as well as international non-governmental agencies and organizations. Students work along with a team of public health professionals to observe organizational policies, operations, and services and can pursue a special project of mutual benefit to both the agency and the students' interests and career goals.

The five program-specific competency domains that every student must meet during the field placement, regardless of their type of experience, include

- Cultural Competence
- Program Planning and Evaluation
- Communication and Informatics
- Mobilizing Community Partnerships
- Leadership and Professionalism

With the restructuring of the program's focus and with curricula and anecdotal feedback received from field supervisors, the prerequisite courses for field placement were changed from three (MPHP 601, 602, and 605) to the above mentioned seven in the fall of 2010. Students who entered the program prior to the fall of 2010 are allowed to remain under the original prerequisite course requirement.

Field Placement Policies and Planning Process

Since the inception of the CNYMPH Program, the field placement experience and planning processes have undergone several iterations based on revisions to the curriculum and competencies and on feedback from initial field supervisors. Currently, the planning, implementation, and evaluation process of the field placement experience is a shared responsibility among the student, the field supervisor, and a designated MPH faculty supervisor who serves as the course instructor.

It is the policy of the program to inform all prospective and incoming students about the field placement requirement during informational sessions and through materials available on the program's website and in the student handbook. All incoming MPH students receive a brief overview of field placement during the initial student orientation held prior to the start of the fall semester. Students are subsequently advised to discuss the timing of their field placement requirement with their academic advisor.

Detailed information about the planning process and the required paperwork for approval are also outlined in the MPH Student Field Placement Handbook (**ERF. XX: Student Field Placement Handbook**). In addition, there is a PowerPoint presentation that students receive during an informational session regarding Field Placement (**ERF. YY: Field Placement PowerPoint Presentation**).

Students typically conduct their field placement in the summer between the first and second years of the program or in the fall semester of their second year. The results of the feedback from the Student Survey completed in spring 2010 highlighted the field placement planning process as an area for improvement. The program implemented the Field Placement Planning Modules (listed below) as a mechanism to support students planning their field placement in the spring of their first year.

To be eligible to conduct the field placement, students must adhere to the following requirements:

- 1) Be in good academic standing
- 2) Complete the seven prerequisite courses
 - MPHP 601 Principles of Epidemiology
 - MPHP 602 Principles of Biostatistics
 - MPHP 603 Principles of Environmental Health
 - MPHP 604 Social and Behavioral Dimensions of Public Health
 - MPHP 605 Public Health Practice
 - MPHP 607 Public Health Administration
 - MPHP 660 Program Planning and Evaluation
- 3) Complete the Collaborative Institutional Training Initiative (CITI) IRB Course²⁸
- 4) Complete the Field Placement Planning Seminar, which includes four planning modules:
 - Module 1: Career Goals/Interests/Competencies Self-Assessment
 - Module 2: Writing Sample
 - Module 3: Selecting Sites and Field Supervisors
 - Module 4: Developing Competencies/Learning Objectives/Timeline

The content of each module, as well as examples of completed work by students, can be found in (**ERF. ZZ: Field Placement Modules**). Once all four modules have been successfully completed, the students then complete the Field Placement Proposal and Agreement (FPPA), which serves as the foundation for the field placement experience. Using the information from the planning modules, the students draft the FPPA in consultation with their field supervisor.

²⁸All students are required to successfully complete the CITI training course online at <https://www.citiprogram.org/Default.asp?> and submit the certificate to the MPH Program Office prior to beginning field placement.

The FPPA must include all of the following components:

- Cover sheet
- Agency background and description
- Ten Essential Public Health Services performed by the host agency.
- Field supervisor(s) and their titles and backgrounds
- Overall description of the field placement experience.
- Overall field placement learning objective(s).
- Public health competencies linked to SMART Learning Objectives linked to activities and deliverables
- Timeline

The course instructor reviews the FPPA to ensure compliance with the overall purpose of the field placement and congruence with the student's interest and skill level. The course instructor approves the FPPA and all parties (the student, the field supervisor, the MPH course instructor) must sign the FPPA. In cases, where the course instructor is unable to determine the appropriateness of the FPPA, the student's academic advisor or the chairperson of the Curriculum Committee is consulted. A copy of a completed FPPA can be found in **ERF. AAA: Field Placement Proposal and Agreement**. Prior to starting their Field Placement, students meet with the course instructor as a group to review the requirements which are outlined in the course syllabus (**ERF. BBB: Field Placement Course Syllabus**).

The program currently does not have a global health focus; however, for those MPH students interested in completing an international field placement experience, the program has added requirements. For those students who would like to pursue a career in international health, our program works closely with existing centers within both the Maxwell School at SU and the Center for Civic Engagement at UMU to help coordinate such field placement opportunities for our students. The MPH Program relies on these existing centers to provide the framework for the international field experience primarily because of the administrative support that these centers can provide to the MPH students. However, it is still the student's responsibility to coordinate the logistical aspects of his or her field placement experience, including room and board, tuition payment, airfare, and transportation within country.

Selection of sites

Identifying a Field Placement Site

Identifying and securing a field placement site is the primary responsibility of the MPH student with assistance from several MPH faculty members. The program director, associate director, and other faculty members regularly identify agencies with an interest in hosting MPH students for field placement and will initiate contact to gauge their level of interest and availability of supervisors. Community agencies may also initiate this process by contacting the program, seeking MPH students (sometimes with specific skill sets) to assist with projects or initiatives. These agencies complete and submit the *Field Placement Opportunity Form* to the course instructor (**ERF. CCC: Field Placement Opportunity Form**). These opportunities are disseminated through the student list serve and posted on the CNYMPH Program's Blackboard site and the Field Placement Blackboard site.

Early in the development of the CNYMPH Program, specific agencies and persons were identified and recruited to serve as placement sites and supervisors based on long-term relationships with public health partners, with networks, and with contacts from the MPH faculty and the Community Advisory Board. In the fall of 2010,

with the influx of new students with varying interests and experiences in public health, it became increasingly difficult to appropriately match students with qualified supervisors who were not already tapped for other professional responsibilities. It became imperative to establish and refine a process for recruiting and approving additional public health professionals to serve as supervisors. With the assistance of the Community Advisory Board and the Lerner Center, the program has increased the number of qualified sites and supervisors to meet one of our program objectives *“to increase the number of appropriate placement sites to 30 by year 5.”* Currently, we have exceeded our target with 40 community agencies placed on the approved list.

A wide range of public health and social service organizations and agencies are suitable to serve as placement sites. In general, any agency or organization that is focused on population-based services and can meet at least one of the Ten Essential Services of Public Health can become a valid placement site. Some examples of agencies that are typically available to students as possible placement sites include, but are not limited to

- City, county, and state public health departments
- Other state and local health and social service agencies
- Public and private schools or universities
- Managed care organizations and insurance companies
- Community health centers and clinics
- Hospitals and rehabilitation facilities
- International public health organizations and NGOs

Several resources are available to students to assist them in identifying a suitable site for their placement experience:

- A list of approved sites is available on Blackboard and the Community Agency Binder. Available in the **ERF. DDD: List of Approved Field Placement Sites.**
- Field Placement Opportunity Forms submitted by community agencies in the Community Agency Binder. An example is available in the **ERF. EEE: Example of Field Placement Opportunity Form.**
- FPPA from students who have completed their field placement experience. Available in **ERF. FFF: Example of Student Field Placement Proposal.**
- Student’s professional contacts and networks. Students can attend networking functions including community events, conferences, professional mixers, and other activities that increase networking skills and produce field placement and career opportunities.
- MPH faculty and other adjunct faculty affiliated with the program.

Securing a Field Placement Site

All agencies must undergo a screening process to ensure that they can serve as a suitable placement site. The course instructor for field placement will initiate the screening process by disseminating the *Field Placement Site Approval Form* to the contact person at a potential site (**ERF. GGG: Site Approval Form**). Once this form is approved, the agency is placed on the list of approved field placement sites and posted to the CNYMPH Program’s Blackboard site and the Field Placement Blackboard site.

Following is a list of factors required for site approval:

- The agency qualifies as an appropriate field placement site by meeting at least one of the Ten Essential Public Health Services.
- The duties and responsibilities at the agency are appropriate and relevant to public health practice and policy and the skill level of the MPH student.
- The agency will provide learning experiences that will achieve the required competencies of the CNYMPH Program.
- The student will apply what he or she has been learning in the MPH Program.
- The student will learn new skill(s) that he or she has wanted to learn.
- The student will have the opportunity to participate in staff or management meetings, trainings, conferences, or other professional development events.
- The agency has a master-level or senior executive staff person who can dedicate sufficient time and interest in mentoring and supervising the MPH student.
- The agency can provide the necessary resources (i.e., workstation, computer, etc.) for the MPH student to conduct his or her work.

When trying to secure a field placement site, students are encouraged to conduct a series of informational interviews with at least two agency contacts to help select the appropriate site(s) for their experience. During these meetings, students are encouraged to discuss their interests, expectations, potential projects, goals, and objectives for their field placement. Students are encouraged to make available their resume and their narratives from Modules 1 and 2 to the contact person.

Methods for approving preceptors

Assuming all criteria are met with respect to the selection of a site as described above, the preceptor or field supervisor at the site will also be approved based on established criteria. The field supervisor serves not only as the link between the program and the agency but also as a resource and a mentor to the MPH student in developing his or her professional competence for the public health workforce. All field supervisors are screened by the course instructor based on the following criteria. Field supervisors should possess

- A graduate degree in public health or relevant field (MPH, RN, NP, MSW, MHA, MPA, MD, DDS, PhD, or DrPH) and a minimum of three years of supervisory experience; **or** a bachelor's degree in public health or a related field and a minimum of six years of work and supervisory experience
- Expertise in an area of public health practice or policy

In addition, field supervisors must

- Provide work experiences that are academically challenging and integrate didactic experiences to meet established learning objectives,
- Provide students with an orientation to the agency related to the organization's mission, structure, agency's resources, committees, etc.,
- Evaluate the students' performance based on program competencies, and
- Serve as a resource person for the student, explaining concepts and challenges and the reasoning behind program decisions and professional actions.

Field supervisors must submit a CV or resume with the Field Supervisor Biography Form to the course instructor for approval (**ERF. HHH: Field Supervisor Biography Form**). In cases where there is a question about the qualification and expertise of the field supervisor, the course instructor consults with the program director

or associate director and the chair of the Curriculum Committee. Once the approval process has been completed, the course instructor sends a notification letter to the field supervisor.

Opportunities for orientation and support for preceptors

In lieu of a formal orientation, the course instructor conducts an on-site visit with each agency after the initial approval process mentioned above. During this on-site visit, the course instructor meets with the field supervisor(s) to review the field placement requirements including policies and procedures, roles and responsibilities, as well as examples of activities appropriate for an MPH student. The field supervisor is also provided with the *Field Supervisor Handbook (ERF. III: Field Supervisor Handbook)*. During the on-site visit, the course instructor assists the field supervisor in brainstorming activities that may be suitable for the MPH student and explore ways in which the matching process can be most beneficial to both parties. The course instructor also tours the facility to ensure that the MPH student will have the appropriate resources (workspace, other personnel) to effectively perform his or her field placement duties.

Field supervisors are encouraged to maintain adequate communication with the course instructor through email and telephone exchanges, especially if issues arise during the student placement. In addition, the course instructor conducts periodic check-ins (usually around the mid-point) with the field supervisors to ensure satisfaction of the placement.

To date, the program has not conducted a formal group orientation for field supervisors. We are hoping to develop a group orientation process in the near future, where we can bring all of our field supervisors to campus to foster collaborations.

For international field placements, where an on-site visit is not feasible, the course instructor facilitates a conference call or web-conference (e.g., Skype) to engage with the field supervisor. Additional considerations taken into account when considering an agency and a preceptor for an international field experience include their ability to provide and engage in regular communications with the program to monitor the student's progress. Agencies with limited electronic capabilities are not considered as appropriate sites.

Due to the added complexities that accompany an international field placement, students must develop a contingency plan in the event that they need to return to the US prior to completing their field placement experience. Students are required to identify one additional agency and field supervisor within the US (local, regional, or national) that will also need to be approved prior to starting their field placement.

In the event the program needs to evacuate a student due to safety concerns or other emergency circumstances, the program relies on the center with primary responsibilities for the site. For international experiences coordinated through Maxwell's International Affairs Division, SU contracts with International SOS (ISOS) to coordinate this task.

Approaches for faculty supervision of students

Prior to the spring of 2011, each student's *academic advisor* also had practicum-related responsibilities. These responsibilities included determining when the student would proceed with the practicum in accordance with the Program of Study, assisting the student in locating an acceptable practicum site, and defining activities congruent with curriculum competencies. Advisors would monitor and evaluate the student's progress during

the field experience period. Advisors would also provide technical assistance with any projects or materials during the practicum if requested by the student.

Upon evaluation of the field placement process, faculty members raised concerns about the consistency with which students were being monitored and evaluated. Faculty members proposed that this responsibility be delegated to one faculty member.

To ensure consistency of the field placement experience and to standardize the evaluation process of the students, one primary faculty member was appointed and assigned to field placement starting in academic year 2010–2011. This individual currently has primary responsibilities not only for supervising the student but also for overseeing the entire process, including the planning, approvals, monitoring, and evaluation of the field placement experience for all students. Supervision and evaluation of the practice experience are responsibilities of both the course instructor and the field supervisor with occasional input from the academic advisor. Complete descriptions of the roles and responsibilities of all individuals involved with field placement can be found in the *Student Field Placement Handbook* and the *Field Supervisor Handbook*.

Communication between the program and the students requires submission of a weekly time log (via Blackboard) that details the number of hours committed to practice activities. Students are also required to submit four reflective journals describing their activities, accomplishments, and competencies achieved. At the midpoint, the student and the field supervisor complete a midpoint review. The Midpoint Progress Report provides an opportunity for both the student and the field supervisor to re-assess the placement and address any issues or concerns (**ERF. JJJ: Mid-point Progress Report**).

Means of evaluating student performance

The evaluation process for student performance during the field placement experience has undergone revisions based on the competency-based curriculum. At the end of the practice experience, students evaluate their overall placement experience, the placement site, and the field supervisor using the Student Evaluation form. The field supervisor also evaluates the student's performance using the Field Supervisor Evaluation form (**ERF. KKK: Field Supervisor Evaluation Form**).

Students are expected to submit "reflections" that capture their perceptions, concerns, and personal and professional development throughout the semester in a Final Summary Report (**ERF. LLL: Field Placement Student Summary Report**). This report is also used to evaluate the student's performance and achievement of competencies. The course instructor assigns a letter grade for the field placement experience based on the completed assignments and field supervisor's evaluation.

Means of evaluating practice placement sites and preceptor qualifications.

At the end of the field placement, each student evaluates his or her overall placement experience, the placement site, and the field supervisor using the Student Evaluation form. Based on the information from these evaluations, the course instructor will make a determination for future placements. For placement sites and field supervisors receiving a rating of "did not meet expectations," the course instructor will request a debriefing meeting with the field supervisor. This meeting is used to improve future placements at the site.

Criteria for waiving, altering, or reducing the experience, if applicable

Field placement is a requirement for all MPH degree candidates. Waivers or exemptions are rarely granted. Students who are attending the program part time while working fulltime are allowed to fulfill this requirement in his or her regular place of employment. The student must clearly demonstrate that the activities for field placement extend beyond the scope of his or her regular work duties and are supervised by someone other than his or her immediate supervisor.

Students with extensive public health experience, such as those in a state or county health department, are expected to seek an alternate type of challenge. A student with substantial research experience in an academic setting will be strongly encouraged to seek a field experience that will expose him or her to other aspects of public health practice or policy. The program is sensitive to the constraints of students, both fulltime and part time, and allows the completion of the 200-hour practice experience over several semesters and in locations and at times convenient to the student but with continuous monitoring and evaluation processes.

The program continues to solicit feedback from the students about ways to continuously improve the field placement experience through focus groups, the Student Survey, and field supervisors.

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

Table 24: Agencies and Preceptors Used for Field Placement

Student Name	Field Placement Site and Field Supervisor
AY 2011-2012 MPH Students	
Lauren Hartung	Onondaga County Health Department, Bureau of Health Promotions and Disease Prevention Kathy J Turner, MPH
Antara Mitra	Central New York Health Systems Agency (CNYHSA) Timothy Bobo, PhD
Justin Marchesani	Onondaga County Health Department, Bureau of Health Promotions and Disease Prevention and YMCA of Greater Syracuse Kathy J Turner, MPH Cheryl Pusztai, MPH
Natalie Jones	UMU –Department of Family Medicine Christopher Morley, PhD
Elizabeth Perry	REACH CNY Elizabeth Crockett, PhD
Karen Wentworth	Upstate University Hospital/Community General Hospital Meredith Price, CAO
Nicholas Moore	UMU – Office of Governmental Affairs Daniel Hurley, BA
Jacqueline Kelchlin	Glasswing International Selina De Sola, MPH

Student Name	Field Placement Site and Field Supervisor
AY 2011-2012 MPH Students (continued)	
Kadee Busse	Onondaga County Health Department, Syracuse Healthy Start Program Kathleen Coughlin, MPA
Emilija Postolovska	Onondaga County Health Department, Syracuse Healthy Start Program Sue Serrao, RN
Kristi Drake	NY State Department of Health (NYSDOH) Daniel Cassler, MPH JoAnne Oliver
Molley Furey	Community Cradle Amanda Mulhern, MS
Dorothy Shuldman	Child Fatality Review Team Christine Larkin, BA Clemencia Molina, MA
Jessica Jensen	Center for Maternal and Child Health (C-MATCH), UMU Richard Aubry, MD Martha Wojtowycz, PhD
Jena Fellenzer	Center for Maternal and Child Health (C-MATCH), UMU Richard Aubry, MD Martha Wojtowycz, PhD
Megan Lee	Onondaga County Health Department (OCHD), Bureau of Disease Control, Tuberculosis Control Division, Diane Rothermel, MPH
Matthew McDougal	Near Westside Initiative Maarten Jacobs, MPH
Ian Grant	Southside Initiative Linda Littlejohn, MSW
Leah Moser	Health and Wellness Promotions, SU Katelyn Cowen, MPH
Evan Sherman	Upstate Occupation Health Center and O'Brien and Gere Michael Lax, MD Swiat Kaczmar, PhD
AY 2012-2013 MPH Students	
Maritza Alvarado	Onondaga County Health Department Cynthia Morrow, MD, MPH
Sarah Irish	University Healthcare Center (UHCC) Theresa Morse, NP
Mohammad Iqbal	Food Bank of Central New York Sarah Miller-Locke, MBA, MSW
Michelle Phillips	University Hospital Dental Clinic Patrick Smith, DDS
Siobhan Arey	UMU – Curriculum Office and Center for Civic Engagement Jennifer Christner, MD
Christina Campagna	NY Poison Control Center Gail Banach, MS, MSED

Jill Hayes	CNY Area Health Education Center (CNYAHEC) Erin Hildreth, MS
Student Name	Field Placement Site and Field Supervisor
AY 2012-2013 MPH Students (continued)	
Margaret Lapp	Community Resources for Independent Seniors (CRIS) Bonnie Slocum, MS
John Martens	New York Center for Alcohol Policy Solutions (NYCAPS) Robert Pezzolesi, MPH
Natalie Moore-Lopez	YMCA of Central New York Cheryl Pusztai, MPH
Janine Morris	HealtheConnections (Formerly CNYHSA) Patricia McMahon, MPH
Karina Ross	HealtheConnections (Formerly CNYHSA) Patricia McMahon, MPH
Mary Sandiford-Day	New York Center for Alcohol Policy Solutions (NYCAPS) Robert Pezzolesi, MPH

- c. **Data on the number of students receiving a waiver of the practice experiences for each of the last three years.**

To date, no waivers or exemptions have been granted.

- d. **Data on the number of preventive medicine, occupational medicine, aerospace medicine, general preventive medicine, and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.**

This criterion is not applicable.

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

This criterion is **MET**.

Strengths relating to this criterion

The CNYMPH Program provides planned, supervised, and evaluated practice experiences that allow students to apply the knowledge and skills learned in their coursework. The program has written policies and procedures for practice placements. Students have completed field experiences in a diverse array of health agencies, and new affiliations are developed each year. The program has collaborative relationships with numerous qualified preceptors in local and state public health agencies, non-profit organizations, and health care facilities, and there is a well-designed, structured system for evaluating practice placement sites and preceptors. The program has a well-structured process for assisting students in locating sites for the field experience, developing objectives and work plans, monitoring their performance, and evaluating their experiences. The program is sensitive to the constraints of students employed fulltime and has developed alternative methods of providing practice experience.

Weaknesses relating to this criterion

The low return rates of field supervisor's evaluation forms impacts the evaluation of the students participating in the experience. Low return rates have been attributed to the length of the forms.

Plans relating to this criterion

The CNYMPH Program will modify the evaluation forms in hopes to increase return rates.

The program plans to implement a formal orientation process and increase online tools and resources for field supervisors.

2.5 Culminating Experience.

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

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

The culminating experience (CE) is also a requirement for graduation for all students in the CNYMPH Program. The CE includes completion of 1) a capstone project, 2) a written product, and 3) an oral presentation and is designed to synthesize and integrate all of the public health theory, knowledge, and skills gained throughout the CNYMPH Program curriculum. This course, completed in the final semester of the program, requires MPH students to take an organized, scholarly approach to a topic and to produce a publishable, quality final product relating to the outcomes of the project.

Competencies for Culminating Experience

The competencies objectives of the CE are

- Demonstrate the ability to communicate and disseminate information to an audience using a variety of information management technology and communication tools,
- Collaborate with key stakeholders in the planning, implementation, and evaluation of public health programs, policies, and interventions,
- Demonstrate how to appropriately address cultural competencies for a population, and
- Apply core public health principles and scientific knowledge base to research, critical evaluation, or decision making in public health.

Culminating Experience Planning Process

Selecting a Capstone Project

Students must have completed all MPH core and program-specific courses, including the field placement, before enrolling in the course. Capstone projects must be planned and approved the semester prior to enrollment. Each student is required to design, conduct, and interpret the findings of an independent, student-driven project. Projects should be oriented toward a problem involving the health of the community.

Capstone Project Formats

The capstone project can take on four different formats: grant proposal, research paper, public health report, or policy paper. The overarching principle for determining suitability of a capstone project is whether it provides students the opportunity to apply the skills and competencies acquired in the MPH Program to a problem or issue likely to be encountered in public health practice. The selection of an option can be influenced by the student's program of study and field placement experience or by any other practice or didactic experiences. See CE Handbook for further details.

The Capstone Committee

The student must select a minimum of three members to serve on the Capstone Committee:

- One primary MPH faculty to serve as capstone advisor
- One co-sponsoring faculty (either primary or affiliated)
- One community preceptor/consultant

CNYMPH Program

The student works closely with the Capstone Committee members throughout the development and implementation of the project. The roles and responsibilities of the committee members are outlined in the Culminating Experience Student Handbook (**ERF. MMM: Culminating Experience Student Handbook**).

Capstone Seminars

At the onset of the program, students were required to complete a series of eight modules in preparation for the capstone proposal in the semester prior to enrolling in the Culminating Experience. This model was adapted from the Consortium of Eastern Ohio Master of Public Health Program (CEOMPH) to assist students with thinking through and planning for their capstone project. However, based on feedback from both students and faculty involved with the capstone planning process, it was determined that this process was not meeting its intended goal.

In the fall of 2011, the program coordinator convened a workgroup to re-evaluate the planning and implementation process of the CE. This workgroup consisted of several members of the Curriculum and Evaluation Committees, as well as a student representative who served on the Curriculum Committee. Discussions among the workgroup members reinforced the need for students to commence the planning process for both Field Placement and CE at the start of matriculation into the program. The workgroup came up with a series of three capstone seminars that would prompt students to start exploring possibilities for their final project as they move through the MPH curriculum. Each of the four types of capstone projects outlined in the Culminating Experience Student Handbook was assigned a group leader with expertise related to that particular project to assist students in the planning process.

Capstone Seminar 1 (fall semester of year 1) provides an overview of the CE requirement, planning, and evaluation process and outlines the four types of capstone project formats students may choose to pursue.

Capstone Seminar 2 (spring semester of year 1) allows the group leader for each of the four types of capstone projects to meet with groups of students to provide an outline of the requirements and expectations as well as the appropriate elective course(s) most appropriate to complete the capstone project. Prior to this seminar, students are asked to submit a Capstone Preference Form identifying which of the four capstone projects they are most likely to pursue (**ERF. MMM: Culminating Experience Student Handbook**).

Capstone Seminar 3 (fall semester of year 2) allows students to work with the group leader and their Capstone Committee members on developing their capstone proposal. During this seminar, students are required to outline the activities that will demonstrate achievement of the prescribed competencies. In addition, students must explore whether Institutional Review Board (IRB) review will be required for their project. The final capstone proposal must be approved by the Capstone Committee; the capstone proposal is either “approved,” “approved with conditions,” or “not approved.” If approved with conditions or not approved, the student has to revise and resubmit the proposal.

Culminating Experience Requirements and Evaluation

During the semester(s) while enrolled in the course, the student works with his or her faculty and community preceptor to complete his or her project. It is expected that both the faculty and community preceptors will work with the student in developing and implementing the project plan according to approved proposal.

Monitoring of Performance

Students are required to complete and submit a Midpoint Progress Report to the director outlining the progress they have made on their capstone project. If students encounter any barriers to successfully completing the project, they can draw on the assistance of the capstone advisor, preceptor, other committee members, or the program coordinator to assist in facilitating a successful resolution. Students completing their capstone project over two semesters are required to submit two Midpoint Progress Reports.

Written Product

Students are required to submit a draft of their completed written product to the capstone advisor at least two weeks before the oral presentation. The capstone advisor reviews the written product and provides recommendations for changes or improvements. Students may also choose to send a draft to other committee members for feedback prior to their oral presentation. Students must incorporate feedback into a final written product and submit it to the Capstone Committee one week after the completion of the oral presentation. Students are encouraged to submit their project papers for publication or presentation at regional or national conferences.

Oral Presentation

Students are required to deliver an oral presentation at the completion of their project. This 20-minute presentation includes a 10-minute overview of the project and a 10-minute discussion of the impact of the project and related competencies. The presentation concludes with a 10-minute question and answer period. The format and guidelines for the presentation are outlined in the *Culminating Experience Student Handbook*. The program schedules all CE presentations on one to two days. Announcements and flyers are distributed to the entire UMU campus community, as well as to community partners and preceptors. A sample flyer can be found in **ERF. NNN: Capstone Presentation Flyer**.

Audience members are given an evaluation form to provide feedback about the presentation for each student presenter. These forms are collected by the program coordinator who then provides a summary report to the student and his or her capstone advisor within one week of the presentation.

Assessment Process

To date, the student's Capstone Committee coordinates the assessment of the student's work. The capstone advisor, in consultation with the committee members, evaluates the student's proposal, written product, and oral presentation based on the established criteria for each capstone product and assigns a letter grade. Based on feedback from the faculty and students, the program has identified the assessment process for the Culminating Experience as an area for improvement. The four different options for the capstone project have added a level of difficulty for standardizing and assessing the student's attainment of the required competencies. The program is in the process of redesigning the Culminating Experience to include standardized, competency-based assessment tools. These assessment tools will be mapped to the appropriate revised goals and objectives related to instruction. An ad-hoc subcommittee was recently convened with members of the Curriculum and Evaluation Committee to re-evaluate this experience. This group re-defined the competencies for the CE and consolidated the four options into one capstone product.

The proposed CE will include the following competencies:

- P1. Analyze data using appropriate statistical methods and interpret results to address a public health issue or problem
- P3. Apply current knowledge of the distribution of disease and determinants of health to guide public health decision making
- P6. Identify and evaluate the interrelationships of systems that influence the health of a community
- P8. Synthesize and apply health-related beliefs and practices to the development, implementation, and evaluation of public health programs, services, and policies
- P9. Assess public health resources, identify gaps, and develop strategies to meet the needs of the community
- P13. Apply principles of program planning, including design, implementation, budgeting and evaluation
- P15. Critically appraise the literature and apply appropriate analytical skills to public health practice
- P17. Demonstrate ability to communicate and disseminate information to an audience using a variety of information management technology and communication tools
- P18. Apply ethical principles across the continuum of public health practice and policy
- P19. Apply core public health principles and scientific knowledge base to research, critical evaluation, and decision making in public health

In addition, the proposed capstone product (one option) will be a written document and oral presentation that incorporates the following components of public health:

- Identification of a public health issue
- Defining the population and public health issue
- Background & significance of public health issue
- Identification of stakeholders and target audience
- Program plan and evaluation
- Theory/Model guiding the project
- Data analysis & methodology
- Equity, distribution and health disparities
- Policy/practice implications
- Ethical issues or concerns
- Dissemination plan

The assessment tools for this capstone product are still in the development phase. Further discussion about the assessment tools and process will take place with the members of the Operations Committee before the revised CE plan is presented to the faculty in January, 2014.

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

This criterion is **MET**.

Strengths relating to this criterion

The CNYMPH Program requires all students in this professional degree program to have a culminating experience that integrates and applies knowledge across areas of public health. Students can choose among four options for demonstrating the synthesis and integration of knowledge and skills in public health practice and policy. All four capstone project options are guided by the same overarching competencies and allow students, in consultation with their capstone advisor, the flexibility to select the best means for demonstrating their ability to synthesize, integrate, and apply the core areas of public health.

The culminating experience has well defined policies and procedures that are available to assist students and faculty in the planning and evaluation process. Faculty ensure that students successfully complete their culminating experience and demonstrate the required competencies necessary for public health practice.

Weaknesses relating to this criterion

The CNYMPH Program strives to accurately assess the level of integration of the core competencies in the students' CE.

Plans relating to this criterion

The program will develop a tool to assess the level of integration that students have for each core competency. In addition, the program will develop an assessment tool for students to evaluate their CE.

2.6 Required Competencies

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

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

The CNYMPH Program has identified 13 competency domains or areas (five core and eight program-specific) that all MPH and MD-MPH graduates should master, enabling them to carry out the focus of the program. Within each domain, there are one or more competencies that all graduates should attain for a total of 19 competencies.

The table below identifies each competency domain and its corresponding competencies.

Table 25: CNYMPH Core Competencies

<i>Core Competency Domain</i>	Upon graduation from the CNYMPH Program, a student with an MPH should be able to ...
Biostatistics	P.1. Analyze data using appropriate statistical methods and interpret results to address a public health issue or problem.
Environmental Health	P.2. Recognize, evaluate, and control public health hazards at the population level.
Epidemiology	P.3. Apply current knowledge of the distribution of disease and determinants of health to guide public health decision making. P.4. Compare, contrast, and recommend appropriate study design methodology for investigating a public health issue.
Public Health Administration	P.5. Apply appropriate community assessment strategies to investigate, diagnose, and solve public health issues. P.6. Identify and evaluate the interrelationships of systems that influence the health of a community.
Social and Behavioral Sciences	P.7. Identify and assess social, cultural, economic, and behavioral determinants of health outcomes and disparities. P.8. Synthesize and apply health-related beliefs and practices to the development, implementation, and evaluation of public health programs, services, and policies.

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

The CNYMPH Program has one concentration, public health practice and policy. All MPH and MD-MPH graduates must attain the competencies identified in the table below. The core competencies represent the skills that all public health professionals should have to allow them to carry out the core public health functions. The program-specific competencies represent knowledge, skills, and abilities that are required for effective public health practice and policy development.

Table 26: CNYMPH Program-Specific Competencies

<i>Program-Specific Competency Domain</i>	In addition, upon graduation from the CNYMPH Program, a student with an MPH should be able to...
Community Health Assessment	P.9. Assess public health resources, identify gaps, and develop strategies to meet the needs of the community.
Cultural Competence	P.10. Demonstrate how to appropriately address cultural competency issues for a population.
Mobilize Community Partnerships	P.11. Collaborate with key stakeholders in the planning, implementation, and evaluation of public health programs, policies, and interventions.
Program Planning and Evaluation	P.12. Describe the role of costs, financing, organization, and access to care on the structure, process, and outcomes of public health interventions. P.13. Apply principles of program planning, including design, implementation, budgeting, and evaluation.
Public Health Policy	P.14. Assess and recommend policies for improving the health status of populations using appropriate local, state, and federal policy processes.
Research	P.15. Critically appraise the literature and apply appropriate analytical skills to public health practice. P.16. Adhere to the laws, regulations, policies, and procedures for ethical conduct of public health research and practice.
Communication and Informatics	P.17. Demonstrate ability to communicate and disseminate information to an audience using a variety of information management technology and communication tools.
Leadership and Professionalism	P.18. Apply ethical principles across the continuum of public health practice and policy. P.19. Apply core public health principles and scientific knowledge base to research, critical evaluation, and decision making in public health.

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

The matrix (**Table 26**) identifies the learning experiences, by which the competencies defined in criteria 2.6.a are met. The matrix lists the core courses, program-specific courses, Field Placement (practicum), and CE in columns, and the program competencies in rows. The matrix identifies where the competency is introduced (P=primary), reinforced (R=reinforced), and the level of the learning experience. The learning experiences are identified as meeting the competencies at two different levels. Level 1 means that the competency is identified in the course syllabus, and students are exposed to the competency through readings or discussions in class. Level 2 implies a higher level of attainment, where the student meets the requirement of a Level 1 and produces a deliverable, such as a written paper, oral presentation, or project that meets the competency. The last three columns of the matrix tally the number of core courses, program-specific courses, and all required learning experiences (courses, program-specific courses, Field Placement, culminating experience) that meet the identified competencies.

Table 27: Program Competencies Rating Worksheet (CEPH Template 2.6.1)

CNYMPH Program Competencies Rating Worksheet: Core and Program-Specific Courses																	
Key: P-primary; R-reinforced; 1-Included in syllabus, student reads about, student participates in class discussion; 2-Student writes about, student deliverable, student presentation, product in student file																	
Domain	Competency	Core Courses					Practice	Policy	Program, Planning and Evaluation	Research Methods Course Group (students take only 1 course)		Field Placement and CE		Number at Level 2			
		601	602	603	604	607	605	606	660	656	657	642	698	699	Core Courses	Courses or Course Groups	Total Courses at Level 2
Biostatistics	P.1. Analyze data using appropriate statistical methods and interpret results to address a public health issues or problem.	R-2	P-2							R-2	R-2	R-2			2	1	3

Environmental Health	P.2. Recognize, evaluate, and control public health hazards at the population level.	P-2		R-2	R-2									2	1	3
Epidemiology	P.3. Apply current knowledge of the distribution of disease and determinants of health to guide public health decision making.	P-2		R-2				R-1						2	0	2
	P.4. Compare, contrast, and recommend appropriate study design methodology for investigating a public health issue.	P-2		R-2				R-1	R-2	R-2	R-2			2	1	3
Public Health Administration	P.5. Apply appropriate community assessment strategies to investigate, diagnose, and solve public health issues.				P-2			R-2						1	1	2
	P.6. Identify and evaluate the inter-relationships of systems that influence the health of a community.			R-2	P-1	R-2		R-2						2	1	3

Social and Behavioral Sciences	P.7. Identify and assess social, cultural, economic, and behavioral determinants of health outcomes and disparities.			R-2	P-2	R-2	R-2	R-2	R-2	R-2	R-2	2	3	5
	P.8. Synthesize and apply health-related beliefs and practices to the development, implementation, and evaluation of public health programs, services, and policies.			R-2	P-2			R-1				2	0	2
Community Health Assessment	P.9. Assess public health resources, identify gaps, and develop strategies to meet the needs of the community.				R-1	R-2	P-2	R-2				1	2	3
Cultural Competence	P.10. Demonstrate how to appropriately address cultural competency issues for a population.	R-2			P-1	R-2	R-2	R-2	R-2	R-2	R-2	1	3	5

<p>Mobilize Community Partnerships</p>	<p>P.11. Collaborate with key stakeholders in the planning, implementation, and evaluation of public health programs, policies, and interventions.</p>			R-2	R-1	R-2	P-1	R-1					R-2	R-2	2	0	4
<p>Program Planning and Evaluation</p>	<p>P.12. Describe the role of costs, financing, organization, and access to care on the structure, process, and outcomes of public health interventions.</p>					P-2		R-2	R-2						1	2	3
	<p>P.13. Apply principles of program planning, including design, implementation, budgeting, and evaluation.</p>					P-2			R-2				R-2		1	1	3
<p>Public Health Policy</p>	<p>P.14. Assess and recommend policies for improving the health status of populations using appropriate local, state, and federal policy processes.</p>			R-2			P-2	R-2							1	2	3

Research	P.15. Critically appraise the literature and apply appropriate analytical skills to public health practice.	R-2	P-1		R-1		R-2	R-2	R-2	R-2	R-2	R-2	R-2	1	4	6
	P.16. Adhere to the laws, regulations, policies, and procedures for ethical conduct of public health research and practice.	P-2						R-2	R-2	R-2	R-2	R-2		1	2	4
Communication and Informatics	P.17. Demonstrate ability to communicate and disseminate information to an audience using a variety of information management technology and communication tools.	R-2				R-1	P-2	R-2	R-2	R-2	R-2	R-2	R-2	1	4	7
Leadership and Professionalism	P.18. Apply ethical principles across the continuum of public health practice and policy.				R-1		P-2			R-2	R-2	R-2	R-2	0	2	3

	P.19. Apply core public health principles and scientific knowledge base to research, critical evaluation, and decision making in public health.	R-2			R-1		P-2		R-2	R-2	R-2	R-2	R-2		R-2	1	3	5
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d. Analysis of the completed matrix included in criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The CNYMPH Program has identified 19 competencies that a graduating student should master. These competencies are not taught in a single course but rather are integrated throughout the curriculum. The first-year educational experiences consist primarily of introducing facts, knowledge, and basic skills. The second-year learning experiences (courses, practicum, culminating experience) involve applying concepts learned in the first year to actual public health practice and policy situations.

The CNYMPH Program tracks the number of courses where competencies are met and the level at which they are met. For a student to master a competency, it should be met at a minimum of two courses at a Level 2, where the student produces a deliverable to meet the competency. As demonstrated in **Table 26** above all of the program competencies are met at a Level 2 in a minimum of two courses. Principles of Epidemiology was modified to meet the Environmental Health competency (P2) and will now include an in-class exercise.

The curriculum committee identified the need for additional learning experiences for students to master the domains of Program Planning and Evaluation, Public Health Policy, and Research. There were three curricular changes in response to these gaps:

1. Public Health Policy, which was originally Public Health Practice II, was modified to focus on policy and renamed Public Health Policy. All students are required to take the policy course that aligns with the program’s focus on policy.
2. Program Planning and Evaluation, initially Program Evaluation, did not address skills and knowledge associated with program planning. Furthermore, it was an elective course for students in the program. This course was modified to incorporate program planning and implementation concepts and was renamed Program Planning and Evaluation. All students are required to take this course, which aligns with the program’s focus on public health practice.
3. Prior to the change in program focus, not all students were required to take a research methods course. Since public health practitioners and policy developers need basic research skills, all students are now required to take one research methods course. The students choose one course from a group of three courses, all of which meet the same competencies and align with the program’s focus on public health practice and policy.

- Mixed Methods in Public Health Research was developed after the first year of the program in response to students needs for acquisition and analysis of quantitative and qualitative data in a single study. This course also includes instruction in survey design and analysis.
- Health Services/Outcomes Research was an existing required course in the Medical Professional track and an elective for students in other tracks. In addition to the acquisition and analysis of quantitative data, the course covers basic qualitative methods, survey design, and analysis. The learning objectives and course activities were modified to meet the same competencies as the other two courses in this research group.
- Survey Research Methods in Public Health was originally Advanced Research Methods. This course was modified to focus on the planning, execution, analysis, and reporting of survey research. The course also covers basic qualitative data methods and addresses other data collection methodologies. The learning objectives and educational activities were modified to meet the same competencies as the other two courses in this research group.

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

During the initial stages of the program, faculty members and program administrators met at the CNYMPH inaugural retreat. They were presented with the domains and competencies developed by the Association of Schools of Public Health (ASPH). The retreat attendees were then divided into small groups, which were assigned to review the ASPH Core and Interdisciplinary/Cross-cutting Competencies and to identify a list of competencies for the program to meet. The small groups reported on their work and the entire group arrived at the list of program competencies through a consensus process. Documentation from the inaugural retreat is available in the **ERF. D: Retreat and Faculty Minutes**. These competencies were presented to the CNYMPH Advisory Board for review, input, and approval. Inclusion of the Advisory Board in the competency development process allowed for input from the public health community in our target area.

During the first year of the program, the program focus changed to public health practice and policy (see Section 2.6.d). To address this change, faculty members, program administrators, and a representative from the Advisory Board met at a retreat where they reviewed and modified the program competencies to better meet the program focus and to relate to the overall mission of the program. The revised competencies included ASPH competencies, as well as program-specific competencies based on ASPH Interdisciplinary/Cross-cutting competencies. These revised competencies were further reviewed, modified, and approved by the Faculty Council and the Advisory Board.

During the self-study process, the program consulted with CEPH representatives, as well as directors from other MPH Programs. The program competencies were identified as being below graduate level. The Curriculum Committee was charged with modifying the competencies. The revised competencies were again disseminated to the Faculty Council and the Advisory Board for review, input, and approval. The final version of the competencies was approved in November 2012. These competencies are listed in **Table 25**.

Competencies are used on a regular basis to review and refine the curriculum, to evaluate the program, to identify workforce needs, and to recruit students. The following examples illustrate the use of competencies:

- **Review and refinement of the curriculum.** The Curriculum Committee reviews core and program-specific courses to ensure that learning experiences are adequate for students to master competencies. When the Curriculum Committee identifies a gap in the curriculum, it shares this information with the Faculty Council, which includes all of the individual course directors. Course directors modify their courses as needed so that students can attain the program competencies.
- **Evaluation of the CNYMPH Program.** The Student Exit Survey (developed by the Evaluation Committee) is administered to all students when they graduate from the program. Students are requested to rate their attainment of program competencies. The survey results are used for on-going program evaluation and improvement.
- **Identification of workforce needs.** The Evaluation Committee developed an Alumni Survey, which is disseminated to graduates of the program. The survey asks alumni to identify the importance of skills attained through the program in their current jobs. These data will be used to identify workforce needs and gaps in the curriculum.
- **Student recruitment.** The program competencies and the program focus are on the CNYMPH website and can be viewed through the following publically available website:
<http://www.upstate.edu/cnymph/about/>

Students interested in the program can read about the programs focus and competency-based curriculum. Faculty and staff involved in the admissions and recruitment process also make students aware of the programs focus and the public health knowledge and skills sets.

Students are made aware of the programs competencies in multiple ways. In addition to the publically available website, the curriculum and the competencies that a student is expected to achieve are described in the Student Handbook, which can be accessed through the student Blackboard site. Furthermore, the CNYMPH Program requires that all core and program-specific courses use the same syllabus template. Course directors are required to list all of the program competencies that their courses meet. Copies of all core and program-specific syllabi are available in the **ERF. OOO: Core and Program-Specific Syllabi.**

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

Since the program's inception, the Curriculum Committee peer-reviewed CNYMPH course syllabi to identify strengths and gaps in the curriculum each time the program competencies changed. Going forward, core and program-specific courses will be reviewed every three years and adjusted for competency changes.

The Advisory Board provides input into changing practice and research needs. The CNYMPH Program director and associate director attend Advisory Board meetings and share information from these meetings with members of the Operations Committee. Through the Alumni Survey, recent graduates assess how well the program competencies prepared them for the public health workforce. The Evaluation Committee analyzes the surveys and presents the information to the Curriculum Committee through the Operations Committee, where the chairs of both committees meet on a monthly basis.

At an individual course level, course directors are responsible for keeping updated on skills and knowledge related to the specific courses that they teach. This includes changing practices and research needs that are

identified in peer-reviewed journals, governmental and non-governmental publications, and reports from professional associations and organizations. Faculty members are expected to maintain an active research agenda with skills that can translate into the classroom. Faculty members also provide services to the public health community and partner with health departments and community agencies, and through these activities, gain insight into emerging public health practices and research needs.

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

This criterion is **MET**.

Strengths relating to this criterion.

The program has developed a competency-based curriculum based on national recommendations. Competencies are disseminated to students in a multitude of ways. The program has processes in place to review and modify competencies based on changing practices and research needs.

Competencies were developed using national recommendations. The process for developing competencies includes numerous stakeholders, faculty, administrators, community representatives, students, and alumni. Survey instruments have been developed to gather feedback from graduating students, alumni, and their employers.

Weaknesses relating to this criterion

The inclusion of course competencies in the syllabi and the mapping of learning objectives to competencies have taken longer than expected. To facilitate this process, course directors were provided with a syllabus containing mapped learning objectives to serve as an example. In addition, a faculty member from the UMU's College of Medicine presented a faculty development seminar to the CNYMPH faculty on how to develop competencies and learning objectives.

Plans relating to this criterion

The Curriculum Committee plans on reviewing the newly revised competency matrix, the results from the Graduating Student Exit Survey, and the Alumni Survey to identify the strengths and gaps in the curriculum. Their assessment will be shared with the Operations Committee and the Faculty Council, and adjustments will be made as needed.

2.7 Assessment Procedures

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

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

Student performance and progress in achieving the expected competencies is monitored in multiple ways: course grades, course examinations, papers, projects, presentations, homework assignments, class participation, field placement, and culminating experience assessments (student and committee). In addition, data are collected through exit interviews, alumni surveys, and employer surveys.

Course performance and GPAs: The program has overall academic standards that students must meet to successfully complete the program. Students are assessed on competencies and attainment of learning objectives in their core courses through various activities, including examinations, reflective essays, scholarly papers, class presentations, group projects, and class exercises. Students are graded on their course work using an established grading system. All students must maintain a cumulative Grade Point Average (GPA) of 3.0 or higher. Each semester, the course director and the program administration monitor students' academic performance to determine their ability to successfully complete the course. At midpoint each semester, students are notified if their academic performance in a required course (core, program-specific, field placement, or culminating experience) falls below a grade of 'B' and must meet with the course director to develop a plan to improve their academic performance. Students who receive a grade of 'F' in a required course must repeat the course. See Academic Standard Policies in **ERF. HH: Policies and Procedures Manual**. At the individual course level, competencies are assessed through a variety of learning experiences. The table in **ERF. PPP: Competencies, MPH Courses and Assessments** identifies the manner in which competencies are assessed throughout the curriculum in the core and program-specific courses.

Field Placement is a major component of the MPH curriculum that requires students to spend a minimum of 200 hours immersed in various aspects of public health practice at a public health agency. The placement provides the opportunity to evaluate the degree to which students are able to integrate the knowledge and skills from their academic program into public health practice. Each student completes a competency self-assessment module (**see ERF. ZZ: Field Placement Modules**) prior to the field placement and at the conclusion of the field placement. In addition, each field supervisor completes an evaluation of student performance at the completion of the placement. The feedback from this evaluation aids the program in assessing the student's mastery of the field placement competencies.

The culminating experience is the mechanism by which the faculty members evaluate whether the student has mastered the body of knowledge and can demonstrate proficiency in the required competencies for public health practice. The culminating experience is an applied project that can be completed as one of four options: grant proposal, research paper, public health report, or policy paper. The student's culminating

experience is evaluated by the committee members based on the project proposal, the written product and an oral presentation and assigned a letter grade.

Student Exit and Alumni Surveys. Following the immediate completion of the Program, MPH graduates are asked to complete an anonymous, online exit survey. Three years after graduation, the graduates are sent an Alumni survey. Information gathered from both surveys helps to assess the attainment of the program competencies.

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

To date, the program’s measures of students’ achievement of competencies have primarily been based on grades, their ability of maintaining a cumulative GPA of 3.00 (out of 4.00) throughout the program, the graduation rates, and their ability to find employment opportunities in the field or pursue continuing education.

Outcome Measure(s)	Baseline Measure/Current Target	Baseline 2009-2010	2010-2011	2011-2012	2012-2013
Track percent of students with a grade of B or better in the core courses	80% of students will have a B or better average in the core courses .	MET 92%	MET 93%	MET 94%	MET 91%
Track percent of students with a grade of B or better in the program-specific courses	80% of students will have a B or better average in the program-specific courses .	N/A	MET 97%	MET 96%	MET 95%
Track percent of students receiving a grade of B or better for field placement	100% of students will receive a grade of B or better for FP.	N/A	N/A	MET 100%	NOT MET 85%
Track percent of students receiving a grade of B or better for culminating experience	100% of students will receive a grade of B or better for CE.	MET	MET 100%	MET 100%	NOT MET 91%
Track percent of graduating students will have a cumulative GPA of 3.6 or above	80% of graduating students	N/A	MET 80%	MET 83%	NOT MET 68%

The data gathered from the field placement has afforded some opportunities to measure student achievements in the program. The first two groups of students completed their field placement in AY 2009-2010 and 2010-2011. At this time, the program was operating under the original set of competencies. **Table 27** below lists the original competencies and the percent of students (N=20) who reported they ‘met’ or ‘exceeded’ the expected level of competencies. Overall, of the 7 competencies required for the field placement, 70% of the students reported ‘meeting’ or ‘exceeding’ the expected level of competency for Biostatistics, while 95% reported ‘meeting’ or ‘exceeding’ the expected level of competency for Informatics. At the time, the evaluation tools for the field supervisors were not competency-based. Therefore, it is difficult to determine whether or not the field supervisors rated the achievement of competencies the same as the student.

Table 28: Student Assessment of Field Placement Competencies (AY 2009-2011)

Competency (Domain)	“Met” or “Exceeded” Expected Level of Competency (%)
Interpret results of analyses found in public health studies (Biostatistics)	70%
Communicate epidemiologic information to lay and professional audiences (Epidemiology)	80%
Communicate public health information tailored to the target audience (Communication)	90%
Describe how to appropriately address cultural competency issues for a population (Cultural Competency)	85%
Use the principles of ethical analysis in evaluation of public health policy and practice (Professionalism; Program Planning and Evaluation)	85%
Demonstrate Proficiency and Application of Information Technology (Informatics)	95%
Demonstrate team building, negotiation, and conflict management skills (Leadership)	90%

In addition, the feedback received from the Student Exit Survey in 2009-2010 highlighted program areas that required attention. Related to the achievement of competencies, 16 of the 24 graduates who responded to the survey reported deficiencies in 3 of the 25 (original) competencies. The 3 competencies that were rated the lowest included the environmental health competency, cultural competency and the policy competency. Subsequently, a revision of these competencies took place in addition to the other curricular changes mentioned under criteria 2.6.

Currently, the program also measures student achievement by graduation rates and their ability to find employment opportunities in the field or pursue continuing education. In terms of graduation rates, one of the program’s objectives is to ensure that our students complete the program requirements within 5 years of their semester of entry. **Table 29** below illustrates how the program tracks and calculates graduation rates for each cohort.

Table 29: Students By Degree, By Cohorts Entering Between 2009-10 and 2012-13 (CEPH Template 2.7.1)

AY	Cohort of Students	2009-10		2010-11		2011-12		2012-13	
		MPH	MD/MPH	MPH	MD/MPH	MPH	MD/MPH	MPH	MD/MPH
2009-10	# Students entered	24	0						
	# Students withdrew, dropped, etc.	2	0						
	# Students graduated	1	0						
	Cumulative graduation rate	4%	0%						
2010-11	# Students entered/continuing at beginning of this school year	21	0	21	2				
	# Students withdrew, dropped, etc.	3	0	1	0				
	# Students graduated	9	0	1	0				
	Cumulative graduation rate	42%	0%	5%	0%				
	# Students entered/continuing at beginning of this school year	9	0	19	2				
# Students withdrew, dropped, etc.	0	0	1	0	0	0			
# Students graduated	2	0	9	1	0	0			
Cumulative graduation rate	50%	0%	48%	50%	0%	0%			
2012-13	# Students entered/continuing at beginning of this school year	7	0	9	1	29	1	13	6
	# Students withdrew, dropped, etc.	0	0	0	0	2	0	0	0
	# Students graduated	3	0	1	1	16	0	0	0
	Cumulative graduation rate	63%	0%	52%	100%	55%	0%	0%	0%
	# Students entered/continuing at beginning of this school year								

Note: MD/MPH students are not counted enrolled until they actually begin taking classes because their application is normally approved an entire year before they actually begin taking classes.

Our program also tracks our graduates’ ability to secure employment opportunities within one year of graduation. The table below shows the destination of graduates. Forty percent of our graduates were employed within one year of degree completion; 48% decided to pursue additional education; and 12% are lost to follow-up.

Table 30: Destination of Graduates by Employment Type (CEPH Template 2.7.2)

Employed	10
Continuing education/training (not employed)	12
Actively seeking employment	0
Not seeking employment (by choice)	0
Unknown	3
Total	25

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

To date, the program has graduated 25 students with an MPH degree. Out of 25 students, 22 were contacted for an alumni internet survey. Sixteen out of these 22 alumni responded to the survey for a 73% response rate.

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

Not applicable.

- e. **Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessment of alumni, employers, and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups, and documented discussions.**

Both alumni and employers were surveyed to assess their perceptions about the ability of the program’s graduates to perform competencies in an employment setting. Alumni were asked about the organization for which they currently work, the tasks for which they are responsible in their current jobs, the importance of particular skills in their jobs, and an assessment of how well the CNYMPH Program prepared them for the skills needed in their positions. The most commonly identified job duties were program administration (44%), community outreach (44%), and research (38%).

Table 31 below indicates the response rate of alumni who identified skills as “very important.” Alumni identified three high-priority-skills areas as “very important”: knowledge of health disparities, greater proficiency in general software, and professionalism skills. The table also lists the percent of respondents who

reported that the MPH Program “thoroughly” or “sufficiently” prepared them for these skills. Of the skills identified by alumni, the majority of respondents reported that the program “thoroughly” or “sufficiently” prepared them for employment.

Table 31: Alumni Skills Assessment

Skill	Percent of alumni who identified skill as “very important”	Percent of alumni who reported that the MPH Program prepared them “thoroughly” or “sufficiently”
Health promotion	63%	75%
Disease prevention	56%	75%
Knowledge of chronic disease	63%	81%
Knowledge of health disparities	81 %	94%
Health policy analysis	50%	81%
Program planning and evaluation	50%	88%
Collection and management of population health data	50%	100%
Budget development	50%	63%
Tracking disease	50%	100%
Greater proficiency in general software	94%	94%
Professionalism skills	94%	88%

Employers were asked about the level of preparation of our graduates to meet the needs of a public health agency. The alumni assisted the program in administering the employer survey. Alumni were sent an email with a link to the survey and were asked to forward this email to their supervisors. Five out of eight employers completed the survey for a response rate of 63%. Employer responses were similar to alumni responses on the identification of important skills and on how well the CNYMPH Program prepared the alumnus.

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

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion

The program monitors achievement in competencies in three ways.

Weaknesses relating to this criterion

Currently, data sources are not integrated into a “real time” comprehensive database. Data regarding the employers’ assessment of the program’s graduates to perform competencies are very limited. In addition, data generated by the alumni survey helped to highlight strategic priority areas. Data from the field supervisors’ evaluations of student performance is collected but not analyzed.

Plans relating to this criterion

Currently, a subcommittee consisting of member from the Curriculum and Evaluation Committees are working on revision of program's goals and objectives. Based on the revisions, there will be additional objectives relating to student outcomes.

The program will revise the alumni and employer survey based on feedback and survey responses. Different strategies will be used to increase the employer survey response rates. The program has set a target of 80% for "thoroughly" or "sufficiently" meeting the skills identified by alumni.

Moving forward, the CNYMPH program will employ multiple strategies to have a stronger engagement with alumni and employers. Community partners, alumni and employers will be encouraged to participate in survey content and developing strategies for improving response rates.

2.8 Bachelor's Degrees in Public Health

If the program offers baccalaureate public health degrees, they shall include the following elements: required coursework in public health core knowledge; elective public health coursework; and capstone experience.

The CNYMPH Program does not offer baccalaureate public health degrees.

2.9 Academic Degrees

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

The CNYMPH Program does not offer curricula for graduate academic degrees.

2.10 Doctoral Degrees

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

The CNYMPH Program does not offer doctoral degrees.

2.11 Joint Degrees

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

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

As indicated in the instructional matrix in criterion 2.1.a, the CNYMPH Program offers a joint MD/MPH professional degree in collaboration with UMU. Under this joint degree program, a student interested in both medicine and public health can obtain both degrees in approximately five years. Recognizing the impact that public health issues have on patient health and healthcare, this joint degree program is designed to train medical students to be effective physicians using both patient-based medical education coupled with population-based public health training. All students in the MD/MPH Program must meet the same graduation requirements as traditional MPH students.

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

MD/MPH Degree Program Description

Admissions Requirements

Prospective students interested in pursuing an MD/MPH option must meet the entrance requirements for admission programs. Prospective students applying to the MD/MPH degree program must indicate this option on their initial American Medical College of Application Service (AMCAS) application and submit all required application materials pertaining to the MPH Program as part of their supplemental COM application. Members of the COM Admissions Committee conduct an initial screening of all the candidates. Candidates who meet the COM admissions criteria are then invited for a medical school interview, at which time they also interview with a member of the MPH Admission Committee. Applicants must first be admitted to the COM, before being considered for admission to the MPH Program. If rejected by the College of Medicine, candidates may re-apply directly to the MPH Program through the regular online application process. Matriculated students in the MD program are also eligible to apply to the MPH Program during their second year of medical school. These students complete an internal application, essays, and letters of recommendation.

MD/MPH Curriculum

The CNYMPH Program Director, in conjunction with the associate dean for curriculum, the registrar, the bursar, and the admissions director, developed the curriculum for the joint degree. It was initially approved by both the CNYMPH Faculty Committee and the COM Educational Policy Committee (EPC) and was included in the initial application for degree program approval by the New York State Education Department. In response to LCME concerns about the COM curriculum review process, the EPC was eliminated, and a new COM Curriculum Committee was formed; the MPH Curriculum Committee chair is a voting member of that committee.

This joint program is designed to integrate the two areas of study (medicine and public health) and does allow for nine credit hours to count toward both degrees. This includes 3 credits for a Bioethics course which is taken in their first year that is equivalent to a Bioethics course offered as an elective in the MPH program as described below. In addition, they take two courses in their 4th year that counts for both degrees as described below. During their first two years of instruction, medical students are provided with opportunities to learn the concepts, skills, and professional values essential to the practice of medicine. The plan of study for the MD/MPH Program outlines the curriculum for the students including the credit sharing options. As depicted in **ERF. QQQ: Plan of Study for MD/MPH Students**, MD/MPH students receive three credit hours towards Bioethics (MPHP 664) for the “Ethical, Legal, Social Issues in Medicine” (ELSIM) (MPOM 105) and “Bioethics at the Bedside” (CBHX) courses taken in medical school during their first and third years. The content and the skills learned in these courses allow the student to demonstrate the ethical principles in the practice of public health. Initially, to determine equivalency of these courses, the MPH Program director met with the chair of Bioethics to review syllabi to ensure that CNYMPH competencies were met. Current copies of each syllabus are in **ERF. RRR: Syllabi for MPHP 664 and CBHX/ELSIM**.

After their second year, students take a leave of absence from medical school to matriculate into the MPH Program for a year. During this time, students complete 33 of the 42 credits needed for the MPH degree: five core courses, four program-specific courses, field placement, and one elective course. At the completion of the year, students re-enroll into the COM to complete their third and fourth years. Students then take an additional MPH elective (3 credits) and complete their capstone project (three credits) during their fourth year of medical school. The MPH faculty review and grade this capstone project. Both of these courses are cross-counted as elective credits toward their medical degree.

A change in the start date of medical school for 2012-13 necessitated a revision of the start date for MD/MPH students entering their third year of medical school to allow these students to complete their field placement. A new COM MPH track was developed by the registrar in consultation with medical students who would be entering the MPH Program Fall 2012 and by the CNYMPH Program director and was implemented this past fall.

The traditional medical school curriculum allows students to take a Public Health elective in their fourth year, which provides them an opportunity to work with the Onondaga County Health Department or other public health agencies on a public-health-related project. The purpose of this elective is to expose the students to public health issues they may face as medical practitioners. This elective is also used as their Capstone Elective in the MPH program. The COM also allows students to take a non-medical school course as a unique course elective during their fourth year. This elective is used by them to take the additional MPH elective to fulfill their degree requirement. Upon completion of all the graduation requirements for both degree programs, the students are awarded both the MD and the MPH degree.

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

This criterion is **MET**.

Strengths relating to this criterion

Program strengths include 1) the opportunity to provide medical students with a more in-depth population-based learning experience that they can apply during their medical training and in their future practice, 2) a structure that allows them to complete both degrees in five years, 3) having the MPH Curriculum Committee chair as a voting member of the COM Curriculum Committee to ensure consistency with program requirements.

Weaknesses relating to this criterion

A program weakness includes reliance on the existing medical curriculum structure.

Plans relating to this criterion

Given the success of the current MD/MPH degree programs, the program plans to explore the creation of additional joint degree programs. The program is currently in discussion with the State University of New York College of Environmental Science and Forestry (SUNY ESF) to develop a concurrent MS/MPH degree program allowing Master of Science degree candidates interested in public health an opportunity to obtain both degrees in three years.

The COM is currently undergoing a curricular reform that could affect the CNYMPH Program.

2.12 Distance Education or Executive Degree Programs

The CNYMPH Program does not offer distance education or executive degree programs.

3. CRITERION: CREATION, APPLICATION, AND ADVANCEMENT OF KNOWLEDGE

3.1 Research

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

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

Program research activities:

The CNYMPH Program's overarching research goal is to advance public health knowledge through an active program of population-based health research and program evaluation. This goal supports the mission of the program, which is focused on public health practice and policy. The Central New York region has a growing refugee population and includes urban, suburban, and rural areas, each with distinct public health concerns and associated opportunities for research, evaluation, and policy development. As the only academic medical center in Central New York, UMU has several New York State Designated Centers, including a poison center, AIDS center, and SAFE site,²⁹ as well as an Occupational Health Clinical Center, Golisano Children's Hospital, and Joslin Diabetes Center.

Faculty members in the CNYMPH Program participate in both research and program evaluation activities covering a wide array of topics within public health that correspond to their areas of interest and expertise. The goal of faculty research is not only to add to the public health knowledge base influencing both policy and practice, but to inform their teaching and provide students with research opportunities. Faculty research can be characterized in broad topics such as health services research, health disparities, health behaviors, health promotion, health education, environmental health, epidemiology, and clinical interventions and outcomes. Within these broad categories, study topics have been focused in the areas of asthma, cancer, nutrition and obesity, maternal child health, infectious diseases, immunologic, endocrine, and metabolic disorders, such as diabetes.

The majority of CNYMPH faculty members are involved in research or program evaluation, as required for academic scholarship at both UMU and at SU. Some studies are relatively straightforward with single investigators; however, the majority of studies involve complex relationships among multiple investigators within one department, with multi-departmental and multi-institutional expertise and support. The commitment of the CNYMPH Program to faculty participation in multi-disciplinary projects is an important strategy for continued growth and development of research within and between the two partnering organizations, UMU and SU.

²⁹ http://www.upstate.edu/hospital/about/about_uh.php

Program policies and procedures:

Both UMU and SU have well developed research infrastructure, including offices of Sponsored Programs (pre- and post-award support), Technology Transfer and Industry Relations, Research Integrity, and active Institutional Review Boards^{30,31,32}. In addition, SU and UMU participate in the Collaborative Institutional Training Initiative (CITI) program, a web-based training program in the conduct of human subject research; this training is mandatory for all faculty, staff, and students participating in human subject research at either institution. The CITI program also includes training in the responsible conduct of research (covering basic science research), as well as conflict-of-interest issues. Additionally, each partnering institution has written documentation (e.g., faculty manuals, policies) and periodic seminars or programs to describe and update faculty on research support services and important issues in the conduct of research.

CNYMPH Program faculty also have access to research support services made available by the Offices for Faculty Development at each institution^{33,34}. The offices for Faculty Development at both institutions offer seminars on instructional tools for the classroom such as the Faculty Toolbox Workshop series at UMU; faculty mentoring programs also are offered, which address issues such as grant writing, scientific presentations, and work-life balance. At UMU, the mentoring program is called TEMPO (Trusted, Experienced Mentors Promoting Others) and pairs junior faculty with senior faculty for a one year period.

The Research and Development Office at UMU provides a weekly update of funding announcements from government sources, from both local and national private foundations, and from intramural funds; staff members are available to help CNYMPH faculty find an appropriate funding source for their ideas. A similar office at SU in the Maxwell School, the Grant Development Office³⁵, supports CNYMPH faculty at SU in meeting their research goals and facilitates locating funds and organizing and executing inter-institutional and community-based collaborations. Both UMU and SU are part of the *Hill Collaboration* in Syracuse, which is designed to stimulate research in the area of how environmental factors contribute to major human diseases. This collaborative endeavor brings together researchers in environmental health with a focus specifically on diabetes, neuroscience, and cancer.³⁶

Research support services at UMU also include several Research CORE Facilities for both laboratory-based research and clinical research; these include the Clinical Research Unit and the Center for Research and Evaluation (CRE), a biostatistics-epidemiology methods group housed within the Department of Public Health and Preventive Medicine, and several basic science CORE facilities (e.g., microarray, proteomics)³⁷. CORE facilities foster collaborative research within UMU and across institutions in Syracuse (e.g., with SU, SUNY ESF), across New York State, and both nationally and internationally. CORE facilities also provide in-house expertise, which enhances the institutional research environment and helps with recruitment and retention of faculty.

³⁰ <http://orip.syr.edu/>

³¹ <http://osp.syr.edu/>

³² <http://www.upstate.edu/researchadmin/>

³³ http://www.syr.edu/academics/office_of_academic_admin/index.html

³⁴ <http://www.upstate.edu/facultydev/>

³⁵ <http://www.maxwell.syr.edu/grantdevelopment/>

³⁶ <http://upstateonline.info/static/Nov2-Nov92011/blog/story-2/index.html>

³⁷ <http://www.upstate.edu/researchadmin/facilities/>

Domestic travel funds are available to CNYMPH faculty with primary appointments in PHPM. A similar policy at the departmental level for CNYMPH faculty with primary appointments in the Maxwell School at SU provides both international and domestic travel funds for faculty on an annual basis. Travel is generally limited to those faculty attending conferences with accepted presentations from either institution.

Finally, both institutions have policies for evaluating faculty annually based on teaching, research, and service activities. The purpose of the review is to ensure that faculty are meeting their short-term goals and objectives and making steady progress in achieving their overall career goals within the broader scope of the institution. At UMU, the department chair and faculty member meet to discuss academic accomplishments of the past year and expectations and goals for the future in the areas of research, teaching, and service (including community service). The time commitment devoted to each of the three areas varies somewhat for individual faculty, based in part on tenure/non-tenure track status, academic rank, expertise, teaching load, and other responsibilities or obligations both within and outside the institution. At SU in the Maxwell School, a similar annual review takes place for tenure track faculty, with a faculty mentoring group assigned to each junior faculty member; junior faculty members at the SU Maxwell School are given reduced teaching and service activities when first hired to enable them to develop an active research program. As at UMU, expectations (time commitments for teaching, research, and service) for faculty at SU's Maxwell School are modified as the faculty member moves through his or her career; the corresponding chairs at SU are responsible for communicating performance evaluations to the program director.

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

Overall, approximately one quarter of research projects undertaken by CNYMPH faculty from 2010 through 2013 are collaborative research. The CNYMPH Program faculty, staff, and students have participated in several community-based research activities with the Onondaga County Health Department (OCHD) and other local community-based organization; examples of several projects are shown in **Table 32**. The tasks undertaken are varied and have included project development, program evaluation, data analysis, data summarization, and presentation of findings to collaborators and stakeholders. All presentations and publications resulting from the collaborative research activities appear in section d.

Table 32: Collaborative Research Activities

Faculty	Research or Evaluative Activity	Objective	Institutional Partners	Formal Agreement
Martha Wojtowycz	Program Evaluation	Ongoing evaluation of the local Healthy Start program	Onondaga County Health Department	Yes
Martha Wojtowjcz Rebecca Shultz	Data Analysis	Improve birth outcomes among low income women from Syracuse, NY; part of Healthy Start program	Onondaga County Health Department	Yes
Donald Cibula	Data Analysis	Geospatial variation in small for gestational age births	Onondaga County Health Department	No
Donald Cibula	Data Analysis	Social, economic, and demographic changes and health outcomes over 20 years	Onondaga County Health Department	No
Thomas Dennison	Collect Data on Purchasing Habits	Pre-Diabetes and Healthy Shopper Rewards Program	YMCA, Nojaim's Grocery Store, and St. Joseph's West Side Family Center	No
Thomas Dennison	Physical Activity Pilot Study, Pre- and Post-Intervention Data Collection	Healthy Monday and CATCH After School Pilot	Catholic Charities & YMCA	No

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

The tables for funded and unfunded research activities identify the projects in which the CNYMPH faculty members participated over the last three years (see below). Population health projects include those which measure health status indicators and are influenced by social, economic, and physical environments; personal health practices, individual capacity and coping skills; human biology; early childhood development; and

health services.³⁸ The faculty has worked on 69 distinct population-health projects since the fall of 2010, the start of the three-year period covered by the self-study document. Active projects include both funded and unfunded research studies. Some *funded* research projects also include a *funded* service component.

Table 33: Funded Projects for CNYMPH Faculty (CEPH Template 3.1.c)

Table 3.1.c. Research Activity from 2010 to 2013: Funded Projects for Primary and <i>Affiliated</i> CNYMPH Faculty										
* An * before the project title indicates that the project has both funded research & service components										
* <u>Underline</u> designates program or center grant										
* CNYMPH faculty name in bold (project role if not PI) & Department.										
*Affiliated faculty names & projects also italicized										
*Total amount in red if the funds came directly to the CNYMPH program										
Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Weight Loss in Primary Care: A Translation of the Diabetes Prevention Program.	PM Trief (Co-PI), Psychiatry & RS Weinstock (Co-PI), Medicine, SUNY UMU; DA Cibula (Co-I) DPHPM.	NIH	8%/yr	2008 - 2014	\$2,507,300	(\$5,063) \$505,460	(\$4,683) \$505,460	(\$6,011) \$505,460	N	N
Environmental Toxicants, Race and Cardiovascular Disease Risk in Children.	B Gump (PI) Syracuse University, DA Cibula (Co-I) DPHPM	NIH	2.8%/yr	2013-2017	\$1,424,900			TBD	N	N
Variation in Hospital Cost in New York State.	TH Dennison , Maxwell School/SU;	New York State Health Foundation	5%	1/2010-5/2011	\$278,881	\$278,881			N	Y
Study of patterns of nursing home care in New York State	TH Dennison , Maxwell School/SU;	United Hospital Fund	5%	6/1/2012 - 2/28/2013	\$50,000		\$35,000	\$15,000	N	N

³⁸ Dunn & Hayes 1999. Canadian J Public Health Supplement. Nov/Dec:37-10.
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Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
*Pre-Diabetes and Healthy Shopper Rewards Program	TH Dennison , Maxwell School/SU; RA Bostwick, (Lerner Ctr) Maxwell, SU	Excellus Blue Cross Blue Shield of Central New York	2%	1/2013 - 1/2015	\$103,713			TBD	Y	Y
Healthy Monday & CATCH After School Pilot	TH Dennison , Maxwell School/SU; DPHPM, RA Bostwick, (Lerner Ctr) Maxwell, SU	Internal funds, Syracuse University (Lerner Ctr)	2%	1/2013-5/2013	Not Available (N/A)			N/A	Y	Y
SU Food Services: Survey of Dining Centers with Students	TH Dennison , Maxwell School/SU; DPHPM, RA Bostwick (Lerner Ctr) Maxwell, SU, and Graduate Assistants, CNYMPH program	Internal Funds, Syracuse University (Lerner Ctr)	1% in kind	On-going-done each semester	Not Available (N/A)			N/A	N	Y
Antimicrobial Efficacy Testing of Atlas Healthcare's Laundering Process	TD Dye (PI) & DA Cibula (Co-I) DPHPM	Atlas Linen	2% in kind	2010-2011	\$13,000.00	(\$13,000) \$5,000	\$8,000		N	Y
Dengue virus diversity in Northern Thailand	TP Endy <i>Medicine-Infectious Disease/DPH PM</i>	NIH	5%	2008-2012	\$2,000,000	\$500,000	\$500,000	\$500,000	Y	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Flavivirus: pathogenesis and protection. Dengue hemorrhagic fever project	<i>A Rothman (PI), University of Rhode Island; TP Endy (Co-I) Medicine-Infectious Disease/DPH PM</i>	NIH	5%	2008-2012	\$7,000,000	\$1,500,000	\$1,500,000	\$1,500,000	Y	N
Building map-based surveillance systems to strengthen local and national disease surveillance programs	<i>TP Endy Medicine-Infectious Disease/DPH PM</i>	DoD	5%	2012-2013	\$150,000			\$150,000	N	N
CYD-56, phase 1 Dengue vaccine trial.	<i>M Polhemus (PI) Medicine-Infectious Disease SUNY UMU; TP Endy (Co-I) Medicine-Infectious Disease/DPH PM, D Wang (Biostatistics) , DPHPM; C Roe (Data-management) DPHPM</i>	Sanofi to DoD	30%	2013-2014	\$795,000			\$390,000	N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
DENVAX, phase 1 dengue vaccine clinical trial	<i>M Polhemus (PI) Medicine-Infectious Disease SUNY UMU, TP Endy (Co-I)(Medicine-Infectious Disease/DPH PM; D Wang (Biostatistics) DPHPM; C Roe (Data-management) DPHPM</i>	Invirage n to DoD	30%	2013-2015	\$1,200,000			(\$2,930) \$600,000	N	Y
"MALRAB" rabies vaccine clinical trial	<i>M Polhemus (PI) Medicine-Infectious Disease, SUNY UMU; TP Endy (Co-I)(Medicine-Infectious Disease/DPH PM; DA Cibula, (Biostatistics) DPHPM;</i>	DoD	15%	2013-2015	\$1,000,000			\$500,000	N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
"RABVAX", rabies vaccine clinical trial	<i>M Polhemus (PI) Medicine-Infectious Disease, SUNY UMU; TP Endy (Co-I)(Medicine-Infectious Disease/DPH PM; DA Cibula (Biostatistics) DPHPM</i>	DoD	15%	2013/2014	\$598,000			\$300,000	N	N
Patient Navigation, Mental Health and Prostate Cancer	M Formica, T Stewart (Co-PIs) DPHPM	American Cancer Society	20% in kind	July 1, 2013 - June 30, 2014	\$28,672			\$0	N	N
<u>Primary Care Research Infrastructure Program:</u> Multiple projects - R U 4 PC: Texting and Feedback on Primary Care during Medical School; - Primary Care Diagnosis and Management of Vitamin D Deficiency	CP Morley, Family Medicine/DPHPM/Psychiatry; C Roseamelia (Co-I) Family Medicine/DPHPM ('11-'12 forward)	HRSA/AU	20% yr 1 60% yrs 2-3	9/29/11-9/28/16	\$798,092	304,852	159,317	159,469	N	Y
Genomic Psychiatry Cohort	CP Morley, Family Medicine/DPHPM/Psychiatry	NIMH/USC subaward	10%	9/0/2008-5/31/2013	\$467,095	\$88,000	\$40,000	\$96,000	N	Y

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total	\$ Amount 2010-	\$ Amount 2011-	\$ Amount 2012-	Community-Based Y/N	Student Participation Y/N
Evaluation - Implementation of Chronic Care Model for Diabetes	CP Morley, Family Medicine/ DPHPM/ Psychiatry	NYS Health Foundation/FHN CNY	1% in kind	9/29/10-9/28/11	\$9,600	\$9,600			N	Y
<u>*Area Health Education Consortium:</u>	CP Morley, Family Medicine/ DPHPM/ Psychiatry ; C Roseamelia (Co-I, Evaluator) Family Medicine/DPHPM ('11-'12 forward)	NYSDOH	15% yr 1 20% yrs 2-3	Annual 7/1 thru 6/30 q yr	\$144,512	\$51,295	\$47,357	\$45,860	Y	Y
<u>*Area Health Education Consortium:</u> Multiple Projects -Rural Medical Training Track Participant Intentions to Practice in Rural Areas: A Qualitative Study	CP Morley, Family Medicine/ DPHPM/ Psychiatry; C Roseamelia (Co-I, Evaluator) Family Medicine/DPHPM ('11-'12 forward)	HRSA	5% yr 1 10% yrs 2-3	Annual 7/1 thru 6/30 each yr.	\$49,290	\$17,977	\$16,240	\$15,073	Y	Y
*Enhancing Geriatric Skills & Knowledge of Rural Primary Care Providers (CNY region)	CP Morley, Family Medicine/ DPHPM/ Psychiatry	Community Health Foundation of Western and Central New York	1% in kind	2011	\$29,150	\$29,150			N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
*Enhancing Geriatric Skills & Knowledge of Rural Primary Care Providers (Finger Lakes region)	CP Morley, Family Medicine/ DPHPM/Psychiatry	Community Health Foundation of Western and Central New York	1% in kind	2011	\$23,000	\$23,000			N	N
* <u>Disability Research and Dissemination Center</u>	M Turk, (Co-PI) PM & Rehabilitation/ Pediatrics, CP Morley, (Co-I, Evaluator) Family Medicine/ DPHPM/Psychiatry	CDC/NC BDD	10%	2013-2018	TBD			TBD	N	Y
Prior Authorization Costs	J Epling (PI) Family Medicine/DPHPM; CP Morley, (Co-I) Family Medicine/ DPHPM/ Psychiatry	NYSAFP	1% in kind	2010-2011	\$5,000	\$5,000	\$0		N	N
Let's Go to the Fair: Evaluation of Preferences for Smoking Cessation Methods Among Rural Smokers	J Murphy, DA Cibula (Biostatistics) DPHPM	The Legacy Foundation	19%	7/2009 - 5/2012	\$135,257	(\$644) \$38,796	(\$7,485) \$19,397		N	Y

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total	\$ Amount 2010-	\$ Amount 2011-	\$ Amount 2012-	Community-Based Y/N	Student Participation Y/N
Evaluating the Rural Medical Education (RMED) Experience.	C Roseamelia, <i>Family Medicine/DP HPM</i>	Fam Med Educational Innovation and Evaluation Grant Program	In kind	2011-2012	\$3,000		\$3,000		N	N
Distance Observations of Students in Clinical Settings via iPad	<i>Co-PI's: A Botash, Pediatrics; G Bailey, Family Medicine; P Powers, Nursing; C Recker-Hughes, Physical Therapy; C Roseamelia, (Evaluator) Family Medicine/ DPHPM</i>	SUNY Office of the Provost	In kind	2012-2013	\$25,640			\$25,640	N	Y
*Regional Childhood Lead Poisoning prevention center	H Weinberger (PI), Pediatrics SUNY Upstate; PF Rosenbaum (Co-I) DPHPM	NYSDOH	5% /yr	1/01/08-12/31/2014	\$1,000,000	\$200,000	\$200,000	\$100,000	Y	N
Sustained Skeletal Benefits of Adolescent Exercise	T Scerpella (PI), Orthopedics U Wisconsin; PF Rosenbaum, (Co-I) DPHPM	NIH-NIAMS	5% /yr	7/1/08-4/30/2013	\$1,988,204	(\$2,881) \$397,640	(\$2,765) \$397,640	(\$2,904) \$198,820	N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total	\$ Amount 2010-	\$ Amount 2011-	\$ Amount 2012-	Community-Based Y/N	Student Participation Y/N
Micronutrient deficiency and EBV persistence in children	R Rochford (PI), Micro/Immuno SUNY UMU; PF Rosenbaum (Co-I) DPHPM	Forgarty International	5% /yr	4/1/08-3/31/2011	\$114,092	(\$2,419) \$38,030	\$9,507		Y	N
Importance of Staphylococcus aureus virulence factors in children with localized Staph aureus infection	J Shaw (PI), Pediatrics SUNY UMU, PF Rosenbaum (Biostatistics) DPHPM	Golison Children's Fund	2%	January 2011-December 2011	\$11,400	\$5,700	\$5,700		N	N
Prevalence/Incidence of Staphylococcus aureus & virulence factors in children with invasive Staph aureus infection	J Shaw (PI), Pediatrics SUNY UMU, PF Rosenbaum (Co-I) DPHPM	Internal Upstate Funds (Pediatrics)	2%	January 2011-December 2012	\$3,200		\$2,800	\$400	N	N
<i>Staphylococcus aureus</i> colonization in CNY children hospitalized with invasive SA.	J Shaw (PI), Pediatrics SUNY UMU, PF Rosenbaum (Co-I) DPHPM	Golison Children's Fund	2%	January 2013 - December 2013	\$12,800			\$2,200	N	Y
Hand Hygiene among hikers in the Adirondack Mountains, NY	J Shaw (PI), Pediatrics SUNY UMU, T Welch (Co-I), Pediatrics SUNY Upstate, PF Rosenbaum (Co-I) DPHPM	Internal Upstate Funds (Pediatrics)	1%	2011	\$1,000		\$1,000		N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Understanding the intention to receive influenza vaccine in a resource poor community in CNY	M Suryadevara (PI) JB Domachowski (Co-I) Pediatrics SUNY UMU, PF Rosenbaum (Biostatistics) DPHPM	Internal Upstate Funds (Pediatrics)	1%	2013	\$1,100			\$1,100	N	N
Impacts of Local to Regional Air on Cancer Risk due to PM _{2.5} and PAH	H Mao & J Hassett (Co-PIs) SUNY ESF; PF Rosenbaum (Co-PI) DPHPM, J Abraham (Co-PI) Pathology & G Wang (Co-PI) Surgery SUNY UMU	Hill Collaboration Cancer Focus group	5% in kind	July 1, 2013-June 30, 2014	\$20,000			\$0	N	Y
Improving Diabetes Outcomes: The Diabetes Support Project.	<i>PM Trief (PI), Psychiatry SUNY UUM; D Wang ('10-'14), (Biostatistics) & C Roe (Data-management) DPHPM</i>	NIH: National Institute for Diabetes and Digestive Diseases	10%/yr	09/2009 - 08/2014	\$4,100,000	\$820,000	\$820,000	\$820,000	N	N
Barriers to nursing care of the ostomy patient.	<i>HH Cross (PI), Nursing, SUNY UMU; D Wang & C Roe (Biostatistics) DPHPM</i>	Ostomy Continence Nursing Society	4%	2010-2012	\$6,400	\$2,100	\$2,200		N	N

Project Name	Principal Investigator & Department	Funding Source	%FTE Time in Research	Funding Period Start/End	Amount Total	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
*Syracuse Healthy Start Evaluation	RH Aubry (PI), OBGYN SUNY UMU; MA Wojtowycz (Co-I & Evaluator) OBGYN/DPH PM	HRSA grant to Onondaga County Health Department	35%/yr	June 2009 - May 2014	\$247,894	\$68,321	\$71,051	\$42,327	Y	Y

Table 34: Unfunded Projects for Primary and Affiliated CNYMPH Faculty (CEPH Template 3.1.c)

Table 3.1.c. Research Activity from 2010 to 2013: Unfunded Projects for Primary and Affiliated CNYMPH Faculty										
* An * before the project title indicates that the project has both funded research & service components										
* <u>Underline</u> designates program or center grant										
* CNYMPH faculty name in bold (project role if not PI) & Department.										
*Affiliated faculty names & projects also italicized										
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N	
Referral source and outcomes of physical therapy care in patients with low back pain	<i>G. Brooks</i> , <i>Physical Therapy Education/DPHPM</i>	Section on Health Policy & Admin, Am PT Association, 2007; continuing work UNFUNDED	2007	\$10,000	\$0			N	N	
Validation of the Stroke Rehabilitation Assessment of Movement (STREAM) in acute rehabilitation	<i>I Ward, NYU-Rusk Rehabilitation Hospital (PI); G Brooks (Co-I) DPT Education/DPH PM</i>	UNFUNDED	9/2007-6/2011	\$0	\$0			N	N	

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Physical performance, health status, mood, and resilience in older nuns	<i>M Wells, College of Nursing (SUNY UMU); G Brooks (Co-I) PT Education/DPH PM</i>	UNFUNDED	11/2010-6/2011	\$0	\$0			N	N
Geospatial Variation in SGA in Onondaga Co, NY	DA Cibula, DPHPM	Faculty Development Fund (for student)	2011-2012	\$2,000		\$2,000		Y	Y
Social, Economic and Demographic Change in Syracuse, NY in Relation to Changing Health Outcomes, 1990 - 2010	DA Cibula, DPHPM	UNFUNDED	2011 - 2013	\$0		\$0	\$0	Y	N
Smoking Cessation During Pregnancy, US, 2004	DA Cibula, DPHPM	UNFUNDED	2009-2010	\$0				N	N
Climate change and responsibility	<i>J Dwyer, Bioethics, SUNY UMU, DPHPM</i>	UNFUNDED	2010-12	\$0	\$0	\$0		N	N
Disaster ethics	<i>J Dwyer, Bioethics, SUNY UMU, DPHPM</i>	UNFUNDED	2012-13	\$0		\$0	\$0	N	N
Work-Related Musculoskeletal Disorders: Characterization of the Occupational Health Clinic Population	MK Formica, DPHPM; MB Lax (Co-I) Family Medicine/DPHM M & J Zoekler (Co-I) & R Klein (Consultant) from CNY Regional Occupational Health Clinic, SUNY UMU	UNFUNDED	2012-2013	\$0			\$0	N	N

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Inter-Observer Variability for Contouring the Parotid and Its Effect on Parotid Radiation Dose	M LaCombe (PI), Radiation Oncology, SUNY UMU; MK Formica (Biostats-Epi Consultant) DPHPM	UNFUNDED	2012-2013	\$0			\$0	N	N
A Retrospective Study of Oral Tongue Cancer versus Base of Tongue Cancer	S Hahn (PI) Radiation Oncology, SUNY UMU; MK Formica (Biostats-Epi Consultant) DPHPM	UNFUNDED	2012-2013	\$0			\$0	N	N
Expanding Communication in Health Care ; Narrative-based research on access to health care for Deaf people	<i>M DeVault & M A. Schwartz, SU (Co-PI); R Garden, (Consultant) Bioethics SUNY UMU, DPHPM</i>	UNFUNDED	2009-2013	\$0	\$0	\$0	\$0	N	N
Return to Work for Patients with Occupational Respiratory Disease	MB Lax, Family Medicine/DPHPM, & J Zoeckler (Co-I) CNY Regional Occupational Health Clinic, SUNY UMU; DA Cibula (Co-I) DPHPM, CP Morley (Co-I) Family Medicine/DPHPM/Psychiatry	UNFUNDED	2011-2013	\$0		\$0	\$0	N	N
Undergraduate Education, Knowledge, and Behaviors Related to HPV Infection and Vaccination.	J Murphy, DPHPM	UNFUNDED	2010-2011	\$0	\$0			N	N

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
In the absence of the state: contests over professional childbirth care and the role of international organizations in post-war Angola	RW Peters, <i>Maxwell School/SU</i>	Summer Project Award, SU Maxwell School (for student)	6/2012-9/2012	\$1,600		\$1,600		N	Y
Polychlorinated biphenyl exposure (PCB)and health effects in Anniston, Alabama	C Shelton (PI), Jacksonville State University, Jacksonville, Alabama; PF Rosenbaum (Consortium Member & Co-I) DPHPM	CDC - ATSDR: funded 2004-2007; continuing work UNFUNDED	2004-2013		\$0	\$0	\$0	Y	N
PCB exposure and Environmental Perceptions (secondary analysis from Anniston Health Survey)	PF Rosenbaum, DPHPM	Faculty Development Fund (for student)	6/2012-7/2012	\$1,000		\$1,000	\$0	N	Y
Assessment of Urban Dwellings for Indoor Toxics (AUDIT)	A Hunt, J Abraham (Co-PI), Pathology SUNY UMU; PF Rosenbaum (Co-I) DPHPM	EPA & NYSTAR, 2002-2005; Continuing work UNFUNDED	2005-2013	\$1,600,000	\$0	\$0	\$0	Y	N
Environmental Home Survey of the Elderly with Diabetes and other Chronic Health Conditions	R Weinstock, J Abraham (Co-PI), Medicine and Pathology SUNY UMU; PF Rosenbaum (Co-I) DPHPM	Internal funds 2007-2008. continuing work UNFUNDED	2007-2012	\$23,000	\$0	\$0	\$0	N	N
Parent-child conflict and diabetes self-care in adolescents with type 2 diabetes. Substudy of TODAY project.	R Weinstock, P Trief, R Saletsky (Co-PIs), Medicine & Psychiatry SUNY UMU; PF Rosenbaum (Co-I) DPHPM	NIH-NIDDK - Substudy from TODAY funded 2007-2008, continuing work UNFUNDED	2007-2012	\$100,000	\$0	\$0	\$0	N	N

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Rural blue collar employers - Veterans RAND 12 assessment	T Stewart, DPHPM; MK Formica (Co-I) DPHPM; A Adachi-Mejia (Co-I), The Dartmouth Institute, Dartmouth College	Private Donor funding 2009-12 Continuing work UNFUNDED	2013	\$0			\$0	y	N
Quasi experimental study of a tobacco cessation intervention among rural medically underserved blue-collar employees	T Stewart, DPHPM; MK Formica (Co-I) DPHPM; A Adachi-Mejia (Co-I), The Dartmouth Institute, Dartmouth College; M Gerrard (Co-I), Cancer Control, UCONN	Private Donor funding 2009-12 Continuing work UNFUNDED	2013	\$0			\$0	y	N
Impact of prostate cancer education	T Stewart, DPHPM, J Seigne & J Heaney (Co-Is), Surgery - Urology section, Dartmouth College	Funded by Foundation for Informed Medical Decision Making 2007-08, continuing work UNFUNDED	2013	\$0			\$0	y	N

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Distress, psychiatric syndromes, and impairment of function in men with newly diagnosed prostate cancer	T Stewart , DPHPM, J Seigne & J Heaney (Co-Is), Surgery-Urology section, Dartmouth College, M Hegal (Co-I), Psychiatry, Dartmouth College; L Ulmer, Z Berhane & T Villanueva (Co-Is) Public Health, Drexel University	UNFUNDED	2013	\$0			\$0	y	N
Treatment choices of men with good-risk prostate cancer	M Hegal (PI), Psychiatry, Dartmouth College T Stewart (Co-I), DPHPM, J Seigne & J Heaney (Co-Is), Surgery - Urology section, Dartmouth College; J Hull (Co-I), Psychology & K Lyons (Co-I), Psychiatry, Dartmouth College	Funded by Prouty Research Program in 2012, continuing work UNFUNDED	2013	\$0			\$0	y	N

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	\$ Amount 2010-2011	\$ Amount 2011-2012	\$ Amount 2012-2013	Community-Based Y/N	Student Participation Y/N
Incidence and implications of unrecognized respiratory viral infections in premature infants during their birth hospitalization: a prospective surveillance study in two neonatal intensive care units.	<i>JB Domachowske (PI) Pediatrics SUNY UMU, D Wang (Biostatistics) DPHPM</i>	UNFUNDED	2011	\$0	\$0	\$0		N	N
Unwanted pregnancy as a high risk condition	C Glantz (Co-PI) OBGYN UofR; MA Wojtowycz (Co-I) OBGYN/DPHPM ; D Bacchi (Co-I) DPHPM; TD Dye (Co-I) OBGYN, U Hawaii	UNFUNDED	2012-2013	\$0			\$0	N	N
Fetal Infant Morbidity and Mortality Registry (FIMMR)	RH Aubry (PI), OBGYN SUNY UMU; MA Wojtowycz (Co-I) OBGYN/DPHPM	Community Health Foundation of Western and Central NY 2006-2009; Continuing work UNFUNDED	January 2006 – December 2009	\$149,995	\$0	\$0	\$0	Y	Y
Evaluation of Cesarean Delivery on Maternal Request	MA Wojtowycz (PI) , OBGYN/DPHPM ; SA Seward (Co-I) DPHPM	UNFUNDED	2012	\$0		\$0	\$0	N	Y

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

Success of CNYMPH faculty is measured by the number of publications, research activities, and presentations. A summary of research activities for primary and secondary faculty over a three-year period as well as the

targets established by the CNYMPH Program to measure research and program evaluation activities can be found in **Table 35**. Because the number of CORE faculty is relatively small, secondary faculty continue to teach, serve as research mentors on capstone committees and supervise student research projects with regularity; faculty research activities inform current teaching. Consequently, targets for the program include measures from both primary and secondary faculty. The CNYMPH program has two research objectives: Increase faculty participation in collaborative interdisciplinary research; Increase opportunities for students to participate in faculty-directed research/projects. For the past three years, under the first objectives, ten out of fifteen targets were met during 2010-2013 academic year. Four of the nine targets were met during the 2010-2013 for the second objective.

Table 35: Measures of Success of Research Activities by Primary and Affiliated Faculty

Objective 2.1: Increase faculty participation in collaborative and interdisciplinary public health research.				
Outcome Measure	Targets	2010-2011	2011-2012	2012-2013
Determine percent of program research that involves more than one academic department or discipline from either UMU or SU	20% of the research involves more than one academic department Meeting Target:	58% Met	51% Met	68% Met
Track percent of faculty with active projects in population-based health research or program evaluation. <i>(Includes funded and unfunded)</i>	50% of faculty will be engaged in population-based health research or program evaluation. Meeting Target:	62% of faculty engaged in 32 unique population health projects. Met	76% of faculty engaged in 36 unique population health projects. Met	64% of faculty engaged in 49 unique population health projects. Met
Track percent of faculty with posters, presentation at national, regional, or local conferences or meetings. A list of presentations can be found in the Electronic Resource File	50% of faculty with posters, presentations at national, regional or local conferences or meetings Meeting Target:	43% of faculty with 30 unique presentations 19 oral and 11 posters Not Met	71% of faculty with 54 unique presentations 43 oral and 11 posters Met	56% of faculty and 58 unique presentations 45 oral and 13 posters Met
Track percent of faculty with publications in peer-reviewed journals. A list of publications can be found in the Electronic Resource File	50% of faculty with publications in peer-reviewed journals. Meeting Target:	52% of faculty with 28 unique publications Met	48% of faculty with 25 unique publications Not Met	48% of faculty with 41 unique publications Not Met
Record number of policy briefs published by faculty on a public health related topic	At least one policy brief published annually. Meeting Target:	0 Not Met	0 Not Met	1 Met

Objective 2.2: Increase opportunities for students to participate in faculty-directed research projects.				
Outcome Measure	Targets	2010-2011	2011-2012	2012-2013
Determine percent of students engaged in faculty-directed research projects	20% of students serve as research aids or engage in experiential learning. Meeting Target:	‡ 40% of students served as research aids Met	46% of students served as research aids Met	20% of students served as research aids Met
Track percent of students who are included as primary or co-author on publications in peer reviewed journals	10% of students included as primary or co-author on publications in peer reviewed journals Meeting Target:	<1% Not Met	0% Not Met	<1% Not Met
Track percent of students who are included on presentations or posters at national, regional, or local conferences or meetings	10% of students included on presentations or posters Meeting Target:	0% Not Met	*12% of students included on presentations 4 oral; 2 students on one poster; 2 alumni gave two separate presentations Met	†8% of students 2 students on two separate posters; 2 students on separate presentation 2 alumni gave 5 presentations Not Met

‡ Denominators are active students in a given year.

* 2 alumni added to denominator for this calculation.

† 2 alumni added to denominator for this calculation.

e. Description of student involvement in research.

Student research experiences include project and program development, survey development, survey deployment, disease surveillance activities, grant preparation, program evaluation, data entry, data analysis, and interpretation and summarization of findings. Additionally, oral and poster presentations, as well as dissemination of findings via written documents (e.g., manuscripts, public health reports), have enabled students to further develop their research skills.

Students have participated in faculty-directed research projects in each of the three years. The majority of the student research experiences in the CNYMPH Program have been paid with funding for these activities coming from specific grants, contracts, or institutional funds, such as faculty development funds (UMU) or Lerner Center for Public Health Promotion funding (SU). Starting in the spring of 2013, CNYMPH students will be eligible to apply for summer internship funding through the College of Medicine at UMU. This is a competitive process requiring the development of a research proposal, evaluation, and ranking of proposals by the Research Advisory Committee at UMU. CNYMPH students also have the opportunity to present their work at the annual student research day, held each spring by the College of Medicine at UMU.

The CNYMPH Program enrolled its first class of students in the fall of 2009. Funding was not available for any assistantships until the third year of the program (2011-2012). In the fall of 2011, three assistantships, following a competitive award process, were given to MPH students through the Lerner Center at SU. These assistantships cover tuition and provide a stipend for 20 hours of work per week and are part of the Center's endowment. The intent of the assistantships is to provide opportunities for students to participate in research. The Lerner Center also hires other CNYMPH students for specific projects, independent of the graduate assistantship program. These activities have included a community health assessment³⁹ and a public health policy paper. The needs assessment guides the Lerner Center future research.

Students also have the opportunity to gain research experience while working on a variety of faculty-initiated research projects at both partnering institutions. In 2010-2011, ten students were part of a research team evaluating smoking cessation preferences among rural smokers in New York State (NYS) with CNYMPH faculty member J Murphy, PhD. The following year (2011-2012), 14 students continued work on the same project collecting year 2 data. Student participation included recruiting subjects from the New York State Fair for the ten days and facilitating survey completion at the data kiosk or by interview.

Students also have participated in several population-based research projects with CNYMPH faculty members. For example, two projects with student participation were undertaken by DA Cibula, PhD, in 2011-2012; one project examined geospatial variation in small for gestational age births in Onondaga County (NYS), while the second assessed changes in social and demographic factors among Syracuse residents over 20 years and changes in health outcomes. Another population-based project with student participation and CNYMPH affiliated faculty member G Brooks, DrPH, in 2010-2011 involved analyzing data and writing part of the Komen Community Profile for CNY, a document⁴⁰ which summarizes Central New York's breast health needs.

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

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion:

Faculty population-based research encompasses a wide variety of topics in the public health area that directly or indirectly inform public health practice and policy by adding to the public health knowledge base in core disciplines.

More than 50% of research projects are multi-disciplinary or multi-institutional at either the local, state, or national levels.

The CNYMPH Program has an ongoing community-based partnership with the Onondaga County Health Department. Student learning through participation in faculty research projects is an integral part of the CNYMPH Program. A recently hired CNYMPH faculty member with expertise in community-based participatory research will enhance the faculty diversity. Additionally, the Lerner Center provides another avenue for building community partnerships and fostering public health research collaborations. The Lerner Center at SU provides three graduate assistantships each year.

³⁹<http://lernercenter.syr.edu/projects/School%20Nutrition%20and%20Physical%20Activity.html>

⁴⁰<http://www.komencny.org/assets/educational-materials-and-events/2011-community-profile.pdf>

Weaknesses relating to this criterion

The CNYMPH Program is relatively new with a small group of core faculty who are primarily at the assistant professor level. Consequently, faculty members have been balancing the needs of an evolving program (administrative tasks, committee assignments, overall curriculum, and specific course development) alongside growing their professional development as researchers, teachers, and community citizens.

Institutional funds for student research support are limited at UMU to faculty grants and internal funding.

The targets for evaluating research are consistent year after year; targets should be adjusted to mirror expected program growth and faculty expertise.

Plans relating to this criterion

A strategic plan for research will be developed in the upcoming year. During the strategic planning process, data concerning research numbers and types of projects, publications, and presentations will be reviewed, with new research targets developed to reflect the current and anticipated program needs. Current expectations for faculty in research activities also will be reviewed and modified to increase the number of primary faculty participating in research.

It is anticipated that the percentage of students working on projects will increase as the program matures and faculty develop their own research programs. Targets for student involvement also will be reevaluated. Having funds for greater student involvement in research would widen the exposure of hands-on research activities.

It is anticipated that a tracking system for research projects, presentations, and publications will be implemented. At that time, we will also collect data on current research projects to help formulate an appropriate policy objective.

3.2 Service

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

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

Service to the community is a fundamental component of the CNYMPH Program’s mission for “...preparing a diverse group of professionals to plan, implement, evaluate, and advocate for population-based health policies and programs.” In an effort to realize this mission, faculty, students, and staff are committed to service-related activities, projects, and collaborations.

Faculty service is supported through UMU’s policy of an *Annual Agreement of Faculty Expectations (AAE)*, which includes the component of service to the community. All primary faculty of the CNYMPH Program with a primary appointment at either institution are required at the time of appointment to the program to complete an AAE in which percentage effort on teaching, research, and service are negotiated and agreed upon with the program Director. The AAE is reviewed and updated (yearly for faculty with a primary appointment in the PHPM, every three years for affiliated faculty), and service activity documentation is also reviewed. Procedures for evaluating service as part of the tenure and promotion process are also in place for CNYMPH faculty, as described in Section 3.2.b.

SU is driven by its vision, Scholarship in Action—a commitment to forging bold, imaginative, reciprocal, and sustained engagements with our many constituent communities, local as well as global. SU is a public good, an anchor institution positioned to play an integral role in today’s knowledge-based, global society by leveraging a precious commodity²—intellectual capital—with partners from all sectors of the economy: public, private, and non-profit. Each partner brings its strengths to the table, where collectively we address the most pressing problems facing our community. This vision and philosophy is supports faculty service.

Specific expectation for faculty service is described in the SU Faculty Manual Section 2.34: Syracuse University asserts the importance of faculty service for the vitality of its academic community, for the professions it represents, and for society at large. Significant accomplishment in the area of service alone is not sufficient for the attainment of tenure. However, significant accomplishment in service, when in conjunction with or integrated with high quality teaching or research, strengthens the candidate’s dossier. Service includes membership or leadership on committees at program, department, School/College, or University levels as appropriate to the faculty member’s rank, as well as administrative functions or other leadership roles. In addition to formal assignments of duties, faculty individually can prove valuable in efforts such as recruiting and mentoring students, faculty, and staff. Service also includes contributions to professional societies, governmental and academic institutions, and the community at large when these contributions reflect faculty members’ professional expertise or standing. The expectation regarding the quantity of service activities for faculty in the probationary period may vary by unit, according to its size and norms. All service activities should be of high quality (approved by the University Senate March 2009).

The program engages in many initiatives, projects, programs, and events that provide faculty, students, and staff opportunities to work together on service-related activities. The following are examples of some of these activities:

National Public Health Week

In celebration of National Public Health Week 2012, a planning committee consisting of faculty, students, and staff of the CNYMPH Program, PHPM, and the Lerner Center was formed to initiate and host several events and activities. The activities included a daily lunchtime lecture series, development of a special menu for the week at the UMU cafeteria, creation of a relaxation room, a free yoga class, a one mile walk/run, and promotion of health education materials. A community-based children's health carnival was held at the Mary Nelson Youth Center on the south side of Syracuse. Many of these activities were replicated for National Public Health Week 2013. The accomplishment of this activity includes increased awareness of healthy lifestyles and continued collaborations of non-traditional partners such as the regional grocery store 'Wegmans'.

Lerner Center for Public Health Promotion Initiatives

The Lerner Center uses rigorous evaluation to key in on the most effective health promotion strategies locally, with an eye for building models that can be replicated nationally. Some of the Lerner Center's activities include

- Promoting the *Healthy Monday*⁴¹ campaign, a national initiative to help end chronic preventable diseases by offering weekly prompts and programs to support people and participating organizations in starting and sustaining healthy behaviors
- Conducting community health needs assessments
- Collaborating with *Hopeprint*,⁴² a small non-profit organization that serves the refugee population on the north side of Syracuse
- Collaborating with the *Near West Side Initiative*,⁴³ a multi-organization/business partnership focusing on the health of one of the poorest census tracts nationally

Syracuse Healthy Start Evaluation Presentation

In November 2012, a CNYMPH faculty member presented an evaluation of the Syracuse Healthy Start Program to community stakeholders in maternal and child health **ERF. SSS: Example of Service Presentation to Community Partners.** Syracuse Healthy Start is a Health Services and Research Administration funded program that promotes healthy pregnancies and healthy babies through community partnerships, community referrals, health education, case management, and home visitation. The audience included representatives from 65-70 community agencies, as well as local hospitals and clinics. This service activity provided an update on the status of pregnant women in the community. The identified concerns will be addressed by public health initiatives.

⁴¹ http://lernercenter.syr.edu/healthy_monday/index.html

⁴² <http://hopeprint.org/>

⁴³ <http://www.syracusecoe.org/coe/sub1.html?skuvar=46>

Public Health Grand Round Series

PHPM offers an annual series of Public Health Grand Round lectures on current research and practice in public health. Generally, there are six one-hour Grand Round lectures scheduled during the academic year. This lecture series is intended for faculty, students, and community members and serves as a vehicle to

- Provide relevant information to the public health community in Central New York,
- Encourage networking among the public health practitioners in Central New York, and
- Build collaborative relationships between the CNYMPH Program and the Central New York community.

A Grand Round series was established in the first year that the CNYMPH Program admitted students. The series has drawn on speakers from the local community and leaders in public health issues regionally and nationally. The Grand Round series is widely advertised in the community through a public health email list serve and an UMU e-newsletter. Flyers are also distributed throughout the facilities at UMU and SU. It was intended to be a vehicle through which the academic community could reach out to practitioners. Attendance data, however, found that participation was largely limited to the students and faculty in the MPH program itself.

Formal Agreements and Other Activities

Formal agreements with external agencies exist through funded service of CNYMPH faculty. These include agreements with several county health departments, the New York State Department of Health, the Health Foundation of Western and Central New York, and Health Resources and Services Administration. Other service activities of the CNYMPH Program's faculty, students, and staff include hands-on volunteer work with local, state, national, and international public health organizations; public health consultation; participation in community-based public health initiatives; membership in professional organizations; and service on boards and committees. (See **ERF. TTT: Current Service Activities (CEPH Template 3.2.1)**; **ERF. UUU: Funded Service Activities (CEPH Template 3.2.2)**). These activities not only help us achieve our service-related goals and objectives, but also identify the needs of the community, thereby helping us achieve our broader mission of strengthening the public health workforce.

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

Faculty of the CNYMPH Program may have a primary appointment at either UMU or SU. Both institutions emphasize the importance of faculty engagement in professional and community service, which is factored into the promotions and tenure process.

As part of the standards for promotion and tenure at UMU, faculty must demonstrate "Proficiency in Community Service," which is defined as "service to the Department, University, Region, State, Nation, or World." (**ERF. VVV: UMU Standards for Appointment, Rank, Promotion and Tenure**)

As part of the promotions and tenure process at SU, faculty must demonstrate making "valuable contributions in teaching, scholarship, and service" with service characterized as faculty members applying "...their knowledge and talents in the interest of society as a whole." (**ERF. WWW: SU Standards for Appointment, Rank, Promotion and Tenure**).

Therefore, participation in service activities must be demonstrated by all CNYMPH faculty members to achieve promotion or tenure with requirements that are seamlessly integrated between the two collaborating institutions.

- c. **A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.**

See ERF. TTT: Current Service Activities (CEPH Template 3.2.1); ERF. UUU: Funded Service Activities (CEPH Template 3.2.2).

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

Objectives, targets, and outcome measures have been identified to evaluate the program’s overall service and outreach goal to develop active community partnerships and collaborative endeavors that contribute to sound public health practices at the local, state, and national level. The specific outcome measures, targets, and related data used to evaluate the success of the service efforts of the program are presented below.

Table 36: Measures of Success of Service Efforts

Objective 3.1: Increase student participation in collaborative public health activities with community agencies annually				
Outcome Measures	Target	2010–2011	2011–2012	2012–2013
Increase number of community agencies interested in hosting MPH students for field placement to 30 sites	30 Sites Meeting Target:	19 Not Met	32 Met	40 Met
Record number of students participating in community service activities outside of program requirements	40% Meeting Target:	7% Not Met	38% Not Met	45% Met
Objective 3.2: Increase faculty participation in community service activities as defined by the program				
Outcome Measures	Target	2010–2011	2011–2012	2012–2013
Track percent of primary faculty participating in community service activities annually	75% Meeting Target:	100% Met	100% Met	100% Met

All primary faculty members have participated in community service for each of the last three academic years, exceeding the target of 75%. In addition, the count of students participating in community service activities outside of program requirements increased substantially from the 2010-2011 to the 2011-2012 and continued to increase in 2012-2013.

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

The CNYMPH Program encourages students to enhance their learning experience through involvement in service activities outside of the required practice. Several mechanisms are provided for student participation in such activities alongside faculty and public health practitioners:

National Public Health Week Health Carnival

As part of the National Public Health Week activities of 2012, under the supervision of a faculty member, CNYMPH Program students organized a children's health carnival at the Mary Nelson Youth Center in Syracuse. The event, which promotes healthy living, was open to the public and included activities and games, such as fruit and vegetable taste-testing, nutrition education, yoga instruction, an obstacle course, and prizes.

Student Participation on Committees

Students are strongly encouraged to serve as representatives on CNYMPH Program committees. Each academic year, students are notified of opportunities to serve on program committees. Based on student interest, a student representative is appointed to each committee. The student representative may serve one term with the option to be reappointed for a second term.

Center for Civic Engagement at SUNY Upstate Medical University

This office serves as a resource for students interested in becoming more involved in the Syracuse community. The Center for Civic Engagement organizes and facilitates local volunteer and educational opportunities for UMU students (including CNYMPH students) at schools, clinics, and other community organizations. These outreach activities in many of the diverse neighborhoods of Syracuse allow CNYMPH Program students to gain insight into a spectrum of socioeconomic and cross-cultural parameters that may impact the population with whom they may be working.

Public Health Initiative

Under the advisement of a faculty member, the Public Health Initiative is a student-run public health organization that coordinates events and efforts on campus and in the community related to public health. Activities of the Public Health Initiative to date include, hosting lunch lectures with UMU administration, organizing and conducting an annual health carnival, developing a nutritional program at a local middle school, as well as recruiting volunteers for a local community center and other community-based events.

Additional examples of recent service-related activities of CNYMPH students include participation in the annual March of Dimes March for Babies Walk, participation in a backpack and school supplies drive, service on community organization committees, and volunteer time spent at numerous public health organizations.

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

This criterion is **MET**.

Strengths relating to this criterion

The CNYMPH Program has developed a strong service program that advances public health practice and policy and is consistent with its mission to strengthen the public health workforce. Program faculty provide expertise to public health organizations at the local, state, and national levels through consultation, and service on boards and committees; and students are actively engaged in service activities that nurture learning experiences.

Weaknesses relating to this criterion

While faculty, students, and staff of the CNYMPH Program are heavily involved in and committed to service, the outcome measures used to evaluate service do not reflect the depth and breadth of our service activities. The program does not have a centralized database to organize program-level information.

Plans relating to this criterion

To better capture meaningful information on the impact of the service activities of our faculty and students, we plan to identify more detailed and specific outcome measures related to service. For example, going forward, we have identified a baseline target of 40% for student participation in community service activities outside of program requirements. Other service-related outcome measures and targets are currently being identified.

The program is lacking a central database to track the service activities of faculty, students, and staff. While the AAE review process for faculty facilitates the tracking of service activities at an individual level, a central database would organize this information at a program level. Furthermore, while the review process has been used for primary faculty of the CNYMPH Program, the self-study process identified the lack of a program-specific policy. A written policy will be developed to facilitate the continuity of this procedure.

Finally, the self-study process identified that the tracking of student service activities has been inadequate and limited to the recall of faculty and staff. Therefore, the counts presented for the outcome measure related to student service in **Table 2** are likely underestimates and not reflective of the true extent of service by the students. A survey has been developed and administered to obtain updated information on the service activities of students. Furthermore, faculty members involved in student advising have been directed to update student service activity information during advising sessions.

The CNYMPH Program is exploring a system to certify each Grand Rounds lecture for continuing medical education credit, and possibly CE for other professions in the future. The program hopes to utilize the CNYAHEC content management system for online learning and host recorded Grand Rounds lectures series to distribute the information throughout the region. As other continuing education programs are developed, these would also be provided to CNYAHEC. This activity is consistent with the affiliation agreement between UMU and CNYAHEC to begin creating and providing content. Hard copy flyers regarding public health Grand Rounds will be sent to local health departments and community partners in our 14-county footprint.

3.3 Workforce Development

The program shall engage in activities other than the offering of degree programs that support the professional development of the public health workforce.

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

A 2002 New York State Public Health Council work group finding indicated a significant public health workforce challenge in the state and that improvement in workforce training was of utmost importance⁴⁴. The CNYMPH Program was established in response to a need for increasing the public health workforce capacity in Central New York. Its workforce development strategy revolves around meeting the goals outlined in a 2008 ASPH Policy Brief⁴⁵. An Advanced Certificate of Study in Public Health (CASPH) was established to support the need for workforce development determined by the brief. The New York State Department of Education approved the certificate in August of 2010. The first certificate cohort began in the fall of 2011.

Workforce Assessment of Needs

In 2013, the program completed a public health workforce assessment which was conducted within our 14-county footprint. A 22-question survey was administered through survey monkey. It was distributed initially to local health departments in the 14-county footprint, AHEC membership, field supervisors, and community partners. Original participants were asked to complete the survey and forward the survey to their peers for additional input. Respondents were incentivized with a \$50 Visa gift card raffle for full participation in the survey.

Participants reported that their organizations' educational interests were centered around: health promotion, health policy, health disparities, rural health, disease prevention, and chronic disease.

In addition, the majority of the respondents identified their top six skills needed for further professional development as program planning and evaluation, collection management and analysis of data, social marketing strategies, grant writing and budget development, using software (e.g., mapping, data analysis), and health service management.

The survey identified respondents preferred accessing additional learning for their educational interests by: online –webinar, online-lecture with PowerPoint presentation, and in-person workshops. The respondents rated their preferred method for obtaining additional skill development as: online – webinar, online-lecture with PowerPoint presentation, and in person workshops. Their preferred length of time for the education and skill development was 60 minutes and their preferred time of day was mid-morning and early morning. One of the most striking findings from the workforce assessment survey was of the desire and need for short, remotely delivered, non-credit bearing activities.

⁴⁴ New York State Public Health Council, Strengthening New York's Public Health System for the 21st Century, 2003

⁴⁵ ASPH Policy Brief: Confronting the Public Health Workforce Crisis (December 2008)

The survey also asked what skill sets and content knowledge would be desirable for the MPH students to possess when they graduate. The survey respondents identified that students' moderate and high-level knowledge should focus around disease prevention, health disparities, chronic disease, health policy, and environmental health. The respondents identified CNYMPH students top skills as collection, management, and analysis of data; program planning and evaluation; professionalism; cultural sensitivity; tracking disease (epidemiology); and grant writing and budget development (**ERF. XXX: Workforce Assessment Survey**).

- b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH data template 3.3.1. Only funded training/continuing education should be reported. Extramural funding for research or service education grants should be reported.**

The CNYMPH Program has not offered formal continuing education programs.

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

The CNYMPH Program contributes to the region's public health workforce by providing a certificate program (See **ERF. YYY: Letter of Approval for Certificate Program**). The Certificate of Advanced Study in Public Health (CASPH) is a five-course (15-credit hour) program of study that offers a continuous integrated core curriculum centered around the public health competencies. It is a certificate of advanced study (CAS) registered with the New York State Education Department. As a mid-career program, students must have five years of work experience in a health care or public-health-related field and have a four-year degree from an accredited university. The program draws applicants from local public and non-governmental agencies providing public health services.

The curriculum has been designed to reflect the interrelationships of public health practice and designed to train current and future practitioners and researchers in the core public health functions. The abbreviated training allows interested students, who are either unable to complete a master degree yet interested in augmenting on-the-job training or supplementing an advanced degree with core public health principles and practices, the opportunity to acquire the necessary training to manage public health problems. The certificate prepares graduates to serve in leadership roles in public health and contributes to meeting the requirements for directors of public health in New York State.

The table below presents data related to the number of applicants, acceptances, enrollments, and graduates of the certificate program. The first Certificate class enrolled in 2011 and students have 5 years to complete the degree.

Table 37: Summary of Enrollment in Certificate Program

Certificate of Advanced Study in Public Health (CASPH)	<u>2011–2012</u>	<u>2012–2013</u>	<u>2013–2014</u>
Applied	8	2	5
Accepted	7	0	3
Enrolled	6	0	3
Graduated	1	1	Ongoing

Note: Most part-time students are working full time choose to only take one course a semester; several of the original students have had to take a leave of absence for personal reasons. Additionally, the courses must be taken on campus which has prevented some potential students from applying, as they prefer an online option.

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

The admissions standards for the certificate program include

- Baccalaureate degree from an accredited institution
- Minimum GPAs at or above a 3.0 (4.0 scale)
- Five or more years of professional experience in public health or health sector
- Minimum TOEFL of 600 written exam/250 CBT/100 IBT (revised 1/07) for international students for whom English is not their primary language
- Official transcripts from all previous postsecondary courses
- One public health essay
- Two letters of recommendation
- A resume or CV

Applicants must submit an online application with a non-refundable application fee. Once they have met the academic standards, they are invited for an on-campus interview. The CNYMPH Admissions Committee reviews all of the applicants’ materials, including interview notes, and makes a decision. All matriculated certificate students must attend the new student orientation described in criterion 4.4.

The certificate program is designed for part-time study to accommodate the working professional. Once accepted, students can complete the certificate within three semesters. All requirements for the certificate program must be completed within a five-year period from entry into the program. Students in the certificate program must complete the five core courses, which are the existing core courses for the MPH degree previously stated in criterion 2.3. Students who successfully complete the certificate program and desire to pursue the MPH degree can apply for entry into the MPH Program. Students must maintain a cumulative GPA of 3.5. Once accepted, all of the core courses can be applied towards the MPH degree.

All matriculated students in the certificate program are assigned an academic advisor responsible for monitoring their progress towards the successful completion of the certificate. The academic advisors initially meet with students to develop a plan of study. This plan of study is updated each semester to document students’ academic progress.

All certificate students have access to the same resources as the MPH students at both UMU and SU and must follow the same program policies and procedures. Upon completion of all the academic requirements, students complete an Exit Survey. A Certificate of Advanced Study, carrying the seals of both institutions, is then awarded to students.

The intent of the Certificate program was to enable professionals to achieve career goals and management level positions or pursue further graduate education. To date, the program has awarded the certificate to one student. Data from ongoing assessments, such as course evaluations, the Student Feedback Survey, and the Exit Survey, will be used to continuously improve the certificate program. In addition, the workforce survey referenced above has guided the program's plans to expand the development of continuing education through venues accessible to the community. The program's strategic planning process will include a workforce plan leading to goals and measurable objectives.

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

The CNYMPH Program has had a longstanding relationship with the New York AHEC Program. The CNYAHEC Program mission is to meet the state's health and health workforce needs by providing educational programs in partnership with academic institutions, healthcare agencies, and other organizations. A primary faculty member, Dr. Christopher Morley, is the regional director of the Central Regional New York Office of the AHEC. Both Dr. Bacchi and Dr. Dennison are members of the Central New York Regional Advisory Board. This relationship is the foundation for further workforce development activity.

f. Assessment of the extent to which this criterion is met and an analysis for the programs strengths weakness, and plans relating to this criterion.

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion

The certificate program is a mid-career alternative. The program helps build the public health workforce in the region. In addition, the program is responsive to the needs identified in the workforce survey.

Weaknesses relating to this criterion

No other formal continuing education programs have been offered. The program has not attracted a large number of Certificate applicants and enrollees. It needs to review how it advertises and its format to see if it is meeting workforce needs.

Plans relating to this criterion

The CNYMPH Program will develop a formal strategic plan for continuing to enhance the public health workforce. The public health workforce survey suggests that the program must reach out to the rural 14-county footprint and develop online distance learning programs for the public health workforce. Based on the workforce development survey results, the program is researching the possibility of web based educational modules related to topics of interest.

4. CRITERION: FACULTY, STAFF, AND STUDENTS

4.1 Faculty Qualifications

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

The primary faculty's academic backgrounds and real-world experience support the program's educational, research, and service mission. The faculty comprises a range of disciplines, teaching experience, community service roles, and research interests. The multidisciplinary faculty represents the breadth of public health, such as community research, population-based research, epidemiology, biostatistics, public health practice, public health policy, environmental health, behavioral science, mental health, and engineering. Primary faculty teach and supervise students' scholarly and practical experiences in their particular area of knowledge. The primary faculty is complemented by faculty members from other parts of each university and by those holding adjunct appointments.

- a. **A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.**

The CNYMPH Program currently has nine primary faculty members who support the program. A description of these primary faculty members can be found in **ERF. ZZZ: Current Primary Faculty Supporting Degree Offerings Program (CEPH Template 4.1.1)**. This description includes each faculty member's rank, tenure status, percent of FTE in the program, graduate degrees earned, institution where degrees were earned, discipline of degrees, teaching area, and research interest

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

Other affiliated faculty (N=16) who support the CNYMPH Program are described in **ERF. AAAA: Other Faculty (Affiliated) Used in Teaching Programs (CEPH Template 4.1.2)**. This description includes each member's title and academic rank, current employment, percent of FTE in the program, graduate degrees earned, institution where degrees were earned, discipline of degrees, and teaching area.

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

The faculty members in the CNYMPH Program have a rich mosaic of public health practice. While all of these members hold graduate degrees, their work experience is woven into course content, which allows for real world experience to illustrate concepts. For example, the program director has practiced in community health centers and health departments and is currently Medical Director for Maternal and Child Health at the local health department. The associate director was a hospital administrator and is currently chair of the local board of health. Other faculty has held positions such as commissioner of a state health department, chief epidemiologist of a state lead-poisoning program, and director of surveillance for a local health department.

Several affiliated faculty are employed by the local health department. For example, Cynthia Morrow, MD, MPH, Health Commissioner for the Onondaga County Health Department (OCHD) is an Assistant Professor who lectures in various public health courses, and Rebecca Schultz, MPH, is director of surveillance and serves as field placement and capstone preceptor. In addition, many faculty members include guest lecturers in courses and look to those in the field to participate in the program. Faculty are encouraged to maintain ongoing practice links with public health agencies at state and local levels and participate in their respective professional organizations

In addition, faculty participate as reviewers and editors of public-health-related journals, including

- *Journal of Public Health Practice and Management* (Reviewer)
- *Environmental Health Perspectives* (Reviewer)
- *Maternal and Child Health Journal* (Editor)

Appointment Track

As of June of 2013, the MPH Program includes five tenured or tenure- track primary faculty composed of one associate and four assistant professors. In addition there are four non-tenure-track faculty composed of one professor of practice, one clinical associate professor, one associate professor, and one instructor. There are an additional 16 affiliated faculty in the program, of which six are tenured.

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

By virtue of the multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, the faculty complement supports the program’s mission, goals, and objectives. Although we do not have identified measurable objectives, we have sought faculty who have demonstrated experience in public health and in our program competencies. The program also monitors faculty performance through feedback on student course evaluations.

Table 38: Outcome measures for Faculty qualifications

<i>Outcome measures</i>	<i>Target</i>	<i>2010-2011</i>	<i>2011-2012</i>	<i>2012-2013</i>
<i>% of primary faculty who are tenured</i>	30%	22% NOT MET	13% NOT MET	22% NOT MET
<i>% of primary faculty with public health practice experience</i>	75%	100% MET	88% MET	88% MET

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

This criterion is **PARTIALLY MET**.

Strengths relating to this criterion

The faculty is composed of professionals with a rich experience base in public health and draws broadly from disciplines that contribute to public health. This complement positions the program to expose students to a broad range of public health perspectives. Although a predominantly young faculty, there is a strong record of teaching, service, and scholarly activity.

Weaknesses relating to this criterion

Currently, the program does not have mapped measurable objectives for faculty qualifications related to our mission.

Plans relating to this criterion

The program will develop measurable objectives related to faculty qualifications. The program will continue to encourage and monitor faculty activity in both funded research activities and public-health-related organizations at the local, state, and national level that support our mission, goals, and objectives.

4.2 Faculty Policies and Procedures

The program shall have well defined policies and procedures to recruit, appoint, and promote qualified faculty; to evaluate competence and performance of faculty; and to support the professional development and advancement of faculty.

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

The rights and obligations of all faculty members holding titles of professor, associate professor, assistant professor, and instructor are specified in both the UMU and SU faculty handbooks (**ERF. BBBB: General Faculty Policies, Procedures, and Services; ERF. CCCC: SU Faculty Handbook**).

Additionally, faculty holding primary appointments at UMU have rights and obligations specified in their collective bargaining agreement between UMU and United University Professionals (UUP) (**ERF. DDDD: Collective Bargaining Agreement UUP**).

The program's faculty handbook specifies the rights and responsibilities within the CNYMPH program (**ERF. H: Faculty Handbook**).

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

Both universities devote considerable time and resources to the development of all faculty members.

UMU: The Office of Faculty Affairs at UMU provides faculty with professional development opportunities to assist them in enhancing the learning environment. The office provides services which include

- workshops and seminars on new pedagogies and technologies (see **ERF. TT: Faculty Development Series**)
- peer mentoring program named TEMPO (Trusted Experienced Mentors Promoting Others)
- EdTalks@Upstate – videos providing knowledge relevant to teaching and improving educator skills

The Office of Faculty Affairs also produces a monthly e-newsletter called, *The Faculty Commons* to share faculty achievements. Additionally, the Office of Educational Communication provides consultation to faculty about various aspects of curriculum development and instructional project management. This office provides Blackboard training to help instructors build their courses, develop web-based exams, prepare PowerPoint for web delivery, and digitize audio and video for use in PC or Mac. All of the above are available to both full-time and affiliated faculty. Also, a newly formed Academy of Upstate Educators has developed a teaching consultation service that provides peer review of teaching on an as needed basis.

SU: The Office of Academic Administration supports faculty hiring, professional development, and recognition, providing information, resources, and guidance across the academic career. The office also provides programs and services to support faculty success in teaching, research, and scholarly excellence. Each untenured faculty member is assigned a three or four person mentoring committee upon arrival in the Department. The mentoring committee is comprised of tenured faculty in the mentee's general field of study. The mentoring committee serves both an advisory and an evaluative role. Committee members meet with the mentee at least once year, but often more frequently, to review the mentee's research, teaching and service

activities over the previous year. They offer informal advice as well as a formal assessment of the mentee's progress toward tenure. The mentoring committees also write formal reports for the department at third-year review and tenure offering a recommendation to the faculty.

Each junior faculty member is eligible to request travel funds from the department to support conference and meeting travel. Junior faculty receive the highest priority for these funds and typically receive larger travel allocations than other faculty members. In the past junior faculty have requested and received additional funds to pay for travel to teaching workshops. Junior faculty also commonly receive a research account that can be used to fund travel, data acquisition and other research-related expenses.

SU has an Online Learning Services (OLS) which is committed to assisting faculty as they enrich their teaching environment through the adoption of appropriate technologies. With a focus on teaching and learning outcomes, OLS consults with faculty to offer campus and online resources in an effort to extend the traditional classroom or migrate to a web-based curriculum.

In addition to these university resources, the program informs faculty via email and at faculty meetings of public-health-related conferences, training opportunities, and other developmental resources. Faculty members are encouraged to join and attend local, state, and national public health associations. Each department in which faculty reside provides funding for faculty to participate in professional development meetings and conferences. This is negotiated with the chair and is included in their appointment letter.

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

Faculty members are evaluated according to the policies and procedures of the institution of their primary appointment.

UMU: The College of Medicine Standards Document, *Process for Promotion and Tenure Considerations*, approved by the dean effective March 1, 2007, outlines the process for full-time faculty review (**ERF. EEEE: Process for Promotion and Tenure Considerations**). Affiliated faculty are reviewed according to the time line established on their appointment, which can be annually or up to every three years.

The department chair and the full-time faculty member sign an Agreement of Academic Expectations (AAE) at the time of faculty hire⁴⁶. Subsequently, there is an annual performance review, using the AAE, between the chair and each faculty member to discuss the past year's performance and any changes in contribution the faculty member could make to the department. It also allows for discussion of skills, research, and scholarship focusing on teaching, professional development, and university and community service. The faculty member is required to provide evidence of performance (i.e., teaching evaluations, papers given or published, grants applied for or received, and new course offerings), which the chair reviews and discusses with the faculty member. This annual review allows tenured and tenure-track faculty who have not achieved all promotions to accumulate performance evidence. . A similar AAE process is completed for affiliated faculty⁴⁷. The completed AAEs are sent to the senior associate dean for faculty affairs and kept in the departmental faculty file.

⁴⁶ <http://www.upstate.edu/facultydev/intra/expectations.php>

⁴⁷ http://www.upstate.edu/facultydev/intra/appointment_voluntary.php

SU: The policies for evaluation and promotion and tenure considerations are outlined in the SU Appointment, Promotion and Tenure Manual (**ERF. FFFF: SU Appointment, Promotion and Tenure Manual**).

In the Maxwell School, where the majority of CNYMPH faculty reside, an annual review takes place for tenure-track faculty with a faculty mentoring group assigned to each junior faculty member. The faculty member submits a report of all teaching, research, and service activities over the past year. The committee prepares a report that is submitted to the chair who makes a recommendation for continuing employment to the dean's office. There is no post-tenure review for senior faculty or professors of practice although the chair reviews each faculty member's activities to make salary recommendations. Professors of practice are reviewed by an ad hoc committee in their final year of contract. The faculty votes on committee recommendations for renewal, and the recommendation goes to the dean for final approval. Junior faculty members at the SU Maxwell School are given reduced teaching and service activities when first hired to enable them to develop an active research program. Expectations (time commitments for teaching, research, and service) for faculty are modified as the faculty member moves through his or her career.

At the program level, the director and associate director meet annually to review all faculty performance and to recommend any changes to the Faculty Council. Any decisions for removal of faculty from affiliation with the program are presented to the Faculty Council for vote.

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

All courses are monitored through an anonymous online student evaluation completed at the end of the semester (see criterion 1.2). A personalized announcement and several reminders are sent to students both before deployment and while the evaluation is active. All courses that need to be evaluated appear as a reminder on their personal *MyUpstate* page. For SU courses, there is an additional evaluation that is done on paper in class. All core and program-specific course directors have been encouraged to do anonymous mid-course evaluations to evaluate the need to make course adjustments.

Student Evaluations

As part of student course evaluations, students are asked to assess faculty performance. For courses taught between the fall of 2010 and the summer of 2012, students answered performance questions. Of 458 students who answered a question related to their instructor's ability to present ideas in a clear and well-organized manner, 284 (62%) responded either very good or excellent. Of 467 students who answered a question related to their instructor's preparation for class, 326 (70%) responded either very good or excellent. Of 472 students who answered a question related to their instructor's performance in this course, 294 (62%) responded either very good or excellent.

Course directors are expected to review their own course evaluations in a timely manner and use them to improve future courses. They include the evaluation information in the 360° Faculty Course Evaluation done at the completion each course. Substandard ratings are defined as scale score below 3 on a 5 point Likert scale. In addition, the MPH director, associate director and department chairs have access to the course evaluations and use the results on an ongoing basis to monitor course quality and faculty performance. A course director who receives substandard evaluations meets with the director and associate director and develops an action plan to address the issue(s). Furthermore, the director is responsible for compiling an annual summary report

of course evaluations, devoid of identifying information, and presents that information to the Operations Committee for consideration and discussion prior to the new academic year.

In addition, students are encouraged to discuss course-related issues with the course director, program coordinator, MPH program director, MPH associate director, and student representative at any time. Every effort is made to address issues in a timely manner satisfactory to all parties.

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

This criterion is **MET**.

Strengths relating to this criterion

The universities and the program have defined policies and procedures to recruit, appoint, evaluate, and promote qualified faculty. There is sufficient opportunity for students to evaluate instructor effectiveness and for program administration to address issues with faculty.

Weaknesses relating to this criterion

The Maxwell School does not currently have a policy for annual review of tenured or non-tenure track faculty (i.e., Professors of Practice).

Plans relating to this criterion

Continue to review process by which faculty are hired, evaluated, and promoted and make any necessary changes to ensure faculty quality and effectiveness. SU is developing a policy for annual review of non-tenured faculty.

4.3 Student Recruitment and Admissions

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

a. Description of the program’s recruitment policies and procedures.

The CNYMPH Program is committed to creating and sustaining an environment that is equitable, respectful, and free from prejudice for students, faculty, staff, and members of our community. It is the program’s policy, consistent with both institutions, to promote a diverse and inclusive community by recruiting qualified students through targeted admissions initiatives. In our program, we strive to promote the values of diversity and inclusion, which adds value to our students’ learning environment and enhances their commitment to addressing health disparities. The recruitment policies at both UMU and SU direct our efforts towards diversity and inclusion. Students are recruited through the offices of Admissions and Multicultural Affairs at both UMU⁴⁸ and SU⁴⁹.

The CNYMPH Program coordinates recruitment efforts with the Office of Student Admissions at UMU and the Office of the Director of Admissions in PAIA at the Maxwell School at SU. These coordinated efforts are focused on recruiting, retaining, and graduating highly qualified students who represent a diverse cultural, socioeconomic, and geographical base. A top priority for the program is to ensure that our student body represents our target area described in criteria 1.8. We have enlisted the assistance of the multicultural admissions advisor within the Office of Student Admissions at UMU, whose primary responsibility is to actively seek and recruit a diverse student body for the university, to target recruitment efforts, and to increase underrepresented applicants to our program.

Our student recruitment efforts have been focused on practicing professionals, whose work experiences and programmatic responsibilities have fostered a growing appreciation of public health perspectives. In addition, recent graduates of health-related baccalaureate degree programs, whose prior training and career goals would benefit from the MPH Program, have also been targeted.

The program sponsors information sessions through both universities and participates in various recruitment events throughout the country. In particular, the program focuses on the Upstate New York region to attract well-qualified applicants. The program focuses its main recruitment efforts on the 14 footprint counties in New York. The program’s recruitment activities include but are not limited to

- MPH “Lunch and Learn” presentations at UMU and SU
- Open house programs held twice a year (spring and fall) at UMU
- Representation at approximately 23 graduate fairs, 20 transfer fairs, and 30 high school college fairs per year
- Presentations at four-year colleges (approximately 10 per year)

⁴⁸ <http://www.upstate.edu/currentstudents/support/multicultural/about.php>

⁴⁹ <http://syr.edu/about/Student-Diversity.html>

- An annual presentation at MedQuest camp , an AHEC sponsored camp for high school students interested in health careers
- Representation at meetings with local and regional community partners and exhibits at local and regional public health conferences

For a list of the specific recruitment activities and locations for the last two years, please refer to **ERF. GGGG: Recruitment Activities.**

b. Statement of Admissions policies and procedures.

Admission Policies

The program seeks to admit qualified students who demonstrate the potential to be successful at the graduate level. Members of the program’s Admissions Committee (described under criteria 1.5) make decisions on applicants based on academic performance, standardized test scores, letters of recommendations, students’ written abilities, and commitment to public health. Applicants should meet the following minimum requirements to be invited for an interview:

- A baccalaureate degree from an accredited institution with a cumulative undergraduate grade point average of a 3.0 (based on a 4.0 scale). The applicant must submit official transcripts of all the colleges and universities attended.
- A minimum GRE scores set at the 50th percentile on both the quantitative and verbal sections and a 4.5 on the analytic writing component. Official GRE test scores, taken within five years of application, must be sent directly from the testing agency. GRE waivers are granted in specific circumstances discussed further in this section.
- International students whose first language is not English must possess scores from the TOEFL of a minimum of 600 (written), 250 (computer-based test), and 100 (internet) to be considered for admission. Official TOEFL scores must be sent directly from the testing agency. International students who have completed all or part of their education abroad are required to have a course-by-course educational credential evaluation completed by an approved agency prior to the application deadline.
- Submit a personal statement of career goals and health-related experiences. Applicants must also submit a public health essay in which they identify a public health issue or problem of interest and present at least one possible approach to addressing that issue or problem. This requirement allows the members of the committee to assess the applicant’s commitment to public health and their professional development goals.
- Submit three letters of recommendation from individuals who can speak to the applicant’s academic and professional capacity.

GRE Waivers:

Under certain circumstances, a waiver of the GRE requirement will be considered if the applicant has

- Medical College Test (MCAT) – score of 26 or above is preferred.
- Dental Admission Test (DAT) – score of 17 or above is preferred.
- Graduate Management Admission Test (GMAT) – score of 550 or above is preferred.
- Law School Admission Test (LSAT) – score of 150 or above is preferred.
- Optometry Admission Test (OAT) – score of 70 or above is preferred.
- United States Medical Licensure Exam (USMLE) step 2 or 3

- Earned a master's degree from an accredited institution with relevant experience in the public health or health care field
- Earned a doctoral or medical degree from a regionally accredited college or university (Council for Higher Education (CHEA))

Admissions Procedures

Potential students apply electronically to the CNYMPH Program through the UMU's website. Applications are received throughout the year until the established deadline and reviewed for fall enrollment. Under certain circumstances, applications can be considered for enrollment in the spring semester. Applicants are required to complete an online application and submit all above-stated requirements with the appropriate application fee. The Office of Student Admissions screens all electronic applications based on the above-stated criteria and either invites candidates for an interview, holds the candidate for further consideration, or rejects the applicant. In cases where the applicant needs further consideration or questions arise about their qualifications, the application will be discussed with the director or associate director of the MPH Program and re-evaluated at the conclusion of the interview process. The Admissions Committee meets the week after each interview session to review each of the interviewed applicants and render decision by an anonymous vote. Should an applicant need to be interviewed outside the regularly scheduled dates, the applicant is interviewed by one of the committee members, the committee reviews the application and interviewer notes and an e-vote is conducted.

Changes to the admissions process

From the start of the program in 2009 to the entering class of 2012, interviews were not required except in instances where the applicant's qualifications were questionable. To be considered for admission, applicants were expected to meet the above-stated admissions criteria. The members of the CNYMPH Admissions Committee subsequently reviewed, discussed, and voted to accept or reject the candidates based on the documentation provided. After deliberation, the Admissions Committee determined that the information in the written admissions application did not provide sufficient detail to fully assess the applicant's interest in public health.

Based on this feedback and in consultation with institutional program directors, the Admissions Committee voted to require student interviews as part of the MPH admissions process starting in the fall of 2012. The committee can better assess the applicants' understanding of Public Health, their communication skills (verbal and written), and their reasons for pursuing the profession. The information gleaned through the interview process also allows the committee to reiterate the program's focus and make a determination as to whether or not the student has a realistic understanding of Public Health.

Interview and Review Process

MPH interviews are conducted using the Multiple Mini Interviews (MMI) format adopted from the College of Medicine. The MMI interview process divides the traditional interview into a series of brief, carefully timed interview stations. For the MPH interviews, applicants must rotate through five stations—an essay question, a scenario question, two specific questions, and one "free" question. The stations are designed to assess specific skills and qualities. This format provides applicants the opportunity to meet with several interviewers and a chance to interact with students, faculty, and administrators.

Interviewers do not review applications prior to the interviews. Interviewers complete an evaluation form at the completion of each session. Scores and comments are compiled and presented with the applicants' files

and accompanying documentation at the CNYMPH Admissions Committee meeting. During the committee meeting, each application is thoroughly reviewed, discussed, and voted upon. Candidates first receive an e-mail notification with the committee decision. Accepted candidates receive an orientation packet in the mail. Students who are not accepted are offered an opportunity to meet with an admissions counselor to learn how to strengthen their application.

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

The Office of Student Admissions and the CNYMPH Program actively market the program using a variety of printed materials and electronic media:

- The CNYMPH Program's website contains valuable information including admissions criteria, degree requirements, academic calendar, and informational sessions for prospective students and current students⁵⁰. The program's website is also linked to several other program websites within

UMU

- <http://www.upstate.edu/prospective/>
- <http://www.upstate.edu/com/>
- <http://www.upstate.edu/education/>

SU

- http://www.syr.edu/department/academic_dept.html
- <http://www.maxwell.syr.edu/pa/>
- http://www.maxwell.syr.edu/pa_degree_programs.aspx?id=77309420794
- CNYMPH Table Top Display is used at exhibits at local and regional meetings and conferences.
- Printed materials include CNYMPH posters, CNYMPH brochures, alumni mailer, GRE mailer, View Book, and an MD/MPH information sheet.

Examples of the CNYMPH Program promotional print materials can be found in the **ERF. HHHH: CNYMPH Promotional Materials.**

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

The Office of Student Admissions at UMU is responsible for tracking the number of applicants, acceptances, and enrollments, in addition to grade point averages, test scores, racial and ethnic breakdown, educational and professional backgrounds, and geographical distribution using the UMU's Banner system. Trends in data are examined in consultation with the members of the CNYMPH Admissions Committee and used to inform decisions regarding outreach to potential applicants, and the admissions and selection process.

An overview of the past three academic years of data is provided below.

⁵⁰ <http://www.upstate.edu/cnymph>

Table 39: Quantitative Information on Applicants, Acceptances, and Enrollments (CEPH Template 4.3.1)

<i>Specialty Area</i>		2010 MPH	2010 MD/ MPH ¹	2010 Totals	2011 MPH	2011 MD/ MPH	2011 Totals	2012 MPH	2012 MD/ MPH	2012 Totals
<i>Public Health Practice & Policy</i>	Applied	43	61	104	40	70	110	44	48	92
	Accepted	30	6	36	35	7	42	23	9	32
	Enrolled	21	2	23	29	1	30	14	6	20

Applied = number of completed applications

Accepted = number to whom the program offered admissions in the designated year

Enrolled = number of first-time enrollees in the designated year

¹MD/MPH students are carved out for all tables to better identify their activity. MD/MPH students are counted as newly enrolled in the AY they actually start taking classes, which is usually two years after acceptance.

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

Table 40: Student Enrollment Data (CEPH Template 4.3.2)

	AY 2009-2011		AY 2010-2011		AY2011-2012		AY 2012-2013	
<i>Degree: MPH</i>	HC	FTE	HC	FTE	HC	FTE	HC	FTE
<i>Specialty Area: Public Health Practice and Policy</i>	24	17.50	42	31.00	60	43.00	64	47.00

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

The following are the measurable objectives and accompanying outcome measures by which the program evaluates its success in enrolling a diverse and qualified student body.

Table 41: Student enrollment and diverse student body

Objective: Recruit a diverse and qualified student body for broad-based practice in public health and policy				
Outcome Measure(s)	Target	AY 2010-2011	AY 2011-2012	AY2012-2013
Determine percent of enrolled students from various graduate and undergraduate disciplines (social sciences, health sciences, humanities)	No more than 50% of graduate and undergraduate disciplines are represented in any one of the student groupings Meeting target:	45% Prof. & Applied Sciences Met	36% Natural & Prof. Sciences Met	38% Natural Sciences Met
Determine percent of new enrollments (matriculation) have GPAs of 3.0 and above	75% of new enrollments have GPAs of 3.0 and above Meeting target:	63% Not Met	80% Met	85% Met

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

This criterion is **MET**.

Strengths relating to this criterion

The strengths of the program, which include low tuition rates, small class sizes, dual degree options, and a diploma with both institutions seals, help to attract a diverse student body from the 14 footprint counties. Policies and procedures allow the program to recruit and foster a diverse student body.

Weaknesses relating to this criterion

The program currently does not offer online or hybrid courses, which impact the recruitment efforts targeted at working professionals and rural populations. In addition, the GRE scores and GPAs used as indicators have not accurately predicted the success of students in the program. The program’s limited resources restrict outreach to all colleges within our footprint area.

Plans relating to this criterion

The program plans to explore opportunities to offer online or hybrid courses, which will allow for course flexibility. In addition, the program will seek to strengthen recruitment coordination between UMU and SU. During the strategic planning process, the program will develop an alumni recruitment program to enhance our community and alumni relationship.

4.4 Advising and Career Counseling

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

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

The CNYMPH Program is dedicated to providing clear and accessible academic and career advising services. Advising starts prior to matriculation and continues into the graduate’s career. For example, from the time of contact with the program, applicants are encouraged to schedule an informational meeting with any member of the CNYMPH faculty or staff to discuss the requirements of the program and their career goals and interests. This meeting also provides applicants with an opportunity to learn more about faculty members’ career paths, research interests, and areas of expertise. The following narrative provides a description of the program advising services that help to facilitate students’ transition into the program and throughout their course of study.

New Student Orientation

At the time of admission, students are assigned to faculty members who will serve as their academic advisor. Advisors’ names and contact information are included in the students’ acceptance letters. Student receive an orientation packet with important dates for the *Math Proficiency Exam* and *New Student Orientation*. This two-day *New Student Orientation* program is held one week prior to the start of the fall semester and introduces students to the CNYMPH Program requirements, to administrators, to faculty, and to staff, as well as to campus resources at both UMU and SU. During orientation, all incoming students are provided with a folder containing important program information, website links to the student Blackboard site, as well as links to the *CNYMPH Student Handbook*, the *UMU Student Handbook*, and the *SU Student Handbook*. Students also participate in library, writing, and career services workshops; interact with financial aid officers and student health services; and are encouraged to become active in student organizations. Students also have an opportunity to meet and interact with their academic advisors and other faculty during a faculty and student luncheon. Other opportunities for interacting with faculty, staff, and current students occur during the CNYMPH reception at the conclusion of the second day of orientation (see **ERF. IIII: Orientation Schedule**).

SU Writing Center

An added benefit of this collaboration is the use of the SU Writing Center. The program submits all incoming MPH students' public health essays to a designated staff person at the Writing Center for evaluation and feedback. Students identified as needing remediation are informed and strongly encouraged to work with the Writing Center to improve their level of competency for written communications throughout the program. (see **ERF. JJJJ: Writing Proficiency Requirement**)

Academic Advising

Advising services within the CNYMPH Program include curricular advising and career development support and counseling. The CNYMPH Program provides a prescribed course schedule that allows students to complete the program in two years. The advisor assists students in developing a plan of study appropriate to students’ interest and study status (full- or part-time). However, some students may choose to take a partial

course load during some semesters, and the advisor is responsible for helping them choose the appropriate courses and sequencing. The advisor is also responsible for monitoring progress toward the successful completion of the degree. Individual student issues result in individual guidance, and broader student issues are brought to the attention of the Faculty Council for deliberation or change. For example, course instructors are encouraged to notify the program administration regarding any CNYMPH student in academic jeopardy. The program administrator, in turn, will notify the student's academic advisor who will work with the student to devise a remediation plan or to refer the student for additional academic support services. Broader student issues such as student professionalism or excessive student absences are discussed during Faculty Council meetings.

At inception of the program, student advisor assignments were based upon commonality of student and faculty interest and availability. However, due to the changes in the curricular structure, standardization of the plan of study, and to ensure students were receiving consistent information, program administrators devised a restructuring plan. The proposed plan included implementation of a cohort model using a group advising format for the first two semesters of study. This format has been adapted from other MPH programs that have demonstrated success with a cohort model (San Jose State University and Oregon MPH Program).

The plan for the cohort model was discussed and approved by the Faculty Council in the spring of 2012 and implemented in the fall of 2012. All incoming full- and part-time students were assigned to one of four primary faculty members who serve as academic advisors (reduced from eight academic advisors). Students were pre-registered for the required courses for their first semester of study. Students were then invited to a group advising session during their first semester, where the academic advisors presented general information on course sequencing, elective course options, field placement, and culminating experience requirements. At the conclusion of the general session, students convened into small groups with their assigned academic advisors for more personalized advice and support. During the small group advising process, students worked with their advisor to identify potential elective courses that would suit their needs. Students also had the option of scheduling one-on-one sessions with their academic advisor to discuss specific circumstances. Students were then required to develop and submit a plan of study, which is approved by the assigned academic advisor and filed in the student record. This plan of study is discussed and updated at the beginning of each subsequent semester.

Students who entered the program prior to the fall of 2012 are allowed to keep their assigned academic advisors until graduation. Any student in the CNYMPH Program may request permission to switch academic advisors. The student must submit an official advisor change form to the director with the appropriate signature. The form is accessible on the current student Blackboard site. A copy of this form can be found in **ERF. HH: Policies and Procedures Manual**.

The current academic advisors were selected based on the following criteria:

1. Faculty members who were knowledgeable about the program's new curricular structure, specific courses, and elective options due to their roles and responsibilities as members of the Curriculum Committee
2. Faculty members' involvement with the curricular restructuring of the COM to adequately advise students in the MD/MPH program
3. Faculty members who taught at least one core course, one program-specific course, or a practice-based course (field placement or capstone)

4. Faculty members from diverse disciplines with practice-based experience or research expertise who can provide students with advice and support related to various career opportunities

In preparation for their advising responsibilities, academic advisors were required to convene as a group with the program director to discuss their roles and responsibilities, perceived barriers or challenges, the plan of study, and other documentation requirements, and the resources available for academic and professional support, including student mental health counseling, writing, and career services available at both UMU and SU. Several program policies, including academic standards, transfer of credits, and course substitutions and waivers were reviewed to ensure familiarity with these policies and accompanying procedures.

Faculty noted an immediate benefit of the reassignment of academic advising responsibilities: remaining faculty members had more time to mentor students during the culminating experience whose public health interests align with their own area of expertise. After the first year of study, students are required to work with a faculty member who serves as their capstone advisor to develop a suitable capstone project; the academic advisor may or may not become the capstone advisor. Students may select from any of the core faculty members to serve as their capstone advisor (in addition to their academic advisor).

Ongoing Student Updates: As part of the advising process, students receive weekly email updates, announcements, and reminders about program policies, course availability, open registration information and timeframe, field placement and capstone proposal deadlines, activities, events, and resources (conferences, fellowships, student presentations) that affect them. It is the students' responsibility to strictly adhere to established deadlines to ensure timely completion of their degree requirements. In addition, the program director and associate director periodically hold an open forum to provide students with programmatic updates or clarification. Students have an opportunity to ask questions and provide feedback on any issues or concerns pertinent to them.

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

The Career Development Office

The Career Development Office (CDO) at the Maxwell School provides our CNYMPH students with the resources necessary to develop successful strategies to achieve their post-graduate career pursuits. CDO offers a wide range of programs, services, and resources that support MPH students' individual needs. The office conducts career and job search workshops and seminars for current students and alumni. The office also provides individual career counseling, resume and cover letter critiquing, mock interviews, networking opportunities, an annual career fair, and an online database of job and internship opportunities. MPH students are strongly encouraged to schedule individual appointments to strategize job search plans and to address any unique questions or needs related to the individual or to the field of public health.

The CDO works collaboratively with the CNYMPH Program in an effort to tailor services to meet the specific needs of the MPH students. The Maxwell Career Management system offers students over 700 job postings a year, including positions related to health policy and health care. These postings come through the CDO's connections with federal agencies such as the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS), with international organizations such as Doctors without Borders and the World Health Organization (WHO), and with a wide variety of state and local health agencies.

Many of the Career Connection Alumni Speakers can speak to careers that may be of relevance to an MPH student's area of interest.

In an effort to capitalize on the social networking opportunities, the CDO has over 4,000 alumni who are members of the Maxwell School Group on LinkedIn and are available for networking and informational interviews with our current graduate student population. The Facebook page, twitter feed, and blog provide information relevant to all job seekers.

The following online resources are accessible to all MPH students through the Career Development Office:

- **The Career Development Office:** <http://www.maxwell.syr.edu/career>
- **Public Health Career Field Guide:** <http://www.maxwell.syr.edu/career.aspx?id=194>
- **Maxwell Career Management system:** <http://www.myinterfase.com/maxwell/student>,
- **Facebook page:** <http://www.facebook.com/Maxwell.School>
- **Twitter:** http://www.twitter.com/#!/maxwell_careers
- **LinkedIn:** <http://www.maxwell.syr.edu/LinkedIn.aspx>

Mentors in Healthcare (MiH) Program

The Mentors in Healthcare (MiH) Program is a university-wide initiative at UMU specifically geared toward students from traditionally underrepresented populations. This program was first introduced as a pilot in AY 2011–2012 and is administered by Student Affairs staff. The purpose of the program is to provide a support system for underrepresented students, especially those who come from a distance to be part of our academic community. The MiH Program seeks to assist with transition issues, academic success, personal connections, and career planning. Underrepresented students from all academic programs throughout the university are invited to participate. Students are assigned to a specific mentoring group led by a faculty person from that program and participate in group mentoring meetings four times a year.

Five of our MPH students who started the program in the fall of 2011 currently participate in the MiH program. These students were identified as underrepresented based on their self-reported race and ethnicity at the time of acceptance to the program. Simone Seward, MPH, serves as the faculty mentor. During the first year of the program, the mentoring meetings run very informally and are focused primarily on academic success, personal connections, and networking. Students expressed interest in continuing the program during their second year of the program; meetings subsequently focused primarily on requirements for graduation, career planning, and transitioning to the public health workforce.

CNYMPH Program Career Counseling Services and Activities

In addition to the career counseling services described above, MPH students can also contact the MPH office for career counseling advice. The small numbers of students currently enrolled in the CNYMPH Program as well as the diverse faculty experiences allow career counseling and mentoring to be a personal affair. We make every effort to ensure that career counseling is inextricably linked to academic advising. Academic advisors and other faculty members are strongly encouraged to incorporate career counseling (especially aspects of professionalism) in all interactions with students throughout their course of study to prepare them for the real world, especially when serving as capstone advisors. Our field supervisors and alumni also play an important role in career counseling and sometimes make the best counselors as they currently hold positions our graduates are striving to obtain. Faculty and field supervisors draft letters of recommendation and make personal efforts to place graduates in jobs.

CNYMPH Website Resources: The program office maintains the CNYMPH Program's website, which provides links to public health sites that contain career opportunities or other information that may be of interest to students⁵¹. The office also sends job opportunities to all students, alumni, and faculty through email.

CNYMPH Blackboard Site: The student Blackboard site contains a section entitled *Jobs Search Tools* that is accessible to all MPH students. This site provides a series of audio files and action guides (to be used together) from *Job Search Success Series Teleseminars* produced by Abby Kohut⁵². There are 10 one-hour-long seminars that provide students with strategies and tips that will help guide them through the job search process. The topics range from *The Secret Do's and Don'ts of Job Searching* to *Using LinkedIn to Create Vital Introductions*. A copy of the materials can be found in **ERF. KKKK: Example of Job Search Activity Guide**.

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

Student satisfaction with advising and career counseling is measured through our Student Feedback Survey and Student Exit Survey. With the recent implementation of the cohort model last fall, the program currently does not have any data to determine the effectiveness of the group advising format. However, results from the Student Exit Survey from the last three years indicated that students overall were satisfied with academic advising and career counseling, scoring a mean of 3.69 and 3.27 out of a maximum of 4, respectively.

Students did offer recommendations specific to improving career counseling, which the program plans to implement in the fall of 2013. These plans include on-site career counseling seminars hosted by the program, in consultation with the Career Development Office, tailored specifically to the MPH students. These seminars, conducted collaboratively with staff from CDO and the program, will include resume and cover letter critique and mock interviewing.

Based on student feedback, the program is in the process of developing a career guide entitled *Transitioning to the Workforce*. This guide will serve as an additional resource to help students with career planning.

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

The program strongly encourages students to voice concerns or grievances arising out of their academic relationships with the program, the colleges, or the institutions. Formal and informal mechanisms are in place at both universities that provide students an opportunity to communicate these concerns or grievances to university officials, depending on the nature of the grievance or complaint. Allegations of discrimination, sexual harassment, or mistreatment are handled according to the universities' established policies and procedures. All formal university policies and procedures for student grievances, complaints, and appeals are presented in both the UMU and the SU Student Handbooks. These documents are available in the Resource File and can also be accessed on the internet.⁵³

⁵¹ <http://www.upstate.edu/cnymph/resources/jobs.php>

⁵² <http://www.absolutelyabby.com>

⁵³ SU <http://www.syr.edu/currentstudents/publications/pdfs/SU-StudentHndbk-low.pdf> (pg. 14) and UMU http://www.upstate.edu/scripts/documents/currentstudents/11_medicine.pdf (pg. 115–119)

In general, the program has informal policies and procedures that allow students to communicate their grievances and concerns. At the CNYMPH orientation, students are informed of our program's "open-door policy" and instructed to provide feedback and voice concerns or suggestions for improving the program to administrators, faculty, and staff at any time. To date, students have consistently used several avenues to communicate concerns or complaints to the program: 1) during academic advisement, 2) through formal and informal communication and meetings with program faculty and staff, 3) through student representatives who serve on the various program committees, 4) during an open-forum held during the academic year, and through student representative feedback at committee meetings. Students are always provided the option of filing a formal written complaint through the appropriate channels. These channels are outlined in the CNYMPH Student Handbook, which can be found in **ERF. G: Student Handbook**.

Types of student issues and concerns are generally defined as

- *Information and Clarification*: Student simply needs information, clarification, better understanding, explanation, and guidance.
- *Concerns or Complaint*: Student is displeased but hopes that improvements will be made on a particular policy, procedure, or practice.
- *Grievance*: Formal action is taken by student asking for some type of remediation.
- *Appeal*: Decision has already been handed to a student by a program or university official, and he or she chooses to appeal the ruling.

For individual course-related complaints or concerns (assignments, grades, course content, and format) students are advised to communicate their concern or complaint initially to the course director. If unresolved, students may contact their academic advisor or the program coordinator. If the matter still remains unresolved, students may request to meet with the director or associate director. Course-related complaints that affect the larger student body are brought directly to the director or associate director, who determines the appropriate course of action. For example, during the spring of 2012 semester, an overwhelming number of students contacted the program coordinator and voiced concerns and frustrations about the content and format of two core courses, *Social Behavioral Dimensions of Public Health* and *Principles of Environmental Health*. The student representative serving on the Curriculum Committee also informed members of the committee about students' concerns with these two courses. Both the program coordinator and the chair of the Curriculum Committee communicated the students' concerns to the director and associate director. Subsequently, the program director and associate director scheduled a meeting with each course director to discuss the students' concerns and a plan for addressing these concerns. Both course directors agreed to make modifications to improve the course for the second half of the semester.

For programmatic complaints, concerns, or grievances, students are advised to contact the director, associate director, or program coordinator. After a preliminary review to determine the nature of the matter, the student may be asked to file a formal and written complaint, grievance, or appeal or advised to contact the Dean of Student Affairs at UMU. Due to the collaborative nature of our program, there are certain programmatic complaints that remain unresolved. For example, students have consistently voiced concerns and frustrations with several system-wide policies and procedures that impact our program. These pertain to student maintenance of two email accounts and Blackboard sites; one for UMU and one for SU. These concerns have been discussed at the institutional levels without resolution due to the varying information technology needs and requirements at both institutions.

To date, there have been no formal student grievances filed with the program or university officials. In most cases, concerns or complaints have been handled and resolved through discussions with the pertinent parties.

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

This criterion is **MET**.

Strengths relating to this criterion

The program has an effective framework in place for both academic advising and career counseling. The low faculty to student ratio allows for an integrated and personalized style of advising and career counseling. The resources available for career counseling at both institutions are also tailored to CNYMPH students and their needs. The program has also been very proactive in identifying employment opportunities for graduating students and disseminating these to the list serves.

Weaknesses relating to this criterion

The program primarily uses informal strategies to provide career counseling services to graduating students. However, student feedback data does indicate that more of an effort can be made to formalize career development and counseling opportunities.

Plans relating to this criterion

Program leadership will review the recommendations to improve the career development aspect for graduating students. A career guide entitled *Transitioning to the Workforce* is currently in its development phase. This guide will serve as an additional resource specifically geared towards helping MPH students transition to the public health workforce.