University of Delaware Master of Public Health Program

FINAL SELF-STUDY

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UNIVERSITY OF DELAWARE

Master of Public Health Program

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Acronym Glossary

APE	Applied Practice Experience
ASPPH	Association of Schools and Programs of Public Health
AY	Academic Year
Biden School	Joseph R. Biden, Jr. School of Public Policy and Administration
CASPER	Community Assessment for Public Health Emergency Response
CCRS	Center for Community Research and Service
CEPH	Council on Education for Public Health
CHS	College of Health Sciences
CT	Continuing Track (Faculty)
CTAL	Center for Teaching and Learning
DE	Delaware
DPH	Delaware Division of Public Health
HSC	Health Sciences Complex
ILE	Integrative Learning Experience
LEAD-PH	Leaders in Equity, Access, and Diversity in Public Health Student Association
LMS	Learning Management System
MOU	Memorandum of Understanding
MPH	Master of Public Health
MPH-EPI	MPH Epidemiology Concentration
MPH-HPM	MPH Health Policy and Management Concentration
MPH-PC	MPH Program Committee
MSCHE	Middle States Commission on Higher Education
P&T	Promotion and Tenure
PHC	Partnership for Healthy Communities
PHC-SC	Partnership for Healthy Communities Steering Committee
PHGSA	Public Health Graduate Student Association
PIF	Primary Instructional Faculty
SHIP	State Health Improvement Plan
SHNA	State Health Needs Assessment
STAR	Science Technology and Advanced Research (campus)
TT	Tenure Track (Faculty)
UD	University of Delaware
UDSIS	University of Delaware Student Information System

1: Introduction

Introduction

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

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

Established in 1743, the University of Delaware is a public land-grant, sea-grant and space-grant university.

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

The University of Delaware (UD) includes ten colleges and schools:

- College of Agriculture and Natural Resources
- College of Arts and Sciences
- Alfred Lerner College of Business and Economics
- College of Earth, Ocean, and Environment
- College of Education and Human Development
- College of Engineering
- College of Health Sciences
- Joseph R. Biden, Jr. School of Public Policy and Administration
- Graduate College
- Honors College

The University offers more than 150 majors and minors, more than 250 graduate and post-baccalaureate programs. UD offers 3 associate's programs, 165 bachelor's programs, 135 master's programs (with 13 joint degrees offered within), and 64 doctoral programs (with 2 joint degrees offered within). The current listing of all degree programs, majors and minors, and degree requirements is maintained in the University's electronic Undergraduate and Graduate Catalog.

c. number of university faculty, staff, and students

For the academic year (AY) 2023-24, there were 4,895 total employees at UD, including 1,364 faculty (68% of faculty are tenured/tenure-track), 2,523 exempt staff, 597 non-exempt staff, and 411 hourly staff. Ninety-nine percent of employees are employed full-time.

Fall 2023 unduplicated student enrollment totaled 24,221 students. This includes 18,812 undergraduates, 653 Associate in Arts program students, 4,449 graduate students, and 960 professional and continuing studies students.

d. brief statement of distinguishing university facts and characteristics

One of the oldest institutions of higher education in the United States, UD has a rich history of contributing scientific insights and new ideas, fostering enlightenment, transforming lives and changing the world. Under the leadership of President Dennis Assanis, the University is committed to building on this legacy to meet the complex challenges facing the globe. The University's foremost priority remains to ensure the success of every student, and this commitment dates to UD's roots as a small private academy founded in 1743. From that early school, which educated three signers of the Declaration of Independence, UD has grown into a research-intensive, technologically advanced institution that is at the forefront of innovation in the classroom, in the laboratory and in the community. The University is a Land Grant, Sea Grant, Space Grant, and Carnegie Research University (with very high research activity, a designation accorded to fewer than 3% of degree-granting institutions in the U.S.) with external funding exceeding $200 million.

Among the University's greatest strengths is its long and vibrant tradition of public service. In a recent national survey, 75 percent of UD students indicated that they participated in community service by the time they were seniors. In 2015, UD was recognized with the Community Engagement Classification from the Carnegie Foundation for the Advancement of Teaching. In the latest Higher Education Research and Development (HERD) Survey released by the National Science Foundation, UD ranks 47th out of 626 academic institutions across the United States when comparing non-medical school R&D expenditures. UD ranks in the top 8% nationally for R&D activities.

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

UD is accredited by the Middle States Commission on Higher Education (MSCHE). UD's accreditation status was officially reaffirmed by MSCHE in 2022. UD's next self-study evaluation will take place in 2028-2029. UD is a member of the Association of Public and Land Grant Universities (APLU) and the Colonial Academic Alliance (CAA). Listed below are the University's current institution and specialized accreditations (last updated in 2023).

UNIVERSITY OF DELAWARE INSTITUTIONAL AND SPECIALIZED ACCREDITORS

Academic Programs
Accreditation Board for Engineering and Technology
Accreditation Council for Education in Nutrition and Dietetics
American Chemical Society Committee on Professional Training
American Psychological Association
Association to Advance Collegiate Schools of Business International
Commission on Accreditation of Athletic Training Education
Commission on Accreditation of Physical Therapy Education
Commission on Collegiate Nursing Education
Commission on English Language Program Accreditation
Council for Standards in Human Service Education
Council for the Accreditation of Educator Preparation
Council on Academic Accreditation in Audiology and Speech-Language Pathology
Engineering Accreditation Commission of Accreditation Board for Engineering and Technology
Middle States Commission on Higher Education
National Accrediting Agency for Clinical Laboratory Sciences
National Association of Schools of Music
Network of Schools of Public Policy, Affairs and Administration
Psychological Clinical Science Accreditation System

Student Support and Community Services
Accreditation Association for Ambulatory Health Care, Inc.
American Psychological Association
Commission on Accreditation for Law Enforcement Agencies, Inc.
Delaware Police Accreditation Commission
International Association of Campus Law Enforcement Administrators
International Accreditation of Counseling Services, Inc.

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

As noted by President Assanis, development of programs in public health is a top priority that will help to grow the University's graduate enrollment for both domestic and international students. UD currently has in place many strengths in public health-related research, teaching, and service. Drawing on these strengths, UD has developed an interdisciplinary Master of Public Health (MPH) program with two concentration areas: Epidemiology (located within the College of Health Sciences) and Health Policy and Management (located within the Biden School of Public Policy and Administration).

Currently, the overall health status of the state of Delaware (DE) ranks 18th in the nation, a ranking that has been improving (America's Health Rankings, 2023). Limiting progress toward improvement has been the fact that Delaware is one of only two states without an accredited graduate-level program or school of public health. As such, students and working public health professionals in Delaware lack access to accredited, innovative, and rigorous public health education and training opportunities. Providing this education and training is essential for the development of the current workforce and to address anticipated shortages in the public health workforce (NACCHO, State Public Health Worker Shortage Report, 2011). The establishment of the MPH Program at UD in 2019 has begun to address these critical gaps.

UD's MPH Program was initiated with the full support of the College of Health Sciences (CHS) and in collaboration with the Biden School of Public Policy and Administration (Biden School) as well as other programs throughout the University and partners across the state. The MPH Program contributes directly to several critical goals for UD, including: 1) increasing professional graduate enrollment; 2) meeting a critical workforce development goal for DE; 3) creating a fully accredited program in public health for the state that can be directly leveraged for additional tuition revenue streams (e.g., BSPH, Ph.D., and dual-degree offerings) as the program grows; and 4) serving as a model for interdisciplinary graduate education within UD.

Centralized administration of UD's MPH Program is housed in CHS. All core academic, programmatic, and operational functions for the MPH Program are conducted under the leadership of the MPH Director at the direction of the MPH Program committees and with staff support from the MPH Assistant Director. The MPH Program also coordinates the University's Partnership for Healthy Communities (PHC) and collaborates with the University's Biostatistics Core. Co-location of these programs provides UD's MPH students with robust resources and support to further their academic and professional preparation in biostatistics and public health community engagement.

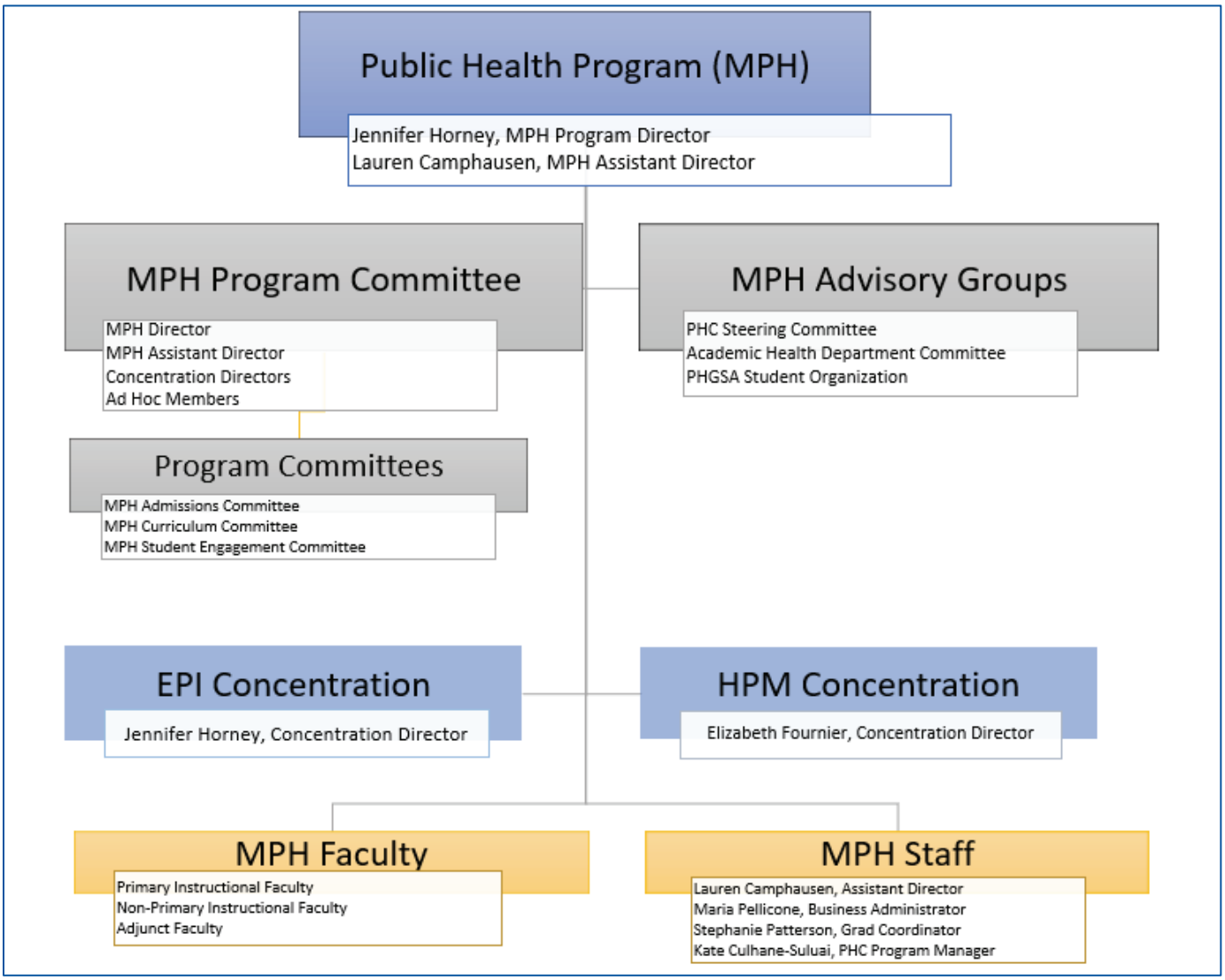
2) Organizational charts that clearly depict the following related to the program:

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

An important note for this self-study document: *Throughout this document are references to the "Epidemiology Program". The Epidemiology Program structurally functions as an academic department. However, UD policy requires all academic departments to be initiated as "programs" and to remain in "program" status until five years of successful operation. After that time, the academic program becomes eligible for departmental status. The Epidemiology Program is slated for departmental status in AY 2024-2025.* ***Starting in AY 2025-2026, the Epidemiology Program will become the Department of Epidemiology.***

Please see Figure Intro.1A for the internal organizational chart for the MPH Program. UD's MPH Program is an interdisciplinary program consisting of collaboration between CHS and the Biden School. The MPH Program is operationally housed in CHS under the leadership of MPH Director, Dr. Jennifer Horney, and governed by the MPH Program Committee (MPH-PC). The MPH Director is appointed by the dean of CHS and reports to the CHS Dean. The MPH Director serves as the central representative of the MPH Program (including all concentrations) and is responsible for overseeing program operations with staff support from the MPH Assistant Director. The MPH Program Committee (MPH-PC), which governs the MPH Program, is chaired by the MPH Director, and staffed by the MPH Assistant Director. MPH concentrations (Epidemiology and Health Policy and Management) are structurally managed within their respective college departments or schools; however, all core components (e.g., MPH core curriculum, student support and advising, accreditation, etc.) are managed centrally by the MPH Program. The Epidemiology Concentration (MPH-EPI) components are managed within the Epidemiology Program in CHS, and the Health Policy and Management Concentration (MPH-HPM) components are managed within the Biden School (note: The Biden School does not have academic departments within the school). (*For more details on UD's MPH Program structure and governance, please see the MPH Program Bylaws and MPH Concentration MOU in ERF A1.3 Bylaws Policy Documents*).

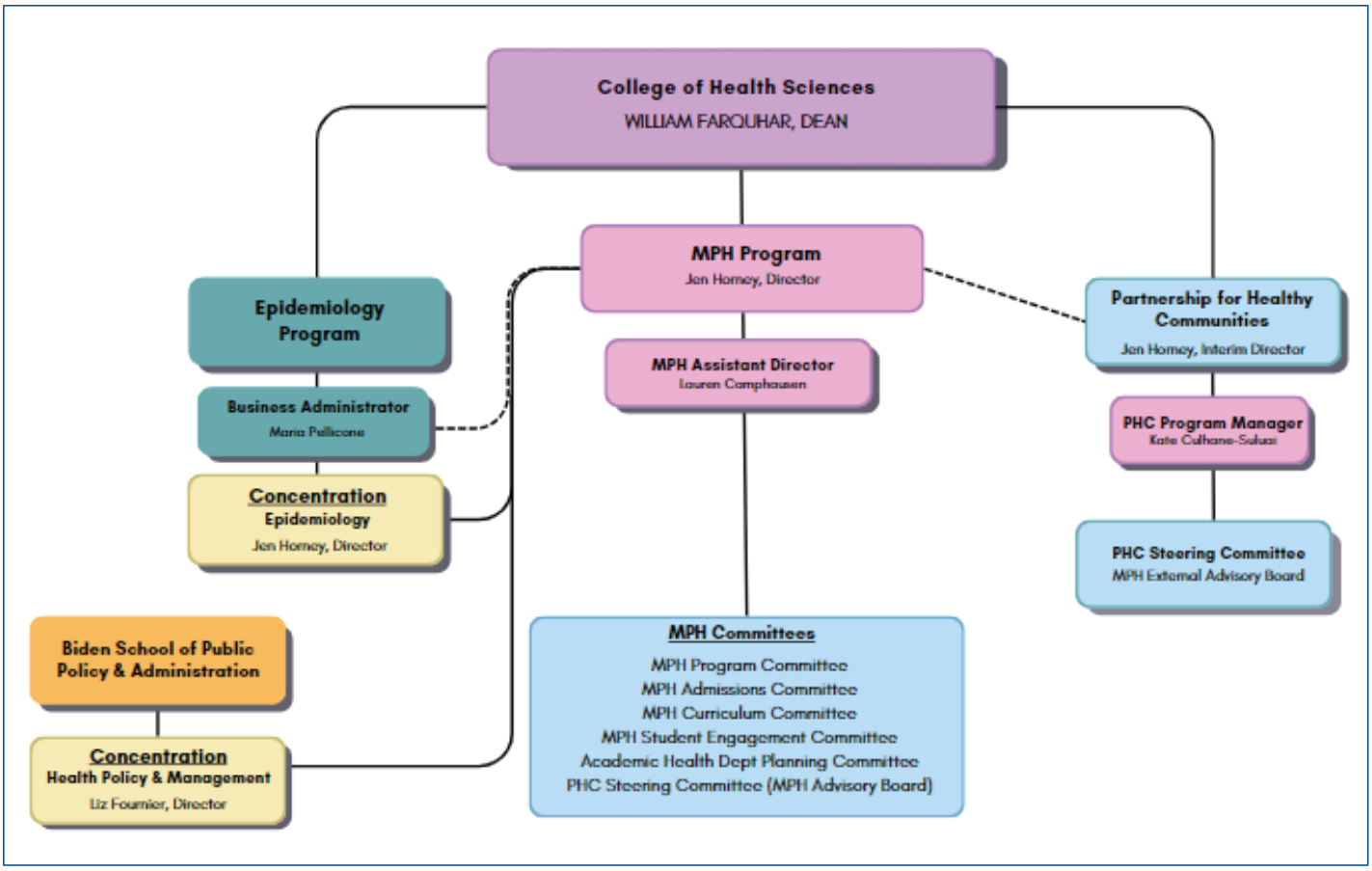
Figure Intro 1A: MPH Program Structure



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

Figure Intro 1B further details how the MPH Program is situated within CHS and the linkage with the Biden School and illustrates reporting lines within CHS. The organizational chart also shows the MPH Program's relationship to PHC which provides support and guidance to the MPH Program.

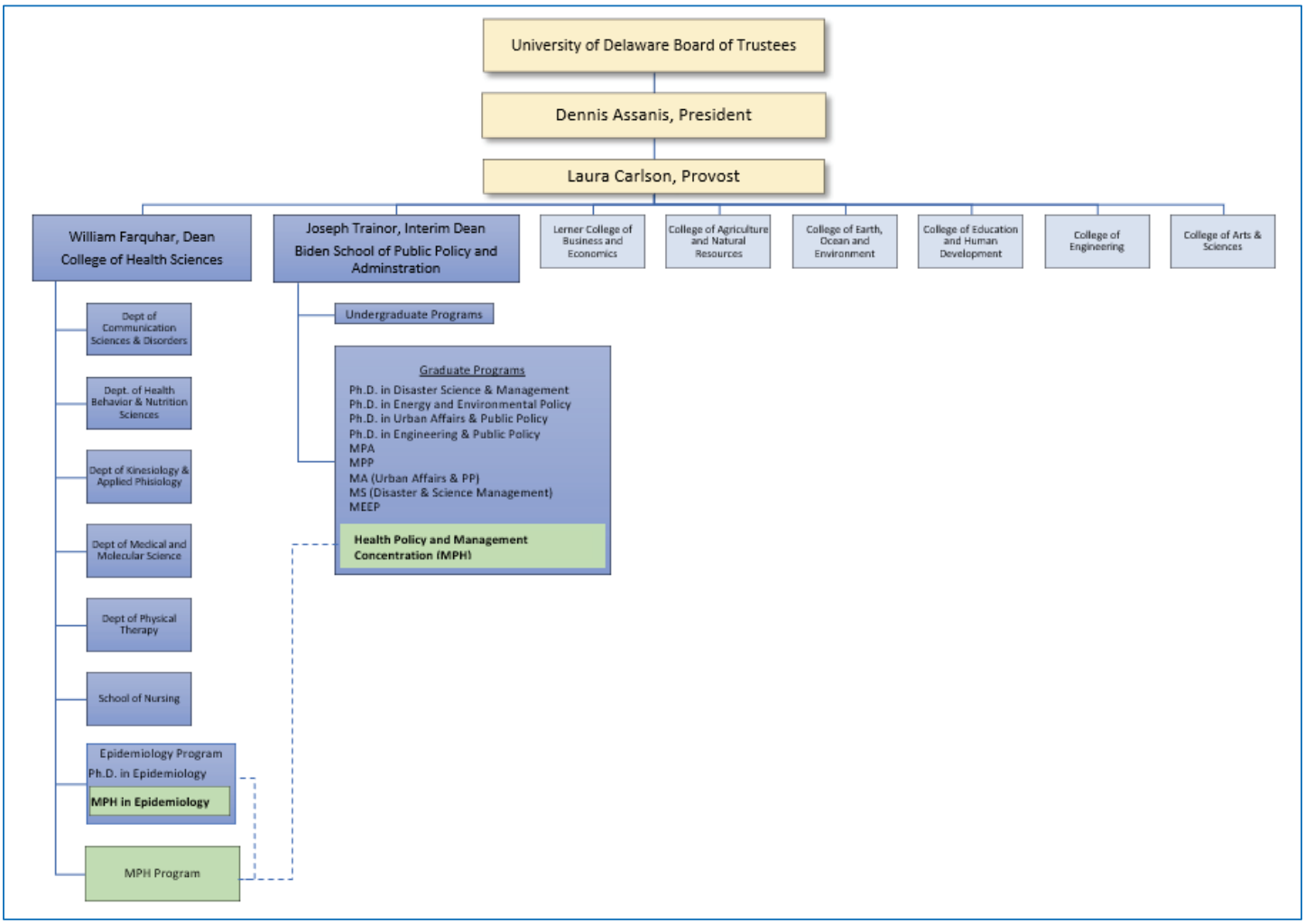
Figure Intro 1B: MPH Program and Other Academic Centers



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

Figure Intro 1C details the lines of authority from the MPH Program to the University president.

Figure Intro 1C: University of Delaware Organizational Chart



The MPH Program Organizational Charts (Figs. Intro 1A, Intro 1B, and Intro 1C) are in ERF: Introduction MPH Program Organizational Charts.

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

Not applicable.

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

Instructional Matrix - Degrees and Concentrations				
UNIVERSITY OF DELAWARE			Place- Based	Distance Based
Master's Degrees	**Academic**	**Professional**		
Epidemiology		**MPH**	**MPH**	
Health Policy and Management		**MPH**	**MPH**	

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

UNIVERSITY OF DELAWARE		Current Enrollment
Master's		**AY 2023-2024***
	MPH	**36**
	Epidemiology	32
	Health Policy and Management	4
**AY 2024-2025 enrollment is not finalized until September 2024.*		

2: Section A

A1. Organization and Administrative Processes

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

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

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

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

UD's MPH Program is governed internally by the MPH Program Committee (MPH-PC) with external input and guidance from the Partnership for Healthy Communities Steering Committee (PHC-SC), which serves as the MPH Advisory Committee. The MPH-PC meets, at minimum, nine times per year. All other committees meet at least once per semester and provide ongoing progress updates and decisions in need of review to the MPH-PC. All standing committees are responsible for establishing their own agendas and maintaining meeting minutes that are housed in the MPH shared Microsoft Teams drive. The MPH Assistant Director and/or MPH Director are members of all MPH standing program committees, and there is MPH student representation on the PHC-SC and MPH Student Engagement Committee.

- **MPH Program Committee (MPH-PC)**
  - Purpose: Responsible for development of MPH Program and committee structure, program bylaws, operating procedures, and development and monitoring of MPH program evaluation and continuous improvement. The MPH Director serves as committee chair and membership consists of the MPH Assistant Director, Concentration Director(s), and one additional representative from each concentration. Ad-hoc members may be appointed by the MPH Director as appropriate.
  - Current Committee Members: Jennifer Horney, Elizabeth Fournier, Lauren Camphausen, Maria Pellicone, Stephanie Patterson, Amy Nelson, Shannon Robson, Laurie Ruggiero, and Kate Culhane-Suluai
- **MPH Admissions Committee**
  - Purpose: Responsible for planning recruitment and marketing initiatives, planning and executing the MPH Program admission process, reviewing applications to the MPH Program, and recommending admissions decisions to the University's Graduate College. Committee membership consists of the MPH Director, MPH Assistant Director, the Concentration Director(s), and a minimum of one (1) MPH faculty member.
  - Current Committee Members: Jennifer Horney, Lauren Camphausen, Elizabeth Fournier, Yendelela Cuffee, and Stephanie Patterson
- **MPH Curriculum Committee**
  - Purpose: Responsible for design and ongoing review of the MPH curriculum, including mapping of competencies, review of the MPH curriculum scope and sequence, and review and incorporation of community and student feedback. Membership consists of the MPH Director, MPH Assistant Director, and all MPH-affiliated faculty. The MPH Curriculum Committee meets, at minimum, once per academic semester.

- Current Committee Members: Jennifer Horney, Lauren Camphausen, Elizabeth Fournier, Amy Nelson, Yendelela Cuffee, Jee Won Park, Tarang Parekh, Benjamin Brewer, Laurie Ruggiero, and Mary Mitsdarffer

- **Academic Health Department Planning Committee**
  - Purpose: Responsible for ongoing review of the public health workforce needs to inform planning of external professional development opportunities and to provide input to the MPH curriculum to prepare the public health workforce. The committee also collaborates on shared research opportunities and opportunities for student engagement in public health field work. Committee membership consists of the MPH Director, MPH Assistant Director, MPH CT Faculty, and representatives from Delaware Division of Public Health.
  - Current Committee Members: Jennifer Horney, Lauren Camphausen, Amy Nelson, Judith Ramirez (external), Erica Smith (external)

- **MPH Student Engagement Committee**
  - Purpose: Responsible for ongoing review of student, alumni, and employer needs related to extracurricular practice experiences and professional development opportunities. This includes ongoing review and support of the APE placement process, including recruiting and retaining placement partnerships. Committee membership consists of MPH Program representatives, the PHC Program Manager, and a current MPH student.
  - Current Committee Members: Kate Culhane-Suluai, Lauren Camphausen, Maria Pellicone, and Palma Bauman (MPH-EPI student)

- **PHC Steering Committee [*MPH Advisory Committee*] (PHC-SC)**
  - Purpose: External advisory board responsible for providing professional guidance and input to Program strategic planning (vision, mission, goals), MPH curriculum, student engagement and support, and ongoing continuous improvement and expansion of the MPH Program. Membership consists of external members representing health system organizations, state/local government, higher ed institutions, and community groups/organization as well as internal UD members representing University leadership, centers, extension, and the seven academic colleges.
  - Current Committee Members: A full list of Steering Committee members can be found on the PHC website and in ERF: F1.5 Evidence of Community Input.

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

a. degree requirements

UD's MPH degree requirements are governed by the MPH-PC in alignment with the requirements set forth in accordance with University graduate degree policies. MPH requirements are outlined in the Program's official Program Policy Statement document (as required by the University). Initial creation of a degree program is done through the Program Policy Statement and University curriculum approval process (Curriculog). All new degree programs must be reviewed and adopted via a review and resolution process by UD's faculty senate. For the MPH Program, the MPH-PC reviews degree requirements on an annual basis and incorporates ongoing feedback from the MPH Curriculum Committee, PHC-SC, student feedback, and program performance metrics to determine any necessary modifications to degree requirements. Modifications to requirements must also go through the curriculum approval process annually (or in academic years when modifications are needed). The MPH-PC prepares recommended modifications

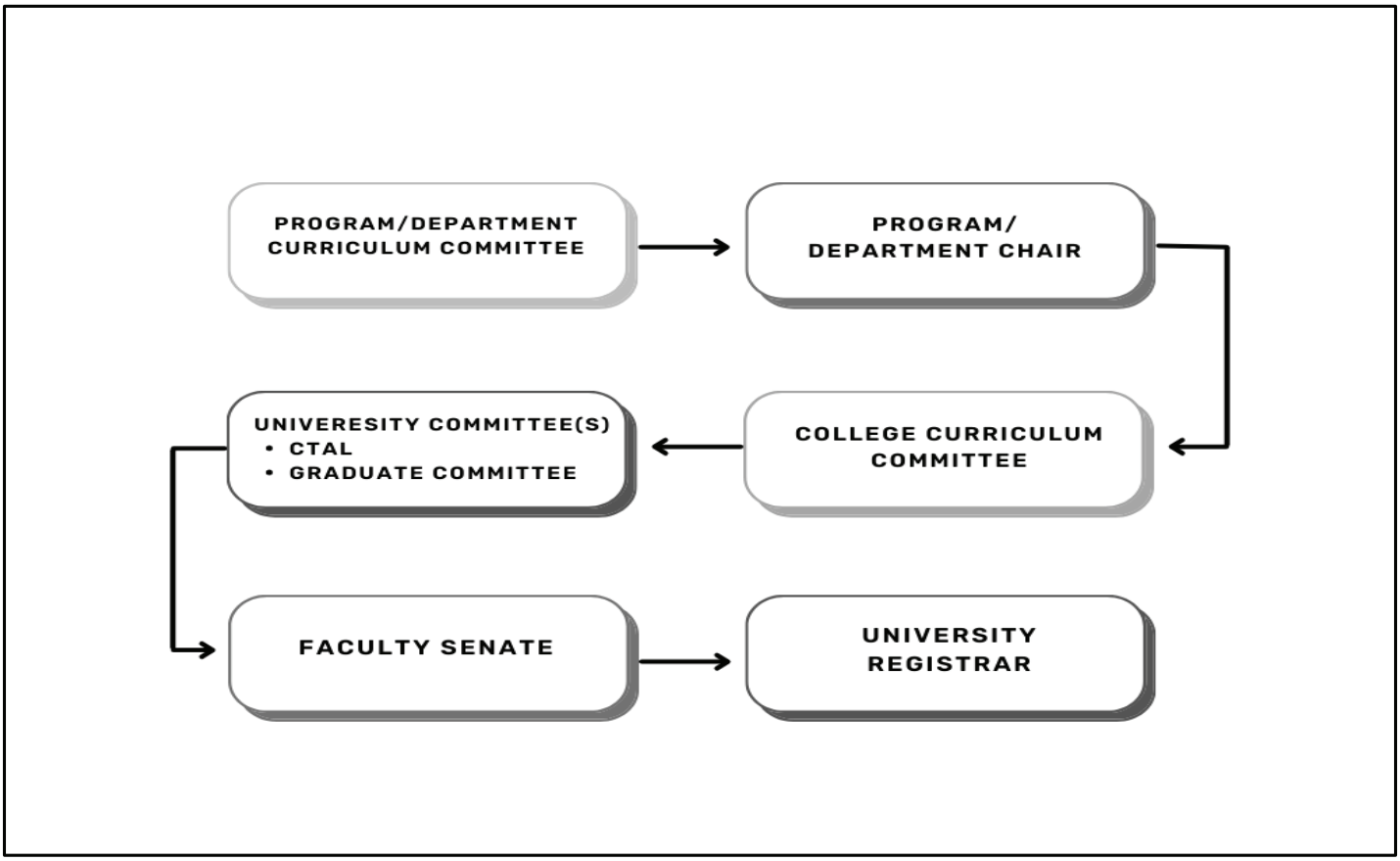
based on review and feedback and submits the appropriate proposals via Curriculog (see Figure A1a below). Information on degree requirements is published in the University's Graduate Catalog annually.

The AY 2024-2025 Program Policy Statement documents for the MPH Program are located in ERF: A1.3 Bylaws and Policy documents.

b. curriculum design

The MPH curriculum is designed, reviewed, and approved by the MPH-PC to maintain the interdisciplinary nature of the core curriculum and to ensure adherence to accreditation and to University degree requirements. More detailed decision-making on scope and sequencing and course content is the responsibility of the MPH Curriculum Committee and all MPH-affiliated faculty that make up membership of the committee. Guidance and technical assistance on course design and/or pedagogy is sought, when needed, from the University's Center for Teaching and Learning (CTAL). In addition, external partners like the PHC-SC and Academic Health Department Planning committee provide routine feedback on skills and content needed for the professional readiness of MPH students. Curriculum changes that require the creation of a new course or major modification of an existing course must also go through the University's curriculum management process (Figure A1a). Curricular changes that are required to go through the University's curriculum management approval process are reviewed, approved, and routed through the school or college that has "ownership" of the course or degree program being submitted. For instance, courses or degree programs within the Epidemiology Program are routed through the College of Health Sciences and courses or degree programs within the Biden School are routed through the Biden School. Localized modifications (changes to learning designs, syllabus, assessments, etc.) are initiated by course faculty, reviewed by the MPH Curriculum Committee, and reviewed/approved by the MPH-PC to ensure alignment with accreditation and that degree requirements are maintained. The most current version of the MPH curriculum is included in the MPH Program Policy Statement document. While the MPH-PC has formal responsibility for development, modification, and oversight of the MPH curriculum, the Program also looks to external feedback to inform curriculum design. The main sources for external input into the curriculum are the Program's partners on the Academic Health Department Planning Committee and the PHC-SC. External members of both committees are invited to engage in formal review of the curriculum annually, and ongoing informal feedback is noted and incorporated as appropriate.

Figure A1a: UD Curriculum Approval Process



c. student assessment policies and processes

Decisions related to student assessment are made through a number of channels but are ultimately dictated by University policies (see the University Graduate Catalog) and MPH Program policies (see MPH Program Policy Statements in ERF: A1.3 Bylaws and Policy Documents). All Program assessments, grading rubrics, and associated policies and processes are reviewed by the MPH Curriculum Committee and reviewed and approved by the MPH-PC. Individual faculty may adjust course-specific assessments based on student performance and feedback; however, assessment-related updates are shared during each semester's MPH Curriculum Committee meetings to maintain up-to-date curriculum mapping for the MPH Program.

d. admissions policies and/or decisions

MPH admissions policies are governed by admissions policies set forth by the University's Graduate College. Admissions criteria specific to the MPH (e.g., letters of recommendation, personal essays, etc.) are established by the MPH-PC based on review of other graduate programs at the University as well as review of requirements set forth by peer MPH Programs. These criteria are outlined in the MPH Program Policy Statement and are reviewed annually (see MPH Program Policy Statements in ERF: A1.3 Bylaws and Policy Documents). For instance, the MPH Program removed the requirement for GRE scores for the 2020-2021 admission cycle due to overwhelming research around GRE scores being an inequitable barrier to graduate admissions for minority applicants. Application review and admission decisions are coordinated by the MPH Admissions Committee; however, final decisions about recommendations for admission are made by each Concentration Director. Formal admission to UD graduate programs is executed by the University's Graduate College. Unless there is an issue with University verification of required documentation (e.g., transcripts or language assessment), admission decisions made by the MPH Program are not overridden by the Graduate College.

e. faculty recruitment and promotion

Faculty Recruitment - For any new or vacant faculty position in the MPH Program, a search committee is convened to make hiring recommendations to the president, provost, dean, and home department chairperson. UD's human resources team provides support and assistance with position advertisement and recruitment and coordination of the hiring process. A doctoral degree and research experience are required for tenure-track (TT) faculty positions and a doctoral degree and teaching and/or practice experience are desired for continuing-track (CT) faculty positions. Course assignments are made by the faculty's home chair with consideration of the MPH Program needs, the faculty's research interests and expertise, and workload assignments for service.

Promotion and Tenure - The promotion and tenure (P&T) process at the University is open to both Continuing-Track (CT) faculty (promotion only) and Tenure-Track (TT) faculty. The P&T process for the MPH Program is dictated by University policies and procedures outlined in the University's Faculty Handbook. The faculty handbook describes promotion and tenure as "a parallel structure allowing for faculty proposal, evaluation, and appeal, as well as administrative evaluation at each level of organization of the University." The University Committee on Promotions and Tenure and the University provost govern P&T at the University. This committee serves two major functions: 1) recommend and consult with the provost concerning every candidacy for promotion and tenure and 2) assist departments in developing or revising their criteria for promotion and tenure. Each college also maintains its own P&T committee charged with providing guidance on the P&T process to faculty and departments within the college and for reviewing and recommending college faculty for P&T. Faculty candidates for promotion and/or tenure are evaluated based on the criteria outlined in department approved P&T guidelines. Faculty members have the right and responsibility to know all relevant departmental, college and University promotion criteria, policies, and practices. A faculty member may apply for promotion in any academic year (subject to the "Promotion Process Schedule"). Each candidate submits a promotion dossier to their home department, which is the basis of promotion decisions. The department bears the major burden of defining standards, specifying the procedures to be followed in deciding whether the standards are met, and judging the credentials submitted in support of each application for promotion. The University of Delaware Faculty Handbook is available in ERF: A1.3 Bylaws and Policy Documents.

f. research and service activities

As defined by the University's Faculty Handbook, the three major areas of scholarly activity are 1) Teaching and Instruction; 2) Research and Creative Activities; and 3) Public, Professional, and University Service. University departments maintain discipline- and departmental-specific descriptions of appropriate activities in each category of activity. Faculty activity in each of the areas may vary from year to year, or even semester to semester, according to the interests and abilities of the faculty member, and according to the needs of the department, college, or the University as agreed to by the chairperson and dean. Each year, the department chair meets in person with each faculty member in the department, including permanent part-time faculty, to discuss the faculty member's development during that year and plans for the coming year. The period covered in this meeting is the twelve-month period of time since the last appraisal. More information can be found in the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.

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

UD's MPH Program is governed by the overarching MPH Program Bylaws. The Bylaws are informed by the Program Policy Statements for the MPH Program and each concentration. The Bylaws are reviewed and approved by the MPH-PC. Program Policy statements are reviewed and approved by the MPH-PC and are then routed through the University's Curriculog system for formal approval by the Faculty Senate. Program Policy Statements govern program operations, degree requirements and academic policies. The Bylaws also contain a Memorandum of Understanding (MOU) that establishes the requirements for each MPH Concentration within the MPH Program. Students are governed by the approved Program Policy Statement that is active at the time of their matriculation into the Program. The MPH Program Bylaws are in ERF: A1.3 Bylaws and Policy documents.

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

The University of Delaware MPH Program supports and encourages faculty involvement on institution committees, workgroups, and special appointments. The MPH faculty serve on a variety of Program, departmental, college, and University committees with several faculty members holding leadership positions.

Please note that most formal college and University committees require departmental status for official membership of faculty. University policy requires that academic programs may not seek permanent departmental status until 5 years of continuous enrollment. The Epidemiology Program will not be granted department status until AY 2025-26; thus, Epidemiology faculty are limited in their ability to serve on college or University committees. Some committees allow temporary ad hoc membership until departmental status is granted and are noted below. A sample of faculty engagement in various department, college, and/or University appointments and committees are as follows:

Faculty	Department/College	University
Jennifer Horney	Appointments · Interim Director, Partnership for Healthy Communities, College of Health Sciences · Director, MPH Program · Director, MPH in Epidemiology Committees · Member, CHS Executive Team · Member, Partnership for Healthy Communities; Executive Team	Appointments · Core Faculty, Disaster Research Center, University of Delaware Research Office · Affiliated Member, Center for the Study and Prevention of Gender-Based Violence, College of Arts and Sciences · Affiliated Faculty, Sociotechnical Systems Center · Affiliated Faculty, Biomechanics and Movement Science (BIOMS) program · Affiliated Faculty, Data Science Institute Committees · Faculty Council, Data Science Institute · Member, COVID-19 Leadership Team (Health Advisory Committee) · Member, Carnegie Reclassification Steering Committee · Member, Climate Change Science and Policy Hub
Elizabeth Fournier	Appointments · Director, MPH in Health Policy and Management Committees · Chair, Biden Faculty Advisory Committee for Health · Member, Biden Faculty Recognition Committee	Committees · Member, Center for Teaching, Assessment, and Learning Professional Learning Community for Documenting Engaged Teaching
Yendelela Cuffee	Appointments · Assistant Director, Partnership for Healthy Communities Committees · Member, Partnership for Healthy Communities; Executive Team · Member, College of Health Sciences Dean Search Committee (2021)	Appointments · Co-Director, Mandela Washington Fellowship Program Committees · Member, Graduate College Awards Committee
Amy Nelson	Appointments · Director, Epidemiology Graduate Certificate Program	
Jee Won Park	Appointments · Ad Hoc Member, College of Health Sciences Research Committee	
Laurie Ruggiero	Appointments · Director, Master of Science in Health Promotion Committees · Member, Health Behavior and Nutrition Sciences; Behavioral Science Graduate Committee · Member, Health Behavior and Nutrition Sciences Promotion & Tenure Committee · Member, Partnership for Healthy Communities; Executive Team · Member, Epidemiology Ad Hoc Promotion & Tenure Committee	

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

Faculty in the MPH Program routinely interact in both informal and formal ways. Program faculty attend home department monthly faculty meetings. Epidemiology Program faculty meetings also include MPH Program staff – the MPH Assistant Director and Business Administrator. All MPH-affiliated faculty meet at least once per semester as part of the MPH Curriculum Committee. Several MPH faculty also serve on other Program committees (MPH-PC, MPH Admissions Committee). These committees bring faculty together, at minimum, several times per semester. In addition to department or committee meetings, the MPH Program hosts program-wide events for students, staff, and faculty at least once per semester. MPH faculty are also routinely engaged in research, course development, and/or projects (both formally or informally) with faculty within the MPH Program, faculty within other departments in CHS or the Biden School, and/or faculty from across the University.

Copies of applicable meeting agendas and minutes are located in the ERF: A1.5 Faculty Interaction.

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

Strengths: The MPH Program is grounded in interdisciplinary collaboration and faculty routinely engage with colleagues within each concentration, between concentrations, and college/university-wide. Faculty and staff are strongly encouraged to seek out opportunities to engage in Program, college, and University service and campus community-building activities.

Weaknesses: N/A

Plans for Improvement: N/A

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

Not applicable.

A3. Student Engagement

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

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

MPH students are provided with formal and informal opportunities to participate in policy making and decision making. Specific examples of student participation include:

- **Epidemiology Graduate Assistant (Epi GA)** - The MPH Program has an established Graduate Assistant (GA) position in the Epidemiology Program that is filled by a current MPH-EPI student annually. The Epi GA provides administrative support to the MPH Program, including assisting with Program planning and Program improvement. The Epi GA also serves as an executive board member (e-board) of the Program's graduate student association (PHGSA) to bridge communication between the PHGSA and the MPH Program. The Epi GA position was established in 2020 and has actively employed a current MPH-Epi student in each academic year since.

- **Public Health Graduate Student Association (PHGSA)** - MPH students have established a registered graduate student association, PHGSA, for the purpose of building community among MPH students, providing mentorship and peer support, engaging in professional development, and providing student input to the MPH Program. PHGSA membership is automatic to all students currently enrolled in the MPH Program. The PHGSA is student-run; however, the MPH Assistant Director serves as the faculty/staff advisor to the PH-GSA and routinely interacts with the e-board and seeks e-board and PHGSA-member input and feedback about Program policies, curriculum, and/or Program-sponsored events/resources for students. The PHGSA was founded in AY 2020-2021 by the Epi GA and other interested students and has been active in each academic year since its inception. The Epi GA has served as an e-board member each year, and the MPH Assistant Director has been faculty/staff advisor since its founding.

- **MPH Student Representatives on MPH Program Committees** - The MPH Program also includes an MPH student representative on two standing Program committees: the MPH Student Engagement Committee and the PHC-SC. The student representatives on these two committees provide valuable student input into policies and processes related to student engagement and support, professional development, and the MPH curriculum. In addition to formal representation on these two Program committees, student representatives are invited to participate in specific committee events and meetings. For example, a student representative is included at the MPH-PC annual retreat as well as at the Academic Health Department Planning Committee annual program review meeting. *Agendas from these specific meetings are included in ERF: A1.5 Faculty Interaction.*

MPH student representation in Program committees and/or operations for the last three academic years is included in Table A3.

Table A3: MPH Student Representation in Program Committees and Operations

Committee or Role	AY 2021-2022 MPH Student Representative	AY 2022-2023 MPH Student Representative	AY 2023-2024 MPH Student Representative	AY 2024-2025 MPH Student Representative
Epidemiology Program Graduate Assistant	Carleena Rocuskie	Emma Mathias	Emma Mathias	Peyton Free
PHC-SC Student Representative	Hadja Toure	None *(PHC transition)*	Peyton Free	Peyton Free
MPH Student Engagement Committee	N/A (not yet formed)	N/A (not yet formed)	Palma Bauman	Palma Bauman
PHGSA Student Representative(s)	Carleena Rocuskie	Nana Asante Emma Mathias	Emma Mathias	Peyton Free Megan Trick

The MPH Program recently conducted a focus group with current MPH students (n=4) about professional development resources and student support and engagement. The focus group provided valuable insights about the diversity of student wants and needs related to engagement. Focus group participants shared that the MPH cohort is made up of traditional, full-time graduate students, working professionals, students with families, and students who commute to the program from long distances. Thus, the desire and availability for students to engage in the program varies greatly. This feedback is extremely useful in thinking about how the MPH Program can provide a variety of avenues for student engagement. In addition to these formal modes of student participation, the MPH Program also encourages informal engagement of students into Program decision-making during student check-ins with the MPH Assistant Director and/or faculty advisors. The MPH Program fosters an environment that encourages student feedback and suggestions for Program improvement.

Student representation and participation are documented in meeting agendas/minutes in ERF: A1.5 Faculty Interaction.

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

Strengths: The MPH Program values student input and interaction and strives to create an abundance of formal and informal opportunities for involvement.

Weaknesses: The MPH Program experienced some constraints with student involvement from 2020 through 2022 due to COVID restrictions and changing conditions. Despite returning to regular activity, the MPH Program is still seeing some challenges with student engagement and understanding the best modes for optimizing involvement (e.g., in-person vs. virtual).

Plans for Improvement: The MPH Program works directly with MPH student leaders to identify opportunities for student engagement both socially and in Program operations and improvement. The MPH Program intends to add a question to the MPH Exit Survey specific to student involvement to gather feedback from graduates on ways to improve engagement and plans to continue conducting a focus group at least annually with students.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

3: Section B

B1. Guiding Statements

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

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

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

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

1) The program's vision, mission, goals, and values.

The University of Delaware MPH Program Guiding Statements:

Our Vision

Healthy, equitable, and thriving communities in Delaware and beyond.

Our Mission

The University of Delaware Master of Public Health program contributes to advancement and leadership in public health through actionable research, collaborative interdisciplinary education, and community-engaged service.

Our Goals

- *Expand student capacity to understand, integrate, and use public health tools and methods to promote community engagement and advance health equity.*
- *Engage faculty, students, and communities in research that contributes to promoting health equity and improving the lives of individuals in resource-constrained communities.*
- *Engage in partnerships and collaborations to meet critical public health challenges.*

Our Values

The MPH Program embraces and supports the University of Delaware's core values. These core values for the University and MPH Program are as follows:

- *Academic Freedom - We each have the responsibility to foster an atmosphere that promotes the free exchange of ideas and opinions. Everyone has the right to benefit from this atmosphere.*
- *Diversity and Inclusion - We welcome and value different backgrounds, perspectives and learning experiences; this is essential for educating global citizens, developing knowledge and advancing and enhancing our world.*
- *Innovation - Revolutionary thinking is part of our DNA—our first students in 1743 helped found this nation. We want to make a significant difference in the world, and we are collaborating across disciplines with risk-taking, creativity and innovation to address the biggest challenges of our time.*

- *Community - Our supportive, friendly campus community advocates for each individual's voice to be heard. We encourage respect and civility toward everyone, knowing that mutual appreciation and dialogue leads to greater learning.*
- *Service - As an engaged University, we create and capitalize on innovative partnerships with government, industry, and the community for economic and civic development. These connections enrich our scholarship, research, and creative activity, enhance the curriculum, and ultimately contribute to the public good.*

In addition, the Program also strives to encapsulate the values collectively identified as part of the recent strategic planning process within the College of Health Sciences. These include:

- *Excellence*
- *Innovation*
- *Collaboration*
- *Inclusion*
- *Respect*

The University and college values are incorporated into all aspects of the MPH Program, from design through delivery, and serve as a continuous benchmark for accountability and success.

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

The MPH Program does not currently have a stand-alone strategic plan. The Program is guided by the University's strategic plan. The MPH Program is also heavily guided by the University's Civic Action Plan to inform and inspire the Program's community engagement efforts. As a Carnegie Foundation for the Advancement of Teaching-recognized community engaged university, the Civic Action Plan is UD's strategic vision for community engagement.

In addition to the university-level strategic plans, the College of Health Sciences has been engaging in a college-wide strategic planning process. The MPH Program's Business Administrator is a co-lead of one of the strategic pillars and MPH faculty and staff serve on several strategic planning workgroups and have been actively contributing to the development of the college's strategic plan.

The CHS Strategic Plan and UD's university-level strategic plans are included in ERF: B1.2 Strategic Plans.

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

Strengths: N/A

Weaknesses: The Program's vision, mission, goals, and values have primarily been developed internally as part of institutional processes that guide the development of new Programs and departments. These processes are outlined at the university-level as part of the institution's Middle States Accreditation framework and processes that govern academic program operations. Once developed, these have been shared with key external partners through the PHC-SC for review and feedback.

Plans for Improvement: Moving forward, the Program intends to engage the PHC-SC in a more structured review process to ensure that the Program's guiding statements are aligned with the broader needs of Delaware's public health community.

B2. Evaluation and Quality Improvement

- **The program defines and consistently implements an evaluation plan that fulfills the following functions:**
- **includes all measures listed in Appendix 1 in these Accreditation Criteria**
- **provides information that allows the program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)**
  - **Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.**
- **defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications**
- **allows the program to make data-driven quality improvements e.g., in curriculum, student services, advising, faculty functions, research and extramural service, and operations, as appropriate**

1) Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:

a. the specific data source(s) for each listed element (e.g., alumni survey, student database)

b. a brief summary of the method of compiling or extracting information from the data source

c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable

d. the timeline for review (e.g., monthly, at each semester's end, annually in September)

The evaluation plan for the MPH Program is designed to provide timely feedback for program improvement and expansion. The Program routinely collects and monitors both quantitative and qualitative data to monitor program performance. Overall, program evaluation, including maintenance of the evaluation plan and evaluation processes is the responsibility of the MPH Assistant Director. The evaluation plan is routinely reviewed by the MPH Director and the MPH-PC.

B2-1: MPH Evaluation Plan

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Student enrollment: # of students per concentration cohort	Intro-2	UD Student Information System (UDSIS) MPH Student Information Database Data is compiled from the university's Student Information System (UDSIS). The MPH Assistant Director maintains an MPH program student database that reflects the current status for all students and data is reviewed by the MPH Admissions Committee and the MPH Program Committee at least annually.	MPH Admissions Committee MPH Program Committee	X		
Program Outcome 1: Student readiness in skills to promote community engagement and advance health equity	B2-1	MPH Exit Survey (public health skill preparedness module) MPH Alumni survey (administered every 2 years) Summary data is prepared by the MPH Assistant Director and is reviewed by the MPH Program Committee during an annual program review.	MPH Program Committee	X		
Program Outcome 2: Degree of interdisciplinary coursework within the MPH curriculum (e.g., distribution of disciplines who manage and/or teach MPH core courses)	B2-1	UD curriculum and course management system Notes from MPH Curriculum Committee review Summary data is prepared by the MPH Assistant Director and reviewed by the MPH Program Committee during an annual program review and the MPH Curriculum committee during their annual curriculum review.	MPH Curriculum Committee MPH Program Committee	X		
Program Outcome 3: Number of program faculty research awards/ projects focused on health equity and includes student and/ or community engagement	B2-1	Program budget documents Faculty Annual survey and annual reviews MPH Assistant Director compiles a summary and submits it to MPH Director annually.	MPH Director MPH Assistant Director		X	

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Program Outcome 4: Percent of students conducting APEs in communities identified as resource-constrained and/or projects focused on marginalized populations	B2-1	APE work plans and APE e-portfolios The MPH Assistant Director compiles a summary of APE e-portfolio data and progress is discussed by the MPH Program Committee.	MPH Program Committee		X	X
Program Outcome 5: Number of MPH program community-based partnerships and collaborations to advance public health	B2-1	Faculty Annual Survey Faculty and Staff annual appraisal reports Data is compiled of MPH program representation by faculty/staff MPH program representation faculty/staff CVs and staff annual appraisals. Data is reviewed by the MPH Director and shared with the MPH Program Committee as-needed.	MPH Director			X
At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum	B5-2					
Graduation rates	B3-1	MPH Student Information Database UD Student Information System (UDSIS) Data is compiled from the university's Student Information System (UDSIS). MPH program staff update the MPH student database each academic term to ensure it reflects the current status for each student. MPH Director, Concentration Directors, and MPH Program Committee review annually.	MPH Director Concentration Directors MPH Program Committee	X		

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Post-graduation outcomes (e.g., employment, enrollment in further education)	B4-1	MPH Program Student Exit Survey (annual) MPH Alumni Survey (administered every 2 years) MPH program alumni status review (ongoing) UD Career Outcomes Annual Survey A summary of available data is compiled and reviewed annually by the Concentration Directors, the MPH Program Committee, and PHC Steering Committee.	Concentration Directors MPH Program Committee PHC Steering Committee	X		X
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5-2	Exit Survey, Alumni Survey, and Career Outcomes survey data are reviewed to identify ways to improve MPH curriculum and/or student experiences.	MPH Program Committee PHC Steering Committee	X		
Budget table	C1-1					
Student perceptions of faculty availability	C2	MPH Program Student Exit Survey (annual) Data is compiled from the MPH program student exit survey and reviewed annually by the MPH Program Committee.	MPH Program Committee	X		
Student perceptions of class size & relationship to learning	C2	MPH Program Student Exit Survey (annual) Data is compiled from the MPH program student exit survey and reviewed annually by the MPH Program Committee.	MPH Program Committee	X		
List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole (*PIF template C2-1 and MPH org chart*)	C2-1, E1-1, E1-2					
Ratios for student academic advising (all degree levels)	C2-2	UDSIS - Advisor Assignments Advisor assignments are reviewed in the student information system (UDSIS) at the start of each term to ensure adequate ratios for each cohort	MPH Director and MPH Assistant Director Concentration Directors	X		

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Ratios for supervision of MPH ILE	C2-2	ILE course enrollment data Course enrollment is monitored each semester to ensure adequate faculty resources	MPH Director MPH Assistant Director Concentration Directors	X		
Count, FTE (if applicable), and type/categories of staff resources	C3-1					
Faculty participation in activities/ resources designed to improve instructional effectiveness (*maintain ongoing list of examples*)	E3	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors	X		
Faculty currency & instructional technique measure 1 Annual or other regular reviews of faculty productivity, relation of scholarship to instruction	E3	UD HR data is reviewed to track completed annual appraisals and also department tracking of faculty Promotion and Tenure Compliance is monitored annually.	Home Department Chairs Concentration Directors MPH Director	X	X	
Faculty currency & instructional technique measure 2 Student satisfaction with instructional quality	E3	1) UD Course Evaluations 2) MPH Student Exit Survey (annual) Data is compiled from the MPH program student exit survey and reviewed annually by the MPH Program Committee. Course evaluation data is reviewed (when available) by home department Chairs and course-specific concerns are shared with the MPH Director or Assistant Director.	MPH Program Committee Department Chairs	X		
Faculty currency & instructional technique measure 3 Number of courses that involve community-based practitioners	E3	Course Review and Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors	X	X	X

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Faculty research/ scholarly activities with connections to instruction	E4	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors		X	
Faculty scholarship measure 1 Percent of MPH faculty (PIF) participating in research activity	E4-1	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors		X	
Faculty scholarship measure 2 Number of grant submissions	E4-1	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors		X	
Faculty scholarship measure 3 Total research funding	E4-1	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors		X	
Faculty extramural service activities with connections to instruction (*maintain ongoing list of exemplars*)	E5	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors			X
Faculty service measure 1 Percent of faculty participating in extramural service activities	E5	Faculty Annual Survey MPH Director reviews and compiles a summary document that is shared with Concentration Directors and discussed at least once per year during faculty meetings.	MPH Director Concentration Directors			X
Faculty service measure 2 Number of faculty appointed on a professional track (CT faculty)	E5	MPH Program Budget Documents MPH Director and MPH Assistant Director review with Business Administrator annually as part of budget review and preparation.	MPH Director MPH Assistant Director Business Administrator			X

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Faculty service measure 3 Public/private or cross-sector partnerships for engagement and service	E5	Faculty grants; Faculty annual appraisals; Faculty P&T portfolios; PHC annual report MPH Director reviews and also monitored by the MPH Director and Concentration Directors.	MPH Director Concentration Directors			X
Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1	1) Practicum Supervisor Evaluation Survey 2) Employer survey (administered every 3 years) Summary of quantitative and qualitative data is prepared and shared with MPH Program Committee when available.	MPH Program Committee	X		
Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1	PHC Steering Committee meeting notes At least once per year, PHC Program Manager engages Steering Committee members in a feedback session. Notes are compiled, summarized, and shared with the MPH Program Committee to inform program changes.	MPH Program Committee	X		X
Feedback from stakeholders on guiding statements and ongoing self-evaluation data	F1	PHC Steering Committee meeting notes At least once per year, PHC Program Manager engages Steering Committee members in a feedback session. Notes are compiled, summarized, and shared with the MPH Program Committee to inform program changes.	MPH Program Committee			X
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	MPH extra-curricular student engagement feedback MPH Student Engagement committee engages in ongoing review of opportunities for and participation in extra-curricular engagement.	MPH Student Engagement committee		X	X
Current educational and professional development needs of self-defined communities of public health workers (*individuals not currently enrolled in program*)	F3	Academic Health Dept Collaboration Committee meeting notes Academic Health Department Collaboration committee meets at least once per year to identify public health workforce training needs and prioritize topics/methods for providing professional development.	Academic Health Dept Planning Committee		X	X

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (*maintain ongoing list*)	F3-1	Workshop attendance records Data is reviewed post-workshop to review event successes and/or challenges.	MPH Assistant Director PHC Program Manager			**X**
Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations–among students AND faculty/staff Program-defined priority area: racial/ethnic minorities, first-gen undergrads, and/or students from economically disadvantaged backgrounds; Additional priority-area for faculty/staff - gender identity	G1	Student demographics from UDSIS and faculty demographic self-reported in HR record MPH Assistant Director summarizes student data and shares with the MPH Director to review each fall semester (new cohort) in consultation with the MPH Program Committee. Faculty/Staff hires are monitored by the MPH Director in conjunction with Concentration Directors.	MPH Director MPH Program Committee Concentration Directors	**X**		
Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural competence	G1	1) MPH Program Student Exit Survey 2) MPH Faculty/Staff Feedback Data is compiled from the MPH program Student Exit Survey and is reviewed annually by the MPH Director and MPH Assistant Director.	MPH Director MPH Assistant Director	**X**		
Student satisfaction with academic advising	H1	MPH Program Student Exit Survey Data is compiled from the MPH program Student Exit Survey and MPH Director and Assistant Director review data annually to identify needed modifications.	MPH Director MPH Assistant Director	**X**		

Measure(s)	Criteria or Template	Data source & method of analysis	Who has decision making responsibility?	Goal #1	Goal #2	Goal #3
Student satisfaction with career advising	H2	MPH Program Student Exit Survey Data is compiled from the MPH program student exit survey and MPH Director and Assistant Director review data annually to identify needed modifications.	MPH Director MPH Assistant Director	X		
Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni (*maintain ongoing list of examplars*)	H2	MPH Program/Event data MPH Student Engagement committee conducts ongoing review of program/ event data and programming needs.	MPH Student Engagement committee	X		
Number of student complaints filed (and info on disposition or progress)	H3	Reported data from UD's Student Complaint/Grievance system Home Department Chairs and MPH Director and Assistant Director track progress/resolution of any student complaints or grievances	MPH Director MPH Assistant Director Concentration Directors	X		
Percent of priority under-represented students accepting offers of admission	H4	Annual SOPHAS/SLATE data on applications and admissions Data is compiled at the end of each application cycle and MPH Admissions Committee reviews data at the end of each application cycle. MPH Program Committee reviews application and cohort data annually.	MPH Admissions Committee MPH Program Committee	X		

2) Provide evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc.

Implementation of program evaluation activities occurs in a variety of ways. Administratively, the MPH Assistant Director and MPH Director routinely review operational data metrics to identify areas of concern and/or areas for improvement. Additionally, the MPH Assistant Director compiles summaries for various indicators that are presented to the MPH-PC. Key indicators are reviewed and discussed during the MPH-PC annual Program retreat, and other indicators are shared with the MPH-PC during regular meetings throughout the year as warranted. Program cohort data and graduation rates, and indicators specific to curriculum feedback (student, alumni, employers) are presented at least annually to the PHC-SC for review and discussion and to solicit member feedback for program improvement. Faculty-related indicators are shared and discussed at least once per year during monthly faculty meetings.

Evidence of implementation of the Program's evaluation plan such as meeting presentations, agendas where data is shared, or data summaries are in ERF: B2.2 Evidence for Evaluation Plan.

3) Provide at least three specific examples of improvements undertaken in the last three years based on the evaluation plan in the format of Template B2-2. At least one of the changes must relate to an area other than the curriculum.

The MPH-PC routinely reviews program feedback and evaluation data to identify needed improvements. These may include changes to the MPH curriculum sequencing, changes to recruitment and admissions processes, expansion of student support resources or changes to the delivery of student support. Below are three examples of how evaluation data was used to make programmatic improvements.

	Measure that informed the change	Data that indicated improvement was needed	Improvement undertaken
Example 1	Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula [F1]	Informal data from alumni and discussion notes from the Academic Health Department Planning Committee meetings indicated the need for Epidemiology students to be more prepared in SAS and data management. This feedback was also reinforced by responses received to the recently administered alumni survey and employer survey.	The MPH Program created an Intro to SAS course and added it as a required course within the MPH-EPI.
Example 2	Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations [F1] Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. for students and alumni [H2]	Data and feedback from both the Employer Survey and from a focused conversation with the PHC-SC revealed that MPH students needed more "professional development" and "hands on" prep beyond curriculum content and ongoing student feedback revealed the desire for more career and professional development events.	The MPH Program formed the MPH Student Engagement Committee in collaboration with the Partnership for Healthy Communities to plan and facilitate additional professional development and extracurricular field opportunities for students.
Example 3	Ratios for student academic advising (all degree levels) [C2-2] Student satisfaction with academic advising [H1]	Review of advising ratios and variability in student perceptions of academic advising provided some negative feedback about advising (especially with larger cohort sizes)	The MPH-EPI (the larger cohort) has recently implemented a hybrid advising model. Previously all advising occurred primarily through staff. Starting with the Fall 2023 cohort, each Epidemiology faculty are now also assigned around four advisees per cohort to complement academic advising received from Program staff. In AY24-25, this hybrid advising model will be implemented for all MPH students with MPH faculty advisors assigned by concentration.

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

Strengths: The MPH Program has spent a significant amount of time developing a robust evaluation plan appropriate for program monitoring, accreditation, and University requirements. The MPH-PC was actively involved in developing the evaluation plan and identifying appropriate and feasible indicators.

Weaknesses: While the MPH Program has collected data on all indicators in the Evaluation Plan, the volume of data is somewhat unwieldy. The MPH-PC has expressed that indicators could be further refined to strengthen alignment of indicators and data sources so that ongoing reporting and review are more streamlined and provide the necessary information for program improvement.

Plans for Improvement: The MPH-PC plans to revisit the full Evaluation Plan in the next academic year and use the lessons learned from initial data collection to identify areas for improvement, streamlining, or recalibration. The MPH Assistant Director will also work with the MPH Director to develop more effective data communication documents (summaries, etc.) so that MPH faculty and staff can be better engaged in data review and program improvement. Similarly, development of data communication documents (infographics, etc.) will be used to increase engagement with students and community partners (PHC-SC) in data review and program feedback

B3. Graduation Rates

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

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

1) Graduation rate data for each degree in the unit of accreditation. See Template B3-1.

Graduation rate data for UD's MPH Program is provided for the following cohorts: AY2019-2020, AY2020-2021, AY2021-2022, AY2022-2023, AY2023-2024. The AY2024-2025 cohort is not finalized until September 2024.

Students in MPH Degree, by Cohorts Entering Between 2019-20 and 2023-24*						
**Maximum Time to Graduate: 5 years*						
	Cohort of Students	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
2019-20	# Students entered	7				
	# Students withdrew, dropped, etc.	0				
	# Students graduated	0				
	Cumulative graduation rate	**0%**				
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	24			
	# Students withdrew, dropped, etc.	0	3			
	# Students graduated	5	0			
	Cumulative graduation rate	**71%**	**0%**			
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	21	24		
	# Students withdrew, dropped, etc.	0	3	2		
	# Students graduated	1	16	0		
	Cumulative graduation rate	**86%**	**67%**	**0%**		
2022-23	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	2	22	21	
	# Students withdrew, dropped, etc.	0	1	0	0	
	# Students graduated	0	1	19	0	
	Cumulative graduation rate	**86%**	**71%**	**79%**	**0%**	
2023-24	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	0	3	21	19
	# Students withdrew, dropped, etc.	1	0	1	3	1
	# Students graduated	0	0	1	15	N/A
	Cumulative graduation rate	**86%**	**71%**	**83%**	**71%**	**0%**

2) Data on doctoral student progression in the format of Template B3-2.

Not applicable.

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

The maximum time to graduate (MTTG) for the MPH Program (per University policy) is 5 years. The MPH-EPI is designed to be completed in two years for full-time students and the MPH-HPM is designed to be completed in 15-months for full-time students. Nearly all students enrolled in the MPH Program are full-time; however, approximately 3-4 students per cohort are enrolled in the MPH part-time. The MPH Program only has one admission cycle per academic year (fall semester).

UD's MPH Program enrolled its first cohort in AY 2019-2022, thus only one cohort has reached the MTTG (5 years). However, data for the AY 2020-2021 cohort is complete. The remaining AY cohorts are still within the MTTG timeframe, thus the cumulative graduation rates for AY 2021-2022, AY 2022-2023, and AY 2023-2024 are not final.

While the MPH Program has consistently met the target of at least a 70% graduation rate, there was an impact on the graduate rate for the AY 2020-2021 cohort due to COVID. This cohort applied to the MPH, matriculated, and completed most of the Program under COVID-related restrictions (including fully virtual coursework and Program services for the full first year of the Program). This resulted in a higher number of students withdrawing from the MPH Program compared to other cohorts.

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

Not applicable.

B4. Post-Graduation Outcomes

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

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

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

Data on post-graduation outcomes for MPH students is available through a variety of sources (MPH Student Exit Survey, MPH Alumni Survey, and the University's Career Outcomes Survey); however, these sources do not provide data on individual students. Therefore, the data in B4-1 is generated through direct communications with Program alumni and status updates via the MPH Program's LinkedIn group.

B4-1 Post-Graduation Outcomes - MPH	2021	2022	2023
	%(#)	%(#)	%(#)
Employed	100% (6)	76% (13)	75% (15)
Continuing education/ training (not employed)	0% (0)	12% (2)	5% (1)
Not seeking employment or not seeking additional education by choice	0% (0)	0% (0)	0% (0)
Actively seeking employment or enrollment in further education	0% (0)	0% (0)	5% (1)
Unknown	0% (0)	12% (2)	15% (3)
Total graduates (known + unknown)	**100% (6)**	**100% (17)**	**100% (20)**

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

At the time of the self-study, there have been four graduation cohorts (*note: graduation cohorts include graduates across all terms each year – Fall, Winter, Spring, or Summer*) for UD's MPH Program (2021, 2022, 2023, and Spring 2024). For the Program's first three graduation cohorts, the Program has achieved a rate of 100% (2021), 88% (2022), and 80% (2023) of graduates employed or continuing education post-graduation. Data is not presented for the Spring 2024 graduation cohort as this cohort is less than one-year post-graduation. Overall, data show that most MPH Program graduates are employed or continuing education post-graduation. The information presented in Template B3-1 represents the best available data for Program graduates to-date using informal alumni contact (email, phone) and social media updates (LinkedIn). The MPH Program engages alumni on LinkedIn via a UD MPH "group." The LinkedIn group consists of current MPH students and alumni to foster connections between students and keep alumni engaged with the MPH Program. The MPH Program encourages student participation in the LinkedIn group while they are still enrolled in the Program as part of the ILE course when they receive training in how to use LinkedIn for professional networking and post-graduation employment, including the benefit of the MPH Program LinkedIn group. Post-graduation outcome data is also monitored through the University Career Outcomes survey (aggregated) and through the MPH Program's alumni survey.

The Program makes every effort to stay in contact with graduates; however, there are a few graduates within each cohort that do not provide the Program with contact information and/or choose not to engage with the Program post-graduation. Since the UD MPH cohorts are small, having even 2 or 3 graduates with no contact impacts the Program's post-graduation outcome rates.

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

Strengths: Overall, alumni stay very engaged with the Program post-graduation and seek out ways to stay connected. Since UD's MPH Program has smaller cohorts, faculty and staff can forge connections with every student that continues beyond graduation from the Program. Alumni routinely email Program faculty and staff and attend events to reconnect.

Weaknesses: While the MPH Program is meeting or exceeding targets for post-graduation outcomes, career support for MPH alumni continues to be a priority for expansion based on feedback from graduates.

Plans for Improvement: The MPH Program intends to increase support of the social media alumni group (currently LinkedIn) and will seek out alumni volunteers to coordinate social media activity and participation in events for current students and planning of alumni events.

B5. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their preparation for the workforce (or for further education, if applicable). Data collection must elicit information on what skills are most useful and applicable in post-graduation destinations, areas in which graduates feel well prepared, and areas in which they would have benefitted from more training or preparation.

The program defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. "Useful information" refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc.

The program documents and regularly examines its methodology, making revisions as necessary, to ensure useful data.

1) Summarize the findings of alumni self-assessment of their preparation for post-graduation destinations.

The MPH Program administers the MPH Student Exit survey annually to each graduating cohort. The Student Exit Survey includes items intended to solicit student feedback on MPH course content and student perceptions of the APE and ILE. The survey also includes items related to student perceptions of the degree to which the MPH Program provides adequate preparation across 6 public health domains: data collection, analysis, and reporting; public policy, stakeholder engagement; surveillance; program management; leadership skills; communication strategies; and application of health equity principles. The MPH Student Exit Survey is administered via Qualtrics and open for students to complete in May of their graduation year. Students are sent an initial invitation to complete the survey as well as several reminders via email. The Program has administered the MPH Student Exit survey to graduating students annually for four years (Spring 2021, Spring 2022, Spring 2023, and Spring 2024). Response rates have varied across these survey administrations - Spring 2021 had a 100% response rate; Spring 2022 had a 61% response rate; Spring 2023 had a 25% response rate and Spring 2024 had a 63% response rate. It is important to note that significant changes were made to the MPH Student Exit Survey between the Spring 2022 and Spring 2023 administrations to shorten the length of the survey. Due to the discontinuity, only data from the two most recent survey administrations (Spring 2023 and Spring 2024) is reported in the self-study except for elements where survey continuity allows for multi-cohort reporting.

Findings from the Exit survey related to student perceptions of preparedness by the MPH Program overall show that graduates generally report the MPH Program prepared them "moderately", "well" or "very" well (using a Likert scale) in 6 areas related to key public health skills. Program management preparation was rated lowest compared to the other skill domains. Survey respondents indicated preparedness in applying health equity principles as one of the strongest areas for the MPH Program. In addition, all exit survey respondents reported that the APE was valuable for career development in public health. Likewise, all survey respondents indicated that the ILE did "well" or "very well" in preparing them to apply key public health skills and competencies. This student feedback related to skill preparation is reviewed by the MPH Program Committee (and Curriculum Committee) alongside competency mapping to identify potential areas for curricular improvements. Tables B5a, B5b, and B5c summarize data combined from the Spring 2023 and Spring 2024 administrations of the Student Exit Survey (n=15).

Table B5a: Student perceptions of public health skill preparedness

Degree to which MPH Program prepared students in the following:	**Very well**	**Well**	**Moderately well**	**Slightly well**	**Not at all**
Quantitative and qualitative data collection, analysis, interpretation, and reporting	9 69%	2 15%	0 0%	1 8%	1 8%
Design and analysis of public policy	3 23%	6 46%	2 15%	2 15%	0 0%
Stakeholder engagement and advocacy	6 46%	3 23%	2 15%	2 15%	0 0%
Population health surveillance	5 38%	5 38%	3 23%	1 8%	0 0%
Program management - including budget and resource management and program evaluation	3 23%	5 38%	2 15%	2 15%	1 20%
Leadership skills - including strategic planning, interprofessional collaboration	4 31%	7 54%	1 8%	0 0%	1 8%
Design and dissemination of communication strategies that are audience-appropriate and culturally relevant	5 38%	6 46%	1 8%	0 0%	1 8%
Application of health equity principles	9 69%	3 23%	0 0%	0 0%	1 8%

Table B5b: Student perceptions of the Applied Practice Experience

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**
Value of the APE (practicum) for career development in public health	5 50%	4 40%	1 10%	0 0%	0 0%

Table B5c: Student perceptions of the Integrative Learning Experience

	Very well	**Well**	**Moderately well**	**Slightly well**	**Not at all**
Quantitative and qualitative data collection, analysis, interpretation, and reporting	8 89%	1 11%	0 0%	0 0%	0 0%

The MPH Program also administers an MPH Alumni Survey to all Program alumni every two years. So far, the MPH Program has administered one alumni survey (Fall 2023). The MPH Alumni Survey consists primarily of open-ended questions about how the Program prepared students for their current professional roles and what, if any, skills should be added to the Program. For the Fall 2023 survey administration, there were 13 responses (9 Epi graduates and 4 HPM graduates). Most respondents indicated they are currently employed in the public health field (9), some respondents indicated they are employed in a field other than public health (3), and one respondent is currently enrolled in an advanced degree Program. Below are highlights from the most recent survey administration:

- ***Most valuable skills post-graduation from MPH coursework:*** Epidemiology methods content, SAS-based courses, capstone experience, and biostatistics were most commonly shared as valuable to MPH alumni post-graduation. The following comments were shared by MPH Alumni regarding the most valuable skills from coursework:

"The entire MPH program was valuable to me expanding my employment opportunities. For me personally,

the courses that explored health inequities and the role of policy in health outcomes was the most valuable."

"I loved the SAS course and Biostats courses – they were very helpful in my FDA job."

- ***Most valuable skills post-graduation <u>not</u> part of MPH coursework:*** Alumni shared that more professional-related skills are valuable and should be better incorporated into the MPH curriculum. This includes skills like more in-depth experience working with surveillance systems, concise communication for a variety of audiences, or a wider menu of analysis/visualization platforms (Power Bi, GIS, Tableau). The following comments were shared by MPH Alumni about skills that should be added to the MPH curriculum:

  "I rely heavily on concise verbiage as a regulator and interviewing skills which both could have been better implemented into the MPH program."

  "Including data presentation as part of one course (either Tableau or Power Bi or both)."

2) Provide full documentation of the methodology and findings from quantitative and/or qualitative data collection.

The MPH Student Exit Survey, MPH Alumni Survey, and data summaries are in ERF: B5.2 Data Collection methodology.

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

Strengths: The MPH Program has robust sources of data related to alumni perceptions gathered from the MPH Student Exit Survey, MPH Alumni Survey, and informal feedback.

Weaknesses: The MPH Program experiences inconsistencies in response rates for the exit survey. Response rates to the first alumni survey were also a bit lower than desired.

Plans for Improvement: The MPH Program intends to administer the exit survey earlier in the final semester to avoid timing survey completion with finals and graduation activities. The MPH Program also intends to add additional strategies to encourage survey completion for the Spring 2024 administration such as increasing reminders and encouraging faculty to support survey completion in their courses. For future administrations of the alumni survey, the Program intends to increase marketing of the survey and increase the number of reminders. The Program is also considering incorporating the opportunity to administer a survey during a future Program event where alumni are invited to potentially increase participation. The Program is also seeking to formalize a process for documenting informal interactions with alumni. Staff and faculty engage in informal conversations and check-ins with alumni post-graduation; however, the Program lacks a mechanism for formally documenting feedback from alumni during these conversations. The Program will develop a system for tracking and archiving informal feedback in the next academic year.

4: Section C

C1. Fiscal Resources

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

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

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

Faculty salaries are paid by the faculty member's home department through the respective college (e.g., CHS or Biden School). As outlined in the University's Faculty Handbook, UD provides Tenure-Track (TT) faculty with nine-month appointments that may be extended (9+1 or 9+2) due to administrative appointments or external grant funding. Continuing Track (CT) faculty are hired through regular University procedures and their appointments are supported from recurrent sources of funds (e.g., tuition revenue). CT faculty are eligible for promotion in academic rank. All faculty receive additional compensation provided by their associated college (CHS or Biden School) for any teaching during any session that exceeds their assigned workload.

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

Academic units and departments at the University are typically directed by the provost's office to develop a five-year hiring plan. The program/department-level plans are coordinated within each of the respective colleges and a college-level request for hiring (faculty and staff) is presented to the University provost. The MPH Program provides a five-year hiring plan (developed with input from the MPH-PC) to the Dean of CHS who presents the MPH plan as part of a college-wide plan to the Provost annually. Requests for the upcoming fiscal year are reviewed and approved by the Provost and the President based on the prioritization of the MPH Program's request within CHS. When approvals to hire additional faculty are received, approvals for the following two years may also be provisionally approved. Concentration-specific resources (Concentration faculty or staff) are coordinated within the respective departments and/or colleges where the concentration is managed using the same process described above.

c) Describe how the program funds the following:

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

An annual budget for MPH Program operating costs is prepared by the MPH Program's Business Administrator with guidance from the MPH Director and Assistant Director. Budget information is submitted to the CHS Business Office for review and approval. Budget meetings are held monthly and after the end of the fiscal year, expenditures are reviewed to inform the development of the following year's request for operating costs. Operational budgetary input from MPH concentrations is coordinated through the UD MPH Program Concentration MOU (*see MPH Program Bylaws in ERF A1.3 Bylaws Policy Documents*) which outlines the required minimum financial contributions from each MPH Concentration (e.g., EPI and HPM). These contributions are incorporated into the MPH annual budget and/or included in the concentration's home department/college budget, as appropriate.

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

Student support is provided in a variety of ways. Students in the MPH-EPI receive tuition discounting through CHS. MPH students may be financially supported on funded research projects for which a member of the faculty of the MPH Program is the Principal Investigator or Key Personnel. The funding support available to MPH students may range from full tuition and stipend support, partial tuition and stipend support, stipend-only support, or hourly wage positions. As part of the MPH Program's base operating budget, two students receive funding support (tuition and stipend) for teaching assistantship positions (awarded to second-year students to support the Epi Methods course sequence and Biostat course sequence) and one student receives funding support (tuition and stipend) for a graduate assistantship in the MPH Program. In addition to assistantships, the MPH Program has a tuition scholarship (donor-funded) that supports one underrepresented student each academic year. Additional assistantship opportunities may be available within specific concentrations through the concentration department and/or college (e.g. Biden has a limited number of competitive funding opportunities that MPH-HPM students are eligible to apply for and partnerships with groups like the Biden School's Center for Community Research and Service). Students are also encouraged to apply for other RA, TA, GA, or hourly positions outside of the MPH Program. These opportunities are managed through the Graduate College job board. Resources for student activities and travel support are provided by the MPH Program (through the Program budget and donor funds) and additional matched funds are available through the Graduate College. All opportunities for funding and support (internal and external to the MPH Program) are communicated to MPH students on a regular basis.

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

Faculty development expenses are generally provided as part of the start-up budget for new faculty, which may be expended over the entire pre-tenure period, or funded through external grant support. CT faculty receive professional development funding as part of the MPH Program's annual operating budget. All MPH Program faculty and staff travel to relevant conferences (e.g., ASPPH Annual Meeting, APHA Annual Meeting) are funded by the MPH Program.

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

As described above, an annual budget for MPH Program operating costs is prepared by the MPH Program based on input from the MPH-PC around resource needs and requests for additional funds. The annual budget is submitted to the CHS Business Office for review and approval. This annual process provides the opportunity for the Program to request and obtain (subject to University resources) additional funds as needed to support program growth and student/program need. In addition, the MPH Program engages in monthly budget meetings and meetings held at the conclusion of the fiscal year. During these meetings, expenditures are reviewed to inform the development of the following year's request for operating costs and to address any additional funding needs.

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

UD operates under a Hybrid Budget Model. Fifty percent of graduate tuition is retained at the university-

level, 25% is returned to the student's academic program of record, and 25% is returned to the course instructor's Department of Record (IDOR). It is important to note that 36 of the MPH Program's 42 course credits are "owned" by MPH-affiliated departments (Epidemiology and Biden) and taught by MPH-affiliated faculty resulting in nearly half of the program-generated tuition funds being returned to the MPH Program.

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

A portion of indirect costs for grants are returned to the MPH Program and the individual investigator. Fifty percent of indirect costs are retained by the University for strategic priorities while 50% is returned to the College (35%), Department (10%), and Principal Investigator (5%). Any indirect cost return less than $1,000 is retained by the MPH Program and budgeted for student support for conference travel and other student enrichment activities. Indirect cost returns that are greater than $1,000 are maintained in an account controlled by the faculty member.

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

Not applicable.

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

The University of Delaware fiscal year (FY) runs from July 1 to June 30. The MPH Program began full operation (including the first cohort enrollment) in FY 2020. The University is currently finishing out FY 2024, so budget data is reported through FY 2023 to report complete budget information.

Template C1-1: Sources of Funds and Expenditures by Major Category, 2019 to 2023

	FY 2019*	FY 2020	FY 2021	FY 2022	FY 2023
Source of Funds					
Tuition & Fees	$ -	$899,955	$1,520,849	$1,978,845	$2,106,590
State Appropriation	$ -	$ -	$ -	$ -	$ -
University Funds (allocations)	$ -	$208,661	$151,272	$81,759	$82,843
Grants/Contracts	$ -	$255,918	$305,301	$477,816	$1,765,446
Indirect Cost Recovery	$ -	($49,808)	($76,664)	($45,206)	($242,638)
Endowment	$ -	$ -	$ -	$ -	$ -
Gifts		$206,720	$1,845	$12,414	$13,409
Total	**$ -**	**$1,521,446**	**$1,902,603**	**$2,505,628**	**$3,725,650**
Expenditures					
Faculty Salaries & Benefits	$ -	$807,356	$913,018	$976,787	$978,616
Staff Salaries & Benefits	$ -	$129,909	$151,358	$205,226	$450,320
Operations	$ -	$13,228	$16,918	$27,302	$1,108,413
Travel	$ -	$16,903	$2,693	$18,330	$29,214
Student Support	$ -	$9,279	$65,910	$95,014	$212,358
Tuition Discount	$ -	$153,312	$584,725	$351,871	$359,861
Teaching Salaries (Overload)	$ -	$39,879	$73,408	$47,598	$82,596
Total	**$ -**	**$1,169,865**	**$1,808,031**	**$1,722,128**	**$3,221,378**

**Note: There is no budget reported for FY 2019 because MPH enrollment did not begin until FY 2020.*

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

Not applicable.

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

Not applicable.

C2. Faculty Resources

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

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

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

1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1 (single- and multi-concentration formats available).

C2-1 (Programs)	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY
CONCENTRATION	**PIF 1**	**PIF 2**	**FACULTY 3**	**PIF 4**	**PIF 5**	
Epidemiology **MPH**	Nelson (FTE = 1.0)	Park (FTE = .75)	Parekh (FTE = .75)	–	–	PIF: 3 Non-PIF: 3
Health Policy and Management **MPH**	Nelson (FTE = 1.0)	Fournier (FTE = .5)	Mitsdarffer (FTE = .25)	–	–	PIF: 0 Non-PIF: 2
TOTALS:	**Named PIF:**			**4**		
	Total PIF:			**7**		
	Non-PIF:			**6**		

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

For all University faculty (TT and CT), FTE is calculated using faculty "workload" which is the percentage breakdown of faculty time devoted to teaching, research, and service. Full-time faculty members in the MPH Program are assigned workload in accordance with the University's Faculty Handbook. The Handbook states "*a unit's workload policy must be congruent with academic program needs and in compliance with all University policies and collective bargaining guidelines. Evaluation of academic program needs must include course requirements of the academic unit, teaching availability of full-time faculty, the non-instructional responsibilities of the academic unit, and the contributions of the unit within the college and the University.*" The MPH Director (or chair of a faculty member's home department) assigns faculty workload based on MPH Program needs. All faculty identified as Primary Instructional Faculty (PIF) must meet the following minimum qualifications: 1) employed as full-time faculty at the University of Delaware with at least 50% of

their time to assigned to MPH Program activities: 2) have regular teaching responsibility for a minimum of one (1) core and/or concentration course; 3) perform student academic and/or career advising or engage students in public health-related research (when appropriate); and, 4) serve on one or more MPH Program committees. Non-primary Instructional Faculty include all faculty and instructors who have teaching responsibility in the MPH Program but do not meet the criteria for PIF.

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

The University's MPH Program is interdisciplinary and incorporates faculty from several programs and departments across the University. Program-affiliated faculty are identified by having teaching responsibilities for courses within the MPH core curriculum and/or each concentration curriculum. Primary Instructional Faculty also have responsibility for student advising and participation in program planning and operations. Non-Primary Instructional Faculty have a more limited role in the MPH Program, mainly having responsibility for regular teaching of an MPH-affiliated course. Non-PIF faculty devote most of their time to programs or responsibilities outside the MPH Program and/or serve as adjunct faculty without primary employment at the University.

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

General advising & career counseling - AY 2023-2024			
Degree level	***Average***	***Min***	***Max***
Master's			
Staff	**32**	*32*	*32*
Faculty (PIF only)	**4**	*2*	*4*

Advising in MPH integrative experience - AY 2023-2024			
	Average	***Min***	***Max***
ILE Faculty	**13**	*1*	*14*

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

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

The MPH Student Exit survey contains a question that asks students to rate the extent to which they are satisfied with their class sizes in the Program. The most recent survey results (Spring 2024) showed that 100% of respondents were "satisfied" or "extremely satisfied" with class size (n=10; RR=63%).

Overall, how satisfied were you with the following elements of your MPH courses:	Extremely satisfied	Satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
Class Size	**7** **70%**	**3** **30%**	0 0%	0 0%	0 0%

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

The MPH Student Exit survey also contains a question that asks students to rate the extent to which they are satisfied with the availability of MPH faculty. The most recent survey results (Spring 2023) showed that 100% of respondents were "satisfied" or "extremely satisfied" with the availability of the Program faculty (n=10; RR=63%).

Overall, how satisfied were you with the following elements of your MPH courses:	Extremely satisfied	Satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
Faculty Availability	**6** **60%**	**4** **40%**	0 0%	0 0%	0 0%

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

The MPH Student Exit survey includes an open-ended question that asks students to provide any comments they have about the MPH curriculum (asked after the scale questions described above). However, this did not yield much feedback from respondents and no feedback specific to class size or faculty availability. The MPH Program also provides opportunities for students to informally share their feedback about all Program elements. Specifically, the MPH Assistant Director asks students for feedback about the MPH Program and courses (including specifically class size and faculty availability) at least one time per semester during student advising check-in appointments. A subset of MPH students also participated in an MPH Program feedback focus group (Spring 2024) to provide student perspective on professional development, courses, and faculty/staff support. Focus group participants (n=4) agreed that MPH Program faculty and staff are committed to student support and very accessible (for summary results, see ERF C2.6 – Faculty Resources Qual Data). One MPH student stated:

> *"I think accessibility to the professors is one big thing that you guys are doing well, even like yourself. When you guys make it known that, you know, if we have questions, you are always there for us to ask and, like, usually everybody is very prompt when if we email them and they're very open to meeting. So, I think that's one thing where you guys have really been doing well at is like knowing that you're there to support us. And even if, like, we're struggling with something specific, but being able to, like, go to you guys cause you want to help us. And you want us to succeed in the program."*

Students expressed during the focus group that they do not always feel comfortable providing "honest" feedback via the University course evaluation process. In response, MPH students launched an inaugural student-developed and student-managed course feedback survey (via Google) this spring semester to gather open-ended anonymous student feedback. The student-led survey was administered at the end of spring semester and received 9 responses. While the survey provided informative and constructive feedback about course content and course structure, there was no negative feedback about MPH faculty support and availability or class sizes. In fact, respondents specifically stated that negative feedback was course content-specific and that overall, MPH faculty are very supportive (See Student Course Feedback Survey in ERF B5.2 – Surveys). To date, the Program has not received negative feedback specific to class sizes or faculty availability recently. Negative feedback received about these two program elements was isolated to the cohort of students enrolled during the COVID pandemic and during the transition back to in person operation. During that time, a small number of students expressed dissatisfaction with faculty availability; however, this feedback came during unprecedented circumstances when staff, faculty, and students were all adjusting to alternative ways to deliver the academic program.

Available qualitative results are located in ERF: C2.6 Faculty Resources Qual Data

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

Strengths: N/A

Weaknesses: The MPH Program recently discovered that questions related to class size and faculty availability were inadvertently excluded from the Program's University-level course evaluations. These questions have been added to course evaluations beginning in Spring 2024 and will now become a routine source of information for these two important Program indicators.

Plans for Improvement: The Program is planning to establish a more formal mechanism for qualitative feedback about key program performance indicators, including class sizes and faculty availability. One suggestion being considered by the MPH-PC is to create a digital "comments/suggestions" box. Another avenue for soliciting qualitative feedback will be the institution of an MPH Student Meeting starting in Fall 2024. The MPH Program has identified the need for a program-wide student meeting once per semester to check in with all MPH students, host a Program Q&A, and receive timely feedback. The MPH Assistant Director will plan and coordinate these Program student meetings and all MPH faculty and staff will be invited to participate.

C3. Staff and Other Personnel Resources

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

1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. Individuals whose workload is primarily as a faculty member should not be listed.

Role/Function	FTE
MPH Assistant Director, Lauren Camphausen	1.0 FTE
Business Administrator, Maria Pellicone	0.75 FTE
Graduate Coordinator, Stephanie Patterson	0.15 FTE
Partnership for Healthy Communities Program Manager, Kate Culhane-Suluai	0.20 FTE
Epidemiology Program Graduate Assistant	0.50 FTE

MPH Assistant Director
The MPH Assistant Director provides leadership to the planning, development, and the operation of the MPH Program through internal and external collaborations, supporting the growth of the MPH Program, guiding the MPH accreditation process, and leading the Program through continuous improvement. The MPH Assistant Director is responsible for program development, program marketing and admissions, student engagement and support, and engaging faculty in program growth and development. The MPH Assistant Director also serves as the instructor for the MPH Applied Practice Experience, assisting students with placements, requirements, and assessing student e-portfolios.

Business Administrator (Shared)
The Business Administrator is responsible for managing the daily financial, human resources, and administrative operations of the Epidemiology Program in the College of Health Sciences, including the MPH Program. Responsibilities include developing and maintaining budgeting and financial operations for the Epidemiology Program and MPH Program as well as supporting Epidemiology faculty portfolios of externally funded research. The Business Administrator also coordinates departmental and Program human resource processes for faculty, staff, graduate assistants, hourly wage, and temporary staffing individuals.

Graduate Program Coordinator (Shared)
The Graduate Program Coordinator is housed in the Biden School of Public Policy and Administration and is responsible for providing academic support services to all graduate programs and students in the Biden School, including 0.15 FTE support to HPM concentration students. The Graduate Program Coordinator also serves on the MPH-PC and assists the MPH Admissions Committee and MPH Program recruitment and marketing efforts.

PHC Program Manager (Shared)
The PHC Program Manager has day-to-day responsibility for coordinating the programs and services of the University's Partnership for Healthy Communities (PHC). In this role, the PHC Program Manager provides 0.20 FTE direct support to the MPH around student engagement, professional development, and coordination of practice-based experiential learning opportunities. The PHC Program Manager also coordinates the PHC Steering Committee which serves as the MPH External Advisory Committee.

Epidemiology Program Graduate Assistant
The Graduate Assistant position is for one MPH in Epidemiology student who receives tuition and stipend to assist the MPH Program and Epidemiology Program with administrative activities, program marketing, and student engagement (through coordination of the Public Health Graduate Student Association).

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

The MPH Program is fortunate to have direct access to the University's Biostatistics Core as a valuable resource for the Program, faculty, and students. The Core is housed within the Epidemiology Program and is charged with supporting the development, conduct, and dissemination of research in CHS and across the University. The Core provides support in three main areas: collaboration around proposal development and research design; analysis and publication of data collected as part of funded research; and education. Specific to the MPH Program, the Core supports the development of student researchers through teaching graduate level biostatistics and data analysis courses and mentorship. Ben Brewer, Biostatistics Core Biostatistician, also serves as instructional faculty in the MPH Program and routinely teaches courses such as Biostatistics I and II, Intro to Epidemiologic Data Analysis in SAS, and Analyzing Epidemiologic Data Using R. The Biostatistics Core also provides MPH students with tutoring and academic support related to biostatistics and data analysis.

The MPH Program, faculty, staff, and students also receive support and services from a number of entities across the University. For instance, MPH faculty benefit from resources and training offered by the Center for Teaching and Assessment of Learning (CTAL). Additional student support services are provided through University offices and centers such as Student Health and Wellbeing Services, the Career Center, Office of the Registrar, the Graduate College, the Office of Disability Support Services, and Student Financial Services.

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

Overall, the MPH Program has adequate staffing resources to meet the operational and administrative needs of the Program. This is demonstrated by the effective functioning of the MPH Program. It should be noted that the MPH Program has included expansion of staff in the Program's 5-year hiring plan submitted to the College. Expansion of staff will allow the Program to ease some administrative burdens on current staff and allow the MPH Program to grow and expand operations.

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

Not applicable.

C4. Physical Resources

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

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

The MPH Program and the Epidemiology concentration are located at the College of Health Sciences' Science, Technology & Advanced Research (STAR) Campus within the Health Sciences Complex. The Program is located on the 6th floor of the Tower at STAR, a 10-story building with 120,000 square feet of assignable space that opened in 2018 and provides MPH students and faculty with access to interdisciplinary research labs, health clinics, and academic spaces. The Health Policy and Management concentration operations are located on UD's main campus in Graham Hall. Graham Hall is centrally located to campus facilities, including general classroom space, student centers, and the University library. Students have access to study and meeting spaces in Graham Hall. Faculty, staff, and students have access to campus internet and computing resources at both locations (and across campus).

Faculty office space
All full-time faculty in the Program are provided with private office space with a locking door and locked file storage as well as with access to shared office equipment. Adjunct and remote faculty are provided with a dedicated shared office to utilize when on site. In addition, faculty have use of a dedicated conference room and small meeting space that can be reserved via Program staff using the University's Resource Scheduler.

Staff office space
The MPH Assistant Director, Business Administrator, and PHC Program Manager have a cubicle space with locking storage located in close proximity to Epidemiology faculty and the MPH Director. In addition, both the Assistant Director and Business Administrator have access to a private office with a locking door to utilize for student advising and/or human resources-related activities. The Graduate Coordinator in the Biden School is assigned a private office.

Staff and faculty are co-located in a dedicated office suite that is outfitted with proximity card door locks only accessible using activated access badges.

Classrooms
All courses in the MPH Program have access to UD's general classroom space; however, most of the MPH classes are scheduled into the MPH Program's dedicated space on STAR campus. All classroom spaces utilized by the MPH Program have wireless internet and smart technology.

Shared student space
MPH students have access to shared student space across UD's campus including study spaces, meeting spaces, and recreational spaces. MPH students also have access to dedicated study and workspaces in the Program suite on STAR campus. Students may also request assistance from MPH Program staff with securing spaces not readily available.

Laboratories, if applicable to public health degree program offerings
While there is no direct need for laboratory space in UD's MPH Program, the Program has access to the modern, high-tech laboratory and research facilities co-located on STAR campus.

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

The physical space provided to the MPH Program is comparable to other academic programs at the University. The MPH Program has been provided with ample space within the University's newly developed Health Sciences Complex and is continuously included in decisions about space as the Program expands. The Program was originally located in a subsection of space within the College of Health Sciences administrative offices (e.g., the Dean's office) but was provided with new space due to program growth. Included with the new space was the provision of a dedicated classroom/conference space for exclusive use by the MPH Program. University administration continues to be open to the space needs of the Program and works within existing physical resources to meet program needs.

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

Not applicable.

C5. Information and Technology Resources

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

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

Library resources and support available for students and faculty
MPH students benefit from extensive learning resources offered by the University of Delaware. The University of Delaware Library includes the Hugh M. Morris Library, the main library; three branch libraries located in Newark: the Chemistry Library, the Education Resource Center, and the Physics Library; and a fourth branch library, the Marine Studies Library in Lewes.

The University of Delaware Library collections parallel the University's academic interests and are broadly based and comprehensive. Books, periodicals, e-books, e-journals, e-newspapers, microforms, government publications, databases, maps, manuscripts, media, and access to information via the Internet provide a major academic resource for the University of Delaware, the surrounding community, the State of Delaware, and the nation. The University of Delaware Library is a depository library for U.S. government publications; a patent depository for U.S. patents; and a repository for State of Delaware publications. Library staff members provide a wide range of in-person, online, and telephone services including reference assistance, circulation, interlibrary loan, instructional programs, and assistance to users with disabilities. The University of Delaware Library constantly updates the technology and adds resources for students, faculty, and staff to provide the most current and convenient information resources and services to its users.

The library collaborates with strategic campus partners to achieve these priorities, as well as with national professional organizations including the Association of Research Libraries, Center for Research Libraries, Coalition for Networked Information, Council on Library and Information Resources, Digital Library Federation, OCLC Research Partnership, SPARC, HathiTrust, the National Digital Stewardship Alliance, the National Network of Libraries of Medicine (NN/LM) and the ACRL Diversity Alliance.

The library subscribes to more than 500 licensed databases for use by UD students, faculty, and staff anywhere in the country. Each database allows searching of many thousands of publications at once. Some databases are general in nature and cover virtually all disciplines, and others are subject-specific. Some of the databases are "full text" and include entire articles and some databases include citations and summaries. The library home page provides a direct link to "Databases." The University subscribes to more than 124,000 electronic and printed journals which cover all disciplines. Interlibrary loan services allow faculty, staff, and students to access articles in virtually all journals to which the University does not subscribe.

The UD Writing Center offers free one-to-one and small group tutorials to offer students assistance with writing.

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

The University's Information Technology department provides strong support for the MPH Program and its students. Services for students include Internet access in all campus spaces, email, 24/7 IT support, and software access. All MPH students are entitled to free access to the Microsoft Office Suite and Google Suite and other software (through UDeploy) while enrolled at UD.

The MPH Program primarily uses SAS quantitative software in the curriculum and all students are provided with access to the instructional version of the software at no cost.

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

All faculty are supplied with laptop computers that are maintained and refreshed by UD IT. UD IT also provides ongoing services to faculty to include Internet access, backup services, collaboration tools, guidance on computing purchases, desktop computing support, email, research computing, information security, teaching technology, and software access. Faculty are provided with access to a variety of software platforms via the University's UDeploy portal. For software not available through UDeploy that may be necessary to support specific research or instruction, faculty can make requests to UD IT to secure licensing, access, and software support.

Technical assistance available for students and faculty
The Academic Technology Services (ATS) division of the Information Technology department offers individual consulting services for faculty on instructional design, learning management systems, video conferencing, and online testing. An in-person and virtual Faculty Commons provides a wide variety of instructional assistance including workshops and individual counseling for all faculty and instructors at UD.

Students have access to scheduled and on demand IT support services through a web-based ticketing system. IT support is available to students 24/7 for time-sensitive issues. Students can seek resources, information, and assistance through UD's IT helpdesk at ASK IT.

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

The MPH Program has ample access to information and technology resources at the college and university level. The Program is well-supported by campus resources for both faculty and staff as well as students.

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

Not applicable.

5: Section D

D1. MPH & DrPH Foundational Public Health Knowledge

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

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

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

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

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

Foundational knowledge is addressed within a no-credit training module that students complete prior to or during their first semester. The training module is included as a degree requirement in the MPH Program Policy Statement; therefore, the no-credit module must be completed to be cleared for graduation. The MPH Assistant Director registers all MPH students into the CANVAS-based learning module and provides all students with guidance about the completion of the training requirement. The MPH Assistant Director and the course instructors for EPID 605 - Epidemiology Methods I monitor compliance with the training requirement to ensure that all students complete the requirement prior to the end of the first semester. To date, 100% of students have completed the required module.

The training module slide deck and screenshots of the Intro to Public Health CANVAS (LMS) module that outlines requirements and directions for completing the module and a copy of the module assessment are in ERF: D1.2 Syllabi & Supporting Documentation.

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

Not applicable.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., teaching assistants or other similar individuals without official faculty roles working under a faculty member's supervision) validate the student's ability to perform the competency.

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

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur outside of the integrative learning experience (see Criterion D7), which is designed to integrate previously attained skills in new ways.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

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

Part A: Foundational requirements for MPH degree		
Course number	**Course name**	**Credits (if applicable)**
Foundational courses for all MPH students regardless of concentration		
EPID 603	Biostat for Health Sciences I	**3**
EPID 605	Epidemiology Methods I	**3**
HBNS/EPID 820[1]	Social and Environmental Determinants of Health	**3**
SPPA/EPID 606	Environment and Public Health	**3**
SPPA 620	Policy for Population Health	**3**
N/A	Intro to Public Health training module	N/C
	TOTAL FOUNDATIONAL CREDITS	**15**

[1] *BHAN course code has been changed to HBNS for AY 2024-2025 and the cross-listed course is approved for AY 2024-2025. Earlier iterations of course plans, syllabi and published documents will differ.*

Part B: Concentration requirements for MPH degree in Epidemiology		
Course number	**Course name**	**Credits (if applicable)**
APE & ILE courses (as applicable)		
EPID/SPPA 689[2]	Applied Practice Experience	3
EPID/SPPA 699[2]	Integrative Learning Experience	3
Concentration courses for the Epidemiology concentration		
EPID 610	Epidemiology Methods II	3
EPID 613	Biostat for Health Sciences II	3
EPID 604	Intro to Epidemiologic Data Analysis in SAS	3

Varies	Two (2) Additional Epidemiology (EPID) Courses *Epidemiology course offerings include:* *EPID 614 Biostat for Health Sciences III* *EPID 620 Methods in Infectious Disease Epidemiology* *EPID 621 Methods in Field Epidemiology* *EPID 622 Disaster Epidemiology Methods* *EPID 623 Public Health Surveillance* *EPD 624 Cancer Epidemiology* *EPID 625 Environmental Epidemiology* *EPID 626 Perinatal and Reproductive Epidemiology* *EPID 627 Social Epidemiology* *EPID 628 Epidemiology of Aging* *EPID 629 Injury Epidemiology* *EPID 630 Cardiovascular Disease Epidemiology* *EPID 631 Analyzing Epidemiologic Data Using R* *EPID/NTDT 632 Nutrition Epidemiology* *EPID 633 Clinical and Translational Epidemiology* *EPID 634 Pharmacoepidemiology*	6
Electives (as applicable)		
Electives	Two (2) elective courses from approved list	6
	TOTAL CONCENTRATION CREDITS	**27**

[2] *Cross-listed course is approved for AY 2024-2025. Earlier iterations of course plans, syllabi and published documents will differ.*

Part B: Concentration requirements for MPH degree in Health Policy and Management		
Course number	**Course name**	**Credits (if applicable)**
APE & ILE courses (as applicable)		
EPID/SPPA 689	Applied Practice Experience *Note: Prior to AY 2024-2025, SPPA 858: Public Policy and Administration Practicum was used for this course. Earlier course plans, syllabi, or published documents may differ.*	3
EPID/SPPA 699	Integrative Learning Experience *Note: Prior to AY 2024-2025, UAPP 685: Capstone Project in Public Management and Policy was used for this course. Earlier course plans, syllabi, or published documents may differ.*	3
Concentration courses for the Health Policy and Management concentration		
UAPP 657	Health Policy	3
SPPA 621	Health Systems, Policy and Economics	3
UAPP 697	Leading Organizations in Public and Nonprofit Sectors	3

Varies	Two (2) additional Health Policy or Management Content Courses from the following: *Management* *UAPP 684 Performance Management and Program Evaluation* *UAPP 694 Financial Management in Public and Nonprofit Sectors* *UAPP 696 Human Resources in Public and Nonprofit Organizations* *UAPP 673 Governing Nonprofit Organizations* *UAPP 761 Conflict Resolution and Collaborative Problem Solving* *Policy* *UAPP 652 Geographic Information Systems in Public Policy* *UAPP 663 Decision Tools for Policy Analysis* *UAPP 701 Public Policy* *UAPP 707 Public Policy Analysis* *UAPP 709 Advanced Economics in Public and Nonprofit Sectors*	6
Electives (as applicable)		
Electives	Two (2) elective courses from approved list	6
	TOTAL CONCENTRATION CREDITS	**27**

2) List the required curriculum for each combined degree option in the same format as above, clearly indicating (using italics or shading) any requirements that differ from MPH students who are not completing a combined degree.

Not applicable.

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

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity[n]**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	EPID 605 – Introduction to Epidemiology	**Module 7, Activity 5, Q2:** Given a scenario and data, calculate and interpret RR **Module 7, Activity 5, Q3:** Given a scenario, create 2x2 table and calculate and interpret RR (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation - EPID 605 - EPID 605 Activity 5*)
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	EPID 605 – Introduction to Epidemiology	**Module 11, Activity 7, Q1:** Evaluate methods used in 2 scenarios to collect data, assess bias, identify a better way to collect data to reach study objective **Final Exam:** Given a scenario, describe how to collect data and type of data that will be collected (content presented in Module 12) (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation - EPID 605 > EPID 605 Activity 7 and EPID 605 Comp 2 Final Exam)*
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	EPID 603 – Biostat for Health Sciences I	**Quantitative data analysis:** The course covers correlation, t-tests, chi-square, linear regression in Excel and is assessed through homeworks and the Final Project **Qualitative Data Analysis:** For the final discussion board assignment, students practice conducting a qualitative analysis of previous discussion boards using Taguette. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - EPID 603 - EPID 603 Syllabus and EPID 603 Final Project and EPID 603 Qual Activity*)
4. Interpret results of data analysis for public health research, policy or practice	BHAN 820 – Social and Environmental Determinants of Health*	**Final Paper** Students complete an extensive literature search or secondary data analysis and use the data in the literature or the analysis to make recommendations for public health and health promotion programs and policies (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation – BHAN 820 – BHAN 820 Final Assignment and BHAN 820 Final Paper_review and Final Paper_data analysis)*
Public Health & Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings	SPPA 620 – Policy for Population Health	**Week 8 Concept Map:** A mini-lecture, group activities, and class discussion lead to individual reflection to analyze the impact of government structure on public health practice. Starting with a detailed exploration of the U. S. system and comparing to other governments, the discussion explores implications for the U.S. contribution to international health organizations. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - SPPA 620 - SPPA 620 ConceptMap*)
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels	SPPA 620 – Policy for Population Health	**Week 9 Agency Roleplay (Launch Meeting):** Students perform various tasks in preparation for an agency roleplay later in the term. They present ideas on target groups for health equity initiatives, assessing information needs, and describe health disparities and differences among the groups. Students explore factors that impact health equity at structural and systemic levels. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - SPPA 620 - SPPA 620 Roleplay, p. 2*)

Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	SPPA/EPID 606 – Environment and Public Health	**Module 7 Assignment 3 Public Health Laboratory Response):** Students write a letter summarizing the public health response to an event, including the identification of the needs, assets, and capacities highlighted in an assigned reading. Students then make recommendations on how existing resources could have been used to overcome deficits. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - SPPA 606 - SPPA 606 Assignment 3*)
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	BHAN 820 – Social and Environmental Determinants of Health*	**Week 6 Practice Activity:** Using resources provided, students reflect in a small group and assess how they would culturally tailor a program or policy that addresses social or environmental determinants of health. This is a group activity graded on both instructor evaluation of individual and group product, peer evaluation, and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 5*)
9. Design a population-based policy, program, project, or intervention	SPPA 620 – Policy for Population Health	**Week 12 Agency Roleplay (Draft Proposal):** Students present a draft policy targeting health equity in specified populations. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - SPPA 620 - SPPA 620 Roleplay, p. 4-5*)
10. Explain basic principles and tools of budget and resource management[1]	BHAN 820 – Social and Environmental Determinants of Health*	**Week 14 Practice Activity:** Students discuss the anticipated budget needs (staffing, space, program costs, community needs) for one year of Delaware's H.E.A.L.T.H. for All program and how the funds would be used to have the greatest impact on at-risk Delaware communities. Students present anticipated resources needed, a resource management plan for the year of the grant, and health equity considerations in using the funding. This is a group activity graded on both instructor evaluation of individual and group product, peer evaluation, and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 7*)
11. Select methods to evaluate public health programs	EPID 605 – Introduction to Epidemiology	**Module 13 Activity 10: Surveillance System Evaluation:** Students select criteria upon which to evaluate a surveillance system, choose a method to evaluate those criteria, and give a brief report of their findings (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation - EPID 605 - EPID 605 Activity 10*)
Policy in Public Health		
12. Discuss the policy-making process,[2] including the roles of ethics and evidence	SPPA 620 – Policy for Population Health	**Reading list:** Over the semester each student develops expertise in a health-adjacent policy area through guided selection and analysis of five (5) examples of policy writing. The examples include a nonprofit website brief (week 3), CQ Researcher report (week 5), Congressional floor statement (week 8), Congressional testimony (week 10), and an op-ed (week 13). This activity teaches students to analyze and discuss stages of the policymaking process (design, adoption, implementation, and evaluation) through the lens of official and unofficial policy actors. (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation – SPPA 620 – SPPA 620 Readinglist*)
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	SPPA 620 – Policy for Population Health	**Week 10-11 Agency Roleplay (Case Study):** Students prepare a policy memo documenting health disparities and proposing recommendations for addressing them. The strategies must demonstrate thought about how to bring the relevant communities and individuals together. (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation – SPPA 620 – SPPA 620 Roleplay, p. 3-4*)

14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations[3]	BHAN 820 – Social and Environmental Determinants of Health*	**Week 10 Practice Activity:** Students develop an advocacy plan to promote SNAP with community stakeholders and decision makers as a way to address social and environmental determinants of health. This is a group activity graded on instructor evaluation of individual and group product, peer evaluation, and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 1*)
15. Evaluate policies for their impact on public health and health equity	BHAN 820 – Social and Environmental Determinants of Health*	**Week 10 Practice Activity:** As part of their advocacy plan to promote SNAP with community stakeholders and decision makers, students evaluate SNAP and the impact it has on social determinants of health and health equity. This is a group activity graded on instructor evaluation of individual and group product, peer evaluation, and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 1*)
Leadership		
16. Apply leadership and/or management principles to address a relevant issue[4]	SPPA 620 – Policy for Population Health	**Week 10-13 Agency Roleplay (Group Discussion Board):** Students recommend a policy or intervention and identify agency referrals to best serve a target population. (*ERF Path: Criterion D> Criterion D2> D2.4 Syllabi and Supporting Documentation> SPPA 620 Policy for Population Health> CompetencyMapping.Assess3.docx, p2*)
17. Apply negotiation and mediation skills to address organizational or community challenges[5]	SPPA/EPID 606 – Environment and Public Health	**Module 5 Assignment 2 (Environmental Policy Paper):** Students are asked to review an environmental policy proposed in Congress and use negotiation and mediation skills to identify alterations or concessions to the bill that would have addressed opposition to the policy. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation – SPPA 606 – SPPA 606 Assignment 2*)
Communication		
18. Select communication strategies for different audiences and sectors	SPPA/EPID 606 – Environment and Public Health	**Various assignments and Final Exam Q13:** During the final exam students choose situations in which to use the communication strategies they have been applying throughout the semester. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation – SPPA 606 – SPPA 606 Final Exam, q. 13*)
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	SPPA 620 – Policy for Population Health	**Weeks 12-13 Agency Roleplay (Draft Proposal):** Students design a draft policy targeting health equity in specified populations. The memo is addressed to a mock agency and its board of directors. Students develop their written memos after peer review of their oral presentations. (*ERF: Criterion D2 – D2.4 Syllabi and Supporting Documentation – SPPA 620 – SPPA 620 Roleplay, p. 4-5*)
20. Describe the importance of cultural competence in communicating public health content	BHAN 820 – Social and Environmental Determinants of Health*	**Week 6 Practice Activity:** Using resources provided, students reflect in a small group and present a culturally tailored communication plan about a program or policy that addresses social or environmental determinants of health. This is a group activity graded on both group product and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 5*)

Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health[6]	EPID 605 – Epidemiology Methods 1	**Module 14 Reflection –** Students learn content from and engage in discussion with a senior researcher of avian respiratory viruses, and complete a written reflection about their questions, what they learned and how they would engage with agriculture colleagues. (*ERF Path: Criterion D > Criterion D2> D3.4 Syllabi and Supporting Documentation> EPID 605 > EPID 605 Interprofessional Reflection Fall 24.docx*)
Systems Thinking		
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative[7]	BHAN 820 – Social and Environmental Determinants of Health*	**Week 3 Practice Activity:** Students develop a conceptual framework using a systems thinking tool to show associations of social and environmental determinants of obesity-related health outcomes, including possible policy or program approach(es) of addressing obesity in the framework. This is a group activity graded on instructor evaluation of individual and group product, peer review, and individual reflection. (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Practice Activities, p. 3*) **Final Paper:** Individual development of a systems thinking tool is also a required component of the Final Paper (*ERF: Criterion D2 - D2.4 Syllabi and Supporting Documentation - BHAN 820 - BHAN 820 Final Assignment and BHAN 820 Final Paper_review and BHAN 820 Final Paper_data analysis*)
*BHAN 820 has been changed to a new course name for AY2024-2025 (HBNS/EPID 820)		

4) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D2-2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

Syllabi and assessment documentation are in folders by course name within ERF: D2.4 Syllabi and Supporting Documentation

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

Strengths: Although we are a young program, our small cohort size works to our advantage at this stage. We have flexibility as we plan and teach to make stepwise improvements in addressing and assessing competencies in a way that provides students optimal tools to demonstrate proficiency.

Weaknesses: Courses were originally designed in compliance with 2016 CEPH competencies. During 2022-23, the curriculum has undergone adjustments to meet 2021 competencies, but in some cases, this has resulted in competencies that are not as integrated into the overall curriculum flow, and/or don't fit as well with the course as previously. To address this, and to ensure that the entire curriculum remains well grounded in the values of the MPH, the MPH-PC and MPH Curriculum Committee introduced a "scope and sequence" review process to ensure that competencies are integrated and cohesive with the core curriculum coursework.

Plans for Improvement: The MPH-PC and MPH Curriculum Committee will introduce a "scope and sequence" review process to solidify the curriculum and create a formal process for identifying and documenting curricular changes (overall and within specific courses).

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level. These competencies articulate the unique set of knowledge and skills that justifies awarding a degree in the designated concentration (or generalist degree) and differentiates the degree offering from other concentrations offered by the unit, if applicable.

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D2 and D3.

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

Except for cases in which a program offers only one MPH or one DrPH concentration in the unit of accreditation, assessment opportunities must occur in the didactic courses that are required for the concentration.

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

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

Epidemiology Concentration		
Competency	**Course number(s) and name(s)**	**Assessment**
1. Use epidemiologic reasoning and appropriate analytic methods to identify, analyze, and address biases, such as confounding.	EPID 610 – Epidemiology Methods II	**Midterm and Final Exams:** Students use epidemiologic methods to assess the presence of confounding and use analytic methods to control for confounding. (*ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – EPI Concentration - EPID 610 - EPID 610 Exam Comp1 and EPID 610 CHS Research Day*)
2. Describe strengths and limitations of major epidemiologic study designs.	EPID 610 - Epidemiology Methods II	**Midterm and Final Exams:** Students interpret results from a scenario including strengths and limitations of the study design (*ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – EPI Concentration - EPID 610 - EPID 610 Exam Comp2*)
3. Apply appropriate data analysis and management techniques to analyze epidemiologic data.	EPID 604 - Intro to Analyzing Epi Data in SAS	**Final Project:** Students develop a putative causal research question, develop and carry out an analysis plan, and present findings. (*ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – EPI Concentration - EPID 604 - EPID 604 Project Description and EPID 605 Code Rubric and EPID 604 Presentation Rubric and EPID 604 Document Rubric*)
4. Present epidemiologic data in appropriate formats.	EPID 613 – Biostat for Health Sciences II	**2.0 SAS Lab:** Students analyze data, present in a graphical format, and assess whether this format is most appropriate for the data and how it could be improved (*ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – EPI Concentration - EPID 613 - EPID 613 SAS Lab*)
5. Demonstrate the use of epidemiologic data in evaluating health policy.	EPID 610 - Epidemiology Methods II	**Midterm and Final Exams:** Students are presented with findings from a policy change and asked to evaluate the usefulness of the policy based on the data presented (*ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – EPI Concentration - EPID 610 - EPID 610 Exam Comp5*)

Health Policy And Management Concentration		
Competency	**Course number(s) and name(s)**	**Assessment**
1. Use policy and management tools to analyze the effects of decisions on organizations and populations.	UAPP 697 – Leading Orgs in Public or Non-Profit Sectors	**Week 12, Leadership Analysis Paper.** Students write a 6+ page paper analyzing the decisions made in the Red Cross during 2001 by applying relevant concepts from the course.. *(ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – HPM Concentration - UAPP 697 - UAPP 697 Competency Mapping)*
2. Interpret and leverage economic analysis tools to inform policy and program implementation	SPPA 621 – Health Systems, Policy, and Economics	**Module 2:** Microeconomic Principles of Health Care and Health Insurance, and **Module 3:** Costs and Competition. Students complete problem sets using supply and demand curves, assess impact on healthcare supply markets *(ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – HPM Concentration – SPPA 621 – SPPA 621 Problem Set 1 and SPP 621 Problem Set 2)*

3. Apply knowledge of how the US healthcare system has developed or improved public health programs and policies.	UAPP 657 – Health Policy	7 Quizzes **throughout the course** address ways to develop policy or improve the US healthcare system *(ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – HPM Concentration - UAPP 657 - UAPP 657 Mapping Assessments)*
4. Communicate evidence-based options to address public health management and policy problems.	UAPP 657 – Health Policy	**Throughout the course**, students complete **Think Piece and Engagement assignments** for 3 of the 7 course modules of their choosing, by using information from assigned readings and discussing how policies could be used to improve components of the healthcare system. *(ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – HPM Concentration - UAPP 657 - UAPP 657 Mapping Assessments)*
5. Engage in dialog about complex health concepts to diverse audiences with respect for differing values and lived experiences.	SPPA 621 – Health Systems, Policy, and Economics	**Throughout the course**, students engage in topic-based **graded discussions** on health topics including health insurance and universal coverage, social determinants of health, addressing primary healthcare needs, and consolidation vs. coordination of healthcare. Students complete a **Policy Memo** at the end of the course, in which they analyze complex concepts and address diverse stakeholder concerns *(ERF: Criterion D4 - D4.3 Syllabi and Supporting Documentation – HPM Concentration – SPPA 621 – SPPA 621 Discussion Prompts and SPPA 621 Policy Memo Assignment and SPPA 621 Policy Memo Guidelines)*

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

Not applicable.

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D4-1, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.

Syllabi and assessment documentation are found in folders for each concentration by course name within the ERF: D4.3 – Syllabi and Supporting Documentation

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

Strengths: N/A

Weaknesses: Health Policy and Management concentration courses are shared with other Master's degree programs within the Biden School for Public Policy. In addition, due to faculty turnover, some concentration courses have recently been assigned to adjunct faculty.

Plans for improvement: To address recent faculty loss, the Biden School has two open tenure-track faculty searches. The MPH Curriculum and Program committees plan to evaluate available sequencing of Health Policy and Management concentration courses (in conjunction with all courses), assess student learning outcomes from these courses, obtain input from current and recent MPH-HPM students, and engage with upper-level administration on the need for support and coordination.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which reviews practical, applied work products that were produced for the site's use and benefit. Review of the student's performance in the APE must be based on at least two practical, non-academic work products AND on validating that the work products demonstrate the student's attainment of the designated competencies.

Examples of suitable work products include project plans, grant proposals, training manuals or lesson plans, surveys, memos, videos, podcasts, presentations, spreadsheets, websites, photos (with accompanying explanatory text), or other digital artifacts of learning. Reflection papers, contact hour logs, scholarly papers prepared to allow faculty to assess the experience, poster presentations, and other documents required for academic purposes may not be counted toward the minimum of two work products.

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

Students in UD's MPH degree program (all concentrations) are required to complete approximately 200 hours of applied practice experience as part of the curriculum. Students pursuing the MPH are expected to gain supervised experience in a professional setting that will allow them to successfully demonstrate competency attainment. Each student must identify a minimum of two (2) applied practice experience objectives that reflect the focus of the applied practice experience. In addition, students must demonstrate attainment of five (5) public health competencies through development and submission of at least two (2) products or deliverables resulting from the applied practice experience objectives. Three (3) public health competencies must be MPH core competencies and the remaining two (2) competencies must be concentration-specific competencies. Students are expected to complete the following minimum APE requirements:

1. Work Plan
2. Progress Memos
3. Final Summary Report
4. Final Presentation
5. Project Products and Deliverables
6. Preceptor (Site) Evaluation (completed by host site)

To obtain placement approval for the APE, students must develop a comprehensive practicum work plan. The work plan is prepared by the student (in collaboration with the host site) and is submitted for review and approval by the MPH Program prior to beginning the placement. The work plan outlines placement objectives, products/deliverables, and competencies. At the completion of the practice experience, students submit a minimum of two products (identified in the work plan) to the APE Course Instructor. Student products are assessed using the APE rubric. Initially all APE student submission materials were housed in UD's REDCap system

(Sp2020-Su2023). Starting in Fall 2023, students submit all APE-related materials into UDs CANVAS LMS (F2023-on). Full details about the process are outlined in the MPH APE Handbook and the course syllabus which are provided to students prior to the APE. Students are informed of APE requirements during new student orientation, through an APE Information Session conducted by the MPH Assistant Director, and through the sharing of APE materials in the MPH Program google drive. Ultimately students are responsible for the arrangement of activities of their practicum experience and must be sure that curriculum objectives and competencies of the degree program are met. MPH faculty and the MPH Assistant Director are available to assist students in defining their practicum experience objectives and to suggest host site contacts. Although students are responsible for this aspect of their curriculum, they must work closely with the MPH Assistant Director to ensure approvals are received for the practicum experience. Credits are earned for the APE through registration in the course that is approved as the Applied Practice Experience course (e.g., EPID/SPPA 689) during the term when the APE is completed. To receive academic credit for the practicum experience, students must sufficiently complete all requirements outlined in the APE handbook and course syllabus.

In addition to student materials and support, the MPH Program has also developed materials to recruit and prepare placement partners. These materials are shared with potential host sites and ongoing support is provided to preceptors throughout student placements. The next step in this process is to develop a more formalized Preceptor/Host Site orientation. The goal is to both increase the capacity of host sites and to also foster continued engagement and commitment from APE organizations.

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

The Applied Practice Experience student handbook, course syllabus, and Preceptor materials are located in ERF D5.2 APE Requirements

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

The following table summarizes the student samples that have been selected for demonstration of the APE requirements. Template D5-1 and samples of work products from six MPH-EPI students and five MPH-HPM students are located in ERF D5.3 Student Samples.

Table 5.3: Applied Practice Experience Sample Summary

Practice-based products that demonstrate MPH competency achievement: Epidemiology Concentration	
STUDENT 01 (Summer 2020)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Edible marijuana checklist Product 2: Food safety training presentation	CORE-MPH-11: Select methods to evaluate public health programs
	CORE-MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation
	CORE-MPH-15: Evaluate policies for their impact on public health and health equity
	CONC-MPH-EPI-1: Select an epidemiologic method appropriate to address an epidemiologic research question
	CONC-MPH-EPI-3: Apply an appropriate advanced data analysis and management technique to analyze epidemiologic data
STUDENT 02 (Winter 2024)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Nutrition Policy Scan Product 2: Nutrition Policy Framework	CORE-MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context
	CORE-MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	CORE-MPH-4: Interpret results of data analysis for public health research, policy or practice
	CORE-MPH-8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	CONC-MPH-EPI-3: Apply appropriate data analysis and management technique to analyze epidemiologic data
	CONC-MPH-EPI-4: Present epidemiologic data in appropriate formats
	CONC-MPH-EPI-5: Demonstrate the use of epidemiologic data in evaluating health policy
	CORE-MPH-20: Describe the importance of cultural competence in communicating public health content
	CORE-MPH-21: Integrate perspectives from other sectors and/or professions to promote and advance population health
STUDENT 03 (Summer 2021)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***

Product 1: Equity in Outdoor Recreation Executive Summary Product 2: Recommendation Memos Product 3: APE Placement Summary Report	CORE-MPH-15: Evaluate policies for their impact on public health and health equity
	CORE-MPH-6: Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels
	CONC-MPH-EPI-2: Describe strengths and limitations of major epidemiologic study designs
	CORE-MPH-7: Assess population needs, assets, and capacities that affect communities' health
	CONC-MPH-EPI-5: Demonstrate the use of epidemiologic data in evaluating policy
STUDENT 04 (Fall 2022)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Incident Management Team Survey Product 2: Survey Distribution Plan Product 3: Pandemic Response Plan Draft	CORE-MPH-7: Assess population needs, assets, and capacities that affect communities' health
	CORE-MPH-9: Design a population-based policy, program, project, or intervention
	CORE-MPH-13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	CORE-MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context
	CONC-MPH-EPI-4: Compare at least two reporting formats used to communicate epidemiologic data to a variety of audiences
	CONC-MPH-EPI-5: Explain the role of epidemiology in developing public health policy
STUDENT 05 (Summer 2023)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Community Survey Product 2: Asset Map Product 3: Road Diet Poster Outline Product 4: Survey Data Summary	CORE-MPH-3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	CORE-MPH-4: Interpret results of data analysis for public health research, policy, or practice
	CORE-MPH-7: Assess population needs, assets, and capacities that affect communities' health
	CONC-MPH-EPI-1: Select an epidemiologic method appropriate to address an epidemiologic research question
	CONC-MPH-EPI-3: Apply an appropriate advanced data analysis and management technique to analyze epidemiologic data
STUDENT 06 (Summer 2023)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***

Product 1: Literature Review Product 2: Community Survey Product 3: Community Educational Materials	CORE-MPH-7: Assess population needs, assets, and capacities that affect communities' health
	CORE-MPH-18: Select communication strategies for different audiences and sectors
	CORE-MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation
	CONC-MPH-EPI-3: Apply an appropriate advanced data analysis and management technique to analyze epidemiologic data
	CONC-MPH-EPI-1: Select an epidemiologic method appropriate to address an epidemiologic research question
**Student samples reflect multiple cohorts. Some competency language changed or was improved over time so they may differ from what is currently listed in the D2 and D4 criteria.*	

Practice-based products that demonstrate MPH competency achievement: Health Policy and Management Concentration	
STUDENT 01 (Spring 2020)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Policy Scan Product 2: Confidentiality Fact Sheet Product 3: Full Policy Brief	CORE-MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations
	CORE-MPH-15: Evaluate policies for their impact on public health and health equity
	CORE-MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation
	CONC-MPH-HPM-1: Use policy and management tools to evaluate implications of specific programs, policies, or interventions on organizations or populations
	CONC-MPH-HPM-5: Recommend and justify policies or organizational initiatives for implementation after examining their feasibility and implications
STUDENT 02 (Summer 2021)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Literature Review Product 2: Annotated Bibliography Product 3: Logic Model	CORE-MPH-15: Evaluate policies for their impact on public health and health equity
	CONC-MPH-HPM-5: Apply project management and strategic management tools to create public health program goals, strategies, and objectives
	CORE-MPH-14: Advocate for political, social or economic policies and programs that will improve health in diverse populations
	CONC-MPH-HPM-1: Use policy and management tools to make recommendations and evaluate implications of specific programs, policies, and interventions on organizations and populations
	CORE-MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation
STUDENT 03 (Summer 2022)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Telehealth Information Training Product 2: E-cigarette Fact Sheet Product 3: Material Dissemination Tracking	CORE-MPH-19: Communicate audience-appropriate public health content, both in writing and through oral presentation
	CORE-MPH-7: Assess population needs, assets, and capacities that affect communities' health
	CONC-MPH-HPM-4: Communicate evidence-based options to address public health management and policy problems
	CORE-MPH-9: Design a population-based policy, program, project, or intervention
	CONC-MPH-HPM-2: Interpret and leverage economic analysis tools to inform policy and program implementation
STUDENT 04 (Summer 2022)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***

Product 1: PDCA Report Product 2: Playstreets Evaluation Report	CORE-MPH-2: Select quantitative and qualitative data collection methods appropriate for a given public health context
	CORE-MPH-11: Select methods to evaluate public health programs
	CONC-MPH-HPM-1: Use policy and management tools to make recommendations and evaluate implications of specific programs, policies, and interventions on organizations and populations
	CONC-MPH-HPM-4: Communicate evidence-based options to address public health management and policy problems
	CORE-MPH-21: Integrate perspectives from other sectors and/or professions to promote and advance population health
STUDENT 05 (Summer 2023)	
Specific products in the portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Product 1: Fiscal Note (Cost Summary) for Delaware CHW Program Product 2: Findings and Recommendations presentation	CORE-MPH-5: Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings
	CORE-MPH-10: Explain basic principles and tools of budget and resource management
	CORE-MPH-21: Integrate perspectives from other sectors and/or professions to promote and advance population health
	CORE-MPH-22: Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative
	CONC-MPH-HPM-2: Interpret and leverage economic analysis tools to inform policy and program implementation
	CONC-MPH-HPM-3: Apply knowledge of the US healthcare system to develop or improve public health programs and policies
	CONC-MPH-HPM-4: Communicate evidence-based options to address public health management and policy problems
**Student samples reflect multiple cohorts. Some competency language changed or was improved over time so they may differ from what is currently listed in the D2 and D4 criteria.*	

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

Strengths: The MPH Program is fortunate to be co-housed with the Partnership for Healthy Communities to support a diversity of community-based placement opportunities for MPH students. PHC is an integral part of facilitating collaboration between the MPH Program and community partners and creating robust opportunities for community engagement for students.

Weaknesses: The MPH Program has engaged in ongoing changes/modifications to concentration competencies, which has required updates to APE materials and differences in assessment of student work over time. In addition, the MPH had not utilized a standardized orientation process for practicum preceptors to ensure adequate preparation for supervising MPH student placements. The MPH Program also encountered more limited opportunities for epidemiology-specific placements as opposed to general public health placements. This can make it challenging for some students to fully demonstrate advanced epidemiology competencies during their placements.

Plans for Improvement: The MPH Program plans to formalize an orientation for preceptors to improve understanding of competencies and practicum requirements. The PHC Program Manager will oversee rollout and will collaborate with the MPH Student Engagement Committee to develop the orientation materials and training. For the advanced epidemiology competencies, the MPH Program plans to engage employer partners to increase the number of epidemiology-specific oriented opportunities for student placements.

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

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

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

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

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

The Integrative Learning Experience for UD's MPH Program has undergone changes over the last several years. In the beginning, the ILE was offered separately within each concentration and was fully managed and proctored by each concentration. The MPH-EPI concentration conducted the ILE as a full-semester course offered to students in their final semester (spring). The MPH-EPI ILE course provided students with a variety of professional development modules (guest speakers, UD Career Center workshops) and guided students through the development and completion of a culminating course project. The MPH-HPM concentration conducted the ILE through an existing capstone course within the Biden School. All MPH-HPM students enrolled in the ILE completed a group research project (students were assessed individually but completed group products). Beginning in AY 2024-2025, the ILE course will be a combined, cross-listed course taken by all MPH students regardless of concentration. The ILE will maintain the structure currently used by the MPH-EPI concentration (full-semester course with professional development modules and completion of individual final projects). The ILE is described in further detail in Template D-7 below.

MPH Integrative Learning Experience for Epidemiology Concentration	
Integrative Learning Experience	**How competencies are synthesized**
EPID/SPPA 699 - Integrative Learning Experience (Spring 2023 - Ongoing) · Semester-long course with professional development modules · Final Assignment – Preparation of a literature review that is used to complete a written Congressional testimony on an approved topic and an oral presentation	Three competencies are pre-determined for all students - two core competencies and one concentration competency (Epi students will be assessed on one Epi concentration competency). The assignment is structured to assess demonstration of the selected competencies. The ILE course instructor uses a rubric populated with the competencies to assess the student's ability to appropriately integrate and synthesize.

MPH Integrative Learning Experience for Health Policy and Management Concentration	
Integrative Learning Experience	**How competencies are synthesized**

EPID 699/SPPA 699 - Integrative Learning Experience (Fall 2024 - Ongoing) · Semester-long course with professional development modules · Final Assignment - Preparation of a literature review that is used to complete a written Congressional testimony on an approved topic and an oral presentation	Three competencies are pre-determined for all students - two core competencies and one concentration competency (HPM students will be assessed on an HPM concentration competency). The assignment is structured to assess demonstration of the selected competencies. The ILE course instructor uses a rubric populated with the competencies to assess the student's ability to appropriately integrate and synthesize.

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

Process

The current iteration of the Integrative Learning Experience for UD's MPH Program is coordinated through the ILE course: EPID/SPPA 699. This course is offered in the fall and spring semesters and is to be completed in the students' final semester. The ILE is structured as a 14-week course formatted as a professional development and career readiness seminar that includes the completion of the final capstone project and presentation.

Expectations

All MPH students enrolled in the ILE course are required to conduct a literature review that is used to complete a written Congressional testimony on an approved topic and give an oral presentation. Both products will demonstrate two foundational competencies and one EPI concentration competency or one HPM concentration competency. The competencies are the same for all students in the associated concentrations.

Assessment

Assessment of the ILE final project and presentation involves the use of a grading rubric. Assessment is conducted by the ILE course instructor to determine the extent to which the student has demonstrated synthesis of the three competencies.

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

The syllabus for the ILE course (EPID/SPPA 699) is in ERF D7.3 ILE Requirements.

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

The ILE final project and presentation grading rubric is in ERF D7.4 Methods of Competency Assessment.

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

Examples of student ILE projects are in ERF D7.5 Student Samples. *Please note: the student samples provided represent MPH-EPI students only since MPH-HPM students will not begin taking the new combined ILE course until AY2024-2025.*

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

Strengths: A major strength of the ILE (that will continue in the combined course) is the focus on professional development and preparation for MPH students. Students provide positive feedback about the career advising and professional preparation content included in the semester-long course. One idea being examined based on student feedback is to modify the current 3-credit course to instead have the culminating ILE course become 2 credits to then be able to add a 1-credit seminar during the first semester of the MPH Program to provide incoming students with some of the valuable career and academic resource information currently available through the ILE course.

Weaknesses: The ILE has been one area of the MPH curriculum that has undergone significant changes and improvement informed by the accreditation process.

Plans for Improvement: The MPH Program looks forward to transitioning in AY 2024-2025 to the ILE becoming a shared, cross-listed course for all MPH students (regardless of concentration) and feels this modification will strengthen the Program's integrative learning experience.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D10. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D11. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D12. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D13. MPH Program Length

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

Programs use university definitions for credit hours.

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

The MPH degree requires completion of a minimum of 42 semester credits regardless of concentration. The completion of 42 credit hours ensures that graduates are grounded in 12 foundational public health knowledge areas, 22 foundational competencies, and 5 Epidemiology or Health Policy and Management concentration-specific competencies. A sample course plan for full-time students by concentration based on AY 2024-2025 requirements is provided below (part-time course plans are available upon student request).

MPH in Epidemiology 2-year Course Plan	
FIRST YEAR	
Fall	EPID 603 Biostat for Health Sciences I EPID 605 Epidemiology Methods I SPPA 620 Policy for Population Health
Spring	SPPA/EPID 606 Environment and Public Health EPID 610 Epidemiology Methods II EPID 613 Biostat for Health Sciences II EPID 604 Intro to Epidemiologic Data Analysis in SAS
Summer	EPID 689 Applied Practice Experience (Required Practicum)
SECOND YEAR	
Fall	HBNS/EPID 820 Social and Environmental Determinants of Health Epidemiology Content Courses and Electives (6 credits)
Spring	Epidemiology Content Courses and Electives (6 credits) EPID 699 Integrative Learning Experience (Required Capstone)

MPH in Health Policy and Management 15-month Course Plan	
FIRST YEAR	
Fall	EPID 603 Biostat for Health Sciences I EPID 605 Epidemiology Methods I SPPA 620 Policy for Population Health UAPP 657 Health Policy
Winter	SPPA 621 Health Systems, Policy, and Economics
Spring	SPPA/EPID 606 Environment and Public Health HBNS/EPID 820 Social and Environmental Determinants of Health UAPP 697 Leading Organizations in Public and Nonprofit Sectors Elective Course or Cluster Course (3 credits)
Summer	EPID/SPPA 689 Applied Practice Experience (Required Practicum)
SECOND YEAR	

Fall	EPID/SPPA 699 Integrative Learning Experience Cluster Course (3 credits) Cluster Course (3 credits) Elective Course or Cluster Course (3 credits)

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

The MPH Program establishes credit hours based on University policy. The policy is outlined in the University of Delaware Academic Catalog. Calculation of credit hours at UD are consistent with the U.S. Department of Education's definition of a credit hour and in compliance with policies set forth by the Middle States Commission on Higher Education.

UD defines a credit hour as an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

- one hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time.
- at least an equivalent amount of work for other academic activities (e.g., laboratory work, internships, practica).

D14. DrPH Program Length

Not applicable.

D15. Bachelor's Degree Program Length

Not applicable.

D16. Academic and Highly Specialized Public Health Master's Degrees

Not applicable.

D17. Academic Public Health Doctoral Degrees

Not applicable.

D18. All Remaining Degrees

Not applicable.

D19. Distance Education

Not applicable.

6: Section E

E 1. Faculty Alignment with Degrees Offered

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

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

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

E1-1: Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Yendelela Cuffee	Assistant Professor	Tenure Track	MPH PhD	New York Medical College University of Massachusetts Medical School	Epidemiology Clinical & Population Health	Epidemiology
Elizabeth Fournier	Associate Professor	Continuing Track (Non-Tenure)	PhD	University of North Carolina, Chapel Hill	Public Policy	Health Policy & Management
Daniel Harris	Assistant Professor	Tenure Track	MPH PhD	Brown University University of Toronto	Epidemiology	Epidemiology
Jennifer Horney	Professor	Tenured	MPH PhD	University of North Carolina, Chapel Hill	Epidemiology	Epidemiology
Amy Nelson	Assistant Professor	Continuing Track (Non-Tenure)	MPH PhD	University of Michigan, Ann Arbor University of North Carolina, Chapel Hill	Epidemiology	Epidemiology Health Policy & Management
Tarang Parekh	Assistant Professor	Tenure Track	MS PhD	George Mason University	Health & Medical Policy Health Services Research	Epidemiology
Jee Won Park	Assistant Professor	Tenure Track	MPH PhD	Seoul National University University of California Los Angeles	Epidemiology	Epidemiology

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

E1-2: -Non-Primary Instructional Faculty Regularly Involved in Instruction

Name	Academic Rank	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Benjamin Brewer	Adjunct Assistant Professor	Biostatistician, University of Delaware	0.25	MS PhD	Duke University University of Kansas, Medical Center	Biostatistics	Epidemiology
Lauren Camphausen	Adjunct Instructor	MPH Assistant Director, University of Delaware	0.10	BA	University of Maryland, College Park	Sociology	Epidemiology
Shannon Grabich	Adjunct Assistant Professor	Director, Global Medical Affairs	0.10	MS PhD	Kennesaw State University University of North Carolina, Chapel Hill	Applied Statistics Epidemiology	Epidemiology
Mary Mitsdarffer	Assistant Professor	Assistant Professor, University of Delaware	0.25	MPH PhD	St. Joseph's University Rutgers University	Health Policy Childhood Studies	Health Policy & Management
Simone Rosenblum	Adjunct Instructor	Teaching Assistant, Australia and New Zealand School of Government	0.10	MS MS	Georgia Institute of Technology University of Georgia	Public Policy Agriculture and Applied Economics	Health Policy & Management
Laurie Ruggiero	Professor	Professor, University of Delaware	0.10	MA PhD	Louisiana State University	Clinical Psychology	Health Policy & Management

Note: The MPH Assistant Director is listed as Non-PIF because she has regular responsibility as the instructor of record for the Applied Practice Experience course (EPID 689).

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

CVs for all named MPH faculty listed above are located in ERF: E1.3 Faculty CVs.

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

The MPH Program's faculty resources have steadily increased since its inception in AY 2019-2020. In the earlier years, the Program relied on adjunct faculty to pick up teaching workload. Currently, the Program is fortunate to have 9 faculty members employed by the University affiliated with the MPH Program. Of these, 7 are Primary Instructional Faculty. In addition, the MPH Assistant Director (staff) has regular responsibility for the Applied Practice Experience course. The MPH Program also has an additional PIF who joins the University for the AY 2024-2025 academic year (*Daniel Harris, listed in E1-1 above*). While there is still occasional need for the use of adjunct faculty (to supplement fluctuations in faculty workloads and/or to provide topic expertise to the curriculum), at present, the Program has minimized the use of adjunct faculty overall.

The MPH Program Faculty bring varied expertise and backgrounds to the Program, which enriches the Program's curriculum and scholarship. The MPH Program is also focused on a hiring plan that balances the hiring of Tenure-Track faculty and Continuing-Track faculty to include both research/academic and practice-based expertise within the Program.

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

Strengths: Due to its cross-disciplinary structure, the MPH Program has an opportunity to develop unique interdisciplinary contributions to the field of public health for faculty, students, and practitioners. The partnership between CHS and the Biden School brings diverse perspectives and expertise for the study and implementation of policies and programs that impact population health.

Weaknesses: The governance of a cross-disciplinary endeavor presents challenges to the development and sharing of resources for the MPH program.

Plans for Improvement: Following recent turnover in faculty and leadership at the Biden School, the MPH program has renewed its commitment to identifying opportunities for integrating resources. For example, the program has cross-listed the APE and ILE courses so that faculty resources can be more effectively shared.

E2. Integration of Faculty with Practice Experience

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

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

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, other than faculty members' participation in extramural service, as discussed in Criterion E5. The unit may identify full-time faculty with prior employment experience in practice settings outside of academia, and/or units may describe employment of part-time practice-based faculty, use of guest lecturers from the practice community, etc.**

The MPH Program places a high priority on applied public health and the integration of practice perspectives into classroom, community engagement, and other activities. Dr. Amy Nelson, PhD, MPH, has worked in the U.S., Central America, Asia, and Africa developing training materials for front-line public health workers for programs including the Centers for Disease Control and Prevention's Field Epidemiology Training Program (FETP) and on influenza and Ebola surveillance and response. Dr. Tarang Parekh's research and teaching on the role of the Social Determinants of Health in health inequities was informed by his time spent working as a physician with Doctors Without Borders on the Indian/Myanmar border. A long-serving adjunct faculty for the Program's biostatistics courses, Dr. Shannon Grabich, currently works in a Real World Evidence (RWE) consulting practice focused on pharmacoepidemiology. Many MPH students express an interest in working in pharmaceutical development due to the strong presence of this industry in the Mid-Atlantic region and routinely look to Dr. Grabich for information about the field and professional networking. In addition to this in-house experience and expertise, the MPH Program involves guest speakers from across the scope of public health practice in courses, particularly as part of our Integrative Learning Experience, which features speakers from governmental public health and other federal agencies, real-world evidence, and clinical epidemiology, among others. The Program is also engaged in the ongoing development of an Academic Health Department with partners at the Delaware Division of Public Health, using a logic model to guide a continuous improvement process to guide the growth of the MPH Program in ways that meet the needs of the Division of Public Health.

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

Not applicable.

E3. Faculty Instructional Effectiveness

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

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

The program supports professional development and advancement in instructional effectiveness.

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

The MPH Program at UD relies on university-, college-, and program-level policies and processes to ensure faculty instructional effectiveness. Two formal mechanisms for evaluating instructional effectiveness include course evaluations and faculty annual evaluations.

Annual evaluations provide administrators, faculty, professionals, and staff an opportunity to meet with their immediate supervisors for a personal review of activities and accomplishments and a planning session for future objectives and goals. The intent of the annual evaluation procedure is to: provide the faculty member and the chair with an opportunity for personal review; provide an accurate means of planning and evaluation of a faculty member's professional growth and development; and provide each faculty member and the University with timely and documented information concerning the faculty member's achievements and goals. For each of the three areas (teaching, research, and service), the chair writes a narrative appraisal of the faculty member's relevant activities and then rates the faculty member's performance on that activity.

In addition to faculty evaluations, all MPH courses (and faculty) participate in the University's course evaluation system. UD's course evaluation system is an online survey process made available to all students registered into a particular course at the end of each term. The structure of course evaluations is outlined in the Faculty Handbook. Content of course evaluations is managed by the course owner (department) and can also include additional questions at the discretion of faculty members. Course evaluations are reviewed by faculty, the department chair, and by the MPH Director and Assistant Director for all MPH-affiliated courses. Data is used to inform necessary changes to course content or structure based on student feedback. In addition, course evaluation data are included in faculty appraisals and dossiers for promotion and tenure.

At the college level, faculty peer evaluations are available annually. Each of these elements is reviewed annually during the annual approval process with the Chair, and bi-annually as part of the respective College's Tenure and Promotion Committees. *For more detailed information, see the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.*

2) Describe available university and programmatic support for continuous improvement in teaching practices and student learning. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

At the university level, the Center for Teaching and Assessment of Learning (CTAL) is available to faculty at any time through an in-person and Zoom drop in as well as for semester-long and multi-day intensive programs scheduled during University breaks. Specific support is provided to faculty around optimizing the use of a number of available instructional tools, such as CANVAS and Perusall. Examples of faculty

engagement with professional development resources include:

- The Program's Epidemiology Methods I course includes a lab component where students do readings from the epidemiologic literature. As classes switched online and then to hybrid following COVID-19, CTAL was engaged with MPH Program faculty in developing new ways to engage student teams in the readings and the lab assignments.
- MPH Program Assistant Professor Jee Won Park worked with CTAL's Education Technology Consultant group to redesign the CANVAS site for Epidemiology Methods II. This allowed for the integration of SAS OnDemand, which improved the student experience over the use of the VPN or computer laboratories and allowed for the synchronization of the curriculum in Epidemiology Methods II with Biostatistics II.
- MPH Program Assistant Professor Yendelela Cuffee attended the Society of Behavioral Medicine Mid-Career Leadership Program focused on development and implementation of qualitative and mixed methods courses. She will integrate these research approaches and methods into the MPH curriculum, including her MPH Core course.
- Elizabeth Fournier is a member of the CTAL Professional Learning Community (PLC) created to collect perspectives from across the University on teaching effectiveness with respect to student engagement. The undergraduate course she leads was one of four selected to be featured in the University's inaugural Open Teaching Day in September 2023. Similar strategies are employed to foster collaborative learning among newly admitted MPH students.

3) Describe means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current.

All TT faculty receive start-up funding packages that include participation in external professional development activities. Continuing-track faculty do not receive research start-up funds but do receive up to $5,000 per year to be used for professional development centered around teaching if the primary focus of their appointment is teaching. All faculty have access to programs and resources available from CTAL, which includes regular seminars, course design institutes, and faculty learning communities, among other initiatives. Examples of faculty engaging in professional development include:

- **Dr. Yendelela Cuffee (TT Faculty)** is currently completing a certificate program in qualitative research methods through the Society of Behavioral Medicine Mid-Career Leadership Institute at the University of Oxford. Dr. Cuffee is completing the program to strengthen the use of qualitative methods in her research and to also expand MPH program course offerings related to qualitative research.
- **Dr. Jee Won Park (TT Faculty)** participated in UD's NIH Proposal Academy coordinated by the UD Research Office. The competitive program is designed to prepare participating faculty and researchers to become competitive and successful NIH grantees.
- **Dr. Mary Mitsdarffer (CT Faculty)** participated in UD's ACHIEVE Program through UD Faculty Affairs. UD ACHIEVE fosters supportive communities where faculty members are challenged and celebrated in their respective journeys to become more productive scholars while maintaining work-life balance. UD ACHIEVE Program offers faculty several programs including our highly successful small-group mentoring program Write-On Site sessions, regular semester planning meetings, and targeted workshops for dossier preparation and mentoring early and mid-career faculty.

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

Each College or School maintains faculty-approved guidelines for tenure and promotion (TT faculty) and promotion (CT faculty) that include an assessment of instructional effectiveness appropriate for faculty at each rank. Elements of these guidelines include faculty peer evaluations and student feedback. In addition, the criteria recognize the development of new and innovative courses or course materials. In addition to classroom teaching, guidelines also include recognition of high quality and innovative teaching outside the classroom, such as mentoring undergraduate and graduate students.

5) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.

The MPH Program uses three indicators to monitor instructional effectiveness: faculty annual review completion rates; student satisfaction with instructional quality; and the number of MPH courses that involve community practitioners. These indicators are reviewed and monitored on an annual basis to ascertain faculty performance and to identify areas of needed support or resources for faculty. The University has a comprehensive and robust faculty review process and much of the information about faculty performance is derived from the annual review. Given this, the program prioritizes annual review completion for all faculty (adjunct faculty not included). Student perceptions of faculty instructional effectiveness are also an important component of faculty success. Thus, student data is included in the Program's monitoring of faculty performance. The main source of student data is from the MPH Student Exit Survey; however, the Program supplements the Exit Survey data with feedback from University course evaluations. The MPH Program also values the importance of incorporating practice-based perspectives into course content and instruction. To this end, the MPH Program routinely monitors the degree to which courses include or involve community-based practitioners and has a goal of at least 1/3 of the MPH courses including community-based practitioners (min. 4 courses). Involvement ranges from guest lectures/ presentations to the use of community-based practitioners as adjunct instructors.

Indicator of Instructional Effectiveness	**Target**	**AY 2020-2021**	**AY 2021-2022**	**AY 2022-2023**
Annual or other regular reviews of faculty productivity, relation of scholarship to instruction	**100%**	100%	100%	100%
Student satisfaction with instructional quality*	**75% *(extremely-moderately)***			
	Extremely Satisfied	60%	36%	20%
	Satisfied	20%	36%	60%
	Moderately Satisfied	20%	27%	20%
	Slightly Satisfied	0%	0%	0%
	Not At All Satisfied	0%	0%	0%
Number of courses that involve community-based practitioners	**At least 1/3 of MPH courses**	4	3	4
**Student satisfaction with instruction quality is measured by the MPH Student Exit survey.*				

The following MPH courses routinely utilize community-based/external practitioners for guest lectures: EPID 605 Epidemiology Methods I, EPID 621 Field Epidemiology, EPID 627 Social Epidemiology, SPPA/EPID 699 Integrative Learning Experience, and SPPA 606 Environment and Public Health.

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

Not applicable.

E4. Faculty Scholarship

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

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

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

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

The MPH Program follows the guidelines set forth in the University's Faculty Handbook for defining expectations regarding faculty research and scholarly activities. Research and Scholarship are a component of faculty workload and are determined by the faculty's home department chair. Faculty workload is reviewed annually and goals and expectations around research and scholarship are established and discussed in the faculty's annual review. The Faculty Handbook defines research and scholarship by providing the following examples: Dissemination of research (books, book chapters, and peer-reviewed journal articles), including basic and applied discovery, teaching pedagogy, and community-based, contractual, and patent discovery, etc.; Creative activities such as plays (creation, production, and/or performance), poetry, fiction, music (composition and/or performance), art and dance exhibitions, etc.; Presentation of scholarly work at appropriate colloquia, seminars, conferences, and lectures; Grants and contracts awarded to conduct research; Translational and application of research for community engagement; Cooperative Extension and applied technical publications; and/or, Creation of and contributions to software projects. *For more detailed information, see the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.*

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

The MPH Program has access to university and college-level resources to support research and scholarly activities. At the university-level, the UD Research Office provides support for UD faculty and scholars as they pursue research sponsored by governmental and non-governmental agencies and develop new innovations. Research Office staff help ensure compliance with all policies and procedures associated with the responsible conduct of research, foster the transfer of inventions and technologies into commercially marketable products, and assist in communicating UD research achievements to the public.

At the college level, the MPH Program has access to the CHS or Biden School's grants management office. They oversee proposal preparation, including organizing the administrative portion of the proposal process for all sponsors and mechanisms; support award management, including set-up, financial oversight, and closeout; and interface with UD Research Office, subcontract administrators, and administrators for cross-college collaboration.

The MPH Program also has direct access to UD's Biostatistics Core housed within the Epidemiology Program. The Core provides statistical support to the College of Health Sciences and collaborators across the University through methodological expertise for use in study design and the development of analysis plans for grant proposals and externally funded research. The Core maintains lead statistical roles in a number of randomized control trials (RCT) and the COBRE on Cardiovascular Health. Core members participate in Delaware-CTR ACCEL's BERD Core (Biostatistics, Epidemiology, & Research Design) and interface with UD's Data Science Institute.

TT Faculty receive support in the form of "start-up" funds to help contribute to faculty research and service initiatives. Start-up funds are allocated based on expressed needs for support in the form of equipment, supplies, personnel, etc. that are reasonable for enabling the "start-up" of a new faculty member's research program. These funds are intended to support the initial launch of the faculty member's research, with the understanding that ongoing support should come from funded grants.

The University also provides opportunities for seed grant funds to support research, scholarship, and creative activities through annual university-wide competitions. Seed grant funds are merit-based grants designed to help launch an idea leading to future external sponsorship of research. Several of the seed grant mechanisms are administered by the Research Office on an annual basis but the University also offers limited one-time opportunities as well.

3) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. This response should focus on instances in which students were employed or volunteered to assist faculty in faculty research projects and/or independent student projects that arose from or were related to a faculty member's existing research.

The MPH Program consistently provides students with paid and unpaid research opportunities. Due to the small number of PhD students in the Epidemiology doctoral program, there are ample opportunities for MPH students to participate in MPH faculty research projects. On average, around one-third of MPH students receive a research funding award (full Research Assistantship, part-time Research Assistantship, or hourly research position). In addition to funded opportunities, students are encouraged to participate in volunteer opportunities on research projects. Table E4 describes key examples of student involvement in MPH Program research.

Table E4: Exemplars of Student Engagement in Research

Faculty	Research Project	Student Involvement
Dr. Jennifer Horney	National Science Foundation - Domestic Violence and COVID research project	The study utilizes a current MPH student to assist with development of interview protocol design, theme-coding, literature reviews, article drafting, survey development, data analysis, and conference/poster presentations.
Dr. Jennifer Horney	Delaware Developmental Disabilities Council - COVID Impact Study	The study utilizes a current MPH student to assist in development of survey instrument and administration of survey; data entry and analysis; development of focus group protocol and facilitation of focus groups; theme-coding; article and report drafting.
Dr. Yendelela Cuffee	Cardiovascular Research Lab	Dr. Cuffee facilitates student volunteer research opportunities on her funded research projects through the creation of a research lab. Dr. Cuffee meets with students regularly to assign them project-based tasks.

Dr. Jennifer Horney & Dr. Yendelela Cuffee	State of Delaware State Health Needs Assessment (SHNA) and State Health Improvement Plan (SHIP)	The MPH Program (in collaboration with PHC) supports a GA position filled by a current MPH student. The student provides direct assistance with the development of Delaware's SHNA and SHIP. This includes development of a field survey; field data collection using the Community Assessment for Public Health Emergency Response (CASPER) method, data entry/ data cleaning, data analysis, and SHNA/SHIP report drafting. In addition, the MPH Program engaged student volunteers to assist with conducting CASPER field data collection and facilitating community focus groups.

4) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible.

Recent examples of integration of faculty research into MPH Program courses are described in the table below:

Faculty	Course	Example
Dr. Jennifer Horney	EPID 622: Disaster Epidemiology	Dr. Horney routinely includes examples from current and prior disaster research as tangible examples of concepts taught in her Disaster Epidemiology course. Dr. Horney provides tabletop exercises based on real events and allows students to work in teams that mirror an actual public health emergency response.
Dr. Yendelela Cuffee	EPID 627: Social Epidemiology	In her Social Epidemiology course, Dr. Cuffee utilizes examples from her own research to introduce students to Motivational Interviewing as a data collection method. Dr. Cuffee provides examples from community-based research on cardiovascular health.
Dr. Jee Won Park	EPID 610: Epi Methods II	In his Epidemiology Methods II course, Dr. Park provides examples directly from his research studies to exemplify the use of causal directed acyclic graphs (DAGs) in identifying potential causal and biasing paths from exposure to outcomes. Dr. Park also uses examples from his current research studies to illustrate the use of the Cox proportional hazards model to analyze time to event data.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Progress in the areas of teaching, research, and service are a significant consideration in faculty promotion and tenure and is guided by faculty workload and the goals and responsibilities outlined in previous appraisals.

Since the mission of the University encompasses teaching, scholarship and service, faculty members are expected to advance in all three areas (guided by faculty workload). Scholarship, whether in the form of research, publication, or professional development is a significant part of each person's contribution to the academic community. Everyone must pursue some form of scholarly activity. Specific expectations around type and scope of research activity are determined as part of faculty annual reviews under the direction of home department chairs. Promotion and tenure requires evidence that significant achievements have been

and will continue to be made. *For more detailed information, see the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.*

6) Provide quantitative data on the unit's scholarly activities from the last three years in the format of Template E4-1, with the unit's self-defined target level on each measure for reference. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target***	**AY 2020-2021**	**AY 2021-2022**	**AY 2022-2023**
Percent of MPH faculty (PIF) participating in research activity	**65%**	100%	100%	67%
Number of grant submissions	**10**	17	12	9
Total research funding	**$1.0 mil**	$1,145,626	$1,593,669	$1,032,000
**Based on number of PIF; Targets will be adjusted as program expands*				

Overall, MPH Program faculty are extremely active in research and are heavily engaged in research proposal submissions. MPH Program faculty have been highly successful in receiving research awards. For the most recently completed academic year, 89% of submitted proposals were awarded funding (PIF faculty only). There have been significant faculty changes over the last three years, including two faculty leaving the University, one faculty leaving the MPH Program, and five new faculty hires (2 TT faculty and 3 CT faculty). Two of the 3 CT faculty hires have nearly all their workload split between teaching and service and thus do not routinely engage in research.

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

Not applicable.

E5. Faculty Extramural Service

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

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

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

The MPH Program generally follows the definitions and expectations for extramural service activity as outlined in the University's Faculty Handbook. However, service is a critical component of the public health program, and UD's MPH Program places a strong emphasis on community engagement for both students and faculty. In general, the University's definition of service includes a number of activities rendered for the benefit of the department, college, university, community, profession, or nation. This may include efforts to advance the University's mission by promoting a culture of creativity, innovation and entrepreneurialism. This may also include scholarly community engaged service that is mutually beneficial, co-created, co-implemented and co-disseminated. Administrative responsibilities can be considered as part of the service component. *For more detailed information, see the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.*

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

UD has a long tradition of applying knowledge and creativity to the critical challenges facing communities in Delaware and around the world. In 2015, the Carnegie Foundation for the Advancement of Teaching designated UD as a community engaged university. UD established a university-wide Community Engagement Initiative (CEI) in 2016 to further strengthen the University's identity and contributions as an engaged research university. CEI's work is guided by the Civic Action Plan, which is the University's strategic vision for community engagement. Five goals guide University-wide and community collaborations.

1. *Enhance University-wide Capacity to Support Community Engagement*
2. *Increase Support for Engaged Scholarship*
3. *Expand Opportunities for Undergraduate and Graduate Students*
4. *Launch New Knowledge-based Partnerships Addressing Critical Society Challenges.*
5. *Increase Recognition for UD as an Engaged Research University*

With CEI as a catalyst, faculty across the University are supported in their pursuit of extramural service activities. Faculty in the MPH Program are specifically supported through the Program's direct relationship with the Partnership for Healthy Communities. The MPH Program is fortunate to be co-housed with PHC, which is one of the University's 5 college-based CEI centers. PHC and CEI offer support to faculty to pursue funding opportunities that center on community engagement and collaboration. PHC serves as a key driver for developing faculty/academic and community partnerships and collaborations.

In addition to CEI and PHC support, extramural service is supported by inclusion in faculty workload and as a component in promotion and tenure review. Inclusion in both TT and CT positions, faculty service is an integral part of faculty effort and MPH Program and University contribution to the surrounding community.

3) **Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. This response should briefly summarize three to five faculty extramural service activities and explain how the faculty member leverages the activity or integrates examples or material from the activity into classroom instruction. Each example should be drawn from a different faculty member, if possible.**

MPH Program faculty engage in a variety of extramural service activities both formally and informally. Highlights of three significant activities that faculty have participated in and have incorporated into instruction of students and/or student engagement opportunities are as follows:

Center for Disease Control and Prevention (CDC), Center for the Preparedness and Response (CPR), Board of Scientific Counselors (BSC): Dr. Jennifer Horney was a member of the CDC CPR BSC from 2019-2023. In this role, she was appointed to the Strategic Capacity Building and Innovation Program for CPR's Workgroup and Co-Chair of the CPR BSC Poliovirus Containment Working Group. Both groups worked with CDC staff to advise on national and global policy related to CPR research priorities as well as the eradication of polio. Dr. Horney has incorporated her involvement in these working groups into student instruction into Epidemiology Methods I and Disaster Epidemiology courses by providing students with the timely examples of best practices and policy activities being spearheaded by CDC to improve public health emergency preparedness and response.

Delaware CASPER: Dr. Jennifer Horney served as co-PI of a CASPER project to collect vital information on behalf of the Delaware Division of Public Health (DPH) about COVID-related impacts and vaccine hesitancy among Delaware residents. As part of the CASPER project, the MPH Program provided capacity-building training to community partners/DPH employees through Just In Time training sessions to prepare to conduct CASPER field data collection. Students in Dr. Horney's Field Epidemiology course participated in the Just In Time training sessions and data collection as part of a service-learning component of their coursework and discussed the training and the CASPER method as part of class instruction.

Delaware State Health Needs Assessment and State Health Improvement Plan: Dr. Yendelela Cuffee serves as co-PI on the collaborative project between UD and DPH on conducting the state's SHNA and developing the latest iteration of Delaware's SHIP, both requirements for the State's accreditation with the Public Health Accreditation Board (PHAB). Dr. Cuffee has utilized this project in her own courses as well as sharing project content with other MPH faculty to incorporate into their courses. For instance, the final project in EPID 699 (Integrative Learning Experience) encourages students to focus on a health topic based on data from Delaware's most recent SHNA/SHIP. Faculty also incorporate examples from this project in instruction about the public health essential services and public health department PFAB accreditation as essential knowledge for students considering public health department careers. In addition, this collaborative project has provided numerous opportunities for students to engage in extracurricular public health professional service activities - such as field data collection, data analysis, report writing, and coalition building.

4) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on the self-selected indicators of extramural service, as specified below.

Indicator of Extramural Service	AY 2020-2021	AY 2021-2022	AY 2022-2023
Percent of faculty (PIF) participating in extramural service activities	75%	50%	50%
Number of faculty appointed on a professional track (CT faculty)	0	2	3
Public/private or cross-sector partnerships for engagement and service	1*	3	4
**Informal collaborations occurred during AY 20-21 but formal partnerships/collaborations were majorly hindered by the COVID pandemic.*			

The MPH Program has included increasing the number of Continuing Track (CT) faculty hires and appointments within the Program's 5-year hiring plan. One additional CT appointment was made in AY 2023-2024 with the hiring of PIF Dr. Amy Nelson. At the University, CT faculty appointments are synonymous with professional practice tracks.

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

The University Faculty Handbook states that "service at all levels - department, college, university, community, profession, or nation - is an integral part of the University's mission and must not be neglected on the grounds that scholarship and teaching have higher priority." Service is recognized as an important component of faculty success and advancement; however, the degree and nature of service is tailored to the individual workload of each faculty member. Willingness to undertake various types of service activities and competence in performing them are considered in the University's promotion process; however, there is recognition that evaluating service is difficult. Promotion and tenure committees are tasked with knowing when there has been an outstanding level of service that has taken appreciable effort or service that holds great merit for advancing the MPH Program mission and academic goals. *For more detailed information, see the Faculty Handbook in ERF: A1.3 Bylaws and Policy Documents.*

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

Not applicable.

7: Section F

F1. Community Involvement in Program Evaluation and Assessment

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

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

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

The main source of external input to the MPH Program is through the Program's external advisory committee, which is the Partnership for Healthy Communities Steering Committee (PHC-SC). PHC is a university-wide community-engagement initiative (CEI) located in the College of Health Sciences and co-located with the MPH Program. The PHC-SC consists of members internal to the University as well as key external stakeholders who represent a range of social determinants of health and locations within Delaware. The purpose of the PHC-SC is to guide the work of the College of Health Sciences around meaningful community engagement in the areas of education, research, and service related to health equity and community well-being. While part of the PHC-SC's responsibilities serve CHS broadly, the PHC-SC is also tasked with serving as the MPH Program's advisory board. Thus, PHC-SC membership is comprised of individuals with specific ties to public health. This includes recruiting MPH alumni as PHC-SC members, ensuring representation from DPH, and including members who represent several APE host organizations. Advisory to the MPH Program includes collaboration with the Program around opportunities for student engagement and experiential learning (practicum placements, etc.) and community/professional input into the MPH curriculum. The PHC-SC meetings are held quarterly and the MPH Assistant Director (who also serves as a member of the PHC Executive Team) provides an MPH Program update during each meeting. At least once per year, the MPH Assistant Director engages the PHC-SC in a structured feedback conversation about the MPH Program, the curriculum, and the workforce needs of community partners. The PHC-SC is staffed by the PHC Executive Committee. The following table represents the most current PHC-SC membership (*PHC-SC membership list is also available in ERF: F1.5 Evidence of Community Input*):

Partnership for Healthy Communities Steering Committee	
Member	**Organization/Role**
Katie Coombes	ChristianaCare Health System
Elizabeth Farley-Ripple	UD Partnership for Public Education
Karen Speakman	Neighborgood Partners
William "Bill" Chasanov	Beebe Health
John Van Gorp	BayHealth
Amy Gootee-Ash	Delaware State University, Public Health Program Coordinator
Lynn Jones	Delaware Public Health Association, Delaware Medical Association
Meisje (MJ) Scales	UD Dept of Sociology, Center for Drug and Health Studies
Jennifer Nacarreli	UD Dept Women & Gender Studies Center for the Study & Prevention of Gender-Based Violence
Angela Hattery	UD Dept Women & Gender Studies Center for the Study & Prevention of Gender-Based Violence
Stephen Metraux	UD Biden School of Public Policy & Administration

Mary Mitsdarffer	UD Biden School of Public Policy & Administration
Christina Farmer	Delaware Department of Health and Social Services (DHSS)
Ankur Arya	Lyte
August Stover	Lyte
Marlene Saunders	Delaware State University NASW Alpha Kappa Alpha Sorority, Inc., Alpha Mu Omega Chapter
Megan Williams	Delaware Healthcare Association
Dan Watson	UD Deputy Athletic Director, Sports Performance & Campus Rec
Megan Werner	Westside Family Health (FQHC)
Midline Estimable	Haitian Coalition of Delaware
Keda Dorisca	Haitian Coalition of Delaware
Kevin Gilmore	Sussex County Habitat for Humanity
Bill Swiatek	Wilmington Area Planning Council
Jody Roberts	DHSS, Division of Developmental Disabilities Services
Jennifer Fuqua	La Esperanza
Joe Meyers	Delaware Coalition Against Domestic Violence
Alfonso Jones	Delaware State Police, Community Engagement Trooper
Stacy Ferguson	The Healthy Village at Saint Francis
Jennifer Volk	UD College of Agriculture and Natural Resources
Sean O'Neil	UD Institute for Public Administration
Erin Ridout	ChristanaCare Health System (and MPH Alumnus)
Partnership for Healthy Communities Executive Committee	
Jennifer Horney, Interim Director Yendelela Cuffee, Assistant Director for Research and Scholarship Kate Culhane-Suluai, PHC Program Manager Christine Sowinski, Health4All Program Manager Alex Wynn, PHC Postdoctoral Researcher Lauren Camphausen, Member (MPH Assistant Director) Lauren Covington, Member (School of Nursing) Kate DuPont Phillips, Member (Healthy Communities Delaware) Alyssa Lanzi, Member (Dept of Communication Sciences and Disorders) Shannon Lennon, Member (Dept of Kinesiology and Applied Physiology) Freddie Patterson, Member (CHS Associate Dean for Research) Laurie Ruggiero, Member (Dept of Health Behavior and Nutrition Sciences) Peyton Free, Member (MPH Student Representative)	

In addition to the PHC-SC, the MPH Program also collaborates with Delaware's Division of Public Health (DPH) on planning for strengthened coordination between the University and DPH through establishment of an Academic Health Department. The committee, the MPH Academic Health Department Planning Committee, meets several times a year to plan for the phasing in of formal and informal structures for collaboration, starting with an MOU that was executed in 2022. During committee meetings, the planning team has also reviewed accreditation criteria and self-study elements to identify and strengthen areas of contribution from DPH. The MPH Academic Health Department Planning Committee sets aside one meeting per year for intensive review and discussion of the MPH curriculum specific to workforce preparation and to discuss workforce needs and plan for external workforce development events and activities. Committee member participation is documented on agendas in ERF: F1.5 Evidence of Community Input.

The MPH Program also engages alumni in providing valuable feedback for program improvement. Aside from collection of formal feedback (e.g., the MPH Alumni Survey), the MPH Program seeks to ensure alumni membership on the PHC-SC and seeks APE placements with alumni as Preceptors. A significant number of graduates have transitioned to public health positions in Delaware or the surrounding area, so alumni increasingly collaborate with the MPH Program on projects or on various community boards or workgroups. The MPH Program utilizes these opportunities to gather alumni perspectives about how the MPH Program prepared them for their professional positions to identify needed program improvements. As the number of alumni grow, the MPH Program will continue to incorporate alumni into the program – through PHC-SC membership and other committees and contributions to the program curriculum (via guest lectures or professional development and professional networking events).

2) Describe any other groups of external constituents (outside formal structures mentioned above) from whom the unit regularly gathers feedback.

The MPH Program also utilizes informal sources for engaging external constituents in addition to the two main groups described above. The MPH Program manages a LinkedIn group that includes current students and alumni and periodically engages members in requests for feedback or input. The MPH Program also utilizes feedback gathered from the Program's Employer Survey and Alumni Survey. In addition, Program staff and faculty routinely utilize opportunities to engage with external colleagues in public health professional practice to inquire about the latest trends and/or skills needed for preparing the future public health workforce. The Program seeks input from a variety of sectors: governmental, private, academic, and hospital/healthcare to ensure that the Program is adequately addressing the professional preparation needs across sectors.

In addition, the PHC-SC members are a valuable resource for sharing information that they glean from their colleagues, professional partners, and others who have a vested interest in the future public health workforce.

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

As described above, the MPH Program engages the PHC-SC at least once per year in a review of program data, the MPH curriculum, and a facilitated conversation to solicit input on potential changes or additions. This includes providing feedback on workforce needs that inform the addition of graduate certificates and/or new MPH concentrations.

The Program also seeks regular feedback from practicum preceptors via the Program's post-placement Preceptor Evaluation Survey. The survey provides an opportunity for preceptors to identify any areas related to student preparation and professional readiness that may need to be strengthened and provides a mechanism for preceptors to share new and emerging practices to be incorporated into the curriculum. Similarly, the MPH Program utilizes the Employer Survey to solicit feedback from public health employers about the desired skills and/or new or emerging skills that should be incorporated into the Program. An example of this is the integration of additional training in SAS and R software for the analysis of epidemiologic data.

The MPH Program also seeks input directly from DPH partners through the MPH Academic Health Department Planning Team. While this team meets regularly to discuss and plan for development of a robust Academic Health Department collaboration, the committee meets at least once annually to conduct a full review of the MPH curriculum to identify areas to potentially improve or update. An example that developed

out of the most recent curriculum review was the suggestion by DPH to incorporate some of their document templates (data brief templates, community presentation templates) into course assignments so that MPH students could practice using real-world tools, especially around data visualization and data translation for various audiences. Evidence of PHC-SC and Academic Health Department Planning Committee program review discussions is available in ERF: F1.5 Evidence of Community Input.

4) Describe how the program's external partners contribute to the ongoing operations of the program, including the development of the vision, mission, values, goals, and evaluation plan and the development of the self-study document.

The PHC-SC is the primary group that provides external input around the overall operation of the Program, including the vision, mission, and program goals. These have been shared with the PHC-SC during initial program development and in an ongoing way. For example, the PHC-SC is provided with ongoing program updates including progress on self-study development and the PHC-SC provides critical input to specific program components and self-study content. Most recently, the PHC-SC engaged in a strategic planning session with a facilitated conversation dedicated specifically to MPH Program input. The PHC-SC has identified one particular area of operation to lend support for - student engagement. The PHC-SC has expressed interest in developing a PHC-SC student subcommittee as a mechanism for MPH students to provide input into the work of the PHC-SC. The PHC Program Manager is working with the PHC-SC student representative to outline a proposed purpose and structure for this subcommittee. Evidence of PHC-SC review discussions is available in ERF: F1.5 Evidence of Community Input.

The MPH Program also seeks input from alumni on operations. This occurs mainly via the alumni survey and various modes of informal engagement. Alumni input has mostly focused on their perceptions related to their transition to the professional workforce and ways in which the program could improve. This includes both curricular improvements as well as operations. The MPH Program has recently moved to more formally engage alumni in decision-making and advising roles through appointment of alumni to the PHC-SC and engaging alumni in collaboration and partnership through their professional positions in Delaware's public health workforce.

5) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation requests 3 and 4.

1. Review and Input on MPH Curriculum

- PHC Steering Committee Meeting - February 2024
- Employer Survey Summary - AY 2023-2024 (reviewed by PHC-SC and MPH PC)
- Alumni Survey Summary – AY 2023-2024 (reviewed by PHC-SC and MPH PC)

2. Review and Input on MPH Program Operations

- PHC Steering Committee Meeting Presentations - 2021 through 2024
- Academic Health Department Planning Committee Program Review - June 2023

Meeting agendas and copies of presentations listed above are in ERF: F1.5 Evidence of community input.

6) Summarize the findings of the employers' assessment of program graduates' preparation for post-graduation destinations and explain how the information was gathered.

The MPH Program uses two main mechanisms for obtaining employer feedback about MPH student preparation. One mechanism, the Preceptor Evaluation Survey, solicits feedback during the student's enrollment in the Program (post-APE). The second mechanism, the Employer Survey, solicits feedback generally from past, current, and potential employers approximately every two years. The first (and most recent Employer Survey) was conducted Fall 2023. Key highlights of employer feedback from the two sources include:

- **Preceptor Evaluations:** The Preceptor Evaluation Survey is provided to host site supervisors (preceptors) at the conclusion of each student applied practice experience (APE). Surveys are administered online through Qualtrics (note: the Preceptor Evaluation Survey was originally administered via REDCap but has recently moved to Qualtrics). The survey asks preceptors to rate the MPH student's demonstration of skills (excellent to poor) across several domains: communication, knowledge of public health concepts, teamwork/collaboration, professional independence, initiative, and professionalism. Preceptor feedback is reviewed at least annually by the MPH Assistant Director, MPH Director, and concentration directors to monitor areas of concern and ways to improve student readiness for placements (as needed). To date, 42 Preceptor Evaluation surveys have been completed (72% response rate). Preceptor feedback consistently demonstrates that MPH students are highly prepared and excel with demonstration of professional and public health skills. Across all the domains, preceptors commonly rate students' demonstration of skills as "excellent" or "very good." However, the professional independence domain is occasionally rated low for some students. Qualitative feedback provided by preceptors related to the low ratings are that some students require a higher level of instruction and/or guidance with tasks or projects. *A copy of the Preceptor Evaluation Survey and dataset are in ERF B5.2: Data Collection Methodology*.

- **Employer Survey:** The MPH Employer Survey is an online survey (Qualtrics) that is sent to previous, current, and potential employers of UD MPH students. The survey asks whether the responding organization has employed or currently employs UD MPH students and asks employers to rate students' preparation on core public health skills and competencies using the same matrix that is included in the MPH Student Exit Survey. For responding organizations that have employed or currently employ UD MPH students, the survey also includes open-ended questions soliciting employer feedback about the skills most demonstrated by UD MPH graduates and/or the skills MPH graduates could use more preparation with. All responding organizations (employers and potential employers) are asked to share (open-ended) the most essential skills for entering the public health workforce. The most recent survey identified several noteworthy themes. For past and current employers, responding organizations shared that MPH students have a high degree of professional readiness related to understanding of foundational public health concepts. Employers rated MPH students as having medium-level preparation with data collection, writing and communication, and applying health equity principles. The one domain that employers rated low was leadership skills. These ratings were further contextualized by respondents' open-ended comments. As an example, one employer shared that MPH students should be provided with more opportunities for independent projects to practice application of skills/competencies. Survey data were synthesized by the MPH Assistant Director and reviewed by the MPH-PC to discuss areas in need of improvement within the Program and curriculum to address employer feedback. *A copy of the Employer Survey and dataset are in ERF B5.2: Data Collection Methodology.*

7) Provide documentation of the method by which the program gathered employer feedback.

The most recent versions of the Preceptor Evaluation Survey and the Employee Survey and a summary of employer and alumni feedback are located in ERF: F1.7 Employer Feedback Methodology.

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

Strengths: N/A

Weaknesses: It should be noted that the overall response rate of the Program's first administration of the Employer survey was low and thus may not be fully representative of the experiences and perceptions of the Program's employer partners. In addition, the MPH Program has not robustly engaged alumni in continuous program improvement beyond the administration of the Alumni Survey and informal feedback from alumni who remain engaged with MPH Program faculty and staff.

Plans for Improvement: The MPH Program intends to build up strategies to increase participation from a wider array of employers for future survey administrations. The MPH Program has also steadily been increasing alumni representation on the PHC-SC to include alumni perspectives and will look to continue to add and engage alumni in the future. In addition, as the number of alumni increases, the MPH Program intends to launch a formalized alumni group (either using existing university structures like alumni associations or developing a structure customized for the MPH Program) over the next academic year.

F2. Student Involvement in Community and Professional Service

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

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

The University of Delaware prides itself on its Carnegie Foundation designation as a community engaged university. Community engagement is a core University value and is central to the MPH Program. From orientation through graduation, MPH students are strongly encouraged to engage in extracurricular community and professional service activities. The MPH Program accomplishes this in several ways.

Partnership for Healthy Communities - The MPH Program is fortunate to be co-located with the College of Health Sciences' Partnership for Healthy Communities. As one of the University's community engagement initiatives (CEI), PHC strives to cultivate opportunities for students to engage in meaningful experiences with the broader community. MPH students are provided with a variety of opportunities through PHC - from professional development events, student opportunities to support PHC projects and programs (e.g., Delaware's SHNA/SHIP and the HEALTH 4 All program, a mobile clinic run by PHC) to facilitating student placements with community-based organizations (for both APE fulfillment and extracurricular volunteer work). The PHC Program Manager is a member of the MPH-PC and also leads the MPH Student Engagement committee, whose primary focus is to increase opportunities for student engagement both internally and externally.

Epi Assist - UD Epi-Assist is a student volunteer group coordinated by the Epidemiology Program and UD's Disaster Research Center. Epi-Assist provides students with the opportunity to gain hands-on experience in the field of public health and emergency management. Examples of opportunities include assisting state and local health departments and other agencies with outbreak investigations, disasters and emergencies, community health assessments, environmental sampling, and other projects to provide surge capacity and expert assistance.

Academic Health Department - As part of ongoing plans for an Academic Health Department, the MPH Program and DPH are working to streamline processes for student access to volunteer opportunities within DPH offices and programs. This is in addition to formal placement agreements for APEs and internships and focuses on engaging MPH students in volunteer service related to surge capacity needs (data collection, data entry/analysis, coordination of field events, etc.) as well as shadowing opportunities.

Center for Community Research and Service - Housed in the Joseph R. Biden, Jr. School of Public Policy and Administration, the Center for Community Research and Service (CCRS) engages in community-based research, development and service activities in Delaware and beyond from offices in downtown Wilmington and on the UD's Newark campus. As a key partner to the MPH program, CCRS supports the provision of scholarship and service opportunities to students who aspire to have an impact on policy areas identified as social determinants of health. CCRS was founded in 1972 by Jim Sills (who would go on to be the first African American mayor of Wilmington) as the Urban Agent Program and sought to bring UD's resources and expertise to bear on challenges faced by low-income urban neighborhoods in Wilmington and other Delaware cities. The Center produces quarterly newsletters that highlight faculty and student engagement with CCRS initiatives.

The MPH Program has worked diligently to identify opportunities for extracurricular student engagement; however, it is a challenge to encourage students to participate beyond the demands of the MPH Program requirements. To encourage participation, the MPH Program is currently in the process of launching the Public Health Fellows program. MPH students are registered in the Public Health Fellows program upon initial submission of documentation of their engagement in public health activities beyond program requirements. Students continue to submit documentation of their engagement over the course of their time in the MPH Program. Each extracurricular activity is assigned a point value. At the time of completion of the students' MPH Program, the Public Health Fellows program awards participating students with a bronze, silver, or gold medal for their achievements. The level awarded is based on a student's aggregated points earned through their time in the program. The plan is to incentivize and reward students for participation in community and professional service during their time in the program, for example by providing a paid registration to a public health professional conference.

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

MPH students engage in a variety of professional and community service activities beyond curricular requirements. Below are several examples of community service or professional activities that were coordinated by the MPH Program and/or the Partnership for Healthy Communities.

Event/Activity	Description of student involvement
University of Delaware COVID-19 Campus Vaccine Clinics (2021)	During the height of the pandemic, the University partnered with local pharmacies to provide on-campus vaccine clinics to faculty, staff, and students. Five multi-day campus events were held at STAR Campus. The events were staffed by local pharmacists/pharmacy staff and CHS faculty, staff, and student volunteers. Several MPH students volunteered at the clinic days to assist with administrative processes (check-in, record-keeping, traffic control).
Delaware CASPERs on COVID Vaccine Access (2021-2022)	DPH contracted the MPH Program to organize and conduct a CASPER focused on COVID and COVID-related vaccine hesitancy. This was the first CASPER conducted in Delaware and the CASPER was conducted statewide. MPH students volunteered to assist with survey development, field material preparation, CASPER training, field data collection (door-to-door surveying), and data entry/data analysis.
Delaware State Health Needs Assessment (2022)	On the heels of the successful COVID-focused CASPER, DPH contracted with the MPH Program again to similarly employ a CASPER method to conduct Delaware's required SHNA. MPH students volunteered to assist with field data collection and data entry/data analysis. In addition, the SHNA included community conversations (focus groups) and MPH students volunteered to assist with focus group facilitation, note-taking, and observation.
Delaware State Health Improvement Plan (2023-ongoing)	MPH students volunteer in a variety of capacities to support development/updating of Delaware's SHIP based on the recently conducted SHNA. MPH students have assisted with SHIP Coalition meeting planning and SHIP-related event operations (on-site support and material preparation).

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

Strengths: The MPH Program is fortunate to be co-housed with the Partnership for Healthy Communities. As one of UD's Community Engagement-focused centers, PHC is an invaluable resource for providing MPH students with extracurricular opportunities to engage in professional and community service.

Weaknesses: The MPH Program launched Epi-Assist at the start of the Program (2019-2020); however, it has been challenging to make inroads with Delaware's Division of Public Health to position Epi-Assist to provide surge response capacity to DPH. There have been many discussions during Academic Health Department Planning Committee meetings about ways to overcome the DPH "onboarding" process for students to be immediately available for professional service opportunities. In addition, while the Program offers an abundance of professional and community service opportunities to students, only a portion of students regularly engage. This may be due, in part, to the differences in student availability for activity and engagement outside of class time.

Plans for Improvement: As described above, the MPH Program has recently launched the Public Health Fellows program as a means for incentivizing and recognizing extracurricular service among students. The program is a little slow to launch due to competing priorities among faculty and staff, but the MPH Program intends to collaborate with PHC to provide necessary support to make the program operational. Additionally, the MPH Program's recently conducted focus group with current MPH students provided valuable insights about the diversity of student availability for extracurricular engagement. Focus group participants shared that the MPH cohort is made up of traditional, full-time graduate students, working professionals, students with families, and students who commute to the program from long distances. Thus, the desire and availability for students to engage in extra program activities varies greatly. This feedback is extremely useful for planning more diverse opportunities for students.

F3. Delivery of Professional Development Opportunities for the Workforce

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

1) **Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program) and an indication of how the unit identified the educational needs. See Template F3-1.**

The MPH Program works closely with local and regional public health organizations (e.g., Delaware Division of Public Health, Delaware Public Health Association) to identify ways in which the UD MPH Program can provide beneficial training and education activities to the current public health workforce. Over the last several years, the MPH Program has provided education and training events at the direct request of public health partners. Summaries of three of these education/training events are outlined in Template F3-1 below.

	Education/training activity offered	How did the unit identify this educational need?	External participants served*
Example 1	**Just in Time training for CASPERs**	The Delaware Division of Public Health requested assistance from the MPH Program to conduct COVID-related CASPERs throughout Delaware in 2021-2022. This was the first formal CASPER to be conducted in Delaware, so there was a need to build workforce and community volunteer capacity to conduct the COVID-related CASPERs. In response, the MPH Program planned and provided "Just-In-Time" training to community volunteers and DPH employees to train on the CASPER method and field data collection via surveys. Students in Field Epidemiology also participated as part of the course's service-learning component.	35
Example 2	**Emergency Animal Disease Response training**	In collaboration with UD's Poultry Health System, the MPH Program has conducted a no-cost annual training for regional high school agriculture teachers, public health employees, veterinary medicine students and practitioners, and poultry science students and practitioners on basic incident command systems and the interdisciplinary approach to animal disease emergencies. This has been especially needed due to the recent avian flu outbreaks occurring in our region. The training has been held in person for the last two academic years.	2022 - 20 participants 2023 - 20 participants

Example 3	**Delaware School Nurses Collaboration training**	The College of Health Sciences has an active partnership with the Delaware School Nurses Association. As part of this collaboration, the UDMPH Program has provided requested training related to changes in reportable conditions (n=50) and grant writing (n=18) to support public health innovations in schools. Both of these trainings were provided during continuing education workshops hosted by UD that included the ability for school nurses to earn Continuing Education Credits.	68

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

Not applicable.

8: Section G

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent, and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff, and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

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

The University of Delaware and the MPH Program are committed to growing opportunities for under-represented populations in graduate programs, specifically public health. The MPH Program recognizes the urgent need for academic public health programs to contribute to addressing the public health workforce deficit by intentionally focusing on building a public health system resilient to emerging threats, focused on equity, and responsive to the role of social determinants in health outcomes. The MPH Program has identified facilitating pathways for minority undergraduate students to be trained in graduate public health programs as a key Program priority.

In support of this priority, the MPH Program seeks to expand recruitment, matriculation, and academic success of minoritized students through a comprehensive pathways initiative that includes efforts focusing on recruitment of minority applicants, building a Program culture that welcomes and engages minoritized students, and developing mentoring and advising practices to facilitate academic success and post-graduation professional opportunities for MPH students with minoritized identities. In addition, the MPH Program seeks to carve out dedicated student funding specifically for minoritized students, for whom funding for graduate education is a documented need.

For the purposes of the *Student Priority Population*, the MPH Program specifically defines 'minoritized' as students with marginalized racial/ethnic identities, gender/sexual identities, and/or students from economically disadvantaged backgrounds. The MPH Program also seeks to prioritize recruitment and hiring of similarly minoritized faculty and staff with the intention of having Program faculty and staff be representative of the MPH student population.

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

The University of Delaware has made a steadfast commitment to diversity, equity, and inclusion. One of the five institutional pillars in UD's strategic plan is "*Building a Social Justice Foundation to Support a Diverse, Inclusive and Intercultural Campus*". The University has set forth the following vision for diversity, equity, and inclusion:

- advance social justice principles of diversity, greater access, equity, and participation for all members of the University community.
- be actively anti-racist and promote equity among all individuals, including those members of historically protected classes, and our ideas, actions and policies will reflect our opposition to all forms of discrimination.
- provide strong intercultural programs and initiatives, as well as physical spaces, that encourage and enable all members of the University community to connect, learn, grow and collaborate.
- demonstrate "equity in action" through community engagement and our commitment to equity, diversity, and inclusion as a core value, and further strengthen our identity and contributions as an engaged research university.

Guided by the University's vision and strong commitment to DEI principles, the MPH Program seeks to advance diversity, equity, and inclusion in the following ways:

- Increasing resources for MPH Program initiatives that prioritize recruitment and matriculation of minoritized students.
- Supporting active engagement of faculty, staff, and students on campus-wide or college committees targeting diversity, equity, and inclusion.
- Ensuring access to tuition and/or stipend funding for minoritized students.

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

Key actions or strategies to work toward the Program's goals are focused on the following:

- **Targeted resources for student recruitment:** The MPH Program has successfully secured several funded grants focused on supporting the prioritization of minority student recruitment. The Program has received competitive University funding for several years that provide resources for marketing/outreach materials, events, and fee waivers for minority student applicants.
- **Supporting faculty, staff, and student participation on DEI committees:** The MPH Program strongly supports and encourages faculty and staff participation in campus and college diversity and inclusion initiatives. The MPH Director and MPH Assistant Director serve as affiliated members of the University's Center for the Study and Prevention of Gender-Based Violence which engages in intersectional research, teaching, and services related to GBV. The MPH Assistant Director is an active member of the College of Health Sciences' Social Justice subcommittee (a subcommittee of the CHS DEI Committee) and

contributes to the planning and implementation of education and training events to college faculty, staff, and students. MPH Faculty and staff are also involved in the various University caucuses for faculty and staff (African Heritage caucus, Asian American Pacific Islander caucus, Disability caucus, International caucus, Latino/Hispanic Heritage caucus, Pride caucus, Muslim Heritage caucus, and Religious and Spiritual Life caucus). The University caucuses facilitate community and engage in advocacy on issues of priority for each caucus. The MPH Program is active in nominating faculty/staff to serve on various college and university committees and nominating students to serve on campus and/or external committees. Faculty and staff are provided release time (or service effort recognition) for committee work. Students are also supported by the program with funds to support travel or registrations to encourage extra-curricular participation.

- **Student Funding:** The MPH Program recognizes the enormous impact of financial barriers faced by minoritized students on their ability to seek graduate education. To this end, the MPH Program is committed to ensuring that a significant percentage of the Program's available student funding is provided to minority students. In addition, the MPH Program has been fortunate to have a donor provide ongoing funds to support an annual scholarship specifically for one minority student in the MPH Program.
- **Faculty Recruitment:** The MPH Program is also committed to creating and maintaining a diverse community of faculty and staff. To achieve this, the Program engages in specific outreach to culturally-specific professional organizations and spaces to promote open positions and employment opportunities within the Program. The MPH Program works closely with the University's HR Department to assist with recruitment.

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

The MPH Program is actively engaged in Program, college, and university-level efforts to create and maintain culturally inclusive environments. These efforts are ongoing, and the Program seeks continual growth and learning. The MPH Program prioritizes creating and maintaining a faculty and staff community that is diverse across and within a multitude of identities and seeks out opportunities for collaboration and engagement with practitioners and communities reflective of the rich diversity in Delaware and the region. A few examples of these actions include:

- **Ensuring faculty diversity:** The MPH Program is committed to recruiting, hiring, and supporting the success of faculty from diverse backgrounds and experiences. The MPH Program has purposefully built a program team that is inclusive of individuals with historically marginalized identities. Faculty and staff represent a spectrum of identities across gender, sexual orientation, racial or ethnic identity, age, nationality, and professional experience. Minoritized faculty especially are encouraged to incorporate their perspectives and experiences into their research focus, methodologies, and course content so that MPH students are engaged in a curriculum that is robust and reflective of many experiences. In addition, while MPH students are assigned a specific faculty advisor, students are welcomed and encouraged to seek out support from any MPH Program faculty or staff – especially for students who may seek support from a faculty or staff member with a similar identity or background.

- **Curricular focus on health equity:** UD's MPH Program, in collaboration with PHC, places a distinct emphasis on health equity across the entire curriculum. Health equity principles are woven into many program components. Specifically, this includes incorporating health equity concepts into nearly all MPH courses (e.g., course content and assignments and projects); including guest presentations from community partners into courses; prioritizing APE placements with community-based organizations and nonprofits that address determinants of health; and engaging students in PHC events and activities focused on addressing health inequities in Delaware communities.
- **Support for student organizations:** The MPH Program supports and champions Leaders in Equity, Access, and Diversity in Public Health (LEAD-PH), a registered graduate student organization at the University. LEAD-PH was founded by former MPH-EPI student and Dr. Yendelela Cuffee, Epidemiology Assistant Professor, serves as the organization's faculty advisor. LEAD-PH is designed to give graduate students within the College of Health Sciences and campus wide the opportunity to engage in research and service to advance health equity and dismantle health disparities. LEAD-PH aims to provide a dynamic array of leadership, service, and research opportunities related to addressing the health-related challenges faced by historically marginalized populations (racial/ethnic minorities, LGBTQIA+, religious minorities, people with disabilities, neurodiverse populations, immigrant populations, etc.). LEAD-PH fills the need for a group that puts into action the growing interest among many to address the ways that systemic oppression negatively impacts the health of marginalized groups. LEAD-PH seeks to impact the University of Delaware and the region at large.

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

The MPH Program has several performance indicators to monitor the degree to which the Program is prioritizing inclusion of minoritized students. Specifically, the Program holds itself to account using the following indicators: student funding for minoritized students; minoritized student acceptance rates and matriculation rates; and, Program withdrawal rates for minoritized students. Data for these indicators for the current year and the last three years are reported below:

MPH Program DEI Indicators	AY 2020-2021	AY 2021-2022	AY 2022-2023	AY 2023-2024
MPH Program student diversity (*% of students who identify as racial/ethnic minority and/or from economically disadvantaged background*)	35%	71%	67%	71%
MPH Program faculty diversity (*% of faculty who identify as racial/ethnic minority and/or sexual/gender minority*)	38%	42%	50%	63%
% of funded students who identify as racial/ethnic minority and/or from economically disadvantaged background	63% (5 of 8)	60% (9 of 15)	67% (10 of 15)	67% (12 of 18)
MPH Program withdrawal rate for students who identify as racial/ethnic minority and/or from economically disadvantaged background	0 0%	2 40%	0 0%	0 0%

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

The MPH Student Exit Survey contains a module pertaining to the Program climate regarding diversity, equity, and inclusion. The table below includes the most recent survey results (AY2023-2024) showing that most respondents "agree" or "strongly agree" that the Program is committed to DEI, diverse perspectives are valued, and the Program provides a welcoming environment (note: response rate varies by item; however, overall response rate for the Exit Survey was 63% or 14 respondents). While this feedback is reassuring, the Program is committed to continuing to grow and improve in ways that make all faculty, staff, and students feel welcome, supported, and valued.

To what extent do you agree or disagree with the following statements related to diversity, equity, and inclusion within the MPH Program:	**Strongly disagree**	**Agree**	**Neither**	**Disagree**	**Strongly agree**
I had opportunities to interact with individuals from different backgrounds or identities.	6 60%	4 40%	0 0%	0 0%	0 0%
My experiences in the MPH program have influenced my awareness of the perspectives of individuals from different backgrounds or identities.	5 50%	5 50%	0 0%	0 0%	0 0%
MPH Program directors, staff, and faculty are committed to diversity, equity, and inclusion.	4 80%	1 20%	0 0%	0 0%	0 0%
The diversity of students and faculty within my MPH classes has enhanced my ability to interact with individuals from different backgrounds or identities.	5 50%	5 50%	0 0%	0 0%	0 0%
The Program provides a welcoming environment to students of all backgrounds.	4 80%	1 20%	0 0%	0 0%	0 0%

It is important to note that there was a response drop off on two of the DEI items. This limits the degree to which the Program can view these responses as indicative of student perceptions in the MPH Program. The Program intends to seek other ways to understand students' perspectives about the MPH Program climate starting in AY2024-2025 by collaborating with the MPH student group LEAD-PH in designing a feedback process and encouraging student participation.

The MPH Program has not yet implemented a Program-specific climate and culture survey of faculty and staff. The College (CHS) periodically administers a college-wide survey and information is available for Program use. The MPH Program recognizes the limitations of this data and the importance of understanding faculty and staff perceptions and experiences specific to the Program. To that end, the MPH Program plans to include climate-related questions on the annual faculty survey for the next administration of the survey. At this time, the number of dedicated Program staff is too small to collect this information with any degree of anonymity, so the MPH Program will look to incorporate this into the annual review conversations to gather staff input.

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

Strengths: The MPH Program consistently exceeds University outcomes in the percentage of minoritized students in its cohorts. While the MPH Program has been successful in recruiting minoritized students, there is room for growth in ensuring that there is a welcoming, supportive, and inclusive environment within the Program and the MPH community.

Weaknesses: The Program recognizes the need to broaden ways of collecting feedback on MPH Program climate from students beyond the exit survey and the need for routinely documenting faculty/staff feedback.

Plans for Improvement: One mechanism currently under discussion for gathering additional student feedback is to collaborate with LEAD-PH to conduct an annual focus group with students. LEAD-PH has expressed an interest in contributing to the MPH Program's internal DEI efforts and collaborating on this activity seems appropriate. As mentioned above, the MPH Program is planning to formalize better methods for collecting staff/faculty feedback on Program climate. Currently relying on college and university-level mechanisms is not sufficient to adequately provide feedback on program-specific climate. The MPH Program plans to add questions to the annual faculty survey and also potentially Introduce a faculty/staff program feedback form to establish an ongoing mechanism for faculty/staff feedback and suggestions.

9: Section H

H1. Academic Advising

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

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

The MPH Program strives to provide students with holistic advising and support services. These begin with contact during the application process and continue throughout the student's time in the MPH Program and beyond. Each of the phases of advising are described in more detail below:

1) **Pre-matriculation:** All applicants, regardless of whether they matriculate, are contacted by the MPH Director and MPH Assistant Director with an offer of support for any questions they may have about the Program or the application process. The MPH Director and/or Assistant Director engage in one-on-one meetings with applicants on request. Once a student accepts admission to the MPH Program, they are activated into the incoming cohort. The MPH Assistant Director engages in communication (via email or Zoom) with all students in the incoming cohort to provide necessary information on what is needed to prepare for beginning the MPH Program. This includes information about University processes, requirements, and resources and also information on registering for the first semester. The MPH Assistant Director serves as the primary advisor for the incoming students.

2) **Incoming students:** All incoming students connect with the MPH Assistant Director as their primary advisor and are also assigned a faculty advisor (mentor). The faculty advisor is determined by the student's concentration. The MPH Assistant Director provides initial support for course registration and also manages student completion of the non-credit Intro to Public Health training module and CITI certification.

3) **Active students**: The MPH Assistant Director provides academic advising to all students once per semester. The primary purpose is to review the student's plan of study and prepare for course registration for the next term. This advising session is also a critical check-in between the MPH Assistant Director and the student to identify any resource or support needs the student may have. In addition to these academic advising sessions, Faculty Advisors meet at least one time per semester with students to discuss issues or concerns and to provide academic and professional mentoring. The MPH Assistant Director is also available to students for advising sessions as-needed to discuss issues, concerns, or questions as they arise during the semester. Students are encouraged to schedule an appointment to receive assistance and/or referral to other campus resources. The MPH Assistant Director helps students with all form processing as required by University policy. This includes: processing leaves of absence, course waivers/substitutions, transfers to other degree programs, program withdrawals, and course registration issues or changes.

4) **Graduating students:** During a student's final semester, the MPH Assistant Director processes the student's degree audit and application for graduation to ensure that students are prepared for graduation. It is important to note that due to University structures, the MPH Assistant Director processes these for Epidemiology concentration students and Health Policy and Management students receive support within the Biden School since degree audits are managed within specific colleges. However, staff routinely collaborate to seamlessly support students regardless of concentration.

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

Staff advisors are selected by specific staff roles. For graduate-level programs, academic advising is not a stand-alone position (like undergraduate academic advisors). Responsibilities for advising fall under several positions: Assistant Director, Program Manager, or Academic Coordinator. For the MPH Program, the MPH Assistant Director has primary responsibility for MPH student academic advising overall. Individuals with graduate advising responsibilities primarily receive orientation and training through informal mechanisms: the Graduate College and, more recently, a university-wide employee-founded workgroup, the Graduate Services Network. The MPH Assistant Director serves on the steering committee of the Graduate Services Network and engages in ongoing advocacy to the Graduate College and University for more formalized support for graduate-level staff advisors.

Faculty Advisors are also selected based on their role in the MPH Program. Currently, all MPH Primary Instructional Faculty have responsibilities for academic advising. Students are assigned to a faculty advisor primarily based on their concentration and faculty capacity. Faculty are oriented to their role mainly by the MPH Assistant Director and through University resources and materials.

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

The primary source of advising resources are the MPH Program Student Resources packet and MPH Program Information student Google drive. All students are granted access to the google drive upon entering the MPH Program. The drive houses the complete information packet and all pertinent information, forms, or materials for advising and student success. Resources include sample course plans, plans of study templates, copies of the MPH Program Policy documents, and academic forms (Leave of Absence, Course Substitution Request, Graduation Application, etc.). The MPH Program Student google drive also contains all materials and resources related to the APE (handbook, etc.) and houses a folder with current employment and/or internship opportunities shared out by the Program. Recordings of information sessions or other informational events are also stored in the drive, as appropriate. The MPH Assistant Director maintains the folder and ensures that the contents are up to date and include helpful resources and information.

Academic advising resources and information are located in ERF: H1.4 Sample of Advising Materials

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

The MPH Student Exit survey contains a question that asks students to rate their level of satisfaction with academic advising. Survey results over the last three years have varied, in part, due to differences among student experiences within concentrations. As a result, the MPH Program is shifting toward a hybrid centralized advising model with students receiving advising support from both the MPH Program and from a faculty advisor within their concentration.

Satisfaction with academic advising:	2021 *(RR=100%)*	2022 *(RR=61%)*	2023 *(RR=25%)*	2024 *(RR=63%)*
Extremely Satisfied	80%	54%	75%	88%
Satisfied	20%	17%	25%	12%
Moderately Satisfied	0%	0%	0%	0%
Slightly Satisfied	0%	8%	0%	0%
Not At All Satisfied	0%	2%	0%	0%

Below are open-ended responses from MPH students pertaining to the advising and student support services provided by the MPH Program:

"Lauren Camphausen was readily available and very responsive to any questions I had. As was Monica Esterling for all things registration and graduation related. My advisor, Dr. Isett was very knowledgeable about the courses available and their schedules, and guided me expertly through completing the program in a timely way even as I was enrolled part-time." - MPH Student Respondent, Spring 2022 MPH Student Exit Survey

"Above all, the faculty and staff not only foster a welcoming environment, but also actively engage in promoting student success in the public health field through their actions and initiatives." - MPH Alumni, MPH Program Alumni Testimonial (received via email)

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

All incoming first-year graduate students participate in a university-wide new graduate student orientation program provided by the Graduate College. In addition, the Graduate College provides orientation sessions specifically for international students. The College of Health Sciences and the Biden School hold separate college-specific orientation activities for all incoming graduate students within the respective colleges. At the end of 'orientation week,' the MPH Program provides a combined program orientation to all incoming MPH students across all concentrations. The MPH Program orientation is specifically designed to impart important information about the MPH Program requirements, to introduce students to faculty and staff, and to provide an opportunity for the new cohort to build community. Topics covered in the orientation include:

1) MPH Program Introduction and Overview
2) Program Requirements and Course Plans
3) Required University training and MPH Program modules
4) Review of Student Services and Resources
5) Tips for Graduate School Success
6) Open Discussion (Q/A)

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

Not applicable.

H2. Career Advising

The program provides accessible and supportive career advising services for students. All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to their professional development needs; these faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

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

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

The main source of career advising and information is provided by the MPH Program as part of the Program's broader advising and student support services. The MPH Assistant Director, Concentration Directors, and MPH Faculty Advisors are all available to students for one-on-one career advising or professional development support. This includes providing information about job opportunities (shared via the MPH Program email listserv), sharing information on various sectors and/or agencies/organizations, providing resume writing support and interview preparation guidance, and assisting with warm referrals to alumni or external employers. In addition to these direct services to students, the University has several sources of support available to students. These include UD's Career Center and the Professional Development team within the Graduate College. Students can access various workshops, job search services, and resume review services through these campus resources. The MPH Program also provides informal workshops during PHGSA meetings and to MPH funded students during monthly MPH Funded Student meetings. Lastly, students are provided with comprehensive professional development content during their ILE course (EPID 699) in their final semester. The ILE course includes industry and governmental public health guest speakers who discuss career opportunities and paths to employment, presentations from the Graduate College and Career Center, and practice with resume writing and mock interviews.

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

All MPH Program faculty and staff have a responsibility for career advising and professional development support to students. Faculty and staff may access support, training and information from UD's Career Center and the Graduate College.

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

Career Advising Services	Description of student involvement
Career Center presentation to PHGSA	AY 2021-2022 - 10 students
Industry Guest Presenters and Graduate College professional development presentation during EPID 699	Spring 2021 - 6 students Spring 2022 - 15 students Spring 2023 - 12 students Spring 2024 - 13 students
MPH Funded Student Meeting - resume writing workshop	AY 2022-2023 - 11 students AY 2023-2024 - 15 students
All MPH students are offered one on one resume review and editing and interview practice/preparation support if requested.	On average, about 75% of MPH students reach out to Program faculty and staff for one-on-one assistance.
Alumni engage with faculty and staff via zoom meetings to discuss job opportunities and assistance with job applications, resume writing, and interviews.	Approximately 7 alumni (some support is offered informally by faculty)

The following feedback was shared by a recent MPH Alumni about the career support services they received from the program:

"All professors and administration, including the director of the program, became mentors for me and made sure I was able to be successful in my education and with the experience I gained. Today, I am employed by the Delaware Division of Public Health as an Epidemiologist II, a position that was offered to me through the MPH program before I even completed my MPH. Without my great education and introduction to opportunities that I got through the MPH program at UD, I am not sure where I would be with my public health career. I know that even though I am an alumna, the support is still there. I am forever grateful for the love and support!"

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

The MPH Student Exit survey contains a question that asks students to rate their level of satisfaction with career advising. In general, students indicate they are satisfied with the career support services received from the MPH Program. Despite the positive responses, alumni and employer feedback have indicated that the MPH Program should expand career and professional development programming and resources for students. As a result, the Program has formed the MPH Student Engagement Committee.

Satisfaction with career advising:	**Sp 2021** ***(RR=100%)***	**Sp 2022** ***(RR=61%)***	**Sp 2023** ***(RR=25%)***	**Sp 2024** ***(RR=63%)***
Extremely Satisfied	40%	36%	60%	67%
Satisfied	60%	18%	20%	22%
Moderately Satisfied	0%	18%	20%	11%
Slightly Satisfied	0%	9%	0%	0%
Not At All Satisfied	0%	18%	0%	0%

The following is an open-ended response from the Spring 2023 MPH Student Exit Survey:

> "*While it can be difficult to obtain a public health job and navigate government career opportunities, the MPH student support system for my cohort has been exceptional. I really appreciate how Dr. Horney and Lauren are willing to always meet with the students to discuss any questions or concerns. Also, I appreciate the EPID 699 course in learning about different career paths and listening to guest speakers.*" - MPH Student Respondent

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

Strengths: MPH students are made aware that MPH Program faculty and staff are available to assist with career advising or professional development mentoring. The MPH Program prioritizes providing direct assistance to students and has integrated a mentoring model approach to student services.

Weaknesses: The MPH Program currently lacks a mechanism for adequately documenting the number of career advising activities provided to students. Many of the services are provided informally or as part of other existing programs.

Plans for Improvement: In collaboration with PHC and the MPH Student Engagement Committee, the MPH Program is working to develop regularly occurring career advising or professional development events for current students to also include alumni. One example is the first (hopefully annual) MPH Program Professional Development Mix n Mingle held in April 2024. This event brought together employers (including alumni) and MPH students for brief informational interviews and networking opportunities. The MPH Program intends to continue planning events like this in the future.

H3. Student Complaint Procedures

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

1) **Describe the procedures by which students may communicate complaints and/or grievances to program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.**

Policies and procedures that govern formal student complaints/grievances and/or appeals are outlined in the MPH Program's Program Policy Statement (see Program Policy Statement documents for the MPH Program in the ERF: A1.3 Bylaws and Policy documents). The following information is provided to all MPH students:

> *Students who receive what they perceive as an unfair evaluation by a faculty member or faculty committee may file grievances in accordance with University of Delaware policies. Students are encouraged to contact the MPH Director prior to filing a formal grievance in an effort to resolve the situation informally.*
>
> *In the case of academic dismissal, the student may appeal the termination by writing to the Graduate College. This appeal must be made within ten class days from the date on which the student has been notified of academic dismissal. If the Vice Provost for Academic Affairs grants reinstatement, the student must meet the conditions of the reinstatement. Failure to meet these conditions will result in dismissal from the program. A graduate student may be reinstated only once. The student's academic transcript will reflect the reinstatement with academic probation status.*
>
> *Students wishing to review their program file must submit a written request to the Epidemiology Director at least 24 hours in advance. Students must review the file in the presence of program staff or faculty and are not permitted to remove a file but may photocopy documents from their folder. All access to student records is in accordance with the Family Educational Rights and Privacy Act.*

Furthermore, information on the University's formal complaint/grievance process is included in the University of Delaware Graduate Catalog and is also available on the Graduate College website.

Informal complaints, grievances, or concerns are encouraged by all Program faculty and staff. Students receive ongoing communication about mechanisms for sharing concerns. Most often, concerns are shared via the MPH Assistant Director (or faculty member) one-on-one advising sessions with students that take place each semester. In addition to these scheduled sessions, students are encouraged to schedule an appointment with the Assistant Director to discuss issues or concerns. Concerns may also be shared directly to course instructors or teaching assistants. All concerns or issues that are informally reported are remedied in a way that is most appropriate for the concern and as requested by the student. Actions may include elevating concerns to the MPH Concentration Director(s) or the MPH Director or sharing information directly with a faculty member. Student identifying information is kept confidential and information is only shared with consent from the student (unless there is information shared that falls under institutional mandatory reporting guidelines). Staff and faculty are encouraged to "close the loop" on informal complaints from students by keeping the student informed as to the progress and/or resolution of the concern.

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

The MPH Program is governed by the University process for formal graduate student complaints and/or grievances. Information, instructions, and resources related to this process are managed by the Graduate College. The following is an excerpt from the Graduate College website:

> *"Graduate students may encounter situations where they believe University policies and procedures are not being followed, or there is bias in the application of policies and procedures. Examples of these situations may include grade grievances, dismissals, and research misconduct. In these instances, there are official processes to address the problem. We always encourage graduate students to communicate openly and honestly with their advisor, director, chair, or dean's office about potential policy violations so that issues can be addressed promptly before they escalate (e.g., a grading irregularity leading to academic dismissal.) Graduate students seeking guidance on how to approach these interactions can seek advice from the Assistant Dean of Students within the Office of the Dean of Students or others in the Graduate College. Grade grievances and other academic complaints are governed by both the Faculty Handbook and the Student Handbook. Policies regarding dismissals and appeals are included on our website. Research misconduct is defined, along with procedures governing reporting and responding to allegations, in the Faculty Handbook."*

The University Student Handbook further outlines the University's grievance process:

> *For grade-related complaints or grievances, students must first try to reach agreement with the faculty member. If the complaint is not resolved, a written appeal is submitted to the chair of the faculty member's home department. Students who wish to appeal a chair's decision, must submit the appeal to the college dean. The dean will convene a hearing panel to review the appeal. A student or faculty member who is not satisfied with the decision by the hearing panel may appeal to the Academic Appeals Committee of the Faculty Senate. Final decisions pertaining to the complaint or grievance will be shared with the Graduate College.*
>
> *Non-academic complaints should be submitted to the appropriate University office (e.g., Office of Equity and Inclusion, Title IX, etc.).*

Information about the University complaint, grievance, and appeals process is contained in the MPH Program Policy Statement documents (see Program Policy Statement documents for the MPH Program in the ERF: A1.3 Bylaws and Policy documents).

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

At the present time, the MPH Program has not been made aware of any formal complaints or grievances submitted since the start of the Program.

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

Not applicable.

H4. Student Recruitment and Admissions

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

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

Generally, recruitment activities are coordinated and implemented within the MPH Program under the direction of the MPH Director, Concentration Directors, and the MPH Assistant Director. The MPH Program utilizes multiple channels for recruitment: social media, virtual and in-person attendance at graduate fairs or other events, distributing program information (flyers, etc.) via external colleagues and partners, and internal recruitment of undergraduate students in the public health minor or other related programs. The MPH Admissions Committee also supports recruitment and outreach planning. The MPH Program has access to the college-level Communications Team and can also receive support from the University Office of Communications and Marketing (OCM). Staff in both offices assist with design and production of marketing materials, advertising campaigns, and social media promotion. The MPH Program is also currently included in the Graduate College's intensive marketing campaign for highly sought-after graduate programs.

The MPH Program hosts virtual information sessions several times a year to provide potential applicants with program information, opportunities to ask questions, and the ability to meet faculty and students. In addition, the MPH Program has collaborated with Delaware State University (an HBCU) on recruitment and outreach events specifically for their undergraduate students, particularly their BSPH students.

The Epidemiology Program has recently developed a graduate certificate program in Epidemiology with the intention of utilizing the graduate certificate to recruit working professionals into the MPH Program.

2) Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

Admissions policies and procedures are guided by University policy and the Graduate College. Admissions policies, procedures, and requirements are outlined in the MPH Program Policy Statement document (see Program Policy Statement documents for the MPH Program in the ERF: A1.3 Bylaws and Policy documents) and are also included on the MPH Program website. Admission requirements and procedures are established by the MPH-PC and carried out by the MPH Admissions Committee in conjunction with the Graduate College. The MPH Program currently utilizes the SOPHAS Centralized Application System for initial application and admission management. The Program also utilizes a secondary supplemental application through the University's SLATE system for institutional review and formal admission of MPH applicants.

Applicants to the MPH Program first apply through SOPHAS and then complete a supplemental application with the University of Delaware via UD's SLATE system once the application is verified in SOPHAS.

Admission decisions are made by each concentration director in collaboration with the MPH Admissions Committee. Students will be admitted to the Program based on enrollment availability, advising capacity, and applicants' ability to meet entrance requirements set forth by the University and Program. To be admitted, all students are expected to demonstrate the following recommended entrance requirement:

1) A Bachelor's Degree from an accredited college or university with an undergraduate GPA of 3.0 or above (applicants with an undergraduate GPA below 3.0 may be considered for admission based on other application factors)

2) TOEFL (Test of English as a Foreign Language) score of at least 550 (paper based), or TOEFL IBT minimum score of 79 for international applicants

The materials required for application to the MPH Program include: SOPHAS application form, official undergraduate and/or graduate transcripts, at least two letters of recommendation, resume, and a personal statement that includes a description of the applicant's prior experience, specific interest in public health, and career goals. In addition, applicants must complete a supplemental application with UD in order to be considered for admission. Complete applications to the MPH Program are reviewed on a rolling basis for admission for fall semester by the MPH Admissions Committee. Admission to the MPH Program is determined holistically. Applicants who meet stated requirements are not guaranteed admission, nor are those who fail to meet all of those requirements necessarily precluded from admission if they offer other appropriate strengths as determined by the MPH Admissions Committee.

3) Provide quantitative data on the unit's student body from the last three years in the format of Template H4-1, with the unit's self-defined target level on each measure for reference. In addition to at least one from the list that follows, the program may add measures that are significant to its own mission and context.

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**F2021**	**F2022**	**F2023**
Percent of priority under-represented students accepting offers of admission	60%	57%	67%	53%

Note: average yield for domestic applicants overall for the MPH Program is 58%

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

Strengths: The Program has consistently met at least a 50% yield among minority student applicants.

Weaknesses: The MPH program has set a target of 60% acceptance among under-represented applicants to the program. The Program has come close or exceeded the target but recognizes this is an area that needs improvement.

Plans for Improvement: The Program intends to ensure this outcome measure is continually monitored and looks to direct resources toward improving acceptance rates among minority applicants. The Program intends to continue seeking grant funding to support minority student recruitment support and also intends to implement high-touch outreach to priority students by faculty and current students.

H5. Publication of Educational Offerings

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

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

Information pertaining to the MPH Program is housed within several locations. Centralized information about the MPH Program is maintained by the University's Graduate College and is based upon information contained in the Program Policy Statement document. The MPH Program Graduate College web page can be accessed here:

https://www.udel.edu/academics/colleges/grad/prospective-students/programs/mph/

Information more specific to each MPH concentration can be found in the following locations:

MPH in Epidemiology webpage

MPH in Health Policy and Management webpage

Information pertaining to university-wide policies (academic calendar, grading, etc.) is managed and maintained by the University Registrar. Academic program information and policies are published annually in the University Graduate Catalog. The Graduate Catalog contains detailed information for the MPH Program and each concentration and also contains a link to the most current Program Policy document for the MPH Program that details all aspects of the program (admission policies, grading, academic standards, degree requirements):

Graduate Catalog information for MPH in Epidemiology

Graduate Catalog information for MPH in Health Policy and Management

ERF Guide

Criteria Folder		Sub-Folder	*Description*
Introduction			*MPH and UD Org Charts*
A1	**A1.3 Bylaws Policy Documents**		*Program policy statements, Bylaws, Faculty Handbook*
	A1.5 Faculty interaction	Faculty Meetings	*Agendas, minutes, and/or event invitations*
		Admissions Committee	
		Curriculum Committee	
		Program Committee	
		MPH Program Events	
B1	**B1.2 Strategic Plan**		*College and university strategic plans*
B2	**B2.2 Evidence for evaluation plan**		*Data summaries, presentations, or meeting agendas*
B5	**B5.2 Data collection methodology**	Surveys	*Data collection surveys or instruments*
		Date Files or Summary	*Full data sets or data summaries*
C2	**C2.6 Faculty resources qual data**		*Qualitative data methods and summaries*
D1	**D1.2 Supporting documentation**		*Module slides and LMS screenshots*
D2	**D2.4 Syllabi and supporting documentation**	BHAN 820 EPID 603 EPID 605 SPPA 606 SPPA 620	*Syllabi, assignments, and assessments*
D4	**D4.3 Syllabi and supporting documentation**	EPI Concentration EPID 610 EPID 613 EPID 604	*Syllabi, assignments, and assessments*
		HPM Concentration SPPA 621 UAPP 657 UAPP 697	*Syllabi, assignments, and assessments*

D5	**D5.3 Student samples**	MPH EPI Student 1 Student 2 Student 3 Student 4 Student 5 Student 6	*Template D5-1 and Products/Deliverables*
		MPH HPM Student 1 Student 2 Student 3 Student 4 Student 5	*Template D5-1 and Products/Deliverables*
D7	**D7.3 ILE requirements**		*Syllabus*
	D7.4 Methods of competency assessment		*Grading rubrics*
	D7.5 Student samples	EPI Concentration Student 1 Student 2 Student 3 Student 4 Student 5	*Student ILE submissions and graded rubric*
E1	**E1.3 Faculty CVs**	PIF	*CV J Horney*
			CV A Nelson
			CV Y Cuffee
			CV JW Park
			CV T Parekh
			CV D Harris
			CV L Fournier
		Non PIF	*CV M Mitsdarffer*
			CV B Brewer
			CV L Ruggerio
			CV S Rosenblum
			CV S Grabich
			CV L Camphausen
F1	**F1.5 Evidence of community input**	Academic Health Dept	*Agendas, slides, data summaries, committee membership*
		Employers and Alumni	
		PHC SC	
	F1.7 Employer feedback methodology		*Feedback surveys and summaries*
H1	**H1.4 Sample advising materials**		*Student resource packet, advising tools and documents, sample advising communications*
H4	**H4.2 Admissions policies and procedures**		*EPI and HPM Program Policy Statements*

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