UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH

SELF-STUDY REPORT

Prepared For:
Council on Education for Public Health

September 2022

UNIVERSITY OF MARYLAND 18 56

SCHOOL OF PUBLIC HEALTH

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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.)

The University of Maryland College Park (UMD), located in Prince George's County, grew out of the Maryland Agricultural College, the original 1862 public, land-grant institution. In 1919, the College reorganized into seven schools to become the University of Maryland. UMD is both the State's land-grant institution and the flagship Research-I campus of the University of Maryland System. In 1988, the five University of Maryland campuses reorganized with six Board of Trustees institutions to form the University System of Maryland (USM). Today, there are 12 USM degree-granting institutions: Bowie State University; Coppin State University; Frostburg State University; Towson University; the University of Maryland, Baltimore; University of Baltimore; the University of Maryland, Baltimore County; UMD; the University of Maryland Eastern Shore; Salisbury University; the University of Maryland Center for Environmental Science; and the University of Maryland Global Campus. There also are three regional higher education centers that serve the system campuses: the Universities at Shady Grove, USM at Southern Maryland, and USM at Hagerstown.

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)

Within UMD, there are 13 schools, including the Graduate School, which offer 102 bachelor's, 115 master's, and 84 doctoral degrees, with 38,722 total students enrolled.

c. number of university faculty, staff, and students

The UMD community includes 4,351 faculty, 5,608 staff, 29,231 undergraduate students, and 9,491 graduate students.

d. brief statement of distinguishing university facts and characteristics

UMD is unique among public, land-grant universities with its close proximity to the federal government, with its campus located within the Washington D.C. beltway, allowing unique engagement with professionals across the spectrum of fields. UMD is a premiere research institution with over $583M in research expenditures in FY2022. UMD was recently ranked as a top 20 public research institution by U.S. News and World Reports and is a member of the Association of American Universities. UMD Athletics is a member of the Big Ten Conference, through which the university has joined the parallel academic organization, the Big Ten Academic Alliance, which allows sharing of best practices and collaboration across the Big Ten institutions. Additionally, in 2016, the Maryland legislature passed the University of Maryland Strategic Partnership Act, which formalizes the partnership between UMD and the University of Maryland Baltimore, which houses many of the professional schools within the USM and seeks to enhance research and academic collaborations across the campuses. UMD and University of Maryland Baltimore have a single Vice President for Research serving both campuses.

In 2021, UMD released its latest strategic plan, Fearlessly Forward, which highlights the university's guiding principles and focuses on 12 key goals for the university across four major themes: reimagining learning; taking on humanity's grand challenges; investing in people and communities; and partnering to advance the public good. As the flagship and land-grant institution for the USM, UMD serves our region's community and workforce through our education, research and scholarship, practice and extension, and service missions.

UMD is one of the most diverse campuses in the country. The campus was rated third among public universities and eighth in the nation for LGBTQ+ students by Campus Pride and BestColleges.com

and is the 36th largest producer of minority graduates with bachelor's degrees according to Diverse: Issues in Higher Education.

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

UMD is accredited by the Middle States Commission on Higher Education (MSCHE) with full accreditation last reaffirmed in June 2017. The university's "Statement of Accreditation Status" can be found here: https://www.msche.org/institution/0197/.

Numerous programs across UMD also have specialized accreditation. The following website lists Department of Education-approved accrediting bodies for UMD programs: https://academiccatalog.umd.edu/about-university/accreditation/.

See ERF Intro-1.e for the full listing of campus accrediting bodies.

Within the SPH, the MS in Couple & Family Therapy was last fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) in October 2020, with full accreditation through 2027.

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

In 2007, the University of Maryland School of Public Health was established as the only school of public health at a public institution in the Washington DC Metropolitan region. The school was formed on the backbone of the former College of Health and Human Performance and an MPH program (CEPH accredited in 2001) within it. Today, the SPH comprises six academic units in Behavioral and Community Health, Epidemiology and Biostatistics, Family Science, Health Policy and Management, Kinesiology, and Applied Environmental Health, and includes school-level centers (Horowitz Center for Health Literacy and the Maryland Center for Health Equity) and department-level centers [Biostatistics Risk Assessment Center (BRAC), Center on Aging, Center on Young Adult Health and Development (CYAHD), Center for Healthy Families, Community Health Awareness, Messages, and Prevention (CHAMP) Lab, CONSERVE: A Center of Excellence at the Nexus of Sustainable Water Reuse, Food and Health, and the University of Maryland Prevention Research Center (UMD-PRC); see ERF Intro-1.f for center descriptions]. The Horowitz Center for Health Literacy was recently recognized by the Maryland legislature with House Bill 1082 - Public Health Consumer Health Information Hub, which designates the Center as the state's Consumer Health Information Hub. The new hub will promote the use of "plain language" by state agencies in public communications about health, health insurance, safety, and social services benefits. All school centers undergo regular reviews by the Dean's office and/or campus to ensure continued contributions to the school's educational, research, practice, and service missions. See ERF Intro-1.f for a full description of the school's and departments' centers.

The school is unique in offering four undergraduate degrees with enrollments totaling well over 2,000 students, in addition to 19 graduate degrees with enrollments of more than 500 students, including our online MPH degree offerings in Behavioral and Community Health and Public Health Practice and Policy. Recently launched dual degree programs (e.g., BS-MPH accelerated program; MPH+MCP) are helping to either accelerate pathways to public health degrees or intersect with other fields. As of 2022, SPH employed 135 full-time faculty, including both tenure- and professional-track (TTK and PTK) faculty, with research, practice, and teaching interests in a broad range of public health areas, including community health; maternal and child health; cancer; infectious disease; substance use; physical activity; climate change; and environmental and social justice. In addition to traditional tenure track faculty, professional track faculty play vital roles in

administering research operations, managing, and designing educational offerings, teaching, and performing public health practice and service activities.

We are grounded in our mission to promote and protect the health and well-being of the diverse communities throughout Maryland, the region, the nation, and the world through leadership and collaboration in interdisciplinary education, research, practice, and public policy. Moreover, we are guided by such values as a dedication to social justice, the achievement of health equity and elimination of health disparities, social responsibility, and a commitment to ethical principles. We exhibit this commitment through our community partnerships that drive community-engaged research and practice and form the basis for direct service activities, and our educational and workforce development programs that prepare the next generation of public health practitioners for the state, region, nation, and beyond.

The school has made great strides in positioning itself as Maryland's only public school of public health. Our budget grew over 72% between FY17-22, including more than $16.5M in research expenditures in FY2022. In 2022, the state increased our base budget by $2M in recognition of the importance of our work to public health and anticipated increases in student enrollment stemming from increased interest and awareness of public health as part of the COVID-19 pandemic. Our school fundraising efforts have grown as well, with major gifts from organizations and individual donors to support scholarships, service-learning programs, research, and other programmatic initiatives. Our campus building has undergone multiple renovations to add classroom, laboratory, and office spaces. In 2021, the school secured additional office and classroom space in a second building to accommodate our continued growth, and additional facilities expansion has been proposed. Despite changes in school and campus leadership, we have achieved demonstrable growth and quality improvement over the past decade and are contributing markedly to our region's public health. The Office of Planning and Evaluation (OPE) is housed in the Dean's office and acts as a central hub for the collection, management, and analysis of internal data for quality improvement purposes related to our educational, research, and service missions.

In 2022, the school was ranked 19 among schools of public health nationwide by U.S. News and World Report, and in the top 10 among schools at public universities specifically.

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

See ERF Intro-2.a, ERF Intro-2.b, and ERF Intro-2.c for copies of all organizational charts in this section.

a. the school's internal organization, including the reporting lines to the dean

See Figure Intro.1. below.

Figure Intro.1. UMD School of Public Health Administration

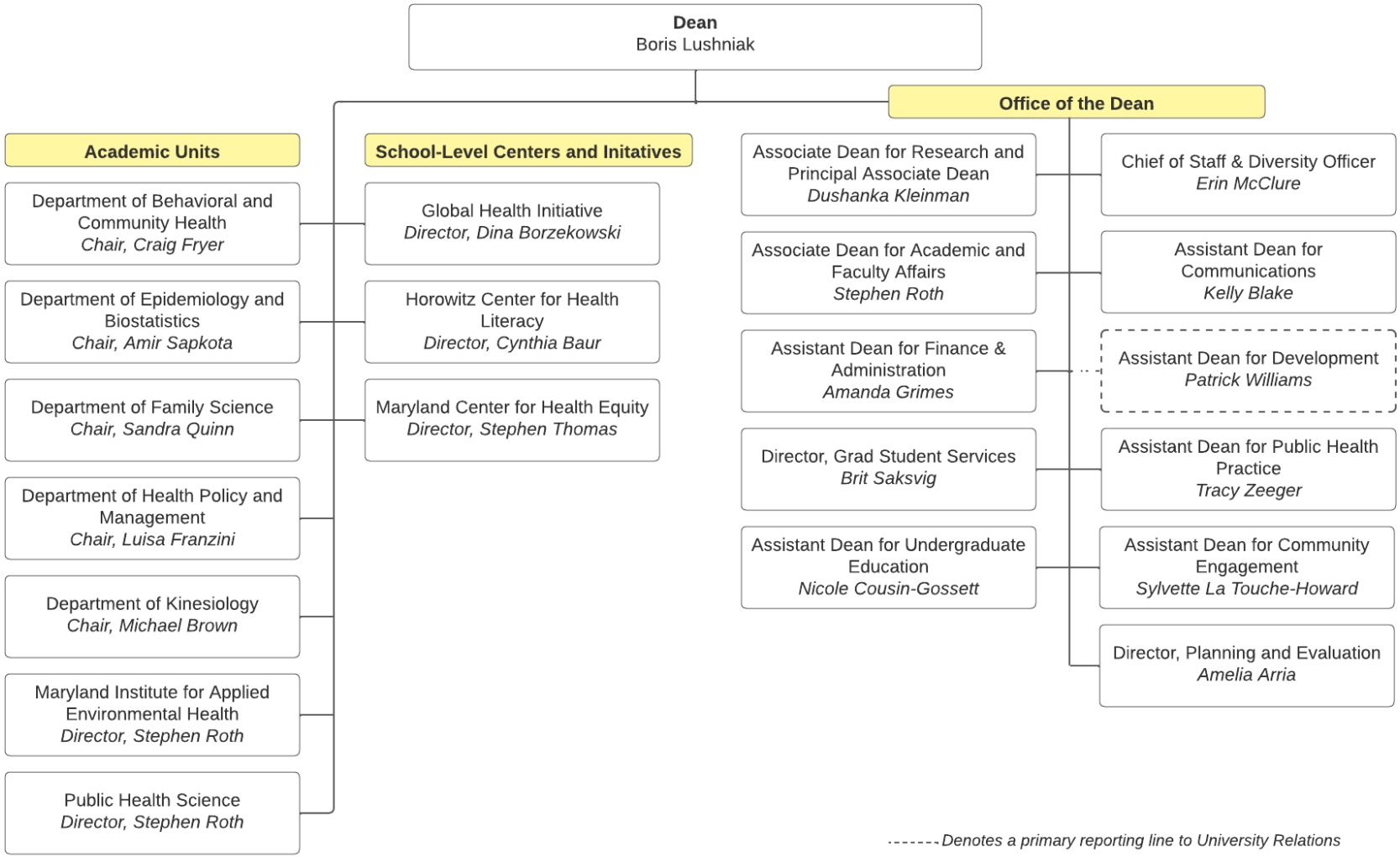
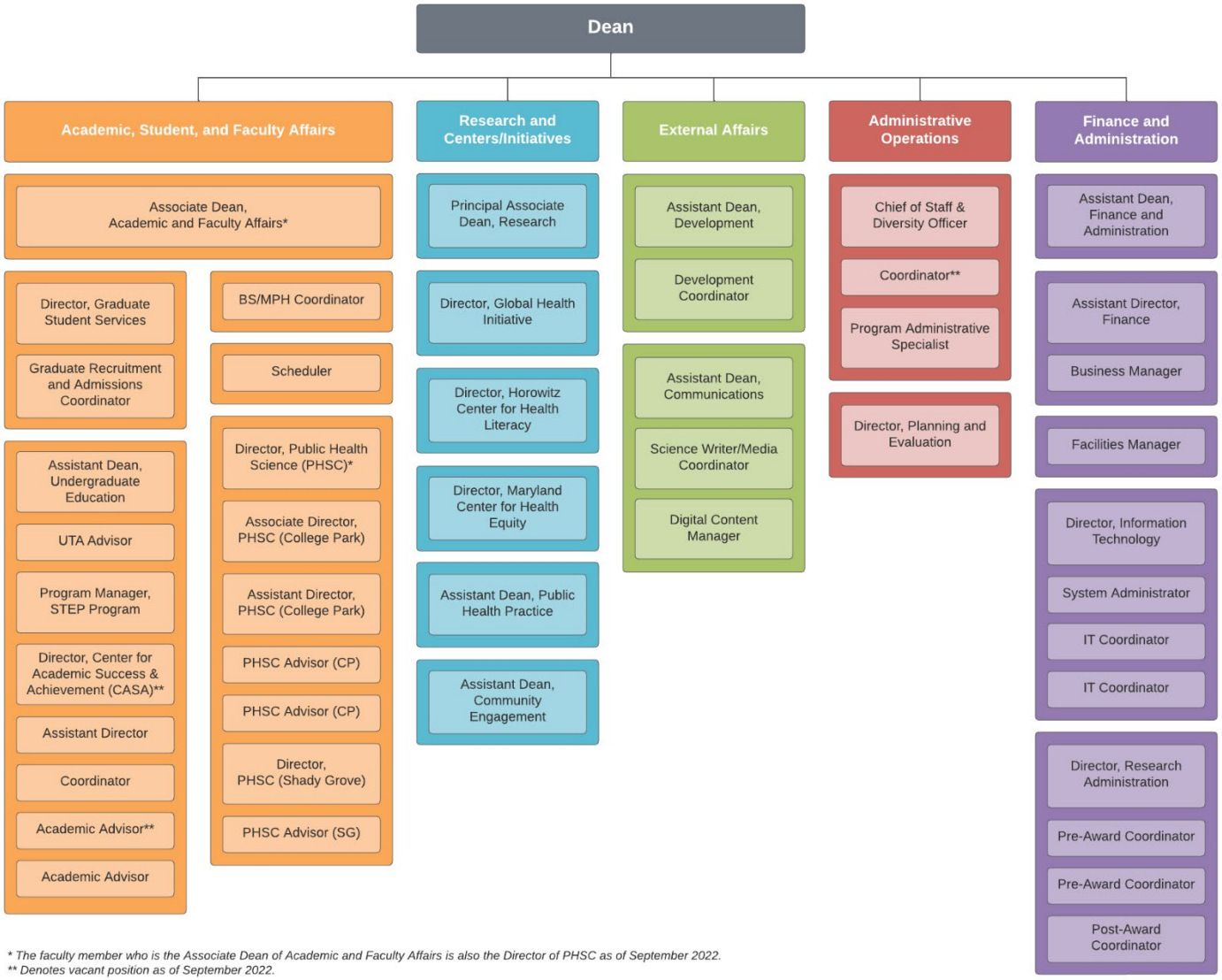


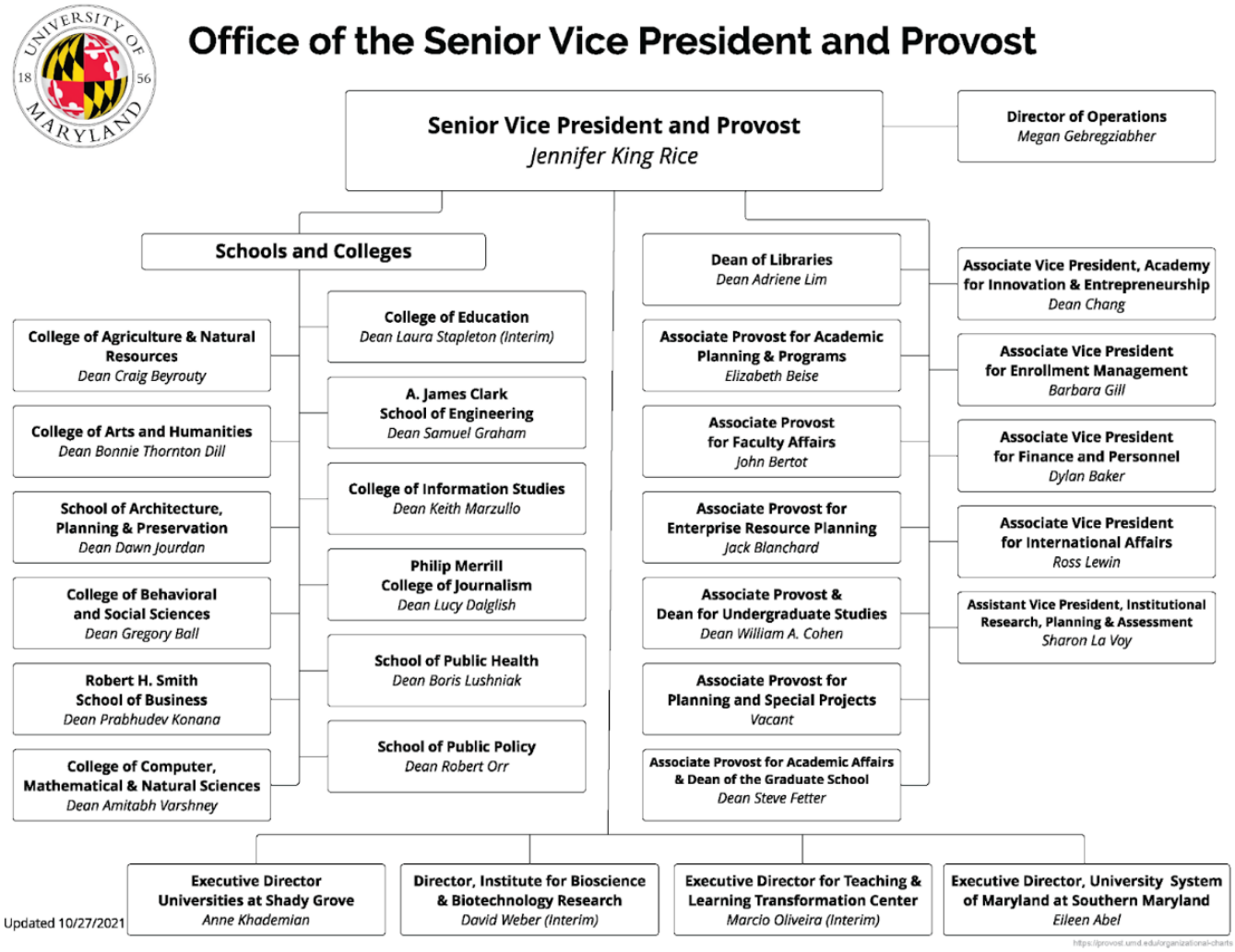
Figure Intro.2. UMD School of Public Health Office of the Dean Organizational Chart



** The faculty member who is the Associate Dean of Academic and Faculty Affairs is also the Director of PHSC as of September 2022.*
*** Denotes vacant position as of September 2022.*

b. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

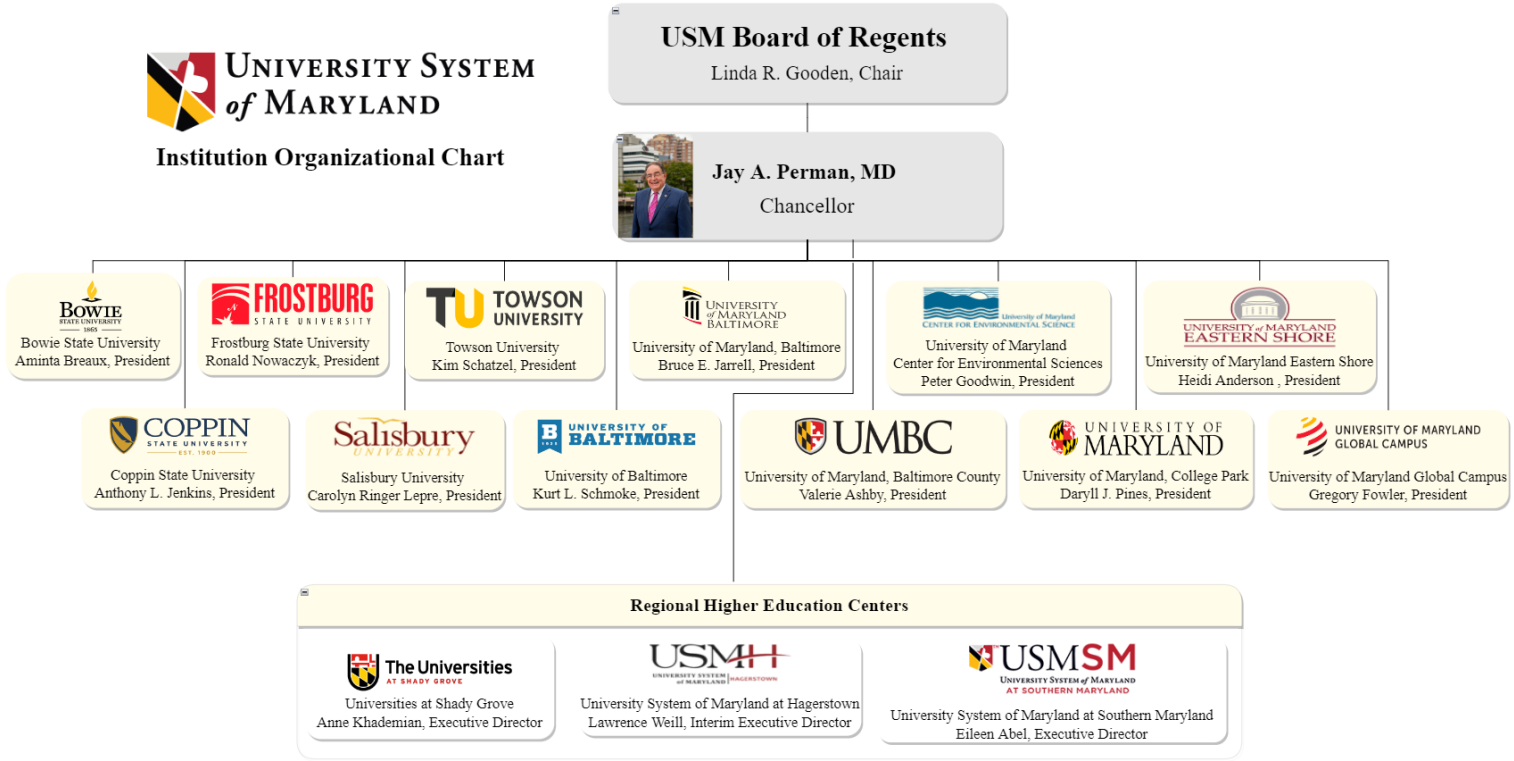
Figure Intro.3. University of Maryland College Park Organizational Chart



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

The University of Maryland College Park is the University System of Maryland (USM) institution in which the SPH is located. The USM and UMD organizational charts follow.

Figure Intro.4. University System of Maryland Organizational Chart



Source: https://www.usmd.edu/institutions/organizational-chart/

Figure Intro.5. University of Maryland College Park Office of the President Organizational Chart

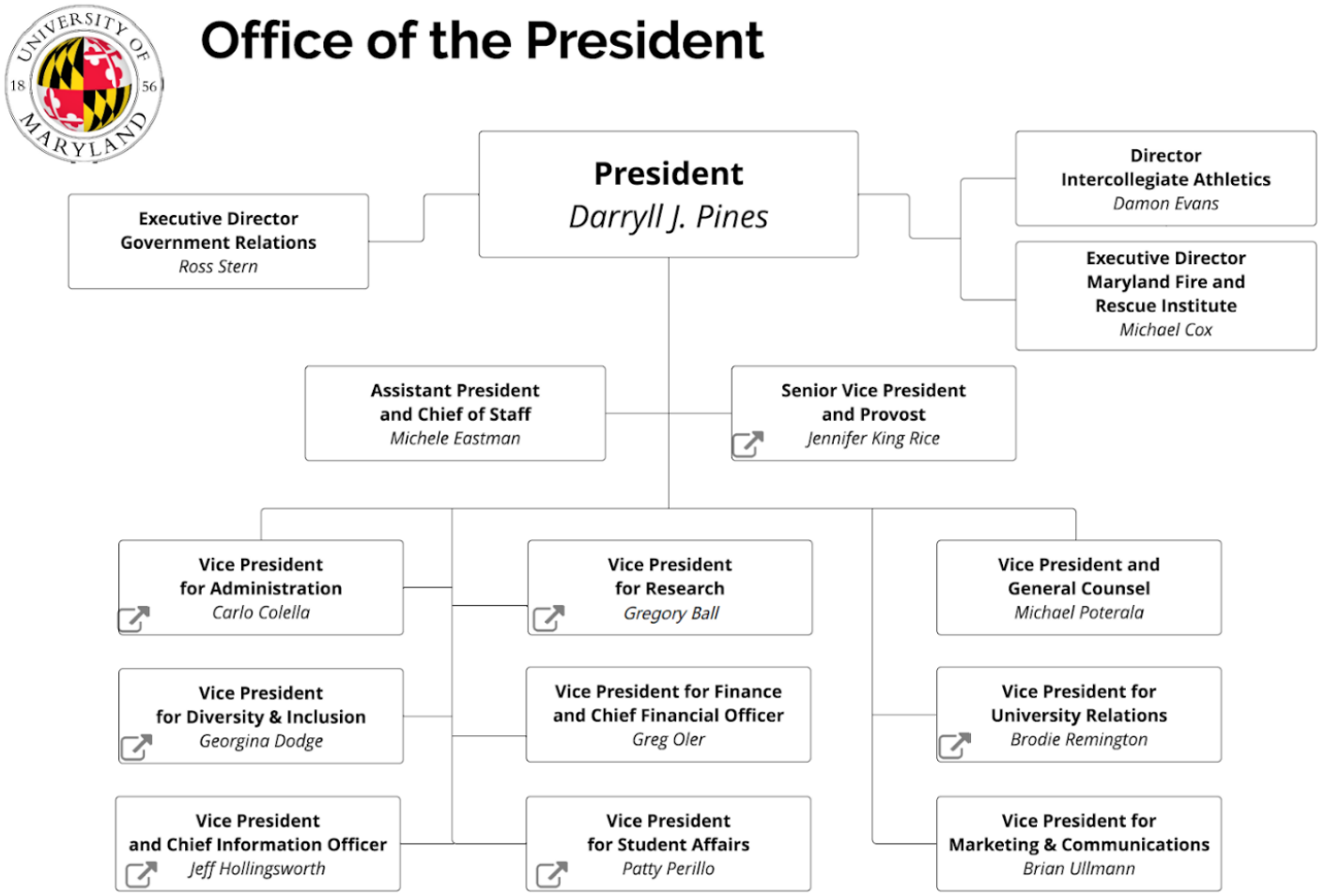
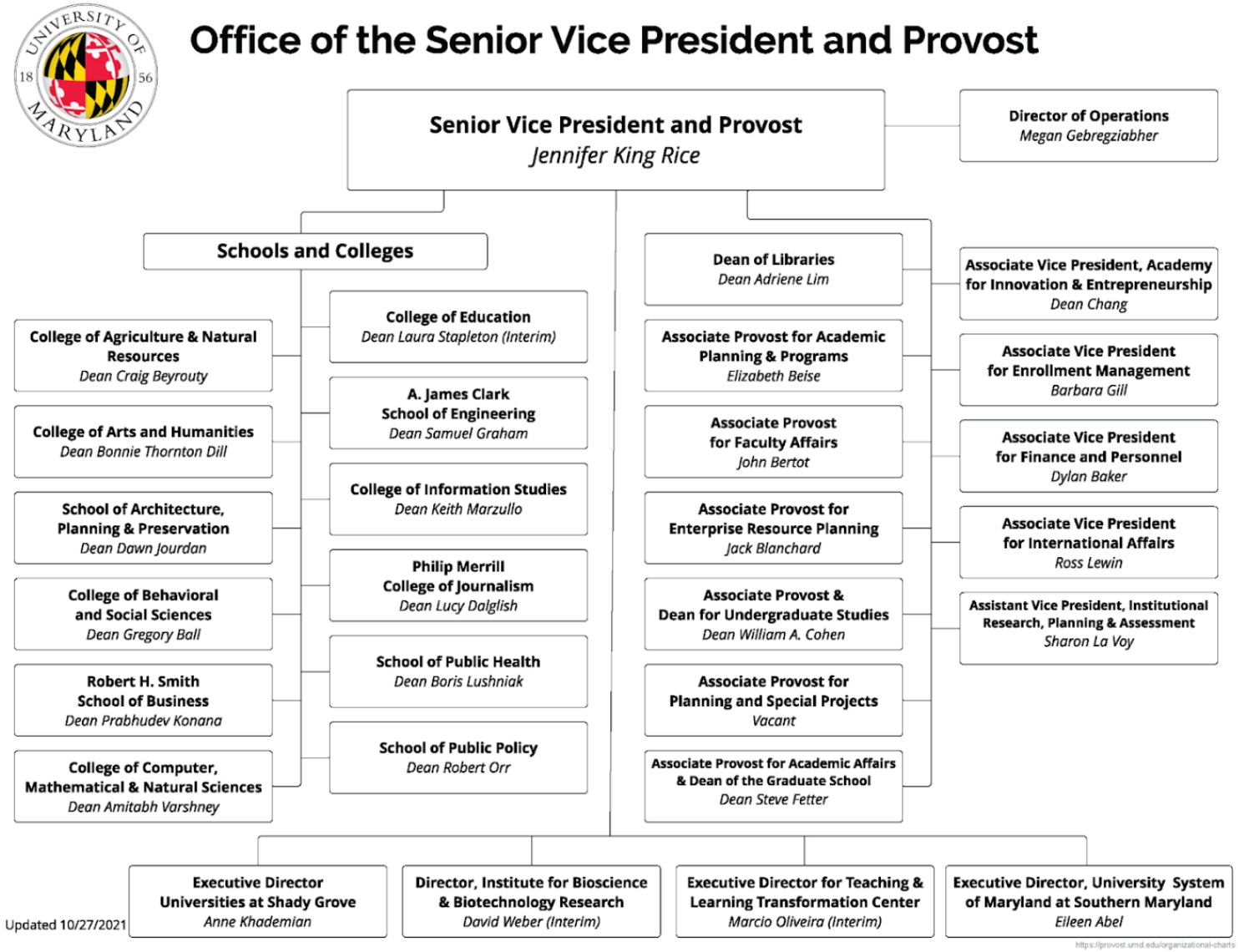


Figure Intro.6. University of Maryland College Park Office of the Senior Vice President and Provost Organizational Chart



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

NOT APPLICABLE

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

Table Intro.1. Instructional Matrix - Degrees and Concentrations					
University of Maryland School of Public Health, College Park MD			**Categorized as public health**	**Campus based**	**Distance based**
Bachelor's Degrees					
Community Health	BS		X		
Family Science	BS				
Kinesiology	BS				
Public Health Science	BS		X		
Master's Degrees	**Academic**	**Professional**			
Behavioral and Community Health		MPH	X	MPH	MPH
Biostatistics		MPH	X	MPH	
Epidemiology		MPH	X	MPH	
Couple and Family Therapy	MS			MS	
Environmental Health Sciences	MS	MPH	X	MPH, MS	
Health Administration	MHA				MHA
Health Care Management		MPH	X	MPH	
Health Equity		MPH	X	MPH	
Health Policy Analysis and Evaluation		MPH	X	MPH	
Kinesiology	MA			MA	
Physical Activity		MPH	X	MPH	
Public Health Practice and Policy		MPH	X		MPH
Doctoral Degrees	**Academic**	**Professional**			
Behavioral and Community Health	PhD		X	PhD	
Epidemiology	PhD		X	PhD	
Environmental Health Sciences	PhD		X	PhD	
Doctoral Degrees, Continued.	**Academic**	**Professional**			
Family Science	PhD			PhD	
Health Services Research	PhD		X	PhD	

Table Intro.1. Instructional Matrix - Degrees and Concentrations						
University of Maryland School of Public Health, College Park MD				**Categorized as public health**	**Campus based**	**Distance based**
Kinesiology		PhD			PhD	
Maternal and Child Health		PhD		X	PhD	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		**Academic**	**Professional**			
2nd Degree Area	**Public Health Concentration**					
Accelerated BS-MPH	Any BS with any MPH concentration		BS-MPH	X	BS, MPH	
Accelerated BS-MHA	Any BS with the MHA	BS-MHA			BS, MHA	X (MHA)
Medicine (Univ. Maryland Baltimore)	MHA	MD-MHA			MHA	
Master of Community Planning	Any MPH concentration		MCP-MPH	X	MCP, MPH	
Accelerated BS-MS (all MS concentrations, UMD Business)	Any BS	BS-MS				
Accelerated BS-MFin (UMD Business)	Any BS	BS-MFin				
Accelerated BS-MQuantFin (UMD Business)	Any BS	BS-MQuantFin				

4) **Enrollment data for all of the school's degree schools, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D18) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.**

Table Intro.2. Enrollment Fall 2022		
Degree		**Current Enrollment**
Master's		
	MPH, Behavioral and Community Health	39
	MPH, Behavioral and Community Health (online)	24
	MPH, Biostatistics	10
	MPH, Epidemiology	15
	MPH, Environmental Health Sciences	30
	MPH, Health Care Management	12
	MPH, Health Equity	26
	MPH, Health Policy Analysis and Evaluation	19
	MPH, Physical Activity	5
	MPH, Public Health Practice and Policy (online)	77
	MS, Environmental Health Sciences	39
	All remaining master's degrees	24
Doctoral		
	PhD, Behavioral and Community Health	34
	PhD, Epidemiology	16
	PhD, Environmental Health Sciences	18
	PhD, Health Services Research	37
	PhD, Maternal and Child Health	11
	All remaining doctoral degrees	50
Bachelor's		
	BS, Community Health	172
	BS, Public Health Science	1076
	All remaining bachelor's degrees	855

A1. Organization and Administrative Processes

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

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

1) **List the school'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.**

   Several Administrative and Standing Committees support the work of the SPH. Committees are listed below, along with each committee's formula for membership. See ERF A1.1 for committee membership. Full committee descriptions are provided in the SPH Plan of Organization, described in A1-3.

   Administrative Committees:

   SPH Cabinet: The SPH Cabinet comprises the Dean (who serves as Chairperson), the Associate and Assistant Deans, a PTK representative (selected by the Dean), the Chief of Staff, the Unit Chairpersons and Directors, the SPH Equity Officer, the Chair of the SPH SEC, two staff members (selected by the Dean, with one exempt and one non-exempt to the extent of availability), and three student members (one undergraduate, one master's, one doctoral) appointed by and from the SPH Student Advisory Committee. The Dean was reappointed by the Provost in 2022 for a second five-year term.

   Chairs' Forum: The Chairs' Forum comprises the Dean (who serves as Chairperson), the Principal Associate Dean, the Unit Chairpersons and Directors of the six academic units (or a designated proxy, if unable to attend). The Assistant/Associate Deans for Finance, Faculty, and Education, and the Chief of Staff attend as ex-officio members.

   Chairs and More Forum: The Chairs' and More Forum is comprised of the Dean (who serves as Chairperson), the Associate and Assistant Deans, the Chief of Staff, and Unit Chairpersons and Directors.

   Dean's Council: The SPH Dean's Council is comprised of approximately 10-20 external members appointed by the Dean. Nominations are solicited and recommended by the Associate and Assistant Deans, the Chief of Staff, and Unit Chairpersons and Directors. More information is available here: https://sph.umd.edu/about/deans-council.

   Community Advisory Council (CAC): The SPH Community Advisory Council is comprised of between 10 and 20 public health practitioners from local and state health and policy organizations. These members represent leaders from key constituencies in the public, private, and nonprofit sectors with expertise in the public health forum. More information is available here: https://sph.umd.edu/about/community-advisory-council.

   Planning and Evaluation Process for Strategic Implementation (PEPSI) Committee: The membership of PEPSI includes individuals in the following represented areas): Graduate Education (Associate Dean for Academic Affairs), Administrative Affairs (Chief of Staff), Planning & Evaluation (Director for the Office of Planning and Evaluation, who can also invite project-related staff from their office), Strategic Initiatives (Principal Associate Dean), Undergraduate Education (Associate

Dean for Academic Affairs), Public Health Practice (Asst/Assoc Dean or Director of Public Health Practice), and Research (Associate Dean for Research), and includes the SPH Senate Chair.

Student Advisory Committee: The SPH Student Advisory Committee shall be comprised of student members from each academic unit within the SPH, to include, at minimum, student members from each degree-level a unit offers (minimum of one undergraduate and one graduate student per unit dependent upon the level of degrees offered within that unit), a student from the Public Health Science program at Shady Grove (to the extent of availability), senior leaders from SPH student groups (to the extent of availability), and the undergraduate SPH representative to the University Student Government Association.

SPH Senate and Senate Executive Committee (SEC): The full SPH Senate membership shall include all SPH employees with faculty appointments, as well as representatives from the SPH's staff and students. The SPH Senate is supported by the SEC, standing committees of the Senate, and any ad hoc committees deemed necessary to fulfill the functions of the SPH. SPH's six academic units are represented on the SEC. The SEC has fourteen voting members. Membership shall include: six full-time T/TK faculty Senators (each elected by and from the full-time T/TK faculty in each unit), two full-time PTK faculty Senators (elected at-large by and from the SPH's full-time PTK faculty), the two staff Senators, one undergraduate Senator and one graduate Senator elected by and from the Senators for each category (ties will be decided by the SEC Chair), the SEC Chair, and the Senate Chair-Elect.

Standing Committees:

Appointment, Promotion, and Tenure Committees (APT & PTK): The SPH APT Committee (tenure-track faculty) must have a minimum of seven full professors as members, and the committee must always consist of an odd number of members. Members serve three-year terms, which shall be staggered. All members are appointed by the Dean from a slate of candidates provided by each Unit Chairperson or Director, with at least one faculty member from each unit and with consideration for gender, ethnic, and racial diversity in the committee membership. Membership of the SPH PTK Appointment, Evaluation, and Promotion (AEP) Committee (professional-track faculty) consists of at least 5 members of the PTK faculty with representation from across the SPH to the fullest extent possible.

Awards Committee: The Awards Committee is staffed by the SPH Program Administrative Specialist and overseen by the Dean's designee (Chief of Staff). The committee comprises a faculty representative from each of the SPH's six academic units, who will be identified by the Dean's designee in collaboration with each Unit Chairperson or Director, as well as one member of the SPH's staff, and one undergraduate and one graduate student.

Diversity, Equity, Inclusion, Anti-Racism and Belonging Council: The Dean for Diversity and Inclusion (or Diversity Officer) or their designee will chair the council. The Chair of the council will select a Vice-Chair, who will support the Chair and the council. Other members of the council shall include one of the SPH's Equity Administrators, one representative from undergraduate education (designated by the Undergraduate Academic Programs Committee), one representative from graduate education (designated by the Graduate Public Health Programs Committee), one faculty representative designated by each Unit Chairperson or Director through a process that involves nominations and self-nominations, three staff representatives (with one non-exempt to the extent of availability), two undergraduate student representatives, and two graduate student representatives from any degree program within the SPH.

Graduate Programs in Public Health Committee (GPPH): The GPPH is comprised of the Graduate Program Designees of all graduate degree-granting units in the SPH. The Dean shall designate non-voting, ex-officio members as appropriate and shall appoint the Chair of the committee. Student members shall include one undergraduate and one graduate student.

Programs, Curricula, and Courses Committee (PCC): The PCC shall be comprised of six faculty members, one elected by and from each academic unit; one member elected from the Centers not housed in an academic unit; one undergraduate and one graduate student selected by their respective members on the SEC from among the student Senators; and the Dean's designee, who shall serve as an ex-officio, non-voting member.

Research Committee: The Research Committee comprises a faculty representative designated by each Unit Chairperson or Director through a process that involves nominations and self-nominations, a faculty representative of each of the SPH-level centers under the Office of the Dean (selected by the Dean), a staff member involved in research administration (selected by the Dean), a staff member involved in research planning and evaluation (selected by the Dean), and an undergraduate student representative and a graduate student representative (selected by the Associate Dean for Research).

Undergraduate Academic Programs Committee (UAPC): The UAPC shall include a faculty representative designated by the Chair or Director of each undergraduate degree-granting academic department through a process that involves nominations and self-nominations, the Assistant/Associate Chair or Undergraduate Coordinator(s) from each of those academic departments, a professional advisor from Student Services, and the Assistant Dean of Undergraduate Education, who will serve as Chair of the committee. One undergraduate and one graduate member will be selected by their respective student member of the Senate Executive Committee via solicited student nominations.

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

Faculty within each academic program are primarily responsible for the design of academic requirements within degree programs, though are required to follow campus policies regarding credit hour requirements, course numbering and progression, pre-requisites, etc., and all degree program proposals or revisions undergo an approval process extending to various campus committees and occasionally to the state's Maryland Higher Education Commission (MHEC), depending on the nature of the changes.

For undergraduate degrees (BS), faculty within an academic program will rely on unit-level undergraduate degree committees to discuss, develop, propose, and approve revisions to existing undergraduate degrees. The unit head/department chair also must approve the proposal. Approved changes at the unit level are then submitted to the SPH PCC Committee, which includes representatives from all academic units and reviews the proposed changes and votes to approve or decline, with a majority required to approve or decline a proposal. The Dean then reviews and approves the proposal as well. Approved changes are then submitted to the campus Senate PCC Committee, which similarly votes to approve or decline the proposed changes. Approved proposals are then forwarded to the full campus Senate for final approval before implementation. For new degree programs or extensive changes to existing degree programs, additional approvals will be required with MHEC.

For most graduate degrees (MA, MS, MHA, PhD), faculty within an academic program will rely on unit-level graduate degree committees to discuss, develop, propose, and approve revisions to existing graduate degrees. The unit head/department chair also must approve the proposal. Approved changes at the unit level are then submitted to the SPH PCC Committee, which reviews the proposed changes and votes to approve or decline. The Dean then reviews and approves the proposal as well. Approved changes are then submitted to the Graduate School PCC Committee, which reviews and votes to approve or decline the proposed changes, after which the campus Senate PCC Committee similarly votes to approve or decline the proposed

changes. Approved proposals are then forwarded to the full campus Senate for final approval before implementation. For new degree programs or extensive changes to existing degree programs, additional approvals will be required with MHEC.

For changes within a concentration of the MPH degree within SPH, an additional step of review occurs within the Graduate Programs in Public Health (GPPH) Committee to ensure compliance with CEPH and ensure transparency around changes within a concentration prior to submission to the campus. Any new MPH concentration or significant revision of the MPH core curriculum is first reviewed and discussed by the GPPH before submission through the PCC approval process outlined above.

b. curriculum design

The University of Maryland has two primary review processes around academic programs: VPAC and PCC. The PCC, or Programs, Curricula, and Courses, process focuses on changes to an entire curriculum or degree program, including degree requirements and course progressions, as outlined in A1-2.a, above. Changes to a specific course within a degree program follow a different approval process, known as VPAC (Vice President's Advisory Committee). Any course specific changes or course additions begin with the faculty within the academic program proposing changes, which are reviewed by the appropriate faculty committee within the unit, followed by unit head/department chair approval. Approved changes are reviewed by the SPH PCC Committee and SPH Dean before submission (if approved) to the campus VPAC committee, which works to ensure 1) compliance with campus course policies, and 2) minimal overlap of course offerings across the campus. Approved changes by VPAC are then updated within the course catalogs.

A parallel review process exists for undergraduate courses within the General Education program for the campus. Academic programs will develop or revise courses to align with specific General Education course categories. Following the VPAC approval process outlined above, campus General Education faculty review committees will then review the course proposal within the context of the specific General Education category and approve or decline the proposal.

c. student assessment policies and processes

Campus-level academic policies are provided by both the Office of Undergraduate Studies and the Graduate School (links provided in A1-3) that provide direction to faculty, students, and administrators in the major areas of our academic offerings, from academic integrity and student conduct, to final exams and attendance, to accessibility and course communications. Within these policies, instructional faculty have direct responsibility for determining the methods of assessment and the development of grading rubrics within their courses, with the support of unit, school, and campus offices. For courses required within a major or degree concentration, faculty have less autonomy with regard to course content and assessment, as degree learning outcomes or competencies may derive from those courses and require specific assessments to ensure compliance with CEPH or other program or campus accreditation standards. In those cases, the unit undergraduate or graduate committee provides additional oversight of the development of assessments within those courses and works with faculty to ensure optimal assessment experiences in alignment with degree requirements. For the MPH degree within SPH, the GPPH and Dean's Office provide oversight for the MPH core courses and other CEPH-related course requirements to ensure continued compliance with CEPH accreditation criteria.

The Associate Dean for Academic and Faculty Affairs and the Assistant Dean for Undergraduate Education, in conjunction with the academic unit heads and the school's PCC, GPPH, and UAPC committees provide general oversight as part of their typical review

procedures and work to ensure not only compliance with campus policies but also alignment with best practices in pedagogy and inclusive learning.

The campus Associate Provost for Academic Affairs oversees a Learning Outcomes Assessment process for the campus at both the undergraduate and graduate levels, which formalizes an annual review of degree-level competencies with course-specific assessments. All units within the school participate in this process every year at the undergraduate level, as outlined at this website: https://irpa.umd.edu/Assessment/loa_overview.html. The Graduate School has recently launched a new process for this process at the graduate level and SPH programs will use this new process effective in 2023. Additional details can be found here: https://gradschool.umd.edu/gloa.

d. admissions policies and/or decisions

Undergraduate admissions decisions for the College Park campus are made exclusively at the university level through the Office of Undergraduate Admissions (OUA). Students declare a degree major either upon entry to the campus or soon thereafter. None of the SPH undergraduate programs have limited enrollment or other specific admissions constraints, so any student who chooses to may declare one of our SPH majors and be accepted into the program. Students who do not maintain a 2.0 GPA or fail to achieve specific graduation requirements or curriculum benchmarks within a major may be removed from the major for lack of progress, at which point they work with the campus on identifying a new major.

For the Shady Grove campus and the Public Health Science program, the Program Director and Admissions and Recruitment Coordinator handle all admissions to the program, but all admissions policies and procedures follow the requirements and standards set by the university. Once an application is submitted through UMD Admissions, program staff review the application to verify admissions criteria are met and make an admissions recommendation to UMD Admissions. The program may choose to accept an applicant conditionally; reject the application and recommend that the applicant return to the community college to complete additional prerequisites or earn a higher GPA; or reject the application. UMD Admissions has final approval authority over the application recommendation.

Graduate recruitment and admissions are the purview of the SPH faculty and staff for all degree programs, though basic admissions policies and procedures are governed by the Graduate School and graduate programs may only add to or tighten those basic requirements. Within the SPH, degree program faculty determine specific admissions requirements (e.g., GRE, work experience, etc.) for those programs and those are advertised in our graduate program information resources and on SOPHAS and/or the UMD Graduate Application websites.

Graduate recruitment and admissions are overseen by the Graduate Directors within each graduate program and by the SPH Director for Graduate Student Services. Most of our graduate programs rely on the SOPHAS application system with a supplementary application required by UMD; a small number of our non-public health programs require only the UMD Graduate Application system. Graduate faculty within each academic program review applications according to the basic admissions requirements and make selection decisions in relation to unit- and school-level admissions priorities, including prior academic performance, alignment with faculty interests, diversity of the student body, availability of seats, etc. Applicants approved for admission within an academic program are then identified to the Graduate School, which provides the final approval and letter of acceptance to the applicant.

For the MPH program, the SPH Director of Graduate Student Services performs an initial review of admissions requirements for all MPH applicants, regardless of concentration. All applicants who meet those minimums are then forwarded to the unit overseeing the applicant's identified MPH concentration of interest for full admissions review; the faculty within the unit make the decision whether to admit an applicant who has met the admissions requirements,

at which point the decision is forwarded to the Graduate School for the final approval. MPH core course seat targets are provided to the Graduate Directors for each of the MPH concentrations to ensure overall program size fits within school goals.

e. faculty recruitment and promotion

Faculty recruitment and retention is administered at the academic unit level but complies with a standard process across all units in the school, and is consistent with the university's faculty search, appointment, and promotion policies and procedures (listed in A1-3). Each academic unit is responsible for identifying faculty needs and submitting a position description and search strategy to the school's Equity Officer and the Dean for approval. Once approved, a search committee of faculty is established and formally charged by the Equity Officer and unit head or Dean. Each search committee supports marketing and recruitment efforts, reviews applications, schedules faculty candidate visits and meetings on campus, and submits a list of desirable candidates to the academic unit head who is the hiring authority as designated by the Dean. Final authority for hiring lies with the Dean.

New faculty members, both tenure- and professional-track, are immediately assigned faculty mentors by the unit head, and given a copy of the unit's, School's, and/or campus' promotion guidelines and criteria. All tenure-track assistant professors are signed to 3-year contracts, reviewed in the third year, signed to a second 3-year contract (assuming strong progress), and required to be reviewed for tenure and promotion to the associate rank during their sixth year. All tenured faculty members undergo post-tenure reviews every five years. Professional-track faculty are hired to 1–3-year renewable contracts depending on their incoming rank and level of experience. Professional-track faculty can pursue promotion within 3-5 years, depending on title and experience; longer contract periods are encouraged for promoted faculty. Both tenure- and professional-track faculty typically have two promotions available, from Assistant to Associate (First to Second Tier titles for PTK faculty) and from Associate to Full (Second to Third Tier titles for PTK faculty).

Promotion reviews are outlined by two processes: Advancement, Promotion and Tenure (APT) for tenure-track faculty, and Appointment, Evaluation, and Promotion (AEP) for professional-track faculty. Both tenure- and professional-track faculty have three ranks or tiers for promotion with accompanying titles (e.g., Assistant Professor, Associate Professor, Professor) and all promotion applications require a review for all faculty titles. Campus policies and guidelines are provided for both tenure- and professional-track faculty reviews, and schools and/or units develop specific guidelines and promotion criteria consistent with those campus policies; unit policies are reviewed and approved for compliance with campus policies. All tenure-track cases are reviewed by seven different levels, as follows: Unit-level APT Committee; unit head; School APT Committee; Dean of the school; University APT Committee; Provost; and finally, the President. Candidates for promotion who do not receive majority support at the unit level and do not receive support from the Unit Head are not advanced for consideration. Any candidate with majority support for promotion at the unit level or unit head support does move forward with the remaining steps of the process. Details on voting eligibility, procedures, and appeals processes are outlined within the specific policies.

Professional-track faculty undergo a similar process, beginning with review within the unit by a Unit AEP Committee and independent review by the unit head. After review at the unit level, candidates for promotion to the Second-Tier rank are then reviewed by the school's AEP Committee, which makes a recommendation to the Dean, who has the final decision to promote the candidate. Candidates for the Third-Tier rank are reviewed by the school's AEP Committee, then independently reviewed by the Dean, and finally reviewed by the campus-level AEP Committee, which makes a recommendation to the Provost who makes the final decision. Details on voting eligibility, procedures, and appeals processes are outlined within the specific policies.

f. research and service activities

All tenure-track faculty members and professional-track faculty who are classified in the research category are required to participate directly in research and scholarly activities that relate to the generation and interpretation of knowledge, and disseminate that knowledge through teaching, mentoring, practice, and service to enhance the well-being of the public. The university's Faculty Affairs website (www.faculty.umd.edu) describes the expectations for scholarly activity based on the university's full-time faculty workload policy (https://policies.umd.edu/faculty/university-of-maryland-college-park-policy-on-full-time-faculty-workload). Each faculty contract then specifies the expectations for research and service activities upon appointment. Research and service expectations are also part of the school's stated mission, goals, and objectives. Research and service performance are recognized through the university's system of merit, promotion, and tenure, as well as annual awards SPH makes to faculty in recognition of outstanding performance in these areas.

Various campus policies may inform faculty activities depending on the nature of their research activities. The UMD Research Compliance Office (https://research.umd.edu/rco) provides policies and oversight for human subjects research via the Institutional Review Board; conflict of interest; animal research via the Institutional Animal Care and Use Committee; responsible conduct of research requirements; laboratory and environmental safety; biohazards; technology use; intellectual property; and export compliance.

Tenure-track and professional-track faculty research and service activities are reported annually using a central reporting system known as Faculty Success. All tenure-track and many professional-track faculty are required to submit their annual activities using this system, which are then reviewed by the unit head or Dean. In addition, faculty of all types and ranks report annually any outside professional activities (e.g., paid and unpaid consulting; expert testimony; business interests, etc.) and conflicts of interest to a centralized website that are reviewed by the unit head and campus for compliance with faculty policies.

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 school.

The governance practices of the school are outlined in the SPH Plan of Organization, which is regularly reviewed by the school and approved by the campus Senate. The most recent review was completed in 2021 and Senate approval is expected in 2022. The SPH Plan of Organization must comply with a variety of other campus-level polices and requirements, as outlined in the links below, including faculty, academic, research, human resources, and other policies. All policies and procedures are provided centrally by the campus here: https://www.umd.edu/policies-and-procedures.

SPH Plan of Organization:
See ERF A1.3.

University of Maryland Policies Websites:
https://policies.umd.edu/
https://www.umd.edu/policies-and-procedures

Undergraduate Academic Policies:
https://www.ugst.umd.edu/courserelatedpolicies.html

Graduate School Academic and Registration Policies:
https://gradschool.umd.edu/policies

Graduate School Admissions Policies:
https://academiccatalog.umd.edu/graduate/policies/admissions-policies/

Faculty Affairs Policies:
https://faculty.umd.edu/main/resources/policies-particular-interest

Faculty Affairs Tenure and Promotion Policies (tenure-track):
https://faculty.umd.edu/main/appointments/promotion-and-tenure

Faculty Affairs Professional-Track Faculty Policies:
https://faculty.umd.edu/main/appointments/professional-track-faculty

SPH Professional Track Faculty Appointment, Evaluation, and Promotion (AEP) Policy:
Final Draft SPH PTK AEP Policy
Final Draft Appendix A, Evaluation and Promotion Criteria

Faculty Annual Activities Reporting:
https://faculty.umd.edu/activity

Faculty Outside Professional Reporting:
https://opa.umd.edu/

Research Related Policies:
https://research.umd.edu/rco

University Human Resources:
https://uhr.umd.edu/policies/

Grievance Policies (there is also the informal option of an Ombudsperson-links are within the Conflict Resolvers link below):

- Faculty
- Staff policy and University Relations related information
- Undergraduate Students
- Graduate Assistants

UMD Conflict Resolvers Network, including:

- BISS, Bias Incident Support Services
- Office of Civil Rights and Sexual Misconduct (Title IX)

UMD COVID policies and Keep Safe (COVID Requirements)

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.

School faculty are involved in a variety of decision-making bodies across the university, with examples listed below. Faculty, staff, and student representatives serve on the campus Senate as well, providing voting representation for all school members. See ERF A1.4 for a full list of campus-level committee memberships held by SPH faculty.

Academic Integrity Liaison Committee
Dr. Nicole Cousin-Gossett, Assistant Dean for Undergraduate Education.

Black Graduate Student Union
Dr. Jennifer Roberts, Associate Professor

Campus Appeals Committee
Dr. Stephen Thomas, Professor

Campus APT/AEP Promotion Committees
Dr. Robin Puett, Professor (APT)
Dr. Edmond Shenassa, Professor (APT)
Dr. Kerry Tripp, Principal Lecturer (AEP-PTK)

Campus Research Services Oversight Committee
Dr. James Hagberg, Professor

Coalition for Terps Essential Needs
Dr. Elizabeth Aparicio, Assistant Professor

Council of University System Faculty
Dr. Stephen Thomas, Professor

Doctoral Careers Working Group
Dr. Brit Saksvig, Associate Clinical Professor

Equity Council
Amanda C Grimes, Assistant Dean for Finance and Administration
Erin McClure, Chief of Staff and SPH Diversity Officer

Graduate Council
Dr. Paul Turner, Associate Professor
Dr. Edmond Shenassa, Professor

Information Technology Council
Mary Shelley, SPH Director of Information Technology

Institutional Review Board
Dr. Jim Hagberg, Professor and IRB Chair
Dr. Typhanye Dyer, Associate Professor

Learning Outcomes Assessment College Coordinator Committee
Dr. Nicole Cousin-Gossett, Assistant Dean for Undergraduate Education.

President's Advisory Committee on Institutional Conflict of Interest
Dr. James Hagberg, Professor

President's Commission on Women's Issues
Erin McClure, Chief of Staff and SPH Equity Officer, Chair

Presidential Taskforce on Community Policing
Dr. Sushant Ranadive, Assistant Professor

Research Council
Dr. Amir Sapkota, Professor and Chair

Research Technology Working Group
Dr. Neil Sehgal, Assistant Professor

Sexual Assault Prevention Committee
Dr. Amelia Arria, Professor

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.**

Documentation of recent faculty interactions is provided in ERF A1.5, including: SPH Assembly attendee lists; Public Health Research @ Maryland Day registration lists; roster of committee members for the development of the Office of Public Health Practice and Community Engagement (four part-time faculty members); examples of faculty meeting communications and attendance; and workshop attendee lists.

SPH faculty, full- and part-time, are engaged in a wide variety of school research, practice, teaching, mentoring, service, and social activities that allow for regular interaction. From research seminars at the unit and school level, to regular peer review of teaching, to attendance at workshops and faculty assemblies, to involvement with student committees and groups and other mentoring activities, SPH faculty from all ranks and categories have the chance to engage with each other and collaborate to the betterment of our students and school environment broadly. All units within the school hold regular faculty meetings that often involve the full cross-section of their faculty membership, and many units will have start-of-semester onboarding sessions for new faculty, in particular part-time and adjunct faculty, to help orient them to their instructional activities. The full SPH Assembly meets 2-3 times per year and includes all full- and part-time faculty and staff, often with workshop activities and linked social events to encourage faculty engagement across the school. Since 2013, our major event in SPH has been the Public Health Research @ Maryland day, which brings faculty and students from across the campus and region together to hear panel discussions, review research and practice findings and stimulate collaborations. Many of our full- and part-time faculty, our students and community partners participate in this event. In 2022, this collaborative event with University of Maryland Baltimore continued and the SPH added an enhanced and separate SPH poster session to focus on Research, Practice, and Innovative Solutions. Many of our units also have less formal means of interaction for their faculty and students, from weekly tea events in Health Policy and Management and Behavioral and Community Health, a weekly lunch in Applied Environmental Health, and a weekly breakfast in Kinesiology. The COVID-19 pandemic and related restrictions on in-person gatherings necessitated the use of creative ways for faculty and staff to interact with each other to maintain a sense of community, but these long-standing social interactions are slowly resuming. Finally, our annual SPH Convocation recognizes student award winners and invites faculty and staff across the school to celebrate their role in helping students succeed.

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

Strengths:

- A core value of the SPH community is inclusiveness and therefore many efforts are made to create committees that are composed of individuals with different roles and perspectives.
- A major strength is the large number of different types of faculty, as well as our connections to faculty across campus. We leverage technology to disseminate information about opportunities to collaborate and communicate.

Weaknesses and Plans:

- Cross-departmental communication has been challenging, and informal opportunities for such dialogues were hampered by the COVID-19 pandemic. The ability to share information from these various committees broadly across the faculty/staff/student communities (as relevant) is challenging with so many connections and ways of communicating.
- We continue to refine our communications approaches (weekly updates; newsletters) and are revising our school intranet for additional ways of improving and streamlining communications and resources.

A2. Multi-Partner Schools (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 school, and the school engages students as members on decision-making bodies whenever appropriate.

1) **Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs.**

Students are involved in shared governance through committee participation and a variety of student organizations. The SPH Student Advisory Committee has representatives from each academic unit in the school, and for each degree level each academic unit offers. This committee provides the Dean with critical feedback for ongoing planning and evaluation of the school. Students are also appointed to each standing committee stipulated to include students as written in the SPH Plan of Organization. They participate in the planning, implementation, and assessment processes that constitute the charge to the committee and are equal members of those committees, providing input and making decisions. There are a number of student organizations that have emerged at the unit level or were created for specific purposes.

SPH Student Advisory Committee: The SPH SAC is responsible for engaging with the broader SPH student community and providing the Dean with student perspectives on SPH-wide needs, problems, concerns, issues, future plans, and campus issues impacting the SPH.

See ERF A3.1 for Student Advisory Committee membership for 2020, 2021, and 2022.

Graduate Student Advisory Council: A diverse cross-section of graduate students from across the SPH to assist the Associate Dean and Director of Graduate Student Services on ways to improve the experience of SPH graduate students.

2023 Membership
Emily Blake (PhD – Kinesiology)
Moboluwape Adeoti (MPH - Public Health Practice and Policy (Online))
Leanne Ajabor (MHA - Health Administration (Online))
Carine Wellington (PhD - Health Services Research)
Leanne Souza (MPH - Health Equity)
Kiersten Janjigian (PhD – Kinesiology)
Chinedu Obioha (PhD - Maternal and Child Health)
Sedric White (MPH - Health Care Management)
Nora Elizabeth Jameson (PhD – Epidemiology)
Jan-Michael Archer (PhD - Environmental Health Sciences)
Bilal Murtaza (MPH - Health Care Management)
Junbin Yang (PhD – Kinesiology)
Alisa Kotz (MPH – Epidemiology)
Jamie Hoffmann (MPH - Health Policy Analysis and Evaluation)
Nicole Sieck (PhD - Environmental Health Sciences)
Katherine Grady (MPH - Physical Activity)
Janay Johnson (PhD - Maternal and Child Health)
Anu Sangraula (MPH - Behavioral and Community Health (In-person))

2022 Membership
Elizabeth Bell (PhD KNES)
Deborah Bors (PhD BCH)
Carla Byrnes (MPH BCH)
Natalie Crnosija (PhD MIAEH)

Anne Mamish (MPH EPID)
Heidi Mattick (MPH KNES)
Bria Moore (MHA HPM)
Madison Shoemaker (MA KNES)
Cameron Smith (MS MIAEH)
Shuling Wu (PhD KNES)

2021 Membership
Aitalohi Amaize (PhD HSR)
Courtney Cann (MPH HPAE)
Leena Daniel (PhD BCH)
Rachel Gerstenfeld (MPH HPAE)
Jenna Harrison-Peters (MPH EPID)
Sahra Ibrahimi (PhD FMSC)
Tori Thompson (PhD KNES)
Taeilorae Levell (MPH PHPP)
Izidora Skracic (PhD FMSC)

Planning and Evaluation Process for Strategic Implementation (PEPSI) Committee: While not required to have student participation, the PEPSI committee has benefitted from student voices over the past several years as part of our ongoing planning and evaluation work for SPH.

2023 Membership
Abri Segal, MPH student

2022 Membership
Abri Segal, MPH student

2021 Membership
Angelina Bilokon, PhD student

Public Health Science Student Advisory Committee: An advisory committee of students from different years in the BS degree program.

2022 Membership
Alex McCann
Alisa Kotz
Ariel Koff
Blen Asres
Camille Clarke
Christine Kim
Donya Saghafi
Eden Adhanom
Ghislaine Ekane
Jacob Offer
Jasmeen Bhullar
Katherine Cox
Kristina Diaz
Michael DiGiacomo
Oluwasemilore Ayo-Gbenjo
Rabia Asjid
Sanai Theodore
Shachar Gazit-Rosenthal
Taliah Hodges
Vivian Flanagan

2021 Membership
Zayda Villatoro
Samantha Vanegas
Aarushi Malhotra
David Song
Fern Holt
Kesha Pancholi
Sophia Eclarin
Hannah Col
Shivawn Angelo
Rachel Martin
Nadia Hackett
Anna Dunne
Ryann Sanders
Hameenat Adekoya
Basilica Arockiaraj
Holly Wilson
Teni Faleti
Manmeet Sandhu
Kayla Bae
Courtney Robinson

2020 Membership
Adam Britton
Kayla Housewright
Shifali Mathews
Kristine Pham
Daniella Bloch
Hannah Col
Michael Digiacomo
Emma Lawrence
Jaleh Montazer
Aminju Nkeng
Maria Sabillon
Alexandra Schroeder
Jana Washington

SPH Senate Executive Committee: The SPH Senate is the primary organ of shared governance, providing a forum for the faculty, students, and staff to participate in the governance of the SPH.

2022 Membership
Jingshuai Du
Tiffany Jackson
Mumtahina Tabassum

2021 Membership
Tiffany Jackson
Brianna Nabet
Vivian Flanagan

2020 Membership
Inioluwa Obidiran
Eleanor Vanvranken

Research Committee: Committee members are responsible for reacting and responding to university research policies and practices.

2022 Membership
Stephanie Chiazom Olebara

2021 Membership
Veeraj Shah

2020 Membership
Grishma Bhadresh Shah
Karen Mon Diep
Rachael Sturgis
Veeraj Shah

Diversity, Equity, Inclusion, Anti-Racism and Belonging Council: Responsibilities include generating and stimulating activities and initiatives described in, or consistent with, the SPH's Strategic Plan for Diversity & Inclusion. (Note, during the past two academic years, the DEIAB Council has expanded its work with the intersecting work of SPH TerrapinSTRONG and the PRC Anti-Racism Committee.)

2022 Membership
Jan-Michael Archer
Reggie Corbie
Katherine Grady (BS KNES alum and accepted MPH student 2022-2023)
David Hawthorne
Shuo "Jim" Huang
Joseph Lee
Stephanie Olebara
Taylor Palmer
M Pease
John Salerno

2021 Membership
Portia Buchonogo
David Hawthorne
Stephanie Olebara

2020 Membership
Stephanie Olebara
John Salerno

Graduate Programs in Public Health: The GPH shall facilitate coordination between all graduate degree-granting units regarding public health curricula at the graduate level, as well as select fellowships recipients and identify nominees for other related SPH- or University-level awards for graduate applicants or students.

2023 Membership
Jan-Michael Archer, MIAEH Graduate Student
Jamie Hoffman, HPM Graduate Student

2022 Membership
Deborah Bors, BCH Graduate Student
Hannah Col, EPIB Graduate Student

2021 Membership
(previously relied on Graduate Student Advisory Council)

Graduate Students in Public Health: The GSPH assembly consists of all graduate students within the School of Public Health. The leadership serves as a liaison between graduate students, the administration, staff, and faculty.

2023 Membership
President: Lauren Kauffman
Vice-President: Sara Mascone

2022 Membership
President: Anna Posbergh
Vice-President: Sara Mascone
Director of Financial Affairs and Public Relations: Lauren Kauffman
Academic and Career Committee Chair: Gabriel Pena

2021 Membership
President: Anna Posbergh
Vice President: Catalina Chesney
Director of Financial Affairs and Public Relations: Lauren Kauffman

Students Engaged in Public Health (SEIPH): The student organization of the Public Health Science program with chapters at both the Shady Grove and College Park campuses.

See ERF A3.1 for SEIPH membership lists for 2021, 2022, and 2023.

Public Health Beyond Borders (PHBB): a globally minded group of students aiming to address health needs in partnering communities.

2022 Board Membership
Daniel Fong
Karenna Aparece
Jerry Yang
Lydia Ruan
Arya Bhargav
Nour Oubenali
Matt Mathai
Neil Patel
Jessica Monaghan
Nour Oubenali
Roman Kassaraba
Karena Chu
Tevin Okutyoti
Matthew Mathai
Sarita Miller
Sush Kundal
Ruth Park
+60 general body active members, 120 total members

2021 Board Membership (Public Health Without Borders before name change to PHBB)
Veeraj Shah
Manasvinee Mayil Vahanan
Sara Hatfield
Emma Dacey
Kevin Tu

Daniel Fong
Matthew Villanueva
Matthew Mathai
Nour Oubenali
Jessica Monaghan
Neil Patel
Darya Soltani
Ada Beams
Rachel Black
Raymond “Monty” South
Sarita Miller
Kristin Carbin
Kelsie Challenger
Chloe Ober
Yousef Khan
+60 general body active members, 120 total members

2020 Board Membership (Public Health Without Borders before name change to PHBB)
Veeraj Shah
Karley Belanger
Emma Dacey
Danielle Gans
Sara Hatfield
Subhi Nagaraja
Darya Soltani
Raymond “Monty” South
Manasvinne Mayil Vahanan
Kristin Carbin
Kelsie Challenger
Chloe Ober
Yousef Khan
+50 general body active members, 100 total members

Public Health Through Civic Engagement: Their mission is to facilitate the translation of public health science into policy and change through meaningful stakeholder partnerships and effective civic engagement.

2022 Board Membership
Anu Sangraula
Isha Yardi
Bethel Dereb
Delara Rajabi
Emily Liu
Natalie Tardito
Faizan Wajid

2021 Board Membership
Anu Sangraula
Jana Washington
Leah Barnes
Dini Khiangte
Yael Hamburger
Isha Yardi
Bethel Dereb
Delara Rajabi

Emily Liu
Natalie Tardito
Faizan Wajid

2020 Board Membership
Maddie News
Ashley Cribb
Vaness Darla
Yael Hamburger

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

Strengths:

- From the onset of the pandemic, school staff and faculty swung into action to integrate student engagement in both our institutional and campus response activities, but also by incorporating and mentoring student engagement in our community outreach and response, such as contact tracing, community dialogues and educational messaging. These latter activities created student/staff/faculty teams and also served to fulfill academic requirements for the student degree programs.

Weaknesses and Plans:

- While we have always valued student engagement in our planning and evaluation activities, we've not always done well formalizing student participation in key committees.
- Our newly revised Plan of Organization more clearly incorporates student membership criteria in our key committees and relies less on ad hoc student advisory committees and focus groups, which was the school's primary means of engaging students in the past. This increased formality will not replace the need for those important focus groups and informal student interactions but will improve transparency for students about how we value their participation in shared governance for the school.

A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures, and practices.

1) **Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.**

   The President of UMD is the Chief Executive Officer of the University of Maryland whose authority is granted by the University System of Maryland Board of Regents (www.umsa.umd.edu/regents/). Through the implementation of all policies of the Board of Regents and related institutions, the President must develop an institutional mission and strategic plan that ensures the discipline and successful conduct of the institution and each of its departments. Through Vice Presidents, the President delegates specific authority for academic, fiscal, administrative, athletic, research, and student activities, and advancement initiatives of the campus. The academic mission of the campus is under the authority of the Senior Vice President and Provost, to whom all school and college Deans report. Each of the 12 colleges or schools is headed by a Dean. In addition, Deans preside over the Office of Undergraduate Studies, the Graduate School, and the Libraries. The Dean of the School of Public Health, as outlined in the organizational chart shown in the introduction, has the same level of authority and independence as any other school or college dean at the university. Within the SPH, all department chairs and institute or center directors report to the dean.

2) **Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.**

   The University of Maryland College Park does not include the other traditional professional schools of the University System of Maryland (e.g., Medicine, Nursing, etc.); those schools are mostly found at the University of Maryland Baltimore. The College Park campus is home to the School of Public Policy, School of Journalism, and School of Architecture, Planning, and Preservation, all of which are led by Deans with the same level of autonomy as the School of Public Health and all other schools on the campus. As such, there is no difference in reporting lines or levels of autonomy between our School of Public Health and any other school or college at the University of Maryland College Park.

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

   NOT APPLICABLE

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (e.g., MPH) in at least three concentrations representing at least three distinct sub-disciplinary areas in public health and public health doctoral degree programs (academic or professional) in at least two concentrations representing at least two distinct sub-disciplinary areas in public health. A school may offer more degrees or concentrations at either degree level.

1) **Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.**

   As listed in Template Intro-1, the University of Maryland School of Public Health offers the MPH degree in nine concentrations: behavioral and community health, biostatistics, environmental health sciences, epidemiology, health care management, health equity, health policy analysis and evaluation, physical activity, and public health practice and policy. While our school does not yet offer the DrPH, we offer PhD degrees in five public health areas: behavioral and community health, environmental health sciences, epidemiology, health services research, and maternal and child health.

2) **An official catalog or bulletin that lists the degrees offered by the school.**

   Our school's undergraduate degree programs can be found in the Academic Catalog under: Community Health, Family Science, Kinesiology, and Public Health Science.
   https://academiccatalog.umd.edu/undergraduate/

   Filtering the programs for the School of Public Health reveals all of our undergraduate programs:
   https://academiccatalog.umd.edu/undergraduate/colleges-schools/public-health/#degreeprogramstext

   Our school's graduate degree programs, as listed in Template Intro-1, can be found in the Academic Catalog for graduate programs:
   https://academiccatalog.umd.edu/graduate/

   Filtering the programs for the School of Public Health reveals all of our graduate programs:
   https://academiccatalog.umd.edu/filters/#filter=.filter_35

B1. Guiding Statements

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

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

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

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

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

The School of Public Health 2018-2023 Strategic Plan was developed by members of our School of Public Health community including students, staff, faculty, alumni, and partners from a wide range of stakeholder organizations. The Plan includes goals that reflect our vision, mission, and values, and align with those in the University of Maryland Strategic Plan—Fearlessly Forward (2022). Each goal is followed by specific objectives and targets that will be used to assess whether the goals have been achieved. The Plan will be annually reviewed and refined through active consultation with school stakeholders. Using this Plan as our guide, we look forward to building a stronger School of Public Health at the University of Maryland, College Park.

The SPH Strategic Plan and all of its elements are included on our website:
https://sph.umd.edu/about/vision-mission-values-and-goals

VISION STATEMENT
Physical, mental, and social health and well-being for all people throughout our local and global communities.

MISSION STATEMENT
To promote and protect the health and well-being of the diverse communities throughout Maryland, the nation, and the world through leadership and collaboration in interdisciplinary education, research, practice, and public policy.

VALUES
The school is committed to a set of core values that guide our work, our engagement with one another, and our service to communities and stakeholders.

- A commitment to integrity, respect, and the ethical principles of public health practice
- The pursuit of discovery
- Innovation in our thinking and actions
- A dedication to social justice
- The achievement of health equity, elimination of health disparities, and attainment of health literacy
- Honoring the principles of diversity and inclusion
- Social responsibility as central in our actions
- Sustainability as a core principle in our work
- A celebration of lifelong learning

GOALS
Goal 1: Develop and mentor the next generation of public health leaders.
We are committed to providing a student-centered learning environment by delivering excellent instructional courses, undergraduate and graduate degree programs, and professional programs

for our students. To continue to provide relevant, active, and supportive learning environments we aim to ensure a high-quality, innovative curriculum, strengthen our teaching, improve student learning and academic outcomes, and increase interdisciplinary and joint program offerings. Moreover, we will prepare students for the public health workforce with targeted career development activities.

Goal 2: Lead and translate innovative research into real world public health solutions.
We are committed to conducting high-quality research and scholarship. Our research is aimed at addressing the determinants of health, including social, environmental, behavioral, and health systems factors. Our research ranges from basic biologic studies to societal and global investigations, and our human subjects' research includes populations across the lifespan. We seek to create knowledge and generate effective strategies that improve health and well-being for all populations. We identify priority areas for investigative inquiry and address urgent health needs that require intervention and evaluation. To accomplish this, we need to strengthen our research infrastructure, enhance the capacity of our faculty and students to apply for and conduct research, support research partnership collaborations, and provide routine SPH-wide research updates to university colleagues, alumni, public health communities, policymakers and beyond. In a timely manner, we will measure the impact of our research, clearly translate, and disseminate findings to academic, professional and community groups, and provide the public with health information that is easy to find, understand and use for their decision-making. Moreover, our findings will be used to inform teaching, practice, policies, and additional research.

Goal 3: Create and grow sustainable partnerships that engage communities.
*We use the term community to convey areas of geographic closeness (e.g., county, neighborhood) or groups of people who share a common interest (e.g., a health center, a non-profit agency) or affiliation (e.g., race/ethnic group, LGBTQ, immigrant).

We consistently strive to actively engage the public through service and outreach in decision-making and partnerships for research, health promotion, and disease prevention. However, to reach additional communities and create strong and sustainable partnerships with communities in Maryland and beyond (e.g., regional and national communities), we will use formal agreements that address mutual needs and support authentic connections between academic programs and the needs of communities and practitioners. Moreover, our community stakeholders include the regional public health workforce, and we are committed to providing high quality training and career development that meets their ever-changing needs.

Goal 4: Accelerate and transform the school's role as an innovative leader.
We will strengthen our status as a regionally prominent, nationally ranked, and internationally recognized school of public health by enhancing our infrastructure, organization management, and essential program and services. We will do this by demonstrating a commitment to efficient and effective quality improvement, investing in our innovation capacity, improving donor relations, improving our teaching technologies and our secure data management and programming capacity, and providing a contemporary facility attractive to students, faculty, and the community.

Goal 5: Foster and invest in a culture of excellence.
We will create an engaging environment that fosters and supports a culture of excellence and continual improvement among the students, staff, and faculty within the school. To do this we must provide a strong infrastructure of social, organizational, and administrative support, in the form of resources, as well as attract and recognize outstanding students, faculty, and staff within the school.

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

See ERF B1.2 for the school's 2018-2023 Strategic Plan. This document is also available online: https://sph.umd.edu/sites/default/files/2021-04/2018-2023-UMD-SPH-Strategic%20Plan.pdf

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

Strengths:

- The school is well-positioned to embark on an updated strategic planning process in 2022 and 2023 to ensure continued alignment with the newly released campus strategic plan. We have used our school's current strategic plan to guide our collective actions and communication with the Provost, Vice President for Research, and President, along with our many SPH stakeholder groups.

Weakness and Plans:

- While our 2018-2023 Strategic Plan has provided important direction, feedback from faculty and staff indicate a need for greater transparency about how the plan is influencing decisions and the school's progress around key goals. We will enhance communication and transparency around our forthcoming strategic plan.

B2. Evaluation and Quality Improvement

The school 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 school 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 school 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)**

    See Table B2-1 below.

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?**	**Does it measure Goal 2?**	**Does it measure Goal 3?**	**Does it measure Goal 4?**	**Does it measure Goal 5?**
				Develop and Mentor the Next Generation of Public Health Leaders	**Lead and Translate Research into Real World Public Health Solutions**	**Create and Grow Sustainable Partnerships that Engage Communities**	**Accelerate and Transform the School's Role as an Innovative Leader**	**Foster and Invest in a Culture of Excellence**
Student enrollment	*Intro-2*	Student enrollment data is made available by the university's Office of Institutional Research, Planning, and Assessment (IRPA) via Tableau. These data are tracked by the Office of Planning and Evaluation (OPE).	Planning and Evaluation Process for Strategic Implementation (PEPSI) Committee; Dean; Unit Chairs; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education	x				
Percent of recent alumni who state that their program provided them with meaningful skills for their career	*B2-1*	These data are collected by OPE in the alumni and commencement surveys. Data from these surveys are reported annually and presented to the PEPSI Committee and the Chairs and More Forum.	PEPSI; Unit Chairs; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Director of Graduate Student Services	x				
Percent of students who agree that "I learned a lot from this course"	*B2-1*	Course evaluation data are collected at the end of each semester by IRPA and accessed by OPE.	PEPSI; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs	x				

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Percent of students who agree that "Overall, this instructor was an effective teacher"	*B2-1*	Course evaluation data are collected at the end of each semester by IRPA and accessed by OPE.	PEPSI; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs	x				
Percent of graduating students (undergraduate and graduate) who rate their quantitative skills as very good or excellent	*B2-1*	These data are collected by OPE in the alumni and commencement surveys.	PEPSI; Associate Dean for Academic Education; Assistant Dean for Undergraduate Education; Unit Chairs; Program Directors	x				
Percent of internship preceptors who rate their MPH, MHA, or BS interns as prepared or well-prepared	*B2-1*	These data are collected by OPE in the biennial survey of internship preceptors.	PEPSI; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs; Program Directors	x				

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Gap between graduation rates for students who are and are not members of racial/ethnic minority groups	*B2-1*	Graduation rates by cohort are made available by IRPA via Tableau. OPE tracks and reports this data by racial/ethnic minority status.	Diversity Officer; Diversity Council; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs	x				
Number of proposals submitted per fiscal year	*B2-1*	These data are collected by OPE on an ongoing basis (i.e., as proposals are submitted), with help from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			
Total number of proposals submitted	*B2-1*	These data are collected by OPE on an ongoing basis, with help from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			
Total proposal dollars	*B2-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			

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Total award dollars from existing and new awards per fiscal year	*B2-1*	These data are collected by OPE on an ongoing basis (i.e., as grants are awarded), with assistance from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			
Active seed grants	*B2-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			
Percent of primary faculty who are PIs on externally-funded research projects	*B2-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research		x			
Percent of students who participate in research during their time in our programs	*B2-1*	These data are collected by OPE in the alumni and commencement surveys.	PEPSI: Chairs; Associate Dean for Research		x			
Percent of awards/proposals that involve undergraduate or graduate students	*B2-1*	Data on student involvement are collected from PIs by OPE after a grant is awarded.	PEPSI: Director of Research Administration; Chairs: Associate Dean for Research		x			

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Number of proposals by graduate students for externally-funded doctoral fellowships	*B2-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Associate Dean for Research; Chairs; Graduate Directors		x			
Number of proposals submitted by graduate students for internal funding	*B2-1*	OPE collects data from the University of Maryland Graduate School and the Kuali Research system.	PEPSI; Associate Dean for Research		x			
Number of proposals submitted by graduate students for external funding	*B2-1*	OPE collects data from the University of Maryland Graduate School and the Kuali Research system.	PEPSI; Associate Dean for Research		x			
Examples of partnerships within Maryland	*B2-1*	Principal Associate Dean tracks these data on an ongoing basis as partnerships are made.	PEPSI; Principal Associate Dean; Chief of Staff			x		
Examples of partnerships beyond the state level	*B2-1*	Principal Associate Dean tracks these data on an ongoing basis as partnerships are made.	PEPSI; Principal Associate Dean; Chief of Staff			x		
Examples of funded interagency agreements with the Maryland Department of Health	*B2-1*	These data are collected by OPE on an ongoing basis, with help from ORA, using the Kuali Research system.	PEPSI; Director of Research Administration; Principal Associate Dean			x		

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Regularity of Community Advisory Council meetings	*B2-1*	Associate Dean for Research tracks these meetings on an ongoing basis as they are held.	PEPSI; Principal Associate Dean; Chief of Staff			x		
Number of UMD-affiliated and non-UMD affiliated users enrolling in Canvas Catalog courses	*B2-1*	OPE collects data annually from the Canvas Catalog system.	Associate Dean for Academic and Faculty Affairs			x		
Proportion of total budget that is from extramural funding	*B2-1*	Extramural funding is collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system. The total budget is tracked by the Assistant Dean for Finance and Administration.	Associate Dean for Research; Assistant Dean for Finance and Administration				x	
Proportion of total budget that is from state appropriations	*B2-1*	Detailed budget information is tracked on an ongoing basis by the Assistant Dean for Finance and Administration.	Assistant Dean for Finance and Administration				x	

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Examples of ongoing improvements to the physical facilities and IT resources	*B2-1*	Facilities Manager and Director of Information Technology tracks these improvements on an ongoing basis as they are made.	Facilities Manager; Director of Information Technology				x	
External fundraising activity	*B2-1*	Fundraising activity is logged on an ongoing basis using a system of databases hosted by the University's Division of University Relations. A report capturing fundraising activity per fiscal year is pulled from the system annually.	Assistant Dean for Development				x	
Student-to-primary faculty ratio for undergraduate and graduate programs	*B2-1*	Student enrollment data is made available by IRPA via Tableau. Primary faculty are identified by Associate Dean for Academic Affairs and OPE.	PEPSI; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education				x	
Representativeness of the State of Maryland's racial and ethnic diversity among faculty	*B2-1*	OPE tracks race and ethnicity information for faculty using data from Payroll and Human Services.	Diversity Officer; Dean; Associate Dean for Faculty Affairs					x

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Representativeness of the State of Maryland's racial and ethnic diversity among staff	*B2-1*	OPE collects and tracks race and ethnicity information for staff using data from PHR.	Diversity Officer; Dean; Chief of Staff					x
Representativeness of the State of Maryland's racial and ethnic diversity among students	*B2-1*	OPE collects and tracks race and ethnicity information for students using the university's Student Information System (SIS).	Diversity Officer; Diversity Council; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs	x				x
Annual expenditures of externally-funded research addressing health disparities and diversity-related issues	*B2-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system.	Diversity Officer; Associate Dean for Research					x

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Percent of faculty and staff who agree that SPH is a welcoming and inclusive environment	*B2-1*	These data are collected by OPE in the biennial Diversity, Equity, Inclusion, Anti-racism, and Belonging Survey. OPE works with the Diversity Officer to prepare a presentation and brief report summarizing survey results to share with stakeholders.	Diversity Officer; Diversity Council; Dean					x
Percent of assistant professors who have a mentoring plan	*B2-1*	Mentoring plans are tracked by the unit chairs and reported to OPE annually.	Associate Dean for Faculty Affairs					x
Number of staff participating in professional development	*B2-1*	Mentoring plans are tracked by the unit chairs and reported to OPE annually.	Chief of Staff					x
Three-year rolling average success rate for tenure/promotion among tenure-track and professional-track faculty	*B2-1*	OPE collects data on promotion from the Associate Dean for Faculty Affairs. This occurs annually after the promotion cycle has been completed.	Associate Dean for Faculty Affairs; ADVANCE Professor					x

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Percent of primary faculty who have a doctoral degree or other terminal degree (e.g., MD) in their field	*B2-1*	OPE collects and tracks degree information using data from PHR.	Associate Dean for Faculty Affairs					x
Percent of primary faculty who have an MPH, DrPH, or other degree in a core public health discipline	*B2-1*	OPE collects and tracks degree information using data from PHR.	Associate Dean for Faculty Affairs					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	*B2-2*	Improvements are noted on an ongoing basis during PEPSI meetings and tied back to data from the evaluation plan.	PEPSI				x	x
Graduation rates	*B3-1*	Graduation rates by cohort are available from IRPA via Tableau. OPE track and report annually on these data.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
Doctoral student progression (e.g., # newly admitted, # completed coursework)	*B3-2*	OPE works with the graduate directors to collect these data.	PEPSI; Associate Dean for Academic Affairs	x				x

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Post-graduation outcomes (e.g., employment, enrollment in further education)	*B4-1*	These data are collected by OPE using multiple methods (e.g., alumni and commencement surveys, LinkedIn, other social media, faculty/staff reports).	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5	These data are collected by OPE in the alumni and commencement surveys. The data are reported annually.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
Budget table	*C1-1*	Assistant Dean for Finance and Administration tracks this data on an ongoing basis.	Assistant Dean for Finance and Administration				x	
Student perceptions of faculty availability	C2	These data are collected by OPE in the commencement and alumni surveys. The data are reported annually.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				x

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Student perceptions of class size & relationship to learning	C2	These data are collected by OPE in the commencement and alumni surveys. The data are reported annually.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole	*C2-1, E1-1, E1-2*	OPE tracks employment data, including FTE, using data from the university's Payroll and Human Resources (PHR) data system. The Associate Dean for Faculty Affairs and Unit Chairs provide additional information on concentrations supported by each faculty members.	Associate Dean for Faculty Affairs					
Ratios for student academic advising (all degree levels)	*C2-2*	Associate Dean for Academic Affairs collects this data using advising staff employee records and student enrollment data from the campus.	Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Chairs	x				

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Ratios for supervision of MPH ILE	*C2-2*	Associate Dean for Academic Affairs collects this data using MPH faculty advisor records from each concentration as well as student enrollment data within each concentration.	Associate Dean for Academic Affairs; Graduate Program Directors	x				
Ratios for supervision of bachelor's cumulative/experiential activity	*C2-2*	Associate Dean for Academic Affairs collects this data using faculty advisor records from each public health BS program as well as student enrollment data within each program.	Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Chairs	x				
Ratios for DrPH ILE advising	*C2-2*	*N/A*	*N/A*	x				
Ratios for PhD dissertation advising	*C2-2*	Associate Dean for Academic Affairs collects this data using graduate faculty numbers and doctoral enrollments in each program.	Associate Dean for Academic Affairs; Directors of Graduate Studies	x				

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Ratios for MS final project advising	*C2-2*	Associate Dean for Academic Affairs collects this data using faculty advisor records from each master's program as well as student enrollment data within each program.	Associate Dean for Academic Affairs; Directors of Graduate Studies	x				
Count, FTE (if applicable), and type/categories of staff resources	*C3-1*	OPE tracks employment data, including FTE, using data from the university's Payroll and Human Resources (PHR) data system.	Assistant Dean for Finance and Administration				x	
Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3	Faculty are required to submit an annual report to the University's centralized system that tracks research and scholarship, teaching, mentoring, and service activities. OPE and the Associate Dean for Faculty Affairs have access to this system and collect data from these reports annually.	Associate Dean for Academic and Faculty Affairs; Assistant Dean for Undergraduate Education; Chairs	x				x

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Annual reviews of faculty productivity and relation of scholarship to instruction	E3	Faculty are required to submit an annual report to the University's centralized system that tracks research and scholarship, teaching, mentoring, and service activities. OPE and the Associate Dean for Faculty Affairs have access to this system and collect data from these reports annually.	Associate Dean for Academic and Faculty Affairs; Chairs	x				
Student satisfaction with instructional quality	E3	Course evaluation data are collected at the end of each semester at the university level and accessed by OPE.	Associate Dean for Academic and Faculty Affairs; Assistant Dean for Undergraduate Education; Chairs	x				
Teaching assistants trained in pedagogical techniques	E3	The UTEAM (TA training) Program Coordinator tracks the number of students who complete the training program.	UTEAM Program Coordinator; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education	x				

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Faculty research/scholarly activities with connections to instruction (maintain ongoing list of exemplars)	E4	Faculty are required to submit an annual report to the University's centralized system that tracks research and scholarship, teaching, mentoring, and service activities. OPE and the Associate Dean for Faculty Affairs have access to this system and collect data from these reports annually.	PEPSI; Associate Dean for Research; Associate Dean for Academic Affairs	x	x			x
Percent of primary faculty participating in research activities	*E4-1*	These data are collected by OPE on an ongoing basis, with help from the Office of Research Administration (ORA), using the Kuali Research system. OPE also prepares annual school- and unit-level reports that summarize research activity for each fiscal year.	Associate Dean for Research		x			

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				Develop and Mentor the Next Generation of Public Health Leaders	**Lead and Translate Research into Real World Public Health Solutions**	**Create and Grow Sustainable Partnerships that Engage Communities**	**Accelerate and Transform the School's Role as an Innovative Leader**	**Foster and Invest in a Culture of Excellence**
Number of community-involved research projects	*E4-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system. OPE also prepares annual school- and unit-level reports that summarize research activity for each fiscal year.	Associate Dean for Research		x			
Number of grant submissions	*E4-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system. OPE also prepares annual school- and unit-level reports that summarize research activity for each fiscal year.	Associate Dean for Research		x			

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
Total research funding	*E4-1*	These data are collected by OPE on an ongoing basis, with assistance from ORA, using the Kuali Research system. OPE also prepares annual school- and unit-level reports that summarize research activity for each fiscal year.	Associate Dean for Research		x			
Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5	Faculty are required to submit an annual report to the University's centralized system that tracks research and scholarship, teaching, mentoring, and service activities. OPE and the Associate Dean for Faculty Affairs have access to this system and collect data from these reports annually.	PEPSI; Associate Dean for Research; Associate Dean for Academic Affairs	x				x
Percent of primary instructional faculty participating in extramural research	E5	These data are collected by OPE on an ongoing basis, with help from ORA, using the Kuali Research system.	Associate Dean for Faculty Affairs		x			

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
Number of externally-funded community-based service awards	E5	These data are collected by OPE on an ongoing basis, with help from ORA, using the Kuali Research system.	Associate Dean for Faculty Affairs		x	x		
Total service funding (award dollars for externally-funded service awards)	E5	These data are collected by OPE on an ongoing basis, with help from ORA, using the Kuali Research system.	Associate Dean for Faculty Affairs		x			
Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1	OPE collects this data via an online survey of employers.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1	The school relies on a number of sources for this feedback, including our Community Advisory Committee, Dean's Council, surveys of stakeholders, and other advisory groups. This feedback is reviewed and discussed with school leadership.	PEPSI; Dean; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs; Graduate Program Directors	x			x	x

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?**	**Does it measure Goal 2?**	**Does it measure Goal 3?**	**Does it measure Goal 4?**	**Does it measure Goal 5?**
				Develop and Mentor the Next Generation of Public Health Leaders	**Lead and Translate Research into Real World Public Health Solutions**	**Create and Grow Sustainable Partnerships that Engage Communities**	**Accelerate and Transform the School's Role as an Innovative Leader**	**Foster and Invest in a Culture of Excellence**
Feedback from stakeholders on guiding statements and ongoing self-evaluation data	F1	The school relies on a number of sources for this feedback, including our Community Advisory Committee, Dean's Council, surveys of stakeholders, and other advisory groups. This feedback is reviewed and discussed with school leadership.	PEPSI; Dean; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs; Graduate Program Directors				x	
Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2	The Chief of Staff, Associate Dean for Research, and Associate Dean for Academic Affairs track professional and community service activities that engage students throughout the calendar year.	Chief of Staff; Associate Dean for Academic Affairs; Associate Dean for Research	x				

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3	The school relies on a number of sources for this feedback, including our Community Advisory Committee, Dean's Council, surveys of stakeholders and workforce professionals, and other advisory groups. This feedback is reviewed and discussed with school leadership.	PEPSI; Associate Dean for Research; Associate Dean for Academic Affairs			x		
Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	*F3-1*	The school relies on a number of sources for this feedback, including our Community Advisory Committee, Dean's Council, surveys of stakeholders and workforce professionals, and other advisory groups. This feedback is reviewed and discussed with school leadership.	PEPSI; Associate Dean for Research; Associate Dean for Academic Affairs			x		

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
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 (and staff if applicable)	G1	OPE and the Diversity Officer work together review annual quantitative data on student, staff, and faculty demographics; admissions and graduation rates; faculty mentoring; and staff professional development. Qualitative data come from a biennial survey of faculty, staff, and students. The survey collects data on the diversity and inclusion climate in the School of Public Health.	Diversity Officer; Diversity Council					x
Student, faculty, and staff perceptions of unit's climate regarding diversity & cultural competence	G1	OPE and the Diversity Officer work together to administer a biennial survey of faculty, staff, and students. The survey collects data on the diversity and inclusion climate in the School of Public Health.	Diversity Officer; Diversity Council					x

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
Student satisfaction with academic advising	H1	These data are collected by OPE in the commencement and alumni surveys. The data are reported annually.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	x				
Student satisfaction with career advising	H2	These data are collected by OPE in the commencement and alumni surveys. The survey results are reported annually at a PEPSI meeting as well as a Chairs & More Forum meeting.	PEPSI; Unit Chairs; Assistant Dean for Undergraduate Affairs; Program Directors	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 exemplars)	H2	The school has a dedicated director for career readiness and relies on a number of sources for information to assist in developing events and services for students and alumni. Sources of information include our Community Advisory Committee, Dean's Council, surveys of stakeholders and workforce professionals, and other advisory groups.	Associate Dean for Academic and Faculty Affairs; Assistant Dean for Undergraduate Education; Director of Graduate Student Services; SPH Program Director for the University Career Center	x				x

Table B2-1. Evaluation Plan								
Measures	**Criteria or Template**	**Data source & method of analysis**	**Who has review & decision-making responsibility?**	**Does it measure Goal 1?** Develop and Mentor the Next Generation of Public Health Leaders	**Does it measure Goal 2?** Lead and Translate Research into Real World Public Health Solutions	**Does it measure Goal 3?** Create and Grow Sustainable Partnerships that Engage Communities	**Does it measure Goal 4?** Accelerate and Transform the School's Role as an Innovative Leader	**Does it measure Goal 5?** Foster and Invest in a Culture of Excellence
Number of student complaints filed (and info on disposition or progress)	H3	All formal student complaints make their way to the Chief of Staff who maintains records for the school.	Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Dean					
Percentage of priority under-represented students accepting offers of admission	H4	OPE works with the Director of Graduate Student Services to collect admissions data annually after each admissions cycle is completed. OPE uses an internal database to track applications, admissions, and matriculations for each graduate program in SPH.	PEPSI; Associate Dean for Academic Affairs; Assistant Dean for Undergraduate Education; Unit Chairs; Graduate Program Directors					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.**

These materials are provided in ERF B2.2. We have provided evidence of implementation focusing on the past two academic years.

3) **Provide 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. See Template B2-2.**

See Table B2-2 below.

Table B2-2. Improvements			
	Measure that informed the change	**Data that indicated improvement was needed**	**Improvement undertaken**
Example 1	- Three-year rolling average success rate for tenure/ promotion among faculty	When we began formally tracking promotion among faculty, we noted that there were many procedures in place to encourage promotion among tenure-track faculty. By comparison, professional-track (PTK) faculty promotion was not systematically tracked school-wide, and the number of eligible PTK faculty applying for promotion was low. These data showed that greater support and guidance for PTK promotion was warranted.	Two key efforts have been made to raise the visibility of the key roles that PTK faculty play to fulfill our educational goals and accelerate our research productivity. First, a committee was formed to review, clarify, and strengthen the promotional review criteria for PTK faculty. During the 2020-2021 academic year, this committee met several times and presented their final recommendations to the Associate Dean of Academic Affairs, which were subsequently approved by the PTK faculty. Second, several virtual workshops have been held to assist PTK faculty with the preparation of their dossiers to be submitted for promotion. These workshops were well-received by attendees and resulted in nine eligible PTK faculty preparing their dossiers for departmental review in the Spring 2022.
Example 2	- Total number of proposals submitted - Total proposal dollars submitted - Total new award dollars per fiscal year	Between FY17 and FY19, we noted decreases in measures related to research proposals and awards. For example, the total proposal dollars submitted decreased from $159 million to $95 million.	Annually, unit chairs are now given a report summarizing trend data to share with their faculty and to compel the unit to explore novel opportunities for research, including seed grants, major national funding initiatives, etc. The reports shared with the chairs is continuously refined to highlight actionable data. The Associate Dean for Research works closely with units to identify specific opportunities and provide support for the submission of new proposals. Considerable efforts are made to encourage proposals related to closing health disparities. During January 2022, proposal workshops were sponsored by the Dean's Office as an additional strategy to accelerate proposal submissions. Findings related to research are brought to the SPH Research Committee for input. This resulted in additional investments to secure both cohort and individual faculty support for expert proposal development. Proposals for FY20 and FY21 showed substantive increases.

Table B2-2. Improvements			
	Measure that informed the change	**Data that indicated improvement was needed**	**Improvement undertaken**
Example 3	- Percent of graduating students (undergraduate and graduate) who rate their quantitative skills as very good or excellent	In FY19, the percent of graduating undergraduates rating their quantitative skills as very good or excellent was 54%, which was a 10% decrease from FY18. For graduate students, this number was 44%, and had remained consistent with previous years. This was supported by qualitative data, in which students at all academic levels expressed a need for us to expand the quantitative components of our programs. Specifically, there was an interest in learning more about statistical analysis software.	Based on these findings, the SPH has made several improvements to our curriculum. First, we re-worked EPIB651, which is core biostatistics course for graduate students. Second, we now routinely offer EPIB463, an introduction to statistical programming, focusing on SAS, for undergraduate students. We also offer EPIB697, a data management course that focuses on SAS programming. Third, the “Collaboratorium” was expanded to provide a space for students to use statistical software. This lab space is equipped with computers that have SPSS, SAS, and R. Students can sign up to receive tutoring on statistical software in this space. Finally, as of Fall 2022, we now offer a certificate in Health Data Analysis. This certificate program consists of quantitative analysis courses.

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

Strengths:

- The establishment of the Office of Planning and Evaluation has helped centralize efforts related to internal data collection, management, and analysis.
- Regular meetings of the PEPSI committee keep us on track with respect to monitoring progress toward our goals. Dissemination of information and automation of annual reports to unit heads has led to an increased awareness of research productivity as well as educational outcomes, and subsequent actions to improve the functioning of the units. These data have been useful in increasing the visibility of the SPH to the larger campus community.

Weaknesses and Plans:

- We continue to leverage multiple opportunities to collect and share data to multiple stakeholders, knowing that dissemination is key to continuous quality improvement. We have recently begun including a report from the Office of Planning and Evaluation at every Chairs and More Forum to ensure key data and findings are reaching a broad audience of school leadership. Forum members provide options for addressing discrepancies and sharing lessons learned with their respective improvement approaches.

B3. Graduation Rates

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

The school 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 unit of accreditation. See Template B3-1.**

   See Tables B3-1.a-e. below.

Table B3-1.a. BS Students, by Cohorts Entering Between 2016-2017 and 2021-2022							
Maximum Time to Graduate: 6 years							
	Cohort of Students	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	676					
	# Students withdrew, dropped, etc.	49					
	# Students graduated	48					
	Cumulative graduation rate	7%					
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	574	699				
	# Students withdrew, dropped, etc.	23	43				
	# Students graduated	412	78				
	Cumulative graduation rate	68%	11%				
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	141	567	661			
	# Students withdrew, dropped, etc.	5	15	34			
	# Students graduated	117	445	69			
	Cumulative graduation rate	85%	75%	10%			
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	18	110	548	622		
	# Students withdrew, dropped, etc.	1	3	17	22		
	# Students graduated	18	103	447	64		
	Cumulative graduation rate	88%	90%	78%	10%		
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	13	98	531	653	
	# Students withdrew, dropped, etc.	0	2	6	20	25	
	# Students graduated	3	8	83	437	62	
	Cumulative graduation rate	88%	91%	91%	81%	9%	
2021-2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	3	5	80	567	647
	# Students withdrew, dropped, etc.	---	*Data available October 2022*	*Data available October 2022*	*Data available October 2022*	*Data available October 2022*	*Data available October 2022*
	# Students graduated	---					
	Cumulative graduation rate	88%					
Note: This table includes BS students in the following public health programs: Community Health and Public Health Science.							

Table B3-1.b. MS Students, by Cohorts Entering Between 2018-2019 and 2021-2022					
Maximum Time to Graduate: 5 years					
	Cohort of Students	2018-2019	2019-2020	2020-2021	2021-2022
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	1			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	0	0		
	Cumulative graduation rate	0%	0%		
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	
	# Students withdrew, dropped, etc.	0	0	0	
	# Students graduated	0	0	0	
	Cumulative graduation rate	0%	0%	0%	
2021-2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	1	1
	# Students withdrew, dropped, etc.	0	0	0	0
	# Students graduated	0	0	1	0
	Cumulative graduation rate	0%	0%	100%	0%
Note: There is one public health MS degree program in SPH (the MS in Environmental Health Sciences). This program enrolled their first cohort in Fall 2018. Therefore, no cohort has yet reached their maximum time to graduate.					

Table B3-1.c. MPH Students, by Cohorts Entering Between 2017-2018 and 2021-2022						
Maximum Time to Graduate: 5 years						
	Cohort of Students	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	81				
	# Students withdrew, dropped, etc.	1				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	80	89			
	# Students withdrew, dropped, etc.	3	4			
	# Students graduated	32	0			
	Cumulative graduation rate	40%	0%			
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	45	85	82		
	# Students withdrew, dropped, etc.	0	0	3		
	# Students graduated	25	34	1		
	Cumulative graduation rate	70%	38%	1%		
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	20	51	78	105	
	# Students withdrew, dropped, etc.	0	0	1	7	
	# Students graduated	15	30	22	1	
	Cumulative graduation rate	89%	72%	27%	1%	
2021-2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	21	55	97	85
	# Students withdrew, dropped, etc.	1	1	0	2	4
	# Students graduated	4	17	36	30	2
	Cumulative graduation rate	94%	91%	72%	30%	2%

Table B3-1.d. PhD Students, by Cohorts Entering Between 2013-2014 and 2021-2022										
Maximum Time to Graduate: 9 years										
	Cohort of Students	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2013-2014	# Students entered	7								
	# Students withdrew, dropped, etc.	0								
	# Students graduated	0								
	Cumulative graduation rate	0%								
2014-2015	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	14							
	# Students withdrew, dropped, etc.	0	1							
	# Students graduated	0	0							
	Cumulative graduation rate	0%	0%							
2015-2016	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	13	21						
	# Students withdrew, dropped, etc.	0	1	0						
	# Students graduated	0	0	0						
	Cumulative graduation rate	0%	0%	0%						

Table B3-1.d. PhD Students, by Cohorts Entering Between 2013-2014 and 2021-2022										
Maximum Time to Graduate: 9 years										
	Cohort of Students	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2016-2017	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	12	21	21					
	# Students withdrew, dropped, etc.	0	1	1	1					
	# Students graduated	2	0	0	0					
	Cumulative graduation rate	29%	0%	0%	0%					
2017-2018	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	11	20	20	25				
	# Students withdrew, dropped, etc.	0	0	1	0	1				
	# Students graduated	3	2	0	0	0				
	Cumulative graduation rate	71%	14%	0%	0%	0%				

Table B3-1.d. PhD Students, by Cohorts Entering Between 2013-2014 and 2021-2022										
Maximum Time to Graduate: 9 years										
	Cohort of Students	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	9	19	20	24	20			
	# Students withdrew, dropped, etc.	1	0	0	0	0	2			
	# Students graduated	0	4	4	1	0	0			
	Cumulative graduation rate	71%	43%	19%	5%	0%	0%			
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	5	15	19	24	18	18		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0		
	# Students graduated	1	3	7	6	0	0	0		
	Cumulative graduation rate	86%	64%	52%	33%	0%	0%	0%		

Table B3-1.d. PhD Students, by Cohorts Entering Between 2013-2014 and 2021-2022										
Maximum Time to Graduate: 9 years										
	Cohort of Students	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
2020-2021	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	2	8	13	24	18	18	9	
	# Students withdrew, dropped, etc.	---	0	0	0	0	0	1	1	
	# Students graduated	---	1	1	5	5	0	0	0	
	Cumulative graduation rate	86%	71%	57%	57%	20%	0%	0%	0%	
2021-2022	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	1	7	8	19	18	17	8	21
	# Students withdrew, dropped, etc.	---	0	0	0	0	9	1	0	0
	# Students graduated	---	0	1	4	8	2	0	0	0
	Cumulative graduation rate	86%	71%	62%	76%	52%	10%	0%	0%	0%
Note: This table includes PhD students in the following public health programs: Behavioral and Community Health, Environmental Health Sciences, Epidemiology, Health Services Research, and Maternal and Child Health.										

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

Table B3-2. Doctoral Student Data for Year 2021-2022					
	Behavioral and Community Health	**Environmental Health Sciences**	**Epidemiology**	**Health Services Research**	**Maternal and Child Health**
# newly admitted in 2021-2022	10	5	3	5	3
# currently enrolled (total) in 2021-2022	41	16	19	37	11
# completed coursework during 2020-2021	23	5	16	17	5
# in candidacy status (cumulative) during 2020-2021	18	4	13	17	5
# graduated in 2020-2021	3	1	3	2	3

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 school presents data on its outcomes in the areas of degree completion for all degrees. All retention and graduation data are recorded, monitored, and reported by UMD's Office of Institutional Research, Planning and Assessment (IRPA). The University allows different maximum time to graduation (MTTG) for different degrees.

The University does not limit undergraduate students to a maximum time to graduation, though consistent with other public, 4-year institutions and as a basis of comparison to the SPH's aspirational peer institutions, UMD specifically monitors and reports the 4-year, 5-year, and 6-year graduation rates. For purposes of establishing a standard for calculating and reporting baccalaureate graduation rates compliant with the CEPH requirements, the SPH has adopted 6-years as the maximum time to degree and uses this as the standard. In order to calculate these graduation rates, the SPH worked with IRPA to identify those students enrolled in a SPH undergraduate major and with 75 earned credits between the 2016-2017 and 2021-2022 academic years. These data represent unduplicated student counts and account for attrition, graduation, and continuation. We would like to note that due to limitations with how data are captured in the university's Student Information System, the numbers presented in B3-1 do not add up within columns for BS graduates. Per IRPA, "*Data totals may not match in intuitive ways due to some anomalies in the data which reflect some irregular enrollment patterns. For example, some students receive a degree a year after their last enrollment record for a variety of reasons (e.g., an administrative hold preventing them from receiving their degree on time, a change in major but ultimate completion of the public health science degree, or an arrangement was made between the student and the college). Therefore, the total enrollment at the beginning of a year may not match the sum of the number of students who withdrew/dropped and graduated in that year plus the following year's number of continuing students.*"

Final data for students graduating from public health BS programs in 2021-2022 are not yet available due to delays with IRPA's annual data processing and quality assurance processes; complete data will be available in October. However, to date, the data indicate that graduate rates are well above the minimum graduation rates set by CEPH. For students graduating with a BS, the graduation rate is 88% for students entering in 2016-2017, and graduation rates for the next two cohorts will exceed 90%.

The graduation rate for the 2017-2018 MPH cohort meeting the five-year MTTG in 2022 was 94%, well exceeding the CEPH requirement of 70%. The MS program in Environmental Health Sciences enrolled its first cohort in 2018-2019 and thus has not yet had a cohort reach the MTTG.

The University allows doctoral students nine years to complete their degree. Therefore, our graduation rates for doctoral students in Table B3-1 start with the cohort entering in 2013-2014. With an 86% completion rate, this cohort exceeds the CEPH threshold of 60%.

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

Strengths:

- We are pleased with the strong graduation rates across our degree programs and will continue our work to support student success in programs of rigor and impact.

Weakness and Plans:

- We continue to closely monitor these data across all of our degree programs and concentrations, in particular with our smaller programs to ensure a high quality experience for our students.

B4. Post-Graduation Outcomes

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

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

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B4-1.**

Table B4-1. Post-Graduation Outcomes			
BS Graduates	**2018-2019 Number and percentage**	**2019-2020 Number and percentage**	**2020-2021 Number and percentage**
Employed	226 (59%)	212 (50%)	196 (48%)
Continuing education/training (not employed)	97 (25%)	124 (29%)	110 (27%)
Not seeking employment or not seeking additional education by choice	4 (1%)	0 (0%)	1 (<1%)
Actively seeking employment or enrollment in further education	24 (6%)	17 (4%)	11 (3%)
Unknown	30 (8%)	67 (16%)	92 (22%)
Total graduates (known + unknown)	**381 (100%)**	**420 (100%)**	**410 (100%)**
MPH Graduates	**2018-2019 Number and percentage**	**2019-2020 Number and percentage**	**2020-2021 Number and percentage**
Employed	79 (84%)	73 (91%)	67 (89%)
Continuing education/training (not employed)	8 (9%)	3 (4%)	4 (5%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	1 (1%)
Actively seeking employment or enrollment in further education	3 (3%)	3 (4%)	0 (0%)
Unknown	4 (4%)	1 (1%)	3 (4%)
Total graduates (known + unknown)	**94 (100%)**	**80 (100%)**	**75 (100%)**
MS Graduates	**2018-2019 Number and percentage**	**2019-2020 Number and percentage**	**2020-2021 Number and percentage**
Employed	1 (100%)	0 (0%)	0 (0%)
Continuing education/training (not employed)	0 (0%)	0 (0%)	0 (0%)
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%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	**1 (100%)**	**0 (0%)**	**0 (0%)**

Table B4-1. Post-Graduation Outcomes			
PhD Graduates	**2018-2019 Number and percentage**	**2019-2020 Number and percentage**	**2020-2021 Number and percentage**
Employed	10 (100%)	19 (100%)	13 (100%)
Continuing education/training (not employed)	0 (0%)	0 (0%)	0 (0%)
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%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	**10 (100%)**	**19 (100%)**	**13 100%)**

Additional data on employment setting is provided in ERF B4.1.

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.

The SPH uses multiple methods to collect data on post-graduate outcomes by program. (See ERF B4.2.) The primary sources of data are the commencement surveys, which are administered at the time of graduation, and the alumni surveys, which are administered at 10-12 months post-graduation. At our school commencement ceremonies, graduating students are also asked to fill out a small card with information about their post-graduation destination. The Office of Planning and Evaluation (OPE) also maintains an online Alumni Update Form, which alumni, faculty, and staff can access at any time to provide updates about our alumni. Finally, LinkedIn and online searches are completed by OPE to fill in any missing information. Information from these various sources is compiled in a database managed by OPE. This database is updated on an ongoing basis as new information is acquired.

This multi-method strategy has allowed us to reach knowledge rates over 90% in previous years. This knowledge rate has decreased slightly during the COVID-19 pandemic. For example, the information cards collected at commencement have been valuable source data in previous years but could not be collected in recent years as commencement ceremonies were cancelled due to the pandemic. We anticipate that knowledge rates will improve as we continue to return to normal practices.

The SPH achieves post-graduation placement rates regularly exceeding 90% for students whose post-graduation status is known, well above the CEPH threshold of 80%. Nearly all master's and doctoral program graduates move on to employment. Among Bachelor's graduates, approximately 60% move onto employment and one-quarter enter graduate programs.

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

Strengths:

- We are pleased with the strong post-graduation outcomes across our degree programs and will continue our work to ensure our students are well positioned for professional success following graduation.

Weaknesses and Plans:

- The increase in "unknown" outcomes of graduates in recent years is likely the consequence of our cancelation of in-person commencement exercises, where we were able to work

directly with graduates on contact information and survey response. This should improve with the return to in-person commencement exercises beginning in 2022.

- We will continue to review our use of forms, surveys, and online searches to improve data collection rates going forward.

B5. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school 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 school 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 school 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.**

Alumni self-assessment data are obtained through the biannual commencement survey and the annual alumni survey. As described below, the surveys include three types of items to collect alumni's self-assessment of their preparation for post-graduation experiences. To obtain sufficient sample sizes for analysis, the findings below represent aggregated data from the past five completed academic years (i.e., 2016-2021). Aggregated response rates for graduates of public health programs during this time period are provided below.

Table B5-1. Survey Response Rates (Aggregated, 2016-2021)

	BS program alumni	MPH program alumni	PhD program alumni
Commencement Surveys	44%	61%	82%
Alumni Surveys	30%	52%	69%

First, survey items within these surveys ask how meaningful and useful their public health education has been for their employment (if employed). As shown in Table B5-2 on the next page, students largely agreed the skills they learned in their SPH courses were meaningful for their employment. There was stronger agreement that they had been prepared "broadly and intellectually" relative to preparation with specific skills.

Second, alumni are also asked to rate their ability to use certain knowledge and skills in what they're doing post-graduation. These lists of knowledge and skills are program-specific and are directly tied to each program's competencies. Alumni rate their abilities as poor, fair, good, very good, or excellent. When analyzing the results, we examine the proportion who rated each competency as good, very good, or excellent.

Table B5-2. Alumni self-assessment of preparation for post-graduation outcomes.				
		BS program alumni	**MPH program alumni**	**PhD program alumni**
		Column %	Column %	Column %
The skills I learned from my SPH courses have been meaningful for my employment.	Strongly agree or agree	78%	95%	89%
	Strongly disagree or disagree	22%	5%	11%
My SPH education provided me with the specific skills I need for my current job.	Strongly agree or agree	60%	81%	78%
	Strongly disagree or disagree	40%	19%	22%
My SPH education prepared me broadly and intellectually to address my job requirements.	Strongly agree or agree	90%	91%	78%
	Strongly disagree or disagree	10%	9%	22%

The results indicated that students largely feel capable of applying knowledge areas and skills in their post-graduation experiences. Overall, ratings were consistently high, with 75% or more of alumni assessing many skills and knowledge areas as good, very good, or excellent. There were several exceptions. For example, Public Health Science graduates feel less prepared for project evaluation, while Community Health students felt less prepared in areas of knowledge rather than skills (e.g., history of public health, the science underlying health and disease). For master's graduates, the results indicated that further preparation is needed in using theories to develop interventions as well as data collection methods for Behavioral and Community Health graduates; applying economic principles to health policy and management for Public Health Practice and Policy graduates; and community-engaged solutions to health equity issues for Health Equity graduates. Doctoral students, in particular, rated their abilities very highly. Full results for these self-ratings are provided in ERF B5.2.

Lastly, alumni are also asked open-ended questions about which coursework has been most useful for their post-graduation experiences, as well as which skills or competencies necessary for employment were lacking in their education. For undergraduate program alumni, statistics and epidemiology were often cited as most useful, as was cultural competence, program planning and evaluation, and global health. These students expressed a desire for further training in data science, statistical programming, and academic writing.

Similar to undergraduate alumni, both master's and doctoral alumni named data-focused skills as most valuable in their post-graduation destination (e.g., epidemiology, biostatistics, data management), but also cited statistics as an area where further preparation would be useful. Most data-focused courses in the School of Public Health use SAS, and alumni suggested expanding our curricula to include R, Stata, and Tableau.

For programs requiring internships, such as the BS in Community Health and all MPH programs, the internship was often named as a highly valuable experience.

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

Full documentation is provided in ERF B5.2.

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

Strengths:

- We are generally pleased with the strong perceptions of our alumni with the effectiveness of their programs for professional preparation. We continue to value the incredible strength of our survey results to inform future curricular improvements across the school.

Weaknesses and Plans:

- For graduate programs with smaller enrollment numbers, decreasing survey response rates during the COVID-19 pandemic have meant that we are unable to collect sufficient sample sizes to conduct quantitative analyses of self-assessments. For future surveys, we will explore ways to improve these survey response rates, such as distributing the survey through multiple methods rather than relying only on email.
- Given changes in competencies during the past five years, namely for MPH programs, it is possible that aggregating curricular effectiveness data from this period has limited the accuracy or usability of the results. To minimize this, we consider competency-specific results in context with other results (e.g., open-ended feedback). We look for themes across all sources of curricular effectiveness data, as well as themes across time.
- In those areas where alumni reported less satisfactory perceptions of the curriculum and their career readiness, we will continue to work with the faculty in those units (or at the school level) to continue our regular improvements of curricular and co-curricular activities for our students. For findings that are common across programs, we work with chairs to identify ways to enhance the curriculum broadly.

C1. Fiscal Resources

The school 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 school's budget processes, including all sources of funding. This description addresses the following, as applicable:**

   a) **Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.**

   Faculty compensation is based on appointment type.

   Tenure/Tenure Track (TTK) Faculty: Titles eligible for these types of appointments are: Assistant Professor, Associate Professor, and Professor. There are two types of appointments available for this classification of faculty: 9-month and 12-month. The State of Maryland covers 100% of the salary and fringe benefit costs associated with a 9-month, or academic year, appointment and 75% of a 12-month appointment. These funds are allocated to the school on a fiscal year basis (July 1 - June 30). The balance of salary and fringe for a 12-month appointment comes from contracts and grants received by the faculty member, or the department for administrative appointments. All 9-month TTK faculty are also eligible to earn additional funding ("summer salary") via outside sponsored activities.

   Professional-Track Faculty (PTK): In the university, there are multiple types of PTK faculty and they are dependent on the faculty member's role in instruction, research, clinical/practice, administration, or a combination.
   - Instructional faculty, such as Lecturers, are paid 100% from university funds. A portion of the funding comes from the state allocation with the balance coming from school and/or unit funds.
   - Most supervisory research faculty are paid up to 98% from awards, with a minimum of 2% paid from university funds to cover their effort on non-sponsored projects.
   - Most PTK faculty within the School of Public Health conduct instructional, program administration, and research activities. As such, the funding split of their salaries is based on the level of effort contributed to each activity.

   Both PTK and TTK faculty are also eligible to supplement their income via several options: an overload for a project or activity beyond their typical duties; via additional teaching in the regular semesters; or for teaching during the summer or winter short semesters. Each faculty member can earn an additional 10% of their state supported salaries, or a minimum of $5,500 through these efforts.

   b) **Briefly describe how the school 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.**

   There are several models for seeing additional support from the university.
   - In 2019, the university completed an analysis of the allocation model of state funding and tuition returns to the colleges. This project resulted in the rebudgeting of state support and a first time return of tuition to our School. These funds were used to hire additional TTK and PTK faculty and cover operational costs needed by the school.
   - Previously, the school was able to receive additional state support through written requests to the Provost. These requests were based on the needs for additional TTK and PTK faculty to meet the instructional needs of our growing enrollments and new programs. These requests would detail the issue, provide data on historical and projected growth, and a detailed budgetary request. This mechanism is how the school

was able to fully fund four (4) TTK faculty and staff associated with its newest major in Public Health Science. In 2022, the Provost restored funding cut during the COVID-19 pandemic due to the strong performance of the school and the recognition of the impact of the school on the region's public health. Those funds allowed faculty and staff hires.

- The final way for the school to receive permanent funding increases to support faculty and staff are via university and state "calls" for new programs. An example of this type of increase was our proposal to launch co-curricular programs to support student engagement and professional development. This proposal was funded, and the school was able to hire 2.0 FTE exempt staff and 1.0 graduate assistant to oversee these programs.

c) Describe how the school funds the following:

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

Operational costs are defined as any expense not related to salaries, fringe, and student support (e.g.: graduate assistantships / scholarships / fellowships). Operational costs related to administrative or instructional needs are funded either via state appropriation or school/department funds. The school and department also accrue operational funds through a variety of entrepreneurial activities, such as summer and winter course offerings (which provide tuition return, unlike fall/spring offerings), research indirect cost returns, and salary savings.

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

- Support for students and student activities comes from a variety of sources. Federal financial aid is available for eligible students and the school offers multiple Federal Work Study positions for undergraduate students. Scholarships, such as the Maryland Promise Scholarships, are funded through foundation funds held at the University of Maryland College Park Foundation. The school has a dedicated Scholarships Committee that reviews student applications for school-based scholarships and selects awardees based on the requirements for each scholarship.
- The university's Graduate School funds Dean's Fellowships that provide support for incoming and existing graduate students for each academic unit within the school. Program faculty and Graduate Directors determine fellowship distributions according to the guidelines set by the Graduate School.
- The school also has funds set aside in our foundation to support scholarships and emergency needs of our undergraduate and graduate students. Students may apply for emergency funding requests and those are reviewed by a committee of faculty and staff who make funding decisions in collaboration with the Assistant Dean for Development.
- Graduate students can also be awarded Teaching, Research, and/or Administrative Assistantships. These awards provide a stipend and cover a portion of the tuition for each student. These assistantships are covered by either the state appropriation, school / department funds, or research awards depending upon the type of assistantship. Graduate Directors and faculty make hiring decisions for assistantships for their program based on the experience of students and needs of the unit (e.g., course offerings). Research assistantships are most often funded directly by faculty extramural funds and those faculty, as PIs, make those hiring decisions with the support of their unit business office.
- The school and its departments also provide funds to support several public health focused student organizations. These funds come from school, department, and/or foundation funds.

- The school and its departments also provide some funding to support student travel. Travel is generally covered if the student is receiving an award and/or presenting their research findings. This support comes from school, department, research awards, and/or foundation funds, and each unit determines policies and guidelines for the use of these funds. The Graduate School additionally has some matching fund programs for graduate student travel; students apply with the support of their program and their applications are reviewed by the Graduate School.

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

Funds to support faculty development come from a variety of sources and are available to TTK and PTK faculty. Nearly all such funds are at the unit level rather than from the school. Examples include:

- Indirect Cost Returns: Faculty and/or units may allocate a portion of the indirect cost returns to cover faculty development and/or travel costs.
- Contracts/Grants: Some extramural awards have travel expenses built into them. These expenses can cover travel for research or professional development.
- Unit Funds: Unit heads may allocate entrepreneurial funds to faculty for professional development activities or conferences. This model is typically used for PTK faculty without external awards and/or indirect cost recovery.

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

The school continually reviews its enrollment trends and strategically reviews programmatic enhancement options. As such, we are in the position to request funding when a “call” for enhancement funds comes from the university, university system, or the state. One example of this is our proposal seeking funds from the state’s workforce development funds. We used these funds to hire 2 full-time exempt staff and several Graduate Assistants to assist with undergraduate co-curricular professional development programs.

We have also used our data to submit funding requests for additional state funds to cover increased operational costs due to increased enrollments and hire additional tenure-track faculty and professional-track instructional faculty to meet these instructional needs. Since 2017, we have successfully petitioned the state and university to increase our base funding by 72%. Many of these funds have gone to support our rapidly expanding Public Health Science undergraduate program and our growing graduate enrollments.

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

Through FY19, our financial model was based on funds from the state allocation, entrepreneurial programs (summer / winter courses or professional programs), applicable student fees, or the return of indirect costs. The university retained all of the tuition revenue to cover administrative and programmatic costs for the university. As the enrollments in the school increased rapidly over a 10-year period, the university reviewed its allocation model and increased our base allocation and provided a small return of tuition to supplement instructional costs not covered by the state allocation and to fund programmatic enhancements. Changes to the state allocation based on changes in student enrollment are negotiated between the Dean and the Provost.

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

A portion of the indirect cost recovery is returned to the school, units, and faculty two years after it is earned by the university. Of the total indirect cost recovery received for any award, approximately 54.5% of the indirect cost recovery is retained by the university to cover its facilities and administrative costs; the Division of Research retains approximately 16% to fund their costs and research enhancement programs; and the remaining funds are split approximately 60%/40% between the school and the academic unit that supported the award. Each unit in the school provides some fraction of those funds directly to the principal investigator tied to the award. These funds may be used by units or faculty to support research development, provide program enhancements, or supplement the costs of equipment needed for research.

If the school 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 school budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the school of public health faculty appointed at any institution.

NOT APPLICABLE

2) A clearly formulated school 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.

See Table C1-1 below.

Table C1-1. Sources of Funds and Expenditures by Major Category, 2017 to 2022					
	2017-2018	**2018-2019**	**2019-2020**	**2020-2021**	**2021-2022**
Source of Funds - Operating Funds					
Tuition & Fees	$2,734,580	$2,992,534	$2,834,175	$2,803,253	$2,948,795
State Appropriation	$12,539,104	$19,413,560	$22,101,214	$21,516,946	$24,753,114
University Funds	$1,339,116	$1,857,756	$3,000,735	$2,918,664	$2,226,997
Grants/Contracts	$17,169,960	$12,138,703	$12,065,440	$20,336,114	$18,668,781
Indirect Cost Recovery	$881,206	$781,494	$868,028	$801,980	$1,020,134
Gifts	$89,500	$0	$173,292	$258,781	$1,233,941
Other Unrestricted Revenue	$0	$0	$0	$500	$24,208
Continuing Education[a]	$417,940	$365,752	$202,616	$7,020	$486,083
Investment Revenue	$103,492	$187,990	$88,048	$124,651	$24,598
Transfers from other UMD Colleges	$1,343,812	$0	$0	$0	$0
Transfers from other USM Institutions	$56,960	$0	$0	$0	$0
Subtotal	**$36,675,670**	**$37,737,789**	**$41,333,548**	**$48,767,909**	**$51,386,651**
Source of Funds - Non-Operating Funds[b]					
Gifts to Endowment	$0	$284,033	$381,633	$1,642,474	$1,498,220
Other Revenue	$0	$71,008	$95,408	$2,950,120	$2,284,830
Outstanding Pledges	$0	$1,629,614	$1,292,403	$2,522,528	$1,099,312
Market Value	$5,098,224	$6,543,476	$6,722,002	$12,614,189	$15,141,248
Subtotal	**$5,098,224**	**$8,528,131**	**$8,491,446**	**$19,729,311**	**$20,023,610**
Grand Total	**$41,773,894**	**$46,265,920**	**$49,824,994**	**$68,497,220**	**$71,410,261**
Expenditures					
Faculty Salaries & Benefits	$11,359,973	$15,256,413	$15,519,483	$15,165,004	$14,686,083
Staff Salaries & Benefits	$4,117,179	$5,525,097	$6,415,603	$6,144,455	$6,563,285
Operations	$1,867,215	$1,906,367	$1,611,825	$1,287,013	$1,506,600
Travel	$430,821	$482,654	$309,451	$22,110	$168,491
Student Support	$3,847,653	$4,054,775	$4,329,175	$3,443,323	$3,779,300
University Tax[c]	$0	$209,500	$0	$0	$0
Grants & Contracts Expenditures	$17,169,961	$14,994,323	$15,388,527	$14,142,449	$16,561,020
Total	**$38,792,802**	**$42,429,129**	**$43,574,064**	**$40,204,354**	**$43,264,779**

[a] COVID-19 impacted the income from Continuing Education programs in 2019-2020 and 2020-2021 as some programs were unable to be held.
[b] There was an increase in 2020-2021 non-operating funds primarily resulting from large, restricted gifts to support faculty with their research and/or support students.
[c] University tax was a one-time partial return of the state budget.

If the school 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 school budget.

NOT APPLICABLE

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

Strengths:

- The school is grateful for the strong support provided by the campus and the state for our operations, including enhancements to our base budget over the past few years. These funds are providing for increases to our faculty and staff in key areas that will further enhance our success in research, education, practice, and service to our communities.

C2. Faculty Resources

The school 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 school's instructional faculty resources in the format of Template C2-1.**

   See Table C2-1 below.

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	**PIF 1***	**PIF 2***	**FACULTY 3^**	**PIF 4***	
BEHAVIORAL AND COMMUNITY HEALTH	Brad Boekeloo	Min Qi Wang	Amelia Arria	Craig Fryer	PIF: 12
MPH PhD	1.0	1.0	1.0	1.0	Non-PIF: 5
BIOSTATISTICS	Mei-Ling Lee	Tianzhou Ma	Xin He	N/A	PIF: 3
MPH	1.0	1.0	1.0		Non-PIF: 1
COMMUNITY HEALTH	James Butler	Devlon Jackson	Elizabeth Aparicio	N/A	PIF: 0
BS	1.0	1.0	1.0		Non-PIF: 0
ENVIRONMENTAL HEALTH SCIENCES	Paul Turner	Sacoby Wilson	Rachel Rosenberg Goldstein	Amy Sapkota	PIF: 4
MPH MS PhD	1.0	1.0	1.0	1.0	Non-PIF: 4
EPIDEMIOLOGY	Typhanye Dyer	Cher Dallal	Hongjie Liu	Quynh Nguyen	PIF: 3
MPH PhD	1.0	1.0	1.0	1.0	Non-PIF: 3
HEALTH CARE MANAGEMENT	Aryn Phillips	Neil Sehgal	Melvin Seale	N/A	PIF: 1
MPH	1.0	1.0	1.0		Non-PIF: 0

HEALTH EQUITY MPH	Kellee White 1.0	Dahai Yue 1.0	Stephen Thomas 1.0	N/A	PIF: 1 Non-PIF: 0
HEALTH POLICY ANALYSIS AND EVALUATION MPH	Rebecca Gourevitch 1.0	Lori Simon-Rusinowitz 1.0	Michel Boudreaux 1.0	N/A	PIF: 1 Non-PIF: 0
HEALTH SERVICES PhD	Xuanzi Qin 1.0	Michel Boudreaux 1.0	Jie Chen 1.0	N/A	PIF: 2 Non-PIF: 1
MATERNAL AND CHILD HEALTH PhD	Edmond Shenassa 1.0	Mariana Falconier 1.0	Marie Thoma 1.0	N/A	PIF: 12 Non-PIF: 14
PHYSICAL ACTIVITY MPH	Jennifer Roberts 1.0	Shannon Jette 1.0	Andrea Liberto 1.0	N/A	PIF: 20 Non-PIF: 11
PUBLIC HEALTH PRACTICE AND POLICY MPH	Luisa Franzini 1.0	Melvin Seale 1.0	Negin Fouladi 1.0	N/A	PIF: 1 Non-PIF: 1
PUBLIC HEALTH SCIENCE BS	Sylvette La Touche-Howard 1.0	Kendall Bustad 1.0	Nancy Smith 1.0	N/A	PIF: 3 Non-PIF: 11

TOTALS:

Named PIF	42
Total PIF	105
Non-PIF	51

2) **All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.**

Based on campus and school policies, one 3-credit course is equivalent to 10-15% FTE of a 9-month appointment for all faculty, with 15% reserved for faculty assigned to very large courses (e.g., >80 students).

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

NOT APPLICABLE

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.**

Table C2-2. Faculty regularly involved in advising, mentoring and the integrative experience			
General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Bachelor's - Faculty Advising	3	1	10
Bachelor's - Staff Advising (Community Health BS)	231	210	253
Bachelor's - Staff Advising (Public Health Science BS)	313	308	318
Bachelor's - Staff Advising (Center for Academic Success and Achievement, general student support)	82	50	120
Master's	2	1	4
Doctoral	3	1	8

Advising in MPH integrative experience			
Average	**Min**	**Max**	
3	1	15	
Supervision/advising of bachelor's cumulative or experiential activity			
Average	**Min**	**Max**	
20	7	23	(Community Health BS)
20	9	22	(Public Health Science BS)

Mentoring/primary advising on thesis, dissertation or DrPH integrative project			
Degree	**Average**	**Min**	**Max**
PhD	2	1	4
Master's other than MPH	1	1	2

For the school's undergraduate public health programs, professional advisors are used for most general advising and career mentoring. Faculty are engaged when student interests match particular faculty experiences. As such, the table has been modified to distinguish the data for faculty and professional advising staff, and further separated to show the advising numbers for the Community Health BS program, the Public Health Science BS program, and the Center for Academic Success and Achievement, which serves all undergraduate programs in the school and supports special student populations.

For the undergraduate cumulative experiences, the Community Health and Public Health Science cumulative experiences differ dramatically in structure, so those degree programs are separated in the table. Community Health majors complete a 12-credit full-time internship in their final semester, while Public Health Science majors complete a senior capstone writing project as their culminating experience. Complete data and descriptions for Table C2-2 are provided in ERF C2.4.

5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.

Results below come from the commencement survey for students graduating from public health degree programs in 2020-2021 (the most recent academic year with full commencement survey data available). The response rates were 35% for undergraduate students and 57% for graduate students.

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

Table C2-5.a. Perceptions of class size for students in public health degree programs.

In general, how satisfied were you with: Class size in required courses?	Undergraduate students	Graduate students
	%	%
Very satisfied	21.4%	48.9%
Satisfied	58.1%	44.4%
Neither satisfied nor dissatisfied	16.2%	4.4%
Dissatisfied	4.3%	2.2%
Very dissatisfied	0.0%	0.0%

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

Table C2-5.b. Perceptions of faculty availability for students in public health degree programs.		
In general, how satisfied were you with: Availability of faculty?	**Undergraduate students**	**Graduate students**
	%	%
Very satisfied	19.7%	48.9%
Satisfied	56.4%	42.2%
Neither satisfied nor dissatisfied	19.7%	2.2%
Dissatisfied	2.6%	4.4%
Very dissatisfied	1.7%	2.2%

6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.

In the Spring 2022 Alumni Survey, we asked 2020-2021 graduates to reflect back on the size of their SPH classes, as well as the availability of faculty members. Responses from both undergraduate and graduate program alumni were largely positive. Undergraduate alumni, in particular, noted that the class sizes were often a happy medium; for example, “The sizes of my SPH classes were really great, enough students that I felt I always had someone to work with in class but not too big that I felt lost in a sea of students.” Several undergraduate alumni said they appreciated that most larger classes also required a smaller discussion section, which provided an opportunity for “better interaction with the professor.” However, several alumni from the Public Health Science program noted that some of their classes, particularly classes required at the beginning of the program, felt large. Graduate alumni were, overall, positive about the small class sizes. As one master’s alumnus stated, “[Class sizes] were appropriate and felt optimized for learning, such that educators were able to have discussions with students and provide the necessary assistance for learning course materials.” Similar to undergraduate alumni, the class sizes were described as a happy medium: “Classes were small enough to get to know my classmates, but big enough to contain a variety of viewpoints and experiences, which made for good classroom conversation.” Several MPH alumni noted that their core courses were large, but they did not indicate that this impeded their learning.

Alumni were similarly positive with regard to the availability of our faculty. Faculty were described by both undergraduate and graduate alumni as easily available and always willing to help. Many undergraduate alumni noted how friendly and supportive faculty members were, which made them more comfortable approaching instructors. Several alumni, both graduate and undergraduate, noted their appreciation for faculty members’ availability during distance learning due to the COVID-19 pandemic. As one undergraduate alumnus stated, “This was by far my favorite part about being an SPH student…Being in a graduate program now, SPH faculty were as available as my graduate professors are.” Graduate program alumni highlighted that their professors were always available for help. One doctoral alumnus appreciated that “faculty outside of my dissertation committee were always willing to take time to chat and discuss ideas/research opportunities.” However, while comments related to the availability of faculty in a teaching capacity were positive, there were mixed comments made by undergraduate alumni with regard to advising. Some students felt that their advisor was a highlight of their experience, but a few described limited availabilities for advising

and feeling frustrated by having multiple advisors. Additionally, several alumni noted that there was some variation among instructors; some faculty members were not as responsive via email, particularly if they had many other departmental responsibilities.

Additionally, in a Spring 2022 Graduate Student Advisory Council meeting, students were also asked to reflect on their and their peer's perceptions of class size and faculty availability. Student feedback was generally positive about class size. With the exception of the large MPH core courses, students said they were pleased with the smaller class sizes of their graduate concentration and elective courses, and that the class sizes fit their expectations based on their recruitment and admissions processes. Students with previous undergraduate experience at the university noted that undergraduate courses are larger for some programs, but that they felt class sizes were generally reasonable. With regard to faculty availability, there was generally a positive response that faculty were available in and outside of courses, though some faculty are more responsive than others and those faculty tend to be in higher demand for service on committees and as advisors. Students observed variability in availability and responsiveness within different units, and recent retirements had stretched faculty in one unit in particular the past year. Despite some variability in responsiveness, the majority of students expressed positive support for their interactions with faculty and recognized that the pandemic has challenged responsiveness and availability in a number of ways.

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

Strengths:

- We are pleased with the generally positive perceptions of class size and faculty availability described by both undergraduate and graduate alumni.

Weaknesses and Plans:

- That alumni from some of our larger programs indicated some dissatisfaction with class size is not surprising given some large class sizes, but such data are useful as we consider ways to further enhance the learning experience and expand opportunities for student/faculty connections within these spaces.
- We value the survey data and other feedback we receive from alumni and, as mentioned previously, are expanding our discussions of such findings across the school's leadership, in particular in the Chairs and More Forum.

C3. Staff and Other Personnel Resources

The school 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 school'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.**

Table C3-1. Staff support 2022-2023	
Role/function	**FTE**
Academic Affairs	3
Admissions	1
Alumni Relations	1
Career Services	1
Development	2
Diversity and Inclusion	1
Finance and Admin	2
IT	4
Marketing and Communications	3
Other Non-Instructional Staff	10
Research Administration – Post-Award	11
Research Administration – Pre-Award	3
Research Support	1
Student Affairs	16

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

Beyond the core school staff listed in Template C3-1, the university provides support services for the school across a number of sectors, from admissions and recruitment, to human resources, information technology, research, and library services. The Office of Development provides salary support (and dotted-line reporting) for our Assistant Dean for Development, and the Office of Career Services provides similar salary support (and dotted-line reporting) for our undergraduate career advisor. All other campus staff providing support services do not report to supervisors in SPH but are instead assigned as liaisons to support the school at the campus level. For example, the University Libraries has a librarian dedicated to support SPH, and the academic technologies division of the Division of Information Technology has a staff member serving as a liaison to their unit. The Office of Research has a variety of staff who provide support for different aspects of the pre- and post-award activities within the school.

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

As a growing school, we have at times struggled to ensure adequate administrative staffing to support our high-quality programs and activities. The campus has seen our growth and growing impact and provided some additional resources, including additional academic advising and student engagement staff. The school has also added capacity within our research support and business office staff from our own funds. Overall, we feel confident that we have sufficient staffing and other personnel support for our academic, research, and practice programs across the school. We will continue to work with the campus to address continued growth and innovation within the

school and ensure that an appropriate balance of resources is available to ensure continued high-quality work going forward.

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

Strengths:

- The school is grateful for the strong support provided by the campus and the state for our operations, including enhancements to our base budget over the past few years. These funds are providing for increases to our faculty and staff in key areas that will further enhance our success in research, education, practice, and service to our communities.

C4. Physical Resources

The school has physical resources adequate to fulfill its stated mission and goals and to support instructional schools. 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 school's narrative.)**

- **Faculty office space**

  The primary physical location for the school's administration, academic programs, faculty offices, and research activities is the School of Public Health (SPH) Building at UMD on the College Park campus. Additional space is located in the Atlantic Building nearby, which houses the Department of Epidemiology and Biostatistics. The Public Health Science BS program at the Universities at Shady Grove has an additional 3 offices to support the faculty and staff for that program, as well as access to classrooms and other physical spaces to support instruction and student services.

  Across all locations and following the university's guidelines for office space allocation, all TTK faculty have dedicated offices located in areas adjacent to their program administration offices, ensuring that all academic units are fairly cohesive in their physical proximity. PTK faculty are assigned to offices that accommodate 1-2 people per office, and postdocs are generally assigned to offices that accommodate 2-4 individuals, though many postdocs have workspaces within their assigned laboratories. All faculty offices have general administrative and technology support provided by their academic units or the school, including Internet access and WiFi, telephone, printing/copying capabilities, and general office supplies.

- **Staff office space**

  The primary physical location for the school's staff is the School of Public Health (SPH) Building at UMD on the College Park campus. Additional space is located in the Atlantic Building nearby, which houses the staff for the Department of Epidemiology and Biostatistics. The Public Health Science BS program at the Universities at Shady Grove has an additional 3 offices to support the faculty and staff for that program.

  Across all locations and following the university's guidelines for office space allocation, all staff have dedicated offices or desk spaces located in areas adjacent to their program administration offices. Staff are assigned to offices depending on their role, with professional advisors allocated an individual office while some staff may share an office with one other person. Graduate Assistants are assigned cubicle space in one of several office suites with ~10-12 cubicles per space. All staff offices have general administrative and technology support provided by their academic units or the school, including Internet access and WiFi, telephone, printing/copying capabilities, and general office supplies.

- **Classrooms**

  The school's curricular offerings are delivered in the SPH Building, other buildings at UMD, and on the Shady Grove campus. All teaching physical spaces in the SPH building and on the College Park and Shady Grove campuses are technology-equipped providing state-of-the-art technology to instructors and students in their classes and laboratory experiences. The campus assigns classrooms within and beyond the SPH Building depending on the size of the course (e.g., seats needed) and the nature of the course instruction (e.g., group work, active learning, etc.). Most classrooms on campus are considered "general purpose" and are assigned by the campus. The SPH Building and Atlantic Building do have a number of

general-purpose classrooms that are preferentially assigned to the school's classes, ensuring more efficient locations for students and faculty. In addition, the SPH Building has several dedicated teaching laboratories for hosting biostatistics, family science, kinesiology, and public health science laboratory and practice courses (discussed below). The SPH Building and Atlantic Building have eleven conference rooms and similar spaces for seminar courses. At the Shady Grove campus, classrooms are assigned in relation to the courses scheduled in each semester and are located within the same building as the administrative offices for the Public Health Science program.

- **Shared student space**

  There is an 8,500 square foot learning concourse area on the ground level of the SPH Building. The space is: a) student centered; b) technologically accessible; c) multifunctional; and d) adaptable to support school activities. This large, shared student space is supplemented by many smaller spaces spread throughout the SPH Building to accommodate individual and small group study spaces for students. The school has a space called The Collaboratorium that provides meeting room space for workgroups and includes a smartboard for collaborative work. The SPH Building is often frequented by students who are looking for a quiet study space before or after their classes and adds to the academic atmosphere of the building. In addition, both the College Park and Shady Grove campuses have numerous shared student spaces of varying sizes in multiple buildings to accommodate individual and small study groups.

- **Laboratories, if applicable to public health degree school offerings**

  The SPH Building has several dedicated teaching laboratories, as well as adjacent research laboratory areas. Teaching and research laboratory space is included in the inventory for the Department of Kinesiology (KNES), the Department of Behavioral and Community Health (BCH), the Department of Family Science's (FMSC) Center for Healthy Families, and the Maryland Institute for Applied Environmental Health (MIAEH). These teaching laboratories accommodate environmental health (MIEH300), exercise science (KNES320; 360), motor development and control (KNES370; 385), biomechanics (KNES300), and biostatistics (EPIB315; SPHL603) laboratory courses and include all necessary equipment. The Center for Healthy Families has 10 therapy rooms to accommodate multiple practical courses and experiences for the Family Science programs. At Shady Grove, exercise science (KNES320) teaching laboratory activities are performed in collaboration with Salisbury University, which has a dedicated laboratory space for several programs they offer at the Shady Grove campus. That partnership has worked well and includes instructional collaboration for the exercise science courses as well. The biostatistics (EPIB315) laboratory courses are accommodated by the Shady Grove technology classrooms.

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

The university has been very supportive of the school's physical space requests, and we have sufficient resources to pursue our activities. The university contributed $7.7M (100% of the costs) towards a major renovation of the facility in 2018-19, which was the third major building renovation since the school's launch in 2007. This latest renovation created ~16,622 square feet of space, including six new research laboratories, twenty new faculty offices, and six state-of-the-art learning studios. In 2021, SPH received an additional 4,000 SF in an adjacent building to meet its space needs due to its enrollment growth. This adjacent building houses the school's Department of Epidemiology and Biostatistics and allowed the school to locate affiliated research and instructional groups together and provide an additional 10 offices for future instructional hires.

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

Strengths:

- The campus has provided considerable resources over the past 15 years to enhance the functionality of the SPH Building, which houses most of the school's operations. As we have continued to grow, the campus has recently increased our space allotment in another nearby building. The campus sees the value the school brings to campus operations and reputation and is committed to supporting our continued growth.

Weaknesses and Plans:

- The environmental health laboratory component at Shady Grove is performed in conjunction with College Park due to lack of facilities at the Shady Grove campus. Shady Grove students receive instruction in handling of data collection equipment and receive practical experience in equipment use, but the data used for laboratory assignments come from data collected at the College Park campus.
- Shady Grove has recently completed construction of additional laboratory facilities and we hope to provide additional practical instruction in environmental health data collection and analysis in the future. That said, we consider this a minor weakness because the majority of the work performed in the MIEH300 environmental health laboratory is related to data analysis, interpretation, and written presentation at both the College Park and Shady Grove campuses, rather than data collection and laboratory assays. We will continue to work to improve the student experience and real-world application of the laboratory component of this course on both campuses.

C5. Information and Technology Resources

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

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

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

  The University of Maryland Libraries offers access to diverse collections, physical and virtual learning spaces, inclusive services, and innovative technologies for learning, study, and collaboration. The Libraries have nearly 4,000,000 titles in their collections and offer faculty and students easy access to over 100,000,000 titles online through the Big Ten partnership. In addition, the university employs a dedicated subject librarian to serve the research needs of the School of Public Health. The Libraries offers digital archiving through DRUM, enabling faculty to preserve and disseminate a wide variety of products resulting from research activities, including data sets.

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

  All students in the University of Maryland's School of Public Health have access to the university libraries' computer labs which enable access to desktop computers with standard business, research, and instructional software. All students have free access to the university's Virtual Desktop environment through which they can access a large variety of software, such as SAS, Stata, SPSS, R, ArcGIS, MatLab, Zotero and dozens of other programs relevant to instruction and research. All students receive access to Microsoft Office365 and GSuite applications, including Google Drive for data storage, as well as Box for storage of sensitive information. Students can download NVIVO software for academic purposes at no cost to them.

  On request, the School of Public Health provides free student access to large data storage resources and scalable, configurable virtual machines on our dedicated server for larger-scale research project needs. If those resources are insufficient, students can apply for free use of the university's high-performance computing infrastructure, which is maintained and supported by the university's Division of Information Technology.

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

  All faculty members are provided with a laptop or desktop computer by their department. Faculty members can access the university's free Virtual Desktop environment through which a large variety of software is available, including SAS, Stata, SPSS, R, ArcGIS, MatLab, Zotero and dozens of other programs. All faculty members receive free access to Microsoft Office and GSuite applications, including Google Drive for data storage, as well as Box for storage of sensitive information. Faculty can download NVIVO software for academic purposes at no cost to them. A wide variety of software, including that available in the virtual environment, is available for no- or low-cost download on individual machines if faculty members wish to use grant funds to purchase separate licenses for their own machines or for their labs.

On request, the School of Public Health provides free access to large data storage resources and scalable, configurable virtual machines on our dedicated server for larger-scale research project needs. If those resources are insufficient, faculty members can apply to use the university's high-performance computing infrastructure, which is maintained and supported by the university's Division of Information Technology.

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

  The School of Public Health's Information Technology group (SPH IT) provides a secure and stable computing environment while meeting the growing technological demands of a 21st century school of public health. SPH IT coordinates closely with the campus's Division of Information Technology (DIT) to address and support all facets of the school's computing needs. DIT provides enterprise services, i.e., services that are common and necessary across all of campus. SPH IT provides support for most university-owned technology within the building and custom solutions for SPH research and operational needs.

  SPH IT can address a wide range of technology issues that faculty, staff, and students encounter, including but not limited to:

  1. Laptop, desktop, and infrastructure purchasing recommendations
  2. Configuration and setup of new computers purchased with university funds
  3. Troubleshooting and support of most SPH-owned IT equipment
  4. Server configuration, administration, and permissions
  5. Research computing recommendations and trainings
  6. Data security recommendations
  7. Laptop and iPad loans
  8. Event A/V support

  University DIT provides technical assistance for issues related to:

  1. Email and Google Workspace (Google Docs, etc.)
  2. UMD credentials (login and password)
  3. Phishing/suspicious emails
  4. Terpware and to download campus-supported software
  5. ELMS/Canvas Support (campus-wide teaching platform)
  6. General Purpose Classroom technology
  7. Networking and wireless

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

Due to the combination of available hardware, software, specialized knowledge of local IT staff, and the robust enterprise systems provided by campus DIT, technology resources are sufficient. All aspects of research, teaching, and administrative technology are strongly reported. The multi-level systems, processes and personnel that support IT enable the school to quickly respond to any technology needs that emerge from faculty, staff, and students.

- SPH Research Server Specs: Two Intel Xeon Gold 6248 processors (40+ cores/256+ GB); multiple terabytes of storage on DIT's Network Storage Service.
- DIT Virtual Desktop: up to 16GB per virtual machine effectively unlimited storage on DIT's Network Storage Service and via other platforms such as Google Drive.
- Four full-time staff in SPH IT, plus student workers, support the following: a ticketing system, phone support, and walk-in help-desk; endpoint configuration and management; SPH classrooms; A/V needs; research computing; data management and DUA compliance; and coordination with campus DIT to resolve SPH user issues.

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

Strengths:

- We are providing sufficient and scalable computing resources for the school's faculty, staff, and students, and matching appropriate resources to faculty, staff, and student needs in order to meet requirements.
- SPH is committed to evolving processes and systems to comply with university and state requirements as well as to conform to IT best practices.

Weaknesses and Plans:

- Communicating to faculty and students about the variety of resources available to them and making those resources easier to provision and use is a challenge given the variability in technological ability and interest, and the rapid changes in technology. We continue to review our communications and outreach approaches.
- SPH and UMD are pursuing ongoing cyber security improvements such as expanding endpoint management and fine-tuning group policy, implementing Splunk logging software on critical systems, and ensuring FireEye protection on all endpoints.
- We are working to improve the efficiency and transparency of computer onboarding/off-boarding processes for our community members.

D1. MPH & DrPH Foundational Public Health Knowledge

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

The school 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 school.**

Table D1-1. Content Coverage for MPH	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy, and values	SPHL601, Core Concepts in Public Health
2. Identify the core functions of public health and the 10 Essential Services	SPHL601, Core Concepts in Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPHL602, Foundations of Epidemiology and Biostatistics (quantitative); SPHL610, Program and Policy Planning, Implementation, and Evaluation (qualitative)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPHL601, Core Concepts in Public Health
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPHL601, Core Concepts in Public Health
6. Explain the critical importance of evidence in advancing public health knowledge	SPHL601, Core Concepts in Public Health
7. Explain effects of environmental factors on a population's health	SPHL601, Core Concepts in Public Health
8. Explain biological and genetic factors that affect a population's health	SPHL601, Core Concepts in Public Health
9. Explain behavioral and psychological factors that affect a population's health	SPHL601, Core Concepts in Public Health
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPHL601, Core Concepts in Public Health
11. Explain how globalization affects global burdens of disease	SPHL601, Core Concepts in Public Health
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPHL601, Core Concepts in Public Health

All MPH students (DrPH not applicable) complete SPHL601, Core Concepts in Public Health; SPHL602, Foundations of Epidemiology and Biostatistics; and SPHL610, Program and Policy Planning, Implementation, and Evaluation as part of their course requirements regardless of any previous education or experience. As shown in Template D1-1, the SPHL601 course provides a mix of both foundational knowledge and two of the MPH foundational competencies, while

SPHL602 focuses on additional MPH foundational competencies while addressing the foundational knowledge of the importance of quantitative methods for public health. SPHL610 covers several MPH foundational competencies while also addressing foundational knowledge in qualitative methods in public health. Prior to every offering, instructors are refreshed on the role of these courses within the MPH core and the alignment with CEPH accreditation requirements, both for foundational knowledge and foundational competencies, ensuring that assessments are consistent and in alignment with all requirements. The courses are credit-bearing, and all students receive a grade upon completion and the instructors are evaluated.

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.

Syllabi for the following courses are provided in ERF D1.2:
SPHL601, Core Concepts in Public Health
SPHL602, Foundations of Epidemiology and Biostatistics
SPHL610, Program and Policy Planning, Implementation, and Evaluation

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

Strengths:

- The school provides students with an efficient grounding of foundational knowledge using three different courses within the MPH core. This model helps ensure that students without a background in public health are ready for the foundational competencies in the MPH core courses.

<u>Weakness and Plans:</u>

- The school continues to monitor student success in the MPH core courses. For SPHL602, Foundations of Epidemiology and Biostatistics, we receive feedback that the course is both too challenging for some concentration and not rigorous enough for other concentrations. We are evaluating how best to ensure all students are receiving a strong background in these areas while also providing opportunities for enhanced knowledge and skill development for students in some concentrations.

D2. MPH Foundational Competencies

The school 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 school 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 school's MPH degrees, including the required curriculum for each concentration. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.**

   All MPH concentrations in the school rely on the same 14-credit core curriculum outlined below in Template D2-2, as well as a four-credit Applied Practice Experience in the form of an internship and a three-credit Integrated Learning Experience in the form of a final capstone project. The remaining credits for the 45-credit degree program include concentration-specific course requirements and elective credits. The courses in the 14-credit MPH core are shown in Table D2-1:

Table D2-1. Foundational Requirements for the MPH degree

Part A: Foundational requirements for MPH degree

Course number	Course name	Credits
Foundational courses for all MPH students regardless of concentration		
SPHL601	Core Concepts in Public Health	1
SPHL602	Foundations of Epidemiology and Biostatistics	4
SPHL603	Public Health Data Laboratory	1
SPHL610	Program and Policy Planning, Implementation, and Evaluation	5
SPHL611	Public Health Ethics	1
SPHL620	Leadership, Teams, and Coalitions: Policy to Advocacy	2
	TOTAL FOUNDATIONAL CREDITS	**14**

The full degree requirements for each of the MPH concentrations is listed below.

MPH: Behavioral and Community Health:
https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-mbch/behavioral-community-health-mph/

MPH: Biostatistics:
https://academiccatalog.umd.edu/graduate/programs/biostatistics-bios/biostatistics-mph/

MPH: Environmental Health Sciences:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-mieh/environmental-health-sciences-mph/

MPH: Epidemiology:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epdm/epidemiology-mph/

MPH: Health Care Management:
https://academiccatalog.umd.edu/graduate/programs/health-care-management-hlcm/health-care-management-mph/

MPH: Health Equity:
https://academiccatalog.umd.edu/graduate/programs/health-equity-hleq/health-equity-mph/

MPH: Health Policy Analysis and Evaluation:
https://academiccatalog.umd.edu/graduate/programs/health-policy-analysis-evaluation-hpae/health-policy-analysis-evaluation-mph/

MPH: Physical Activity:
https://academiccatalog.umd.edu/graduate/programs/physical-activity-phac/physical-activity-mph/

MPH: Public Health Practice and Policy:
https://academiccatalog.umd.edu/graduate/programs/public-health-practice-policy-phpp/public-health-practice-policy-mph/

Combined Degrees:
The school offers the BS-MPH accelerated degree program for all BS degrees within the school into any of the MPH concentrations. No MPH degree requirements are altered as part of this program. In general, BS degree program elective credits are used to complete 12 credits of the MPH program as part of the undergraduate degree, with these credits counting for both the BS and the MPH degrees. More information can be found here: https://sph.umd.edu/academics/dual-degrees/accelerated-bsmph-program

All combined MPH plus Master of Community Planning (MCP) degree programs require students to complete the standard MPH core of 14 credits as outlined below in D2-2. All concentration specific coursework is also required within each MPH concentration. The required Applied Practice Experience (the four-credit internship for all school MPH concentrations) is also required as per the typical MPH concentration requirements, though the internship activities are arranged as a joint experience across the degree programs. The Integrated Learning Experience requires combined degree students to complete URSP708, Community Planning Studio for six credits, which replaces the typical ILE requirement within the MPH concentration with a combined capstone experience that addresses the requirements for both the MPH and MCP degree programs in an integrated fashion. The requirements for each of the MPH+MCP degree combinations is linked below.

MPH: Behavioral and Community Health + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-behavioral-health-cpmb/community-planning-behavioral-health-mcp-mph/

MPH: Biostatistics + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-biostatistics-cpbi/community-planning-biostatistics-mcp-mph/

MPH: Environmental Health Sciences + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-environmental-health-cpmi/community-planning-environmental-health-mcp-mph/

MPH: Epidemiology + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-epidemiology-cpep/community-planning-epidemiology-mcp-mph/

MPH: Health Equity + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-health-equity-cphl/community-planning-health-equity-mcp-mph/

MPH: Health Policy Analysis and Evaluation + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-health-policy-analysis-cpae/community-planning-health-policy-analysis-mcp-mph/

MPH: Physical Activity + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-public-health-cpph/community-planning-physical-activity-mcp-mph/

MPH: Public Health Practice and Policy + Master of Community Planning:
https://academiccatalog.umd.edu/graduate/programs/community-planning-public-health-practice-policy-cppp/community-planning-public-health-practice-policy-mcp-mph/

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.**

All combined MPH plus Master of Community Planning (MCP) degree programs require students to complete the standard MPH core of 14 credits as outlined below in Template D2-2. All concentration specific coursework is also required within each MPH concentration. The only requirement that differs for MPH+MCP students is the completion of a larger, 6-credit Integrated Learning Experience under the course number URSP708, Community Planning Studio, which is overseen jointly by faculty in both programs. Program requirements are shown in the webpages listed above in D2.1.

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

All MPH students, including combined degree students, complete the same set of core courses (SPHL prefix) of 14 credits over three semesters as part of a cohort approach for full-time students. While some part-time students may take longer to complete the core, the vast majority of students complete the core prior to moving into their Integrated Learning Experience in their final semester of a two-year program. Each course in the MPH core has in-person and online sections, the latter reserved for our online concentrations. The course syllabi in in-person and online offerings are often identical for readings, assessments, and other course materials, though the delivery mode

and some assignment formats will necessarily differ. These courses were designed specifically to address the revised CEPH accreditation criteria, first published in 2016 and implemented in 2018.

See Table D2-2 below. Supporting documentation is provided in ERF D2.4.

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to settings and situations in public health practice	SPHL602, Foundations of Epidemiology and Biostatistics	This is assessed in **SPHL602** through the use of **homework problems** describing various public health scenarios, where students must choose the most appropriate epidemiologic method to employ. This competency is further assessed in **exams** (homework and exams in ERF).
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	SPHL602, Foundations of Epidemiology and Biostatistics SPHL610, Program and Policy Planning, Implementation, and Evaluation	This competency is assessed in **SPHL602** primarily through the use of **homework problems** describing research questions where students have to select an appropriate study design choice. This is also assessed in more specific questions about the limitations of various data collection methods, asked in both homework and **exams** (homework and exams in ERF). The qualitative data collection methods are addressed in **SPHL610**, which includes a specific module and **qualitative data analysis assignment**. The **final project for SPHL610 (see syllabus)** also asks students to address appropriate data collection methods.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	SPHL602, Foundations of Epidemiology and Biostatistics SPHL603, Public Health Data Laboratory SPHL610, Program and Policy Planning, Implementation, and Evaluation (qualitative component)	In the epidemiology material in **SPHL602**, students analyze data, calculating relative risks, odds ratios, prevalence ratios, and adjusted measures. This is assessed through problems in several **homework assignments and both exams**. In **SPHL603**, several **homework assignments and examinations** provide assessment of students for the quantitative aspect of this competency using SAS. (homework and exams in the ERF). For the qualitative data analysis, students complete a specific module and **qualitative data analysis assignment using Nvivo in SPHL610** (materials included in ERF).

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
4. Interpret results of data analysis for public health research, policy, or practice	SPHL602, Foundations of Epidemiology and Biostatistics SPHL603, Public Health Data Laboratory SPHL610, Program and Policy Planning, Implementation, and Evaluation	This is assessed in the epidemiology material in **SPHL602** through several **homework assignments (e.g., Homework 3, question 4) and both exams (e.g., Midterm Exam, questions 16 and 25; Final Exam part B, questions 2d and 3e)**. Students interpret relative risks, odds ratios, prevalence ratios, and their corresponding p values and confidence intervals. The context of confounding and effect modification affecting results is also assessed. In **SPHL603**, this is performed in several **homework assignments (e.g., Homework 3 and 5; Homework 8, question 15; Homework 10, part 2 question 5; Homework 11, question 4) and exams (e.g., Midterm Exam questions 9 and 10)** (materials in the ERF). In **SPHL610**, students complete a literature search to determine whether scientific evidence supports the interventions used by a health program as part of **Question Set #2** (see SPHL610 syllabus).
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	SPHL601, Core Concepts in Public Health	Following extensive reading and discussion of US health systems and international perspectives, students complete **Assignment 1** (ERF **SPHL601** Assignment 1) in which they write a paper reviewing the organization, structure, and function of the US healthcare and public health systems, including the major regulatory policies that impact how these systems work. Then, students similarly review the overall healthcare structure of another country. Students compare and contrast the two systems, reflect on the performance of the systems in terms of health outcomes, and then consider possible changes to the US system that could benefit health outcomes. Finally, as part of **Discussion #4** in **SPHL601** (see Assignment 1), students post summaries of their findings and must then react to their peers' summaries of two other countries, thus ensuring familiarity with multiple health system structures across the globe.

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
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	SPHL601, Core Concepts in Public Health	At the end of **SPHL601**, in which students have been presented with reading and other materials around a range of public health topics including structural bias and racism in public health, students complete **Assignment 2** (ERF SPHL601 Assignment 2), which is a paper on The Future of Public Health. In the paper, students must identify a topic in public health likely to be changing in the future, then they must specifically address how the change will impact health equity, specifically discussing the elements of structural bias, social inequities, and racism at community and societal levels. Students then complete **Discussion #6** (see Assignment 2) where they post summaries of their papers and reflections and then must react to the summaries of three of their peers.
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students engage with this material throughout **SPHL610**, in particular beginning in Week 3 with a community **health assessment module** (syllabus), and the themes continue for the subsequent weeks. Students are then assessed with the **Question Set #2** assignment, which addresses various elements of community health assessments. Students are further assessed as part of their **Case Study Final Project** in which they develop a Health Problem Statement (see syllabus; Final Project Part 1, section A) as part of their proposed program intervention. This is a group assignment with both group and individual assessments.
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students engage with the importance of cultural values and practices throughout their MPH program, but in particular they encounter this information in SPHL610. Students complete **Question Set #1** in which they complete a cultural competency assessment in relation to a specific public health program. Students then incorporate cultural perspectives within the design of the proposed intervention in their overarching **Case Study Final Project** in the class (see syllabus). This is a group assignment with both group and individual assessments.

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
9. Design a population-based policy, program, project, or intervention	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students are introduced the key content and perspectives around designing interventions in **SPHL610** and they complete a series of **Question Sets (see syllabus) and exams** (ERF) that help them complete their overarching **Case Study Final Project** (see syllabus), which requires the development of an intervention program and evaluation plan for a targeted community health issue. This is a group assignment with both group and individual assessments.
10. Explain basic principles and tools of budget and resource management[1]	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students are introduced to budget and resource management principles in weeks 8-9 of **SPHL610**. They are assessed on the development of a budget and intervention management plan as part of their **Case Study Final Project** in the class (see syllabus). This is a group assignment with both group and individual assessments.
11. Select methods to evaluate public health programs	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students are introduced the key content and perspectives regarding evaluation methods for public health programs throughout **SPHL610** and they are assessed in **two exams** and also in the methods selection as part of their overarching **Case Study Final Project** (see syllabus), which requires the development of an intervention program and evaluation plan for a targeted community health issue. This is a group assignment with both group and individual assessments.
Policy in Public Health		
12. Discuss the policy-making process,[2] including the roles of ethics and evidence	SPHL610, Program and Policy Planning, Implementation, and Evaluation SPHL611, Public Health Ethics SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL610**, students learn about the policy making process throughout the course and they are assessed in **two exams** and also as part of their overarching **Case Study Final Project** (see syllabus). In **SPHL611,** students complete three discussion assignments (**Contemporary Issues in Public Health** in ERF) that address ethical concerns across the breadth of public health practice. Students also complete a **Public Health Ethics Project** (ERF) in which they tackle the ethical issues around various public health policies. In **SPHL620** (weeks 6-12, syllabus), students are engaged in learning about various aspects of the policy-making process. They complete a number of relevant assignments, including a policy brief, systems map, and coalition building plan (**Assignments 3, 4, and 5**).

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	SPHL610, Program and Policy Planning, Implementation, and Evaluation SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL610**, the importance of stakeholders and partnerships is introduced for students, who are assessed on elements of this competency in **Question Set #1** (ERF) and as part of their overarching **Case Study Final Project** (syllabus) where they identify stakeholders and potential partners for their proposed intervention. In **SPHL620 Assignment 3** (ERF), students develop a Coalition Building Packet, which includes a coalition description, mission/vision statements, draft agenda for a first meeting, and student reflections on alignment with the proposed plan.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations[3]	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	Much of **SPHL620** is based on advocacy in public health and the skills needed for effective advocacy. In **Assignment 2** (ERF) students advocate for a specific policy or program to improve health in a particular community in the form of an advocacy letter targeted to legislators. The advocacy letter goes directly to one or more of their state or federal legislators.
15. Evaluate policies for their impact on public health and health equity	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 5** (ERF), students evaluate a policy/s and develop a formal policy brief for a federal or state agency. The brief must evaluate the strengths and weaknesses of the policy and related health outcomes and make recommendations for improvement. Students complete a video presentation of the policy brief as well.
Leadership		
16. Apply leadership and/or management principles to address a relevant issue[4]	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 3** (ERF), students use leadership and management principles in the development of a Coalition Building Packet, which includes a coalition description, mission/vision statements, draft agenda for a first meeting, and student reflections on alignment with the proposed plan with their leadership and management strengths and preferences.

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
17. Apply negotiation and mediation skills to address organizational or community challenges[5]	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 1** (ERF), students negotiate with team members as an organization, selecting a public health topic and negotiating roles, tasks, and timelines related to future advocacy around that topic. Students complete a series of actions around the negotiation process and then produce a video narrative describing their negotiations. Students then individually reflect on the experience and describe their approach to future negotiation scenarios.
Communication		
18. Select communication strategies for different audiences and sectors	SPHL610, Program and Policy Planning, Implementation, and Evaluation SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL610**, students are assessed on a dissemination plan as part of their **Case Study Final Project** (see syllabus), which is a proposed intervention for a targeted community. This is a group assignment with both group and individual assessments. In **SPHL620 Assignment 2** (ERF) students advocate for a specific policy or program to improve health in a particular community in the form of an advocacy letter targeted to legislators. The advocacy letter goes directly to one or more of their state or federal legislators.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 5**, students develop and deliver both a written policy brief and a video presentation of the policy brief to a state or federal agency representative. Additionally, as described for competency #14, students write an advocacy letter to a state or federal legislator (**SPHL620 Assignment 2**).
20. Describe the importance of cultural competence in communicating public health content	SPHL610, Program and Policy Planning, Implementation, and Evaluation	Students complete the **Case Study Final Project** (syllabus) as part of **SPHL610** and develop a proposed public health program with an intervention for a target population and describe unique cultural factors identified of relevance to the program. Both the design of the program and the dissemination of program materials must be discussed within the context of cultural factors relevant to the community of focus. This is a group assignment with both group and individual assessments.
Interprofessional Practice		
21. Integrate perspectives from other sectors and/or professions to promote and advance population health[6]	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 5** (ERF), students must integrate the perspectives of at least two non-public health sectors or professions in advancing policy recommendations as part of a policy brief presented to a state or federal agency.

Table D2-2. Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity**
Systems Thinking		
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative[7]	SPHL620, Leadership, Teams, and Coalitions: Policy to Advocacy	In **SPHL620 Assignment 4** (ERF), students develop two systems thinking concept maps for a public health issue and write a narrative describing the relationships in the current state map and in a second future state map, which reflects improvements based on analysis and recommendations.

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 additional materials are provided in ERF D2.4 for the following courses, as outlined in Template D2-2:

SPHL601	Core Concepts in Public Health
SPHL602	Foundations of Epidemiology and Biostatistics
SPHL603	Public Health Data Laboratory
SPHL610	Program and Policy Planning, Implementation, and Evaluation
SPHL611	Public Health Ethics
SPHL620	Leadership, Teams, and Coalitions: Policy to Advocacy

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

Strengths:

- The school committed to a major overhaul of the MPH curriculum with the release of the updated CEPH accreditation criteria in 2016. A large task force engaged in a thorough design of every course, mapping each competency to a course in a thoughtful manner consistent with the mission and goals of the school. We worked with the SPH Community Advisory Council members who represent senior community leaders in public health to inform faculty at the early stage of developing the core courses to ensure we approached these courses using a current state of public health lens.

Weaknesses and Plans:

- As with any major curricular overhaul, continued improvements have been made to each of the courses and future refinements will continue as our survey data and student feedback provide regular feedback on our quality.
- One area of regular challenge is balancing the need to provide basic instruction in the foundational competencies to all students while ensuring students in specific MPH concentrations have a stronger background in some areas. This is particularly notable in SPHL602, Foundations of Epidemiology and Biostatistics, in which we see the greatest breadth of performance across students from different concentrations. We continue to work with the programs to ensure we are providing the best balance possible across the school.

D3. DrPH Foundational Competencies (if applicable)

NOT APPLICABLE

D4. MPH & DrPH Concentration Competencies

The school 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 school 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.

If the school intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school 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 school will present a separate matrix for each concentration.**

   Note: The school does not specifically prepare students for a specific credential as part of the MPH degree program in any concentration.

   Note: The concentration competencies for each MPH degree within the MPH+Master of Community Planning (MCP) combined degree program are identical to those for the stand-alone MPH concentrations, as shown below in Table D4-1.

   See Table D4-1 below. Supporting documentation is provided in ERF D4.3.

Table D4-1.a. Assessment of Competencies for MPH in Behavioral and Community Health (BCH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Apply major social, behavioral, and public health theories to use with the design and evaluation of interventions that aim to address health inequities.	HLTH665 (Health Behavior)	**Facilitated Article Discussion (ERF):** Students are asked to pick a public health issue (e.g., obesity, diabetes, alcohol abuse, violence, etc.), specify behavioral risk factor(s) related to this issue and identify a target population. They then are required to develop a research proposal applying a health behavior theory learned in class to address this specific public health issue and the targeted health behavior(s). As part of this assignment, they must define and describe the theory constructs, explain how each construct will be translated into specific components/activities/content of the intervention's design and provide two examples of survey items to evaluate each theory construct.
2. Design a range of qualitative research methods studies	HLTH625 (Community Assessment Through Qualitative Methods)	In HLTH625 this competency is assessed through **weekly check-ins (ERF)** and in the **Assignment 4 (see syllabus)**. The weekly check-ins ask students to reflect on their readings, which describe qualitative research across multiple approaches (grounded theory, narrative inquiry, phenomenology, ethnography, case study, thematic analysis), and then ask students to consider how they would design a study using that approach to address a health topic of their own interest. In Assignment 4, students create a matrix quick guide of the main approaches covered in the course (thematic; narrative; phenomenology; grounded theory; ethnography; case study; and action research) by their key methodological characteristics (purpose, a sample research question [of interest to student], data sources, data collection, analytic steps and tools, and findings representation).
3. Identify and use mobile/computer apps to gather information or collect data for use in the evaluation of research	HLTH672 (Introduction to Public Health Informatics)	**Final Project (see syllabus):** Each student is required to choose and critique a health-related app. In their critique, students focus on its literacy requirements and degree to which the app was culturally tailored to a particular subgroup. A second critique focuses on an app's theoretical framework.

Table D4-1.a. Assessment of Competencies for MPH in Behavioral and Community Health (BCH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Manage traditional and new media to communicate health information (e.g., statistics, reports) effectively	HLTH672 (Introduction to Public Health Informatics)	**Assessed using the following take-home mid-term examination questions:** 1. As public health professionals, we need to consider ethical principles with respect to data the data life cycle and data visualization. (1) Define data equity. (2) Give 3 examples of how we can apply data equity principles as we collect, analyze, interpret, and disseminate data. (3) How can the principles of simplification and emphasis, along with the use of informative titles, impact the dissemination of health information? (4) What are at least 2 important ethical considerations that should guide us when creating data visualizations? 2. Conduct a Twitter analysis using a file of Tweets containing the hashtag "covid-19" (or other current health topic). Perform descriptive analysis of tweet type, language, and media type on the full sample. Then take a random sample of 200 original tweets. Code the first 25 tweets for whether they contain covid-19 related tweets or not. Summarize your findings, discussing content and sentiment, and describe implications for the management of public health communication on social media related to this health issue. 3. Use Tableau to create data visualizations for data in MD counties. (1) Create 2 bar charts: one for physical activity and one for Fair or Poor Health. Sort the bars from highest to lowest. Add data labels. (2) Create a scatterplot showing the relationship between physical activity and Fair or Poor Health. Add a trend line and label each point with the County name. Briefly summarize the relationship you see in an informative title. (3) Create a scatterplot showing the relationship between obesity and Fair or Poor Health. Add a trend line and label each point with the County name. Briefly summarize the relationship you see in an informative title. (4) Export your bar charts and scatterplots into PowerPoint slides and submit.
5. Explain the basic concepts of study design, measurement, data collection and sampling related to community health.	HLTH710 (Methods & Techniques of Research)	This competency is assessed through the following course activities/assignments (all in ERF): - a comprehensive summary of previous research on a community health topic (**literature review assignment**) critiquing the aspects of study design, sampling, measurement instruments and data collection methods. -scenario and application-based questions (**module quizzes and exams**) identify sampling methods, validity types, reliability types, study designs and data collection methods.

Table D4-1.a. Assessment of Competencies for MPH in Behavioral and Community Health (BCH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
6. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	HLTH780 Community Health	**Community Health Intervention Project (ERF):** This competency is assessed via a semester-long small group project (2-4 students per group). Students work with a community partner to develop and implement a culturally tailored health promotion, health education, environmental change, or advocacy intervention for a specific community. They also address evaluation of the intervention and sustainability; depending on the particular project they may only have time for process evaluation. Additionally, students write up 4-5 discussion questions or comments for each module as preparation throughout the project.

Table D4-1.b. Assessment of Competencies for MPH in Biostatistics (BIOS)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Describe and apply concepts of probability, random variables, and commonly used statistical probability distributions.	EPIB651 (Applied Regression Analysis), EPIB652 (Categorical Data Analysis), EPIB653 (Applied Survival Data Analysis)	EPIB651, EPIB652 and EPIB653 introduce students to important concepts of probability, random variables, statistical distributions, and their applications based on the foundational competencies covered by SPHL602 (Foundations of Epidemiology and Biostatistics). In EPIB651, students are examined through five homework assignments, midterm, and final exams to assess their understanding and ability to identify and apply appropriate concepts and distributions (e.g., chi-square, F, normal, t, studentized range distributions) [**see attachments "EPIB651 Midterm Exam" and "EPIB651 Final Exam"**]. In EPIB652, students are examined through four homework assignments, midterm exam and final project in assessing their understanding and capability to apply important concepts and distributions related to various types of categorical data (e.g., binomial, multinomial, Poisson and negative binomial distribution) [**see attachment "EPIB652 Homework3" and "EPIB652 Midterm Exam"**]. In EPIB653, students are assessed through nine homework assignments, midterm, and final exams on their understanding of critical concepts (e.g., survival function, hazard function, mean residual life function, mean/median life, censoring, and truncation) and distributions (e.g., exponential, Weibull, log normal, log logistic, gamma distributions) in survival analysis [**see attachments "EPIB653 Midterm Exam" and "EPIB653 Final Exam"**].

Table D4-1.b. Assessment of Competencies for MPH in Biostatistics (BIOS)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Select appropriate statistical methods to answer research questions relevant to public health research.	EPIB651 (Applied Regression Analysis), EPIB652 (Categorical Data Analysis), EPIB653 (Applied Survival Data Analysis), EPIB655 (Longitudinal Data Analysis)	EPIB651, EPIB652, EPIB653 and EPIB655 introduce various statistical models and methods using real data examples in public health research. Students are assessed through homework assignments and midterm/final exams to assess their ability to choose appropriate models and methods for a variety of research questions arising from public health research (e.g., multiple comparisons of population means, different types of association analyses, nonparametric methods in EPIB651 [**see attachments "EPIB651 Midterm Exam" and "EPIB651 Final Exam"**]; different types of measures of association and tests of independence for contingency table, various types of generalized linear models in EPIB652 [**see attachment "EPIB652 Homework 3" and "EPIB652 Midterm Exam"**]; comparisons of survival/cumulative hazard functions, parametric and semiparametric regression analyses for survival data in EPIB653 [**see attachments "EPIB653 Midterm Exam" and "EPIB653 Final Exam"**]; appropriate models for different types of longitudinal data to make population and individual level inferences in EPIB655 [**see attachment "EPIB655 Final Exam"**]). In addition, students are required to select appropriate statistical models and methods to answer their own research questions identified in the class projects for EPIB652 and EPIB655 [**see attachments "EPIB652 Final Project Guideline" and "EPIB655 Project Description"**].

Table D4-1.b. Assessment of Competencies for MPH in Biostatistics (BIOS)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Conduct descriptive and inferential statistical analyses that are appropriate to different study designs used in public health research.	EPIB651 (Applied Regression Analysis), EPIB652 (Categorical Data Analysis), EPIB653 (Applied Survival Data Analysis), EPIB655 (Longitudinal Data Analysis)	EPIB651, EPIB652, EPIB653 and EPIB655 use real-life examples and case studies with a wide range of study designs in public health research to demonstrate how to apply appropriate descriptive and inferential analytical approaches. Students are assessed through homework assignments and midterm/final exams (EPIB651, EPIB652, EPIB653, EPIB655) [**see attachments "EPIB651 Midterm Exam", "EPIB651 Final Exam", "EPIB652 Homework3", "EPIB652 Midterm Exam", "EPIB653 Midterm Exam", "EPIB653 Final Exam", and "EPIB655 Final Exam"**] and class projects (EPIB652 and EPIB655) regarding this competency (e.g., one-way analysis of variance and multiple-comparison procedures, Pearson's and Spearman's correlation coefficients, simple and multiple linear regression, statistical tests for contingency tables, logistic regression, Wilcoxon rank sum and signed-rank tests in EPIB651; difference in proportion, relative risk, odds ratio, Pearson chi-square and Fisher's exact tests, Cochran-Mantel-Haenszel test for two-way and three-way contingency table, Wald test, likelihood ratio test and score test for generalized linear models in EPIB652; Kaplan-Meier and Nelson-Aalen estimators, log-rank tests, proportional hazards models, parametric regression models in EPIB653; univariate repeated measures analysis of variance, marginal (GEE) models, linear mixed effects models, generalized linear mixed effects models in EPIB655). In addition, students are required to conduct appropriate descriptive and inferential statistical analyses in the class projects for EPIB652 and EPIB655 [**see attachments "EPIB652 Final Project Guideline" and "EPIB655 Project Description"**].
4. Perform appropriate sample size and power calculations to ensure that the study is sufficiently powered to achieve the scientific aims.	EPIB652 (Categorical Data Analysis), EPIB655 (Longitudinal Data Analysis)	In EPIB652, sample size calculations for categorical data analysis are introduced and assessed using homework assignments [**see attachment "EPIB652 Homework3"**]. In EPIB655, sample size and power calculations for longitudinal studies with continuous and dichotomous outcomes are introduced using case studies and assessed using in-class exercises and discussion [**see attachments "EPIB655 Lecture13 Notes" and "EPIB655 Lecture14 Notes"**].

Table D4-1.b. Assessment of Competencies for MPH in Biostatistics (BIOS)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Use statistical analytical software to perform advanced statistical procedures and summarize the results.	EPIB651 (Applied Regression Analysis), EPIB652 (Categorical Data Analysis), EPIB653 (Applied Survival Data Analysis), EPIB655 (Longitudinal Data Analysis)	Students are required to describe and summarize various types of cross-sectional, longitudinal, and time-to-event data, and conduct appropriate data analyses using SAS in all the homework assignments. In the midterm/final exams for EPIB651, EPIB652, EPIB653 and EPIB655, students need to answer questions using the provided SAS output [**see attachments "EPIB651 Midterm Exam", "EPIB651 Final Exam", "EPIB652 Midterm Exam", "EPIB653 Midterm Exam", "EPIB653 Final Exam", and "EPIB655 Final Exam"**]. In addition, this competency is also assessed from the class projects in EPIB652 and EPIB655 [**see attachments "EPIB652 Final Project Guideline" and "EPIB655 Project Description"**]. Each student is required to conduct categorical (EPIB652) and longitudinal (EPIB655) data analyses and write project reports using SAS.
6. Manage public health data.	EPIB697 (Public Health Data Management)	Over the course of the semester, students must solve exams and homework assignments which require them to merge, subset by rows or columns, and append data sets [**see attachment "EPIB697 Homework4"**]. The assignments include a combination of simulated and real-life data sets (BRFSS, PATH, Add Health, etc.) [**see attachments "EPIB697 Homework7" and "EPIB697 Final Project"**]. Other data management skills which are required to solve numerous assignments in this class are related to the management of variables such as adding labels, renaming, creating and keeping/dropping from a data set [**see attachment "EPIB697 Midterm Exam"**].
7. Communicate results of statistical analyses to lay and professional audiences.	EPIB652 (Categorical Data Analysis), EPIB655 (Longitudinal Data Analysis)	Each student is required to select appropriate categorical (EPIB652) and longitudinal (EPIB655) data sets using publicly available databases, identify research questions, carry out the requisite analyses, write detailed reports to document the results, and give in-class oral presentations [**see attachments "EPIB652 Final Project Guideline" and "EPIB655 Project Description"**]. In EPIB655, the in-class oral presentation is peer-reviewed and evaluated according to the effectiveness of communicating statistical analysis results to lay and professional audiences [**see attachment "EPIB655 Presentation Peer Evaluation"**].

Table D4-1.c. Assessment of Competencies for MPH in Environmental Health Sciences (ENVH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Assess environmental and occupational hazards that pose a risk to human health and safety.	MIEH600 Foundations of Environmental Health MIEH720 Principles of Toxicology	Students' ability to identify and assess these exposures and hazards are examined through a variety of oral and written assignments. **Specific examples are in "MIAEH MPH Competency 1" for MIEH600 and MIEH720.** In **MIEH600**, students must develop a written **Factsheet** on a topic area of their choosing that must relate to the relationship between environmental hazards, exposures, and health outcomes or effects. Through this assignment students gain practice identifying an important environmental health hazard of interest to the general public, assimilating information on this topic, assessing its method(s) of exposure and human health outcome(s) or effect(s), and distilling this information into a factsheet of 5-6 pages, using language that can be easily understood by a non-scientific audience. This assignment is outlined on pages 5-7 of the MIEH600 syllabus in the ERF, and includes all the items that will be considered for grading of the assignment. Additionally, the **MIEH600 final exam** includes multiple questions that assess students' ability to recognize specific types of environmental hazards, propose exposure assessment methods, and measure the human health impact of environmental hazards. In **MIEH720** this assessment takes the form of a **manuscript** written by the students on an environmental health area of their choosing where one or more toxins/family of toxins is (are) linked to a human health outcome. In a separate assignment, students deliver an **oral presentation** to their classmates based on a peer-reviewed journal article assigned by the instructor that is related to the topic being taught in a particular week. This assignment is outlined on pages 3-5 of the MIEH720 syllabus in the ERF, and includes all the items that will be considered for grading of the assignments. The **MIEH720 final exam** also includes questions that require students to identify and assess environmental and occupational hazards that have adverse impacts on human health, with an emphasis on the mechanisms of toxicity and the factors which affect toxicity of the hazard.

Table D4-1.c. Assessment of Competencies for MPH in Environmental Health Sciences (ENVH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Identify components of racism and environmental injustice that influence differential burdens of environmental exposures.	MIEH600 Foundations of Environmental Health MIEH770 Environmental Law and Policy	These courses identify vulnerable populations that will either experience greater exposures or are more at risk from their effects. This is an important component of environmental justice and occupational risk, linked to both poverty and location. **Specific Examples are in "MIAEH MPH Competency 2" for MIEH600 and MIEH770**. For MIEH600 this critical issue is weaved into many of the individual classroom topics and discussions, in addition to having a dedicated class (#9) to examine this in detail. Two students are required to open discussions; one on a topical news item and the other a published paper see **MIEH600 syllabus page 4**. Further this issue is examined in the **MIEH600 Final Exam**. For MIEH770 (Law and Policy) this competency is tackled as part of a major class group assignment.
3. Identify tools for exposure assessment to environmental hazards.	MIEH771 Exposure Assessment	Exposure Assessment teaches students how to quantitatively capture data to estimate a wide range of different exposures. **Specific Examples (MIAEH MPH Competency 3 for MIEH771) include quizzes and a major group assignment.**
4. Identify vulnerable populations and develop and apply risk management and risk communication approaches that address issues of environmental justice and equity.	MIEH600 Foundations of Environmental Health MIEH720 Principles of Toxicology MIEH771 Exposure Assessment MIEH780 Occupational Health MIEH740 Environmental Risk Assessment	These courses identify vulnerable populations that will either experience greater exposures or are more at risk from their effects. This is an important component of environmental justice and occupational risk, linked to both poverty and location. This competency is partially addressed in **MIEH720** with a Manuscript Assignment. **See Example "MIAEH MPH Competency 4"**. Students prepare a manuscript on a hazard of their choosing and within this they define susceptible or vulnerable populations as part of their understanding of the issues. This a final activity that integrates many sources of susceptibility and vulnerability to that given hazard. Students need to be aware of these multiple and diverse aspects to understand the nature of and to be able to reduce or mitigate the hazard. **MIEH780** includes a Field Project that requires student to interview workers with a specific exposure, then make recommendations on risk management and communicating to workers and supervisors appropriate protections. **See MIEH780 Field Project.**

Table D4-1.c. Assessment of Competencies for MPH in Environmental Health Sciences (ENVH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Apply concepts of physiological susceptibility and behavioral vulnerability to evaluate hazards	MIEH600 Foundations of Environmental Health MIEH720 Principles of Toxicology MIEH771 Exposure Assessment MIEH740 Environmental Risk Assessment	Susceptibility and vulnerability to hazards are related to behavior and physiology. There are many types which are explored by quizzes, exam, and a manuscript. See **Examples for MIEH720 "MIAEH MPH Competency 5" QUIZ 2, a Final Exam mandated question and a Manuscript Assignment**. Students prepare a manuscript on a hazard of their choosing and within this they define susceptible or vulnerable populations as part of their understanding of the issues. This a final activity that integrates many sources of susceptibility and vulnerability to that given hazard. Students need to be aware of these multiple and diverse aspects to understand the nature of and to be able to reduce or mitigate the hazard.
6. Critique and apply current environmental risk assessment methods.	MIEH740 Risk Assessment	Earlier courses in the program (MIEH600, MIEH720, MIEH771) provide critical building blocks for Risk Assessment, a course that provides both theoretical and practical skills in conducting environmental health risk assessment. **Specific Example "MIAEH MPH Competency 6"** One major assignment to meet this competency is a class project at conducting a current health hazard risk assessment activity - with a view to it being submitted to a relevant meeting. In 2021 this was submitted as an abstract based on the class project to the Society of Risk Analysis (SRA) annual meeting.

Table D4-1.c. Assessment of Competencies for MPH in Environmental Health Sciences (ENVH)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
7. Integrate, synthesize, and apply environmental-occupational health theory to practice in the context of a research study	MIEH780 Occupational Health	Students will be involved in both theory and practice in MIEH780 - in which a major group project will be used to meet this competency. **Specific Example "MIAEH MPH Competency 7" and "MIEH780 Field Project."** Students will work in a "Field Project" on an occupational health topic in which the UMD Department of Environmental Safety, Sustainability & Risk will be the client. Students will conduct worker observations, interviews, monitoring, and evaluation of workplace hazards, and produce a 20-page report for the client, which will include a description of the problem, including the site(s), number of workers, project findings, recommendations to improve worker health and safety and other relevant information. Students will need to complete reflection activities as part of the service-learning component. Students will conduct interviews with workers thus CITI Social and Behavioral Research Training is required. Dissemination will include Group Presentations to peers, the instructor, and the client. Team contribution will in part be assessed self and peer evaluations, which will also be considered when assigning final project grades. MIEH780 supports the Policy development aspect by providing guidance on integrating the public health science within a legal framework.
8. Critique federal and state regulatory programs, guidelines, and authorities that control environmental-occupational health issues.	MIEH770 Environmental Law and Policy	Briefly introduced in MIEH600 and MIEH780, this competency is covered in detail by MIEH770. **Specific Example "MIAEH MPH Competency 8"** Two major assignments that assess this are "Anatomy of a Home State Environmental (Health) Statute." and "Final Agency Review Memo on a Proposed Regulatory Option" as outlined in Syllabus MIEH770.

Table D4-1.d. Assessment of Competencies for MPH in Epidemiology (EPDM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Investigate public health problems using epidemiological methods.	EPIB611 (Intermediate Epidemiology), EPIB612 (Epidemiologic Study Design)	In EPIB611, students focus on identifying a novel research question and designing a research study to best address this question. In order to identify their research question, students will review prior studies and knowledge on their selected public health topic and in doing so will have the opportunity to describe the magnitude of the problem and put into context with regards to person, place, and time [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", and "EPIB611 Study Design Grid"**]. In EPIB612, students have ample opportunities to learn relevant principles and methods to describe the magnitude of a disease or a public health event and its distributions. They learn specific techniques commonly used to measure occurrence of a disease and quantitatively describe the distribution of a disease or public health event in term of time, place, and population. Set of homework are assigned to students so that they can apply these methods into practice. They also read and critique assigned publications and discuss issues with their peers [**see attachments "EPIB612 Homework1", "EPIB612 Homework2", "EPIB612 Midterm Exam", and Reading Assignments 1-5 in EPIB612 Syllabus**].

Table D4-1.d. Assessment of Competencies for MPH in Epidemiology (EPDM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Calculate epidemiology measures of disease frequency and measures of association between risk factors and disease.	EPIB611 (Intermediate Epidemiology), EPIB612 (Epidemiologic Study Design)	In EPIB611, students identify a research question and the best design to address that question. Through this project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure and outcome ascertainment, appropriate analytic techniques as well as methods to minimize and/or reduce information and selection bias. Students gain experience calculating measures of frequency and association via homework assignments, in-class exercises, and exams [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework1", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Study Design Grid", "EPIB611 Session3 In-class Exercise", "EPIB611 In-class Exercise - Bias", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**]. In EPIB612, this assessment will be performed in sets of homework and a research proposal. Students have opportunities to understand strengths and weaknesses of each analytic methods [**see attachments "EPIB612 Homework3", "EPIB612 Homework4", "EPIB612 Midterm Exam", "EPIB612 Final Exam", "EPIB612 Final Project", and Reading Assignments 6-7 in EPIB612 Syllabus**].

Table D4-1.d. Assessment of Competencies for MPH in Epidemiology (EPDM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Design sound epidemiologic studies to collect unbiased data.	EPIB611 (Intermediate Epidemiology), EPIB612 (Epidemiologic Study Design)	In EPIB611, students identify a research question and the best design to address that question. Through this project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure, and outcome ascertainment, as well as methods to minimize and/or reduce information and selection bias [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Study Design Grid", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**]. In EPIB612, this assessment will be performed in sets of homework and a research proposal. Students will have opportunities to understand strengths and weaknesses in each epidemiologic study designs. They will be asked to write a research proposal in which they will select an appropriate study design in a research project [**see attachments "EPIB612 Homework1", "EPIB612 Homework2", "EPIB612 Homework3", "EPIB612 Homework4", "EPIB612 Midterm Exam", "EPIB612 Final Project", and Reading Assignments 1-10 in EPIB612 Syllabus**].
4. Perform causal analyses of epidemiologic data.	EPIB612 (Epidemiologic Study Design)	In EPIB612, students learn and use the counterfactual theory to guide the selection of a control or comparison group and understand how this theory can be used in control of confounding bias. Their skill is tested in sets of homework, publication critiques, and class discussions [**see attachments "EPIB612 Homework5" and Reading Assignments 1 and 11 in EPIB612 syllabus**].

Table D4-1.d. Assessment of Competencies for MPH in Epidemiology (EPDM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Identify, assess, and reduce threats to validity in epidemiologic studies.	EPIB611 (Intermediate Epidemiology), EPIB612 (Epidemiologic Study Design)	In EPIB611, threats to validity are assessed specifically in two homework assignments, midterm and final examinations and the study design project [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Study Design Grid", "EPIB611 Session3 In-class Exercise", "EPIB611 In-class Exercise - Bias", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**]. In EPIB612, after learning techniques used to identify and control for information bias, selection bias, and confounding bias, their understanding and skills are assessed in sets of homework, group discussion, and a research proposal [**see attachments "EPIB612 Homework5", "EPIB612 Midterm Exam", "EPIB612 Final Exam","EPIB612 Final Project", and Reading Assignments 8-11 in EPIB612 Syllabus**].
6. Manage public health data.	EPIB697 (Public Health Data Management)	Over the course of the semester, students must solve exams and homework assignments which require them to merge, subset by rows or columns, and append data sets [**see attachment "EPIB697 Homework4"**]. The assignments include a combination of simulated and real-life data sets (BRFSS, PATH, Add Health, etc.) [**see attachments "EPIB697 Homework7" and "EPIB697 Final Project"**]. Other data management skills which are required to solve numerous assignments in this class are related to the management of variables such as adding labels, renaming, creating, and keeping/dropping from a data set [**see attachment "EPIB697 Midterm Exam"**].

Table D4-1.d. Assessment of Competencies for MPH in Epidemiology (EPDM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
7. Report findings of epidemiologic studies.	EPIB611 (Intermediate Epidemiology), EPIB612 (Epidemiologic Study Design)	In EPIB611, students complete both a written and oral presentation of their study design projects. This is to provide an opportunity to for students to report and explain key epidemiological methods and concepts in both oral and written formats and to gain practice with presentations. Throughout the course, students also have additional opportunities to critique the reporting of findings in published studies and discuss alternative ways in which those findings may have been reported or presented [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Study Design Grid", "EPIB611 Session3 In-class Exercise", and "EPIB611 In-class Exercise - Bias"**]. In EPIB612, students learn methods to assess validity of a study and appropriately report findings. They analyze data collected from different study designs and identify strengths and weaknesses of their study. They learn to report findings in sets of homework and final project. They also have opportunities to explain specific results to their peers. Through these assignments, their skills are demonstrated and assessed [**see attachments "EPIB612 Homework3", "EPIB612 Homework4", "EPIB612 Homework5", "EPIB612 Homework6", "EPIB612 Final Project", and Reading Assignments 12-14 in EPIB612 Syllabus**].

Table D4-1.e. Assessment of Competencies for MPH in Health Care Management (HCM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Apply systems thinking and organizational theory to address public health and health care management issues.	HLSA710 (Foundations of Healthcare Management), HLSA750 (Healthcare Management Information Systems)	In HLSA710, students utilize Lean Six Sigma methodologies to complete a SWOT Analysis of a local hospital, medical group, or public health organization and provide real-world suggestions for eliminating any weaknesses. Evidence of this can be found in the following assignments: **"HLSA710- SWOT Analysis (5); Module 3"** and **" HLSA710- Managing Readmission Rates (6); Module 8".** HLSA750 utilizes a combination of conceptual foundations, business case analyses, and student projects to help build broad understanding of both the healthcare industry and the key business systems used to improve health in the US and internationally. The course contains five Case Studies from Harvard Business Publishing. The Case Studies allow an in-depth, multi-faceted exploration of real-life healthcare scenarios to build leadership and management skills. Evidence of this can be found in the following assignments: **"HLSA750- Electronic Medical Records System Implementation at Stanford Hospital and Clinics (5); Module 1", "HLSA750- Twine Health (5); Module 2", and "HLSA750- Innovating Beyond Ochsner (5); Module 6".**
2. Examine emerging issues in the delivery of healthcare in the US and their impact on population health.	HLSA601 (Introduction to Health Systems)	HLSA601 provides an overview of the U.S. healthcare system using an interdisciplinary perspective with a focus in financing, delivery, and use of healthcare in a historical, economic, and political context. The main project for this class is a research-based policy synthesis paper. The paper is on the role of the Affordable Care Act (ACA) in addressing health issues affecting a specific subpopulation (e.g., Medicaid recipients, Medicare recipients, rural communities, the uninsured, young adults, etc.). Students describe the initial roles of states and the U.S. federal government in addressing these issues when the ACA passed and major changes that have taken place since. Students then provide an argument for whether moving forward health care reform should provide more power to the states, the federal government, or remain the same to best address the needs of your subpopulation. Evidence of this can be found in the following assignment: "**HLSA601-Policy Synthesis Paper; Week 13".**

Table D4-1.e. Assessment of Competencies for MPH in Health Care Management (HCM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Apply the principles of strategic planning, development, marketing, budgeting, management, and evaluation in organizational and community initiatives.	HLSA740 (Healthcare Strategic Planning and Marketing) HLSA760 (Healthcare Financial Management	In HLSA760, students learn health services financial management with emphasis on applying traditional financial theories to healthcare, revenue cycle, and clinical coding classification systems (ICD-10cm). One of the primary case studies requires students to analyze the financial problems of a community-based healthcare organization and make recommendations to improve grant management and patient care. Evidence of this can be viewed in the following assignments: "**HLSA760-Primary Care Financial Management (5); Module 1" and "HLSA760-Meditech & HCC Coding-using Meditech EHR System and 3M Encoder (4); Module 4".** **HLSA740 -Final Project; (5)):** Students use the tools and resources that have been provided throughout the semester to develop their own strategic plan. Organizations may include but are not limited to: health departments, primary care practices, hospitals, community health centers, urgent care centers, skilled nursing facilities, etc. The core requirements for any type of plan must be integrated in the project. The goal is to make this experience as realistic as possible, so be sure to choose a real organization.
4. Analyze health management problems and recommend potential solutions.	HLSA750 (Healthcare Management Information Systems)	In HLSA750, students complete two analysis projects. One is a technology analysis project involving a written analysis of a healthcare related technology and startup style pitch. A second organizational analysis project involves an interview with a leader in healthcare. Students are expected to link these two projects thematically. Evidence of this can be found in the following assignment: **"HLSA750-Final Project- Organizational Analysis & Pitch Proposal (6)".**

Table D4-1.e. Assessment of Competencies for MPH in Health Care Management (HCM)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Apply leadership and management skills for building partnership through collaborative efforts and communication of health policy and management issues.	HLSA710 (Foundations of Healthcare Management) HLSA740 (Strategic Planning and Marketing)	HLSA710 provides theoretical as well as practical information on how managers can effectively prepare for and respond to health administration challenges using management principles and functions. The course includes 5 problem-solving case studies which require students to investigate a problem, complete an external analysis, and recommend a solution that meets real-world standards. Evidence of this can be found in the following assignments: **"HLSA710- To Partner or Not Partner with a Retail Company (5); Module 4", "HLSA710- Metro Renal (5) Module 1", "HLSA710 - Sustaining an Academic Food Science and Nutrition Center Through Management Improvement (5); Module 1", and "HLSA710- Who You Gonna Call (5); Module 7".** In HLSA740, students conduct independent research and create a Press Release to communicate the practical implications of health policy to a specific audience (**see document: "HLSA740 Strategic Analysis & Press Release Assignments (5); Weeks 3 to 7").** Press releases remain an important marketing and communication tool for public health officials. In HLSA740, students also use the tools and resources that have been provided throughout the semester to develop their own strategic plan. Organizations may include but are not limited to: health departments, primary care practices, hospitals, community health centers, urgent care centers, skilled nursing facilities, etc. The core requirements for any type of plan must be integrated in the project. Evidence of this can be found in the following assignments: **"HLSA740 - Final Project; (5) Week 13**)"

Table D4-1.f. Assessment of Competencies for MPH in Health Equity (HE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Identify and devise community-engaged practice and policy solutions to advance health equity across multiple stakeholders.	HLSA611 (Introduction to Health Equity)	HLSA611 **(See attachment-HLSA611- Implicit Bias Test and Reflection Paper; (4); Weeks 2-10**): Students in HLSA611 are required to attend the Maryland Department of Health and Health Disparities Annual Health Equity Conference, a recurring annual conference, and write a critical reflection paper. A component of this written assignment is used to validate the students' ability to perform the competency. Students are assessed on the quality and breadth of their responses to the following prompts, which must be performed for two different health disparity issues presented at the conference: 1) summarize the burden of the health disparity; 2) identify a health equity conceptual framework and discuss its relevance to the root causes and persistence of the targeted inequity; 3) describe the strategy, program, or initiative, to reduce the inequity; 4) critique the public health practice strategy used to address the inequity, including how the strategy is informed by the root causes of the inequity, and explain the potential implications for decreasing the inequity in the community; 5) discuss new insights gleaned or ideas generated from the presentation; and 6) questions you asked (or would have asked).
2. Critically assess the role of class, race, and implicit bias in health care delivery, outcomes, and systems	HLSA787 (Minority Health and Health Equity: Policy Research and Practice)	HLSA787 **(See attachment- HLSA787- CHNA Critical Analysis Paper; (4); Weeks 1-2;)**: Students in HLSA787 are required to provide feedback on the National Institute on Minority Health and Health Disparities proposed measures of social determinants of health (SDOH) used to help guide decisions about the measurement protocols for an SDOH toolkit. A component of this written assignment is used to assess the students' ability to perform the competency. Students will be assessed on the quality and breadth of their responses to the following prompts: 1) explain the significance of the SDOH measurement protocol as envisioned for public health practice; 2) state the relationship between the SDOH measure and known root causes of the related health inequities, supported by relevant literature; 3) appraise the feasibility, comparing and contrasting the strengths and limitations, of the SDOH measure to monitor and track health inequalities; 4) make a recommendation, providing clear justification for or against use of SDOH measure for a local or state department of health from the perspective of public health practice.

Table D4-1.f. Assessment of Competencies for MPH in Health Equity (HE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Define root causes of health inequities and their relevance and relationship to public health practice	HLSA601 (Introduction to Health Systems)	HLSA601 **(See attachment HLSA601-Policy Synthesis Project (6), Week 13)** The main project for this class is a researched policy synthesis paper. The paper is focused on the role of the Affordable Care Act (ACA) in addressing root causes of health issues inequitably affecting a specific subpopulation (e.g., Medicaid recipients, Medicare recipients, rural communities, the uninsured, young adults, etc.). Students describe the initial roles of states and the U.S. federal government in addressing these issues when the ACA passed and major changes that have taken place since. Students then provide an argument for whether in the future health care reform should provide more power to the states, the federal government, or remain the same to best address the needs of the selected subpopulation.

Table D4-1.f. Assessment of Competencies for MPH in Health Equity (HE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Collaborate with public health professionals at local and/or federal levels to promote health equity research, practice, and policy	HLSA787 (Minority Health and Health Equity: Policy Research and Practice)	HLSA787 **(See Attachment-"HLSA787- Implementation Strategy (5), Week 13" and "HLSA787- Health Equity Meeting Report Out; (4); Weeks 6, 8-11)":** Students review the population health issues identified in a local hospital's most recent community health needs assessment. Students are randomly assigned to coalition teams responsible for developing a Community-Driven Health Equity Action Plan for the local hospital's community-benefit program. Components of the project that address the competency include: the collaborative efforts of the students to work within teams and partner with public health professionals to develop a proposal. Specifically, each coalition team is assigned a community health partner from a local community-based or grass-roots organization. As a member of the coalition team, each student assumes the role of a stakeholder (e.g., elected official, community-member, executive director of a community-based organization, local, state, or federal public health program manager). Students work collaboratively within the coalition teams and in partnership with the community health partner, to draft and refine the plan to present to the local hospital partner. Additionally, students work collaboratively with the hospital partner, the Community Benefits Initiatives Program Manager (who is co-instructor of the course), to revise and evaluate the plan's feasibility to inform research, practice, and policy to further community benefit priorities and strategic objectives. Each coalition team utilizes the "Collaboration Multiplier" framework (used to support relationship- and trust-building, identify collective strengths and missing expertise, delineate collective resources, clarify the contributions and roles of each partner; promote partnership buy-in) to describe the role and level of engagement of stakeholders for the development, uptake, and implementation of the plan. Additionally, the coalition teams are responsible for completing a debriefing assessment, the "Multi-sector Collaboration Evaluation", to appraise the dynamics of the coalition team (each student member, the community partner, and the hospital partner).

Table D4-1.f. Assessment of Competencies for MPH in Health Equity (HE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Examine health equity and the importance of social determinants of health in addressing barriers and eliminating health disparities	HLSA611 (Introduction to Health Equity) HLSA787 (Minority Health and Health Equity: Policy Research and Practice)	HLSA611 **(HLSA611- Art, Activism, and Equity Critical Analysis Paper; (5); Weeks 2-11)**. In the article "Art, Anti-Racism and Health Equity: Don't Ask Me Why Ask Me How" Griffith and Semlow (2020) argue that art can be used to illuminate how racism operates in organizational or institutional context and to communicate hope, resilience, and strength. You are expected identity an art artifact (e.g., mural, sculpture, movie, poem, lyrics from a song, painting) as an example of moving towards racial and/or social equity. Students describe the artifact in detail, explain why the artifact illuminates understanding of health inequities, and why the artifact resonates for them. As described above for Competency #4, students in HLSA787 also examine health equity and the importance of social determinants in the Implementation Strategy project **(See Attachment-"HLSA787- Implementation Strategy (5), Week 13" and "HLSA787- Health Equity Meeting Report Out; (4); Weeks 6, 8-11)."**

Table D4-1.g. Assessment of Competencies for MPH in Health Policy Analysis and Evaluation (HPAE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Recommend solutions to policy problems, using literature, evidence, and data.	HLSA702 (Policy and Politics of Health)	In HLSA702 (**HLSA702: Policy Analysis (Paper and Outline), Week 13 & 15)**. The final project is a critical examination of a public health problem in health policy and politics from different political perspectives of 10-12 pages (a synthesized, edited paper). Students can address any current or past public health problem such as any disease- or population-specific problem. When students have selected the public health problem, they identify and analyze a specific policy that addresses that problem. The paper provides an opportunity to apply the material in the course readings to the topic. This policy analysis outline addresses the complete policymaking process, from formulation and implementation to evaluation. Students complete the paper by providing recommendations for improving the policy to better improve public health.
2. Critique and analyze the impact of multiple payers on health care delivery, financing, and health outcomes	HLSA711 (Health Economics and Analysis)	HLSA711 applies the basic principles of economics to health care. Students learn about both the advantages and limitations of applying market forces to health care, how insurance markets work, important “market failures,” and policy options for correcting them. The course covers both “macroeconomic” issues relating health care to the overall economy, and “microeconomic” issues. Evidence of students' ability to critique and analyze the impact of multiple payers can be found in the following assessments: “**HLSA711: Midterms 1 and 2, Week 5 & 10**” and **"HLSA711-Final Paper, Week 16"**.
3. Develop and assess evaluative measures linked to program or policy goals and objectives	HLSA775 (Public Health Research Methods)	In HLSA775, **(Evidence can be found in the following assignment: "HLSA775: Research Proposal, Week 15" and "HLSA775: Applied Article Homework, Weeks 3 to 7").** Students design a study around a policy issue of interest that assesses evaluative measures of the policy or related program. The proposal includes introduction, previous research, study design, measurements, and limitations.

Table D4-1.g. Assessment of Competencies for MPH in Health Policy Analysis and Evaluation (HPAE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Evaluate the main components of the organization and delivery of health care and their impact on population health.	HLSA601 (Introduction to Health Systems)	HLSA601 provides an overview of the U.S. healthcare system using an interdisciplinary perspective with a focus on financing, delivery, and use of healthcare in a historical, economic, and political context. The main project for this class is a research-based policy synthesis paper ("**HLSA601-Policy Synthesis Project (6); Week 13**"). The paper is on the role of the Affordable Care Act (ACA) in addressing health issues affecting a specific subpopulation (e.g., Medicaid recipients, Medicare recipients, rural communities, the uninsured, young adults, etc.). Students describe the initial roles of states and the U.S. federal government in addressing these issues when the ACA passed and major changes that have taken place since. Students then provide an argument for whether future health care reform should provide more power to the states, the federal government, or remain the same to best address the needs of the subpopulation. Students also review and present an evaluation of the response of a state to the ACA implementation (**"HLSA601-Presentation and Executive Summary"**).

Table D4-1.g. Assessment of Competencies for MPH in Health Policy Analysis and Evaluation (HPAE)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Analyze the role of power, influence, and evidence in the political and policy process at the federal, state, and local level.	HLSA601 (Introduction to Health Systems); HLSA702 (Policy and Politics of Health)	Through this competency students obtain skills in analyzing how policy arrangements are shaped by federal, state, and local actors (politicians, executive branch officials, interest groups) through the use of power, influence, and the use of evidence in argumentation and mobilization. This competency is a foundational pillar of students' mastery of critically analyzing the policymaking process. These skills are practiced, demonstrated, and assessed in several assignments in **HLSA601** and **HLSA702** in which students address the competency in discussion, oral presentation, and written reports. **In HLSA601**, students complete the "**State Responses to ACA" assignment (ERF)** in which they critically consider: (1) How/if local institutions marshalled evidence and exerted influence to lobby state decision makers for their desired outcome; (2) How state decision makers balanced competing claims in regards to their own goals and defended their policy positions using ideological and evidenced based claims; (3) How these processes were shaped by the power and influence of the federal government and the federal courts to shape the feasible policy choice set and incentive some state decisions over others; and (4) How state decision makers used institutional power to obtain their desired outcomes, even if such outcomes were not consistent with median voter preferences. Many of the competency's elements are also addressed in the **HLSA601 Policy Synthesis Project (ERF)**. In **HLSA702**, students complete a series of **Discussion Question Sets (ERF)** in which they apply and synthesize material from the course that addresses the competency, as well as a **Health Policy Analysis Paper (ERF)**.

Table D4-1.h. Assessment of Competencies for MPH in Physical Activity Concentration (PA)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Critically assess and analyze the influence of structural racism on historical housing practices and policies within the context of physical activity and health inequities	KNES600, Kinesiology in Public Health	**Structural Racism, Housing Policy, and PA Disparities (Assignment B; see syllabus):** This competency is assessed by a written assignment in which students select a city and: (1) examine how structural racism influenced historical housing practices and policies (e.g., redlining); and (2) analyze the long term impact of past housing practices and policies (and structural racism) on contemporary physical activity disparities (e.g., nature gaps, physical activity deserts) and health inequities.
2. Explain how physical activity integrates with one of the Essential Public Health Services, also analyzing the benefits to, and challenges of, integration. See https://spark.adobe.com/page/Qy1veOhGWyeu5/	KNES600, Kinesiology in Public Health	**Public Health Services Interview Assignment (Assignment A; see syllabus):** Students identify and interview a public health professional whose work falls under at least one of the Essential Public Health Services (EPHS). The 10 EPHSs are discussed early in the course, with students working towards their final assessment of this competency (which will be a class presentation and reflection paper) through a series of 'check-in' assignments: (1) In Week 4, students submit the job description and name of the individual that they plan to interview, as well as a written rationale as to how this person's job falls under at least one of the Essential Public Health Services; (2) In Week 6, students submit a list of 5-6 interview questions that will guide their interview, and which will allow them to explore their interviewee's viewpoints on how PA integrates with at least one of the EPHSs, as well as the benefits of, and challenges to, integration; (3) In Weeks 14 & 15, students present the results of their interview to the class, and also submit a written reflection on the interview process (e.g., what went well, areas for improvement).

Table D4-1.h. Assessment of Competencies for MPH in Physical Activity Concentration (PA)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Appraise and assess built and social environmental determinants of physical activity in two different communities in relation to health outcomes in those communities	KNES601, Epidemiology of Physical Activity	**Physical Activity and Built and Social Environment Assignment (Assignment B):** Students to select two different communities which they appraise and assess in terms of both the social and built environments; this is followed by a comparison of the community environments, the physical activity potential for each community, and how this might relate to health outcomes. The appraisal and assessment of the built environment of each community is undertaken using the 'Active Neighborhood Checklist' and 'Walk Score'. The appraisal and assessment of the social environment of each community is assessed using a range of data sources including, but not limited to: censusreporter.org; U.S. Census, Centers for Disease and Prevention (e.g., BRFSS), and available county or state data; student's qualitative observations of each community. Students then compare and contrast the built and social environment of each community and will also reflect on: (a) how the built environment can impact the social environment and (b) how the social environment can impact physical activity and overall health and well-being. Students are encouraged to consider the dynamic changes (e.g., gentrification) that have or may occur within their selected communities and how these changes may be related to social loss, social cohesion, or social disorder. For further detail including grading rubric, **refer to 'KNES601 - Assignment B' in 'Physical Activity Syllabi and Supporting Documentation' folder**; see also 'KNES601 syllabus' in folder.

Table D4-1.h. Assessment of Competencies for MPH in Physical Activity Concentration (PA)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Apply and evaluate different physical activity assessment instruments	KNES601, Epidemiology of Physical Activity	**Physical Activity Assessment Assignment in KNES601 (Assignment A):** First, students administer two different physical activity assessment instruments to three other individuals as well as to themselves (n=4), working to find people with varying levels of physical activity. The two assessment tools are: (1) the quantitative history recall and (2) global survey. Students will administer the instrument as described and then score each of the instruments. They then compose a write-up in which they compare and contrast the results, with a focus on what they learned about the participants' physical activity levels, including their own. Students prepare a commentary on the assessment tools, addressing a variety of issues. Students also keep a 3-day diary of their own typical physical activity habits, including one weekend day. They use the Compendium of Physical Activities to determine their MET minutes/day of physical activity. Additionally, they wear a pedometer or activity monitor for these three days and tally each day's step counts. Using the data collected, students then quantify and describe their active transportation levels as well as the environmental impact of using active transportation. For further detail including grading rubric, **refer to 'KNES601 - Assignment A' (see Part II of assignment) in 'Physical Activity Syllabi and Supporting Documentation' folder**; see also 'KNES601 syllabus' in folder.
5. Conduct impact and/or process evaluations for community-based physical activity interventions	KNES602, Physical Activity Program Planning and Evaluation	**Physical Activity Evaluation Assignment:** In a written assignment, students will conduct a review of evaluation strategies (impact and process) used in previous community-based physical activity interventions. Students 1) compare and contrast the evaluation strategies for both impact and process evaluations, 2) identify and justify which methods are the best fit for their proposed physical activity intervention, and 3) describe how the specific variables for both the impact and process evaluations are measured and analyzed. For further detail including grading rubric, r**efer to 'KNES602 - Evaluation Assignment' and 'KNES602 - Rubric for Evaluation Assignment' in the 'Physical Activity Syllabi and Supporting Documentation' folder;** see also 'KNES602 syllabus' in same folder.

Table D4-1.i. Assessment of Competencies for MPH in Public Health Practice and Policy (PHPP)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Evaluate health systems performance and quality across national and international settings.	HLSA601 Introduction to Health Systems HLSA745 Public Health Practice and Management	Students address this competency in multiple courses. For the purpose of this review, we describe HLSA601 and HLSA745 assessments. **HLSA601: To address health system performance at the national setting:** Students evaluate health system performance and quality in the US by evaluating health system structure, organization, provision of care, and polices. **Refer to HLSA601 syllabus pages 4-6, Question Sets**. Students also evaluate and present scholarly readings assessing health system performance and quality. **Refer to HLSA601 syllabus pages 7-9, Article Reviews**. **HLSA601 To address health system performance at international settings:** Students evaluate and present the background, outcomes/solutions of healthcare issues Internationally, including the US. **Refer to syllabus pages 6-7, Health care in the News presentation**. Students are also asked to identify innovative ways to improve healthcare quality, contain costs, and maximize access to care in efforts to improve population health given health system challenges experienced in the US and globally during the Pandemic. Students identify strategies to improve performance and quality of systems in the US and other developed nation to improve population health. **Refer to Syllabus pages 9-10, Case Study**. **HLSA745: To address health system performance at the national setting:** Student assess public health issues confronting health professionals in various US states addressing the key factors of healthcare access, quality, and costs. **Refer to syllabus page 3, PowerPoint presentation with Executive Summary**. **HLSA745: To address health system performance at international settings:** Students evaluate the health system models of select developed nations and compare to the US in improving performance and quality of care, based on the book: The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care. **Refer to syllabus page 3, Book a**nalysis.

Table D4-1.i. Assessment of Competencies for MPH in Public Health Practice and Policy (PHPP)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Apply economics principles and methods to analyze efficiency of private and public health policy and management issues	HLSA711 Health Economics and Analysis	Students complete the following in HLSA711: Discussion Board Assignment: Student apply macroeconomic and microeconomic concepts from a healthcare lens to analyze efficiency of private and public health policy and management issues. **Refer to syllabus pages 7-8.** Blog Post Assignments: Students analyze efficiency of private and public health policy and management issues by applying economic theory and concepts to at least 1 mainstream media article linking peer-reviewed or gray literature to blog posts. Refer to **syllabus page 8 and detailed Blog post guidelines** document. Research Paper: Students apply core economic principles and methods to analyze current challenges with efficiency of private and public health policy and management of care. Topics include and not limited to implications of the opioid epidemic, provider reimbursement for mental health service, economics of nutrition/obesity, social determinants of health & health disparities, and health reform. Refer to **Syllabus page 9 and detailed guidelines for Research Paper** document.
3. Evaluate stakeholder needs and apply management approaches to improve organizational performance and address public health issues	HLSA740 Healthcare Strategic Planning and Evaluation	Students complete the following in HLSA740: Question sets: Students evaluate models of care and strategic planning approaches, leadership approaches to improve performance and quality of care, community needs assessment and engagement, various analysis to improve organizational performance and quality of care. **Refer to syllabus pages 4-5.** Team case study presentations: Case study 1- Students work in teams to 1) analyze and evaluate performance of a medical center and create a healthcare business plan for a new service applying diversity, equity, and inclusion (DEI) to address stakeholder and community needs. Case study 2- Students work in teams to analyze and evaluate approaches to population health management and create strategies to improve performance and quality of care in a medical center using a culturally responsive & equitable evaluation (CREE) approach engaging stakeholders throughout the evaluation process. **Refer to syllabus pages 5**-6.

Table D4-1.i. Assessment of Competencies for MPH in Public Health Practice and Policy (PHPP)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Evaluate empirical literature relevant to public health research and practice to identify solutions and best practices	HLSA775 Public Health Research Methods HLSA772 Healthcare Leadership and Communications	Students address this competency in multiple courses. For the purpose of this review, we will describe HLSA775 and HLSA772 assessments. **HLSA775:** Scholarly Article Review sets: Students evaluate scholarly quantitative, qualitative, and mixed methods literature to assess the intent of authors, methodology used and appropriateness to address study aims, study conclusions and evidence to support conclusions, limitations of studies. **Refer to syllabus pages 4-6.** Question sets: Students critically assess public health research approaches, including but not limited to fundamental and applied research, approaches to literature reviews, requirements for experimental design, criteria for causality, types and challenges with longitudinal research methods and applicability to identify solutions and best practices to improve public health. **Refer to syllabus pages 3-4.** **HLSA772:** Leadership in Action Research Project: Students work individually and in teams to identify a public health issue, synthesize original research to identify a dominant influencing factor, synthesize intervention programs targeting the influencing factor, and develop a step-by-step plan to implement an evidence-based intervention in a targeted community. **Refer to syllabus page 1, "LIA project guidelines" document and "LIA implementation plan guidelines" document.**

Table D4-1.i. Assessment of Competencies for MPH in Public Health Practice and Policy (PHPP)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Apply knowledge, values, and leadership skills, including envisioning, teamwork, collaboration, and communication to address public health challenges	HLSA772 Healthcare Leadership and Communications	Students complete the following in HLSA772: Leadership Application Papers/Blogs: Students apply leadership concepts and approaches to their work and lives in the forms of either leadership "blogs" or leadership application papers. Through this exercise, students apply course concepts to analyze their leadership values (purpose, mission, and vision), experiences, skills, attitudes, and behavior and to evaluate their practice of new skills, knowledge, and attitudes. Student also develop action plans for goals derived from their leadership vision. **Refer to syllabus page 2.** Leadership in Action Research Project: Students collaborate in teams to identify and communicate a public health issue, synthesize original research to identify a dominant influencing factor, synthesize intervention programs targeting the influencing factor, and develop a step-by-step plan to implement an evidence-based intervention in a targeted community. **Refer to "LIA project guidelines" document and "LIA implementation plan guidelines" document.**
6. Describe legal and ethical bases for public health, health care management, and health services.	HLSA720 Health Law and Ethics	Students complete the following in HLSA720: Presentation: Students analyze a current public health or healthcare management legal issue by defining the health law issue scope of the challenge, interested parties, disparities, and impact on groups of people, the role of federal, state and/or local law to address the issue, legal interventions proposed to address the issue, and opposition expected to the proposed legal interventions. **Refer to syllabus page 3 and Presentation Guidance document.** Discussion Sets and Midterm and Final exams: Students describe the legal and ethical bases for public health, healthcare management, and health services and apply legal concepts to real world situations. Examples include constitutional law, administrative law, legal foundations of public health and healthcare law, administrative law, tort law and issues such as drug laws and regulations, environmental public health issues, immunization laws, emergency preparedness ethics and laws, and personal health information. **Refer to syllabus pages 3-4, Discussion Sets, and Midterm and Final exam documents.**

2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school 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.**

All syllabi and course materials can be found in ERF D4.3, organized by concentration.

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

Strengths:

- Each MPH concentration has undergone a full analysis of their concentration competencies to ensure both continued alignment with the goals of the program and the professional needs of the area, while also reexamining the mapping of key assessment opportunities.

Weaknesses and Plans:

- Concentration competencies must be reviewed regularly and each program must work to ensure that assessments remain aligned with those competencies across different instructors and changes in other content. This has not been consistently monitored at the school level, but we are working to ensure more consistent monitoring for all programs to ensure continued compliance.

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 school 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 school identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.**

   The UMD SPH MPH program uses an internship model for the completion of the Applied Practice Experience requirement across all concentrations. All students in all concentrations take a four-credit internship course, approximating 180-200 hours of mentored internship experience with an outside agency and preceptor. Each MPH concentration works with each of their students to identify an internship site that is aligned with their interests and career goals as much as possible, then the Graduate Director or Internship Coordinator (often the same person) work with the site supervisor/preceptor and the student to ensure qualifying projects are defined for the internship experience. At that point, specific competencies are identified as required and non-academic work products are envisioned and discussed. Students complete an APE competency form (see ERF D5.2) describing these competencies, which is then confirmed at the completion of the internship. Any significant revisions to the competencies and/or work products are discussed with the program's Graduate Director or Internship Coordinator before completion of the internship and the competency form is updated if changes are made.

   While there is subtle variation in the approaches that different concentrations take to preparing students for the APE internship, in general each program provides students an orientation to the internship requirements at least a semester before the planned experience. Programs have handbooks or manuals specifically designed to prepare students for the internship, including outlining time, competency, artifact, presentation, and portfolio requirements (see ERF D5.2). Some programs have developed specific forms to assist in student recordkeeping and preparation. Students often have "check-in" requirements throughout the semester of their internship to ensure everything is on track and that any competency, artifact, or other changes are addressed and approved as the experience moves forward. Programs work closely with internship preceptors before, during, and at the completion of the internship to ensure students are performing well. Preceptor feedback is often also considered as part of the final grade for the student. Students present their internship experience as part of open sessions with other faculty and students at the end of each semester, and their final portfolio is graded by the internship coordinator or a faculty committee. The completion of required competencies, quality of the presentation and internship artifacts, and feedback from preceptors are all considered as part of final project grades

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

All syllabi and related materials for the APE can be found in ERF D5.2, organized by concentration.

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 schools, if applicable. The school 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 school has not produced five students for which complete samples are available, note this and provide all available samples.**

All student samples can be found in ERF D5.3, organized by concentration.

Note: Environmental Health Sciences had only three students complete internships during the past three years.

Note: No students have completed the combined MPH+Master of Community Planning degree program as of Fall 2022 (the first enrollees were in Fall 2021 for the 3-year program).

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

Strengths:

- The internship experiences are some of the most powerful for our students and are certainly a highlight and strength of our MPH program. Long-standing relationships with organizations and even preceptors are a characteristic of many of our programs. Students who have had positive experiences often help recruit new students to perform internships at the same sites, and organizations can plan on larger projects knowing that multiple students will serve in such positions over time.
- The launch of our Office of Public Health Practice and Community Engagement (described elsewhere) will provide enhanced opportunities for building impactful relationships with organizations into the future.

Weaknesses and Plans:

- Some programs have recently revised their MPH concentration competencies as part of our school's self-study reflection process, so the competencies assessed for some past students may not reflect currently listed competencies.
- A few programs were not using a rubric to assist in the grading of the internship experience and there is a coordinated effort to have all programs move toward use of a rubric to improve grading consistency and provide students with clearer direction about the expectations of the experience.

D6. DrPH Applied Practice Experience (if applicable)

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 school 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 school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.**

   In general, all SPH MPH students in all concentrations complete a three-credit capstone project/paper as their Integrated Learning Experience (ILE) requirement. Regardless of concentration, all MPH students must identify at least four competencies that will be attained in the capstone project, two foundational competencies and two concentration competencies, and students must demonstrate synthesis across those competencies. Specific details are shown in Table D7-1, with some concentrations combined given similar procedures. Supporting documentation is provided in ERF D7.3.

Table D7-1.a. MPH Integrative Learning Experience for Behavioral and Community Health Concentration

Integrative learning experience	How competencies are synthesized
Capstone project/paper	In the semester prior to conducting/writing their capstone project, the student develops project topic ideas, discusses these ideas with their advisor, and reviews the program competencies to determine BCH and SPHL foundational competencies they will be applying and synthesizing. The student must submit a written proposal and orally defend their capstone project proposal to an examining committee consisting of their advisor and an additional faculty reader, and make revisions as requested before commencing their capstone project the following semester. In their final semester, the student conducts and writes their capstone project and presents it to the examining committee. Following the student presentation of the capstone project and committee questions, the examining committee assesses the capstone project using the MPH Final Project Approval Form and the SPH ILE (Capstone) Competency Application template to summarize the project competencies addressed, including how they were synthesized in the project.

Table D7-1.b. MPH Integrative Learning Experience for Biostatistics and Epidemiology Concentrations	
Integrative learning experience	**How competencies are synthesized**
Capstone project/paper	In the semester prior to conducting/writing their capstone project, the student develops project topic ideas, discusses these ideas with their faculty advisor, and reviews the MPH foundational and concentration competencies to determine competencies to be addressed and synthesized in the capstone project. The student must propose their capstone project to an examining committee consisting of their advisor and at least one additional faculty reader/committee member, and make revisions as requested before commencing their capstone project the following semester. During the capstone semester, the student conducts and writes their capstone project, submit it to the examining committee, and presents it to the faculty. The examining committee assesses the capstone project using an MPH Project Certification form and a newly created Capstone Project Evaluation Rubric form (starting Fall 2022). In addition, students must submit the UMD SPH MPH Integrated Learning Experience form to summarize the MPH foundational and concentration competencies addressed, including how they are synthesized in the capstone project.

Table D7-1.c. MPH Integrative Learning Experience for Environmental Health Sciences Concentration	
Integrative learning experience	**How competencies are synthesized**
Capstone project/paper	In the semester prior to conducting/writing their capstone project, the student develops project topic ideas, discusses these ideas with their advisor, and reviews the program competencies to determine ENVH and SPHL foundational competencies they will be applying and synthesizing. The student must submit a written capstone project proposal to their faculty advisor and make revisions as requested before commencing their capstone project the following semester. In their final semester, the student conducts and writes their capstone project and presents it to the faculty examining committee. Following the student presentation of the capstone project and committee questions, the examining committee assesses the capstone project, including a presentation and final written report. The faculty committee then grades the project.

Table D7-1.d. MPH Integrative Learning Experience for Health Care Management, Health Equity, and Health Policy Analysis and Evaluation Concentrations	
Integrative learning experience	**How competencies are synthesized**
Capstone project/paper	In the semester prior to conducting/writing their capstone project, the student develops project topic ideas, discusses these ideas with their advisor, and reviews the program competencies to determine HCM and SPHL foundational competencies they will be applying and synthesizing. All students in the program must work with an outside organization as part of their capstone project. The student must submit a written capstone project proposal to their capstone advisor and make revisions as requested before commencing their capstone project the following semester. In their final semester, the student conducts and writes their capstone project and presents it to the examining committee. Following the student presentation of the capstone project and committee questions, the examining committee assesses the capstone project, including a presentation, final written report, and a deliverable to the outside organization. The faculty advisor then grades the project using feedback from the outside organization practitioner.

Table D7-1.e. MPH Integrative Learning Experience for Public Health Policy and Practice Concentration	
Integrative learning experience	**How competencies are synthesized**
Capstone project/paper	In the semester prior starting the Capstone, students must meet with the Capstone Advisor to identify a paper topic and discuss specific aims of the paper, methodological approach for achieving the aims, and how the paper aligns with and synthesizes a minimum of two core public health and two program competencies. During the Capstone semester, the student completes the paper based on detailed criteria and guidance from the Capstone Advisor and virtually defends the paper at the end of the semester. The Capstone is assessed by the Capstone Advisor using rubrics for the capstone outline, paper, and virtual defense. The student and Capstone Advisor revisit identified competencies and describe how they are synthesized in the paper.

Table D7-1.f. MPH Integrative Learning Experience for Physical Activity Concentration	
Integrative learning experience	**How competencies are synthesized**
Capstone project/paper	In the semester prior to conducting/writing their capstone project, the student develops project topic ideas, discusses these ideas with their advisor, and reviews the program competencies, using the MPH in Physical Activity 'Capstone Competencies Planning Form' as well as a list of CEPH Foundational Competencies to self-identify possible competencies. The student must propose their capstone project to an examining committee consisting of their advisor and an additional faculty reader, and make revisions as requested before commencing their capstone project the following semester. In their final semester, the student conducts and writes their capstone project and presents it to the examining committee. Following the student presentation of the capstone project and committee questions, the evaluation committee assesses the capstone project using the 'Project Final Defense Assessment' rubric and the 'Capstone Competencies Faculty Evaluation' form. Following the defense, the student and advisor use the UMD SPH MPH Integrated Learning Experience template to summarize the project competencies addressed, including how they were synthesized in the project.

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

In general, all SPH MPH students in all concentrations complete a three-credit capstone project as their Integrated Learning Experience requirement. While subtle variations exist across the programs, the core nature of these projects is quite similar. Students are oriented to the requirements using handbooks or manuals, as well as through orientation or specific advising sessions in the semesters preceding the semester of the project (the final semester of the program). Ideas are discussed in advance and programs require a project proposal that is approved by the advisor or faculty committee. The projects are overseen by one or more faculty members within the concentration, often in collaboration with an outside agency or practitioner. Faculty and graduate program leaders work with students to identify which of the required competencies are addressed and synthesized within the capstone project by completing an ILE competency form (see ERF D7.3) before the capstone project begins and address any revisions to the competencies and project throughout the semester. Faculty advisors (and any outside practitioners or other faculty committee members, as appropriate) work with students throughout the project to ensure timely and high-quality completion. After project completion, students present the final capstone project to their faculty committee, typically in an open session for all faculty and students in the program. The faculty advisor and or committee review and grade the final project presentation and products, often with feedback from any outside practitioner who may have assisted in oversight of the project.

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

All ILE policy and procedure documentation can be found in ERF D7.3, organized by concentration.

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.**

All ILE rubrics and related guidelines can be found in ERF D7.4, organized by concentration.

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

All student samples can be found in ERF D7.5, organized by concentration.

*Note that as of May 2022 only four students have graduated from the Environmental Health Sciences MPH concentration and only three students have graduated from the Physical Activity MPH concentration.

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

Strengths:

- The use of a capstone project has been viewed as a strength by our MPH program directors, allowing students to build further knowledge in an area of interest and often aligning closely with their internship experience. Many students find the project has assisted them in securing employment by showing employers high-quality work projects relevant to their area of concentration.

Weaknesses and Plans:

- Some programs have recently revised their MPH concentration competencies as part of our school's self-study reflection process, so the competencies assessed for some past students may not reflect currently listed competencies.
- A few programs were not using a rubric to assist in the grading of the capstone project and there is a coordinated effort to have all programs move toward use of a rubric to improve grading consistency and provide students with clearer direction about the expectations of the project requirements.

D8. DrPH Integrative Learning Experience

NOT APPLICABLE

D9. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the school may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

If the school intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (e.g., CHES).

1) **Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D9-1 requires the school to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the school's definition of "introduced" and "covered."**

   Tables are provided for both the BS in Community Health and the BS in Public Health Science for all of the criteria related to public health bachelor's degrees. Note that the Shady Grove campus does not support course numbers below 300 for any program, as Shady Grove programs are meant to serve students transferring from community colleges with the equivalent of an associate's degree. As such, the Public Health Science program offers PHSC300, Foundations of Public Health, at the Shady Grove campus rather than SPHL100, Foundations of Public Health. PHSC300 was created as an equivalent course to ensure continuity across campuses. Students are required to take either SPHL100 or PHSC300 and may not earn credit for both. Supporting documentation is provided in ERF D9.2.

Key	
	I = Introduced: *HLTH defines a concept as being "introduced" if it is: A concept or topic that was introduced at a basic level in one lecture, assignment or discussion.*
	C = Covered: *HLTH defines a concept as being "covered" if it is: A concept or topic that was highlighted multiple times, in lectures, assignments, discussions, and/or is a recurring theme in the course.*

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health

Public Health Domains	Course Number & Name															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Math/Quantitative Reasoning: Identify and apply the concepts and applications of basic statistics																
Concepts of basic statistics			I				C	I	I		C					
Applications of basic statistics			I				C	I	C		C					
Science: Address the foundations of biological and life sciences																
Foundations of biological & life sciences	C	C														
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society																
Public health history			C		C		C	C					C			

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Public health philosophy			C	I			C	C					C			
Core PH values			C	I			C	C				I	C			
Core PH concepts			C	I				C	I			I	C			
Global functions of PH			I		I					C						
Societal functions of PH			C	I	I					C			C			
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice																
Basic concepts of data collection			C		I		C	C	C		I	I	C			
Basic methods of data collection					I		C	C	C		I	I	C			
Basic tools of data collection				I	I		C	I	C		I	I	C			

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Data usage			C	I	I		C	C	C		C	I	C			
Data analysis				I	I		C	C	C		C	I	C			
Evidence-based approaches			C		I	I	C	C	I	I	C		C			
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations																
Population health concepts			C	I	I			I	I			I	C			
Introduction to processes & approaches to identify needs & concerns of populations			I		I		I	C	C			C	C		C	
Introduction to approaches & interventions to address needs & concerns of populations			C	I	C	I	I		I	C		C	C	C	C	

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course																
Science of human health & disease			I		C			I								
Health promotion			I	I	I		I					C	C	C		
Health protection			I		I							C				
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities																
Socio-economic impacts on human health & health disparities			C		C	C	I	I	C	I		C	C		C	

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Behavioral factors impacts on human health & health disparities			C		C	C	I	I	I			C	C	C	C	
Biological factors impacts on human health & health disparities			C		C	I							C			
Environmental factors impacts on human health & health disparities			C		I	C	I	I	I				C		C	
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation																
Introduction to planning concepts & features			I	I	I		I		I			C	C	C	C	

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Introduction to assessment concepts & features			I	I	I		C		C			C	C		I	
Introduction to evaluation concepts & features				I	I		C		I			C	C	C	C	
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries																
Characteristics & structures of the U.S. health system			I							C						
Comparative health systems			I							C						
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences, and responsibilities of the different agencies and branches of government																

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Legal dimensions of health care & public health policy										C		I	I			
Ethical dimensions of health care & public health policy			I	I		I				C		C	C			
Economical dimensions of health care & public health policy										C			C			
Regulatory dimensions of health care & public health policy										C		I	C			

Table D9-1.a. Bachelor's Degree Foundations Domains, Community Health																
Public Health Domains	**Course Number & Name**															
	BSCI 170 Principles of Molecular & Cellular Biology	*BSCI 201 Human Anatomy & Physiology I*	*SPHL 100 Foundations of Public Health*	*HLTH 124 Intro to Behavioral and Community Health*	*HLTH 140 Personal and Community Health*	*HLTH 230 Health Behavior*	*HLTH 200 Research in Community Health*	*EPIB 301 Epidemiology*	*HLTH 302 Methods of Community Health Assessment*	*HLTH 306 Macro Level Influences on Community Health*	*EPIB 315 Biostatistics*	*HLTH 364 Social Media & Digital Tools for Community & Public Health*	*HLTH 391 Making a Difference: Applying Community Health*	*HLTH 420 Effective Strategies for Public Health Practice*	*HLTH 490 Professional Preparation in Community Health*	*HLTH 491 Community Health Internship*
Governmental agency roles in health care & public health policy			I	I						C		I	C			
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology																
Technical writing			I				C		C			C	C	C	C	
Professional writing			I		C		C		C			C	C	C	C	C
Use of mass media			I									C		C	C	
Use of electronic technology			I		C							C	C	C	C	

Key	I = Introduced: *PHSC defines a concept as being "introduced" if it is: A concept or topic that was introduced at a basic level in one lecture, assignment or discussion.*
	C = Covered: *PHSC defines a concept as being "covered" if it is: A concept or topic that was highlighted multiple times, in lectures, assignments, discussions, and/or is a recurring theme in the course.*

Table D9-1.b. Bachelor's Degree Foundations Domains, Public Health Science

Public Health Domains	Course Number & Name									
	EPIB315 Biostatistics for Public Health Practice	*EPIB301 Epidemiology for Public Health Practice*	*HLSA300 Intro to Health Policy and Services*	*HLTH366 Behavioral and Community Issues in Public Health*	*KNES320 Physiology of Physical Activity and Human Health*	*MIEH300 Intro to Environmental Health*	*MIEH400 Intro to Global Health*	*SPHL100 PHSC300 Foundations of Public Health*	*PHSC415 Essentials of Public Health Biology*	*PHSC497 Public Health Science Capstone*
Math/Quantitative Reasoning: Identify and apply the concepts and applications of basic statistics										
Concepts of basic statistics	C	I				I		I	I	
Applications of basic statistics	C	I				I		I		
Science: Address the foundations of biological and life sciences										
Foundations of biological & life sciences					C				C	
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society										
Public health history		C				I	I	C	I	
Public health philosophy		C						C		
Core PH values		C				I	I	C	I	
Core PH concepts		C				I	I	C	I	
Global functions of PH			I				C	I	I	
Societal functions of PH			C			I	C	C	I	

Table D9-1.b. Bachelor's Degree Foundations Domains, Public Health Science										
Public Health Domains	**Course Number & Name**									
	EPIB315 Biostatistics for Public Health Practice	*EPIB301 Epidemiology for Public Health Practice*	*HLSA300 Intro to Health Policy and Services*	*HLTH366 Behavioral and Community Issues in Public Health*	*KNES320 Physiology of Physical Activity and Human Health*	*MIEH300 Intro to Environmental Health*	*MIEH400 Intro to Global Health*	*SPHL100 PHSC300 Foundations of Public Health*	*PHSC415 Essentials of Public Health Biology*	*PHSC497 Public Health Science Capstone*
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice										
Basic concepts of data collection	I	C			C	C		C	I	
Basic methods of data collection	I	C			C	C				
Basic tools of data collection	I	I		I	C	C			I	
Data usage	C	C			C	C	I	C	C	C
Data analysis	C	C			I	C	I		I	
Evidence-based approaches	C	C		I	I	C	C	C	C	C
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations										
Population health concepts		I		C		I	C	C		
Introduction to processes & approaches to identify needs & concerns of populations		C		C		C	I	I		

Table D9-1.b. Bachelor's Degree Foundations Domains, Public Health Science										
Public Health Domains	**Course Number & Name**									
	EPIB315 Biostatistics for Public Health Practice	*EPIB301 Epidemiology for Public Health Practice*	*HLSA300 Intro to Health Policy and Services*	*HLTH366 Behavioral and Community Issues in Public Health*	*KNES320 Physiology of Physical Activity and Human Health*	*MIEH300 Intro to Environmental Health*	*MIEH400 Intro to Global Health*	*SPHL100 PHSC300 Foundations of Public Health*	*PHSC415 Essentials of Public Health Biology*	*PHSC497 Public Health Science Capstone*
Introduction to approaches & interventions to address needs & concerns of populations				C	I	C	I	C		
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course										
Science of human health & disease		I			C	C	C	I	C	
Health promotion				C	I	C	I	I	I	
Health protection				I	C	C	C	I	C	
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities										
Socio-economic impacts on human health & health disparities		I	I	I	I	I	C	C	I	
Behavioral factors impacts on human health & health disparities		I	I	C	I	I	C	C	C	
Biological factors impacts on human health & health disparities				I	C	C	C	C	C	

Table D9-1.b. Bachelor's Degree Foundations Domains, Public Health Science										
Public Health Domains	**Course Number & Name**									
	EPIB315 Biostatistics for Public Health Practice	*EPIB301 Epidemiology for Public Health Practice*	*HLSA300 Intro to Health Policy and Services*	*HLTH366 Behavioral and Community Issues in Public Health*	*KNES320 Physiology of Physical Activity and Human Health*	*MIEH300 Intro to Environmental Health*	*MIEH400 Intro to Global Health*	*SPHL100 PHSC300 Foundations of Public Health*	*PHSC415 Essentials of Public Health Biology*	*PHSC497 Public Health Science Capstone*
Environmental factors impacts on human health & health disparities		I		I	I	C	C	C	C	
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation										
Introduction to planning concepts & features				C				I		
Introduction to assessment concepts & features				C			I	I		
Introduction to evaluation concepts & features				C			I			
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries										
Characteristics & structures of the U.S. health system			C				I	I		
Comparative health systems			C				C	I		
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences, and responsibilities of the different agencies and branches of government										

Table D9-1.b. Bachelor's Degree Foundations Domains, Public Health Science										
Public Health Domains	**Course Number & Name**									
	EPIB315 Biostatistics for Public Health Practice	*EPIB301 Epidemiology for Public Health Practice*	*HLSA300 Intro to Health Policy and Services*	*HLTH366 Behavioral and Community Issues in Public Health*	*KNES320 Physiology of Physical Activity and Human Health*	*MIEH300 Intro to Environmental Health*	*MIEH400 Intro to Global Health*	*SPHL100 PHSC300 Foundations of Public Health*	*PHSC415 Essentials of Public Health Biology*	*PHSC497 Public Health Science Capstone*
Legal dimensions of health care & public health policy			C			I				
Ethical dimensions of health care & public health policy		I	C			I	I	I	I	
Economical dimensions of health care & public health policy			C			I	C			
Regulatory dimensions of health care & public health policy			C			C	I			
Governmental agency roles in health care & public health policy			C			C	C	I		
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology										
Technical writing					C	C	C	I		C
Professional writing				C		C		I		C
Use of mass media				C		I		I		
Use of electronic technology				C		I		I		

2) **Include the most recent syllabus from each course listed in Template D9-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D9-1 that do not have a syllabus.**

All syllabi and materials can be found in ERF D9.2, organized by degree.

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

BS in Community Health:
Strengths:

- The table provided demonstrates broad applicability of the public health domains with coverage across multiple levels of the program demonstrating increased expectations of students in these areas. The BS in Community Health has strong coverage specifically in the areas of program planning, health communication, determinants of health, and the use of data for research and intervention development.

Weaknesses and Plans:

- The curriculum for the degree program could be improved through further instruction on the US Healthcare System and the impact of policy on health outcomes and behavior. While there is one class dedicated to these topics, additional modules in earlier coursework could lay the foundation for deeper understanding. Such changes will be explored in our future curriculum meetings.

BS in Public Health Science:
Strengths:

- The table provided shows strong coverage for most of the public health domains.

Weaknesses and Plans:

- Additional coverage in areas related to the legal aspects of health care and public health policy, as well as health communication, may be valuable to consider within different courses from those currently covering these domains. Such changes will be explored in our future curriculum meetings.

D10. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

1) **Provide a matrix, in the format of Template D10-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.**

   Tables are provided for both the BS in Community Health and the BS in Public Health Science. Supporting documentation is provided in ERF D10.2, by degree.

Table D10-1.a. Bachelor's Degree Foundational Competencies, Community Health			
Competencies		**Course number(s) & name(s) or other educational requirements**	**Specific assessment opportunity**
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	HLTH420, Effective Strategies for Public Health Practice	Presentations on varied health topics throughout semester
		HLTH490, Professional Preparation in Community Health	Grant proposal presentation; mock interview; and internship interview
	Written communication	HLTH306, Macro Level Influences on Community Health	Public Health Policy & Position Paper and Its Effect on Structural Racism
		HLTH420, Effective Strategies for Public Health Practice	Unit Plan; Newsletter
		HLTH490, Professional Preparation in Community Health	Grant proposal; resume; and cover letter
	Communicate with diverse audiences	HLTH364, Social Media and Digital Tools for Community and Public Health	**HLTH364:** Planning and implementation of a required social media campaign for public health.
		HLTH391, Making a Difference, Applying Community Health	**HLTH391:** Scholarship in Practice Project; Community Health Assessment
		HLTH420, Effective Strategies for Public Health Practice	**HLTH420:** Unit Plan
	Communicate through variety of media	HLTH302, Methods of Community Health Assessment	Photovoice Project
		HLTH364, Social Media and Digital Tools for Community and Public Health	Social Media Campaign
		HLTH391, Making a Difference, Applying Community Health	Scholarship in Practice Project

Table D10-1.a. Bachelor's Degree Foundational Competencies, Community Health			
Competencies		**Course number(s) & name(s) or other educational requirements**	**Specific assessment opportunity**
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information			
	Locate information	HLTH124, Intro to Behavioral and Community Health	Students complete a module on library resources and search tools.
		HLTH200, Intro to Research in Community Health	Survey research project proposal and pilot.
	Use information	HLTH200, Intro to Research in Community Health.	Survey research project proposal and pilot.
		HLTH391, Making a Difference, Applying Community Health	Community Health Assessment
	Evaluate information	HLTH391, Making a Difference, Applying Community Health	Community Health Assessment
	Synthesize information	HLTH306, Macro Level Influences on Community Health	Public Health Policy and Position Paper; Hot Health Happenings
		HLTH490, Professional Preparation in Community Health	Grant Proposal

Table D10-1.b. Bachelor's Degree Foundational Competencies, Public Health Science			
Competencies		**Course number(s) & name(s) or other educational requirements**	**Specific assessment opportunity**
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	HLTH366, Behavioral and Community Issues in Public Health PHSC497, Public Health Science Capstone	**HLTH366:** Public Health Prevention Project Oral Presentation on Behavioral Intervention **PHSC497:** Oral presentation of final thesis
	Written communication	PHSC497, Public Health Science Capstone	Literature review required for final Thesis, and the Thesis itself (25 pg.)
	Communicate with diverse audiences	HLTH366, Behavioral and Community Issues in Public Health; SPHL100/PHSC300, Foundations of Public Health	**HLTH366:** Public Health in the Media: Fact or Fiction Oral Presentation **SPHL100/PHSC300:** Community Analysis Project, Media Component
	Communicate through variety of media	SPHL100/PHSC300, Foundations of Public Health	Community Analysis Project, Media Component
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information			
	Locate information	PHSC497, Public Health Science Capstone	Scaffolding assignments to identify sources and information for final Thesis
	Use information	PHSC497, Public Health Science Capstone	Scaffolding assignments to use information to develop Thesis
	Evaluate information	PHSC497, Public Health Science Capstone	Scaffolding assignments to evaluate sources and information for Thesis
	Synthesize information	PHSC497, Public Health Science Capstone	Scaffolding assignments to synthesize information for Thesis

2) Include the most recent syllabus from each course listed in Template D10-1, or written guidelines, such as handbook, for any required elements listed in Template D10-1 that do not have a syllabus.

All syllabi and materials can be found in ERF D10.2, organized by degree.

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

BS in Community Health

Strengths:

- The BS in Community Health program has ample opportunity for students to practice their written and oral communication skills. Throughout the program, we provide assignments allowing students to experience communicating (orally and written) with diverse audiences including potential funders, consumers of health information, and technical entities. Including components to ensure information is accessible to all (i.e., captioning, readability, alternative text for images, etc.) is a strength in our program as several faculty have included this in their course design and expectations in assignments.

BS in Public Health Science

Strengths:

- The BS in Public Health Science has a strong culminating experience that includes a major writing project with oral presentation.

Weaknesses and Plans:

- The program is working to enhance opportunities for additional writing skills practice in lower-level courses.

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

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Schools encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

1) **Provide a matrix, in the format of Template D11-1, that identifies the cumulative and experiential activities through which students integrate, synthesize, and apply knowledge as indicated.**

   Tables are provided for both the BS in Community Health and the BS in Public Health Science. Supporting documentation is provided in ERF D11.4. Student examples are provided in ERF D11.2.

Table D11-1.a. Bachelor's Degree Cumulative and Experiential Activities, Community Health

Cumulative and Experiential Activity	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
HLTH200: Introduction to Research in Community Health (Required)	This course requires students to go into the University community and, with a data collection form they create, conduct an observational assessment. Students create codes and use these codes in their observation. A final presentation of their observation is submitted.
HLTH302: Methods of Community Health Assessment (Required)	This course requires students to work in small groups to conduct out-of-class experiential learning activities including analysis of quantitative data using Excel, photovoice, and developing an evidence-based intervention. Individual experiential learning activities include a direct observation, conducting and analyzing in-depth interviews, and consolidating learning toward providing recommendations on how to intervene to address disparities in community health. Students are asked to self-reflect on their experiences as well as submit a final project with recommendations for the community in which they researched.
HLTH364: Social Media and Digital Tools for Community and Public Health (Required)	This course is a knowledge to practice experience for students, who will in the course of one semester complete the following: 1) Demonstrate the applications of social media and digital health tools for a variety of public health issues through in-class graded practice activities; 2) identify key concepts and issues surrounding digital, online and social media through online examinations; 3) Describe the role of social media and digital health tools in public health through online examinations; 4) Demonstrate social media fundamentals, basic social media etiquette by design and planning a basic social media campaign for a specific public health issue; 5) Apply social media best practices and practice using social media and digital health tools in relevant situations and analyze their own use of these platforms by implementing their social media campaign for four (4) weeks. 6) Describe the principle aspects of social media analytics by evaluating and writing a final report of the success of their campaign utilizing predetermined key performance indicators.

Table D11-1.a. Bachelor's Degree Cumulative and Experiential Activities, Community Health	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
HLTH391: Making a Difference: Applying Community Health (Required)	Students in HLTH391 will form small groups in collaboration with a community-based partner on a project with a specific deliverable. Examples of possible deliverables include (but are not limited to): 1) developing and implementing a survey and evaluation plan for a local non-profit organization, 2) planning and implementing a health and jobs festival for transitioning youth living with a disability, 3) creating and implementing an advocacy plan to ensure healthy school lunches at an area school, 4) implementing a jobs training program for homeless young adults, or 5) building a safe playground for low-income preschoolers. Students work on these projects throughout the semester, both in class and out of class. Specific action plans for each group will be developed by the second week of the semester; all groups will share what they did with the entire class during the last week of the semester.
HLTH420: Effective Strategies for Public Health Practice (Required)	Students in HLTH420 work independently to develop a 5-hour unit plan addressing a public health issue for a specific audience. Students utilize skills and knowledge learned from earlier courses to apply theory and research to practice. Students design and conduct portions of health education workshops on across various topics and for diverse populations. At least one presentation is a virtual presentation where students practice the use of captioning. Students develop a newsletter utilizing skills in health literacy, use of ALT text, and conduct a readability assessment of their work.
HLTH490: Professional Preparation in Community Health (Required)	Students in HLTH490 work in small groups to address a health disparity in the state of Maryland. To do this they utilize skills and concepts learned in earlier courses (Health Behavior Theory, Research Methods, and Methods of Community Health Assessment) to write a comprehensive grant proposal.
HLTH491: Community Health Internship (Required)	The Community Health Internship (HLTH491) is a unique and rewarding experience that provides Department of Behavioral and Community Health undergraduates with the opportunity to work in a mentored, professional, public/community health setting prior to graduation. This required internship is completed during the student's final semester and only after all other academic requirements have been successfully completed (grades of “C-” or higher and a cumulative GPA of 2.0 or higher). The internship is a 12 credit, 36 hour per week (15 weeks) requirement, and is considered a full-time commitment (students may not enroll in other classes during the internship semester). Internships are typically completed at an agency or organization in, or near, the Baltimore-Washington metropolitan area and are approved by the Department’s Internship Coordinator. While in HLTH491, students must complete a cited essay to recount competencies covered throughout coursework and to relay how coursework in the Community Health program applies to their internship.

Table D11-1.a. Bachelor's Degree Cumulative and Experiential Activities, Community Health	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
Community Health Honors Program (Optional)	This is an application-based program, targeted toward Community Health majors entering their junior year, who have completed specific pre-requisite coursework and have a cumulative GPA of 3.0 or higher. In the last two semesters of the program, students are required to work with a faculty mentor/advisor on research or a project of their choosing and present the project to the entire Department of Behavioral and Community Health once complete.
HLTH489I: India: East Meets West: Contrasting Public Health Priorities, Pragmatics and Polemics in the US and India (Optional)	This winter session study abroad course is designed for students who are interested in public health in a global context and aims to expose them to policy and programmatic frameworks for the delivery of public health services in India and the United States. Class discussions and daily field trips will explore the organization and practice of public health in India. Students explore global public health and its complexities through a combination of in-class instruction and lively discussion with Manipal MPH students and faculty, and field trips to community-based programs. Students also visit schools, villages, Ayurvedic and Allopathic clinics/hospitals, worksites, and community settings where public health is practiced. This program is primarily based in Manipal, but excursions and site visits take place in Udupi, Malpe, Karkala and Mangalore in Karnataka State and Fort Cochin, Ernakulam, Alleppey and Munnar in the state of Kerala.
Health Elective Credit for Participation in UMD's Peer Education Programs (Optional)	Community Health undergraduates are required to take 12 credits of health elective coursework (approximately 4 courses), and can utilize participation in UMD's Peer Education Program for up to 6 of these credits. Students accepted into the University Health Center's Peer Education Program educate the campus community about wellness through one of four topic-specific lenses (substance use, sexual health, mental health and wellness, or power-based violence). Participating in the program provides students with the opportunity to get hands-on experience working directly with their peers, improve public speaking and program planning skills. Students are prepared for the program via a 40-hour training prior to the start of their first semester in the program. Ongoing supervision and training are integrated into the program through course and lab work. Attendance of all training and class sessions is mandatory for the program. Peer Educators are expected to commit an average of 3 to 5 hours each week (including class time).

Table D11-1.a. Bachelor's Degree Cumulative and Experiential Activities, Community Health	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
Health Elective Credit for Participation in UMD's Federal Fellows Program or Global Fellows Program (Optional)	Community Health undergraduates are required to take 12 credits of health elective coursework (approximately 4 courses), and can utilize participation in UMD's Federal Fellows of Global Fellows Program for up to 6 of these credits. If accepted into the Federal Fellows Program, students enroll in a subject-based federal policy seminar course where they learn about the policy-making process and discuss related issues in a seminar led by an industry expert. Site visits to federal agencies, guest speakers, and round table sessions ensure that students receive a variety of real-world perspectives on their chosen policy area. In their second semester in the program, students complete a part-time internship in a public service organization, government agency, embassy, or policy-related organization where they apply lessons from the seminar and supplementary courses to real-life situations. A final reception and presentation event culminates the Federal Fellows experience. The Community Health major accepts student participation in the Health Policy track of the program toward health elective credit. If accepted into the Global Fellows Program, students have similar experiences to the Federal Fellows Program. The program provides an integrated combination of classroom and professional experience designed to provide a deep understanding of global leadership and policy and the ways in which they are developed, influenced, and carried out. The center of the program is a fall academic seminar on global leadership and policy related to a specific theme, for example, global development, supported by additional coursework and a spring semester internship experience. Global Fellows in Washington, D.C. aims to increase student involvement in and access to opportunities within the global arena. The Community Health major accepts student participation in the Responses to Global Challenges
HLTH399: Community Health Fieldwork (Optional)	Community Health undergraduates may take up to 6 credits of early internship experience and apply them as health electives. The purpose of an internship is to enable students to gain practical experience with a department approved organization, is time limited, and focused on completing public health related activities.
HLTH Independent Study (Optional)	Community Health undergraduates may take up to 6 credits of independent study with a faculty member in Community Health. Independent studies are focused on utilizing learned research skills by assisting a faculty member or conducting their own research.

Table D11-1.b. Bachelor's Degree Cumulative and Experiential Activities, Public Health Science	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
MIEH300 Environmental Health (Required)	MIEH300 is designed to ground students in the central scientific and policy concepts, principles, and applications for recognizing, assessing, mitigating, and preventing the impacts of chemical, physical, and biological agents on human health. Throughout the semester, students investigate real-world environmental health issues through three multi-week laboratory projects (Air, Water, and Earth). For the Water Lab project, students develop a research question and hypothesis on secondary drinking water contaminants. Then they collect, test, and analyze drinking water samples from various campus locations. Finally, they write up their results and discussion of their findings, as well as what makes public drinking water appealing and accessible to the public.
PHSC497 Public Health Science Capstone (Required)	The Public Health Science capstone course is designed to challenge students to integrate the five core areas of public health (environmental health sciences, health services administration, biostatistics, epidemiology, and social and behavioral sciences) in investigating, researching, and addressing public health issues. Throughout the semester, students will be required to evaluate, analyze, and synthesize scholarly works in order to research and propose solutions to multiple public health issues. By the conclusion of this research-based course, students will apply their acquired knowledge of the various public health perspectives to assess, address and inform public health practice. Throughout the semester, students work developmentally through the process of building and refining a research paper. Students see how scholarship itself is built and refined. Specifically, students work toward writing a 22–25-page paper for this course. Four rounds of paper revisions and feedback occur before students submit their final document.
PHSC389 Public Health Science Independent Study (Optional)	This research-based course will provide undergraduates with the opportunity to work closely with one of the faculty researchers at the University of Maryland or in the greater community. To complete a Public Health Science independent study, students will explore science or a core area of public health in greater depth through a research experience. Students will not only gain invaluable research and interpersonal skills but also contribute to ongoing public health science research programs. Upon completion of the course, students will understand the research project and its greater public health implications, identify, learn, and utilize new research techniques pertinent to the research study, and analyze data to advance the research initiative of the lab. PHSC389 can count toward the PHSC major 12 credits of required PHSC Options coursework.

Table D11-1.b. Bachelor's Degree Cumulative and Experiential Activities, Public Health Science	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
PHSC Options Credit for participation in UMD's Federal Fellows Program or Global Fellows Program:	All PHSC majors are required to take 12 credits of PHSC Options coursework (approximately 4 courses). The PHSC program will accept participation in UMD's Federal Fellows Program or Global Fellows Program for up to 6 of these credits. All UMD students are eligible to apply for the Federal Fellows Program or the Global Fellows Program. If selected to participate, students in the Federal Fellows program enroll in a subject-based federal policy seminar course where they learn about the policy-making process and discuss related issues in a seminar led by an industry expert. Site visits to federal agencies, guest speakers, and round-table sessions ensure that students receive a variety of real-world perspectives on their chosen policy area. In their second semester in the program, students complete a part-time internship in a public service organization, government agency, embassy, or policy-related organization where they apply lessons from the seminar and supplemental courses to real-life situations. Students selected for the Global Fellows Program have similar experiences, with a combination of classroom and professional experience designed to provide a deep understanding of global leadership and policy and the ways in which they are developed, influenced, and carried out. The center of the program is a fall academic seminar on global leadership and policy related to a specific theme, for example, global development, supported by additional coursework and a spring semester internship experience. Global Fellows in Washington, D.C. aims to increase student involvement in and access to opportunities within the global arena. **The PHSC program accepts the Public Health Policy track, Science Diplomacy track, and Water Security and Global Health Challenges tracks of these programs for PHSC Options credit.
PHSC Options Credit for participation in public health-related education abroad opportunities:	All PHSC majors are required to take 12 credits of PHSC Options coursework (approximately 4 courses). The PHSC program will accept up to 12 credits of education abroad credits toward this requirement. Students may choose to take courses abroad in the fall, spring, winter, or summer semesters from UMD-sponsored programs or through transfer institutions. UMD's School of Public Health currently offers two short-term study abroad experiences in the summer, which are approved for use as PHSC Options Credit: 1) EPIB489A--Global Health Lessons in Ecotourism and Community Health, and 2) FMSC486C--Law, Public Health, and the Cuban Family.

Table D11-1.b. Bachelor's Degree Cumulative and Experiential Activities, Public Health Science	
Cumulative and Experiential Activity	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
PHSC399 Public Health Science Internship (Optional)	The Public Health Science internship is meant to provide the public health student with a substantive experience gaining professional experience in a work environment related to public health. Students registered for this course will engage in work experiences under the supervision of a designated preceptor and the PHSC internship coordinator. Students can register for 1-6 credits equating to 3-20 hours of internship experience per week, respectively. During the time in placement, the student will make every effort to learn about the organization, its mission, the target population served, and focus on gaining skills transferable to other professional situations. Students will utilize their public health knowledge substantively to contribute to their placement agency, apply their knowledge of the field of public health in a professional setting, and gain a better understanding of public health careers. PHSC399 can count toward the PHSC major 12 credits of required PHSC Options coursework.

2) Include examples of student work that relate to the cumulative and experiential activities.

All student examples can be found in ERF D11.2, organized by degree.

3) Briefly describe the means through which the school implements the cumulative experience and field exposure requirements.

Different approaches are taken in the two public health bachelor's degrees within the school.

In the BS in Community Health, for the required field experience students complete extensive professional development and internship instruction (HLTH490, Professional Preparation in Community Health) to prepare them for success in a required full-time, one-semester-long internship with a community partner (HLTH491, Community Health Internship). Throughout the program, students are asked to complete assignments/projects that are focused on real-world public health problems. These assignments include writing a research proposal, developing a social media campaign, conducting a variety of qualitative assessments, planning a community health intervention with a community organization, developing a five-hour unit plan, and writing a grant proposal. The cumulative experience is achieved through collection of these artifacts previously described along with items developed during the full-time immersive internship and presented in a final program digital portfolio.

In the BS in Public Health Science, the field experience is primarily accomplished through the MIEH300, Introduction to Environmental Health, laboratory component, which includes field-based data collection and analysis of environmental samples in the areas of Air, Earth, and Water. The students' cumulative experience is achieved through PHSC497, Public Health Science Capstone, and the completion of a required capstone project in the form of a major paper synthesizing different elements of public health as part of the required senior thesis capstone course.

4) Include handbooks, websites, forms, and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online.

All syllabi and materials can be found in ERF D11.4, organized by degree.

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

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education, and lifelong learning. Students are exposed to concepts through any combination of learning experiences and co-curricular experiences.

1) **Briefly describe, in the format of Template D12-1, of the manner in which the curriculum and co-curricular experiences expose students to the identified concepts.**

   Tables are provided for both the BS in Community Health and the BS in Public Health Science. Supporting documentation is provided in ERF D12.2.

Table D12-1.a. Bachelor's Degree Cross-Cutting Concepts and Experiences, Community Health

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	**HLTH140:** Service learning paper; **HLTH302:** Final recommendations paper; **HLTH306:** Lectures/readings, case-studies, reflection papers, policy paper; **HLTH391:** lecture/reading on advocacy; **HLTH364:** Planning and conducting a social media campaign to support positive change for health
Community dynamics	**SPHL100:** Community Analysis Project; **HLTH302:** Qualitative and quantitative methods of community health assessment assignments; **HLTH391:** Community Health Assessment, Scholarship in Practice Project
Critical thinking and creativity	**HLTH306:** Case studies; **HLTH364:** Planning and conducting a social media campaign to support positive change for health; **HLTH391:** Community Health Assessment, Scholarship in Practice Project; **HLTH420:** Students design, deliver, and evaluate health education lessons and presentations for specified audiences, incorporating instructional techniques and methods based on relevant health behavior theories and models via Unit Plan project; **HLTH490:** Grant proposal intervention development using evidence based practices
Cultural contexts in which public health professionals work	**HLTH306:** Utilization of global case studies in class activities and Hot Health Happenings assignment; **HLTH364:** Planning and conducting a social media campaign to support positive change for health; **HLTH391:** Lecture on Racism in the Workplace; **HLTH491:** Community Health Internship: 12-credit, full-time internship with public health professionals in the field

Table D12-1.a. Bachelor's Degree Cross-Cutting Concepts and Experiences, Community Health	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
Ethical decision making as related to self and society	**HLTH124:** Video lecture on ethics in public health; **HLTH140:** Lecture on public health ethics, woven throughout the course; **HLTH306:** lecture and assignments on anti-racism and understanding structural racism; **HLTH364:** Lecture on responsibilities of public health educators to their audiences and responses one may encounter in the field (i.e. mental health assessment); **HLTH391:** Lecture on public health ethics, woven throughout the course; **HLTH490:** addressing the impact of systemic racism on health outcomes in the grant proposal assignment
Independent work and a personal work ethic	**HLTH200:** Research proposal project; **HLTH420:** Students design, deliver, and evaluate health education lessons and presentations for specified audiences, incorporating instructional techniques and methods based on relevant health behavior theories and models via Unit Plan project; **HLTH490:** Students learn about the importance of grant funding for public and community health initiatives and work in small groups to complete portions of a grant proposal. Students are also required to secure an internship for the following semester, including completion of resume and cover letter, application, interview, and obtain a signed internship contract by the end of the semester
Networking	**HLTH490:** Introduction to the importance of networking and its impact of internship/job searches; **HLTH491**: Students network during their internship and keep track of communications with professionals
Organizational dynamics	**HLTH124:** Assignment examining public health organizations; **HLTH391:** Community/Public Health Intervention project; **HLTH491:** Community Health Internship: 12-credit, full-time internship with public health professionals in the field
Professionalism	**HLTH391:** As part of preparation for working with a community organization, students are provided expectations for communication; **HLTH490:** Numerous times throughout the syllabus, in preparation for HLTH491 Community Health Internship. students also conduct a self-assessment at midterm and the instructor conducts a final assessment of professional readiness; **HLTH491:** Community Health Internship: 12-credit, full-time internship with public health professionals in the field
Research methods	**HLTH200:** Course content is on research methods (course is called Introduction to Research in Community Health); **HLTH302:** Course content is experiential learning of research methods; **HLTH391:** Development of a survey and interviews conducted as part of the Scholarship in Practice project

Table D12-1.a. Bachelor's Degree Cross-Cutting Concepts and Experiences, Community Health	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
Systems thinking	**HLTH306:** Examination of policy from a socio-ecological lens; **HLTH490:** Application of Intervention Mapping and PRECEDE-PROCEED to develop a community health intervention; **HLTH491:** Community Health Internship: 12-credit, full-time internship with public health professionals in the field
Teamwork and leadership	**HLTH364:** Social Media Intervention (group project); **HLTH391:** Team outreach in community to complete Scholarship in Practice Project; **HLTH490:** Group work for Grant Proposal Assignment

Table D12-1.b. Bachelor's Degree Cross-Cutting Concepts and Experiences, Public Health Science	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
Advocacy for protection and promotion of the public's health at all levels of society	**SPHL100/PHSC300:** Community Analysis Project; **HLSA300:** Through much coursework, students are learning and practicing advocacy for protection and promotion of the public's health. One select example includes the international comparisons presentation in HLSA300 in which students analyze, evaluate and synthesize information about healthcare systems in different countries. This knowledge helps students understand the importance of healthcare in various societies.
Community dynamics	**HLTH366:** Through an introduction to community health, students learn of the dynamics at play in communities through classroom teaching and through assignments. From social determinants of health to health equity, students learn of interactions that affect community health.
Critical thinking and creativity	**PHSC415:** Public health science students must use critical thinking and creativity in many of their courses. One select example includes in-class activities in PHSC415 in which students must critically analyze how biological principles can affect the greater population. More specifically students take a group approach to case studies to investigate current-day public health topics and analyze the biological principles underlying these situations.
Cultural contexts in which public health professionals work	**SPHL100/PHSC300:** Career Building components of the course are included throughout the semester, in which public health professionals serve as guest speakers and host discussions during the course. Students are required to complete exercises related to each of the guest speakers to apply the information presented. **HLTH366, EPIB301 and PHSC497:** Public health science students explore cultural contexts in which public health professionals work through a number of curriculum-spanning

Table D12-1.b. Bachelor's Degree Cross-Cutting Concepts and Experiences, Public Health Science	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
	career readiness presentations prepared collaboratively with the school's career center. These presentations expose students in their first, third and fourth year of the program to actual public health professionals and their career paths and daily work life.
Ethical decision making as related to self and society	**HLSA300:** HLSA300 is centered on healthcare services, policymaking, mental health issues, evidence-based decision making, and the role that public health plays in healthcare. Ethical issues and decision-making related to the U.S. healthcare system are at the core of the course. Specifically, Students learn about healthcare law and ethics throughout the course.
Independent work and a personal work ethic	**PHSC497, PHSC389 and PHSC399:** Integrated in all classes are individual assignments that students must complete. This concept is stressed most heavily in PHSC497 in which students work on writing a 25-page undergraduate literature review. If students do not keep up with the rigor of the assignments, they will fall behind in progression. Additionally, students enrolled in PHSC389 and PHSC399 work independently in research or professional settings serving as lab assistants or interns. In this work, students are independently working under the guidance of an outside of the program mentor.
Networking	**SPHL100/PHSC300:** Throughout the semester, discussion on public health careers takes place, and public health professionals serve as guest presenters. Students are required to complete exercises to apply the information presented and skills discussed for each profession highlighted. **HLTH366, EPIB301 and PHSC497:** Through a number of curriculum-spanning career readiness presentations, prepared collaboratively with the school's career center, students are able to engage with Public Health professionals.
Organizational dynamics	**HLSA300:** Students in HLSA300 complete a project titled International Comparison Project. This project calls upon students to analyze, evaluate and synthesize information about a differently country's health system and comparing that found in the United States. In light of the different dynamics within different countries, students then provide recommendations on developing a health care system.

Table D12-1.b. Bachelor's Degree Cross-Cutting Concepts and Experiences, Public Health Science	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
Professionalism	**SPHL100/PHSC300:** Skill building exercises are distributed throughout the semester on a variety of professional development skills, including public speaking, networking, writing in public health, and building a brand in the field. Facilitated discussions and exercises related to the information presented are assigned to students for each professional development skill presented. **PHSC497:** Professionalism is encouraged throughout the Public Health Science curriculum. From classroom presentations to written assignments, students are guided on professional behavior. Students enrolled in PHSC497 receive a specific lecture on post-undergraduate professionalism. Additionally, of curriculum-spanning career readiness presentations prepared collaboratively with the school's career center also stress professionalism for the students.
Research methods	**MIEH300:** Throughout the semester, students investigate real-world environmental health issues through three multi-week laboratory projects. For the Water Lab project, students develop a research question and hypothesis on secondary drinking water contaminants. Then they collect, test, and analyze drinking water samples from various campus locations. Finally, they write up their results and discussion of their findings, as well as what makes public drinking water appealing and accessible to the public. In **PHSC497**, students put into practice the foundations of research methods by conducting their own literature review to result in a culminating document. Furthermore, through the literature review, students are also evaluating research methods used by published scientists to evaluate their applicability and effectiveness. And in **EPIB301**, students are introduced to a variety of epidemiological research methods.
Systems thinking	**HLTH366:** In HLTH366 students are required to complete a Public Health Prevention Project. The purpose of this group project is to prepare students to think through the processes they would employ when developing a public health behavioral intervention. The students are required to select a major health topic associated with negative health outcomes in the US, identify multilevel risk factors that contribute to the topic, identify, and investigate health behaviors related to the topic, and develop a prevention or intervention program to target the health behavior and subsequent outcome in a specific subpopulation.

Table D12-1.b. Bachelor's Degree Cross-Cutting Concepts and Experiences, Public Health Science	
Concept	**Manner in which the curriculum and co-curricular experiences expose students to the concepts**
Teamwork and leadership	**MIEH400:** Through group projects in many courses, students learn to work as teams and simultaneously explore leadership roles. One specific example of teamwork is seen in the turning the tide presentation in MIEH400 in which students present for 10-15 minutes regarding a historical global health trend and exploring what might have contributed to the observed trend. Additionally, students independently submit a paper on the presentation, thus having to balance their group and individual work.

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.

All syllabi can be found in ERF D12.2, organized by degree.

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

Strengths:

- Both BS degree programs provide strong coverage for students across the breadth of the cross-cutting concepts and experiences.

D13. MPH Program Length

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

Schools use university definitions for credit hours.

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

   All school MPH degree program concentrations require 45 semester-credits for completion.

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

   The State of Maryland Higher Education Commission defines a credit hour as follows:

   Credit Hours - A unit of measure applied toward the total number of hours needed for completing the requirements of a degree, certificate, or other formal award, which represents: a) a minimum of 15 hours (50 minutes each) of actual class time; b) a minimum of 30 hours (50 minutes each) of supervised laboratory or studio time; c) a minimum of 45 hours (50 minutes each) of instructional situations such as practica, internships, and cooperative educational placements; and d) instruction delivered by instructional television (ITV) or other electronic media based on the equivalent outcomes in student learning of (a) above, and may include a combination of telelessons, classroom instruction, student consultation with instructors, and readings.

D14. DrPH Program Length

NOT APPLICABLE

D15. Bachelor's Degree Program Length

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree schools in the university.

Schools use university definitions for credit hours.

1) **Provide information about the minimum credit-hour requirements for all bachelor's 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 University of Maryland and the State of Maryland Higher Education Commission stipulate that all bachelor's degrees require 120 semester-hours for completion.

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

   The State of Maryland Higher Education Commission defines a credit hour as follows:

   Credit Hours - A unit of measure applied toward the total number of hours needed for completing the requirements of a degree, certificate, or other formal award, which represents: a) a minimum of 15 hours (50 minutes each) of actual class time; b) a minimum of 30 hours (50 minutes each) of supervised laboratory or studio time; c) a minimum of 45 hours (50 minutes each) of instructional situations such as practica, internships, and cooperative educational placements; and d) instruction delivered by instructional television (ITV) or other electronic media based on the equivalent outcomes in student learning of (a) above, and may include a combination of telelessons, classroom instruction, student consultation with instructors, and readings.

3) **Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.**

   The State of Maryland defines the policies and procedures for the acceptance of coursework completed at other state institutions, including community colleges, as part of the Code of Maryland Regulations: http://www.dsd.state.md.us/comar/comarhtml/13b/13b.06.01.04.htm The policy describes grade and credit limits allowable for transfer, as well as specific stipulations around general education credits and the transfer of credits from Associate Degree holders from state community colleges. The university has a dedicated Transfer Credit Services office that oversees all transfer credit decisions for students for credits transferred both within and outside Maryland. Faculty review syllabi and course materials from other institutions and provide approval for equivalent campus courses or approval for elective credit under the campus designations. The campus maintains a database of all courses approved for transfer credit and students may seek review of a syllabus taken at another institution through the Transfer Credit Services office. Students participating in specific programs like Education Abroad work closely with advisors to ensure that courses taken at other institutions will transfer and contribute to their degree requirements at the university.

4) **If applicable, provide articulation agreements with community colleges that address acceptance of coursework.**

   UMD SPH has agreements with two area community colleges (Prince George's Community College and Montgomery College) for articulations with the Shady Grove Public Health Science degree program offering (see ERF D15.4). For the College Park campus, there are no specific articulation agreements but the following state-wide policy holds for all transfer students from Maryland community colleges: at least 60 credits but not more than 70 credits of general education, elective, and major courses that a student earns at any community college in the State toward a degree at a community college shall be transferrable to any public senior higher education

institution in the State for credit toward a bachelor's degree. Full policy language is found here: http://www.dsd.state.md.us/comar/comarhtml/13b/13b.06.01.04.htm

5) **Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.**

The University of Maryland, College Park requires that all baccalaureate degrees require at least 120 credit hours, with a minimum of 30 credits taken in residence, and a total grade point average of 2.00 or higher. The full policy language is here: https://academiccatalog.umd.edu/undergraduate/registration-academic-requirements-regulations/degree-information/#text

The degree requirements include General Education course requirements as well as degree-specific requirements. The following websites show the course requirements outlined for different degree programs at the university.

Human Development, in the College of Education: https://academiccatalog.umd.edu/undergraduate/colleges-schools/education/human-development-quantitative-methodology/human-development-major/#requirementstext

Biological Science, in the College of Computer, Mathematical, and Natural Sciences: https://academiccatalog.umd.edu/undergraduate/colleges-schools/computer-mathematical-natural-sciences/biological-sciences/#requirementstext

Psychology, in the College of Behavioral and Social Sciences: https://academiccatalog.umd.edu/undergraduate/colleges-schools/behavioral-social-sciences/psychology/psychology-major/#requirementstext

Nutrition and Food Sciences, in the College of Agriculture and Natural Resources: https://academiccatalog.umd.edu/undergraduate/colleges-schools/agriculture-natural-resources/nutrition-food-science/nutrition-food-science-major/#requirementstext

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

Students enrolled in the unit of accreditation's academic and highly specialized public health master's degrees (e.g., MS in biostatistics, MS in industrial hygiene, MS in data analytics, etc.) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and engage in research at a level appropriate to the degree program's objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and/or translation of public health knowledge.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic public health master's students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each relevant degree in the unit of accreditation.**

   The school offers one master's degree within this category, the Master of Science (MS) in Environmental Health Sciences.

   The MS program in Environmental Health Sciences, within the Maryland Institute for Applied Environmental Health (MIAEH) provides advanced graduate-level training with a focus on research and mitigation of major public health concerns influenced by environmental issues. The MS in Environmental Health Sciences covers an essential core of knowledge in environmental health and exposure sciences, epidemiology and biostatistics and includes completion of practical research training, culminating in a master's thesis. Within the program, there is a significant public health focus on populations of high vulnerability or those underserved, including those experiencing environmental injustice due to poverty or race. A minimum of 32 credit hours is required to complete the MS in Environmental Health Sciences with either the Thesis or Non-thesis option. A 3.0 GPA is required for degree completion and all courses must be passed with at least a C grade. The curricular requirements for the degree are as follows:

Table D16. Degree Requirements for Environmental Health Sciences MS Program			
Course Number		**Course Name**	**Credits**
Required courses (credits)			
	MIEH600	Foundations of Environmental Health	3
	MIEH720	Principles of Toxicology	3
	MIEH740	Environmental Health Risk Assessment	3
	MIEH771	Exposure Assessment of Environmental Hazards	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4
	SPHL603	Public Health Data Laboratory	1
	MIEH609	Methods in Environmental Health	3
	MIEH688	Seminar in MIAEH: Current Topics in Environmental Health	2
	SPHL600	Foundations of Public Health	3
One ethics course			
	SPHL611	Public Health Ethics	1
	SPHL612	Research Ethics	1
Thesis or Non-thesis option			
	MIEH799	Master's Thesis Research	
	MIEH789	Independent Study (Non-Thesis)	
		Total Credits	**32**

All degree requirements and other information can be found in the Graduate Catalog: https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/environmental-health-sciences-ms/

2) Provide a matrix, in the format of Template D16-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree school, but matrices may be combined if requirements are identical.

All students in our academic public health master's degree program take SPHL600 (graduate level), Foundations of Public Health, for completion of the foundational public health learning objectives. This is a required three-semester-credit course taught specifically for graduate students in programs outside of our MPH degree programs. This course is only waived if the student has completed a prior CEPH-accredited public health degree. Supporting documentation is provided in ERF D16.6, D16.8, and D16.9.

Table D16-1. Content Coverage for Academic Public Health Master's Degree (MS in Environmental Health Sciences)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy, and values	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Reaction Assignment 1A**.

Table D16-1. Content Coverage for Academic Public Health Master's Degree (MS in Environmental Health Sciences)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Identify the core functions of public health and the 10 Essential Services*	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Public Health Essentials**.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 4: Week 4: Public Health Research, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Qualitative and Quantitative Research**.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPHL600, Foundations in Public Health	Students engage with this content in Module 12: Week 12: Chronic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Chronic Diseases.**
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), week 8 (Health Literacy and Health Policy (week 8 and week 12 (Chronic diseases)including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project.**

Table D16-1. Content Coverage for Academic Public Health Master's Degree (MS in Environmental Health Sciences)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
6. Explain the critical importance of evidence in advancing public health knowledge	SPHL600, Foundations in Public Health	Students engage with this content in Module 6: Week 6: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project **as shown in the ERF: I3 Project; Infectious Diseases.**
7. Explain effects of environmental factors on a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 13: Week 13: Environmental Issues in Public Health, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Environmental Issues in Public Health**.
8. Explain biological and genetic factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 11: Week 11: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Genetic Diseases.**
9. Explain behavioral and psychological factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 15: Week 15: Major Biopsychosocial Health Issues, including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**

Table D16-1. Content Coverage for Academic Public Health Master's Degree (MS in Environmental Health Sciences)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH; Module 12: Week 12: Chronic Diseases; Module 15: Week 15: Major Biopsychosocial Health Issues including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**
11. Explain how globalization affects global burdens of disease	SPHL600, Foundations in Public Health	Students initially engage with this content in Module 3, Week 3: Public Health Basics: Frameworks and Theories Module through various activities including lecture, readings, and related activities. Students are assessed through a reaction assignment and later assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project; One Health Assignment.**
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPHL600, Foundations in Public Health	Students engage with this content in Module 3: Week 3: Public Health Basics: Frameworks and Theories, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as shown in the **ERF: One Health Assignment.**

3) Provide a matrix, in the format of Template D16-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

See Table D16-2 below. Supporting documentation is provided in ERF D16.6, D16.8, and D16.9.

Table 16-2. Assessment of Competencies for Academic Master's Degrees in Public Health Fields (MS in Environmental Health Sciences)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Demonstrate a comprehensive understanding of the interdisciplinary field of environmental health.	MIEH600 Foundations of Environmental Health MIEH720 Principles of Toxicology MIEH740 Environmental Health Risk Assessment MIEH771 Exposure Assessment of Environmental Hazards	Students undertake foundational courses in public health, epidemiology, and biostatistics to support the undertaking of rigorous courses in environmental health, toxicology, exposure assessment, and risk assessment (**MIEH600, 720, 740, and 771**). One of the measures of assessment is successful completion of the final project in **MIEH771**, which entails an analysis of exposure data, interpretation of statistical analyses and preparation of a report of this data. (**MS ENVH competency 1).** Examples of posters and grading rubric are included in the ERF (**MIEH771 Example 1 and Example 2**).
2. Design and conduct a research study, analyze data, and test a hypothesis that advances the science of environmental health	MIEH688 Seminar in MIAEH: Current Topics in Environmental Health SPHL611 Public Health Ethics SPHL612 Research Ethics MIEH609 Methods in Environmental Health MIEH799 Master's Thesis Research	Students undertake training in conducting research by attending a minimum of two semesters of research seminars during their MS (**MIEH688**), taking a 1 credit ethics course (**SPHL611** or **SPHL612**), completing a 3-credit lab rotation (**MIEH609**), and culminating in a 6-credit thesis (**MIEH799**). Success is achieved by completing the Master's Thesis as described in the **MIAEH Master's Thesis Handbook** (ERF for 16.8).

4) Briefly explain how the school ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.

SPHL600 (graduate level), Foundations of Public Health, is a required three-semester-credit course taught specifically for graduate students in programs outside of our MPH degree programs.

5) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and/or translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

The following required courses address public health research methods within the Environmental Health Sciences MS program:

Table D16-5. Research Methods Courses for Environmental Health Sciences MS Program			
Course Number		Course Name	Credits
	MIEH740	Environmental Health Risk Assessment	3
	MIEH771	Exposure Assessment of Environmental Hazards	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4
	SPHL603	Public Health Data Laboratory	1
	MIEH609	Methods in Environmental Health	3

6) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements 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 D16-1 or 2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.**

All syllabi and related materials can be found in ERF D16.6.

7) **Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.**

All MS degree students are required to complete either a non-thesis project or a research-based thesis. When selecting the non-thesis option, students complete a research paper that must be proposed, approved, and defended as described below for the thesis process. The research paper does not require direct research activities and represents 3-credits of work, with students required to take an additional three credits to complete the degree requirements. The thesis requires direct research activity that culminates in a final thesis paper and represents 6-credtis of work.

The thesis is performed under the supervision of a faculty advisor and 3-member thesis committee, at least two of whom must be environmental health faculty. Students need to initiate a specific hypothesis driven research topic that may be either distinct from ongoing activity or linked into an activity as part of a larger ongoing initiative. A formal thesis proposal must be approved by the thesis committee. Once the proposal is approved, human subjects and other research approvals must be obtained and the student progresses with the work to the culmination of the project with the assistance of the advisor and committee members. It is expected that the conduct of the project will be according to what was approved by the committee. Once the research is completed, the student is required to prepare a written report to cover all aspects of the project, which is reviewed and approved by the full committee. Students also complete an oral defense of the project. The committee may vote to approve, reject, or approve with conditions the final thesis. Approved projects are then submitted to the Graduate School. Rejected projects may be invited for one additional attempt for approval, after which the student is dismissed from the program.

8) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program.**

Many of the requirements for master's theses are governed by the Graduate School, and those policies and procedures can be found here:
https://academiccatalog.umd.edu/graduate/policies/masters-degrees-policies/

Programs may supplement these requirements. All program-specific materials can be found in ERF D16.8.

9) Include completed, graded samples of deliverables associated with the major paper or project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Master's theses are included in ERF D16.9. Note that all theses at UMD are graded as Satisfactory or Fail; all theses included in the ERF passed with a Satisfactory grade.

The MS in Environmental Health Sciences has graduated only two students in the past three years. Their master's theses are included in ERF D16.9.

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

Strengths:

- While relatively new to the program offerings in the school, the MS in Environmental Health Sciences is achieving its aims of providing a research-focused master's program that provides excellent professional development for those interested in pursuing future environmental health research, in particular for those interested in future doctoral level work.

Weaknesses and Plans:

- This is a small program with few graduates and little data available about program satisfaction and quality. As such, we will monitor the program closely and work to ensure the highest quality program possible.

D17. Academic Public Health Doctoral Degrees

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (e.g., PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the school of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's students or b) would not typically be associated with completion of a master's degree in the same area of study.**

   The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

   The school will present a separate list for each degree program and concentration as appropriate.

   The school offers five academic public health doctoral degree programs. For each program, degree requirements and other information are presented.

   <u>PhD - Behavioral and Community Health</u>
   The PhD in Behavioral and Community Health is an 82-credit program depending on the number of course requirements that can or cannot be waived based on a student's prior training. This is a research-intensive degree that prepares students for individual research that results in a dissertation. A 3.0 GPA is required for degree completion and all courses must be passed with at least a C grade.

   The goal of the doctoral program is to develop health professionals competent in understanding the health needs of populations who are qualified to conduct research in order to implement programs and policies aimed at improving the public's health. The program provides students with

the opportunity to develop research skills essential in making significant contributions to the scientific and professional literature in behavioral and community health.

Students who are admitted without an MPH or MSPH, or students with an MPH or MSPH who are not eligible to waive the course(s) or who choose not to waive any course requirements, must complete the following MPH courses as part of their PhD program: HLTH625, HLTH665, HLTH672, HLTH710, HLTH780, SPHL602, SPHL603, MIEH600, and HLSA601.

All students complete the following coursework for the PhD in Behavioral and Community Health (courses with asterisks are waivable for qualified students). Shaded courses reflect those solely intended for doctoral students.

Table D17.a. Degree Requirements for PhD in Behavioral and Community Health			
Course Number		**Course Name**	**Credits**
Required courses (credits)			
	SPHL600*	Foundations of Public Health	3
	SPHL602*	Foundations of Epidemiology and Biostatistics	4
	SPHL603*	Public Health Data Laboratory	1
	MIEH600*	Foundations of Environmental Health	3
	HLSA601*	Introduction to Health Systems	3
	EPIB697	Public Health Data Management	3
	EPIB6XX	Advanced EPIB course in research or statistics	3
	HLTH609	Public Health Journal Club	1
	HLTH625*	Community Assessment through Qualitative Methods	3
	HLTH665*	Health Behavior I	3
	HLTH672*	Public Health Informatics	3
	HLTH710*	Methods and Techniques of Research	3
	HLTH776	Community Health Program Evaluation	3
	HLTH780*	Community Health	3
	HLTH666	Health Behavior II	3
	HLTH652	Quantitative Research Methods I in Public Health	3
	HLTH653	Quantitative Research Methods II in Public Health	3
	HLTH711	Advanced Research Methods in Health	3
	HLTH712	Applied Research Methods in Behavioral and Community Health	3
	HLTH898	Pre-Candidacy Research	6
		Electives	9
	HLTH899	Doctoral Dissertation Research	12
One ethics course			
	SPHL611*	Public Health Ethics	1
	SPHL612	Research Ethics	1
		Total Credits	**82**

All degree requirements and other information can be found in the Graduate Catalog: https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-bchl/behavioral-community-health-phd/

PhD - Environmental Health Sciences

The PhD program in Environmental Health Sciences consists of a minimum of 46 credit hours of graduate courses depending on the incoming student's previous coursework. In particular, students without an MPH degree will require additional coursework as required by the public health accrediting body (CEPH). Graduate courses include (1) core courses within environmental health, epidemiology, and biostatistics; (2) supporting courses in environmental health research, ethics, public health, and grant writing; (3) specialized courses selected within the research foci; and (4)

dissertation credits. A 3.0 GPA is required for degree completion and all courses must be passed with at least a C grade.

While many MIAEH courses are taken by both master's and doctoral students, doctoral students are required to perform additional requirements or complete coursework at a higher level of rigor and complexity. The PhD program in Environmental Health Sciences is heavily driven by independent research and doctoral students often take 12-15 credits of advanced independent study, further distinguishing their programs from the master's degrees. Shaded courses reflect those taken by doctoral students.

All students complete the following coursework for the PhD in Env. Health Sciences:

Table D17.b. Degree Requirements for PhD in Environmental Health Sciences			
Course Number		**Course Name**	**Credits**
Required courses (credits)			
	MIEH600	Foundations of Environmental Health	3
	MIEH700	Advanced Environmental Health	3
	MIEH720	Principles of Toxicology	3
	MIEH740	Environmental Health Risk Assessment	3
	MIEH771	Exposure Assessment of Environmental Hazards	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4
	SPHL603	Public Health Data Laboratory	1
	EPIB651	Applied Regression Analysis	3
	MIEH609	Methods in Environmental Health	3
	MIEH688	Seminar in MIAEH: Current Topics in Environmental Health	2
	SPHL600	Foundations of Public Health	3
	MIEH899	Doctoral Dissertation Research	12
		Specialization Courses	15
	MIEH789	Independent Study	1-6
	MIEH898	Pre-Doctoral Dissertation Research	1-6
One ethics course			
	SPHL611	Public Health Ethics	1
	SPHL612	Research Ethics	1
		Total Credits	**60**

All degree requirements and other information can be found in the Graduate Catalog: https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/environmental-health-sciences-phd/

PhD - Epidemiology

The PhD in Epidemiology requires a minimum of 64 credits beyond the master's degree in epidemiology or public health, including 12 credits of EPIB899, the dissertation requirement. Students are also required to complete a minimum of 12 credits in a specialization cognate area, included in the 64-credit total. There are an additional 13 credits of prerequisite courses that must be completed during the doctoral program or prior to admission for those lacking those areas of knowledge or skill. Students who have not taken the prerequisites would complete a total of 77 credits. A 3.0 GPA is required for degree completion and all courses must be passed with at least a C grade.

Doctoral students are trained to advance knowledge of the patterns and causes of diseases and disabling conditions, to apply epidemiologic methods to the prevention and control of disease/injury, and to promote and improve population health. Students are trained not only through formal coursework, but also through active engagement in research, departmental activities, research

seminars, and through attendance at professional meetings at the state, regional, national, and international levels.

The following courses are designed expressly for and only offered to doctoral rather than master's students (also shaded in the listing below):

- EPIB710 Grantsmanship for Epidemiologic Research
- EPIB740 Advanced Methods in Epidemiology
- EPIB788 Critical Readings
- EPIB899 Doctoral Dissertation Research

All students complete the following coursework for the PhD in Epidemiology:

Table D17.c. Degree Requirements for PhD in Epidemiology			
Course Number		**Course Name**	**Credits**
Pre-Requisites (13 credits)			
	SPHL602	Foundations of Epidemiology and Biostatistics	4
	EPIB611	Intermediate Epidemiology	3
	EPIB651	Applied Regression Analysis	3
	EPIB697	Public Health Data Management	3
Core (28 credits)			
	SPHL600	Foundations of Public Health	3
	EPIB612	Epidemiologic Study Design	3
	SPHL612	Research Ethics	1
	EPIB652	Categorical Data Analysis	3
	EPIB710	Grantsmanship for Epidemiologic Research (or equivalent)	3
	EPIB740	Advanced Methods in Epidemiology	3
	EPIB788	Critical Readings	3
	EPIB798	Independent Study	3
Pick one course in content area:			
	EPIB620	Chronic Disease Epidemiology	3
	EPIB621	Infectious Disease Epidemiology (not currently offered)	3
Pick one course in advanced statistical methods:			
	EPIB653	Applied Survival Data Analysis	3
	EPIB655	Longitudinal Data Analysis	3
Electives to be determined by advisement in advanced methods			12
Specialization Electives to be determined by advisement in area of specialization (Social Epidemiology, Environmental Epidemiology, Tailored)			12
Dissertation			
	EPIB899	Doctoral Dissertation Research	12
		Total Credits	**77**

All degree requirements and other information can be found in the Graduate Catalog:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epid/epidemiology-phd/

PhD - Health Services Research

The Ph.D. in Health Services Research requires a minimum of 50 credits organized in four modules. Together with their advisor, students select five elective courses in a cognate track, of which two must be methods courses relevant to the cognate area. After completing the track coursework, students must pass a qualifying exam. It is strongly recommended that students take HLSA766 Foundational Readings in Health Services Research to prepare for the qualifying exam as one of the elective courses. A 3.0 GPA is required for degree completion and all courses must be passed with at least a C grade.

The goal of the doctoral program in Health Services Research is to provide interdisciplinary training in research, practice, and policy analysis relevant to the planning, administration, management, and evaluation of health and public health programs. The degree program will prepare students to advance research, policy, and practice in order to improve access, cost, and quality of health services, with a particular emphasis on federal, state, and local health policy.

All students complete the following coursework for the PhD in Health Services Research (doctoral-only courses are shaded):

Table D17.d. Degree Requirements for PhD in Health Services Research			
Course Number		**Course Name**	**Credits**
Required courses (credits)			
	SPHL600	Foundations of Public Health	3
	HLSA711	Health Economics and Analysis	3
	HLSA725	Econometrics in Public Health	3
	HLSA714	Economic Evaluation of Medical Care	3
	HLSA787	Minority Health and Health Equity	3
	HLSA790	Advanced Methods in Health Services Research	3
	HLSA723	Health Policy Analysis and Advocacy	3
	HLSA765	Dissertation Proposal Development Seminar	3
	HLSA766	Foundational Readings in Health Services Research	3
	HLSA898	Pre-Candidacy Research	1-8
		Specialization Courses	14
	HLSA899	Doctoral Dissertation Research	12
		Total Credits	**50**

All degree requirements and other information can be found in the Graduate Catalog:
https://academiccatalog.umd.edu/graduate/programs/health-services-phhs/health-services-phd/

PhD - Maternal and Child Health

The MCH doctoral program prepares students to advance research, policy, and practice to improve the health, safety, and well-being of these groups, with a particular emphasis on low income and ethnic minority populations. The program equips students to address MCH issues at both the family and population levels. It is unique in its focus on the whole family system and family health policy.

The MCH Ph.D. curriculum requires 57 graduate credit hours beyond the master's degree, including maternal and child health core courses (20 credits), research methods courses (16 credits), electives (6 credits), research internship (3 credits), and dissertation credits (12 credits). New students without a degree from an accredited public health program will also be required to complete the MPH core courses (14 credits). Students in the Ph.D. program advance to candidacy after completing required coursework and passing a written qualifying examination. After advancement to candidacy, students must complete a dissertation proposal and oral defense, followed by the doctoral dissertation and oral dissertation defense.

Knowledge of introductory epidemiologic methods is required for success in the program, including timely progress to degree. MCH students are expected to be well versed in concepts that are usually presented in introductory classes in epidemiology.

There is no aligned master's program for the MCH PhD program. As such, all courses are explicitly designed for doctoral students in the MCH PhD program.

All students complete the following coursework for the PhD in Maternal and Child Health:

Table D17.e. Degree Requirements for PhD in Maternal and Child Health			
Course Number		**Course Name**	**Credits**
Required courses (credits)			
	FMSC601	Doctoral Seminar in the Process of Inquiry	1
	FMSC606	Ethnic Families and Health Disparities	3
	FMSC660	Program Planning and Evaluation in Family Science	3
	FMSC689	Research Internship	3
	FMSC710	Maternal and Child Health from a Life Course Perspective	3
	FMSC720	Study Design in Maternal Child Health Epidemiology	3
	FMSC730	Key Topics in Maternal and Child Health (req prior to Fall 2021)	3
	FMSC740	Reproductive and Perinatal Epidemiology	3
	FMSC750	Family and Health Policy	3
	FMSC780	Qualitative Methods in Family and Health Research	3
	FMSC850	Maternal and Child Health Epidemiology	3
	FMSC879	Preparing Future Faculty and Professionals	4
	EPIB651	Applied Regression Analysis	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4
		Electives: Approved by the Advisor/Director of Graduate Studies	6
	FMSC899	Doctoral Dissertation Research	12
		Total Credits	**57**

All degree requirements and other information can be found in the Graduate Catalog: https://academiccatalog.umd.edu/graduate/programs/maternal-child-health-mchs/maternal-child-health-phd/

2) Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

All academic doctoral degree programs rely on SPHL600 for instruction and assessment in the foundational public health learning objectives. This required three-semester-credit course is only waived if the student has completed a prior CEPH-accredited public health degree.

See Table D17-1 below. Supporting documentation is provided in ERF D17.6, ERF D17.8, and ERF D17.9.

Table D17-1. Content Coverage for Academic Doctoral Degree in a Public Health Field (SPH and PHP, if applicable) PhDs: Behavioral and Community Health; Environmental Health Sciences; Epidemiology; Health Services Research; Maternal and Child Health		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy, and values	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Reaction Assignment 1A**.
2. Identify the core functions of public health and the 10 Essential Services*	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Public Health Essentials**.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 4: Week 4: Public Health Research, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Qualitative and Quantitative Research**.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPHL600, Foundations in Public Health	Students engage with this content in Module 12: Week 12: Chronic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Chronic Diseases.**
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), week 8 (Health Literacy and Health Policy (week 8 and week 12 (Chronic diseases)including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project.**

Table D17-1. Content Coverage for Academic Doctoral Degree in a Public Health Field (SPH and PHP, if applicable) PhDs: Behavioral and Community Health; Environmental Health Sciences; Epidemiology; Health Services Research; Maternal and Child Health		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
6. Explain the critical importance of evidence in advancing public health knowledge	SPHL600, Foundations in Public Health	Students engage with this content in Module 6: Week 6: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Infectious Diseases.**
7. Explain effects of environmental factors on a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 13: Week 13: Environmental Issues in Public Health, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Environmental Issues in Public Health**.
8. Explain biological and genetic factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 11: Week 11: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Genetic Diseases.**
9. Explain behavioral and psychological factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 15: Week 15: Major Biopsychosocial Health Issues, including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**

Table D17-1. Content Coverage for Academic Doctoral Degree in a Public Health Field (SPH and PHP, if applicable) PhDs: Behavioral and Community Health; Environmental Health Sciences; Epidemiology; Health Services Research; Maternal and Child Health		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH; Module 12: Week 12: Chronic Diseases; Module 15: Week 15: Major Biopsychosocial Health Issues including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**
11. Explain how globalization affects global burdens of disease	SPHL600, Foundations in Public Health	Students initially engage with this content in Module 3, Week 3: Public Health Basics: Frameworks and Theories Module through various activities including lecture, readings, and related activities. Students are assessed through a reaction assignment and later assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project; One Health Assignment.**
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPHL600, Foundations in Public Health	Students engage with this content in Module 3: Week 3: Public Health Basics: Frameworks and Theories, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as shown in the **ERF: One Health Assignment.**

3) **Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.**

Supporting documentation is provided in ERF D17.6, ERF D17.8, and ERF D17.9.

Table D17-2.a. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Behavioral and Community Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Critically assess the empirical research literature that examines structural racism in the field of public health.	HLTH609 - Public Health Journal Club	In **HLTH609 (see syllabus)**, students select and present two different articles from the peer-reviewed empirical literature for critique. One article highlights a specific population of interest, while the other highlights a specific theoretical framework, method, or approach, with both articles focused on structural racism in public health. Students must both orally present and provide a written critical analysis of each selected article including strengths, limitations, and a summary. Additionally, at the end of the semester students are to submit a one-page self-reflection on the pertinent issues and ideas they learned in the course.
2. Design a range of qualitative research methods studies.	HLTH625 - Community Assessment through Qualitative Methods	In **HLTH625** this competency is assessed through weekly check-ins and in the PhD Assignment 4. The **weekly check-ins** ask students to reflect on their readings, which describe qualitative research across multiple approaches (grounded theory, narrative inquiry, phenomenology, ethnography, case study, thematic analysis), and then ask students to consider how they would design a study using that approach to address a health topic of their own interest. For **Assignment 4**, doctoral students are asked to post a research question for a qualitative study informed by their research interests. Students specify a design for their study, including sampling strategy, methodological and analytic approach, and data collection tools.
3. Effectively use basic to intermediate statistical techniques to analyze quantitative data such as analysis of variance, linear regression, and logistic regression.	HLTH652 - Quantitative Research Methods I in Public Health	In **HLTH652**, this competency is assessed through **in class and take-home exercises** and **midterm and final exams**.

Table D17-2.a. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Behavioral and Community Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Develop advanced principles of applied statistical skills in analyzing public health data such as data from longitudinal, multivariate, multilevel, multistage, survival, and moderation/ mediation nature, and be able to interpret the results accurately and professionally.	HLTH653 - Quantitative Research Methods II in Public Health	In **HLTH653**, this competency is assessed throughout the course semester via a final **exam** and **five assignments.** The five assignments require a critique of published articles that use/apply various statistical models. Students analyze and write the results and interpretations and develop syntax to run assumption test and data analyses.
5. Apply major social, behavioral, and public health theories in the design and evaluation of interventions that aim to address health inequities	HLTH665 - Health Behavior I	In **HLTH665**, students are asked to pick a public health issue (e.g., obesity, diabetes, alcohol abuse, violence, etc.), specify behavioral risk factor(s) related to this issue and identify a target population. They then are required to develop a **research proposal** applying a health behavior theory learned in class to address this specific public health issue and the targeted health behavior(s). As part of this assignment, they must define and describe the theory constructs, explain how each construct will be translated into specific components/activities/content of the intervention and provide 2 examples of survey items to measure each theory construct. Students must also discuss whether/how their theory-based intervention impacts social justice, i.e., does it promote social justice, create further inequities or injustice, or have no impact.
6. Apply behavior change theories, throughout the research continuum, in a culturally appropriate manner and considering social justice context.	HLTH666 - Health Behavior II	In **HLTH666 (see syllabus)**, students develop **a theory application and evaluation/testing paper** which is consistent with their professional interests and goals. The full writing assignment should naturally develop from achievement of the milestones developed in 5 shorter writing assignments: (1) problem identification; (2) theory selection and rationale; (3) specific aims and hypotheses; (4) intervention approach; (5) evaluation approach.

Table D17-2.a. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Behavioral and Community Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
7. Identify and use mobile/computer apps to gather information or collect data for use in the evaluation of research.	HLTH672 - Public Health Informatics	In **HLTH672 (see syllabus)**, each student is required to choose and critique a health-related app. In their critique, students focus on its literacy requirements and degree to which the app was culturally tailored to a particular subgroup. A second critique focuses on an app's theoretical framework.
8. Manage traditional and new media to communicate health information (e.g., statistics, reports) effectively	HLTH672 - Public Health Informatics	In **HLTH672**, students respond to the **midterm examination questions** included in the ERF for D17.2 (in 17.6) that address this competency.
9. Explain the basic concepts of study design, measurement, data collection and sampling related to community health.	HLTH710 - Methods and Techniques of Research	In **HLTH710**, this competency is assessed through the following course activities: - a comprehensive summary of previous research on a community health topic (**literature review assignment; see syllabus**) critiquing the aspects of study design, sampling, measurement instruments and data collection methods. -scenario and application-based questions (**midterm and final exam**) identify sampling methods, validity types, reliability types, study designs and data collection methods.
10. Write a research proposal for theory-based research.	HLTH711 - Advanced Research Methods in Health	In **HLTH711**, this competency is assessed through development of an NIH **research proposal**.
11. Select an appropriate research design.	HLTH711 - Advanced Research Methods in Health	In **HLTH711**, this competency is assessed through development of an NIH **research proposal** and through a **midterm examination**.
12. Implement all aspects of a secondary data analysis study: Conceptualize theoretical framework to be studied; conduct all aspects of single item and multi-item scale variable creation; conduct univariate, bivariate, and multivariate analysis; interpret the results; write a manuscript including introduction, methods, results conclusions, tables, and figures.	HLTH712 - Applied Research Methods in Behavioral and Community Health	In **HLTH712 (see syllabus)**, this competency is assessed through the compilation of 17 sub-assignments that are completed as the course progresses. Examples of sub-assignments include: (1) create a code book, enter data, clean data, create an SPSS database, and code variables; (2) describe your approach to data management and human subjects' protection; (3) present your theory for your study in a figure and describe it in text; (4) construct an integrative literature review to introduce your research question and analysis.

Table D17-2.a. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Behavioral and Community Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
13. Develop and communicate a comprehensive evaluation plan for health-related interventions at both the environmental and individual level, including selection of a sampling strategy, evaluation design, and appropriate statistical analyses.	HLTH776 - Community Health Program Evaluation	In **HLTH776**, this competency is assessed through development of a **written proposal** to implement and evaluate an intervention to address a specific health problem of the student's choosing and through a **midterm examination**.
14. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	HLTH780 - Community Health	In **HLTH780**, this competency is assessed via a semester long **community health intervention project**. Students work with a community partner to develop and implement a culturally tailored health promotion, health education, environmental change, or advocacy intervention for a specific community.

Table D17-2.b. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Environmental Health Sciences)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Synthesize environmental health knowledge, including explaining and analyzing key theories, principles, methods, and controversies, and identify opportunities to advance the field of environmental health.	MIEH600 - Foundations of Environmental Health MIEH720 - Principles of Toxicology MIEH740 - Environmental Health Risk Assessment MIEH771 - Exposure Assessment of Environmental Hazards	Students undertake foundational courses in public health, epidemiology, and biostatistics to support the undertaking of rigorous courses in environmental health, toxicology, exposure assessment, and risk assessment (MIEH600, 720, 740, and 771). One of the measures of assessment is successful completion of the final project in **MIEH771**, which entails an analysis of exposure data, interpretation of statistical analyses and preparation of a report of this data. (**MIEH771 PhD ENVH competency 1**). Examples of posters and grading rubric are included in the ERF (MIEH771 Example 1 and Example 2). Another example is the completion of a **research paper in MIEH720** (see syllabus). Ultimately, the competency is fully addressed with the successful completion of the qualifying examination. See **PhD Comprehensive Examination and Admission to Candidacy Requirements** and examples (**Qualifying Exams)** in the ERF.
2. Develop testable hypotheses that will advance the field of environmental health	MIEH688 - Seminar in the Maryland Institute for Applied Environmental Health: Current Topics in Environmental Health SPHL611 - Public Health Ethics SPHL612 - Research Ethics MIEH609 - Methods in Environmental Health MIEH789 - Independent Study MIEH899 - Doctoral Dissertation Research	Students undertake training in conducting research by attending a minimum of three semesters of research seminars during their PhD (**MIEH688**), taking a 1 credit ethics course (**SPHL611** or **SPHL612**), completing two 3-credit lab rotations (**MIEH609**), completing independent research projects (**MIEH789**), and culminating in a 12-credit dissertation (**MIEH899** - ERF for 17.8). Successful completion of the dissertation research proposal is the final assessment for this competency, see **Dissertation Research Proposal** examples in the ERF.

Table D17-2.b. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Environmental Health Sciences)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Design and conduct research studies, analyze data, and test hypotheses that advance the science of environmental health	MIEH688 - Seminar in the Maryland Institute for Applied Environmental Health: Current Topics in Environmental Health SPHL611 - Public Health Ethics SPHL612 - Research Ethics MIEH609 - Methods in Environmental Health MIEH789 - Independent Study MIEH899 - Doctoral Dissertation Research	Students undertake training in conducting research by attending a minimum of three semesters of research seminars during their PhD (**MIEH688**), taking a 1 credit ethics course (**SPHL611** or **SPHL612**), completing two 3-credit lab rotations (**MIEH609**), completing independent research projects (**MIEH789**), and culminating in a 12-credit dissertation (**MIEH899**). Successful completion of the dissertation provides the final assessment of this competency. See examples of **PhD Dissertations** in the ERF for D17.9.
4. Effectively communicate results of environmental health research to the scientific community		Successful publication of research in peer reviewed journals and acceptance of abstracts at scientific conferences is an expectation of all students. See **Student Publications** that list by year all PhD student papers that were published recently.

Table D17-2.c. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Develop novel epidemiological research questions by critically reviewing and evaluating public health literature.	EPIB611 - Intermediate Epidemiology	In EPIB611, students work together in groups to identify a novel research question and the best design to address that question. Through this group project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure, and outcome ascertainment, as well as methods to minimize and/or reduce information and selection bias [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", and "EPIB611 Study Design Grid"**].
2. Use epidemiologic theories of disease causation to conceptualize a general causal framework that captures determinants of disease occurrence.	EPIB612 - Epidemiologic Study Design EPIB740 - Advanced Methods in Epidemiology	Both EPIB612 and EPIB740 cover the counterfactual theory that students learn to understand how to use the causal framework to investigate disease occurrence and its potential determinants. Directed acyclic graphs are introduced to students who use this method to select confounders, modifiers, and mediators. Students are required to read relevant literature [**see attachments "EPIB612 Homework1", "EPIB740 Homework1", "EPIB740 Final Exam", and Reading Assignment 1 in EPIB612 Syllabus**].

Table D17-2.c. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Demonstrate proficiency in selecting and conducting the most appropriate study design to address a research question (e.g., ecological study, cross-sectional study, case-control study, cohort study, or randomized trials).	EPIB611 - Intermediate Epidemiology EPIB612 - Epidemiologic Study Design	In EPIB611, students work together in groups to identify a novel research question and the best design to address that question. Through this group project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure, and outcome ascertainment, as well as methods to minimize and/or reduce information and selection bias. This competency is also addressed through exams, in-class exercises, and homework assignments [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework1", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Study Design Grid", "EPIB611 Session3 In-class Exercise", "EPIB611 In-class Exercise - Bias", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**]. More depth knowledge and skills are covered in EPIB612. Students are taught to identify the strengths and weaknesses of each study design and select the most appropriate study design to investigate the association between risk and outcome. Students practice the knowledge and skills in homework, readings, and class discussions [**see attachments "EPIB612 Homework1", "EPIB612 Homework3", "EPIB612 Midterm Exam", "EPIB612 Final Exam", and Reading Assignments in EPIB612 Syllabus**].
4. Explain conceptual definitions of exposure variables, outcome variables, mediators, and modifiers in ways consistent with the causal framework guiding the research.	EPIB611 - Intermediate Epidemiology	In EPIB611, students work together in groups to identify a novel research question and the best design to address that question. Through this group project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure, and outcome ascertainment, as well as methods to minimize and/or reduce information and selection bias [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", and "EPIB611 Homework3"**].

Table D17-2.c. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
5. Identify potential confounders, information bias, and selection bias that distort the validity of a study and ability to minimize them through design, data collection, and analysis.	EPIB611 - Intermediate Epidemiology	In EPIB611, students work together in groups to identify a novel research question and the best design to address that question. Through this group project, students are encouraged to think through all key epidemiological methods involved in study design including study population and sampling, exposure, and outcome ascertainment, as well as methods to minimize and/or reduce information and selection bias. This competency is also addressed through exams, in-class exercises, and homework assignments [**see attachments "EPIB611 Assignment #5 Rubric", "EPIB611 Homework2", "EPIB611 Homework3", "EPIB611 Types of Bias", "EPIB611 Session3 In-class Exercise", "EPIB611 In-class Exercise - Bias", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**].
6. Understand required elements to estimate sample size and apply methods to provide valid estimates of parameters for sample size calculations for different study designs.	EPIB652 - Categorical Data Analysis EPIB655 - Longitudinal Data Analysis	In EPIB652, sample size calculations for categorical data analysis are introduced and assessed using homework assignments [**see attachment "EPIB652 Homework3"**]. In EPIB655, sample size and power calculations for longitudinal studies with continuous and dichotomous outcomes are introduced using case studies and assessed using in-class exercises and discussion [**see attachments "EPIB655 Lecture13 Notes" and "EPIB655 Lecture14 Notes"**].
7. Demonstrate skills in public health data collection and management.	EPIB697 - Public Health Data Management	In EPIB697, the public health data collection skills of the students are assessed using an in-class exercise in Lecture 13 during which a simple online survey is created **[see attachments "EPIB697 Lecture13 Notes" and "EPIB697 Sample Qualtrics Form**"]. The student's competence in data management is evaluated in several assignments and exams, which include exercises related to merging and stacking data sets; creating, renaming, labeling, and dropping variables **[see attachment "EPIB697 Final Exam**"].

Table D17-2.c. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
8. Develop analytic strategies for various study designs, guided by the principles of epidemiology, to account for confounding, interaction effects, and intermediate effects.	EPIB612 - Epidemiologic Study Design EPIB740 - Advanced Methods in Epidemiology	EPIB612 and EPIB740 cover analytic strategies that students need in the analysis of the risk-outcome associations based on the study design. Logistic regression, log-binomial regression, Poisson regression, Cox PH regression models are covered. Students use epidemiologic principles that they learn in EPIB612 to develop analytic strategies that address valid association estimation by assessing interaction and intermediate efforts and controlling confounders in EPIB740 [**see attachments "EPIB740 Homework1", "EPIB740 Homework2", "EPIB740 Homework3", "EPIB740 Homework4", "EPIB740 Homework5", "EPIB740 Midterm Exam", and "EPIB740 Final Exam"**].
9. Understand the rationale and assumptions underlying major statistical techniques used to analyze data from epidemiological studies.	EPIB612 - Epidemiologic Study Design	EPIB612 teaches students how to check model assumptions and find an alternative if their data do not meet assumptions. Students practice the methods in homework assignments [**see attachments "EPIB612 Homework1", "EPIB612 Homework2", "EPIB612 Homework3", "EPIB612 Homework4", "EPIB612 Homework5", and "EPIB612 Homework6"**].
10. Critically evaluate measures of association (e.g., odds ratio, risk ratio, rate ratio, or hazard ratio) and understand how to select between them for various study designs.	EPIB611 - Intermediate Epidemiology EPIB612 - Epidemiologic Study Design EPIB740 - Advanced Methods in Epidemiology	In EPIB611, students evaluate measures of association with an emphasis on differences between risk versus rate and the appropriate measure to estimate for specific study designs [**see attachments "EPIB611 Homework1", "EPIB611 Session3 In-class Exercise", "EPIB611 Midterm Exam", and "EPIB611 Final Exam"**]. More depth knowledge and methods are covered in EPIB612 [**see attachments "EPIB612 Homework4" and "EPIB612 Homework5"**] and EPIB740 [**see attachments "EPIB740 Homework1", "EPIB740 Homework2", "EPIB740 Homework3", "EPIB740 Homework4", and "EPIB740 Homework5"**].
11. Demonstrate proficiency in communication skills in reports of findings from research projects (conference presentations, scientific publications, and grant writing).	EPIB612 - Epidemiologic Study Design EPIB740 - Advanced Methods in Epidemiology	In EPIB612, students are required to write a short research proposal [**see attachment "EPIB612 Final Project"**]. In EPIB740, students are required to interpret their findings from homework assignments and the final exam [**see attachments "EPIB740 Homework1", "EPIB740 Homework2", "EPIB740 Homework3", "EPIB740 Homework4", "EPIB740 Homework5", and "EPIB740 Final Exam"**]. They are taught how to communicate their findings in the non-academic style and the academic style.

Table D17-2.c. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Epidemiology)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
12. Develop expertise in an area of independent research interest.	EPIB899 - Doctoral Dissertation Research	Students work on their dissertation research proposal, conduct a research project, and present the findings at meetings and journal articles. By participating in the dissertation research project (**EPIB899**), students will develop expertise in the area of their interest and obtain experience for future independent research.

D17-2.d. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Health Services Research)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. To acquire a strong foundation of knowledge in the organizational, policy, economic and social factors which influence health and health services delivery	HLSA711 - Health Economics and Analysis HLSA787 - Minority Health and Health Equity	In HLSA711, students apply the basic principles of economics to health care. Students learn about both the advantages and limitations of applying market forces to health care, how insurance markets work, important "market failures," and policy options for correcting them. The course covers both "macroeconomic" issues relating health care to the overall economy, and "microeconomic" issues. Evidence of this can be found in the following assignments: "**HLSA711 Final Paper" & HLSA711 Midterm Exams**." HLSA787 (**See attachment- HLSA787-CHNA Critical Analysis Paper; (4); Weeks 1-2;)**: Students in HLSA787 are required to provide feedback on the National Institute on Minority Health and Health Disparities proposed measures of social determinants of health (SDOH) used to help guide decisions about the measurement protocols for an SDOH toolkit. A component of this written assignment is used to assess the students' ability to perform the competency. Students will be assessed on the quality and breadth of their responses to the following prompts: 1) explain the significance of the SDOH measurement protocol as envisioned for public health practice; 2) state the relationship between the SDOH measure and known root causes of the related health inequities, supported by relevant literature; 3) appraise the feasibility, comparing and contrasting the strengths and limitations, of the SDOH measure to monitor and track health inequalities; 4) make a recommendation, providing clear justification for or against use of SDOH measure for a local or state department of health from the perspective of public health practice.
2. To acquire foundational and advanced research skills which result in the ability to develop an independent project in health services research	HLSA714 - Economic Evaluation of Medical Care	In HLSA714, students **(see assignments: HLSA714-Economic Evaluation of Health and Medical Care; Final Project (6); Week 16" and "HLSA714-Economic Evaluation of Health and Medical; Short Presentations (5); Week 13-16)** conduct a simple cost-effectiveness analysis using a decision tree and report the findings in a written report and a presentation to the class. Topics are provided to students and must feature a comparison of 2 or 3 alternative treatment strategies. Projects require a literature search to find data, the construction of data tables, designing a decision tree, and running of the analysis.

D17-2.d. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Health Services Research)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. To demonstrate the ability to complete an independent project in health services research	HLSA790 - Advanced Methods in Health Services Research	HLSA790 provides a detailed overview of the research process with an emphasis on the process of designing a research study. Topics covered include reviewing and synthesizing the literature, research question and hypothesis development, theory and framing, and study design methodology. Students have the opportunity to refine research questions, identify specific methodological approaches and analytical techniques necessary to test their hypotheses. The course also provides skills necessary to critically evaluate and appraise scientific research. Evidence of this can be found in the following assignments: **"HLSA790 - Advanced Research Methods Seminar; Concept Paper; (6); Weeks 2-5", HLSA790 - Advanced Research Methods Seminar; Research Question and Hypothesis; (6); Weeks 2-10, and "HLSA790 - Advanced Research Methods Seminar; Concept Paper Presentation; (6); Weeks 12-13".**
4. To demonstrate oral and written communication skills appropriate for the dissemination of knowledge in health services research to both academic and professional/practitioner audiences	HLSA790 - Advanced Methods in Health Services Research	HLSA790 provides a detailed overview of the research process with an emphasis on the process of designing a research study. Topics covered include reviewing and synthesizing the literature, research question and hypothesis development, theory and framing, and study design methodology. Students have the opportunity to refine research questions, identify specific methodological approaches and analytical techniques necessary to test their hypotheses. The course also provides skills necessary to critically evaluate and appraise scientific research. Evidence of this can be found in the following assignments: **"HLSA790 - Advanced Research Methods Seminar; Concept Paper; (6); Weeks 2-5", HLSA790 - Advanced Research Methods Seminar; Research Question and Hypothesis; (6); Weeks 2-10, and "HLSA790 - Advanced Research Methods Seminar; Concept Paper Presentation; (6); Weeks 12-13".**

Table D17-2.e. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Maternal and Child Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Describe the independent and interdependent determinants of health, disease, and disparities; including individual, familial, social, cultural, racial/ethnic, medical, and environmental factors.	FMSC606 - Ethnic Families and Health Disparities FMSC740 - Reproductive and Perinatal Epidemiology Other courses: FMSC710 Maternal and Child Health from a Life Course Perspective FMSC720 Study Design in Maternal Child Health FMSC750 Family and Health Policy FMSC850 Maternal and Child Health Epidemiology	This competency is covered in six required courses and assessed through an NIH **grant proposal in FMSC606** (Ethnic Families and Health Disparities; see syllabus) and a **Journal Article Critique in FMSC740** (Reproductive and Perinatal Epidemiology).

Table D17-2.e. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Maternal and Child Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
2. Design a study to test hypotheses on an MCH issue. Review literature, select appropriate design, data, methodology and methods, analyze data, draw appropriate conclusions, and summarize findings for publication.	FMSC689 - Research Internship FMSC850 - Maternal & Child Health Epidemiology Other Courses: FMSC601 - Doctoral Seminar in the Process of Inquiry FMSC660 - Program Planning and Evaluation in Family Science; Evaluation Plan Assignment FMSC710 - Maternal and Child Health from a Life Course Perspective; Final Paper in Syllabus FMSC720 - Study Design in Maternal Child Health Epidemiology; Final Analytic Project; Weekly Project in Syllabus FMSC740 - Reproductive and Perinatal Epidemiology; Concept Proposal; Literature Review FMSC780 - Qualitative Methods in Family and Health Research	Many of the required courses address this competency. One example of how this competency is assessed is **FMSC689** (**Research Internship**; PhD Handbook pg. 15-16), which requires students to take the lead on a manuscript and submit for publication during their second year and prior to their comprehensive exam. Another example is the **Research Paper assignment in FMSC850** (Maternal and Child Health Epidemiology; see syllabus), which requires students to complete a research project using secondary data.
3. Identify, analyze, and evaluate U.S. health care policy, program, and data surveillance systems.	FMSC750 - Family and Health Policy FMSC660 - Program Planning and Evaluation in Family Science Other Courses: FMSC606 - Ethnic Families and Health Disparities FMSC850 - Maternal and Child Health Epidemiology	Two courses were designed to address and assess this competency. First, **FMSC750** (Family and Health Policy; see syllabus) requires students to complete a **Major Integrative Paper** and a **Family-Centered Health Policy Impact Analysis**. Second, **FMSC660** (Program Planning and Evaluation in Family Science; see syllabus) requires students to complete a **Program Evaluation Plan** to assess any impact to family health.

Table D17-2.e. Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH (PhD - Maternal and Child Health)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
4. Synthesize and translate MCH knowledge into understandable information to advance health literacy.	FMSC660 - Program Planning and Evaluation in Family Science FMSC689 - Research Internship FMSC850 - Maternal and Child Health Epidemiology Other Courses: FMSC606 - Ethnic Families and Health Disparities FMSC689 - Research Internship; See FMSC PhD Handbook pgs. 15-16 FMSC750 - Family and Health Policy	A combination of three courses assess this competency. The **Program Evaluation Plan course project in FMSC660** (Program Planning and Evaluation in Family Science; see syllabus). **FMSC689 (Research Internship**; PhD Handbook pg. 15-16) requires students to take the lead on a manuscript and submit for publication during their second year and prior to their comprehensive exam. The **Research Paper assignment in FMSC850** (Maternal and Child Health Epidemiology; see syllabus) requires students to complete a research project using secondary data.
5. Formulate advocacy strategies to implement MCH policy while balancing interests of diverse stakeholders.	FMSC750 - Family and Health Policy FMSC660 - Program Planning and Evaluation in Family Science FMSC606 - Ethnic Families and Health Disparities	This competency is addressed and assessed in three courses. First, **FMSC750** (Family and Health Policy; see syllabus) requires students to complete a **Major Integrative Paper** and a **Family-Centered Health Policy Impact Analysis**. Second, **FMSC660** (Program Planning and Evaluation in Family Science; see syllabus) requires students to complete a **Program Evaluation Plan** to assess any impact to family health. Third, the NIH **grant proposal in FMSC606** (Ethnic Families and Health Disparities; see syllabus).

4) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.

SPHL600 (graduate level), Foundations of Public Health, is a required three-semester-credit course taught specifically for graduate students in programs outside of our MPH degree programs.

5) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

PhD - Behavioral and Community Health

The following 3-credit courses address public health research methods within the Behavioral and Community Health PhD program:

Table D17-5.a. Research Methods Courses for PhD – Behavioral and Community Health			
Course Number		**Course Name**	**Credits**
	HLTH625	Community Assessment through Qualitative Methods	3
	HLTH672	Public Health Informatics	3
	HLTH710	Methods and Techniques of Research	3
	HLTH776	Community Health Program Evaluation	3
	HLTH652	Quantitative Research Methods I in Public Health	3
	HLTH653	Quantitative Research Methods II in Public Health	3
	HLTH711	Advanced Research Methods in Health	3
	HLTH712	Applied Research Methods in Behavioral & Community Health	3

Students may additionally use their pre-candidacy individual research plan credits (HLTH898, which is a variable credit independent study course number; credit range is 1-6) and their elective courses to address/apply research methods.

PhD - Environmental Health Sciences

The following required courses address public health research methods within the Environmental Health Sciences PhD program:

Table D17-5.b. Research Methods Courses for PhD – Environmental Health Sciences			
Course Number		**Course Name**	**Credits**
	MIEH700	Advanced Environmental Health	3
	MIEH720	Principles of Toxicology	3
	MIEH740	Environmental Health Risk Assessment	3
	MIEH771	Exposure Assessment of Environmental Hazards	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4
	SPHL603	Public Health Data Laboratory	1
	EPIB651	Applied Regression Analysis	3
	MIEH609	Methods in Environmental Health	3

Students may additionally use their pre-candidacy individual research plan credits (MIEH898, which is a variable credit independent study course number; credit range is 1-6) and their elective courses to address/apply research methods.

PhD - Epidemiology

The following required 3-credit courses address public health research methods within the Epidemiology PhD program:

Table D17-5.c. Research Methods Courses for PhD – Epidemiology (Required)			
Course Number		**Course Name**	**Credits**
	EPIB612	Epidemiologic Study Design	3
	EPIB652	Categorical Data Analysis	3
	EPIB653	Applied Survival Data Analysis	3
	EPIB655	Longitudinal Data Analysis	3
	EPIB740	Advanced Methods in Epidemiology	3

The following are elective courses that many Epidemiology doctoral students take in addition to the required courses:

Table D17-5.d. Research Methods Courses for PhD – Epidemiology (Elective)			
Course Number		**Course Name**	**Credits**
	EPIB633	Health Survey Design and Analysis	3
	EPIB635	Applied Multilevel Modeling in Health Research	3
	EPIB637	Social Epidemiologic Methods in Health Equity Research	3
	EPIB660	Analysis of National Health Survey Data	3
	EPIB661	Applied Multivariate Data Analysis	3
	EPIB664	Missing Data Analysis	3

Students may additionally use their pre-candidacy individual research plan credits (EPIB898, which is a variable credit independent study course number; credit range is 1-6) and their elective courses to address/apply research methods.

PhD - Health Services Research

The following 3-credit courses address different public health research methods for students in the Health Services Research PhD program.

Table D17-5.e. Research Methods Courses for PhD – Health Services Research			
Course Number		**Course Name**	**Credits**
	HLSA787	Minority Health and Health Equity	3
	HLSA725	Econometrics in Public Health	3
	HLSA711	Health Economics and Analysis	3
	HLSA714	Economic Evaluation of Medical Care	3
	HLSA723	Health Policy Analysis and Advocacy	3
	HLSA790	Advanced Methods in Health Services Research	3

Students may additionally use their pre-candidacy individual research plan credits (HLSA898, which is a variable credit independent study course number; credit range is 1-6) and their elective courses to address/apply research methods.

PhD - Maternal and Child Health

All students in the doctoral program in Maternal and Child Health complete at least 5 courses in research methods, including EPIB651 (three semester credits) and SPHL602 (four semester credits). Students are required to complete each course from this list and may take other elective research methods courses from other programs on campus.

Table D17-5.f. Research Methods Courses for PhD – Maternal and Child Health			
Course Number		Course Name	Credits
	FMSC710	Maternal and Child Health from a Life Course Perspective	3
	FMSC720	Study Design in Maternal Child Health Epidemiology	3
	FMSC740	Reproductive and Perinatal Epidemiology	3
	FMSC780	Qualitative Methods in Family and Health Research	3
	FMSC850	Maternal and Child Health Epidemiology	3
	EPIB651	Applied Regression Analysis	3
	SPHL602	Foundations of Epidemiology and Biostatistics	4

Students may additionally use their pre-candidacy individual research plan credits (FMSC898, which is a variable credit independent study course number; credit range is 1-6) and their elective courses to address/apply research methods.

6) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity in Templates D17-1 or D17-2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.**

All syllabi and related materials can be found in ERF D17.6, organized by degree.

7) **Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.**

All policies for dissertation defenses (for all programs) follow the Graduate School's requirements and can be found here.

PhD - Behavioral and Community Health

All Doctoral degree students are required to complete a dissertation [HLTH899 Doctoral Dissertation Research (12 credits)] under the supervision of a faculty advisor and 5-member dissertation committee. No student may formally propose a dissertation topic until advancement to candidacy. A formal dissertation proposal must be approved by a committee of five faculty members, at least three of whom must be BCH faculty. All must be members of the Graduate Faculty of the University of Maryland. One will be the dissertation advisor who will chair the committee. A Graduate Dean's Representative must be outside the department, be a member of the University's Graduate Faculty, and must be a tenured faculty member.

Once the proposal is approved, human subjects and other research approvals must be obtained and the student progresses with the work to the culmination of the project with the assistance of the advisor and committee members. It is expected that the conduct of the project will be according to what was approved by the committee. Once the research is completed, the student is required to prepare a written report to cover all aspects of the project, which is reviewed and approved by the full committee. Students also complete an oral defense of the project with both a public phase and a committee-only phase. Any member of the faculty or any graduate student may attend this meeting. The committee may vote to approve, reject, or approve with conditions the final product. Approved projects are then submitted to the Graduate School. Rejected projects may be invited for one additional attempt for approval, after which the student is dismissed from the program.

PhD - Environmental Health Sciences

All Doctoral degree students are required to complete a dissertation [MIEH899 Doctoral Dissertation Research (12 credits)] under the supervision of a faculty advisor and 5-member dissertation committee. No student may formally propose a dissertation topic until advancement to candidacy. A formal dissertation proposal must be approved by a committee of five faculty members, at least three of whom must be MIAEH faculty. All must be members of the Graduate

Faculty of the University of Maryland. One will be the dissertation advisor who will chair the committee. A Graduate Dean's Representative must be outside the department, be a member of the University's Graduate Faculty, and must be a tenured faculty member.

The candidate writes a dissertation research proposal in the form of an NIH R01-like research proposal in consultation with the committee, submits the written proposal to the committee at least two weeks prior to a scheduled oral defense of the proposal, and finalizes the proposal following the oral defense. Once the proposal is approved, human subjects and other research approvals must be obtained and the student progresses with the work. During the course of the research, the candidate will meet with the committee at least once every six months and the advisor/chair will submit a progress report, signed by all committee members, to the MIAEH Graduate Director following each meeting. The final Ph.D. dissertation shall contain a minimum of three chapters containing complete manuscripts published or submitted for publication to peer-reviewed scientific journals prior to the final dissertation defense, together with such introductory, summary, and supporting materials as deemed appropriate by the dissertation committee. The written report is reviewed and approved by the full committee. Students also complete an oral defense of the project with both a public phase and a committee-only phase. Any member of the faculty or any graduate student may attend this meeting. The committee may vote to approve, reject, or approve with conditions the final product. Approved projects are then submitted to the Graduate School. Rejected projects may be invited for one additional attempt for approval, after which the student is dismissed from the program.

PhD - Epidemiology

The PhD dissertation is the culminating experience in the doctoral program. It reflects the candidate’s ability to conduct original, independent research that will expand the body of knowledge in the specialization. The PhD dissertation in the Department of Epidemiology and Biostatistics at the University of Maryland’s School of Public Health should reflect the ability of the student to perform independent, high-quality, original epidemiologic research. The Department requires a three-manuscript format that includes three manuscripts resulting from dissertation work that represents work with a high likelihood of being publishable in a scientific peer-reviewed journal. The three papers should revolve around some common theme but need not be closely linked. The goal is to establish trainee expertise in the area under study and ensure that the substantial work done by both the trainee and the primary advisor ends up as part of the literature. All students complete a dissertation proposal that must be approved by a faculty committee and produce a final written dissertation that is orally defended and must be approved by the faculty committee in order to successfully complete the program. Detailed requirements regarding the dissertation proposal approval and final dissertation defense are described in the PhD in Epidemiology Degree Manual (see “D17.6 Syllabi and supporting documentation” folder). The dissertation defense committee assesses the final dissertation using a PhD Evaluation Rubric form (see “D17.6 Syllabi and supporting documentation” folder).

PhD - Health Services Research

After advancing to candidacy, all students must develop a dissertation proposal as part of HLSA765, Dissertation Proposal Development Seminar. The student should be working with their advisor and faculty committee on their proposal, and the proposal must be approved by the committee prior to commencing research activities. Once the proposal is approved, students complete a comprehensive written dissertation describing their independent research activities, which must be approved by the faculty committee as part of a public oral defense and formal examination of the work by the committee. The committee may vote to approve, reject, or approve with conditions the final product. Approved projects are then submitted to the Graduate School. Rejected projects may be invited for one additional attempt for approval, after which the student is dismissed from the program.

PhD - Maternal and Child Health
All doctoral students are required to complete a dissertation under the supervision of a faculty advisor and 5-member dissertation committee. MCH students may opt to use one of two general approaches to their dissertation: a traditional dissertation with multiple chapters, or a three-paper option. If students choose the three-paper option, their dissertation chair will guide the overall project; however, other committee members may take the lead mentoring the student on one of their three papers. No student may formally propose a dissertation topic until advancement to candidacy. A formal dissertation proposal must be approved by a committee of five faculty members. Once the proposal is approved, human subjects and other research approvals must be obtained, and the student progresses with the work to the culmination of the project with the assistance of the advisor and committee members. It is expected that the conduct of the project will be according to what was approved by the committee. Once the research is completed, the student is required to prepare a written report to cover all aspects of the project, which is reviewed and approved by the full committee. Students also complete an oral defense of the project with both a public phase and a committee-only phase. Any member of the faculty or any graduate student may attend this meeting. The committee may vote to approve, reject, or approve with conditions the final product. Approved projects are then submitted to the Graduate School. Rejected projects may be invited for one additional attempt for approval, after which the student is dismissed from the program.

8) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program.

Many of the requirements for doctoral dissertations are governed by the Graduate School, and those policies and procedures can be found here:
https://academiccatalog.umd.edu/graduate/policies/doctoral-degrees-policies/

Programs may supplement these requirements. All program-specific materials are linked below or can be found in ERF D17.8.

PhD - Behavioral and Community Health
BCH PhD Guidelines document is included in ERF D17.8.

PhD - Environmental Health Sciences
Additional information about the dissertation requirements is found at this website:
https://sph.umd.edu/academics/departments-units/maryland-institute-applied-environmental-health/student-resources-md-institute-applied-environmental-health

PhD - Epidemiology
The EPIB PhD Manual and PhD Rubric documents are included in ERF D17.8.

PhD - Health Services Research
No additional materials beyond the Graduate School policies and procedures. A doctoral student handbook is under development.

PhD - Maternal and Child Health
The MCH PhD Handbook is included in ERF D17.8. MCH graduate student resources are also located on the department website:
https://sph.umd.edu/academics/departments-units/department-family-science/student-resources-family-science/graduate-student-resources-family-science

9) Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Dissertations are included in ERF D17.9, organized by degree. Note that all dissertations at UMD are graded as Satisfactory or Fail; all dissertations included in the ERF passed with a Satisfactory grade.

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

Strengths:

- All five public health doctoral degree programs are providing excellent instruction and development for students to become independent researchers within their disciplines, producing high quality dissertations as a culminating experience.
- Our graduate placement rates are very strong for our doctoral programs, and we receive strong formal and informal feedback about the strength of our graduates.

Weaknesses and Plans:

- We continue to carefully monitor the strength of our doctoral programs and will soon implement an updated Learning Outcomes Assessment process as part of a campus-wide initiative. That process will provide additional insights into program quality and will inform future actions.

D18. All Remaining Degrees

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D16 or D17 complete coursework that provides instruction in the foundational public health knowledge at a level of complexity appropriate to the level of the student's degree program.

The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

1) **Provide a matrix in the format of Template D18-1 that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.**

   All remaining undergraduate degree programs (BS degrees in Family Science and Kinesiology) rely on SPHL100, Foundations of Public Health, for instruction and assessment in the foundational public health learning objectives.

   All remaining graduate degree programs (PhDs in Family Science and Kinesiology; MA in Kinesiology; Master's of Health Administration; and MS in Couple and Family Therapy) rely on SPHL600, Foundations of Public Health, for instruction and assessment in the foundational public health learning objectives.

   These courses are required three-semester-credit courses that are only waived if the student has completed a prior CEPH-accredited public health degree.

   Supporting documentation is provided in ERF D18.3.

Table D18-1.a. Content Coverage for BS degrees in Family Science and Kinesiology (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy, and values	SPHL100, Foundations in Public Health	Students engage with this content in Module 1: The Evolution of Public Health and throughout the entire semester, including lecture, readings, and related enrichment activities. Students are assessed through a Discussion Activity and quizzes throughout the semester to assess this competency, as shown in the **ERF: History & Functions of Public Health.**
2. Identify the core functions of public health and the 10 Essential Services*	SPHL100, Foundations in Public Health	Students engage with this content in Module 1: The Evolution of Public Health including lecture, readings, and related enrichment activities. Students are assessed through a Discussion Activity and from quiz questions to assess this competency, as shown in the **ERF: History & Functions of Public Health.**
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPHL100, Foundations in Public Health	Students engage with this content in Module 6: Epidemiology and Biostatistics in Public Health, including lecture, readings, and related enrichment activities. Students are assessed through a Discussion Activity, quiz questions, their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project; Epi and Biostats in Public Health.**
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPHL100, Foundations in Public Health	Students engage with this content in Module 8: Chronic and Genetic Diseases, including lecture, readings, and related enrichment activities. Students are assessed through a Discussion Activity, quiz questions, their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project; Public Health Frameworks (Comp 4, 11); Chronic and Genetic Disease.**
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPHL100, Foundations in Public Health	Students engage with this content in Module 1: The Evolution and Functions of Public Health, including lecture, readings, and related enrichment activities. Students are assessed through, quiz questions and their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project**.

Table D18-1.a. Content Coverage for BS degrees in Family Science and Kinesiology (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
6. Explain the critical importance of evidence in advancing public health knowledge	SPHL100, Foundations in Public Health	Students engage with this content in Module 5: Public Health Research: Data and Ethics, including lecture, readings, and related enrichment activities. Students are assessed through a Discussion Activity, quiz questions, their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project; Public Health Research Data and Ethics.**
7. Explain effects of environmental factors on a population's health	SPHL100, Foundations in Public Health	Students engage with this content in Module 13: Environmental Health and Justice in Public Health, including lecture, readings, and related enrichment activities. Students are assessed through quiz questions and enrichment activity exercise as shown in the **ERF: Environmental Health and Justice**.
8. Explain biological and genetic factors that affect a population's health	SPHL100, Foundations in Public Health	Students engage with this content in Module 8: Chronic and Genetic Diseases, including lecture, readings, and related enrichment activities. Students are assessed through an enrichment activity centered around Precision Health and Precision Public Health quiz questions, as shown in the **ERF: Chronic and Genetic Disease.**
9. Explain behavioral and psychological factors that affect a population's health	SPHL100, Foundations in Public Health	Students engage with this content in Module 11: Mental Health, including lecture, readings, and related enrichment activities. Students are assessed through an enrichment activity-centered around Mental Health and Stigma, quiz questions and their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project; Mental and Behavioral Health**.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPHL100, Foundations in Public Health	Students engage with this content in Module 3: Social Determinants of Health including lecture, readings, and related enrichment activities. Students are assessed through an enrichment activity and a Discussion Activity centered around the Social Determinants of Health in Hidden America based on a documentary "A Hidden America", quiz questions and their Community Analysis Project (CAP) meeting progress and final CAP project to assess this competency, as shown in the **ERF: Community Analysis Project; Social Determinants of Health**.

Table D18-1.a. Content Coverage for BS degrees in Family Science and Kinesiology (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
11. Explain how globalization affects global burdens of disease	SPHL100, Foundations in Public Health	Students engage with this content in Module 4: Public Health Framework, Module 7 Infectious Diseases and Vaccinations in Public Health and again in Module 16: The Future of Public Health including lecture, readings, related enrichment activities and a discussion assignment. Students are assessed through an enrichment activity centered around One Health competency, as shown in the **ERF: Public Health Frameworks (Comp 4, 11); Infectious Diseases and The Future of Public Health.**
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPHL100, Foundations in Public Health	Students engage with this content in Module 4: Public Health Framework, including lecture, readings, and related activities. Students are assessed through an enrichment activity centered on The One Health Model and through quiz questions, as shown in the **ERF: Public Health Frameworks (Comp 12)**.

Table D18-1.b. Content Coverage for PhDs in Family Science and Kinesiology; MA in Kinesiology; MHA; MS in Couple and Family Therapy (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy, and values	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Reaction Assignment 1A**.
2. Identify the core functions of public health and the 10 Essential Services*	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Public Health Essentials**.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 4: Week 4: Public Health Research, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency, as shown in the **ERF: Qualitative and Quantitative Research**.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	SPHL600, Foundations in Public Health	Students engage with this content in Module 12: Week 12: Chronic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Chronic Diseases.**
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	SPHL600, Foundations in Public Health	Students engage with this content in Module 1: Week 1: Course Logistics and Course Overview (Evolution of Public Health and Public Health Functions), week 8 (Health Literacy and Health Policy (week 8 and week 12 (Chronic diseases)including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project.**
6. Explain the critical importance of evidence in advancing public health knowledge	SPHL600, Foundations in Public Health	Students engage with this content in Module 6: Week 6: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Infectious Diseases.**

Table D18-1.b. Content Coverage for PhDs in Family Science and Kinesiology; MA in Kinesiology; MHA; MS in Couple and Family Therapy (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
7. Explain effects of environmental factors on a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 13: Week 13: Environmental Issues in Public Health, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Environmental Issues in Public Health**.
8. Explain biological and genetic factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 11: Week 11: Genetic Diseases, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as well as their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project as shown in the **ERF: I3 Project; Genetic Diseases.**
9. Explain behavioral and psychological factors that affect a population's health	SPHL600, Foundations in Public Health	Students engage with this content in Module 15: Week 15: Major Biopsychosocial Health Issues, including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	SPHL600, Foundations in Public Health	Students engage with this content in Module 2: Week 2: Understanding Social Justice, Health Disparities, Health Equity & SDOH; Module 12: Week 12: Chronic Diseases; Module 15: Week 15: Major Biopsychosocial Health Issues including lecture, readings, and related activities. Students are assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project.**
11. Explain how globalization affects global burdens of disease	SPHL600, Foundations in Public Health	Students initially engage with this content in Module 3, Week 3: Public Health Basics: Frameworks and Theories Module through various activities including lecture, readings, and related activities. Students are assessed through a reaction assignment and later assessed through their final Interdisciplinary, Immersive, and Innovative (I3) Policy Project and presentation as shown in the **ERF: I3 Project; One Health Assignment.**

Table D18-1.b. Content Coverage for PhDs in Family Science and Kinesiology; MA in Kinesiology; MHA; MS in Couple and Family Therapy (All remaining degrees)		
Content	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	SPHL600, Foundations in Public Health	Students engage with this content in Module 3: Week 3: Public Health Basics: Frameworks and Theories, including lecture, readings, and related activities. Students are assessed through a reaction assignment specific to this competency as shown in the **ERF: One Health Assignment.**

2) **Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.**

SPHL100 (undergraduate level), Foundations of Public Health, and SPHL600 (graduate level), Foundations of Public Health, are both required three-semester-credit courses. The courses are taught separately to undergraduate and graduate students to ensure higher level educational activities and expectations for the graduate students. The course is only waived for students (graduate level) who have previously completed a public health degree from an accredited program.

3) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity in Templates D18-1 or provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc.**

All syllabi and related materials can be found in ERF D18.3.

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

Strengths:

- SPHL100 and SPHL600 are some of our most carefully crafted courses in the school, introducing students to the breadth of public health topics and principles.
- SPHL100, the largest course in the school with ~1000 enrollments per year, has become a model for the campus in how to implement student-centered active learning techniques in a large class. We are indebted to the instructors and teaching assistants who contribute to these important course offerings.

Weaknesses and Plans:

- Because of the centrality of SPHL100 and SPHL600 to our academic degree programs, we are regularly reviewing and revising the course content and pedagogies to ensure high quality.

D19. Distance Education

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

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

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

   As indicated in Template Intro-1, UMD SPH offers the following public health degrees as online/distance education:

   MPH with concentration in Behavioral and Community Health (available both in-person and online): https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-online-mbco/#text

   MPH with concentration in Public Health Practice and Policy (available only online): https://academiccatalog.umd.edu/graduate/programs/public-health-practice-policy-phpp/

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

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

      UMD SPH distance education programs are offered as almost entirely online programs following the same format as our in-person programs with regard to curriculum, degree requirements, and overall instructional approaches. Courses are offered on a semester basis (Fall/Spring) with some summer offerings and the programs are designed to be completed in two years by full-time students. Each program has a program director who oversees all aspects of the program and ensures the quality of instruction within all courses, including APE and ILE activities. The programs are also evaluated under the same performance evaluation process as the in-person programs, including graduation and alumni surveys, and the students in the programs are invited to participate fully in student advisory committees and other student groups. The online programs are also directly supported by the campus Office of Extended Studies, which provides additional support with marketing and analysis of the programs.

      Within the online courses themselves, they are generally patterned after the in-person course offerings with regard to course learning outcomes and assessment approaches, though instructional modes and some assessment approaches will differ as needed to maximize the learning experience for online students. Courses will mix synchronous and asynchronous content and approaches across the semester to maximize student learning and provide quality student/instructor interactions. Faculty rely on the ELMS/Canvas learning management system for presenting course content and assessments for the online programs, as is the case with the school's in-person courses and programs. Online program faculty are afforded the same opportunities for instructional development assistance as the in-person instructors, including campus support offices in the Teaching and Learning Transformation Center and the Academic Technologies unit of the Division of Information Technology. Moreover, within the SPH, we have our own Solutions Center to provide additional assistance for SPH faculty and graduate assistants on learning related

technologies and software. Again, all of these services are available equally across online and in-person programs.

b) the school's rationale for offering these programs,

The D.C. region has many working professionals who wish to pursue academic degree programs full- or part-time while maintaining their outside employment. While some of those students enroll in our in-person programs, we receive strong feedback from potential students that online programs would be beneficial. We began with the MPH in Public Health Practice and Policy over 10 years ago and have seen sustained, strong enrollment in that program for the past several years. Many of the students enrolled in the program would not be able to complete an in-person program at the UMD campus, so we view the online program as expanding access to advanced public health education for some students and area professionals. Recently, based on potential and current student feedback in our recruitment and admissions events and student advisory groups, we have added additional online programs with the MPH in Behavioral and Community Health and the MHA, with additional programs considering the move. Our goal is to use the online program model to provide broader access to a quality graduate education in public health to support our regional workforce needs. While technology access is a limitation for some individuals, overall, we think the online offerings improve accessibility for those students who are challenged by unique personal circumstances that would limit their ability to pursue an in-person degree program.

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

Each of the online programs has a dedicated and experienced program director/graduate director who is experienced in online education and responsible for ensuring the continued high quality and successful administration of each program. They serve as primary points of contact for interested and current students, though all potential applicants and current students may also rely on our Graduate Student Services team in the Dean's office for assistance as well. Each of the program directors reports to a department chair/unit head and has the same level of authority and shared governance as any of our in-person graduate directors. We hold recruitment events that are either designed to showcase all of our programs, or we will have targeted events specific to our online programs. All admitted students are supported equally whether in in-person or online programs through orientation events, handbooks, and other co-curricular activities.

Information technology support is provided in the same ways to our online and in-person programs. Nearly all our campus technology support services are provided virtually through online mechanisms and available nearly 24/7, so our online programs are on an equal footing with in-person programs for such services. Technical support is available across the spectrum of technology needs, from hardware and software to internet connectivity.

Student support services are provided at all levels of the organization, from the program directors and other faculty at the program level, to the Graduate Student Services team at the Dean's office, to the Graduate School and campus student support units that are available to assist with student concerns across the spectrum of academic performance and personal challenges, including full access to the libraries, writing center, and career services. Academic advising is supported by the campus use of U.Achieve software, allowing the student and program director to easily monitor progress toward degree requirements and milestones.

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

All online programs undergo the same campus-level (and state-level) approval process as any other program on campus, including addressing within the application materials:

1) the role of faculty in the development, oversight, and teaching of the online program
2) the resources available for training and supporting faculty in regard to instructional technology
3) how courses will be taught using online technologies (e.g., synchronous, asynchronous, or a combination of both)
4) what technologies will be used to present material and evaluate the quality and authenticity of student work
5) how the program will provide students with clear, complete, and timely information on the curriculum, technological competence and equipment needed for the program, admissions criteria, financial aid resources, and cost and payment policies.

All evaluation procedures for approved online degree programs mimic those of our in-person programs, from student course evaluations, peer faculty evaluations, program advisory committees, and graduation and alumni surveys of students, including targeted questions for our online students/graduates. Those evaluation tools are examined in the same way as those of the in-person programs; all programs are held to the same standards and expectations. Faculty are provided access to a range of instructional development opportunities through our Teaching and Learning Transformation Center and Division of Information Technology, including exposure to innovative online pedagogies and technologies to support student learning. The Office of Extended Studies on campus provides additional administrative support for many online programs across the campus through monitoring student completion and other online metrics. Online program directors report on student outcomes and program performance to their department chair/unit head in the same way as in-person programs and are held to the same standards of excellence.

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

Educational outcomes are evaluated by faculty using a variety of formative and summative assessments, from exams and papers to projects and presentations. The approaches differ per course based on instructor expertise and approach, course content, and the specific learning objectives tied to each course. Because all courses, regardless of format, undergo both student course evaluations and faculty peer evaluations, unit heads have access to a variety of data points about the quality of course design, rigor of assessments, and the relevance of course content from student and faculty perspectives. Many instructors also use mid-course evaluations to allow for changes to delivery methods and techniques during a course offering.

Student course evaluations and faculty peer evaluations are reviewed in relation to broader student, graduate, and alumni surveys to provide insights into overall program trends, outcomes, and satisfaction with the educational experience. In particular, our commencement and alumni surveys capture experiences among students in both campus-based and online programs. When reporting survey results, we compare key data, such as the meaningfulness of their education for employment, among campus-based and online MPH students. This allows us to examine the relevance of their education specifically to ensure we are gaining insight into these online student experiences.

Data shown below come from our Spring 2021 alumni survey, which collected information from alumni who graduated between 2016 and 2020, which would include only graduates from the MPH in Public Health Practice and Policy concentration.

Table D19-2. Preparation for Employment among Campus-based and Online MPH Program Graduates		
	Campus-based MPH	**Online MPH**
Percent agreeing that skills learned from their SPH courses have been meaningful for their employment.	95%	91%
Percent agreeing that their SPH education provided them with the specific skills they need for their current job.	84%	67%
Percent agreeing that their SPH education prepared them broadly and intellectually to address job requirements throughout their career.	91%	92%

A targeted Graduate Learning Outcomes Assessment process was paused for several years at the campus level but is now being relaunched with a new structure to provide all programs (online and in-person) a structured approach to programmatic evaluation. While our school programs have performed such evaluations internally (separate from a campus requirement), as part of our typical evaluation and quality improvement process, the relaunch of this program will provide an additional avenue for engagement in a self-reflection process that will provide further insights into program quality. More information is provided here: https://gradschool.umd.edu/gloa

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

The University of Maryland uses the same identification and registration systems and processes for all programs, in-person, hybrid, and online, to assure student identity in admissions and throughout enrollment. After enrollment, UMD assigns a unique student ID number and separate Directory ID that forms the basis for access to all campus systems. The Directory ID becomes the core of the campus email system and the centralized login process for campus systems, including the learning management system (ELMS/Canvas). The campus also relies on multi-factor authentication (DUO) sign-in, requiring anyone logging into a campus system to confirm their identity using a second previously-enrolled device, thus requiring two levels of identity security. Any online examinations or other assessments through the Canvas learning management system would require this multi-factor authentication. ELMS/Canvas also has tools for enhancing assessment integrity (question banks; randomization; exam timing; Turnitin plagiarism detection software). The university has a dedicated unit studying innovations in academic technologies that is regularly monitoring novel approaches to improving the integrity of our campus systems. Finally, the university has policies and procedures in place for investigating suspected cases of academic dishonesty, including forensic inspection of network access and other technology use, should the identity of a student be called into question.

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

Strengths:

- The school has made a commitment to ensuring that our online programs are as high quality as our in-person programs. We work to ensure online students are engaged in school governance to the same extent as in-person students, and that online students are

asked specifically about their experiences as online students to ensure that we are maximizing the quality of those programs.

Weaknesses and Plans:

- We have made a concerted effort to distinguish online students in our program surveys to ensure we are seeing any differences in quality or outcomes and will continue to do so going forward.
- Online pedagogies and student expectations are changing rapidly as we emerge from the experience of the pandemic. We will necessarily be continuing to adapt our online programs to ensure the highest quality experiences.

E1. Faculty Alignment with Degrees Offered

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

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

1) **Provide a table showing the school'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.**

   See Table E1-1 below.

Table 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 C2-1**
Hector Ernesto Alcala	Assistant Professor	Tenure-Track	M.P.H. Ph.D.	University of California-Los Angeles University of California-Los Angeles	Community Health Sciences Public Health	Behavioral and Community Health
David Lawrence Andrews	Professor	Tenured	M.S. Ph.D.	University of Illinois-Urbana/Champaign University of Illinois-Urbana/Champaign	Sociology of Sport Sociology of Sport	Physical Activity
Elizabeth Marie Aparicio	Assistant Professor	Tenure-Track	M.S.W. Ph.D.	Catholic University of America University of Maryland at Baltimore	Social Work Social Work	Community Health
Amelia Arria	Professor	Tenured	Ph.D.	University of Pittsburgh	Epidemiology	Behavioral and Community Health
Rabiatu E Barrie	Assistant Professor	Tenure-Track	Ph.D.	Loyola University Chicago	Counseling Psychology	Maternal and Child Health
Bradley O Boekeloo	Professor	Tenured	S.C.M. Ph.D.	Johns Hopkins University Johns Hopkins University	Behavioral Sciences and Health Education Behavioral Sciences and Health Education	Behavioral and Community Health
Dina Borzekowski	Research Professor	Professional Track	M.S. M.Ed. Ed.D.	Columbia University Harvard University Harvard University	Communication; Computing and Technology Interactive Technology in Education Human Development and Psychology	Behavioral and Community Health
Michel Boudreaux	Associate Professor	Tenured	M.S. Ph.D.	University of Minnesota-Twin Cities University of Minnesota-Twin Cities	Health Services Research Health Services Research	Health Services Health Policy Analysis and Evaluation
Elizabeth Y Brown	Instructor	Professional Track	M.Ed. Ed.D.	Kent State University University of Houston		Physical Activity
Michael D Brown	Professor & Chair	Tenured	M.S. Ph.D.	California State University-Long Beach University of Maryland-College Park	Exercise Science Exercise Physiology	Physical Activity

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Kendall M Bustad	Lecturer	Professional Track	M.S. Dr.P.H.	James Madison University Morgan State University	Technical and Scientific Communication Public Health	Public Health Science
James Butler III	Associate Professor	Tenured	M.Ed. Dr.P.H.	Temple University University of Pittsburgh	Community Health Education Behavioral and Community Health Science	Community Health
Danielle Catona	Lecturer	Professional Track	M.A. Ph.D.	Pennsylvania State University Rutgers University	Health Communication Health and Interpersonal Communication	Behavioral and Community Health
Jie Chen	Professor	Tenured	M.A. Ph.D.	SUNY-Stony Brook SUNY-Stony Brook	Economics Economics	Health Equity Health Services
Cher M Dallal	Associate Professor	Tenured	M.P.H. M.S. Ph.D.	Yale University University of Southern California University of Pittsburgh	Chronic Disease Epidemiology Applied Biostatistics and Epidemiology Epidemiology	Epidemiology
Typhanye Vielka Dyer	Associate Professor	Tenured	M.P.H. Ph.D.	California State University-Long Beach University of California-Los Angeles	Community Health Community Health Science	Epidemiology Public Health Science
Mariana Karin Falconier	Associate Professor	Tenured	M.S. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Marriage & Family Therapy Family Studies	Maternal and Child Health
Jessica N Fish	Assistant Professor	Tenure-Track	M.S. Ph.D.	Perdue University-Calumet Florida State University	Couple and Family Therapy Family and Child Sciences	Maternal and Child Health
Negin Fouladi	Associate Clinical Professor	Professional Track	M.S. M.P.H. Ph.D.	University of Houston-Clear Lake University of Texas Health Science Center-Houston University of Texas Health Science Center- Houston	Biological Sciences Public Health Public Health Policy	Public Health Practice and Policy
Luisa Franzini	Professor & Chair	Tenured	M.S. Ph.D.	London School of Economics & Political Science London School of Economics & Political Science	Econometrics and Mathematical Economics Econometrics	Health Services Public Health Practice and Policy

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Craig Scott Fryer	Associate Professor & Acting Chair	Tenured	M.P.H. Dr.P.H.	University of Pittsburgh Columbia University	Health Services Administrative Sociomedical Sciences	Behavioral and Community Health
Rodolphe J Gentili	Associate Professor	Tenured	M.S. Ph.D.	University of Burgundy University of Burgundy	Biomechanics and Motor Performance Neurosciences	Physical Activity
Andrew Ginsberg	Lecturer	Professional Track	M.A.-Teach.	Manhattan College	Physical Education & Sport Pedagogy	Physical Activity
Sarah Glancy	Assistant Professor	Tenure-Track	Ph.D.	Arizona State University	Biology	Physical Activity
Jay D Goldstein	Lecturer	Professional Track	M.A. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Sports Psychology Kinesiology	Physical Activity
Rachel Elizabeth Rosenberg Goldstein	Assistant Professor	Tenure-Track	M.P.H. Ph.D.	University of Maryland University of Maryland-College Park	Environmental Health Sciences Toxicology and Environmental Health	Environmental Health Sciences
Rebecca A Gourevitch	Assistant Professor	Tenure-Track	M.S. Ph.D.	Harvard University Harvard University	Health Policy and Management Health Policy	Health Policy Analysis and Evaluation
Kerry M Green	Professor	Tenured	M.A. Ph.D.	University of Maryland-College Park Johns Hopkins University	Education, Human Development Health Policy & Mgmt	Behavioral and Community Health
James M Hagberg	Professor	Tenured	M.S. Ph.D.	University of Wisconsin-Madison University of Wisconsin-Madison	Physical Education Physical Education	Physical Activity
Bradley D Hatfield	Professor	Tenured	M.S. M.S.A. Ph.D.	Pennsylvania State University-All Campuses Ohio University-all campuses Pennsylvania State University-All Campuses	Physical Education Sports Administration Physical Education	Physical Activity
Xin He	Associate Professor	Tenured	Ph.D.	University of Missouri-Columbia	Statistics	Biostatistics

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Ghaffar Ali Hurtado Choque	Assistant Professor	Tenure-Track	M.Ed. Ph.D.	University of Minnesota-Twin Cities University of Minnesota-Twin Cities	Human Resources Development Work, Community, and Family Education	Maternal and Child Health
Seppo E Iso-Ahola	Professor	Tenured	M.S. Ph.D.	University of Illinois-Urbana/Champaign University of Illinois-Urbana/Champaign		Physical Activity
Devlon Nicole Jackson	Assistant Research Professor	Professional Track	M.P.H. Ph.D.	Florida International University Howard University	Health Promotion & Disease Prevention Communication and Culture	Community Health Behavioral and Community Health
Shannon Leigh Jette	Associate Professor	Tenured	M.A. Ph.D.	University of British Columbia University of British Columbia	Human Kinetics Human Kinetics	Physical Activity
Tim Kiemel	Associate Research Professor	Professional Track	M.S. Ph.D.	Cornell University Cornell University	Applied Mathematics Applied Mathematics	Physical Activity
Tanner Kilpatrick	Assistant Clinical Professor	Professional Track	M.S. Ph.D.	Texas A&M University University of Tennessee-Knoxville	Child and Family Studies	Maternal and Child Health
Evelyn Claire King-Marshall	Assistant Research Professor	Professional Track	M.P.H. Ph.D.	University of Florida University of Florida	Social and Behavioral Science	Behavioral and Community Health Public Health Science
Joanne C Klossner	Senior Lecturer	Professional Track	M.S. Ph.D.	University of North Carolina-Chapel Hill Indiana University-All Campuses	Athletic Training Curriculum Studies	Physical Activity
Cheryl L Knott	Professor	Tenured	M.S. Ph.D.	East Tennessee State University St. Louis University	General Psychology Applied/Experimental Psychology	Behavioral and Community Health
Sylvette Antonia La Touche-Howard	Associate Clinical Professor	Professional Track	M.A. Ph.D.	Andrews University University of Maryland-College Park	Education/Community Counseling Behavioral and Community Health	Public Health Science

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Mei Ling Ting Lee	Professor	Tenured	M.S. M.A. Ph.D.	National Tsing Hua University-Hsinchu University of Pittsburgh University of Pittsburgh	Mathematics Mathematics/Statistics Mathematics/Statistics	Biostatistics
Amy B Lewin	Associate Professor	Tenured	PsyD	Rutgers Univ-All Campuses	Clinical Psychology	Maternal and Child Health
Andrea Romeo Liberto	Lecturer	Professional Track	M.P.H.	University of Maryland-College Park	Kinesiology	Physical Activity
Hongjie Liu	Professor	Tenured	M.S. Ph.D.	University of California-Los Angeles University of California-Los Angeles	Epidemiology Epidemiology	Epidemiology
Tianzhou Ma	Assistant Professor	Tenure-Track	M.S. Ph.D.	Yale University University of Pittsburg	Biostatistics Biostatistics	Biostatistics
Elisabeth Fost Maring	Associate Clinical Professor	Professional Track	M.Ed. Ph.D.	Harvard University University of Maryland-College Park	Risk & Prevention for Adol. Youth Family Studies	Maternal and Child Health
Stephen R McDaniel	Associate Professor	Tenured	M.A. Ph.D.	University of South Florida Florida State University	Mass Communications Mass Communication	Physical Activity
Ross Herbert Miller	Associate Professor	Tenured	M.S. Ph.D.	Iowa State University University of Massachusetts-Amherst	Mechanical Engineering Kinesiology	Physical Activity
Donald K Milton	Professor	Tenured	M.D. M.S. Dr.P.H.	Johns Hopkins University Harvard University Harvard University	Medicine Occupation Medicine Public Health	Environmental Health Sciences
Mona Mittal	Associate Professor	Tenured	M.A. Ph.D. M.A.	Tata Institute of Fundamental Research Texas Tech University University of Rochester	Social Work Marriage and Family Therapy Clinical Investigation	Maternal and Child Health
Manouchehr Mokhtari	Professor	Tenured	M.A. Ph.D.	University of Houston University of Houston	Economics (Emphasis: Quantitative Economics) Economics (Emphasis: Econometrics & International Economics)	Maternal and Child Health

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Amy A Morgan	Assistant Professor	Tenure-Track	M.S. Ph.D.	University of New Hampshire Virginia Polytechnic Institute & State University	Marriage and Family Therapy Marriage and Family Therapy	Maternal and Child Health
Ronald Lee Mower	Lecturer	Professional Track	M.S. Ph.D.	University of Memphis University of Maryland-College Park	Human Movement Science Kinesiology	Physical Activity
Rianna Teresa Murray	Assistant Research Professor	Professional Track	M.P.H. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Environmental Health Sciences Toxicology	Environmental Health Sciences
Quynh Camthi Nguyen	Associate Professor	Tenured	M.P.H. Ph.D.	University of North Carolina-Chapel Hill University of North Carolina-Chapel Hill	Epidemiology Epidemiology	Epidemiology Biostatistics
Thu Thi Xuan Nguyen	Associate Professor	Tenure-Track	M.P.H. Sc.D.	University of North Carolina-Chapel Hill Harvard University	Epidemiology Social Epidemiology	Epidemiology
Devon Corcia Payne-Sturges	Associate Professor	Tenured	M.Eng. M.P.H. Ph.D.	University of Virginia Johns Hopkins University Johns Hopkins University	Environmental Engineering Environmental Health Sciences Environmental Health Sciences	Environmental Health Sciences Public Health Science
Aryn Phillips	Assistant Professor	Tenure-Track	M.P.H. Ph.D.	Harvard University University of California-Berkeley	Social & Behavioral Sciences Health Policy (Organizations & Mgmt)	Health Care Management
Steven J Prior	Associate Professor	Tenured	M.A. Ph.D.	Ohio State University University of Maryland-College Park	Sport and Exercise Science Exercise Physiology	Physical Activity
Robin Puett	Professor	Tenured	M.P.H. Ph.D.	Emory University University of South Carolina-Columbia	Behavioral Sciences Epidemiology	Environmental Health Sciences Epidemiology
Xuanzi Qin	Assistant Professor	Tenure-Track	M.P.H. Ph.D.	Emory University University of Minnesota-Twin Cities	Health Policy and Health Services Research Health Services Research, Policy & Administration	Health Services

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Sandra Crouse Quinn	Professor & Chair	Tenured	M.Ed. Ph.D.	American University University of Maryland-College Park	Sex Education Counseling Health Education, Community Health	Maternal and Child Health
Sushant Mohan Ranadive	Assistant Professor	Tenure-Track	M.S. Ph.D.	University of Illinois-Chicago University of Illinois-Urbana/Champaign	Movement Sciences Kinesiology	Physical Activity
M Sue Reynolds	Senior Lecturer	Professional Track	M.A. Ph.D.	East Carolina University University of Maryland-College Park	Health Education Health Education	Behavioral and Community Health
Jennifer D Roberts	Associate Professor	Tenured	M.P.H. Ph.D.	Emory University Johns Hopkins University	Environmental & Occupational Health Environmental Health Sciences	Physical Activity
Kevin M Roy	Professor	Tenured	M.A. Ph.D.	Northwestern University Northwestern University	Human Development & Social Policy Human Development & Social Policy	Maternal and Child Health
Zahra Saboori	Lecturer	Professional Track	M.P.H. Ph.D.	George Washington University University of Maryland-College Park	Community Oriented Primary Care Behavioral and Community Health	Behavioral and Community Health
Amir Sapkota	Professor & Chair	Tenured	Ph.D.	Johns Hopkins University	Environmental Health Sciences	Epidemiology
Amy Rebecca Sapkota	Professor	Tenured	M.P.H. Ph.D.	Yale University Johns Hopkins University	Environmental Health Studies Environmental Health Sciences	Environmental Health Sciences
Melvin Lamar Seale	Assistant Clinical Professor	Professional Track	M.A.T. D.H.Sc.	Marygrove College A.T. Still University of Osteopathic Medicine	Health Education	Health Care Management Public Health Practice and Policy
Neil Jay Sehgal	Assistant Professor	Tenure-Track	M.P.H. Ph.D.	University of California-Med Los Angeles University of California-Berkeley	Health Policy and Management Health Services and Policy Analysis	Health Care Management Health Policy Analysis and Evaluation

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Katherine Sharp	Associate Clinical Professor	Professional Track	M.P.H. Ph.D.	Emory University Kent State University-all campuses	Behavioral Sciences & Health Education Health Education and Promotion	Behavioral and Community Health
Edmond Shenassa	Professor	Tenured	M.A. Sc.D.	University of California-Los Angeles Harvard University	Developmental Psychology Epidemiology / Child Health	Maternal and Child Health
Jae Kun Shim	Professor	Tenured	M.S. Ph.D.	Ball State University Pennsylvania State University-All Campuses	Exercise Science Kinesiology	Physical Activity
Lori Ann Simon-Rusinowitz	Associate Professor	Tenured	M.P.H. M.A. Ph.D.	University of Michigan-Ann Arbor Whitworth University University of Illinois-Chicago	Public Health Applied Behavioral Science Public Policy Analysis	Health Policy Analysis and Evaluation Public Health Practice and Policy
J Carson Smith	Professor	Tenured	Ph.D.	University of Georgia	Exercise Science	Physical Activity
Nancy Gray Smith	Associate Clinical Professor	Professional Track	M.A. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Health Education Public and Community Health	Public Health Science
Kirsten Michelle Stoebenau	Assistant Research Professor	Professional Track	Ph.D.	Johns Hopkins University	Population and Family Health Sciences	Behavioral and Community Health
Marie Elizabeth Thoma	Associate Professor	Tenured	M.H.S. Ph.D.	Johns Hopkins University Johns Hopkins University	Biostatistics Reproductive and Perinatal Epidemiology	Maternal and Child Health
Stephen B Thomas	Professor & Director	Tenured	M.S. Ph.D.	Illinois State University Southern Illinois University-Carbondale	Health Education Community Health Education	Health Equity Health Services
Jamie Lynne Trevitt	Assistant Clinical Professor	Professional Track	M.P.P. Ph.D.	Georgetown University Johns Hopkins University	Public Policy Public Health	Biostatistics

Table 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 C2-1**
Kerry W Tripp	Principal Lecturer	Professional Track	J.D.	University of Notre Dame	Law	Maternal and Child Health
Paul C Turner	Associate Professor	Tenured	Ph.D.	University of Edinburgh	Chemistry	Environmental Health Sciences
Min Qi Wang	Professor	Tenured	M.S. Ph.D.	Florida State University Arizona State University	Psychology, Stress Management Statistics, Computer Programming	Behavioral and Community Health Biostatistics
Kellee White	Associate Professor	Tenured	M.P.H. Ph.D.	Columbia University Columbia University	Sociomedical Sciences Epidemiology	Health Equity
Sacoby Wilson	Professor	Tenured	M.S. Ph.D.	University of North Carolina-Chapel Hill University of North Carolina-Chapel Hill	Environmental Health Environmental Sciences and Engineering	Environmental Health Sciences
Dahai Yue	Assistant Professor	Tenure-Track	M.D. M.S. Ph.D.	Shandong University Peking University University of California-Los Angeles	Preventative Medicine Health Economics Health Policy & Management	Health Care Management Health Equity
Tracy Marie Zeeger	Associate Clinical Professor	Professional Track	M.P.H. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Public and Community Health Behavioral and Community Health	Behavioral and Community Health
Jo B Zimmerman	Senior Lecturer	Professional Track	M.S.	George Mason University	Exercise Science and Health Promotion	Physical Activity

2) **Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1-2. Schools 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.**

Table 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
Cynthia E Baur	Tenured	Professor & Director	1	M.A. Ph.D.	University of California-San Diego University of California-San Diego	Communication Communication	Behavioral and Community Health
Michael C Bazaco	Professional Track	Lecturer	0.25	M.S. Ph.D.	Virginia Polytechnic Institute & State University University of Pittsburgh	Food Science & Technology Epidemiology	Public Health Science
Sara L Bazaco	Professional Track	Lecturer	0.25	M.P.H. Ph.D.	University of Pittsburgh University of Pittsburgh	Public Health Epidemiology	Public Health Science
Jeffrey Beans	Professional Track	Lecturer	0.333	None			Public Health Science
Christie Alexis Chorbajian	Professional Track	Lecturer	0.218	M.S.	University of Massachusetts-Boston	Marriage and Family Therapy	Maternal and Child Health
Ashley Underwood Copeland	Professional Track	Lecturer	0.187	None			Maternal and Child Health
Elaine Eggleston Doherty	Professional Track	Research Professor	0.895	M.A. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Criminology Criminology	Behavioral and Community Health
Julie Fife Donney	Professional Track	Lecturer	0.25	M.P.H. Ph.D.	University of Montana University of Maryland-College Park	Maternal and Child Health	Maternal and Child Health
Michael Charles Dorothy	Professional Track	Lecturer	0.166	None			Physical Activity
Lauren Michelle Edelstein	Professional Track	Lecturer	0.25	M.A.	Georgetown University		Health Services

Table 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**
Asia Melena Ewell	Professional Track	Lecturer	0.265	M.S.	University of Maryland-College Park	Couples and Family Therapy	Maternal and Child Health
Jasmine Ferrill	Professional Track	Lecturer	0.461	M.S. Ph.D.	Northwestern University Florida State University	Marriage and Family Therapy Marriage and Family Therapy	Maternal and Child Health
Ian R Fothergill	Professional Track	Lecturer	0.25	None			Physical Activity
Michael Friedman	Professional Track	Lecturer	0.5	M.A. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Kinesiology Kinesiology	Physical Activity
Jennifer Rebecca German	Professional Track	Associate Clinical Professor	1	Ph.D.	University of Maryland-College Park	Biological Sciences	Environmental Health Sciences
Kevin W. Glasz	Professional Track	Lecturer	0.25	M.H.A. M.S. M.S.	Virginia Commonwealth University Air University National Defense University	Healthcare Administration Strategy Financial Management	Public Health Science
Cara Danielle Grant	Professional Track	Lecturer	0.5	M.Ed.	Bowie State University	Secondary Education	Physical Activity
Muhiuddin Haider	Professional Track	Clinical Professor	0.65	M.A. M.S. Ph.D.	Michigan State University University of Michigan-Ann Arbor University of Michigan-Ann Arbor	Communication Population Planning Population Education	Environmental Health Sciences Epidemiology
Jennifer R Hodgson	Professional Track	Associate Clinical Professor	1	M.P.H. Ed.D.	University of Maryland-College Park Frostburg State University	Public Health Education Professions	Public Health Science
Aysha Inam Jawed	Professional Track	Lecturer	0.25	M.S.W. M.P.H.	University of Maryland at Baltimore University of Maryland at Baltimore	Social Work Public Health	Public Health Science

Table 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**
Abdel Razak Kadry	Professional Track	Adjunct Professor	0.25	M.V.Sc. Ph.D.	Zagazig University Zagazig University	Toxicology Toxicology	Environmental Health Sciences
Jinhee Kim	Tenured	Professor	0	M.A. Ph.D.	Seoul National University Virginia Polytechnic Institute & State University	Home Economics Housing, Interior Design and Management	Maternal and Child Health
Dushanka V. Kleinman	Tenured	Professor & Associate Dean	1	D.D.S. M.S.	University of Illinois-Chicago Boston University	Dentistry Dental Medicine	Epidemiology
Kenneth W. Klotz	Professional Track	Senior Lecturer	0.333	None			Physical Activity
William Edward Knight	Professional Track	Senior Lecturer	0.25	M.A.	Old Dominion University	International Trade	Maternal and Child Health
Yan Li	Tenured	Professor	0.4	M.S. M.S. Ph.D.	Beijing Institute of Technology University of Nebraska-Lincoln University of Maryland-College Park	Animal Genetics and Breeding Statistics Survey Methodology	Biostatistics
Rosemary Schaffner Lindle	Professional Track	Lecturer	0.25	M.S. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Physical Education Exercise Physiology	Physical Activity Public Health Science
Leena Malayil	Professional Track	Assistant Research Professor	1	M.S. M.S. Ph.D.	Bangalore University University of Georgia University of Maryland-College Park	Microbiology Toxicology Toxicology	Environmental Health Sciences
Diana N Mayer	Professional Track	Lecturer	0.218	M.S.	University of Rochester	Marriage and Family therapy	Maternal and Child Health
Kerri McGowan Lowrey	Professional Track	Lecturer	0.25	J.D. M.P.H.	University of Maryland at Baltimore Johns Hopkins University	Law Health Policy & Management	Public Health Practice and Policy
Marjorie Ann Nightingale	Professional Track	Lecturer	0.5	J.D.	University of Maryland at Baltimore	Law	Maternal and Child Health

Table 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**
Priscilla Joy Novak	Professional Track	Lecturer	0.167	M.P.H. Ph.D.	George Mason University University of Maryland-College Park	Public Health Health Services	Public Health Science
Hyuk Oh	Professional Track	Assistant Research Professor	1	M.S. Ph.D.	University of Southern California University of Maryland-College Park	Computer Science Kinesiology	Physical Activity
Larry Plotkin	Professional Track	Lecturer	0.5	Doctor of Chiropractic	National University of Health Sciences	Doctor of Chiropractic	Physical Activity
Stephen M. Roth	Tenured	Professor & Associate Dean	1	M.A. Ph.D.	University of Maryland-College Park University of Maryland-College Park	Kinesiology Kinesiology	Physical Activity
Brit Irene Saksvig	Professional Track	Associate Clinical Professor	1	M.H.S. Ph.D.	Johns Hopkins University Johns Hopkins University	Health Science International Health	Epidemiology Physical Activity
Sandra L. Saperstein	Professional Track	Lecturer	0.6	M.S. Ph.D.	Boston University University of Maryland-College Park	Occupational Therapy Public and Community Health	Behavioral and Community Health Public Health Science
Christine Pegorraro Schull	Professional Track	Senior Lecturer	0.75	M.A. Ph.D.	Michigan State University University of Maryland-College Park	Child Development Family Science	Maternal and Child Health
Liann Nicole Seiter	Professional Track	Lecturer	0.259	M.S.	Brigham Young University	Sociology	Maternal and Child Health
Kate Jae Shin	Professional Track	Lecturer	0.166	M.S.	Florida International University	Hospitality and Tourism Management	Physical Activity
Mia A Smith-Bynum	Tenured	Professor	0.15	M.A. Ph.D.	University of Virginia University of Virginia	Clinical Psychology Clinical Psychology	Maternal and Child Health
Julia Steinberg	Tenured	Associate Professor	0.5	M.A. Ph.D.	Arizona State University Arizona State University	Psychology Psychology	Maternal and Child Health

Table 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**
Steven Tartakovsky	Professional Track	Lecturer	0.25	M.S.	California Polytech State Univ-San Luis Obispo	Mathematics	Public Health Science
Shanea P Thomas	Professional Track	Assistant Clinical Professor	1	M.S.W. M.E. Ed.D.	Howard University Widener University University of Southern California	Organizational Chance and Leadership	Behavioral and Community Health
Erica Rose Turner	Professional Track	Lecturer	0.25	M.A.	Virginia Polytechnic Institute & State University	Human Development	Maternal and Child Health
Lakeshia Mone'T Watson	Professional Track	Lecturer	0.25	M.P.H. Ph.D.	University of Illinois-Chicago University of Maryland-College Park	Community Health Epidemiology	Public Health Science
Calandra G Whitted	Professional Track	Lecturer	0.2	Ph.D.	Florida A&M University	Behavioral Sciences/Health Education	Behavioral and Community Health

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

Please find all CVs in ERF E1.3.

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

NOT APPLICABLE

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

Strengths:

- The school has a strong breadth and depth of faculty supporting the various academic degree programs across the school. The vast majority of faculty have terminal degrees in their area of expertise or have other exceptional background. Many are exceptional scholars, research, or practitioners and provide students with unique insights into public health-related careers and professional development.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools 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, schools 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.**

   Our School of Public Health includes and values faculty and staff members who effectively contribute their past and current substantive public health practice experience to the school's mission, including in their teaching, research, service, and policy development activities. Continuation of linkages with public health and community organizations by faculty have been encouraged, as has the appointment of affiliate faculty and guest lecturers who bring direct practice experience into the classroom. A more detailed look at our faculty experience with public health practice resulted from the activities of a 2021-2022 SPH Public Health Practice Steering Committee, convened by Dean Lushniak to "envision the future," assess our related public health practice activities, and inform the creation of a new office of public health practice and community engagement.

   Acknowledging that both faculty and staff member practice experience is essential to school activities, a 2021 school-wide survey explored the involvement of and support needs for faculty and staff involved in public health practice-related activities as part of their school activities and beyond. This survey provided a substantive understanding of the relationship between our school employees and public health practice and provided insight into the integration of faculty involvement in public health practice into curricula and student learning experiences.

   For the purposes of this survey, public health practice was defined using the 1998 ASPH definition, "Public health practice is the strategic, organized interdisciplinary application of knowledge, skills, competencies necessary to perform public health core functions," and referenced the 1988 IOM identified three public health core functions (assessment, policy development and assurance) and the 2020 updated 10 Essential Public Health Services. The overall response rate for TTK and PTK faculty was 50% (59% for TTK; 46% for PTK).

   We learned that faculty and staff members have extensive involvement in public health practice and contribute meaningfully to the student experience. Respondents reflected faculty and staff from all SPH units. Many faculty and staff had a public health practice focused degree (MPH: 27%; DrPH: 5%; CHES or MCHES certification: 5%; or other practice-focused degree: 17%). Several had clinical practice degrees with specializations related to public health.

   Altogether, details were collected for 225 public health practice activities undertaken by faculty and staff during the past two years. Most of these activities were current (75%), and more than half were partially or fully funded. Students at any level were involved in 57% of the activities. The majority of faculty respondents had some involvement in public health practice during the past two years, most commonly overseeing student experiences and direct involvement in practice themselves (97% of TTK and 81% of PTK faculty respondents).

Student-related experiences with these faculty included primarily a mix of internships, independent studies, and capstones. In some cases, these were internships/capstone experiences with a faculty member's funded projects, while other experiences occurred through work (current or previous) that the individual faculty member conducted outside of the school. Faculty also facilitated networking between students and various state agencies, federal agencies, and professional associations.

One-third of faculty respondents had taught a course that provided public health practice experience for their students. Numerous courses were named at both the undergraduate and graduate level. Of interest, reported courses (45 courses, 22 undergraduate and 23 graduate courses) go beyond internships and independent study and include courses in each unit.

Using the list of essential public health services, the most common category of "public health practice" activity reported by faculty was communication to inform and educate, followed by activities to strengthen, support, and mobilize communities and partnerships; improving and innovating through evaluation, research, and quality improvement; investigating, diagnosing, and addressing health programs and root causes; and assessing and monitoring population health. The reported activities represent each of the three public health core functions. Faculty (TTK and PTK) respondents reported activities related to each of the 10 essential public health services, whereas staff respondents were predominantly involved in practices related to building a diverse and skilled workforce, including preparing and developing students for workforce readiness.

Faculty and staff respondents listed more than 160 diverse community partners/organizations, ranging from partners on campus, to organizations and government agencies in Prince George's County and surrounding counties, all the way to international organizations, universities, and governments. While government organizations, including health departments were listed, the most common type of organizations included foundations, non-government organizations, or other non-profit entities.

The survey provided insights to future faculty and staff public health practice related plans and needs. The majority of respondents (94%) were interested in continuing their involvement with public health practice activities and identified the several categories of support that would be helpful to their public health practice activities. Specifically, more than 50% of faculty and staff respondents rated each of the following types of support and assistance they would find "very helpful": fostering and sustaining connections with community partners; funding - communications about funding opportunities and support for communicating effective with potential funders; communication – support for effective communication with policymakers and with community partners; continuing education for PHP skills, knowledge and best practices. Assistance with designing curricula/lessons that incorporate PHP was noted as "very helpful" by 48% of respondents.

The following table showcases the kinds of public health practice perspectives and experts engaging with our students, staff, and faculty as part of different instructional roles in the school.

Table E2-1. Public Health Experts in Instructional Roles

Faculty Name	Unit	School Role	Practice Experience
Dianna Abney, MD	Health Policy and Management	Adjunct Faculty	Health Officer for the Charles County Department of Health
Oscar Alleyne, DrPH	Office of the Dean	Guest Lecturer	Managing Director of the Public Health Division, Mitre Corporation

Table E2-1. Public Health Experts in Instructional Roles			
Faculty Name	**Unit**	**School Role**	**Practice Experience**
Steve Ault, MS	Epidemiology and Biostatistics; Public Health Science	Adjunct Instructor	Former Director with the Pan-American Health Organization
Cynthia Baur, PhD	Behavioral and Community Health	Professor and Center Director	Former Director within CDC
Michael Bazaco, PhD	Public Health Science	Adjunct Instructor	Epidemiologist, FDA
Sara Bazaco, PhD	Public Health Science	Adjunct Instructor	Deputy Science Team Lead at Noblis ESI
Andre Blackman, PhD	Office of the Dean	Guest Lecturer	Founder and CEO of Onboard Health
Gloria Blackwell	Office of the Dean	Guest Lecturer	UMD Director of Community Engagement
Alyssa Todaro Brooks, PhD	Public Health Science Program	Lecturer	Scientific Review Officer, NIH
Olivia Carter-Pokras, PhD	Epidemiology and Biostatistics	Professor Emerita and Adjunct Instructor	Former Director, DHHS Office of Minority Health; Advisor, MD Dept of Health
Kristin Cipriani, MA	Public Health Science	Program Director and Instructor	Former Program Manager with SHAPE America
Diane Dixon, EdD	Health Policy and Management	Adjunct Instructor	Managing Principal, Dixon and Associates
Muhiuddin Haider, PhD	Maryland Institute for Applied Environmental Health	Clinical Professor	Former Director for The Futures Group International
Alice Horowitz, PhD	Behavioral and Community Health	Professional-track Faculty	Senior Scientist, National Institute of Dental and Craniofacial Health (NIDCR)

Table E2-1. Public Health Experts in Instructional Roles			
Faculty Name	**Unit**	**School Role**	**Practice Experience**
Devlon Jackson, PhD	Behavioral and Community Health	Professional-track Faculty	NCI Health Communication Fellow
Thomas Johnson	Office of the Dean	Guest Lecturer	Regional Manager for the PGC 311 On the Go! Program
Chandria Jones, PhD	Public Health Science	Adjunct Instructor	Senior Scientist, NORC
Abdel Kadry, PhD	Maryland Institute for Applied Environmental Health	Adjunct Instructor	Former Director with the US EPA
Roderick King, MD, MPH	Health Policy and Management	Adjunct Faculty	Senior Vice President, and Chief Equity, Diversity, and Inclusion Officer for the University of Maryland Medical System
Woodie Kessel, MD, MPH	Dean's Office	Adjunct Instructor and Guest Lecturer	Former Assistant Surgeon General, USPHS
Dushanka V. Kleinman, DDS, MScD	Dean's Office	Professor and Associate Dean	Former Chief Dental Officer (RADM ret.), US Public Health Service Commissioned Corps; Co-Chair, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Healthy People 2030)
Sylvette La Touche-Howard, PhD	Dean's Office	Assistant Dean for Community Engagement	Prince George's County MD Health Department
Mark Luckner, MA	Health Policy and Management	Adjunct Instructor	Executive Director of the Maryland Community Health Resources Commission
Boris Lushniak, MD, MPH	Dean's Office	Dean	Former Acting Surgeon General, USPHS
Andre Markon, PhD	Public Health Science	Adjunct Instructor	Epidemiologist, FDA

Table E2-1. Public Health Experts in Instructional Roles			
Faculty Name	**Unit**	**School Role**	**Practice Experience**
Kathleen McPhaul, PhD	Maryland Institute for Applied Environmental Health	Professional-track Faculty	Former Occupational Health Manager at the Smithsonian Institution
Wesley Queen	Health Policy and Management	Adjunct Instructor	Coordinator, Legacy Leadership Institute
Jennifer Roberts, DrPH	Kinesiology	Associate Professor	Former Senior Scientist for Exponent
Irwin Royster	Office of the Dean	Guest Lecturer	Director for Outreach and Program Services at Planned Parenthood of Metropolitan Washington DC, Inc.
Sandra Saperstein, PhD	Behavioral and Community Health, Public Health Science	Lecturer	Former Project Director with Shattuck & Associates
Mark Scheckelhoff, PhD	Public Health Science	Adjunct Instructor	Project Officer, US Public Health Service
Anton Schneider, PhD	Maryland Institute for Applied Environmental Health	Adjunct Instructor	Senior Advisor in USAID
Heidi Schreiber-Pan, PhD	Kinesiology	Guest Lecturer	Nature Therapist, Chesapeake Mental Health Collaborative
Dennis Vacante, PhD	Kinesiology	Adjunct Instructor	Director, Children’s Developmental Clinic
Chris Waldrop, PhD	Public Health Science	Adjunct Instructor	Senior Scientist, FDA
Joseph Wright, MD, MPH	Health Policy and Management	Adjunct Faculty	Vice President and Chief Health Equity Officer, University of Maryland Medical System

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

Strengths:

- In 2022, the school launched the Office of Public Health Practice and Community Engagement as our primary new approach to providing faculty, staff, and student support for public health practice and service-related partnerships.

Weaknesses and Plans:

- While we have many faculty with expertise and experience in practice activities, we recognize that the school can better integrate their work and help establish impactful partnerships with community groups and organizations. The work that went into launching this new office was comprehensive and will provide considerable direction for the improvement of these activities, focused on students and faculty, across the school in the coming years.

E3. Faculty Instructional Effectiveness

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

The school supports professional development and advancement in instructional effectiveness.

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

Student course evaluations and peer faculty evaluations are both central aspects by which the university and school seek to improve teaching and learning, and the evaluation of courses and teaching effectiveness is an integral part of the culture in the school. Each semester, course evaluations are reviewed by academic unit heads, the Assistant Dean for Undergraduate Education, and Associate Dean for Academic & Faculty Affairs. Teaching evaluations are incorporated along with teaching portfolios in the promotion process for both professional- and tenure-track faculty. Teaching evaluations are also used in merit determinations and recognitions of meritorious teaching, and in determining which non-tenured lecturers and graduate teaching assistants continue in teaching positions. The school takes a formative and mentoring approach to working with academic units and individual faculty who fall behind the norm to ensure continuous instructional improvement, including such strategies as referral to the campus Teaching and Learning Transformation Center or the DIT Academic Technologies group.

<u>UMD Online Student Course Evaluations</u>
Across the University, student course evaluations are administered through a web-based system dubbed CourseEvalUM. Students are notified when the system is open for input each semester and then reminded to complete the evaluations until either the student has completed all course evaluations or the system closes for student input. The course evaluation system opens approximately two weeks before the end of the semester and closes on the study day prior to the beginning of final exams. Once evaluations are completed and summarized, students who leave no "Pending" evaluations in their Evaluation Dashboard each semester can view the aggregated results of a subset of universal evaluation response items online (identified as likely being of interest to students). Once the grade submission deadline for the semester passes, faculty members are able to review the summary of the evaluations for classes they taught. Administrators are able to view all questions answered by students in evaluating faculty teaching (as indicated, all these items are not available for student review). Course evaluations are taken seriously by academic unit heads, the Dean, and the university, and are considered at all stages of faculty performance review. The Assistant Dean for Undergraduate Education and the Associate Dean for Academic & Faculty Affairs closely monitor undergraduate and graduate course evaluation data and work with academic unit heads and faculty when areas of weakness are noted. At the time courses are scheduled, each academic unit can designate if more than one instructor of record for a course, including teaching assistants, should be evaluated. All instructors of record are assessed with the same instructor-specific items on the evaluation tool.

The CourseEvalUM system has been used since 2014 to assess all formats of courses, including face-to-face, blended, and online courses. Until 2022, there were 15 university-wide items included on the evaluation for all courses in each school across campus, one of which is an open-ended question inviting students to provide "Additional Comments (e.g., about course content/materials, teaching style, etc.)." In 2022, the university launched a revised set of 17 university-wide questions, including revised questions designed to minimize bias, better secure information that only students

can provide, and be more actionable for faculty. Many existing questions were reworded, and additional questions were added.

Peer Faculty Evaluations

Faculty peer teaching evaluations were added as a required element of the tenure-track faculty promotion process (APT) in 2015 and soon after for professional-track faculty. Colleges and departments were charged with developing procedures for ensuring faculty are reviewed by two or more peer faculty from within or outside the program. The school has taken the approach of using these observations as mentoring opportunities for our faculty. Unit heads work with faculty to identify appropriate peer faculty reviewers, who are often asked to perform the evaluation activity for multiple semesters, thus ensuring a prolonged period of instructional mentorship for each instructor. Faculty reviewers evaluate course syllabi, content, and materials in addition to the course delivery (in-person, online, lab-based, etc.) and provide feedback based on their own experience and professional development in instructional techniques. Typically, faculty reviewers will meet with instructional faculty 1-2 times per semester per course, then generate a summary letter of their entire experience for inclusion with promotion dossiers or other performance evaluation instruments. Instructors are required to have two such independent evaluators for promotion dossiers, and tenure-track faculty must include at least one tenured faculty at or above the rank for which they are seeking promotion.

Teaching effectiveness is further evaluated through the University's Learning Outcomes Assessment (LOA) initiative, the national standard for improving teaching and learning in higher education. Undergraduate programs engage in this process yearly, with graduate programs on a 2-year cycle, though with data collection expected every year. Not all faculty are evaluated in this process, but instructors in core/required courses often participate in this process over a 5-year period, providing an additional review opportunity for the faculty instructors, as well as an additional opportunity for professional development.

Table E3-1 outlines some of the student course evaluation data for school faculty over the past three years, on a 0–4-point scale.

Table E3-1. Course Evaluation Data for School of Public Health Faculty			
COURSE EVALUATIONS: MEAN STUDENT RATING OF…			
	FY2019	**FY2020**	**FY2021**
The instructor treated the students with respect	Undergraduate 3.67 Graduate 3.72	Undergraduate 3.67 Graduate 3.64	Undergraduate 3.69 Graduate 3.71
The instructor was well-prepared for class	Undergraduate 3.63 Graduate 3.58	Undergraduate 3.63 Graduate 3.46	Undergraduate 3.61 Graduate 3.57
The course was intellectually challenging	Undergraduate 2.90 Graduate 3.26	Undergraduate 2.89 Graduate 3.12	Undergraduate 3.11 Graduate 3.40
I learned a lot from this course	Undergraduate 3.24 Graduate 3.32	Undergraduate 3.3 Graduate 3.19	Undergraduate 3.38 Graduate 3.39
Overall, this instructor was an effective teacher	Undergraduate 3.49 Graduate 3.44	Undergraduate 3.51 Graduate 3.32	Undergraduate 3.51 Graduate 3.46
Overall average of the five metrics above	Undergraduate 3.39 Graduate 3.46	Undergraduate 3.40 Graduate 3.34	Undergraduate 3.46 Graduate 3.51

Course evaluation data for FY20 (2019-2020) includes only Fall 2019 data. Spring 2020 course evaluations were only made available to professors.

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

There are a variety of provisions for faculty instructional development at all levels of the university, the vast majority of which are available to all faculty regardless of appointment status or rank. The primary sources of support are from the campus Teaching and Learning Transformation Center (TLTC) and the Academic Technologies branch of the Division of Information Technology (AT-DIT). The TLTC provides a variety of workshops (https://tltc.umd.edu/instructors/instructor-support/workshops-instructors) and faculty development programs available to faculty across the campus and several school faculty participate in these activities. Similarly, AT-DIT holds workshops on academic technologies as part of their Learning Technology Institute and provides consulting for faculty around implementation of novel pedagogical tools (go.umd.edu/lti). AT-DIT has an SPH liaison staff member who is housed within the SPH Building two days a week to provide 1:1 consultation for faculty. The school also provides faculty with an instructional handbook and resources guide with information about all aspects of the instructional experience, along with contact information for the variety of offices an instructor might need as part of a teaching assignment.

Examples of participation by UMD SPH faculty of all types in instructional development activities include:

1. **Teaching Innovations Grants (2020-2021):** Several SPH faculty were awardees of a Teaching Innovations Grant program implemented by the campus in the early months of the COVID-19 pandemic to support innovations in online learning, especially for courses and instructors with limited prior experience in online pedagogies. Awardees included: Dr. Tripp (Family Science); Drs. Bustad, Sehgal, and O'Hara (Public Health Science); Dr. Zeeger (Behavioral and Community Health); Drs. Miller, Prior, Mower, Ginsberg, and Goldstein (Kinesiology); Dr. Fouladi (MPH PHPP); and Dr. La Touche-Howard (Dean's Office). The school also had several faculty submit course innovation proposals for a second round of funding announced for 2022-2023.

2. **TLTC Elevate (2015-2019):** Multiple school faculty (Drs. Bustad, O'Hara, and Roby) have participated in a (recently discontinued) TLTC faculty development program known as Elevate, in which faculty engage in a year-long learning community to revise an existing course and relaunch with enhanced pedagogies around active learning and student-centered techniques.

3. **Design Sprint Workshops (ongoing):** Many school faculty have participated in TLTC "Design Sprint" workshops, which provide new and experienced faculty of all ranks and titles with instructional design support across in-person, blended, and online course structures. The free program consists of four webinars, plus 1:1 instructional design support for faculty developing or revising course syllabi. The workshops rely on "backward design" principles, focusing on the development of quality learning outcomes that guide the choice of content, delivery mode, and assessments.

4. **Campus-based Workshops (ongoing):** School faculty participate in any number of ad hoc workshops and 1:1 consultations provided by TLTC and AT-DIT staff. Examples of recent TLTC workshops include: Metacognition: Teach Students How to Learn; Crafting Your Teaching Philosophy; Decolonizing Our Classrooms and Syllabi; and Active Learning Techniques for Large (and Small) Classes. Examples of recent AT-DIT workshops include: Panopto for Student Engagement; Facilitate Student Engagement with Piazza; and Solicit Student Feedback in ELMS-Canvas. All campus faculty are invited to participate in the campus' annual Innovations in Teaching and Learning Conference (https://itlconference.umd.edu/), which highlights innovations in teaching and learning from

campus staff and faculty. School faculty are often presenters as well as participants in this conference.

5. **Creating an Inclusive and Anti-Racist Classroom (2021-2022):** A two-part workshop series for school faculty addresses the importance and challenges of creating an inclusive and anti-racist classroom climate. The workshops provided information and suggestions for creating inclusive environments and having difficult conversations about race and racism within course spaces. Faculty included primary instructional and non-primary faculty who had opportunities for reflection and discussion about their concerns and fears in approaching such content and discussions within their courses. The workshop attracted ~20 different faculty from units across the school and was facilitated by staff from the campus Teaching and Learning Transformation Center. The workshops aided in helping our community to have concrete and tangible tools to apply to the classroom and beyond. Takeaways included best practices for incorporating DEIAB content in the classroom in an effort to make sure that those teaching are more aware of inclusive language versus problematic language and impacts of harm, regardless of intent.

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.

Faculty currency is addressed in multiple ways for our tenure-track and professional-track faculty. All faculty undergo the student course evaluation process and the peer faculty evaluations, as outlined in E3-1 above. All faculty also undergo annual merit evaluations within their unit, which include instructional performance metrics. All faculty with instructional duties are expected to demonstrate high-quality teaching performance as part of promotion reviews. Both the university and school provide regular teaching portfolio development workshops to assist faculty in showcasing their instructional activities and performance.

For tenure-track faculty, Assistant Professors participate in a mentoring plan that includes at least two other faculty in or outside the unit to discuss all manner of job performance, including instruction. Moreover, Assistant Professors undergo at least annual performance reviews with their unit head, which would include a discussion and reflection on student course evaluations, peer faculty evaluations, mentorship experiences, and other performance metrics. Assistant Professors also undergo a formal third-year review to ensure appropriate performance and trajectory for the tenure review. Unit heads have access to all course syllabi and course evaluations to ensure faculty are maintaining updated courses and performing at acceptable levels within their courses. Associate Professors similarly continue to receive mentorship as they progress toward promotion to the Professor rank and continue at least annual meetings with the unit head to review performance across the range of job expectations. Associate Professors and Professors undergo a post-tenure review process every five years to provide a formal review of performance across research, teaching, and service, including evaluation of course materials (teaching portfolio) to ensure continued currency in instructional activities. The post-tenure review is reviewed by the unit head and Dean, with a summary provided to the Provost.

For professional-track faculty, all faculty at the first- and second-tier ranks (of three tiers) participate in a mentoring plan that includes at least two other faculty in or outside the unit to discuss all manner of job performance, including instruction where relevant. Under school policy, faculty undergo at least annual performance reviews with their supervisor and/or unit head, which would include a discussion and reflection on course evaluations, peer faculty evaluations, mentorship experiences, and other performance metrics as appropriate to the job title. Unit heads have access to all course syllabi and course evaluations to ensure instructional faculty are maintaining updated courses and performing at acceptable levels within their courses. Instructional faculty proceeding with promotion reviews would provide a full dossier including a teaching portfolio that would be evaluated as part of the promotion process.

Additionally, all new courses and major course revisions are reviewed at multiple levels across the campus, including first at the program level, where a faculty committee will review the course syllabus, content, readings, and related materials to ensure currency before approval. Once approved at the unit level, both the school and the university also review the proposal to ensure high quality instruction before final approval and entry into the course catalog.

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

In 2015, the University of Maryland formally incorporated both peer faculty evaluations of teaching and a teaching portfolio into the required dossier elements for all tenure-track faculty proceeding with promotion reviews, significantly bolstering the importance of instructional performance as part of the promotion review beyond just student course evaluations (which are also required in the dossier). All units with tenure-track faculty have promotion guidelines with specific expectations for instructional excellence tied to successful promotion. Similarly, the school recently mandated those same portfolio and peer review elements be included within the professional-track faculty promotion (AEP) dossiers for faculty with instructional expectations, and also developed guidance for the review of those materials by promotion review committees. Thus, all faculty proceeding with promotion review within the SPH must undergo regular peer faculty evaluations of their teaching and develop a complete teaching portfolio, including a teaching statement, syllabi, examples of course materials and assessments, student course evaluations, and other materials relevant to their teaching performance and student learning. These materials are provided to all review levels, including program, unit head, school, Dean, campus, and Provost and President, as required for the particular rank. University resources are available in multiple venues for faculty to develop and enhance their teaching portfolios and the school provides 1-2 workshops per year for tenure- and professional-track faculty for portfolio development.

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.

Select at least three indicators, meaningful to the unit, with one from each listed category.

The school has selected the following indicators from the three categories; each is described in detail below:

- Faculty currency: Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
- Faculty instructional technique: Student satisfaction with instructional quality
- School- or program-level outcomes: Teaching assistants trained in pedagogical techniques

<u>Faculty currency: Annual or other regular reviews of faculty productivity, relation of scholarship to instruction</u>

Since 2018, UMD has required all tenure-track faculty to participate in a centralized annual faculty reporting system, including research and scholarship, teaching, mentoring, and service activities. In 2020 the system was opened to professional-track faculty as well, allowing unit heads to retrieve productivity data for all faculty within their units on an annual basis. Faculty complete these reviews in the spring for the prior calendar year, allowing for "end of academic year" reviews for all unit heads. These reviews also often coincide with merit reviews, which are also required for all faculty. Most unit heads use the annual review submissions as part of the merit review process, with faculty adding course evaluations and a brief narrative to the annual review material to form a packet that is used for the merit review process. Merit reviews occur whether or not merit money is available, ensuring regular engagement with the faculty about their productivity and currency in their field/sub-field. Finally, in addition to these annual reviews, all faculty are reviewed more thoroughly every 5 years or sooner, either as a formally required post-tenure review for tenured faculty or as part of contract renewal for PTK faculty.

Unit heads have considerable discretion in faculty instructional assignments based on faculty productivity and any changes in research focus, including the number of course offerings, types of offerings, class sizes, and content/focus. When a faculty member shifts research focus, teaching assignments can shift with that focus, ensuring strong currency of faculty expertise with the course, better ensuring a strong student experience. When a faculty member is not meeting expectations or demonstrating adequate productivity or alignment of scholarship to instruction, unit heads have several options, including mid-year reviews, changes in instruction or other job expectations, and ultimately termination if there is willful neglect of duties according to policy.
https://policies.umd.edu/policy/1afb7240-747f-4ca5-8446-38a1945f0e1a/

Table E3-5.a: Percent of Faculty who Completed the Annual Faculty Activity Report			
	FY2019*	**FY2020**	**FY2021**
Primary	84.8%	85.7%	90.7%
Non-Primary	n/a	87.5%	75.0%

*FY19 includes Primary TTK faculty only due to university-wide reporting requirements that year.

Faculty instructional technique: Student satisfaction with instructional quality

For the past several years, UMD SPH has surveyed graduating students about their satisfaction with many aspects of their experience as part of a degree program in the school, including satisfaction with instructional quality. The data in Table E3-5.b. below show survey results from the past three years. In general, approximately 90% of students agreed or strongly agreed that instructional quality was strong, including faculty preparation, and incorporation of both theoretical and practical knowledge.

Table E3-5.b. Commencement Survey Data on Graduate Students' Perceptions of Instructional Quality				
		2019-2020 Graduates	2020-2021 Graduates	2021-2022 Graduates
The faculty members who taught me were generally well-prepared to teach their courses.	Strongly agree/ agree	91.9%	92.4%	96.3%
	Strongly disagree/ disagree	8.1%	7.6%	3.7%
The courses I took in my concentration provided me with appropriate theoretical background.	Strongly agree/ agree	90.7%	92.4%	96.2%
	Strongly disagree/ disagree	9.3%	7.6%	3.8%
The courses I took in my concentration provided me with adequate practical knowledge and skills.	Strongly agree/ agree	88.0%	94.3%	88.7%
	Strongly disagree/ disagree	12.0%	5.7%	11.3%

Our data for undergraduate students is less granular owing to limitations in the undergraduate commencement survey instrument. Instead, relying on course evaluation data shown in Table E3-1, above, we see generally strong satisfaction with faculty instructional effectiveness (~3.5 on 4-point scale), preparation (~3.6 on 4-point scale), and respect for students (~3.7 on 4-point scale).

School- or program-level outcomes: Teaching assistants trained in pedagogical techniques

While the school has had a long-standing interest in preparing our teaching assistants (TAs) for their classroom activities, we relied heavily on either the campus Teaching and Learning Transformation Center or on the academic programs themselves for TA training. As our school has grown and our programs have become more interdisciplinary, we found that our TAs were inconsistently and, occasionally, inadequately prepared for success in the classroom. Moreover, in 2019 during the height of the COVID-19 pandemic, the TLTC canceled its annual TA training program, leaving our school and other campus units without a solid means of providing important pedagogical training for our many TAs.

Beginning in 2018, our school had launched an undergraduate TA (UTA) training program (UTEAM) to support some of our largest undergraduate courses as part of a broader initiative to provide enhanced support for student engagement and co-curricular preparation. That program includes asynchronous online and synchronous in-person guided instruction for UTAs while they engage in classroom support for school faculty. As many as 50 UTAs assist in classroom instruction every semester across the school.

Based on the strength of student, faculty, and administration feedback about the UTEAM program, we used UTEAM as the basis to develop the GATE program, Graduate Assistant Teaching

Excellence in 2021 focused on our graduate TAs. This is a school-wide, online, self-paced, modular program supported by optional in-person sessions that include discussion and role-playing. Online modules include content on policies and procedures, active learning, safe learning spaces, Bloom's taxonomy, growth mindset, and other topics. We launched the GATE program in the summer of 2021 with 92 returning TAs and 22 new TAs scheduled to support instruction in the Fall 2021 semester. Our goal is 100% participation of new/incoming TAs and 60% participation of returning TAs (refresher modules). For Fall 2021, all of the 114 TAs were given access to the training and 87% of TAs completed some aspect of the GATE program by the start of the semester. Of the 22 new TAs, 100% completed the online training modules in full for the Fall 2021 semester. Additional online training for the Canvas learning management system was offered to all of the students and 29 students participated in the training including 14 new TAs. The most visited modules of the GATE program included Understanding the Syllabus, Bloom's Taxonomy, Learning Environments, and Examples of Guided Learning. We are receiving positive feedback from TAs about the program and their confidence in the classroom as a consequence. We are beginning development of a similar program for faculty based on the early success of GATE.

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

Strengths:

- The school takes great pride in the quality of instruction we see across the breadth of our programs. Faculty take teaching seriously and quality instruction is part of our school's culture.
- The numbers of faculty engaged in teaching professional development is high and we see the results in strong student and peer faculty course evaluation metrics.
- We are particularly proud of our expansion of TA training and the UTEAM program as way to further enhance instructional quality and instructor effectiveness.

Weaknesses and Plans:

- With the launch of new university-wide student course evaluation questions in 2022, we will need a more nuanced analysis of comparison data using both old versus new questions. We expect it will take 1-2 years before we can transition fully to analyzing only the new questions.
- While the university and school have done well to incorporate both mentoring and peer teaching evaluations into promotion procedures and guidelines, the implementation of those practices falls largely at the unit level, and we see variability in the effectiveness of that implementation across different units. The school continues to make strides in improving supports for unit heads to ensure quality mentoring for faculty, in particular junior faculty, and effective and fruitful peer faculty evaluations of teaching performance.
- Our assessment of student satisfaction with faculty instructional technique has not been as detailed for undergraduate students as it has been for graduate students. The campus is piloting a more detailed student course evaluation instrument that will likely address some aspects of these questions, and the school will be incorporating more of these questions into our commencement surveys for undergraduate students. The undergraduate commencement survey is managed largely at the campus level, meaning the school has less ability to incorporate targeted questions of interest directly to the school.

E4. Faculty Scholarship

The school 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 school 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 school's definition of and expectations regarding faculty research and scholarly activity.**

   All School of Public Health faculty members are required to participate directly in research and/or scholarship activities that relate to the generation and interpretation of knowledge and its application to enhance the health and wellbeing of the public. The conduct and dissemination of meaningful, high-quality research is a primary goal of the school. Research and scholarly activity are an essential component of the school's stated vision, mission, and values and are highlighted in the school's 2018-2023 Strategic Plan:
   https://sph.umd.edu/sites/default/files/2021-04/2018-2023-UMD-SPH-Strategic%20Plan.pdf

   Goal 2 of the SPH Strategic Plan specifies the importance of leading and translating "innovative research into real world public health solutions," with an emphasis on translating "research findings into action to benefit population health," expanding opportunities for student involvement, and aligning our research activities with "urgent and emerging health challenges." The events of the last few years have clearly demonstrated the critical need for these areas of emphasis.

   The school's expectations are aligned with those of the university. Research and scholarly activities are among the three major components of the university mission. UMD shares the values and goals embedded in a university where there is a very high level of research activity. The university's Faculty Affairs website (www.faculty.umd.edu) describes the expectations for engagement "in high quality research, scholarship and creative activity" and provides examples of activity types based on the University's full-time faculty workload policy (https://policies.umd.edu/policy/0062cdc8-4642-40a0-9a2f-2b3b5b163648/).

   The University's commitment to research is exemplified by the research and scholarly expectations of tenure-track faculty for appointment, promotion and tenure (APT; https://faculty.umd.edu/apt-manual) and of professional-track faculty (with research expectations) for appointment, evaluation, and promotion (SPH AEP Policy documents). This commitment is also included within the three-year reviews for tenure-track Assistant Professors and five-year post-tenure reviews for Associate and Full Professors. The campus APT policy places a strong emphasis on research and scholarly work and states that "research, scholarship and artistic creativity are among the primary functions of the university." Each faculty member is expected to be engaged effectively and continually in such activities. The same is true of PTK faculty who have research as a job expectation, which is true of 44% of school PTK faculty. The university recognizes that contributions toward these research activities may vary from one field to another and emphasizes that academic units are responsible for developing and disseminating the criteria for evaluating these activities. The school's individual offer letter and faculty contract specify more detailed expectations upon appointment for each faculty member. These activities are an essential component of a faculty member's appointment and are reflected in the promotion (and tenure) guidelines for each school

academic unit for all faculty with research and scholarship expectations. These activities are rewarded through the university's system of merit, promotion, and tenure, as well as annual awards the school makes to faculty in recognition of outstanding performance in these areas. Policies governing research can be found on the Office of Research website: https://research.umd.edu/rco.

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

The university and school provide institutional support that perpetuates a culture of research and scholarly activities, exemplified by the investments in the support of research administration and facility infrastructure. The university and school provide support for faculty and graduate student research and scholarly activities through a variety of mechanisms, including ready access to funding opportunity announcements, training, and workshops to enhance research proposals, direct and personal proposal development support, centralized research pre-award administration, guidance and support for post-award management, seed grant programs, and research infrastructure support, etc.

The school follows the university research policies, procedures, and practices (https://research.umd.edu/). UMD research policies, procedures and practices are overseen by the Vice President for Research who directs the Division of Research. This Division includes offices that support and guide research conduct and administration, as well as committees and councils that connect this Division to each school and college (https://research.umd.edu/about/offices-councils-committees). The Research Compliance Office is directed by the Associate Vice President for Research Administration and includes the University's Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), Conflict of Interest (COI), Financial Conflict of Interest (FCOI), Export Compliance Office (ECO), Responsible Conduct of Research (RCR), and the Department of Environmental Safety. School of Public Health faculty and staff take part in the committees and councils and work closely with the Division of Research, especially with the Office of Research Administration (https://ora.umd.edu/) and with the Associate Vice President for Research Development (https://research.umd.edu/development). The school's Associate Dean for Research works closely with Associate Vice President for Research Development to connect faculty with central development services and to co-sponsor, co-fund and contribute to research support and training events. The school's faculty and graduate students, in addition to the support provided by SPH, have benefited from the recently launched targeted support for grant proposal development program by the Research Development team.

The Division of Research's Office of Research Administration (ORA) is the designated pre-award and non-financial post-award administration office. The Office facilitates the review and submission of all sponsored project proposals on behalf of the University, negotiates and executes agreements, provides the UMD community with education and training and helps administrators, researchers and leadership administer projects when grants, contracts and cooperative agreements are awarded to UMD. ORA's faculty guide (https://ora.umd.edu/resources/faculty-guide) provides an overview of key policies and procedures. Training also is provided for staff involved with research administration (https://ora.umd.edu/training). All school business managers and research coordinators are required to be certified. The school provides central research support and guidance for faculty, students and staff which complement and serve as the point of contact for ORA's services.

The school has invested in creating an environment that facilitates research and supports progress toward the school's strategic plan goals and objectives. The school's infrastructure includes a centralized pre-award research administration team (totaling four research administrators including the director, with extensive pre- and post-award management experience, of the Office of Research Administration), directed by the Assistant Dean for Finance and Administration. The Office provides oversight to ensure university and funding agency requirements, regulations and policies are met, ensures efficiencies for pre-award proposal management, and provides guidance for post-award management. This team is available to all faculty and students and also provides support for faculty, student and staff training sessions related to research management; targeted support for post-

award management; and support for the fiscal contributions for UMD-approved faculty research incentive awards and several interdisciplinary seed grant programs. Funding for the school's research infrastructure support activities come from a combination of state funds and indirect cost recovery.

The school's Associate Dean for Research works with the SPH Director for Research Administration, SPH Director of Information Technology, SPH Office of Planning and Evaluation team, Assistant Dean of Finance and Administration and the SPH Research Committee to provide guidance, coordination and general oversight for the school's research activities; connections with UMD lead research-related offices, colleges and schools, and with external academic, non-profit, private and government entities. The SPH Research Committee is a standing committee of the school's Plan of Organization and provides a forum for information exchange, clarification of new and existing policy compliance activities and related training, and for identification of approaches to enhance research and scholarship within each unit. With members from each SPH unit and center, the committee serves to facilitate cross-unit collaborations, inform early-stage research and scholarship plans, and provide advice to the Dean. These past two years have included a dedicated focus on the changing university and school-level review and approval of in-person and on-campus research in the context of the pandemic surges and required mitigation and laboratory/facility safety measures. During this time faculty and staff have demonstrated unique creativity in modifying and executing research methods and in their perseverance to continue their research, despite challenges on personal as well as professional fronts. While our COVID-related human subject research continued throughout this time frame, incrementally other human subject research restarted during the summer of 2021. Throughout this challenging environment, the SPH Research Committee provided a useful forum for rapid information exchange and updates.

The impact of the pandemic and other major events (awareness of structural racism and discrimination, climate change, economic constraints, and continued vulnerability of populations with chronic conditions) as well as the university leadership changes have further contributed to our research activities. Specifically, we have witnessed an exponential growth in faculty research proposal submissions, and a growth in graduate student proposal submissions. Our FY2022 research funding, $22.2M, is more than 3-fold from our founding year FY2007 ($7M).

We believe our research interests and disciplines prepared us for this moment in time. FY2021 is the first full year we have experienced the effect of the syndemics on our research portfolio. The attributes of our research portfolio [57% human subjects; 45% with community engagement; addressing health disparities (55%) and diversity issues (50%)] have positioned SPH faculty well to respond successfully to the growth of FOAs and to community needs and demands. We submitted more than 200 proposals during each of the last three fiscal years (FY20-FY22), with 208 proposals submitted in FY2022. FY2022 proposal numbers are up 19% from the pre-pandemic five-year average (FY15-FY19) of 175.

The school has continued and diversified its investment in faculty development and training for research proposal development, complementing the school's investment in research administration for pre- and post-award management. The School of Public Health Experiential Research Enhancement for Submission (SPHERES) program is a research development initiative for faculty who plan to submit a proposal within the next six months. The first SPHERES program was implemented in 2016 with a foundational focus on NIH research funding mechanisms, a remaining hallmark of the program. Based on participant feedback from the pilot program, training offerings were expanded to include the SPHERES Bootcamp, which supports faculty in the early stages of proposal development, and SPHERES 2.0, which focuses on the proposal resubmission process. The "bootcamp," a two week, three hours a day session, was held in 2017 for faculty in the early stages of preparing proposals. Each session includes a 60-minute interactive lecture and 2 hours are dedicated to writing, discussing proposal sections, and developing cohort relationships. In 2022 a more condensed version of the Bootcamp was provided in January. Sessions focused on faculty who have completed a previous SPHERES session and are planning to resubmit a proposal in the near future (SPHERES 2.0) have included a critical review of recent summary statements and

proposal revisions in response to the critiques. To accommodate participant interest in particular topics discussed during SPHERES, instructors developed the Competitive Intelligence and Specific Aims workshop, which is an abbreviated version of the larger SPHERES program. Since 2016, the School of Public Health has hosted several iterations of SPHERES, SPHERES 2.0., and the Competitive Intelligence and Specific Aims programs. Each cohort was expected to provide feedback on their experience to improve future iterations of the SPHERES program. We have monitored faculty involvement in and outcomes of these development programs. Assistant rank faculty have been the predominant participants, and during the 2021 to early 2022, the program has attracted graduate students as well.

The school provides enhanced support for research computing for both faculty and students. In addition to making sure the necessary hardware and software resources are available, the school's IT and research leaders work proactively and collaboratively to ensure support for drafting and implementing data use agreements and data management plans; tailoring and matching computing resources to specific project needs; providing guidance on data workflows; and, offering workshops and other informal educational opportunities for developing scientific programing and data science skills in common platforms such as SAS and R. SPH has plans to expand efforts and services in this area and looks for opportunities to integrate them with formal coursework.

In addition to the school's contributions to support faculty research and scholarship, each of the school's units provide additional support. These include formal mentors for junior faculty, fiscal support contributions to campus seed-grant program awards, liaisons to the campus IRB, mechanisms to extend research-focused workload, and various other supports, such as set-aside travel funds and research committees. The school's faculty members also are active in all aspects of the university and school research governance activities. The Dean participates in monthly research meetings with other deans and with the Vice President for Research; the Associate Dean for Research is a member of the University's Research Development Council; and school faculty contribute to leadership for multiple campus committees and annual events.

The Office of Faculty Affairs provides a UMD Startup Resources website (http://faculty.umd.edu/newfaculty/start.html) for new faculty that includes a new faculty checklist; information on the new faculty orientation program; teaching policies, guidelines and resources; benefits; relocation assistance; and dual career assistance, among other information. The Faculty Affairs website also provides direct links to information and resources for all faculty members on the use of library services and resources to support teaching and research; information technology (IT) support for teaching and research, including faculty development and training programs through the University's Division of IT; the UMD Division of Research; and a guide for mentors (and mentees) on faculty mentoring roles, responsibilities, and suggested topics for mentoring discussions. As stated above, however, faculty support resources and services available on campus are accessible to virtually all faculty irrespective of appointment title or status, including adjunct and non-tenure track instructional faculty. Faculty are also provided opportunities for professional development external to the university through sabbatical leaves, research development leaves, attendance at professional meetings, professional consulting, public service, professional development programs, and attendance at seminars and workshops. University policies clearly stipulate eligibility criteria for sabbatical leave, leave of absence and professional consulting.

Additional resources for faculty research and scholarship are competitively available through a variety of seed grants and related programs. Several of these programs, upon award, require contributions from the school and respective faculty unit. The UMD Division of Research's Maryland Catalyst Fund provides three funding categories: funds for new directions that support proof of concept awards, racial and social justice research awards and awards for collaborative partnerships, writing and creative work; big opportunity funds for support to develop large, high-visibility, funded research; and reinforcement grants that provide operating support for large externally funded research awards. The Vice President for Research, together with the Provost, also offers competitive "Independent Scholarship, Research and Creativity Awards" for faculty to

support their professional advancement. Additional examples of seed grant programs include the Brain and Behavior Institute (https://bbi.umd.edu/), the Maryland Population Research Center (https://www.popcenter.umd.edu) and the bi-campus MPowering the State initiative (https://mpower.maryland.edu/).

The UMD Division of Research provides routine timely updates to consolidated funding opportunity announcements (FOAs) from government, philanthropic, non-profit, and other agencies. SPH faculty are informed of these university services upon their appointment as well as of other services that provide tailored research funding announcements to faculty based on their areas of expertise and interest. At the SPH level, the Associate Dean for Research highlights FOAs of public health research relevance to SPH Research Committee members to share with their units and also selects specific FOAs for individual faculty based upon the faculty member's research plans and portfolio. Opportunities are often communicated through broad communications to all faculty, targeted emails and conversations with specific faculty and unit heads, and participation by the Associate Dean for Research in unit meetings and relevant faculty groups

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.**

Faculty from all units proactively offer opportunities for undergraduate and graduate student involvement in their research and scholarly activities and welcome requests from students. Students are informed of these opportunities initially at their orientation, with more specific details provided by each unit. Student research opportunities are highlighted on the school webpage and reference specific initiatives in the school and on campus: https://sph.umd.edu/student-opportunities/student-research-opportunities. Several undergraduate programs encourage research participation by offering up to six academic credits for a research independent study.

Formally, faculty incorporate student opportunities into the budget of their research grant proposals. Upon receipt of their awards, faculty announce these opportunities, specifying student rank, responsibilities, and salary, to recruit students to join their research team. The approach to student outreach for these announcements varies by individual project needs. At the same time, students are encouraged to seek out research opportunities. These may result in independent study projects, internship projects or volunteer experiences. Employment options for students vary by the type of funding mechanism and student role.

Students participate in the full spectrum of faculty research activities, ranging from literature reviews to laboratory and community-based data collection, analyses, and reporting, including contributions to presentations at professional conferences and peer-reviewed manuscripts.

The following examples reflect input from different units, including examples where faculty collaborate across units and disciplines, as well as examples for student experiences at different ranks.

Example 1
Faculty: Cher Dallal, Associate Professor, Department of Epidemiology and Biostatistics

Project Title: Biobehavioral Mechanisms of Breast Cancer Racial Disparities

Project Description: Racial disparities in breast cancer survival persist, with African American women experiencing worse breast cancer prognosis as compared to White women. Explanations for this disparity are complex but may include differences in the interrelationships between biological and behavioral factors. Increasing physical activity and reducing sedentary time are promising avenues for improving breast cancer survival. However, to date, our understanding of

these behavioral factors among breast cancer survivors is limited, particularly among African American women. This research project aims to assess patterns of physical activity and sedentary behavior among African American and White breast cancer survivors and biobehavioral associations between these potentially modifiable factors and metabolomic profiles, a biological snapshot of an individual's physiological state. Knowledge from this project will contribute to future survivorship strategies aimed at improving breast cancer survival among women overall and particularly among African American women.

Student Involvement: This project includes both graduate and undergraduate students who are paid and who provide support to, but are not limited to, data entry and management (i.e., reviewing double data entry discrepancies, medical record abstraction) and leading a literature review (co-first authors) focused on obesity phenotypes and metabolomic profiles. While undergraduate students began as volunteers, currently all were transitioned to hourly appointments. Several of these students have been working with this faculty member for about three years.

Examples of Student Outcomes: In addition to their research project activities, students were instrumental with helping pivot our in-person research activities to meet the rigorous safety precautions related to COVID (staying abreast of changing guideline and PPE requirements) and with facilitating in-person visits by assisting Dr. Dallal with participant appointment reminders and COVID screening prior to visits.

Students were also instrumental in publications. These are examples of where a doctoral student serves as the primary author:

Ghosh, R.*, Haque, M., Turner, P. C., Cruz-Cano, R., & Dallal, C. M. (2021). Racial and sex differences between urinary phthalates and metabolic syndrome among U.S. adults: NHANES 2005–2014. *International Journal of Environmental Research and Public Health*, *18*(13), 6870. https://doi.org/10.3390/ijerph18136870

Ghosh, R.*, Ogbenna, B., Traub, B., Pung, E., Brooks, Y., Lyu, A., & Dallal, C.M. (In preparation). Obesity phenotypes and metabolomic profiles.

Example 2

Faculty: Jie Chen, Professor, Department of Health Policy and Management

Project Title: Effect of Hospital and Community Care Coordination on Health Care Access, Quality and Equity among Individuals with Risk Factors or Diagnosis of ADRD. Sponsor: NIH-National Institute of Aging, R56AG062315, 1R01AG062315-01A1 (Chen, Jie, PI) (2018- present)

Project Description: The objective of the study is to examine the association between ACO model/care coordination practice and health care use for people with ADRD or risk factors for ADRD, including people receiving public housing support.

Student Involvement: Multiple doctoral students were involved in the study over several and overlapping years: Wang (since 2017), Benjenk (2017-2021), Barath (2017-2021), Amaize (2017-2021); Buchonogo (2021-). Students contributed to data analysis and publications.

Examples of Student Outcomes: Peer-reviewed papers included (*indicates doctoral student):

Barath, D.*, Amaize, A.*, & Chen, J. (2020). Accountable care organizations and preventable hospitalizations among patients with depression. *American Journal of Preventive Medicine*, *59*(1), e1–e10. https://doi.org/10.1016/j.amepre.2020.01.028

Benjenk, I.*, Shields, M., & Chen, J. (2020). Measures of care coordination at inpatient psychiatric facilities and the Medicare 30-day all-cause readmission rate. *Psychiatric Services*, *71*(10), 1031–1038. https://doi.org/10.1176/appi.ps.201900360

Chen, J., Benjenk, I.*, Barath, D.*, Anderson, A.C.*, & Reynold, C.F. (2021). Disparities in preventable hospitalization among patients with Alzheimer diseases. *American Journal of Preventive Medicine, 60*(5), 595-604. https://doi.org/10.1016/j.amepre.2020.12.014

Chen, J., Amaize, A.*, & Barath, D.* (2020). Evaluating telehealth adoption and related barriers among hospitals located in rural and urban areas. *The Journal of Rural Health*, *37*(4), 801–811. https://doi.org/10.1111/jrh.12534

Chu, J.*, Benjenk, I.*, & Chen, J. (2021). Incremental health care expenditures of the spouses of older adults with Alzheimer's diseases and related dementias (ADRD). *The American Journal of Geriatric Psychiatry*, *29*(5), 462–472. https://doi.org/10.1016/j.jagp.2020.09.020

Wang, N.*, Albaroudi, A.*, Benjenk, I.*, & Chen, J. (2021). Exploring hospital-based health information technology functions for patients with Alzheimer's disease and related dementias. *Preventive Medicine Reports*, *23*, 101459. https://doi.org/10.1016/j.pmedr.2021.101459

Wang, N.*, Albaroudi, A.*, & Chen, J. (2020). Decomposing urban and rural disparities of preventable ED visits among patients with Alzheimer's disease and related dementias: Evidence of the availability of health care resources. *The Journal of Rural Health*, *37*(3), 624–635. https://doi.org/10.1111/jrh.12465

Wang, N.*, Amaize, A.*, & Chen, J. (2021). Accountable care hospitals and preventable emergency department visits for rural dementia patients. *Journal of the American Geriatrics Society*, *69*(1), 185–190. https://doi.org/10.1111/jgs.16858

Example 3

Faculty: Amy Lewin, Associate Professor and Kevin Roy, Associate Professor, Department of Family Science

Project Title: Encuentros (funded by Annie E Casey Foundation)

Project Description: This is a promotoras-model rapid cycle trial intervention with community members (mothers, fathers, and high-school age youth in immigrant families from Salvador, Guatemala, and Honduras) to promote community mental health in Montgomery County Maryland.

Student Involvement: Three PhD students are working on pre/post quantitative data collection, life history interviews, analysis, and dissemination. Students have been engaged since March 2021 with Encuentros. Students are paid on an hourly basis or volunteer to facilitate focus groups and interviews.

Example 4

Faculty: Kerry Green, Professor, Department of Behavioral and Community Health

Project Title: Understanding the Aging Process of Urban African Americans Across the Life Course: Identifying Early Risk and Protection for Cognition and Health in Midlife (the Woodlawn Project)

Project Description: The Woodlawn Project is a unique longitudinal study spanning more than 50 years of data collection. This comprehensive study has followed nearly all children entering first grade in 1966 in Woodlawn, a low-income, predominantly African American neighborhood in Chicago (N=1242). Information from mothers, teachers, and official school, criminal, and death records are integrated with data from cohort members themselves to build a study that provides an invaluable opportunity to examine social adaptation and health over the life course for an understudied population. This one-of-a-kind dataset allows for in-depth exploration of both normative development and deviance, challenging assumptions of Black homogeneity and reframing the current deficit conceptualization, to focus instead on pathways to successful aging, cognitive functioning, health, and resilience. Recently, Dr. Green received two grants to continue work with this cohort. First, she was awarded an R01 from the National Institute on Drug Abuse (NIDA) to conduct secondary data analysis examining the life course interrelationship of drug abuse

and criminal system involvement and its impact on health. Second, she was awarded an R01 from the National Institute on Aging (NIA) to conduct another round of data collection with the cohort, focusing on cognitive, physical, and psychological functioning as the cohort members enter their 60s.

Student Involvement: Students at all academic levels play an important role in the Woodlawn Project. In recent years, two doctoral students were supported by multi-year graduate assistantships funded by the NIDA grant, including a diversity supplement awarded in 2018. These assistantships focused on data analysis and preparing manuscripts. Currently, both undergraduate and graduate students are assisting with the data collection funded by NIA. These students undergo in-depth training to be research interviewers. The students are responsible for recruiting participants and completing the 90-minute telephone interviews. These students are paid on an hourly basis. The students also attend team meetings, where they share valuable input that has been used to refine the research protocol.

Examples of Student Outcomes: Publications and presentations from the past five years with student co-authors are listed below (students noted with an asterisk).

Green, K. M., Doherty, E. E., Sifat, M. S.*, & Ensminger, M. E. (2019). Explaining continuity in substance use: The role of criminal justice system involvement over the life course of an urban African American prospective cohort. *Drug and Alcohol Dependence*, *195*, 74–81. https://doi.org/10.1016/j.drugalcdep.2018.09.033

Holder, S.*, Sifat, M.*, & Green, K.M. (2019, May). Effects of anxious mood on educational attainment among urban African-Americans. [Poster presentation]. Society for Prevention Research 27th Annual Meeting, San Francisco, CA.

Holder, S.*, Sifat, M.*, Green, K.M., & Kuo, C.* (2019, November). Role of anxious mood in the school to prison pipeline: Educational attainment and incarceration among urban African-Americans. [Oral presentation]. American Public Health Association 2019 Annual Meeting and Expo, Philadelphia, PA.

Holder, S.*, Sifat, M.*, Kuo, C.*, & Green, K.M. (under review). The role of adolescent anxious mood, marijuana use, and locus of control in the school to prison pipeline. *Education and Urban Society*.

Kuo, C.*, Ahn, L., Sifat, M.*, & Green K.M. (2020, July). Interaction between racial socialization, neighborhood disadvantage, and racism during young adulthood on midlife substance use with African Americans. [Poster presentation]. Society for Prevention Research 28th Annual Meeting, Virtual.

Sifat, M.*, Green, K.M., & Holder, S.* (2019, May). The relationship between social integration and suicidal ideation among African Americans in a longitudinal study. [Poster presentation]. Society for Prevention Research 27th Annual Meeting, San Francisco, CA.

Sifat, M.*, Green, K.M., Holder, S.*, & Kuo, C.* (2019, November). How family factors in childhood and adolescence influence suicidal ideation in midlife in an urban African-American cohort. [Poster presentation]. American Public Health Association 2019 Annual Meeting and Expo, Philadelphia, PA.

Sifat, M.*, Kuo, C.*, Yoo, J.H.*, Holder, S.*, & Green, K.M. (in press). Associations between family factors, social integration and suicidal ideation across the life course of an urban African American cohort. *Journal of Black Psychology.*

Sifat, M.*, Kuo, C.*, Green K.M. (2020, July). An examination of adolescent social factors in predicting midlife mental health outcomes in an African American cohort. [Poster presentation]. Society for Prevention Research 28th Annual Meeting, Virtual.

Zebrak, K. A.*, & Green, K. M. (2017). The role of young adult social bonds, substance problems, and sexual risk in pathways between adolescent substance use and midlife risky sexual behavior among urban African Americans. *Psychology of Addictive Behaviors*, *31*(7), 828–838. https://doi.org/10.1037/adb0000313

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.

The school's commitment to integrating faculty research and scholarship into student instruction is reflected in the formal courses as well as in our orientation and annual events. Incoming students receive both a school and unit level overview of faculty research resources with examples of ongoing studies recruiting student research members. Annually, the school hosts a "Public Health Research at Maryland" event, open to students, faculty and community partners that gives visibility to ongoing studies and facilitates collaborations and networking for future projects. This event is co-sponsored with the University of Maryland Baltimore campus and attracts students and faculty from various colleges and schools, as well as other academic institutions and public health/community organizations. Faculty have been encouraged to incorporate this event into their syllabi, assigning students specific requirements that align with their course content. This event also serves to catalyze interest in a spectrum of research and provides students with an opportunity to identify potential areas for independent study, or for their thesis or dissertation pursuits. Complementary to this annual event, and in addition to other school activities, the university hosts annual "research days" for undergraduate students and for graduate students.

Faculty integrate their research and scholarly activities and related experience into their instruction of students. For existing courses, this integration can take many forms, such as referenced examples; dedicated lectures; as a case study; or they use their research as a theme in a content-specific course. In some cases, faculty research experiences have catalyzed the development of new courses. In other cases, formal student research training initiatives have been strategically designed to immerse students into research activities of multiple faculty.

The following examples reflect the variety of approaches faculty employ.

Example 1

Faculty: Stephen Thomas, Professor, Department of Health Policy and Management and Director, Maryland Center for Health Equity

Integration: HLSA484: Redesigning Health Care: Developing a Clinic to Meet Community Needs
As part of his health equity research and scholarship, Professor Thomas has partnered with several non-profit organizations in the design of a new community-based health care organization. Specifically, he uses his research on health equity and his involvement in the Mona Center clinic in Temple Hills, MD, in his undergraduate course HLSA484 (Redesigning Health Care: Developing a Clinic to Meet Community Needs). Two sessions are held on-site at the Mona Center and the remaining sessions are taught in the University of Maryland's Academy for Innovation and Entrepreneurship. The course provides an opportunity for students to learn a key entrepreneurial skill, Design Thinking, while helping to build, reshape, redesign, and transform delivery of health care in the Mona Center, a community center and clinic in Prince George's County. Dr. Thomas leverages his research on a new, modern vision for a health and wellness clinic and embraces student involvement in designing, planning, and contributing to innovative programs, solutions, and processes to improve the clinic's ability to meet community and patient needs by addressing the social determinants of health as well as traditional clinical health status. Students in the class develop empathy for patients, providers, and other stakeholders, define problems, select a specific problem for intervention, understand problems based on stakeholder input, ideate, reframe, and suggest options to solve or address the problem, prototype solutions, test ideas, and make recommendations to inform implementation and ongoing measurement and monitoring of impact. The final assignment providing students' innovative solutions to community challenges is presented to the Mona Center stakeholders.

Example 2

Faculty: James Hagberg, Professor, Department of Kinesiology

Integration: Professor Hagberg is the PI and Director of two NIH-funded research training programs, both of which focus on training underrepresented and disadvantaged undergraduate students with research training. These programs provide essential cohort training with immersed research experiences with faculty research mentors from multiple disciplines. Brief descriptions and outcomes are provided for the University of Maryland School of Public Health **S**ummer **T**raining **a**nd **R**esearch (UM STAR) program, an active research training program with NIH/NHLBI funding since 2007; and the **A**ging, **D**iversity **A**nd **P**rofessional **T**raining (UM ADAPT) Program, actively funded by NIH/NIA since 2013. The unique aspect of this approach is the foundational training each student receives, followed by an immersion in faculty research. Both the student and faculty mentor cohort aspects of these training programs create a multi-disciplinary culture of research and allow for highlighting variations in research design and implementation.

The UM STAR program provides underrepresented and disadvantaged undergraduate students with two consecutive 10-week summers of research and career development training to enhance their potential to apply for and complete graduate degrees in biomedical and behavioral science relevant to preventing and treating cardiovascular disease. The aim of the UM STAR program is to increase diversity in the pool of individuals who ultimately choose careers in biomedical and behavioral research to reduce premature morbidity and mortality from cardiovascular and related diseases. UM STAR Trainees primarily focus on laboratory research closely integrated with that of their faculty mentor; in addition, trainees meet weekly to discuss research issues, set weekly goals, meet with various academic professionals for dynamic exchanges about graduate school issues, discuss classic research articles on cardiovascular disease, and take part in either Ethics-Related (first year trainees) or Research-Related (second year trainees) Training. Of the 90 UM STARs admitted to date, 43 have been African Americans, 30 Hispanic/Latinos, and 11 Native Americans, with 16 being disadvantaged (first generation college student in their family) (total to >90 as some are in more than one category). We are especially proud of the fact that ~40% of our UM STARs have come from HBCUs or very small schools. Of the 65 who have graduated, 10 are still in the process of applying for graduate/professional school, 21 have completed or are enrolled in PhD programs, 13 have completed or are enrolled in MD programs, 13 have completed master's degree programs, 4 are in other professional schools (physical therapy, nursing, veterinary, law), and 4 have not completed any postgraduate degrees.

The UM ADAPT Program provides underrepresented and disadvantaged undergraduate students enrolled at UMD with two consecutive years, including 2 academic years and 2 concentrated summer experiences, of research, ethics, and career development training to enhance their potential to apply for and complete graduate degrees in biomedical and behavioral sciences relevant to aging. This program has been funded by NIH/NIA since 2013. The aim of the ADAPT program is to eventually increase diversity in the pool of individuals who ultimately choose careers in biomedical and behavioral research relative to aging. For our first 27 UM ADAPT Trainees, 15 have been women and 12 men, 13 have been African Americans, 1 Hispanic/Latino, 4 Caucasians, and 9 Asians, with all of the Caucasian and Asian Americans being disadvantaged individuals. Furthermore, they have come from a wide range of science-based majors. Half of Trainees who have graduated are currently enrolled in graduate school, with all of them enrolled in aging-related programs; those not yet in graduate school plan to submit their applications in the near future.

Example 3
Faculty**:** Don Milton, Professor, Maryland Institute of Applied Environmental Health and Director, Public Health Aerobiology (PHAB) Laboratory

Integration: Dr. Milton has been running multiple large studies examining factors related to the transmission of SARS-CoV2, influenza, and other acute respiratory infections. He has integrated his research into classroom instruction for**:** MIEH309- Environmental Health Research. Both undergraduate and graduate students have been participating in the research activities in the PHAB lab. Undergraduate students can participate in the laboratory in various positions assigned based on their interests, background, and scheduling availability and receive credit for MIEH309. Students perform tasks such as: assisting in on-site sample collection from both participants and from environmental sampling, recruiting, and scheduling participants, processing and cataloging collected samples, and entering and analyzing data, among other tasks. Specific laboratory techniques employed include PCR, DNA/RNA extraction, cell culture, and various virological assays. While completing these tasks, students learn about the procedures used to protect research participants, such as informed consent and the function of an IRB, as well as getting hands-on experience with sample collection and analysis. Typically, up to 40 undergraduate students get hands-on training on research activities every semester through the PHAB lab.

Example 4
Faculty: Hongjie Liu, Professor, Department of Epidemiology and Biostatistics

Integration: Dr. Liu's philosophy is that there is a strong connection between research and teaching. Teaching is not about lecturing to students; it is about presenting theories, concepts, and empirical examples to students in a way that they can integrate information into their own academic and professional experience. Following this philosophy, he has integrated his research experience into teaching materials and used his research as empirical examples to illustrate complicated concepts and principles of epidemiology. He describes how his recent research during the pandemic has stimulated a new course:

"I have actively participated in research of the COVID-19 epidemic, modeling the trend of the epidemic, contract trancing, selection of effective intervention approaches, evaluation of public health measures, and publication of peer-reviewed papers with students as co-authors. Based on the need of the department and my research experience, I am developing a new course in Infectious Disease Epidemiology for graduate students. This new course focuses on the investigation of outbreaks, prediction of epidemiologic trends, and selection of effective intervention strategies. I will apply my research findings and experience into the course materials so that students will learn the principles of infectious disease epidemiology with empirical examples."

Example 5
Faculty**:** Amy Sapkota, Professor, Maryland Institute of Applied Environmental Health

Integration**:** Professor Sapkota directs the CONSERVE Center of Excellence (Mission: To facilitate the adoption of transformative on-farm water treatment systems that enable the successful use of recycled irrigation water on food crops.). The research and transdisciplinary approaches of CONSERVE are woven into the UMD Global STEWARDS NSF Research Traineeship Program graduate coursework, directed by Professor Sapkota. Specifically, CONSERVE research is also discussed and leveraged in experiential learning activities in MIEH690 and MIEH691. For example, in MIEH690 a panel presentation and discussion are organized with CONSERVE collaborators to relay the opportunities and challenges of conducting transdisciplinary research in a large team. In addition, in MIEH691 (a project-based data practicum) CONSERVE data are used to support some of the student-led, interdisciplinary projects.

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

Research and scholarship expectations are part of the school's stated mission, goals, and objectives. Research activities are recognized through the university's system of merit, promotion, and tenure, as well as annual awards the school makes to faculty in recognition of outstanding performance in these areas for both tenure-track and professional-track faculty. Tenure-track faculty are expected to spend at least 45% of their time in research activities unless they have administrative or other roles, and faculty can increase their time in research to as much as 80% total effort. Professional-track faculty vary in their research activities from 0-100% depending on the nature of their contract.

Each academic unit has created specific advancement/promotion criteria for research and scholarship for tenure-track faculty and the school has created specific promotion criteria for research and scholarship for professional-track faculty. These criteria are separate from the criteria for teaching and mentoring, service, or other areas of work. The promotion criteria serve to guide faculty preparation and annual reviews, and are used as the primary evaluation reference for tenure-track and research-focused professional-track faculty for external reviewers and for school- and university-level promotion review committees. Faculty incorporate example publications and other research artifacts as part of the promotion review process and describe the reputation of the publication outlets and impact as part of their dossiers.

The following is an excerpt from the Professional-Track Faculty Appointment, Evaluation, and Promotion Policy, setting the performance expectations and then listing the types of evidence faculty should consider for promotion within the research area: "The candidate will have demonstrated an exemplary record of contribution to a body of research and scholarship that is recognized by the profession and that has contributed meaningfully to the field. The level of contribution shall be appropriate to the title series, from leadership to support roles, with Research Professors having a sustained leadership role and national and international reputation as recognized by leading scholars in the field. The candidate's research activities must indicate evidence for continued meaningful scholarly contributions."

Typical outcome measures could include:

- Publications that make significant contributions to the field
- Publications in peer reviewed or non-peer-reviewed journals
- Publication of books, handbooks, textbooks, or chapters in textbooks
- Production of videos or other multimedia materials
- Technical reports or white papers
- Critical reviews of works by others
- Other such publications reflective of the faculty title and activities
- Invited talks and other presentations at local, state, regional, and national professional meetings, and workshops
- Presentations to other relevant stakeholders
- Design and implementation of data collection and management systems, sometimes requiring the supervision of staff
- Workshops offered for professional practitioners
- Professional consultation
- Evidence of sponsorship of scholarly work (e.g., grants, contracts, fellowships)
- Editorial contributions
- Review of articles submitted to professional journals
- Review of textbook/chapter materials
- Leadership or support of research activities appropriate to faculty title and rank (e.g., project coordination)
- Management of relationships with collaborative partners
- Establishing and sustaining new partnerships with stakeholders, community members, and other academic partners

- Innovation/initiation of new research projects
- Collaboration with other faculty members and/or students on published or funded research endeavors
- Awards/Honors or other external recognition related to research and scholarly activities

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 in the criteria, the school may add measures that are significant to its own mission and context.

The School of Public Health's research and scholarship activities are an essential and valued component of our overall mission, contributing to new knowledge and initiatives that promote health and well-being and providing an ongoing rich resource to inform our academic didactic and experiential programs and student experience. Our selected outcome measures provide general guidance to monitor our progress and are used to inform our internal research and scholarship infrastructure support activities (research administration, research resources, faculty, and student development, etc.) and the degree to which our activities are positioned to have potential impact on "real world public health solutions." Three measures are derived from our receipt of research awards, and one is based on submitted research proposals. Each of these measures is related to attributes that inform the approach to and capacity of the school's ability to support research that aligns with our vision and values.

We use the proportion of primary faculty who are participating in "formal" extramurally funded research awards as a basic indicator of research activity, realizing that we also have faculty who conduct research activities without funding, either in preparation for submission of new proposals, or as part of documenting and publishing from completed funded projects. Over the five-year period (FY18-22) we have seen an increase in this proportion at the school level from 57.6% to 65.4%. A similar increase is noted at the level of individual units. During this period, we have diversified our internal proposal development support for faculty, added to our central research administration staff, and recruited new faculty, some of whom have arrived with existing funded research. The SPH Research Committee also facilitates the identification of research support needs at early stages of research development and planning so actions can be taken. Concurrently, the university level Division of Research initiatives have been reconfigured and enhanced during this time period.

The number of grant application submissions provides a measure of demand/interest in the pursuit of research, and also reflects a measure of potential areas of funding announcements relevant to our faculty research interests. We have seen a substantial increase in submissions, mainly because of the response to the growth in "funding opportunity announcements" (FOA) related to the pandemic and syndemic response. The nature of our faculty research profile, and the focus on the public's health and community engaged research, positioned our school to be in a prime position to respond, so an increase was not unexpected. However, the degree of the increase was unexpected and perhaps was due to the combination of FOAs and downtime during the shut-down for on-campus and human subject research. In addition, this measure allows us to assess the demand on and capacity of our central research administration staff and determine/adjust human resource needs to support the substantive increase in proposals. In addition to the number, we also review proposal submission changes in funding sponsors, funding mechanisms and the rank of faculty members or graduate students submitting these proposals. These additional characteristics inform guidance and support for our faculty and graduate student research pursuits. Through the collective efforts of faculty and staff we successfully responded to the increased FOAs. We submitted more than 200 proposals during each of the last three fiscal years (FY20-FY22), with 208 proposals submitted in FY2022. FY2022 proposal numbers are up 19% from the pre-pandemic five-year average (FY15-19) of 175.

The proportion of community involved research projects measure includes research that is conducted in the community as well as community engaged, or community-based participatory research. We have seen growth in this measure beginning in FY2021 likely due to the increase in

grant submissions first noted in FY2020, many of which were in response to pandemic response related announcements. As mentioned in a previous section, we believe our research interests and disciplines prepared us for this moment in time. FY2021 is the first full year we have experienced the effect of the syndemics on our research portfolio. The attributes of our research portfolio for FY2022 (57% human subjects; 45% with community engagement; 55% addressing health disparities; and 50% addressing diversity issues) have positioned SPH faculty well to respond successfully to the growth of FOAs and to community needs and demands.

The fourth measure includes our total research funding. Our FY2022 research funding is more than 3-fold from our founding year FY2007 ($7M). This measure is commonly used by other colleges and schools and other academic institutions. As such this measure is used to inform comparisons as well as monitor our own award dollars and expenditures. The fluctuations reflect differences in award amounts and variation in funds allocation by funding sponsors. The increase in FY2021 again is due to the increase in successful awards from the enhanced number of grant proposal submissions in the previous year.

Table E4-1. Outcome Measures for Faculty Research and Scholarly Activities

Outcome Measure	Target	FY2020	FY2021	FY2022
Percent of primary faculty participating in research activities	75%	64%	65%	65%
Number of community-involved research projects	50%	57 (40.4%)	77 (45.6%)	79 (45.1%)
Number of grant submissions	n/a	248	231	208
Total research funding (Dollar amount and percent change from previous fiscal year)	10% increase annually	$16,157,543 ▼ 18.3%	$22,491,620 ▲ 39.2%	$22,162,354 ▼ 1.5%

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

Strengths:

- The school has continued to invest in a strong centralized SPH pre-award research administration and has benefited from additional support from the university. The school also provides fiscal, facility and research support for faculty and students.
- Faculty and heads of academic units promote student involvement in research through their courses, unit activities and school-wide and university research functions.
- The school has demonstrated its ability to respond to and effectively address emerging public health issues by building upon its existing trusted relationships with community partners and stakeholders and faculty expertise and collaborations.

Weaknesses and Plans:

- We see a need for more systematic funding of dissertation-related research for students, including NIH-based and similar dissertation fellowships. There is also difficulty in funding CBPR projects, as these are not traditional to typical federal funding streams. This will require engaging in more foundation dollars to support this kind of research. These conversations are on-going with our Assistant Dean for Development and our Associate Dean for Research and other school leadership.
- With the increase in our research awards, we plan to increase and centralize aspects of post-award management support.

E5. Faculty Extramural Service

The school 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 school'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 school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

   Service is part of the faculty's expected workload (averaging a 10% effort for TTK faculty; service is more variable for PTK faculty), as outlined by University System of Maryland policies, as well as the policies of the university (https://policies.umd.edu/policy/0062cdc8-4642-40a0-9a2f-2b3b5b163648/) and the expectations of the school. In fact, the school has a more fundamental commitment to service due to its focus on promoting public health and eliminating health disparities. Collectively, these policies and expectations provide specific guidance on faculty involvement in service. While service specific to the school and university, such as contributions to committees and administration, is highly valued, the policies for the university and school call for a broader scope of service that encompasses service activities as defined by CEPH, including professional and community service. Faculty service activities are documented annually by the University's Faculty Activity Report (FAR) and Outside Professional Activities (OPA) Report. The FAR report encompasses all aspects of faculty service, while the OPA Report focuses on professional and community service activities outside of the university.

   Faculty service includes a wide range of activities at local, state, national and global levels. As expected, faculty activities include serving on funding agency study sections to review grants and as peer reviewers for professional journals. In addition, faculty are active members of community, professional and government advisory committees, editorial boards of peer-reviewed journals, boards of relevant public health-related organizations, and provide testimony and technical assistance to state and federal agencies and legislative bodies. These activities reflect the extent to which our faculty members are active in the dissemination of research, the demand for their expertise, and serve as a model of professional practice for the students. All these activities are consistent with university guidelines and expectations.

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

   The school's service activities continue to benefit from academic unit leadership and have been complemented by the enhanced central infrastructure provided by the school-wide centers. These centers, each informed by their own community-based advisory boards, provide technical assistance, undertake the creation and management of events, foster community partnerships, provide training sessions, and offer a range of opportunities to enhance communities in Maryland and beyond through both service and research activities. Moreover, the school's Community Advisory Council, comprising outside professionals with linkages to various community groups, provides advice and opportunities for faculty and students to engage in community-focused service activities. The school continues to fulfill and expand upon UMD's land-grant mission by increasing the number, scope, and impact of collaborative community partnerships and health outreach activities. In particular, during the COVID-19 pandemic, the school's engagement with area front-line agencies expanded markedly, providing numerous opportunities for faculty and students to participate in meaningful service activities. In 2022, the school launched the Office of Public Health

Practice and Community Engagement as our primary new approach to providing faculty, staff, and student support for service-related partnerships.

Beyond the school, the university's Office of Community Engagement provides opportunities for service involvement and works with each school and college (https://oce.umd.edu/). The annual University-wide event, Maryland Day (https://marylandday.umd.edu/) is a structured event that brings communities to the campus to showcase the breadth and depth of the University's service, academic and research activities.

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

SPH faculty, students and staff from all academic units and centers are engaged in sponsoring hands-on activities and service for the community. School, academic unit, center, and faculty-led partnerships with community-based coalitions, professional organizations, non-profit organizations, and federal, state, and local health agencies also extend the school's service activities. Here are examples of faculty-led extramural service activities that are integrated into classroom instruction.

1. Dr. Stephen Thomas, Professor in Health Policy and Management, has long-standing service partnerships with a number of community organizations in the region. He has incorporated those service connections into an innovative course for undergraduate students, HLSA484 - Redesigning Health Care: Developing a Clinic to Meet Community Needs. This course provides an opportunity for students to learn a key entrepreneurial skill, Human Centered Design Thinking, while helping to build, reshape, redesign, and transform the delivery of health care at the Susan D. Mona Center for Health and Wellness, a community center with a medical, dental, and legal clinic in Temple Hills, Prince George's County, MD. The clinic is a community-based provider of primary care, dental care, and wellness services, partially designed by faculty and students from HLSA484 and operated by the Archdiocese of Washington and Catholic Charities in partnership with staff and physicians from Doctors Community Hospital responsible for population health in this geographic location. Over 50 students per year participate in this unique service-oriented course.

2. Dr. James Butler has had a long-standing research and practice relationship with area community health agencies. His work with Comfort Cases opened an opportunity to bring this experience into the classroom. The non-profit organization, Comfort Cases, provides essentials (e.g., blankets, pajamas, toiletries, etc.) to children in the DC-MD-VA foster care system via receipt of one small suitcase or backpack – The Comfort Case – filled with these essential items. Comfort Cases wants to end the demoralization associated with having these children carry their belongings in a trash bag when transitioning from home to home. Each student enrolled in Personal and Community Health (HLTH140) writes an inspirational letter to the recipient of the Comfort Case, packs at least one Comfort Case during the class-wide "packing party", and writes a service-learning reflection paper. HLTH140 is the first course in the Department of Behavioral and Community Health to integrate a service-learning project into a campus-wide course that includes students representing up to 30 UMD majors every year.

3. Dr. Sylvette La Touche-Howard supports the Prince George's County Health Department in a variety of ways, including supporting committee work on vaccinations and program assessment and planning, and she served as the Qualitative Expert for the county's 2019 Community Health Assessment. Dr. La Touche-Howard teaches SPHL100, Foundations of Public Health, which is required for every undergraduate in the school. Within her course,

she invites colleagues from the health department to serve as panelists for the “Coffee and Chat with the Experts” segment of the course, which provides insights into career options and current public health topics. Dr. La Touche-Howard also incorporates her health department work into class topics, including infectious disease, health communication, and data collection and analysis. Students are also educated about the goals and objectives of the county’s coalition workgroups (Health Equity, Behavioral Health, and Healthy Eating Active Living) and encouraged to join or attend any of the workgroup meetings and become more involved in supporting public health activities in the county. College Park is located in Prince George’s County, allowing more ready access for students interested in pursuing such activities.

4. Dr. Sacoby Wilson’s Community Engagement and Environmental Justice and Health research group is one of the most engaged community service and public health practice groups in the school. For over 10 years, Dr. Wilson and his team have provided technical assistance and support to communities across the Washington DC region and other parts of the country in the following areas: 1) needs assessments, 2) environmental monitoring and mapping, 3) community science, 4) capacity building and advocacy training, 5) built environment surveys, 6) guidance on policy review, development, and implementation, 7) agency and policymaker outreach, 8) environmental health and safety information, and 9) other activities. Dr. Wilson has leveraged those partnerships into an expansive internship and training program for undergraduate students. Students earn internship credit toward their degree while engaging in service- and practice-oriented projects for partner communities. Dr. Wilson is expanding this program to launch a summer training program for students nationwide, who will learn about community engaged research including community science and technologies that can be used for engagement, assessment, and solutions within the lens of environmental justice and health. Dr. Wilson also incorporates his service activities into his courses MIEH330 (undergraduate) and MIEH770 (graduate), Environmental Justice, Built Environment, and Health Disparities, where he is able to leverage his service activities into content and skills for students interested in environmental justice issues.

5. On Earth Day 2019, two Kinesiology faculty members, Dr. Jennifer Roberts and Dr. Shannon Jette, launched NatureRx@UMD, an initiative that emphasizes the natural environmental benefits interspersed throughout and around the UMD campus in an effort to address the array of health and well-being issues faced by the students and greater campus community. NatureRX@UMD is informed by the growing body of scientific evidence illustrating the mental health benefits of spending time in green spaces and engages multiple community collaborators (Park RX America; College Park ParkRun; Prince George's County Parks and Recreation) as well as campus partners (UMD Arboretum and Botanical Gardens; Community Learning Garden; UMD RecWell; UMD Student Affairs; Landscape Architecture; UMD Health Center and Counseling Center). The NatureRX@UMD initiative is also being leveraged to provide students enrolled in KNES602, Physical Activity Program Planning and Evaluation, with the opportunity to apply course concepts and skills to a forest therapy activity (part of the NatureRX@UMD initiative). KNES602 students design and implement an evaluation of the forest therapy activity.

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.

Select at least three of the following indicators that are meaningful to the school. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

School faculty serve as members of state health commissions and task forces; advisors to non-profit organizations, county, state and federal agencies, faith-based organizations, and professional organizations; and workshop leaders for professional organizations. They are invited to provide testimony and technical input on a range of issues to legislative and policy-making bodies. Faculty expertise is sought by organizations on topics such as data measures, environmental issues, mental health, aging, curriculum for health professions schools, health literacy, health equity, research agenda development, teen dating violence, and physical activity. Faculty have active roles with their respective professional associations. About one fifth of the faculty serve as elected officers or executive board members of professional organizations. Others chair or serve as members of professional society committees or task forces. In addition, the school's faculty serve as members of community-based organizations and/or community advisory boards. These organizations include local and state entities, such as schools, health care groups, non-profit groups, and state coalitions. Specific service indicators include:

Table E5-4.a. Percent of primary instructional faculty participating in extramural service activities, by fiscal year

FY2019*	FY2020	FY2021
100%	94.3%	92.2%

*FY19 includes TTK faculty only due to university-wide reporting requirements that year.

Table E5-4.b. Number of externally-funded community-based service awards, by fiscal year

FY2020	FY2021	FY2022
34	49	51

Table E5-4.c. Award dollars for externally-funded service awards, by fiscal year

FY2020	FY2021	FY2022
$7,190,277	$10,926,210	$7,378,096

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

Service expectations are part of the school's stated mission, goals, and objectives, and are included in the promotion criteria for all units in the school for tenure-track faculty. Service is also an expectation for at least half of our professional-track faculty as well (as defined by dedicated percent effort within their contracts). For faculty with service expectations, the units or school have outlined specific criteria that must be demonstrated as part of promotion review. For example, the following is an excerpt from the tenure and promotion criteria for the Department of Epidemiology and Biostatistics, which mirrors the language for the other units in the school:

> *Service*
> A candidate for promotion and tenure to the rank of Associate Professor should have established a commitment to the Department, University, and profession through participation in service activities. Service activity is expected of all faculty. The expectation is that this service will be excellent in its quality and quantity. Among the indicators of excellent service are the following:
>
> - Service to the Department, such as administrative appointments and membership on departmental or institute committees, evidence of time spent on committee functions
> - Service to the School of Public Health, such as membership on committees
> - Service to the profession, such as review of manuscripts, editorial board memberships, editorships, grant proposals, conference proposals, participation in professional society committees, leadership roles in professional association,
> - Service to the community, such as international, national, regional, state committees, commissions, boards, and/or panels

In addition to promotion reviews, service is a required reporting element annually for all faculty and service performance is reviewed annually by unit heads and supervisors. Those annual reviews contribute to contract renewals for professional-track faculty, faculty merit considerations, as well as annual awards SPH makes to faculty in recognition of outstanding performance in service-related areas.

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

Strengths:

- The school is proud of the strong faculty commitment to professional service and public health practice. Community-based research and practice is a critical element of our school's activities, and this shows in how faculty integrate service into their courses and other instructional activities. Our new Office of Public Health Practice and Community Engagement will further enhance our training, service and research related to public health practice and community engagement.

F1. Community Involvement in School Evaluation and Assessment

The school 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 school 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.**

   SPH has a number of opportunities for constituent input and benefits enormously from the advice and feedback provided by these stakeholders. An overview of these groups is provided below.

   Dean's Council
   The SPH Dean's Council, established in fall 2017, provides strategic advice to help the school achieve its mission: to inspire fearless ideas that promote health for all. The members are an engaged, strategic, informed and invested group of volunteers who provide senior-level advocacy for, and service to the School of Public Health. They share advice, counsel, perspective, connections, and the provision of support to the Dean of the school.

Table F1-1.a. Dean's Council Membership	
Name	**Title**
Barbara Alving, MD	Research Professor, UMD; Professor of Medicine, USUHS
Gail Bassin, MA	Community Volunteer
Bonnie A. Beavers, JD	Community Volunteer; SPH Campaign Cabinet Member
Andre Blackman, BS	CEO, OnBoard Health
Maureen Bryant, BS	Founder, Spontaneity, Inc.
Brian C. Castrucci, DrPH, MA	President & CEO, de Beaumont Foundation
Pamela I. Clark, PhD	BCH Research Professor Emerita
Robb Cohen, MBA	Community Volunteer; SPH Campaign Cabinet Member
Tom Cove, MPA	CEO, Sports and Fitness Industry Association
Cory Easton, MBA	Co-Founder, Partner & Chief Sales Officer, Confidio
Deborah L. Gebhardt, PhD	Principal Scientist, HumRRO
J. Nadine Gracia, MD, MSCE	President & CEO, Trust for America's Health
Alice M. Horowitz, PhD, MPH	BCH Associate Research Professor
George L. Leventhal, PhD	Director, Community Health for Washington D.C. and Suburban Maryland Kaiser Permanente

Table F1-1.a. Dean's Council Membership	
Sarah Lenz Lock, JD	Senior Vice President for Policy and Brain Health, AARP
Neil Meltzer, MPH, MHA	President/CEO, LifeBridge Health
Robin Mockenhaupt, PhD, MPH, MBA (Chair)	Dean's Council Chair; Independent Consultant in Philanthropy and Non-profit Management
Mark Powers, BA	Co-Founder, Powers Companies
Monica Schmude, BA	Market President, Cigna Mid-Atlantic
Veda E. Ward, PhD	Professor, California State University, Northridge
Ed Woods, BS	CEO, TerpSys

Community Advisory Council
The Community Advisory Council plays a valuable role in connecting the University of Maryland School of Public Health to the broader community. The SPH benefits from the time and expertise provided by our well-rounded and diverse council.

Table F1-1.b. Community Advisory Council Membership	
Name	**Title**
Dianna Abney, MD	Health Officer, Charles County Department of Health
Uma Ahluwalia, MSW, MHA	Principal, Health Management Associates
Oscar Alleyne, DrPH, MPH	Managing Director of the Public Health Division, Mitre
Angela Anderson	Dean, Prince George's Community College
Gloria Aparicio Blackwell, MS	Director of Community Engagement, UMD
Rachel Hare Bork	Senior Researcher, de Beaumont Foundation
Bill Borwegan, MPH	Principal, Prevention at Work, LLC
Earnest Carter, MD, PhD	Health Officer, Prince George's County Health Department
Maura Dwyer, DrPH, MPH	Senior Officer, Pew Charitable Trusts
Renee Fox, MD	Medical Health Policy Advisor, US DHHS
Nilesh Kalyanaraman, MD	Health Officer, Anne Arundel Health Department
Alana Knudson, PhD	Co-Director, National Opinion Research Center
Sarah Lenz Lock, JD	Senior Vice President, AARP
Laurie Norris, JD	Senior Advisor, DentaQuest Foundation Partnership for Oral Health Advancement

Table F1-1.b. Community Advisory Council Membership	
Irwin Royster	Director of Partnerships and Community Engagement, East River Family Strengthening Collaborative, Inc.
Katie Sellers, DrPH, CPH	Senior Advisor, Maternal and Child Health Bureau, HRSA
Edward Sondik, PhD	Former Director, NCHS, CDC
Joseph Wright, MD, MPH	Vice President and Chief Health Equity Officer, University of Maryland Medical System

Horowitz Center for Health Literacy - Advisory Board (2018-2022)
The Center's Advisory Board includes a number of community leaders who provide guidance and direction for the Center's leadership. Under this board's guidance, the Center has achieved many milestones, including federal research funding, partnerships with the Maryland Department of Health, diabetes prevention projects, and several professional development programs for Maryland health professionals.

The following people served on the Horowitz Center Advisory Board from 2018 through 2022.

Table F1-1.c. Horowitz Center for Health Literacy Membership	
Name	**Title**
Cynthia Baur, PhD	Director, Horowitz Center for Health Literacy
Dianna Abney, MD	Health Officer for Charles County, MD
Ernest Carter, MD, PhD	Health Officer for Prince George's County, MD
Travis Gayles, MD, MPH	Health Officer and Chief of Public Health Services for Montgomery County, MD
Alice Horowitz, PhD, MPH	BCH Research Professor
Dushanka Kleinman, DDS, MScD	Associate Dean for Research
Joseline A. Pena-Melnyk	Maryland House of Delegates, District 21, Prince George's and Anne Arundel Counties
Chad Perman, MPP	Program Manager for Maryland Program Management Office
Leni Preston	Former President of Consumer Health First

Maryland Center for Health Equity - MD Community Research Advisory Board (MD-CRAB)
The purpose of the MD-CRAB is to serve as a forum to ensure that the results of health science research benefit vulnerable populations, especially in African American and Latino neighborhoods where people suffer from a greater burden of preventable illness and premature death. The overarching goal of MD-CRAB is to make a meaningful contribution toward the elimination of racial and ethnic health disparities by building trust between minority communities and health science researchers.

Table F1-1.d. Maryland Center for Health Equity - MD Community Research Advisory Board Membership	
Name	**Title**
Alice Horowitz, PhD, MPH	Associate Research Professor, Behavioral and Community Health
Angel Shannon, MS, CRNP	CEO and Practice Owner, Seva Health Group
Babatunde Alegbeleye	Business Owner, Reliable Marketing, LLC
Barbara Guest	Executive Secretary at National Cancer Institute
Barbara Hoffstein, RDN, LDN	State Regulatory Specialist, Clinical Consultant, Bethesda NEWtrition and Wellness Solutions
Beth Zeidman	Agency Performance Mgmt and Accreditation, Arlington County Department of Parks, Recreation and Cultural Resources
Devlon Nicole Jackson, PhD	Assistant Research Professor, Behavioral and Community Health
Edith Perry	Technical Assistance Review / Special Emphasis Program Manager, Team Lead, Office of Diversity and Inclusion, Department of Veterans Affairs
Edna Jenkins	Pastor, Embry A.M.E. Church
Fredie Spry	General Manager, The Shop Spa
Harry Williams	President & CEO, Thurgood Marshall College Fund
Irma Tetzloff	Regional Liaison, Administration on Aging
Katherine Wilson	Professor, Cell Biology, Biomedical Engineering, Johns Hopkins University School of Medicine
Katrina Randolph	Co-founder, Tre Shadez Hair Studio
Margaret Morgan-Hubbard	CEO, ECO City Farms
Maxine Vance, RN	Director of Quality Assurance and Clinical Affairs, Baltimore Healthy Start
Mike Brown	Barber and Community Health Advocate, The Shop Spa
Pearl Stewart	Retiree, Owen Brown Community Association Board of Directors

Table F1-1.d. Maryland Center for Health Equity - MD Community Research Advisory Board Membership	
Sandra C. Quinn, PhD, MEd	Chair, Family Science; Senior Associate Director, Maryland Center for Health Equity
Walkiria Pool	President and Founder, Centro de Apoyo Familiar
Wesley Queen	Legacy Leadership Institute Coordinator, Health Policy and Management

Prevention Resource Center (UMD-PRC) - Community Advisory Board
Community engagement is the core of the UMD-PRC's mission and values. When advocating for LGBTQ+ mental health, community expertise, needs, and input is necessary. The UMD-PRC Community Advisory Board (CAB) is composed of experts in LGBTQ+ mental health, whether due to their community work and advocacy, research experience, clinical experience, legislative work, or more. The CAB contributes to UMD-PRC efforts at all levels.

Table F1-1.e. Prevention Resource Center (UMD-PRC) - Community Advisory Board Membership	
Name	**Title**
Guin Davis, MA	PRC Co-Chair; Educational Consultant
Ezra Halstead, MA	PRC Secretary; Director of Education and Outreach at FreeState Justice
Wendy Bostwick, PhD	Associate Professor in the Health Systems Science Department, College of Nursing, at the University of Illinois at Chicago
Ellen Kahn	Senior Director, Programs and Partnerships at the Human Rights Campaign
Jean-Michel Brevelle	Co-Chair of the Transgender Response Team
Christi McGeorge, PhD	Faculty in the Department of Human Development and Family Science at North Dakota State University
Paul Heins	Associate Conductor of the Gay Men's Chorus of Washington, D.C.
Sarah Gilden, LCPC, NCC	Licensed Clinical Professional Counselor and Board-Approved Supervisor in Maryland and a National Board-Certified Counselor
Tiff Cunin	Senior Program Manager for Health at the National Recreation and Park Association
Ellesse-Roselee Akré, PhD, MA	Assistant Professor at The Dartmouth Institute for Health Policy and Clinical Practice
Erica Hartwell, PhD, LMFT	Program Director and founder of the Sexual and Gender Minority Mental Health Certificate at Fairfield University;

Table F1-1.e. Prevention Resource Center (UMD-PRC) - Community Advisory Board Membership	
	Associate Professor in the Department of Family Therapy and Social Work
Caleb LoSchiavo, MPH	PhD Candidate in the Department of Health Behavior, Society, and Policy and a Doctoral Research Assistant in the Center for Health, Identity, Behavior and Prevention Studies (CHIBPS) at Rutgers School of Public Health
Jasmine Anthony, LMSW	Advocate for sexual health and reproductive rights

SPH Alumni Network

The UMD School of Public Health Alumni Network works to promote and support the school, encourage academic and professional excellence, and facilitate career development for both current students and graduates while fostering and strengthening a lasting relationship between the school and its alumni.

Table F1-1.f. SPH Alumni Network Officers and Board	
Name	**Title**
Jameson Roth, President	Senior Account Manager, McCabe Message Partners
Jennifer Clerie, Vice President	Senior Data Manager, Emmes Company, LLC
Nicole Gormley, Secretary	Grants Management Specialist at the National Institutes of Allergy and Infectious Diseases (NIAID), NIH
Jes Lyons, MPH, Treasurer	Project Manager, Family Violence Prevention and Services Act, at Potomac Haven Inc.
Katrina Debnam, PhD, Member-at-Large	Associate Professor, Department of Family, Community & Mental Health Systems & Department Research, Statistics, and Evaluation at the University of Virginia
Jeannette Devine, MA, Member-at-Large	Management Analyst at US Department of Housing and Urban Development
Chandria Jones, PhD, Member-at-Large	Senior Research Scientist, NORC
Arina Knowlton, MPH, Member-at-Large	Global Health Research and Policy Analyst at Fogarty International Center
Paul Levy, Member-at-Large	Senior Public Health Consultant at Deloitte
Rovenia Manor, MA, Member-at-Large	School Based Physical Therapist at Montgomery County Public Schools
Rohini Nambiar, Member-at-Large	Movement Partnerships & Engagement Specialist at Planned Parenthood Federation of America

Table F1-1.f. SPH Alumni Network Officers and Board	
Aparna Pooleri, Member-at-Large	Business Analyst, Kreative Technologies, LLC
Zackary Rabovsky, MPH, Member-at-Large	Director of Practice Transformation, CareFirst BlueCross BlueShield
Tina Wenzlaff, Member-at-Large	Program/Project Management Specialist at Booz Allen Hamilton

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

Beyond the formal structures outlined above, SPH regularly surveys a variety of external constituents as part of our evaluation plan, described previously. These include: internship preceptors; prospective employers; alumni; and recent graduates. These surveys provide rich data and insights for school leadership that informs our strategic and tactical directions. Our many community connections, through faculty or programs, provide other informal sources of feedback that can inform school activities.

The school is also home to one of the largest family health providers in Prince George's County, the Center for Healthy Families. Graduate student therapists provide family therapy to residents of surrounding communities under the guidance of our certified clinical and faculty supervisors, serving approximately 500 families per year. The Center for Healthy Families operates as a non-profit clinic and provides services to individuals, couples (married or unmarried), and families. Student therapists are supervised by Clinical Supervisors, including both faculty and other regional specialists. These individuals can provide unique insights into the challenges and needs of families and communities in our area.

Table F1-2. Center for Healthy Families Clinical Supervisors	
Name	**Title**
Mariana Falconier, PhD, LCMFT	Associate Professor, Family Science; Director, Couple and Family Therapy Master's Program
Patricia Barros, PhD, LCMFT	Assistant Clinical Professor, Family Science; Clinic Director, Center for Healthy Families
Mona Mittal, PhD, LCMFT	Associate Professor, Family Science
Amy Morgan, PhD, LCMFT	Assistant Professor, Family Science
Wendy Wilcox, MS, LCMFT	Director, Bowie Youth & Family Services
Merlene Blair-Brown, MS, RN, LCMFT	Founder and Therapist, The Thusong
Brian Livelsberger, MS, LCMFT	Couple Therapy Specialist
Diana Mayer, MS, LCMFT	Owner and Therapist, Diana Mayer & Associates

Table F1-2. Center for Healthy Families Clinical Supervisors	
Name	**Title**
Asia Ewell, MS, LCMFT	Therapist II at Montgomery County Department of Health and Human Services Children and Adolescent Behavioral Health
Laura Golojuch, MS, LCMFT	Couple and Family Therapist, Counseling & Consulting on the Hill
Zack Berman, MS, LGMFT	Marriage and Family Therapist, Harmony Holistic

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

The SPH Community Advisory Council has been closely involved in the development and evaluation of our MPH core curriculum, including discussions around the syllabi, course content, and assessments, ensuring relevance of the course content and activities to employment-related skills. In particular, after the complete revision of our MPH curriculum subsequent to the renewal of the CEPH accreditation criteria in 2016, the instructors of our MPH core courses met with Community Advisory Council members in a half-day retreat to discuss their approaches to content and assessment within each course. These rich dialogues allowed the instructors to receive detailed suggestions for revising both content and assessment approaches to ensure currency and relevance of the courses to current practice. We received considerable feedback from Council members about how valuable that exercise was for them as members to be able to meet our instructional team and contribute their own unique perspectives and experiences to the development and revision of the curriculum. This experience also informed revisions to our regular Council meetings, including more breakout sessions with faculty and students as a way to ensure the Council members are more deeply aware of the school's activities and able to provide more meaningful feedback to our leadership.

We similarly engaged the Council in envisioning and planning a proposed DrPH degree program in Executive Leadership. The Council was helpful in generating ideas for skills and knowledge important for doctoral-level professionals in the field and how such content and experiences could be structured within the degree program. Unfortunately, the DrPH proposal was not approved by the Maryland Higher Education Commission and remains an aspirational goal for the school's future.

We have benefited tremendously from our year-round interaction with members of our SPH Dean's Council and SPH Community Advisory Council members. Many members of these Councils have contributed to our courses by providing presentations, serving on a panel discussion or being available to students and faculty for advice and for referral related to their education, research, or service activities. A few Council members concurrently serve as an affiliate faculty in select departments. In addition, the Maryland Center for Health Equity and our Herschel S. Horowitz Center for Health Literacy have community stakeholders on their respective advisory boards. Informed by these advisory bodies the school has been able to participate in timely activities of value to the community at large and of benefit to the development of our students and faculty. Selected examples include: the participation of the school in Prince George's County level activities, including the county's Local Health Improvement Plan, Strategic Plan and the Prince George's Forward initiative led by the County Executive; the launch of a series of "community dialogues" launched in the early months of the COVID pandemic and that now have evolved to a weekly talk show (The Cutting Edge: All Things Health and Wellness) that maintains a focus on COVID but also beyond to issues related to race, history and health equity; collaborations with a newly launched hospital system, Capital Regional Health, that had led to submission of research

proposals as well as population health services initiatives; and a series of health literacy initiatives that include technical assistance collaborations and projects with the state's local health Improvement coalitions, health departments, non-profit organizations and health care and community health resource commissions. Most recently, the Maryland Legislature passed MD House Bill 1082 to establish a "consumer health information hub" with the UMD Horowitz Center for Health Literacy as the entity designated to provide "state and local government agencies, health systems, nonprofit and community-based organizations and other entities with health literacy expertise and resources." This Bill was sponsored by one of our advisory committee members, Delegate Joseline Pena-Melnyk.

Beyond the Community Advisory Council and Dean's Council, we have also developed more detailed partnerships with particular groups affiliated with the Council, including The de Beaumont Foundation, which also assisted in the development of the DrPH curriculum draft, and several county health departments with which we have letters of agreement for research, practice, and student engagement partnerships.

Finally, the SPH regularly assesses school graduates' ability to perform competencies in an employment setting. This includes routine surveys of internship preceptors and employers. These surveys provide an opportunity for these constituents to assess our graduates' strengths in the workforce, as well as areas for improvement. Additional details about these surveys are provided in Section F1.6.

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

The Dean's Council and Community Advisory Committee meet regularly with school leadership and meeting agendas are structured for information sharing and feedback to the school. Data and findings from our evaluation plan activities and Office of Planning and Evaluation are included in meetings, often with dedicated presentations of key findings with subsequent reflection and discussion by our external partners. Their feedback about our evaluation activities has resulted in revisions to our graduation and alumni surveys to more comprehensively understand graduates' preparation for and success in the workforce.

Both the Dean's Council and Community Advisory Committee meet multiple times per year and include school leadership, faculty, and students as part of meeting agendas. Feedback from these groups around major initiatives is particularly important. For example, both groups were engaged multiple times through various means (direct meetings, surveys, document reviews) in the development of the 2018-2023 SPH Strategic Plan document, which provided updates to all aspects of the school's vision, mission, values, and goals. Both groups were similarly engaged multiple times in the development of the 2022 self-study document, including discussion of key elements and document reviews. The Community Advisory Council in particular provided important insights into the changing practice and research needs of community partners, which helped immensely in the development and launch of our Office of Public Health Practice and Community Engagement in 2022. The Community Advisory Council includes student members, which allows external partners regular interactions with and insights from our key stakeholders.

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.

Documentation is provided in ERF F1.5.

- Community Advisory Council meeting minutes
- Dean's Council meeting minutes
- Public Health Practice and Community Engagement Steering Committee Report

- Public Health Practice and Community Engagement presentations to Community Advisory Council and Dean's Council
- DrPH degree program presentation and discussion with Dean's Council

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

The SPH Employers Survey and Preceptors Survey, as well as ad hoc input from our Community Advisory Council and Dean's Council (described above), have provided invaluable feedback on our graduates' preparedness for the workforce.

Employer feedback is collected primarily from the Employer Survey, which was most recently administered in Spring 2022. The survey asks employers to rate our students' preparedness both overall and in regard to specific skills and content areas. The list of skills and content areas is tailored to degree level (i.e., undergraduate vs. graduate).

In Spring 2022, the survey was sent to 262 employers. The list of employers came from two sources. First, in our annual alumni survey, we ask our employed graduates to provide the name and contact information for their supervisor. Second, the survey was sent to the contacts at the organizations that attended our annual SPH Career Expos during the past four years. Responses were submitted by 41 employers (16% response rate) representing more than 30 diverse organizations, including universities, hospitals and other healthcare settings, non-profit organizations, and federal, state, and local government agencies. Survey results were presented at a PEPSI Committee meeting, as well as a Chairs and More Forum. The Office of Planning and Evaluation also created a one-page summary to be disseminated to a broad audience, including incoming students.

The Preceptors Survey is also an important source of employer feedback, as many of our internship preceptors are also employers. Similar to the Employers survey, this biennial survey asks preceptors to rate our students' overall preparedness, as well as their performance in specific skills and content areas. The survey was most recently administered in Spring 2021, when it was sent to 483 preceptors who hosted BS, MPH, or MHA interns between Fall 2019 and Spring 2021. We received responses from 198 preceptors (41% response rate).

Several important themes have emerged across these surveys and interactions. Importantly, overall, our graduates' preparedness for the workforce is rated highly. In Spring 2022, 92% of employers surveyed rated our graduates as "Prepared" or "Well-prepared" for their job. Both undergraduate and graduate students were rated highly on professional skills, such as working with people from diverse backgrounds, working effectively in a team environment, accepting constructive criticism, and prioritizing deadlines. In the open-ended section, our students were commended for their enthusiasm, willingness to learn, and passion for public health.

When rating skills and knowledge for bachelors-level graduates, not meeting expectations was most common for understanding regulatory dimensions of public health and governmental agency roles in health care and health policy. However, only 15-20% of employers rated our graduates as below expectations in these areas.

Among graduates of our master's and doctoral programs, budgeting and resource management was rated lowest, with 77% of employers saying graduates met or exceeded expectations. Budgeting was also mentioned in the open-ended section as an area for improvement.

The increase in technology innovations was cited in both the Employers and Preceptors surveys as an area where change is expected in public health. Specific technologies mentioned included electronic health records, artificial intelligence, and telehealth applications. Respondents emphasized that adapting quickly to new technology will be an important skill for successful public

health practitioners in the future. Such insights will inform future course and curricular revisions, as well as co-curricular professional development opportunities for our current and future students.

Interestingly, quantitative and data analysis skills were named by some employers and preceptors as a strength, while others named those skills as an area for improvement. In recent years, efforts have been made to improve our quantitative curriculum, particularly for graduate students. Future iterations of these surveys will track ratings of our graduates' quantitative skills to examine if recent curriculum changes have resulted in improved preparedness in this area.

Moving forward, we plan to continue building our relationships with employers and preceptors. Although we initially planned biennial assessments to minimize survey burden/survey fatigue, we now believe that more frequent communication with employers and preceptors could foster closer connections. This increased communication would involve both the existing assessments (potentially moving to annual surveys), as well as new opportunities to gather employer feedback (e.g., focus groups, invitations to share feedback at the time of proposed curricular changes). The newly launched Office of Public Health Practice and Community Engagement will play a key role as we develop these relationships. We anticipate that these efforts will result in higher survey response rates, as well as more timely, actionable feedback from these key stakeholders.

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

Copies of the survey instruments are provided in ERF F1.7, along with full reports for the Spring 2022 Employers Survey and Spring 2021 Preceptors Survey results.

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

Strengths:

- The school has a long-standing commitment to engaging our community partners and regional public health leaders. If anything, the pandemic has only enhanced those relationships, with expanded partnerships with county health departments in the region.
- We regularly engage with our stakeholder groups and truly value their feedback on how we are structuring our activities and programming. The school's new Office of Public Health Practice and Community Engagement will further enhance our ability to strategically partner with area community organizations and groups to further advance our mission and goals.

Weaknesses and Plans:

- Response rates for the most recent Employer Survey were lower than desired. To address this, we plan to focus efforts on building stronger relationships with employers. These efforts include more frequent communication with employers and adjusting the survey timeline to occur annually.

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.**

Student engagement in community-based practice and service activities are central elements of the school's goals for student learning. Students are provided multiple and varied opportunities for participation, including in one-time and continuous events. Opportunities for student involvement in service beyond their academic programs are available to all undergraduate and graduate students. Opportunities come through faculty initiatives and formal efforts of academic units, the school, and the university.

The school uses the term "community" to convey areas of geographic closeness (e.g., county, neighborhood) or groups of people who share a common interest (e.g., a health center, a non-profit agency) or affiliation (e.g., race/ethnic group, LGBTQ, immigrant, etc.).

Students are introduced to opportunities through multiple means. The school's Office of Communications sends to faculty an "SPH this Week" slide that highlights key activities and opportunities, and faculty are encouraged to show this slide as part of their course activities. Students also receive updates and announcements through our school listservs, which separately target undergraduate and graduate student bodies, and each program has its own listserv for communicating more targeted opportunities. General communications, including video monitors in our school's building and events information on our website, provide additional means of sharing opportunities with students.

As described elsewhere, several courses in the school have defined linkages with community organizations and students both experience service directly through these courses while also seeing the opportunity to participate as a volunteer or through an internship, etc., beyond the course. Internships are required in several programs and encouraged by all units, and participation in these activities with outside partners helps students see the variety of ways different organizations and agencies serve their communities, opening opportunities for service. Faculty linkages with regional communities involved in their research activities similarly provide students insight into possible service opportunities.

Our Delta Omega Gamma Zeta chapter was established in 2011 and focuses on student research, curriculum, community engagement, public health practice and related projects. Each year we have added new activities for our chapter and those align with the national office. Our chapter activities include:

- The annual induction of students, faculty, alumni.
- Our "annual day of service" is our co-sponsorship of the annual PHR@MD and Student Research Poster Competition. Our chapter members serve as poster judges at this event.
- The Delta Omega sponsored student research poster competition generates student awardees from each department for both SPH recognition and for nominees to the National Delta Omega Outstanding student research poster competition.

Student organizations provide a natural setting for service activities. Students are encouraged to participate as members in a variety of campus-wide groups as well as school-specific groups. These organizations vary in their scope and membership eligibility, but nearly all have community outreach/service as one of their key activities. These groups include degree- or academic unit-specific groups (e.g., Kinesiology Student Organization; Physical Cultural Studies Graduate Student Association; Health Policy and Management Student Association; Phi Upsilon Omicron;

Epsilon Chapter of Eta Sigma Gamma; Students Engaging in Public Health), and student chapters of state or national professional organizations (e.g., NACCHO; Maryland Council on Family Relations; CARE to Stop Violence; Gymkana). The school was one of five schools nationwide to launch a student chapter with the National Association of County and City Health Officials (NACCHO) in 2020.

Students are informed of student organizations in multiple ways, in particular at the university's First Look Fair held every fall semester, where student groups from across the campus have a showcase to recruit members and outline their activities. Our school has built on this with a dedicated SPH Involvement Fair every fall and spring semester, with a focus on SPH student organizations and aligned community service opportunities.

Table F2-1. SPH Student Organizations
American Medical Women's Association
Beyond Shelter
Camp Kesem
CARE to Stop Violence
Federal and Global Fellows
Gift of Life
Student Health Advisory Committee (SHAC)
UM Aging, Diversity, And Professional Training (ADAPT)
Students Transitioning into Effective Professionals (STEP)
Education Abroad
Graduate Students in Public Health
Health Policy and Management Student Association
LGBTQ+ Students and Allies in Public Health at UMD
Maryland Council on Family Relations (MCFR)
Public Health Beyond Borders
UMD Community Learning Garden
Global Public Health Scholars
Gymkana
Global Health Initiative
Public Health Science Student Ambassadors
TOGETHER program

Table F2-1. SPH Student Organizations
Kinesiology Student Organization (KSO)
Students Engaged in Public Health
Public Health Through Civic Engagement (PHACE)
The Pre-Physical Therapy Association
School for Smiles
NACCHO Student Chapter

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

The school has been collecting data on student engagement in community and professional service since 2016. From our school's commencement surveys for 2020-2021 graduates (the most recent data available), 18% of undergraduates participated in a professional service activity, and 58% participated in or led a community service activity. For graduate students, 35% participated in a professional service activity and 27% participated in or led a community service activity. The following are examples of professional and community service opportunities for our public health students over the past three years.

The Public Health Beyond Borders student group consists of a globally-minded group of students aiming to address health needs in partnering communities. The group was formed to foster "a universal community by educating and serving underrepresented countries." The overall mission of the organization is to reduce health disparities around the world and increase awareness about good health practices while exposing undergraduate and graduate students to opportunities for responsible global development work through faculty-mentored international trips. This group has completed multiple service trips to Peru, India, and Sierra Leone, often in conjunction with students from Engineers Without Borders. School faculty have engaged as advisors and participants in these trips.

The school launched one of five NACCHO Student Chapters as part of NACCHO's pilot program for such student professional development activities in 2020. The NACCHO Student Chapter Program engages public health students through educational events, networking, and leadership opportunities. Students can access career-relevant and professional development resources, engage with public health subject matter experts, and find pertinent data to inform best practices for local public health. Approximately 20 students are members of the school's NACCHO chapter, which is advised by one of our tenure-track faculty members.

Public Health Action through Civic Engagement (PHACE) is a school-based student-led organization that focuses on providing accurate and current information on public health issues that affect our communities and educating students on the ways they can be civically engaged. The group's mission is to facilitate the translation of public health science into policy and change through meaningful stakeholder partnerships and effective civic engagement. The group provides a platform for students to discover their passion and engage with the campus and their communities, inclusive of faculty and staff engagement. Recent activities include the PHACE Gun Violence Prevention General Body Meeting, in which members gathered to learn about the status of gun violence in the U.S. and current gun control legislation and discuss the impact of gun violence on society and opportunities for activism to prevent gun violence. PHACE members also gathered to discuss the current state and impact of immigration in the US and current policies. PHACE also

regularly supports voter registration events, including information sessions about the voter registration process and candidates for elected office. PHACE is a completely bipartisan organization.

Students Engaged in Public Health (SEIPH) is the student organization for the Public Health Science major at the University of Maryland, one of the largest majors on the College Park campus. The group's goal is to inform members about public health issues that are prevalent in Prince George's county, as well as the United States as a whole. The group's mission is to build a community among Public Health Science students; serve the community through public health outreach and activities; provide networking opportunities to members; and develop leadership and management skills. SEIPH group activities have included developing a healthy eating craft activity for children at the university's Maryland Day open house for the public; participating in annual Public Health Week activities; launching a film screening to advocate for human trafficking victims; and conducting outreach events on breastfeeding, mental health, and skin cancer prevention.

The Maryland Council on Family Relations (MCFR), the University of Maryland affiliate of the National Council on Family Relations, focuses on issues that are relevant to families. MCFR provides a forum for students and professionals in the fields of family research, therapy, education, health, and policy to share in the development and dissemination of knowledge about families and family relationships. MCFR establishes professional standards and works to promote family well-being. MCFR supports a number of service events as part of its activities, including a school supply and toiletry drive and participation in the A Wider Circle Volunteer Day. MCFR also supports student professional development through their Backpacks to Briefcases Professional Development event and their Resume Workshop.

The Health Policy and Management Student Association (HPMSA) is dedicated to strengthening students' personal and professional skills by fostering networking opportunities, organizing public health events, and building relationships with members and the broader community. Members join committees aligned with their interests, and are encouraged to partake in campus activities, community outreach, social events, mentoring, and other professional networking opportunities. HPMSA has co-sponsored the NAHSE Baltimore Chapter's Annual Educational Conference; volunteered for the Dimensions Healthcare System's Heart Healthy Bike Tour; organized a public forum on Tech in Public Health to learn about the advancement of public health technologies; educated the campus community about the Affordable Care Act as part of the university's Maryland Day open house event; packaged meals for Terps Against Hunger; and screened the film "Rich Hill" as part of Public Health Week.

Beyond student groups, many students (and faculty, staff, and alumni) volunteer for our school's regularly sponsored Mission of Mercy and Health Equity Festival, last held in 2019 and scheduled to return in fall 2022. The Mission of Mercy and Health Equity Festival is a free adult dental clinic with wraparound healthcare services. More than 800 clinical volunteers, including licensed dental professionals and 500 general volunteers provide over one million dollars of free dental care and thousands of health screenings over three days to more than 1,000 underserved, uninsured and underinsured adults. In addition to providing free dental services to adult patients in need, the event will also provide a number of health screenings and services, including blood pressure, glucose and cholesterol checks, flu shots, vision exams, HIV screenings and one-on-one consultations with attorneys, nutritionists, and counselors. This event is a collaborative effort by the University of Maryland School of Public Health's Maryland Center for Health Equity, Catholic Charities Archdiocese of Washington, and the Maryland State Dental Association Foundation. Many students serve as volunteers in setting up or taking down the event, as well as assisting with the event activities themselves. Thousands of volunteer hours are needed to make the event a success.

In March 2020, the school set up an "incident command structure" in the Office of the Dean to integrate and coordinate our response to the COVID-19 pandemic and related activities. Among our earliest actions included urging SPH members to register with the Maryland Responds Medical

Response Corps, creating plain language community messages for local health departments, launching community dialogue Zoom sessions, and deploying our students to service to provide COVID-19 testing and contact tracing support. Our BS in Community Health students were among the first to participate due to the design of their curriculum and their more substantive internship format, as well as master's level students in Health Policy and Management. In early May 2020, the UMD SPH entered into a public health practice partnership with Prince George's County and their contact tracing efforts, which included a dedicated staff liaison from the school to facilitate initial training and ongoing guidance in coordination with the county health department lead. The threat of the virus to the health and lives of county residents and workers was significant, and the county was expanding their contact tracing efforts. It was a perfect opportunity for our students to blend their areas of service interest and academic training in multiple ways that embodied the mission and vision of the school. More than 20 students completed over five hours of online training (ASTHO Contact Tracing, HIPPA Health Privacy via CITI, Prince George's County Case Investigation and Contact Tracing) along with additional hours of on-site training. Duties included calling confirmed cases of COVID-19 and their possible contacts and assisting in the county's transition from a paper tracing method to a new, fully online system. Contact tracing calls involved managing important, confidential information, as well as care and empathy in addressing community members' feelings and experiences of loss, fear, anxiety and more. Besides being an interviewer and data reporter, contact tracers' function as an outlet for people who have been impacted by COVID-19 to share their stories. Students recognized the importance of their service in helping the most vulnerable people, families, and communities.

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

Strengths:

- We are proud of the extensive engagement of our students in service and practice in our communities. We are excited to have launched the Office of Public Health Practice and Community Engagement in 2022, which will allow the SPH to provide additional resources for strengthening student practice and community service opportunities with our surrounding communities.

F3. Delivery of Professional Development Opportunities for the Workforce

The school 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 school 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 school) and an indication of how the unit identified the educational needs. See Template F3-1.**

   The school is committed to supporting workforce development for the many public health professionals and health sector employees in the National Capital Region. In 2017, we performed an extensive survey of area workforce professionals, including health department workers, healthcare and non-profit professionals, and state and federal government employees. The 559 responses we received showed a definite interest in workforce development activities focused on emerging and current health issues, community health, health equity, bioinformatics, and health policy areas. More than 80% of respondents confirmed an interest in participating in training programs even if Continuing Education Credits were not provided as part of the training, and over half of respondents expressed an interest in online programming (pre-pandemic). In addition, about one-third of respondents expressed an interest in pursuing CHES and/or CPH credentials, areas which are currently lacking in our school's offerings.

   In addition to that survey, we meet regularly with our SPH Community Advisory Council, members of whom are leaders within many of the healthcare and public health organizations we are targeting for our professional development activities. Whether as part of our formal meetings or informal discussions with these members, the school is further informed about the interests and needs of the area workforce. The COVID-19 pandemic provided additional unique opportunities for us to understand and respond to the needs of the area's workforce professionals. The school's leadership and faculty were sought out early as part of the pandemic response and met weekly with area health department and healthcare leaders in the region into early 2022. Those frequent interactions allowed to school to be particularly responsive to key concerns for the region's public health professionals.

   A few examples of our efforts to provide impactful professional development to our region are included below. Beyond these events sponsored by the school, some of our faculty also participate in professional development activities sponsored by the Maryland Department of Health and other groups. We are excited to have launched our Office of Public Health Practice and Community Engagement in 2022, which will provide more engagement with our regional professionals and allow us to better coordinate workforce needs assessments and develop programs of impact, in particular around public health credentials and continuing education credit opportunities.

Template F3-1 describes three such professional development opportunities for our regional workforce.

Table F3-1. Delivery of Professional Development Opportunities for the Workplace			
	Education/training activity offered	**How did the unit identify this educational need?**	**External participants served***
Example 1	Our school's partnership with the Society for Public Health Education (SOPHE) provides online professional development courses for public health professionals and others across the region and nation. The first course offered in the partnership, Emerging Volunteers, provided insights into public health education, leadership, and volunteer opportunities within public health, and 58 participants completed the course. The second course (on-going with a partnership renewal in 2022), Advocacy in Action, provides participants with advocacy skills and knowledge about policy and systems change and how to work with partnerships and coalitions that are critical to public health advocacy. This course has been completed by 69 participants, including 38 participants in 2021. SOPHE provides 7.5 Continuing Education Credits for completion of Advocacy in Action.	Based on our 2017 survey of the area public health workforce, we identified an interest in online training programs with or without continuing education credits aligned with the offerings. In particular, issues around community health, health policy, and current health issues emerged as key points of interest. SOPHE's in-person professional development programs have had long-standing interest and this partnership allowed for a collaborative move for online activities, helping SOPHE broaden their reach while helping our school serve our region's professionals. The collaborative courses have been successful, and the partnership has been renewed through 2025 with additional course offerings planned.	A total of 127 external participants have completed online professional development courses as part of this UMD SPH-SOPHE partnership.
Example 2	The school's Maryland Center for Health Equity (M-CHE) is a major partner in the White House's Shots at the Shop initiative. The White House partnered with the Black Coalition Against COVID, M-CHE, and Shea Moisture to launch "Shots at the Shop," an initiative that engages Black-owned barbershops and beauty salons across the country to support local vaccine education and outreach efforts. This four-hour online training is designed for barbers and stylists engaged in COVID19 outreach and education designed to provide scientifically sound and culturally tailored communications designed to help communities of color make informed decisions about the COVID19 vaccination. Scholars are provided with educational materials suitable for distribution in their businesses. Additionally, the toolkit includes access to clinical referral networks to deliver vaccinations in the barbershop/salon. All participants have opportunity to join the National Association of Barbers and Stylists for Health, a national organization committed to promoting health and preventing disease through the Health Advocates In-Reach and Research (HAIR) program barbershop/salon campaign.	Public health professionals around the country and in particular in our National Capital Region described early in the COVID-19 pandemic the need to engage cross-sector partners in advancing public health messaging and materials. The school's Maryland Center for Health Equity is a national leader in advancing health equity programs and specializes in using community facing professionals to enhance public health's reach. Soon after the Biden administration took office, the White House launched various initiatives to support increasing vaccination, including Shots at the Shop. The school is proud to have been part of this important, on-going initiative to reduce vaccine hesitancy and improve vaccination rates in communities of color around the U.S.	A total of 264 external participants have completed this online professional development program since its launch in July 2021.

Table F3-1. Delivery of Professional Development Opportunities for the Workplace			
Example 3	Implicit Bias and Our Healthcare System. The session objectives included the historical context of structural racism and its impact on health care system, ways to reduce the impact of implicit bias, and approaches to combat structural racism at the institutional level and reduce the impact of implicit bias on patient care, research, and inter-professional relationships. Among others, panelists included Camara Jones, MD, MPH, PhD, past President of the American Public Health Association and a Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute at the Morehouse School of Medicine, and Tuesday Cook, MD, presenter with the White House COVID-19 Health Equity Task Force Town Halls and MedChi IDEA Task Force. A demonstration of the Mersion Virtual Reality Training simulator provided an example of a case presentation. https://sph.umd.edu/events/implicit-bias-and-our-healthcare-system	Training for implicit bias has been legislatively mandated in 2021 for license renewal for Maryland health care workers every two years as part of the state's overall strategy to confront racial inequality in the healthcare system, and the development of such training was required before the 2022 licensing cycle within the state. Stephen B. Thomas PhD, Director, Maryland Center for Health Equity, was invited by the Maryland State Medical Society (MedChi) to develop and lead the inaugural CME training session for Maryland Physicians on Implicit Bias. An evaluation of this inaugural event will inform future training events to address this required and important component of our healthcare system by preparing healthcare providers with the necessary skills.	The virtual webinar session was held on February 9th, 2022, and had over 200 attendees participate.

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

Strengths:

- Our location allows for providing impactful workforce development opportunities to a wide array of public health and related professionals. As outlined in the highlighted examples, our programming can impact many people.

Weaknesses and Plans:

- We have long viewed our delivery of workforce professional development opportunities as needing expansion, simply because of the large number and diversity of workforce professionals in the Washington DC region.
- We are excited to have launched the Office of Public Health Practice and Community Engagement in 2022, which will allow the SPH to be more coordinated and cohesive in the opportunities we provide to area professionals. The office will more seamlessly integrate with community partners, school advisory groups, and faculty/staff/students to ensure improvement in both the number and quality of our offerings into the future. Historically, our Community Advisory Council has provided important insights on workforce development opportunities and needs, and the Council will now work in partnership with our new office to further enhance our activities.

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 school's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; 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 school is committed to creating an educational and work environment that is rich in diversity and supports equitable, inclusive, and anti-racist activities for all students, faculty, and staff. The SPH Strategic Plan includes diversity, social justice, and social responsibility as core values, stressing the need to develop a diverse school community and workforce of public health leaders, an equitable and inclusive environment, and innovative research and outreach initiatives addressing the public health needs of underrepresented populations in Maryland and its surrounding communities that translate into real world public health solutions.

The school has a Diversity Officer; a Diversity, Equity, Inclusion, Anti-racism and Belonging Council (DEIAB); a student-led anti-racism group and a SPH Strategic Plan for Diversity and Inclusion (under revision). The latter plan was unanimously approved by the school Assembly in May 2014 and is consistent with the UMD Strategic Plan for Diversity and Inclusion, Transforming Maryland: Expectations for Excellence in Diversity and Inclusion. A review process began on the school's plan in Fall 2019 through a Strategic Doing workshop led by the UMD Center for Leadership and Organizational Change. It resulted in the creation of a guiding statement that reflects the vision and mission of the school's DEIAB efforts.

> *Imagine if we supported each other to share our experiences, embrace our creativity to create an environment that generates a sense of belonging and promote access to resources and opportunities so that everyone can excel. What would that look like?*

The SPH Strategic Plan for Diversity and Inclusion revision process was abruptly halted in Spring 2020 when the University (and world) closed due to the COVID-19 pandemic. This work has been greatly impacted and influenced by the 2020 murder of George Floyd and so many other Black and Brown lives lost to racialized hate and violence. It has remained in process as our school has worked to critically examine our environment, policies and processes, and structures and reimagine our diversity, equity, inclusion work. These efforts have resulted in a targeted commitment to recognizing and dismantling racism and anti-Blackness with an ultimate goal of ending racism and other forms of oppression. This transformative goal, "An Anti-Racist Cultural Shift at All Levels," has been named as a top priority for the school and aligns with the TerrapinSTRONG culture and

values of UMD President Pines (who began leading the university in July 2020) as well as the newly created UMD Strategic Plan, Fearlessly Forward: In Pursuit of Excellence and Impact for the Public Good. With our reimagined culture, values, and commitments, the school is well-positioned to move forward a revitalized SPH Strategic Plan for Diversity and Inclusion that will drive our community *Fearlessly Forward*.

For the purpose of developing diversity, equity, inclusion, anti-racism and belonging-related goals and strategies, the school defines underrepresented populations as African American/Black, Hispanic/Latino(x), and LGBTQ+. Historically, individuals in these groups have historically been underrepresented among the faculty, staff, and students at the University of Maryland (UMD) in comparison to their numbers in the state's population. The student body of the school is diverse with respect to race and ethnicity, with the percentage of underrepresented minority students (which includes African American/Black and Hispanic/Latino(x)) in the school trending slightly higher (undergraduate: 32.6%, graduate: 34.8%) than representation in the Maryland population (Black/African American: 29.7%; Hispanic, non-White: 4.74%; Hispanic, White: 4%). The percentage of students of color (undergraduate: 55.6%, graduate students: 57.3%) have even greater representation than White students in the school (undergraduate: 39.5%, graduate: 27.8%) and state (47%). LGBTQ+ faculty, staff, and students were also identified through our SPH climate surveys and qualitative listening sessions as an underrepresented population that our school must prioritize. In the state of Maryland, LGBTQ+ people make up 4.2% of the adult population, 5% of the workforce and 20% of adults (25+) raising children (Movement Advancement Project). SPH aspires to have a faculty, staff, and student body that mirrors the state's racial and ethnic, as well as LGBTQ+ diversity.

African American/Black and Hispanic/Latino(x) people are also identified as underrepresented populations because they continue to experience significant health disparities in the state. For example, hospital utilization rates of African American/Black people that is excess in Maryland is between 56-63% for treatable conditions such as asthma, hypertension, and heart failure even though Black people are only 30% of the state's population (health.maryland.gov). The state's Hispanics/Latinos(x) population likewise experiences health disparities, including cancer, obesity, diabetes, and HIV/AIDS and were "three times more likely to not be able to afford seeing a doctor, and were five times more likely to be without health insurance, than Non-Hispanic Whites," (health.maryland.gov). State COVID-19 data through March 7, 2021 reveals that, "Hispanic/Latino people were most likely to have contracted COVID-19," while "Black/African American people were most likely to have died from COVID-19" (covidtracking.com).

The state of Maryland has invested significant resources to reduce health disparities. In 2017, the school's Center for Health Equity (M-CHE) successfully advised lawmakers on healthy public policy that resulted in the Maryland "Health in All Policies" Bill becoming law. The law directs M-CHE to convene a workgroup that makes recommendations to state and local legislators to inform laws and policies that will promote health equity and have a positive impact on the life of Maryland's residents. This effort builds on the 2012 Maryland Health Improvement and Disparities Reduction Act of 2012 that authorized Health Enterprise Zones (HEZs) as a tripartite strategy to reduce racial/ethnic and geographic health disparities. This act seeks to improve health outcomes and to lower health costs and hospital readmissions in these zones. In addition to SPH faculty service on working groups that led to both legislative initiatives, several SPH faculty are engaged in projects in these HEZs and Health in All Policies.

The M-CHE has also greatly expanded its efforts during the pandemics of racism and COVID-19 to address related health disparities and strengthen the community's role and involvement in an equitable vaccination campaign. They are doing this through multiple projects, including: a county and state research coalition called CommuniVax; Shots at the Shop program; CHAIR: Changing Hearts and Minds About Institutional Racism project; and Maryland Barbers and Stylists United for Health collective. The M-CHE also hosts a live talk show, The Cutting Edge: All Things Health and Wellness, which started as a community resource on COVID-19 and racism during the chaos of the start of the pandemics in partnership with the UMD SPH Office of the Dean, and has grown into

weekly conversations with public health experts and community partners about race, health, history and "getting real about what we need to do to progress in health equity."

Additionally, the federally funded University of Maryland Prevention Research Center (UMD-PRC), originally founded in 2009 to focus on the role of addressing the HIV epidemic, entered a new cooperative agreement in Fall 2019 to focus on related LGBTQ+ mental health and care challenges. The UMD-PRC is conducting timely research and outreach to improve mental health and health care for LGBTQ+ persons using an intersectional lens to address multiple identities. Through the Center's work we are learning of the significant impacts that the pandemics of racism and COVID-19 are having on LGBTQ+ people.

The University System of Maryland is also leading a charge to empower students to be agents for change in promoting health equity, and convened representatives from all system schools on May 9, 2022. Through this initiative, the school is partnering with other USM institutions, including HBCUs Coppin State and Bowie State, to explore critical dimensions of health equity; examine where and how we're educating students regarding health equity and healthcare disparities within our curricula/co-curricular/clinical experiences; identify gaps and needs around this work; and share resources and promising practices related to empowering students to foster health equity. The University of Maryland School of Public Health is the only state public health school and is viewed as an integral partner in this USM initiative and for the UMD campus.

SPH recognizes the need to target underrepresented racial and ethnic groups in initiatives aimed at reducing state, national and global health disparities, as well as the importance of increasing the number of underrepresented racial and ethnic and LGBTQ+ public health professionals and leaders.

2) List the school'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.

To fulfill its commitments to diversity and inclusion, the SPH Strategic Plan for Diversity and Inclusion addresses six core areas: Leadership, Climate, Recruitment and Retention, Education, Research and Scholarship, and Community Engagement. The plan includes strategies, parties/units responsible for their implementation, and metrics for assessing progress in achieving plan goals. Listed below are goals specified in the SPH Diversity Plan:

Leadership

- The school will provide strong leadership for diversity and inclusion in both administrative and Academic Units.
- The school will increase opportunities for leadership training, mentoring, and professional advancement of diverse faculty, staff, and students. (e.g., percent of junior faculty with mentoring plans; percent of staff pursuing professional development programs)

Climate

- The school will ensure a welcoming and inclusive learning community and workplace environment that generates a sense of belonging so all can excel. (e.g., percentage of faculty, staff, and students who view the school as having a welcoming and inclusive environment, biennial climate survey)

Recruitment and Retention

- The school will recruit, promote, and work to retain a diverse faculty and staff (e.g., faculty and staff demographics in relation to state demographics)
- The school will recruit, retain, and graduate a diverse student body. (e.g., percent of priority populations accepting admissions offers; graduation rates and graduation rate gaps)

Education

- The school will ensure that undergraduate students acquire the knowledge, experience, and cultural competence skills necessary to succeed in a multicultural, globally-interconnected world.
- Academic units and programs will equip graduate students with diversity-related expertise and prepare them to be culturally competent public health professionals.

Research and Scholarship

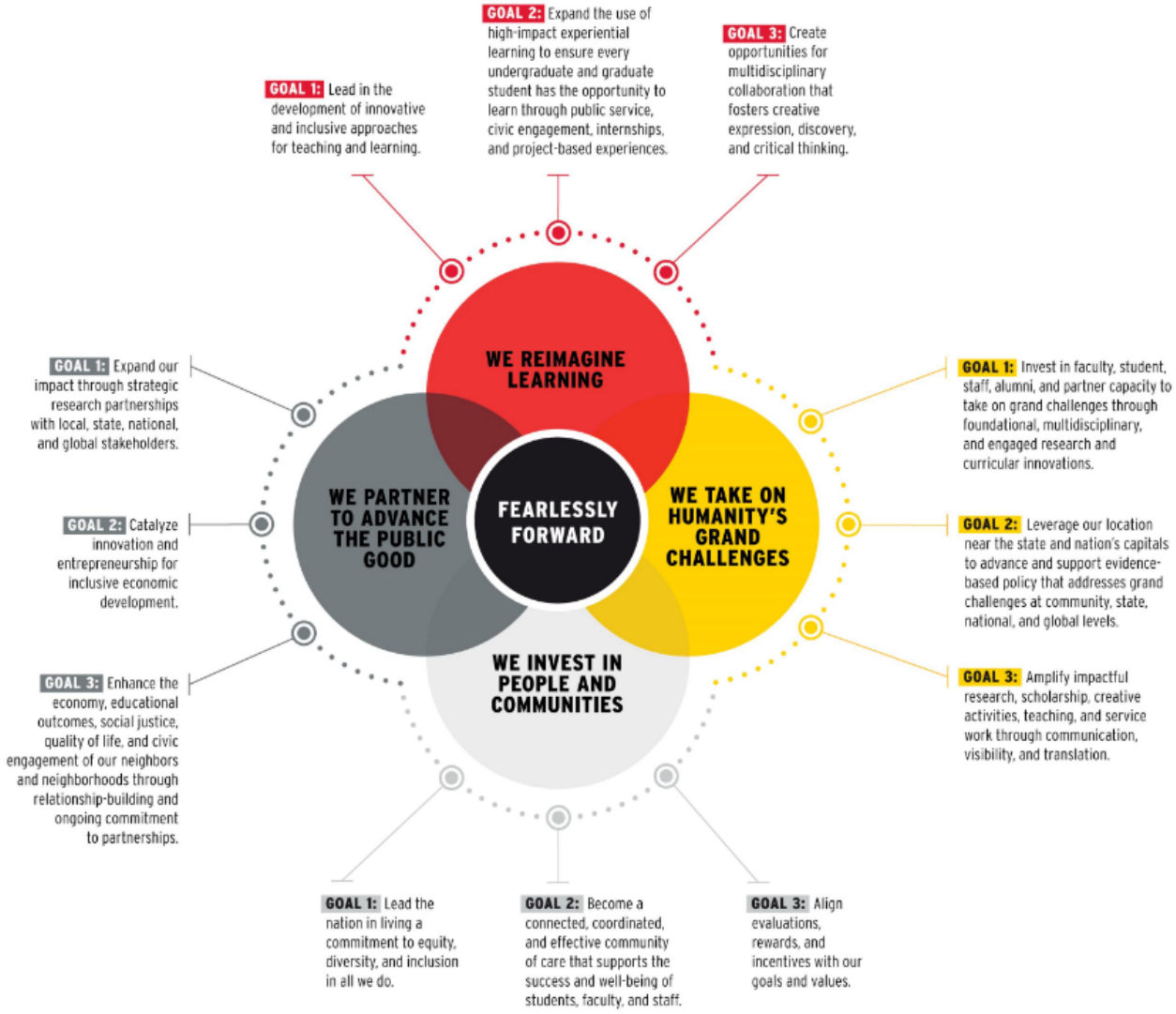
- The school will support nationally recognized research and scholarship on health disparities and on race, ethnicity, class, gender, and other dimensions of diversity. (e.g., number of proposals and research grants that are aligned with either health disparities or direct community engagement)

Community Engagement

- The school will promote academic and co-curricular activities that facilitate positive interaction among students, faculty, staff, and alumni.
- The school will increase the number of partnerships and the quality of engagement with its diverse external community.

These school goals reflect the mission of UMD; the guiding principles, vision, and all four pillars of UMD's Fearlessly Forward Strategic Plan (see Figure G1-1), which names the goal to "lead the nation in living a commitment to equity, diversity, and inclusion in all we do." The university's Office of Diversity and Inclusion (ODI) provides leadership and expertise for helping the campus achieve its diversity, equity, and inclusion goals. ODI, like the school, is guided by social justice principles, to "cultivate a vibrant learning and working community for all members." The ODI manages and tracks implementation of the UMD strategic plan for Diversity and Inclusion. The office is led by the Vice President for Diversity and Inclusion, who oversees a campus-wide Diversity Officers Council and Equity Officers Council with representation from our school.

Figure G1-1. University of Maryland Fearlessly Forward Strategic Plan Goals.



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 school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

Goal 1: Leadership

- The school will provide strong leadership for diversity and inclusion in both administrative and Academic Units.
    - The SPH leadership, faculty, staff, and students have been a voice and advocates for social justice, including on issues of racism, anti-Blackness, immigration and the intersection of race, LGBTQ+ public health needs and issues, and more.
    - The SPH Dean has been actively engaged in leading and nurturing DEIAB work and advocacy at the campus, county, state, and national levels, including:
        - Statements of solidarity and resources for anti-racism action to fight injustice, discrimination, systemic racism, and anti-Blackness.

        - Supported/signed letter of public health leaders urging SCOTUS to uphold Roe v. Wade.
    - Prioritized recruitment and hire of people of color and underrepresented racial/ethnic/gender populations across positions in the school and specifically in senior leadership positions and roles, including 1 Black woman assistant dean, 2 Black men chairs, and 1 Asian woman chair.
    - Identified and supported leadership and training opportunities for three new chairs of color, including one Asian woman and two Black men.
    - Prioritized recruitment and appointment of people of color and underrepresented racial/ethnic/gender populations on the Dean's Council and Community Advisory Council.
- The school will increase opportunities for leadership training, mentoring, and professional advancement of diverse faculty, staff, and students.
    - Numerous conferences, workshops, trainings, facilitated dialogues and listening sessions were offered in or promoted by the SPH in the area of DEIAB, including:
        - #UMDSolidarity events
        - Anti-Racism Teach-Ins (collaborative programming spearheaded by ODI, SPH, and the Center for Diversity and Inclusion in Higher Education)
        - UMD-PRC Webinar Series on LGBTQ+ mental health and wellbeing

Goal 2: Climate

- The school will ensure a welcoming and inclusive learning community and workplace environment that generates a sense of belonging so all can excel.

Regular assessment of the school's climate through work environment measures, climate surveys, focus groups, and informal discussions is an integral part of implementing the SPH Strategic Plan for Diversity and Inclusion. During the past few years, our school has been a campus leader in assessing the diversity climate for our faculty, staff, and students. Although the majority of our community members reported that they were satisfied or very satisfied with the school's diversity climate, we still seek to improve DEIAB in several areas.

Evaluation of the SPH diversity and inclusion activities is the responsibility of the SPH Diversity Council, led by the school's Diversity Officer, the DEIAB: Diversity, Equity, Inclusion, Anti-Racism and Belonging Council and Diversity Champions (members of the SPH community who self-identify to actively build an equitable, inclusive, and anti-racist community that generates belonging. The school recently completed its third school-wide climate survey of students, faculty, and staff in May 2022. The full survey instrument can be found in ERF G1.3, which was developed from feedback during listening sessions and targeted outreach for survey development to better assess and address the expanded scope of anti-racism, anti-Blackness and belonging. The DEIAB Council reports on progress in achieving these objectives to the SPH Planning and Evaluation Process for Strategic Implementation (PEPSI) Committee, which recommends additional areas needing attention. The Council then uses evaluation data to establish ongoing and adjusted priorities for the coming years. SPH academic unit heads also evaluate progress relating to departmental diversity and inclusion goals in their annual reports to the Dean. The Dean shares diversity/climate issues requiring attention with the Diversity Officer, Equity Officers, and the Diversity Council. The Diversity Officer also places DEIAB-related issues on Senior Leadership meeting agendas for discussion and action. SPH faculty, staff, and students are encouraged to share any DEIAB-related concerns with the DEIAB Council, Diversity Officer, or SPH leadership.

SPH has had a member of the Dean's staff responsible for Diversity and Inclusion since 2006. The Diversity Officer (formerly titled as Associate Dean) oversees the SPH DEIAB Council, which consists of faculty, staff, undergraduates, and graduate students from diverse backgrounds. SPH Diversity Champions (see previous description above) and any interested member of the SPH community is welcome to attend council meetings, but the council always has representation from all units.

The DEIAB Council is the advisory body on diversity, equity, inclusion, anti-racism and belonging to the Dean and the SPH Senate Executive Committee. Its charge is to identify diversity and climate priorities and to assist with implementation and evaluation of school diversity goals, objectives, and activities. The DEIAB Council members worked together, in person and online, to create the SPH Strategic Plan for Diversity and Inclusion during the 2013-2014 academic year. For example, they anonymously ranked strategic plan priorities and metrics in an online survey and engaged in vigorous discussion of diversity strengths and challenges. The SPH plan is consistent with the UMD Strategic Plan for Diversity and Inclusion. It includes goals, strategies, parties/units responsible for their implementation, and metrics for assessing progress in achieving plan goals.

As mentioned in item 1, a review process began on the SPH Strategic Plan for Diversity and Inclusion in Fall 2019 through a Strategic Doing workshop led by the UMD Center for Leadership and Organizational Change. It resulted in the creation of a guiding statement that reflects the vision and mission of the school's DEIAB efforts.

> *Imagine if we supported each other to share our experiences, embrace our creativity to create an environment that generates a sense of belonging and promote access to resources and opportunities so that everyone can excel. What would that look like?*

As mentioned above, the SPH Strategic Plan for Diversity and Inclusion revision process was halted in Spring 2020 due to the COVID-19 pandemic. While the school has not finalized a new SPH Strategic Plan for Diversity and Inclusion, the Council and SPH community has been actively working to critically examine our environment, policies and process, and structures and reimagine our diversity, equity, inclusion work resulting in the creation of a new, transformative goal, "An Anti-Racist Shift at All Levels," to dismantle racism and address anti-Blackness with an ultimate goal of ending racism and other forms of oppression. With our reimagined culture, values, and commitments, the school is well-positioned to move forward a revitalized SPH Strategic Plan for Diversity and Inclusion that will drive our school and community *Fearlessly Forward*.

The DEIAB Council reviews the Diversity Strategic Plan activities to address diversity/climate issues. Near the end of each year, with DEIAB and SPH community input, the Diversity Officer prepares materials summarizing activities and progress in achieving the plan's goals, objectives, and metrics. This review and content may raise new issues or suggest objectives requiring modification. The Diversity Officer meets with the Dean to share results of DEIAB progress, as well as ongoing and new issues. Programmatic and policy recommendations stemming from this work is shared with the SPH Senior Leadership (chairs, deans, directors) and the UMD Vice President for Diversity and Inclusion for discussion and future action.

During COVID-19, a less formal DEIAB council operated and broader engagement from the SPH community was invited and informed the expanding DEIAB efforts and priorities for the school. Significant input was provided by faculty of color (e.g., listening sessions), the PRC, and the student-led Anti-Racism Committee.

Also taking place during the pandemics of COVID-19 and racism, and under the leadership of UMD President Pines, the school developed SPH TerrapinSTRONG programming for students, faculty, and staff. TerrapinSTRONG is "a shared vision and values for the entire campus." All new faculty, staff and students participate in the TerrapinSTRONG onboarding course, as well as TerrapinSTRONG onboarding in the school that promotes the principles, practices, and ethics of public health. The UMD and SPH TerrapinSTRONG vision is the "shared understanding from which we work to improve the sense of community, connection and inclusion on our campus." Efforts from the leadership of the SPH Diversity Office and SPH TerrapinSTRONG Task Force resulted in the creation of the SPH TerrapinSTRONG onboarding video and the SPH TerrapinSTRONG ethos:

> *We are driven by a passion to end barriers and achieve health equity.*
> *We are fearless in promoting health, preventing disease, and prolonging life.*

We uplift issues and people who have experienced historic and ongoing oppression.
We and our work are strengthened through our local and global communities.
We believe that all humans are fully deserving of living a healthy life.
We are "generation public health" with a passion for doing public health good!
We are TerrapinSTRONG!

Goal 3: Recruitment and Retention

- The school will recruit, promote, and work to retain a diverse faculty (170) and staff (60)

The University School of Public Health is the most racially and ethnically diverse college at UMD. The school seeks to recruit, retain, and promote a diverse faculty who bring a wealth of backgrounds, talents, and perspectives to the SPH community. UMD is situated in one of the most racially/ethnically diverse metropolitan areas in the country. Recruitment and retention are further strengthened by the campus' close proximity to important federal agencies and organizations that focus on health science, health policy, and health disparities.

The school uses electronic and print and social media to advertise its faculty openings, and actively recruits candidates via word-of-mouth, personalized letters, professional networks, and recruitment at annual meetings of the American Public Health Association (APHA) and other professional conferences. Open positions are advertised through traditional outlets, such as The Nation's Health, The Chronicle of Higher Education, The American Journal of Public Health, Diverse: Issues in Higher Education, Academic Keys, AcademicCareers.com and APHA Public Health CareerMart. Special efforts are made to attract women and individuals from underrepresented groups, and specifically people of color, by sharing position announcements with the Robert Wood Johnson Health and Society Scholars Program, the Kellogg Health Disparities Scholars Program, the Hispanic-Serving Health Professions Schools, the Minority Health listserv, the Society for the Analysis of African American Public Health Issues, the National Alliance for Hispanic Health, the Health Equity Leadership Institute, and the American Association of University Women. Position announcements are also sent to deans, department/unit chairs, selected faculty, and prominent members of relevant public health disciplines. Many units are now including requests of applicants for statements of diversity, equity, inclusion, and anti-racism work and requiring pieces of this work in teaching, research, and service. Finally, the school works to recruit diverse applicants by reaching out to community colleges, colleagues at minority-serving institutions such as Hispanic Serving Institutions (HSIs) and Historically Black Colleges and Universities (HBCUs). Throughout each faculty search, the school's Faculty Equity Officer, search committee chair, and hiring authority (e.g., Academic Unit Head) receive data about the diversity of the applicant pool. When pools are not sufficiently diverse, new efforts are made to contact individual deans, chairs, and colleagues who are producing diverse and high-quality graduates. SPH Academic Units have also supported or co-funded post-doctoral trainees and visiting research faculty who have the potential to be recruited into faculty positions. The school's partnerships with neighboring communities have further generated interest in faculty positions from prospective underserved racial and ethnic groups, LGBTQ+ and women faculty.

UMD is committed to increasing faculty diversity. For example, in the past, the UMD Provost has invited colleges to make proposals, on a case-by-case basis, for financial support to hire faculty members from underrepresented groups. These requests had to be accompanied by a mentoring plan covering the faculty member's probationary years, as well as an initial reduction of teaching load and/or summer support for research. More recently, in Spring 2020, the UMD created the FAMILE (Faculty Advancement at Maryland for Inclusive Learning and Excellence) diversity initiative (https://faculty.umd.edu/famile-initiative) aimed at recruiting outstanding tenured or tenure-track faculty members.

The school is a member of the Hispanic-Serving Health Professions Schools (since 2014) and has participated in its training and recruitment activities. Recent recruitment efforts have proven quite effective. The school added three new faculty of color in chair roles, including two Black men, and

one Asian woman, along with a new Assistant Dean for Undergraduate Education who identifies as a Black woman. There have been several faculty hires from underrepresented racial and ethnic groups as well as the LGBTQ+ population and additional efforts are and will be underway as faculty retire.

SPH has prioritized retention of underrepresented and diverse faculty through mentoring and professional growth initiatives. Academic Unit Heads must assign faculty mentors to all junior faculty to provide professional guidance on mentees' teaching, research, and service activities, and help mentees through the promotion and/or tenure process, including third-year reviews. The school actively participates in the university's NSF ADVANCE Program, which aims to improve rates of retention and advancement of women and minority faculty. A school ADVANCE Professor serves a two-year leadership role and holds regular meetings and conducts consultations with SPH women and underrepresented faculty at the Assistant and Associate Professor levels and with Professional Track Faculty, addressing issues such as mentoring, teaching, research opportunities, grant writing, and work-family balance. A senior SPH faculty member co-leads a second ADVANCE program, "Advancing Faculty Diversity," a year-long research development and leadership program for SPH and UMD tenure-track faculty of color. There is another ADVANCE initiative for pre-tenure women faculty, Keeping Our Faculties, a year-long, mutual mentoring seminar designed to enhance the professional growth of pre-tenured faculty members who identify as women.

In Fall 2016, the school launched a new faculty development program, SPHERES to support development of new research agendas and grant proposals, particularly among early career faculty. In Fall 2017, the program expanded to include three tracks: NIH R01 or R21 submissions, second year SPHERES cohort/proposal resubmission, and a writing accountability group. The program offers expert guidance in:

1. Developing best practices for proposal preparation.
2. Drafting proposals for submission.
3. Developing cohort relationships for future proposal review.

The program started as an annual cohort and has now moved into more individualized support by a faculty expert with proposal development expertise in the agencies, foundations, and areas of science our public health faculty often submit. This school-level programming has been adjusted as the university now has more centralized proposal development support services. This individualized school-level support remains impactful for our faculty working to develop and grow their research scope and projects. It is instrumental in ensuring faculty research success and professional advancement for research faculty at a leading research university.

While the school has had a small amount of retention concerns due to faculty transitioning to other institutions due to advancement opportunity or family care needs, the school has also been highly successful in promoting a diverse body of faculty, especially at the tenure track level. In 2019, Dr. Mia Smith Bynum became the first Black woman faculty promoted to full professor. Since 2018, 18 SPH faculty of color and women have been successfully promoted as follows:

Table G1-1. Promotions of Faculty of Color and Women Faculty

	Black (7 total)	**Asian (4 total)**	**Latino(x), White (1 total)**	**White (10 total)**
Man (3 total)	(2 total)	(1 total)	0	0
Full (3 total)	2	1		
Woman (15 total)	(4 total)	(3 total)	(1 total)	7 (total)
Full (5 total)	1	1		3
Associate (10 total)	3	2	1	4
Professional-Track (4 total)	1			3

Efforts to retain and promote faculty at the professional track level are taking place through the development of appointment, evaluation and promotion policies and guidelines that better support the pathways and mentoring needed for professional track advancement. The Associate Dean for Academic and Faculty Affairs and a committee of professional-track faculty (PTK) actively worked over the past few years to create and finalize a robust plan for SPH PTK Appointment, Evaluation and Promotion (AEP). The Diversity Officer, along with the leadership support of the Associate Dean for Academic and Faculty Affairs, provides an equity charge for each Tenure Track Faculty (TTK) Appointment, Promotion and Tenure (APT) and PTK AEP committee at both the unit and school levels. The Diversity Officer and Associate Dean for Academic and Faculty Affairs are also working to expand the equity practices by suggesting that all committee members complete an implicit bias campus training module prior to their annual service; and this practice is being considered as a requirement for service.

ADVANCE initiatives have already contributed to the retention and promotion of SPH women faculty. The faculty of the Maryland Center for Health Equity have co-led the annual Health Equity Leadership Institute at the University of Wisconsin-Madison; multiple SPH faculty have participated in this week-long career development workshop. ADVANCE conducts a bi-annual evaluation of the work environment of all schools/colleges at UMD. Mentoring, advancement, equity, and work-family balance continue to be areas of interest and priority. The ADVANCE Professor shares resources and recommendations with the Dean and senior SPH leadership where discussions take place on best practices for improving school mentoring and recently agreed to use a new mentoring contract and materials. The school's ADVANCE Professor identified, advanced and continues to work on the following goals:

- **2021-2022 Goal:** Support formalizing the process for PTK faculty promotion across the school in coordinating with Associate Dean for Academic and Faculty Affairs.
  - Sub Goal: Personalizing meetings for targeted mentorship and increased impact.
  - Update: Held meetings with/mentored 6+ PTK faculty around promotions.
- **2021-2022 Goal:** Increase faculty leadership and time management
  - Update: Building steps to promote the skillsets of / positive things that women faculty who hold various leadership roles bring to academe and share with junior level faculty
  - Future: Plans to hold a speaker series and workshop for AY22-23.
- **2017-2021 Goal:** Increase faculty leadership and address issues of racism and rankism
  - Update: Met with 90% of eligible ADVANCE faculty and provided ongoing mentorship and connection with ADVANCE trainings
  - Update: Held workshops on racism and rankism

The school's DEIAB Council, ADVANCE Professors, and academic unit heads plan to continue close monitoring of the mentoring of diverse junior faculty and will work to support their advancement. Both the university and the school have acted in recent years to remove barriers to effective recruiting and retention of faculty. For example, new policies recognize the needs of faculty members involved in childrearing, a concern that has disproportionately affected the careers of academic women. Recent work-family life policies address parental leave, COVID-19 leave, and other family supports, extension of time for tenure review, and part-time status for childrearing. The university offers A Family Care Resource and Referral Service through Care.com and is in the process of hiring a child care and elder care services staff to facilitate greater work-family life balance for faculty, staff, and students (https://uhr.umd.edu/benefits/family-care/).

The school is similarly committed to recruiting, hiring, retaining, and developing a diverse and excellent staff. The school understands the importance of treating staff with respect, recognizing their accomplishments, and providing training and professional development opportunities to facilitate their advancement and support their belonging. SPH follows the university's search and selection guidelines in the recruitment of staff. Announcements for staff positions are posted on university employment and appropriate professional association websites, as well as disseminated on campus listservs of diversity offices and commissions (e.g., UMD President's Commissions on Women's Issues, Ethnic Minority Issues, LGBT Issues, and Disabilities Issues). Current SPH staff

members also share staff position announcements with their networks. The school also holds exit surveys with all departing staff to listen to staff feedback for school efforts that are successful and other areas of growth.

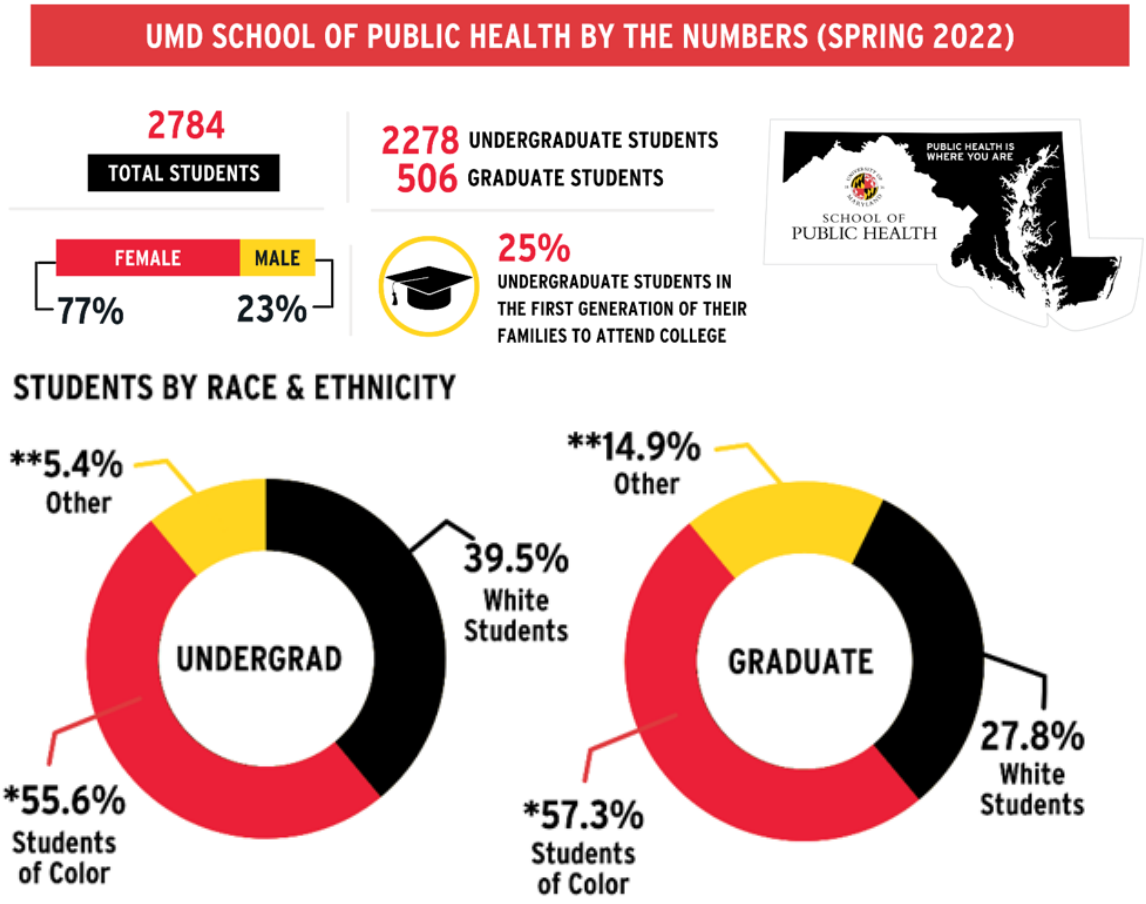
The school is fortunate to have a staff whose racial and ethnic composition closely mirrors that of state residents. However, the school recognizes the need for vigilance in recruitment and retention efforts. As in the case of faculty, new University programs and policies have been developed to facilitate staff retention. UMD's staff is the largest user of services of the Family Care Resource and Referral Service (above), and staff members have access to the school's Lactation Room. There are also policies providing parenting and family leave for school staff. In meetings of the school's DEIAB Council, and more recently with changing home and family needs, most specifically around the pandemics of racism and COVID-19, SPH staff expressed a desire for a work environment survey comparable to the ADVANCE survey administered to SPH faculty in 2013. As a result, SPH conducted a climate survey of both faculty and staff during the 2014-2015 and 2021-2022 academic years. The climate survey includes staff members' perceptions of the work environment and more. Once the 2022 survey results are compiled, the DEIAB Council will summarize and share the data and offer a few listening sessions for staff, as well as students and faculty interviews to further expand/share narrative on strengths, weaknesses, inequities, and best practices.

- The school will recruit, retain, and graduate a diverse student body.

SPH works actively and continuously to recruit, retain, and graduate a diverse student body. While recognizing that diversity is more than numbers, the school is actively engaged and takes pride in recruiting, retaining, and graduating a racially and ethnically diverse group of students who are well educated and trained in cultural competency to be the next generation public health workforce and leaders.

The student body of the school is diverse with respect to race and ethnicity (Figure G1-2), with the percentage of underrepresented minority students (which includes African American/Black and Hispanic/Latino(x)) in the school trending slightly higher (undergraduate: 32.6%, graduate: 34.8%) than representation in the Maryland population (Black/African American: 29.7%; Hispanic, non-White: 4.74%; Hispanic, White: 4%). The percentage of students of color (undergraduate: 55.6%, graduate students: 57.3%) have even greater representation than White students in the school (undergraduate: 39.5%, graduate: 27.8%) and state (47%). LGBTQ+ faculty, staff, and student numbers are not formally collected as part of hiring or enrollment records, but the school is working to increase our knowledge of this population through other means.

Figure G1-2: School of Public Health Demographics



*Includes Asian, Black/African-American, American Indian, Alaskan Indian, Pacific Islander and Hispanic Students
**Includes Undisclosed Students, International Students and Students Who are Biracial.

A UMD SPH program that demonstrates the school's commitment to moving beyond collecting and reporting of data to putting knowledge into practice includes the STEP (Students Transforming into Effective Professionals) Program (https://sph.umd.edu/student-opportunities). Through this program, we are connecting our students to resources in equitable ways, getting to know our students and their backgrounds so that we can better connect them to mentoring and internship opportunities and leadership and development experiences.

For many, transitioning from "college life" to the professional workforce is an incredible and rewarding experience. Getting a new job and earning a recurring paycheck is something that almost every college student is looking towards. Yet after graduation, "professional life" comes with its own set of new challenges and experiences. Everything from dealing with ambiguity to resolving workplace conflicts to managing a professional schedule can be overwhelming especially when doing it for the first time in a new entry-level job. The STEP Program is a professional development pre-internship experience designed to help students gain practical knowledge and develop essential skills to succeed in the "world of work". Through a series of workforce training sessions, students develop the foundational competencies needed to function in a professional environment. This year-long experience allows students to embrace a supportive community and develop a professional network while in an active and engaging learning environment. Since its launch in Fall 2019, STEP has served 294 students with the vast majority of students being women (84%) and

students of color (75%). This Spring 2022, STEP became the first badging credential at UMD (https://badging.umd.edu/step.html).

Another UMD SPH program designed to improve retention is UTEAM: Undergraduate Teaching & Education Assistants and Mentors. The UTEAM Program facilitates peer educational support in the school through coursework and hands-on experiences. Working closely with faculty and graduate assistants, UTEAM members are an asset to the SPH learning community. This program is open to undergraduate students in the School of Public Health at the College Park Campus.

Bringing Poetry Down to Earth (BPDE) has a mission to provide a hybridized (both creating and presenting) poetry group to students within the school. The program's down to earth atmosphere allows students to share their passions and interests in an educational environment that embraces diverse poetry styles. Participants collaborate and learn from advisors and among themselves to become better public health professionals through understanding alternative styles of self-expression and communication. Through this vision, BPCE strives towards the betterment of oneself and their local community through education, skill development, and service.

PHACE: Public Health Action Through Civic Engagement is a student led organization with advising from multiple SPH staff that focuses on leadership and advocacy through a public health lens. It aims to connect and educate the diverse student population about social justice opportunities to make a difference in our community. In their first years, PHACE was highly engaged in voter registration, gun violence prevention, immigration and immunization issues, and student leadership development. During the pandemics, PHACE student board and student members were actively engaged in listening to the needs of the students, as well as communicating and advocating for these needs with the Dean and senior leadership in the school.

One of the newest student organizations is LGBTQ+ Students and Allies in Public Health at UMD. It is led by public health students and is open to campus wide participation. This organization promotes LGBTQ+ health equity and social justice and includes an anti-racism and advocacy lens.

The school has also worked to offer LGBTQ+ networking and career services panels, funded the UMD campaign "#TransTerps," and integrated practices for using pronouns in school-wide communications, programming, and interpersonal interactions. We also presented information from the campus LGBTQ+ Equity Center on practices for using pronouns with our Dean's Council and Community Advisory Council.

The school is working to embed practices and programming such as these in all we do academically and extracurricular so that these efforts become institutionalized and part of our SPH culture. To ensure that students are aware of the variety of programming and organizations the school has to offer, the school holds a SPH Student Engagement Fair each semester. The school didn't let the COVID-19 closures or dedensification stop this effort. They pivoted and offered the programming virtually.

The school is playing a major role in training a diverse public health workforce capable of tackling health disparities and health inequities. Student intern with the school's many community partners, such as the Maryland Department of Health and Mental Hygiene, the Prince George's County, Anne Arundel, Montgomery, and Baltimore City Health Departments, Kaiser Permanente, Metro Teen AIDS, and Identity, Inc. Internships, as more fully described in Section D, prepare graduates to design interventions for wellness, reducing obesity, HIV infection, tobacco use, motor vehicle injuries, depression/anxiety, and infant low birth weight, among other health needs and concerns. A diverse array of students, from undergraduate through doctoral, also work actively in the research and service activities of the school's three school wide centers (Horowitz Center for Health Literacy, Maryland Center for Health Equity, and Prevention Research Center) all of which have a focus on health equity and serving underserved populations.

The school has a multi-pronged approach to recruiting and retaining a diverse student population. The Diversity Officer regularly discusses the importance of recruitment and mentoring of students from underrepresented groups at both the undergraduate and graduate levels with senior leadership, academic and program advisors, and faculty and staff. One of the school's challenges has been the recruitment of top-notch, underrepresented minority students for doctoral programs. Many of these students are highly recruited and offered very attractive funding packages by more endowed schools of public health. The Diversity Officer works closely with the UMD Director of the Office of Graduate Diversity and Inclusion to learn and engage in recruitment strategies including holistic interviewing, ending GRE requirements, advocating for larger fellowships for top underrepresented students, summer internships at federal agencies, and supporting and engaging with a learning community of Graduate McNair Scholars.

The SPH DEIAB Council, academic unit Graduate Directors, Associate Dean for Academic and Faculty Affairs, and the Graduate Coordinator are also exploring best practices for recruiting, retaining, and graduating highly talented and diverse graduate students. SPH plans to strengthen relationships with HBCUs, HSIs, the McNair Scholars program and other minority-serving organizations in this effort. The school will monitor applicant pools, acquaint students with the broad range of faculty research focused on health equity and diversity topics, and ensure equity in the award of graduate assistantships to diverse students. Effective mentoring, fellowship nominations, and career development opportunities at federal agencies will also be important components of a comprehensive plan to increase the number of underrepresented students in the MPH, MHA, MS, MA, and PhD programs.

Goal 4: Education

- The school will ensure that undergraduate students acquire the knowledge, experience, and cultural competence skills necessary to succeed in a multicultural, globally-interconnected world.
- Academic units and programs will equip graduate students with diversity-related expertise and prepare them to be culturally competent public health professionals.

The school is deeply committed to expanding undergraduate offerings in public health that offer cultural competence skills of our students. We currently are proposing an interdisciplinary Global Public Health major that partners with AGNR, ARHU, BSOS, CMNS, INST and the Office of International Affairs. Further, SPH provides advising and student engagement opportunities for our undergraduate students.

In Fall 2022, SPH is scheduled to launch a public health track in the newly approved Social Data Science Major (SDSM), which will teach students who are interested in tackling social problems from a big data perspective and integrate the importance of the ethics behind data science.

Partnering with the College Park Scholars Program, the school runs a two-year Global Public Health experience, offering students a range of opportunities to explore the connections between health, culture, economic development and environmental sustainability around the world while advocating for the well-being of all communities. Students learn through colloquiums, capstone practicum and supporting courses with class discussions, group projects and guest speakers who are domestic and international leading experts in the field of public health.

Students both in and beyond the Global Public Health Scholars Program have an opportunity to apply globally minded approaches to local and global public health, community-based projects through student-led Public Health Beyond Borders (PHBB) started in 2012. PHBB's mission is to reduce health disparities around the world and increase awareness about good health practices, while exposing undergraduate and graduate students to opportunities for responsible global development work through faculty-mentored international trips and local public health projects. Public Health Beyond Borders UMD recently became the founding chapter of the national non-profit organization and is a model for the formation of PHBB chapters at other academic institutions

and schools of public health. In May 2022, Universitas 21 (U21) awarded PHBB the 2021-2022 “Most Collaborative” project in the RISE Showcase Awards.

In March 2022, the school launched the Peace Corp Prep program to prepare students with the knowledge and the skills needed to serve as Peace Corps volunteers. The program is open to any UMD undergraduate student.

The school also has a BS-MS partnership with the Smith School of Business and is exploring a similar partnership with Public Policy that addresses local and national civic and public health engagement, with social justice at its core. The Department of Behavioral and Community Health is also exploring a collaborative partnership with ARHU, BSOS, EDUC, and PLCY to create an anti-racism minor that will center work to understand and address anti-Blackness.

All of the academic units in the school have and continue to undergo a reflective, critical review process of their policies, practices, curricula, programming, and unit culture since the summer of 2020 and the critical national shift to actively address racism and intersecting oppressions. Units have moved forward in varying ways, but all are assessing, recommending, and making changes that better prepare our students to be culturally competent members and leaders of the public health workforce who understand what racism and identity based oppressive structures are and how these oppressive structures impact the health and wellbeing of our most vulnerable populations.

For example, in the Department of Behavioral and Community Health, the chair and lead faculty teaching core courses engaged in self-reflection around the question, “Are we teaching students about how racism, in its many forms, has and continues to impact personal and population health?”. They then worked to develop a comprehensive curriculum in the introductory, middle and end courses to ensure students understand the impacts of racism on public health in a progressive and more detailed manner. They did so by working with the Teaching and Learning Transformation Center on campus and using Backward Design theory, which is the process of designing a lesson, unit, or course by first determining what the final outcomes are and then planning assessment strategies and finally determining methods of instruction and assignments. This process centers students and student-focused learning. Using Backward Design, this process first established program level learning outcomes using an overarching goal and competency that all students are expected to achieve. Course learning objectives using Bloom’s Taxonomy were formed and then the process ended with the creation of course activities including case studies, self-reflection, groups discussions that led to assessment of learning outcomes through assignments and exam questions.

New school-wide introductory courses like Foundations of Public Health (SPHL100 and 600) were created at the undergraduate and graduate levels using a flipped classroom design that centers diverse student learning by focusing on the lecture experience and interactive classroom activities instead of traditional lecture/homework. This is a course that includes 35 students through the Freshman Connection Program, and ~400 students per semester with multiple discussion sections. This design process offers differentiation, self-pacing, immediate feedback and time for cooperation, collaboration, and active learning; it yields positive student perceptions.

In 2021, these innovative teaching practices led to three courses in BCH, HPM, MIAEH to receive national recognition by Delta Omega National Chapter (with Association of Schools and Programs of Public Health) with the Innovative Curricula Award.

At the campus level, there are general education diversity requirements in which students must take four to six credits classified as “Understanding Plural Societies” and “Cultural Competency.” UMD Task Force recommendations, with the support of the Student Government Association and many other campus entities, are currently reshaping and expanding the campus requirements that were created more than a decade ago to address the current DEIAB needs, issues and expectations of the campus, state, nation and global.

As a whole, school faculty are requested, wherever applicable, to incorporate diversity, equity, inclusion, and anti-racism content and learning opportunities into their curriculum. Our students also gain knowledge and experience through multi-cultural school, campus, and community events, as well as clubs and organizations such as those mentioned above.

Goal 5: Research and Scholarship

- The school will support nationally recognized research and scholarship on health disparities and on race, ethnicity, class, gender, and other dimensions of diversity.

SPH research activities address critical public health issues and conditions that affect the health and well-being of populations and include studies of biologic processes, individual and group lifestyle behaviors, social determinants of health, diseases and conditions and related risk factors, climate change and environment and more. We have an action-oriented research portfolio that includes both basic and applied research. Our applied research awards involve human subjects (57%), address health disparities (53%), diversity issues (49%), and involve the community (47%).

To support faculty and graduate student research, the SPH has a centralized pre-award administration office that facilitates the unit-specific post-award functions; and invests in proposal development training and support. SPH faculty and graduate students continue to pursue and receive research awards and have taken advantage of the increase in funding opportunities during the pandemic.

School faculty have received multiple awards that address health disparities and offer undergraduate and graduate student engagement that broadens and deepens their knowledge and understanding of DEIAB and how to apply what they have learned to the community, nation, and world. Examples of recent national and state recognition for research that included student engagement are below:

- Robert Wood Johnson Foundation Dissertation Award: Black LGB Mental Health for Natasha Williams' work with the UMD Prevention Research Center; mentored by Dr. Jessica Fish (FMSC) – 2022
- Maryland Public Health Association Award for Shots at the Shop led by Dr. Stephen Thomas (HPM) – 2021

Other points of pride include the following centers and programming, all led by nationally and internationally recognized faculty:

The previously referenced launch of the Prevention Research Center (PRC; https://sph.umd.edu/research-impact/research-centers/university-maryland-prevention-research-center), a Centers for Disease Control and Prevention (CDC) funded center dedicated to service, teaching, and research around issues of mental health among LGBTQ+ communities. The PRC team led by Dr. Bradley Boekeloo is diverse in identity, experience and research expertise and is also building a strong coalition that includes researchers across the university, community members, therapists, and practitioners. Key partnerships with other groups at UMD, including the LGBT Equity Center and the Office of Diversity and Inclusion, will elevate and increase the impact of the PRC's work.

The Community Engagement Environmental Justice, & Health lab, led by MIAEH Professor Dr. Sacoby Wilson, focuses to provide engagement to highly and differentially exposed populations and underserved communities. They work in partnership with community-based organizations, environmental advocacy groups, health practitioners, and policymakers at the federal, state, and local level to reduce local contamination, improve environmental quality, and enhance community health and sustainability. The 2021 relaunch of the laboratory is important because of the pressing regional, national, and global environmental justice and health issues that impact low-wealth Black, Indigenous, and People of Color (BIPOC) populations and communities. The scourge of the coronavirus pandemic, the constant threat of climate change, and the global movement for Black

Lives has challenged the CEEJH team to step up to help those most impacted by racism, colonialism, state-sanctioned violence, and state-sanctioned oppression.

The aforementioned Maryland Center for Health Equity (M-CHE) led by Dr. Stephen Thomas was established in 2010 with a central commitment to improving the health of residents in the state of Maryland. The center primarily focuses on eliminating racial and ethnic disparities to achieve health equity among residents and increase the inclusion of racial and ethnic minorities in health research through the Building Trust Initiative. The M-CHE has greatly expanded its efforts during the pandemics of racism and COVID-19 to address related health disparities and strengthen the community's role and involvement in an equitable vaccination campaign. Faculty, staff and students are doing this through multiple projects.

NatureRX at UMD, led by Dr. Jennifer Roberts and Dr. Shannon Jette, is a new and burgeoning movement to heal and preserve the health and well-being of every person in nature. It is represented by numerous individuals and units with the UMD community who have come together with a shared passion for the many ways in which the landscape of the campus arboretum and other recreational spaces can improve mood, cognitive ability, alertness, ability to concentrate, social connection and overall sense of well-being. It was born out of ParkRxAmerica, a non-profit organization whose mission is to decrease the burden of chronic disease, increase health and happiness, and foster environmental stewardship.

Goal 6: Community Engagement

- The school will promote academic and co-curricular activities that facilitate positive interaction among students, faculty, staff, and alumni.
- The school will increase the number of partnerships and the quality of engagement with its diverse external community.

The school's DEIAB mission and vision sets a foundation for what it means to be diverse, equitable, inclusive, and anti-racist so that everyone has a sense of belonging and can learn among and across different lived experiences. We do this through engagement and connectivity and conversation, including extending our trainings and dialogues to our campus community and community partners.

A SPH Public Health Practice Steering Committee, charged in June 2021 to assess our "public health practice" activities, completed a report that informs the initial creation of a SPH Office of Public Health Practice and Community Engagement. The need for this office is highlighted in our 2018-2023 Strategic Plan, and recent events have added an additional impetus for its creation.

As a professional school on the UMD campus, preparation of students for the practice of public health, contributions to current public health workforce development, and community engagement are key components of the Council on Education of Public Health accreditation criteria for Schools of Public Health. The "syndemics" have impacted all aspects of our society, undermined the health and well-being of individuals, families, and communities, and revealed the limitations of public health infrastructure and traditional practice. As a result, our students, staff, and faculty have had novel and extensive interactions with the public health community over the past 22 months causing us to reconsider current approaches to school-community interactions. In addition, a recent $1.5M RWJF gift was received to expand students' public health experiences.

To address these issues, and opportunities, a Public Health Practice Steering Committee, together with input from our SPH Community Advisory Council, took a close look at our required student internship experiences; the extent and degree of faculty and staff involved in "practice" related activities; the integration of public health practice experiences in our courses; our community engagement activities (including feedback from off-site practice preceptors and our community participatory research experiences), and our commitment to train the current workforce, and benchmarked these efforts with those of other Schools of Public Health.

Initial findings recommended an office that serves a critical coordination function within the school, with the community at large and across campus. The office can serve to provide essential tools and resources for shared preparation and assessment of student public health practice experiences and workforce development, facilitate administrative and reporting requirements, broker and sustain relationships with community groups and organizations, maintain a database of community affiliations and agreements, support the dissemination of research findings to the practice community, and more. This office also serves to partner with campus services and efforts, such as the Office of Community Engagement with which we have an established partnership.

Community partners and community group and organization engagement are integrally linked throughout our academic, research and service activities. Each semester, about 100 students participate in a community-facing public health practice experience. Almost half of SPH faculty research awards involve the community, either through community participatory-based research or other partnerships, and 63% of school faculty and staff have personally engaged in a public health practice service activity in the past two years.

The school benefits from formal advisory boards with diverse representation that include both senior leadership and public health champions from the general community. At the school level, we have the SPH Community Advisory Council and the Dean's Council. Members of these two councils provide valuable, diverse perspectives that inform our activities. The school also has targeted community advisory boards that advise the Herschel S. Horowitz Center for Health Literacy, SPH CDC-funded Prevention Research Center, and the Maryland Center for Health Equity.

Formal partnerships are recognized by "agreements" that may be general to address collaborative activities, such as training, service and/or research, for common goals or the agreements may be specific for a time limited defined service, research study or a student internship. Informal partnerships exist as well, often in the form of exploratory activities or through voluntary service work. The school has partnership agreements with the Maryland Dept. of Health, Society for Public Health Education (SOPHE), and the de Beaumont Foundation, among others, and is actively working to create new formal partnerships at the county and local municipalities.

The school recognizes that the syndemics have unveiled the importance of sustained community engagement and partnerships. Organizations and groups are eager to expand such partnerships with the SPH. The school also recognizes that community engaged research and related community-based work require faculty and staff time to build and sustain partnerships, and to develop trust when external funds are no longer available. These investments are not readily recognized by the campus workload requirements or promotion and tenure process. Our Diversity Office, DEIAB Council, and SPH senior leadership are actively working at the unit, school, and campus levels to advocate for policies and processes that better recognize community engaged research and practice, which highly impacts underrepresented faculty, particularly faculty of color.

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 school is committed to creating a working and learning environment that capitalizes on the strengths of its diverse faculty, staff, and student body. The goal is to ensure that all community members feel their worth is recognized, their work is respected, and their contributions are valued.

The SPH Strategic Plan for Diversity and Inclusion calls for regular assessment of the school environment through student course evaluations, work environment measures, climate surveys, focus groups, and informal discussions addressing climate issues. The school strives to provide an inclusive learning environment for all students. Faculty design learning experiences that expose

students to diverse perspectives and enable them to complete team projects with peers from different cultural backgrounds. Policies stating the importance of civil exchange of ideas and civil conduct are included on all course syllabi. The school has a statement on anti-racism and our commitment to bettering our world, recognizes the indigenous land on which we live and the native people who lived on this land through a Land Acknowledgment statement, and actively works to tell the truth about the school and campus and public health profession in shaping our history, present day and future (read more: Diversity, Equity, and Inclusion in SPH).

The school is also committed to fostering a work environment for faculty, staff, and students that values diversity, equity, and inclusion, anti-racism and belonging and actively addresses issues of bias and discrimination through restorative practices and support services from the school and campus.

The school strives to provide all students with an education that incorporates the values of diversity, equity, inclusion, and anti-racism, and that prepares them for an increasingly diverse and global workforce. All undergraduate students complete diversity and cultural competence requirements as part of their degree requirements. Students have significant engagement with cultural and global issues as referenced above with Global Public Health Scholars, Public Health Beyond Borders, and Peace Corp Prep programming. Curricula enhance student knowledge of health disparities, providing opportunities to examine health inequities that face individuals, families, and communities disenfranchised by race, ethnicity, socioeconomic status, age, and other social identity-based factors. They also acquire knowledge of methodologies for assessing health disparities and social and environmental determinants of health.

The "Understanding Plural Societies" courses explore the promises of plural societies and the challenges that must be addressed to ensure that they are just, equitable, and productive. "Cultural Competence" courses emphasize the acquisition of new knowledge about different cultures and cultural practices, thoughtful consideration of equity issues, self-reflection, empathy, global citizenship, and the development of skills for working effectively with individuals, groups, and teams from diverse identities and perspectives. SPH has multiple courses in both categories. Many other required and elective SPH undergraduate courses also address cultural knowledge, health disparities, health literacy, racism, and cultural competence skills for working with diverse populations.

In March 2022, The University Senate overwhelmingly approved meaningful changes to UMD's General Education diversity requirement. Full implementation of these changes is expected to take several years. The school Diversity Officer, Associate Dean for Academic and Faculty Affairs, and Assistant Dean for Undergraduate Affairs, among other faculty and student-centered staff have been and will continue to be involved in this process at a campus, school, and unit level. New course categories include Understanding Structures of Racism and Inequality: DVUS (from Understanding Plural Societies) and Navigating Diverse Social Environments: DVES (from Cultural Competence). DVUS courses will include fact-based, nuanced discussions of systemic and structural racism throughout history and across the world, whereas DVES courses will offer instruction in communication, conflict resolution, teamwork, and coalition-building skills essential for constructive civic engagement. When these changes are fully implemented, students will take one DVUS and one DVSE course.

Internships, service learning, and international experiences expose SPH students at all levels to the interplay of culture, race/ethnicity, socioeconomic factors, and healthcare, while building their cultural competence skills. BCH and FMSC require all undergraduates to complete a capstone internship course, while internship experiences are available to all students. Students learn to provide culturally-sensitive health and human services in internships that serve immigrant, racial/ethnic minority, veteran, low income, and homeless individuals and families in surrounding communities. SPH graduate programs have a similar focus on addressing health disparities and increasing cultural competence. MPH concentrations explore barriers to health care and strategies for increasing access, use, and quality of health services for diverse populations. Internships and

capstone courses prepare students to work with diverse individuals and communities in ways that are responsive to relevant cultural factors. Beyond the MPH, MS students in the Couple and Family Therapy program are required to complete FMSC745 Gender and Ethnicity in Family Therapy and Service Delivery. Students train in the school's Center for Healthy Families, the largest provider of family therapy to low-income families in Prince George's County, Maryland. School PhD programs in Epidemiology, Health Services, Maternal and Child Health, Family Science, Behavioral and Community Health, and Kinesiology likewise incorporate diversity issues and cultural competence in their curriculum. Many students complete internships in which they apply techniques for designing, implementing, and evaluating interventions to prevent disease/mental health problems, reduce health disparities and improve well-being for diverse communities. SPH doctoral students also have opportunities to increase their expertise in teaching about diversity and inclusion in academic and other professional positions. The units preparing future faculty and professionals programming and the University's Teaching and Learning Transformation Center provide students with training on how to teach effectively in diverse, multicultural classrooms/settings and how to incorporate diversity topics within their courses. PhD and master's students have additional opportunities to learn about diversity and health equity issues through continuing education programs (e.g., Public Health Research@Maryland Day, M-CHE's Collegium of Scholars, Anti-Racism Teach-Ins).

Notably, the State's 2012 passage of the Maryland Health Improvement and Disparities Reduction Act requires that educational programs in public health, medicine, nursing, pharmacy, dentistry, social work, and allied health professions across the state "develop courses with cultural competency, sensitivity, and health literacy, that are designed to address the problem of racial and ethnic disparities in health care access, utilization, treatment decisions, quality, and outcomes." UMD submits annual reports on its "Cultural Competency Training and Other Health Disparities Reduction Activities" to the State Department of Health. This state initiative has broadened opportunities for SPH to learn from other disciplines and institutions about best practices for improving coverage of health disparities, health literacy, and cultural competence in school curricula (including the USM Health Equity convening in May 2022).

The SPH commencement survey includes items to assess the school's success in building competency and self-efficacy in working with diverse communities, measured on a 5-point Likert scale from Strongly Disagree to Strongly Agree:

- To what extent do you agree: My education at SPH increased my knowledge of diversity issues.
- To what extent do you agree: My education at SPH prepared me to work with others whose background and culture are different from my own.

The most recent data from the December 2021 commencement survey show that undergraduate and graduate students alike overwhelmingly agree or strongly agree that they are more knowledgeable about and skilled in working with diverse populations as a result of their academic programs.

The university has clearly defined policies consistent with state/federal legal guidelines to deal with egregious problems such as sexual harassment, threats, or hate speech (Office of Civil Rights and Sexual Misconduct, Bias Incident Support Services). SPH activities supporting a diverse, equitable, inclusive, and anti-racist environment include dissemination of new work-life policies, development of faculty and staff awards programs, annual celebrations of cultural and identity groups (e.g., Black History, Women's History, and Hispanic Heritage, AAPI, Pride months), and ongoing support of the inaugural UMD SPH Lactation Room and additional advocacy for resources at UMD.

In Spring 2022, the SPH Faculty and Staff Awards Committee established the 2nd Lt Richard W. Collins III Courage Against Hate Award (which will also be extended as a student award in 2022-2023) to honor the life and legacy of 2nd LT Collins, a young Black man who was murdered on our campus by a SPH student who was motivated by hate. The award was also established to remind our community of this history of our campus and school and tie it to supporting work that advances diversity, equity, inclusion, and anti-racism at the school and beyond such as: creating and leading

sustainable programming, curricula, or training, raising awareness and/or addressing intersecting oppression and hate, serving as a catalyst for change such as advocating for transparency and accountability. Awardees' work must serve as a model and embody the critical importance of love in advancing the public health good.

Another example of a current effort to tie historical racism to present day, is the school's welcoming of the Tulsa Race Massacre Exhibit and panel discussion with Washington Post reporter and Associate Professor in the College of Journalism, DeNeen Brown, which highlighted the work of Brown on the Tulsa Race Massacre and SPH faculty and graduate students. Panelists joined Brown in truth telling efforts through a public health lens that linked historic and present-day health inequities and injustices. They discussed issues of historical traumas impacting Black lives, overlapping themes of medical and public health racism, research ethics and trust, red-lining, generational trauma from historic and modern day lynchings and massacres, and racism and the built, social and natural environment. The school continues to partner with other disciplines with work that intersects with public health, including to understand and address legislation that is actively working to undermine the public's health.

While the campus does not capture formal data for LGBTQ+ students, the school captures qualitative and quantitative data regarding issues impacting the LGBTQ+ population and faculty, staff, and several students also self-report their affinity to this identity group, as well as needs and issues impacting the population. The Prevention Research Center, the LGBTQ+ Students and Allies in Public Health, and the Center for Healthy Families are actively engaged in education and training in this area. Based on feedback from this group, we are in the process of converting signage for gender-inclusive restrooms, as well as assessing all bathrooms in the school to determine which bathrooms, if any, could be converted into additional gender inclusive restrooms (the goal is to provide a gender inclusive restroom on each floor where courses are held, in addition to the existing GIR spaces). This work is done in coordination with the DEIAB Council, campus facilities, the President's Commission on Women's Issues, and the President's Commission on LGBTQ Issues.

The school administered its third climate survey to all faculty and staff and students in Spring 2022 and has planned key informant interviews to identify best practices and areas for improvement. Finally, the school considers disability to be an important component of diversity and works to provide a welcoming, accessible academic and built environment for all members of its community and partners with the office of Accessibility and Disability Service on campus as well as the Teaching and Learning Transformation Center.

SPH is committed to maintaining policies that support a climate free of harassment and discrimination and ensure equitable opportunity for members of the school community. The school has appointed Equity Officers for both faculty and staff who carefully supervise the recruitment of a diverse workforce and collaborate with other university offices to foster complaint resolution and respectful, equitable work environments. The Diversity Officer oversees implementation of the school's Strategic Plan for Diversity and Inclusion and works with the Equity Officers to bring any climate concerns to the attention of the Dean, the SPH Diversity Council and Dean's Cabinet. Academic unit heads, Graduate Directors, Undergraduate Directors, Advisors, faculty, and appropriate staff also address climate and equity issues raised by members of the school community. School Equity Officers and SPH administrators/staff have worked effectively with representatives of University Human Resources, the Office of Diversity and Inclusion, Accessibility and Disability services, International Students and Scholar Services, LGBTQ Equity, Multicultural Involvement Community Advocacy, Religious Services, Veteran Student Life, and University Ombuds Offices for Faculty, Staff and Graduate Students to address climate-related concerns/complaints and to support school faculty, staff, and students. The school Diversity Officer served as an interim Ombuds Officer for staff and has brought that skill, experience, and campus relationship building with them to the school by maintaining ongoing engagement with the campus Conflict Resolvers Network. This relationship greatly benefits the school through knowledge and resources.

Since 2019, the school has held 1) a gallery walk showcasing various articles on the current status of immigration in the country, and 2) training "Where We've Been, Where We Are, Where We Can Be: Disrupting Xenophobia, Embracing Multicultural Citizenship" facilitated by Nana Brantuo, PhD Student, Minority and Urban Education Program & Graduate Assistant, Officer of Diversity and Inclusion, 3) a training on "rankism" in the workplace with ADVANCE Professor Barbara Curbow, and 4) an information session and facilitated discussion about UMD and SPH TerrapinSTRONG as well as information on the intersection of identity and wellness, highlighting the UMD SPH Happiness and Wellness Initiative. This is a SPH-led initiative with cross campus outreach and collaboration (including partners: Student Affairs, Counseling Center, Health Center, RecWell and Resident Life). The initiative has created an SPH Wellness Room, launched a monthly newsletter with over 1,500 subscribers, and hosted a number of seminars for the school community on issues related to happiness and wellness, many with a DEIAB lens.

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

We have growing evidence that the school's many and varied DEIAB activities are helping to fulfill our goals of promoting success for our priority populations.

For example, the school's commitment to closing the graduation gap for students of color is yielding positive results. Data show a reduction in the gap for undergraduate students of color from 5.7% to 3.4% from 2018-2021 and an elimination of the gap for graduate students of color (94.5% graduation rate).

Retention and graduation rates for Black female master's students increased from 73% to 82% across the most recent five years of data; the increase was smaller for male Black male students, from 71% to 75%. For Black female doctoral students, graduation rates decreased from 88% to 65% over the past five years, while for Black male doctoral students, the graduation rate increased from 75% to 88%.

Retention and graduation rates for Hispanic/Latino(x) female master's students increased slightly from 87% to 89% across the most recent five years of data; the increase was larger for male Hispanic/Latino(x) male students, from 72% to 82%. For Hispanic/Latino(x) female doctoral students, graduation rates increased from 60% to 83% over the past five years, while for Hispanic/Latino(x) male doctoral students, the graduation rate has stayed fairly steady at around 50%. These data show a need to focus on identifying particular gaps in student services or challenges for Black female and Hispanic/Latino(x) male doctoral students in our future work.

Undergraduate enrollments have increased over the past decade and the proportion of White students has declined from 50% to 40% during that time, with consequent increases in the proportion of students of color. The change in enrollment demographics is even more dramatic for our graduate student enrollments. Over the past decade, the proportion of White students has decreased from 55% to 28% and under-represented minority students now represent the largest fraction of graduate students (35%).

Faculty racial and ethnic diversity is not representative of the state or student population demographics. The number of Black and Hispanic/Latino(x) tenure-track faculty has remained steady from 12 (14%) to 12 (17%) over the past five years, and the number of Professors is very low (two) and has not changed in that time, and the number of faculty of color in the Assistant Professor rank is three currently versus 10 five years ago. Overall faculty numbers have decreased due to recent retirements and attrition around the pandemic, but those numbers are expected to rebound with new hiring. The school has done somewhat better with the racial and ethnic diversity within the professional-track faculty ranks moving from nine (12%) to 14 (21%) faculty of color over the past five years. Gender diversity amongst the tenure-track faculty is less problematic, with an

overall balance of slightly more women (52%) than men (48%) in the past year and a balance of Professors (16 each). Professional-track faculty are predominantly women (n=50; 76%).

As outlined in more detail below (G1.6), student perceptions from our most recent climate survey provide qualitative evidence that our climate is conducive to success for students of all identity groups and that we are showing success in our goal of developing an environment that evokes a sense of belonging for all members of our community. The sustained and growing increases in enrollments of students from underrepresented groups provides strong evidence that we are providing a welcoming home for a diverse student body.

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

The school completed its third DEIAB climate survey in May 2022. We received 114 faculty/staff responses from 260 members, as well as 134 student responses (59 graduate students, 74 undergraduate students, 1 certificate student). The student response rate is significantly lower than expected and from previous surveys. This is in part due to extreme fatigue from the demands and changes of the past two+ years, as well as communication distribution and awareness issues, which the school is actively working to assess and address.

Overall, students, faculty, and staff view the school to have a welcoming and inclusive environment, diverse student body and staff, and somewhat diverse faculty body (with emphasized need for improvement) that values diversity and inclusion. Students (69%) and faculty and staff (68%) agree or strongly agree that the school offers programs and events that promote interaction between diverse groups. Most in the SPH community agrees that the school encourages discussion and activities in multiple DEIAB areas, but identified the areas of gender and sexual identity, disability, and religious beliefs as needing more attention, as well as immigration and socioeconomic status. As a whole, students identified being aware of the school's engagement with DEIAB topics and events, and expressed a desire for more programming, yet they indicated that they did not attend many of the events and programming. The school has qualitatively been aware of this issue and coupled with this quantitative data, plans to address engagement and awareness issues to increase overall student awareness and engagement. Overall, graduate students tended to have a higher level of disagreement than undergraduate students or faculty and staff. The school will seek to learn more about this through listening sessions with graduate students.

Table G1-6.a. Overall satisfaction with the school's DEIAB climate

	Undergraduate students	Graduate students	Faculty and staff
Very satisfied	34%	35%	24%
Satisfied	58%	33%	43%
Neither satisfied nor dissatisfied	6%	22%	28%
Dissatisfied	2%	4%	5%
Very dissatisfied	0%	6%	0%

The 2022 survey prioritized lived experience and belonging, a new focus and commitment of the school. Overall, data showed that students, faculty, and staff experience a sense of value and belonging in the school, but there are specific areas that need attention, including students feeling isolated in group assignments and receiving recognition in the classroom (see Table G1-6.b). Faculty and staff indicated that they sometimes did not feel treated with value and dignity by students (undergraduate more so than graduate; Table G1-6.c).

Table G1-6.b. Student experiences in the school

		Overall	Undergraduate students	Graduate students
I feel that I belong in the School of Public Health	Strongly disagree	4%	1%	7%
	Disagree	6%	4%	7%
	Agree	37%	43%	29%
	Strongly agree	48%	44%	54%
	Don't know	6%	7%	4%
I feel that I am valued in the School of Public Health	Strongly disagree	6%	1%	11%
	Disagree	5%	3%	7%
	Agree	44%	46%	41%
	Strongly agree	39%	41%	38%
	Don't know	6%	9%	4%
When I am in class, my opinion is valued	Strongly disagree	2%	1%	4%
	Disagree	2%	1%	4%
	Agree	47%	53%	39%
	Strongly agree	47%	41%	54%
	Don't know	2%	3%	0%
I feel that all of my identities are valued by my SPH instructors	Strongly disagree	5%	1%	9%
	Disagree	7%	9%	5%
	Agree	40%	46%	32%
	Strongly agree	44%	41%	48%
	Don't know	4%	3%	5%
I feel comfortable showing up as who I am to my SPH classes	Strongly disagree	3%	1%	5%
	Disagree	5%	3%	7%
	Agree	42%	45%	39%
	Strongly agree	49%	49%	48%
	Don't know	1%	1%	0%

Table G1-6.b (continued). Student experiences in the school				
		Overall	Undergraduate students	Graduate students
I have felt isolated or left out when group assignments are required	Strongly disagree	38%	30%	48%
	Disagree	39%	42%	36%
	Agree	12%	14%	9%
	Strongly agree	9%	10%	7%
	Don't know	2%	3%	0%
I receive recognition for my classroom contributions	Strongly disagree	3%	3%	4%
	Disagree	9%	7%	11%
	Agree	48%	56%	39%
	Strongly agree	33%	26%	41%
	Don't know	7%	9%	5%
The school enables me to work on class projects with students from diverse backgrounds	Strongly disagree	2%	1%	4%
	Disagree	9%	4%	14%
	Agree	46%	48%	45%
	Strongly agree	41%	45%	36%
	Don't know	2%	1%	2%
The school provides internships and professional experiences that increase my cultural sensitivity and cultural competency	Strongly disagree	6%	0%	14%
	Disagree	15%	10%	21%
	Agree	34%	46%	20%
	Strongly agree	28%	32%	23%
	Don't know	16%	12%	21%
The school increases my knowledge of diversity issues	Strongly disagree	4%	1%	7%
	Disagree	8%	4%	13%
	Agree	43%	48%	38%
	Strongly agree	40%	45%	34%
	Don't know	5%	1%	9%
The school prepares me to work with others whose backgrounds and cultures are different than my own	Strongly disagree	5%	3%	7%
	Disagree	7%	1%	14%
	Agree	42%	45%	38%
	Strongly agree	42%	46%	36%
	Don't know	5%	4%	5%

Table G1-6.c. How often faculty/staff are treated with value and dignity by others in the school				
	Never	**Sometimes**	**Most of the time**	**All of the time**
Administrators (e.g., Dean, Assistant/Associate Deans, Chairs)	1%	12%	34%	53%
Faculty members	1%	11%	44%	44%
Staff in the Departments/Centers	1%	8%	26%	65%
Staff in the Deans Office	1%	11%	34%	55%
Your supervisor(s)	2%	9%	18%	71%
Undergraduate students	0%	9%	45%	45%
Graduate students	1%	4%	38%	56%

Students, faculty, and staff identified a number of high and medium priority items to improve for diversity, equity, inclusion and belonging (Table G1-6.d). Recruitment of diverse leadership and faculty/staff positions and increased opportunities for students to voice opinions or lead DEIAB efforts were the most notable items for students. Faculty identified diversity and inclusion training as a priority in multiple contexts, as well as mentoring programs and recruitment efforts around underrepresented leadership and faculty/staff positions.

Table G1-6.d. Medium and high priority items for future DEIAB efforts				
	Students		Faculty/staff	
	% High priority	% Medium priority	% High priority	% Medium priority
Recruit more persons from underrepresented groups for leadership, faculty, and staff positions	45%	20%	59%	20%
Increase opportunities for student voices to be heard/to provide feedback in the improvement of DEIA	43%	25%	47%	32%
Increase opportunities for students to lead efforts to improve diversity, equity, inclusion, and anti-racism	40%	26%	41%	35%
Invite more speakers to discuss topics of diversity and inclusion	35%	29%	37%	28%
Have more multicultural or intersectional events	34%	29%	40%	27%
Facilitate group dialogues that bring together specific identity groups to discuss topics	34%	31%	33%	30%
Facilitate intergroup dialogues that bring together diverse groups to discuss topics	32%	31%	40%	28%
Provide diversity and inclusion training for faculty	32%	30%	49%	23%
Increase the focus on diversity and inclusion topics in SPH classes	32%	26%	41%	26%
Provide diversity and inclusion training for administrators	28%	33%	42%	23%
Provide diversity and inclusion training for students	27%	43%	38%	28%
Recruit a more diverse student body	25%	31%	24%	31%
Provide diversity and inclusion training for staff	22%	34%	33%	37%
Effective mentorship for faculty from diverse backgrounds	*n/a*	*n/a*	61%	20%
Provide diversity and inclusion training for promotion and tenure committees	*n/a*	*n/a*	53%	23%
Effective mentorship for staff from diverse backgrounds	*n/a*	*n/a*	51%	27%
Provide diversity and inclusion training for search committees	*n/a*	*n/a*	47%	22%
Support for research on diversity and inclusion	*n/a*	*n/a*	40%	31%

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

Strengths:

- There is strong and dedicated commitment and support for enhancing diversity and inclusion at the university, school, and academic unit levels. This commitment is reflected in recruitment and retention policies designed to attract, support, and retain both faculty and students from underrepresented populations.

- The school is considered a leader among UMD schools/colleges in diversity initiatives, recognized for development of a Strategic Plan for Diversity and Inclusion, a school-wide Climate Survey, and a strong commitment to DEIAB content in our curricula. The SPH has been a voice and advocate for social justice, including on issues of immigration and anti-racism. The school believes it is not only the university's Office of Diversity and Inclusion role to do DEIAB work, but it should also be woven in the fabric of all that is being done on campus and in SPH. Strong leadership from the university President Dr. Darryll J. Pines and senior campus leadership, as well as SPH Dean Dr. Boris Lushniak and SPH senior leadership nurtures and positions SPH faculty, staff, and students to respond and speak out against racism and other acts of discrimination, hate and bias. "The efforts of the School of Public Health are important to the entire campus as well as for the larger community," said Dr. Georgina Dodge, UMD's Vice President for Diversity & Inclusion. "Not only are students exposed early to principles of social justice, they become advocates for humane treatment and access throughout their careers. And the inclusive attitudes adopted by faculty and staff within the school impact their colleagues in other units as well as students in other majors."

- The school is recognized among its ASPPH peers and nationally for its DEIAB work. The school is actively requested to present and facilitate panels and discussions on DEIAB at ASPPH and ASPH conferences and meetings, as well as state, county, and campus conferences (e.g., UMD Teaching and Learning Transformation Conference) and meetings (e.g., county and state health department).

- The school received the 2019 Higher Education Excellence in Diversity Award from INSIGHT Into Diversity. This award recognizes our diverse student body, faculty, and staff, and reflects our school-wide commitment to fostering and evolving culture that honors diversity, cultivates inclusion and grows connectedness and belonging.

Weaknesses and Plans:

- With retirements and movement to other institutions, the school continues to need to address targets for underrepresented faculty and staff, specifically for the targeted Hispanic/Latino(x) population. Our demographics do not reflect the state of Maryland or the student demographics of the school. This is a clear area of focus for our future recruitment activities. The campus has put in place mechanisms for incentivizing hiring of faculty from underrepresented groups and our school successfully competed for those funds in 2022. The school will continue to pursue those funds and work with school leadership to further our commitment in this area.
- The school recognizes that effective mentoring of junior faculty from all racial and ethnic backgrounds and both sexes can be enhanced and that strong recruitment efforts are also an essential component to success in this area.
- Our updated strategic plan for DEIAB efforts has been delayed with COVID; however, the introductory strategic doing process and creation of the guiding statement is moving the school forward and better situates the DEIAB Council for goal setting that better creates data points and goals that tie into lived experience and not solely demographics.
- Additional resources for positions dedicated to DEIAB efforts are needed and the school is actively advocating for such support. There are openings for improved collaboration across

units and sharing of information, processes, programming, and expertise to leverage all DEIAB-related strengths within the school, and such efforts will be discussed as part of the DEIAB strategic planning effort.

H1. Academic Advising

The school 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 school'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 orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.**

Undergraduate Orientation
When undergraduate students are admitted to UMD and SPH and decide to enroll, they are required to register for an orientation date in either the summer and winter sessions before the start of fall or spring semester classes. Freshman orientation in summer is a 2-day program, and transfer orientation is a 1-day program; all winter programs are 1-day programs. This orientation provides students with a general overview of the campus, campus policies, campus life, residence life, financial aid, and orients them to the registration process. Each orientation also includes a component specific to their school and academic major, ensuring orientation to program and graduation requirements, benchmark requirements, typical 4-year plans, transfer credit approvals, and other specifics helpful for ensuring academic success and timely completion. All undergraduate majors in SPH have the same orientation experience, which includes both online and in-person elements.

Graduate Orientation
Upon admission to a graduate program in the school, all students receive multiple orientation opportunities. The school has created a virtual orientation course space via ELMS-Canvas that all incoming students are added to once they accept the offer of admission. The school orientation module is effectively a student handbook and presents an overview of the school's mission, values, and goals; student resources; advice shared by current students; research resources and IRB training; and an introduction to career services offered by the school and university, among other topics. Our live (hybrid) orientation is held just before classes start, allowing incoming students the opportunity to be welcomed by the Dean and participate in breakout sessions to meet with their respective departmental faculty and current students. This allows students the opportunity to meet and network with other students in their specific programs while learning about the academic requirements. In the academic unit/program-specific sessions students learn about expectations for the program and student responsibilities, receive copies of program handbooks, and are introduced to program policies and procedures referenced therein and the importance of becoming familiar with and adhering to them. In addition to the orientation at the school level, the Graduate Directors and faculty from each academic department provide advising to newly admitted students before the semester starts, such as informing them about advisors, communicating with incoming students about their courses, and approving their schedule for registration.

All incoming graduate students also participate in the university-wide new graduate student orientation sponsored by the Graduate School. The university-wide orientation is now virtual and SPH students are required to complete the orientation as part of their on-boarding to the campus.

Students admitted to the BS-MPH Accelerated Program are invited to a "Meet and Greet" Session (held annually in April). During this session, the students are able to meet with school leadership, the Graduate Directors, and the undergraduate Program Coordinators/Directors from each of their respective BS-MPH program concentrations. The Graduate Directors go over a list of FAQs with them in their individual sessions. Staff from the SPH Office of Graduate Student Services provide students with an overview of the graduate process and invite them to the Graduate Orientation sessions that are held prior to the upcoming Fall semester. Students are encouraged to view the

information for each program on the school's website (specific links are provided by each program concentration) and to contact their Graduate Director or BS-MPH Program Coordinator if they have any further questions.

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

Student advising is conducted primarily at the Academic Unit level. The assignment of advising relationships and the periodicity of required academic advising varies across the academic units and degree programs. All tenured and tenure-track faculty are required to participate in advising and mentoring of students as part of the teaching expectations associated with the promotion and tenure policies of the academic units and the university. In the school, tenured/tenure-track faculty provide formal advisement and mentoring to graduate students only, whereas professional advisors provide primary programmatic and career advising to undergraduate students.

Undergraduate Advising

The school's long history in undergraduate education has afforded the opportunity to develop a highly structured approach to student advising that ensures each student has ready access to the highest quality and most accurate academic and career advising. Each undergraduate program at the university has designated specialized academic advisors to ensure that students are consistently provided up-to-date academic related information and support. The school's extensive system for undergraduate advising includes professional advisors both in the academic units and in the school's Center for Academic Success and Achievement (CASA). These advisors work together within the school and as part of the larger undergraduate advising community across campus to serve the specific and unique needs of undergraduate students within the contexts of specific program, school, and university policies and requirements. Undergraduate students do seek out other program faculty for informal advising, and all faculty provide course-specific advisement to the students enrolled in their courses each semester. The Assistant Dean for Undergraduate Education oversees academic advising across the school, working closely with all units and the Center for Academic Success and Achievement to ensure compliance with university advising requirements and to support continuous improvement across the full spectrum of advising services in the school. All undergraduate advisors in the school attend the annual UMD Advising Conference to share best practices and keep up to date with campus-wide changes in policies, procedures, and resources.

Each of the academic units offering an undergraduate program employs professional academic advisors and/or Undergraduate Program Directors/Coordinators who serve as students' primary contacts for academic and career advising. Full-time advisors and coordinators/directors are selected for these positions based on their experience with students, a previous understanding of programmatic requirements, knowledge of the general expectations of students at UMD, and a strong desire to enhance student success and achievement through advising. Training for these positions involves close supervision, shadowing, and mentorship in all key aspects of the job, including working directly with students; university policies, services, and resources; career and graduate counseling; and UMD, academic unit, and program-specific requirements.

Initial academic advising for students in SPH majors is a partnership between the academic units and CASA. All students entering the school's undergraduate programs, either as new students (freshmen and transfer students) or as current students from another college/academic unit (internal transfers) attend an orientation that is organized and led by CASA. Through orientation students receive a copy of their academic degree program major sheets showing the applicability of any courses completed/credits earned to their major, orientation to the advising requirements and procedures for the respective major, and access to advising information for their program. After orientation to the university and school, students meet their respective undergraduate coordinator/director and/or advisors in the academic units for orientation to the appropriate degree program. Internal transfer students first attend an asynchronous change of major workshop on Canvas/ELMS where they learn their degree requirements and become familiar with the major.

CASA oversees SPH implementation of the university's degree completion policy for all undergraduates, which requires students upon declaration of a major to develop graduation plans that will carry them through to graduation, ensuring that all criteria for the degree are completed in accordance with course-specific, program-specific, and university requirements. A CASA advisor first approves these graduation plans when a student enters an SPH major. It is the student's responsibility to update the plan in an advising session with a faculty or professional advisor should changes in their plan be necessary or desirable (e.g., decision to study abroad, intent to fulfill prerequisites for a graduate program, change in the timing of or access to courses, etc.).

Based on size, resources, and curricular demands, each undergraduate program has slightly different advising procedures for its students. All newly admitted freshmen and transfer students in all majors have mandatory advising for one semester. They satisfy this requirement by creating their graduation plan and meeting with an advisor in their department. All students may meet with an advisor in their program at any point using various appointment mechanisms.

CASA is a critical partner to the Academic Units in providing comprehensive advising services to undergraduates. CASA is supported by the Office of the Dean and employs a Director, one Assistant Director and three professional advisors who deliver both complementary and enhanced advising services beyond those of the academic units. CASA is responsible for coordinating SPH participation in university undergraduate recruitment and yield activities; supporting all change-of-major, freshmen and transfer student orientations (approximately 2200 students enter SPH majors via these routes); approving all graduation plans; and processing Dean's Exceptions to Policy requests. CASA provides general advising on university and school policies and procedures, reinstatement/re-enrollment, general education requirements, transfer credits, major exploration, graduation, and policy exceptions. These services are meant to supplement the academic unit advising services by encouraging students to seek advising more often for quick questions and/or simple advising issues. Appropriate referrals are made if the student needs to see the undergraduate coordinator in his/her academic unit for more individual advising about his/her program of study. CASA offers student advising on a drop-in basis (in-person or virtual) or by appointment (an online scheduling system is available 24-7).

Beyond these core advising services, CASA advisors provide intensive, specialized advising services for specific undergraduate populations with particular advising needs. While most students are advised within their academic units, two groups of students are required to obtain advising from professional advisors in CASA: those experiencing academic difficulty (approximately 75 students at any time) and student athletes (approximately 120 students at any time). Due to their unique circumstances, these students need intensive and specific services that CASA's full-time, professional advisors are trained to provide. The student athletes in the school are assigned to a CASA advisor whose responsibility is to ensure compliance with National Collegiate Athletic Association (NCAA) rules and regulations regarding academics and athletic eligibility, with explicit attention to and monitoring of progress toward degree completion. Students in academic difficulty are assigned to a CASA advisor who assists them in understanding their academic challenges and developing a corrective action plan to achieve academic success and degree completion. Both groups of students have mandatory advising for every course they add or drop each semester.

Graduate Advising

Upon admission to a graduate program in the school, all students receive frequent communications (through Marketing Cloud in Salesforce) from the Office of Graduate Student Services with information on how to get started as a graduate student in the school. Incoming students are also added to the SPH Graduate Student Handbook, an ELMS-Canvas organizational course space with information such as the core public health courses for MPH students, internship planning, career planning, SPH and UMD resources for graduate students, and an overview on academic advising. Incoming students are also invited to the New Graduate Student Orientation during which they meet with their respective academic unit/program and faculty advisors, staff, and peer students.

The graduate student orientation includes a school-wide program for new students that presents an overview of the school's mission, values, and goals; student resources; and panel presentations from current masters and doctoral students. The second portion of the orientation involves program/concentration-specific breakout sessions with the respective program directors and faculty. This allows students the opportunity to meet and network with other students in their specific programs. In the academic unit/program-specific sessions students learn about expectations for the program and student responsibilities, receive copies of program handbooks, and are introduced to program policies and procedures referenced therein and the importance of becoming familiar with and adhering to them.

The SPH Graduate Student Handbook is a Canvas organizational course created to provide important information for both incoming students and current students (both in-person and online). There are currently 10 modules, with additional modules under development based on student recommendations. The modules include 1) Getting Started, 2) Navigating ELMS-CANVAS and the Online Course Environment, 3) Maximizing your Graduate School Experience, 4) Academic and Graduate Life Resources, 5) Getting Engaged in Research, 6) Campus Resources, 7) MPH Internship, 8) Career Planning, 9) Departmental Resources (under development), and 10) School of Public Health Resources. We are currently transitioning individual departmental handbooks and resources into the Canvas site to facilitate regular student engagement with all relevant materials.

Individual student-to-faculty advising/mentoring assignments are established in varying ways across the academic units. For MPH and other master's students, most units try to match them with an advisor based on the students' interests described in their application. In addition, programs determine an equitable distribution of advisees so that individual faculty are able to more efficiently provide one-on-one advising and mentoring. Advisors are typically assigned in the late spring or early summer so that incoming students are able to register for fall courses during the summer. Current students typically meet with their advisors a minimum of two times a year for course, internship, and capstone planning. The students who are enrolled in the dual MPH and Masters in Community Planning (MCP) program are assigned an MPH advisor in their concentration following the same format as above, but they are also assigned a primary advisor in Community Planning. These students meet with both advisors in the summer to determine their course sequence and whether they will start with the MPH or MCP courses in their first year. The dual degree students attend both the MCP and the SPH new student orientations. The combined BS-MPH students are assigned a graduate advisor when they start their Senior year of their undergraduate program. They are also added to the Graduate Handbook in ELMS-CANVAS and are invited to attend the new graduate student orientation when they start their senior year so that they are able to meet the MPH students in their cohort and are familiar with graduate resources. BS-MPH students generally retain their graduate advisor through the entirety of their MPH program.

In most units, doctoral students are paired with specific faculty based on their research interests. Advisors are assigned during the admissions process allowing advising to begin in late spring/summer before matriculation. Current students meet with their advisors frequently during the first two years of their program, ending each year with a student progress report meeting. Program directors are responsible for ensuring that all faculty are familiar with the program and advising requirements. Faculty are updated on curricular changes at academic unit faculty meetings, provided copies of program handbooks, and in some academic units advising responsibilities are reviewed during the August faculty retreats. New faculty may attend an orientation meeting with the academic unit head and/or program director(s) during which time advising policies/procedures are reviewed, and they are encouraged to attend new student orientations each year. All faculty are required to keep regular office hours and to publicize these on syllabi and to academic unit administrators and staff.

Units/programs may also vary in the frequency of required advising appointments. Students are encouraged to meet with their faculty advisors at least once per semester to assure progress through the program and address any concerns they may have in a timely manner. Students also work with their advisors during the capstone planning, implementation, and reporting processes. In

some units/programs, a face-to-face advising meeting is required every semester, whereas in others, students work closely with their advisors on research projects and thus may only be required to have a formal advising meeting once a year or when reaching program milestones. Graduate program directors and coordinators provide professional advising to the students that often extends beyond that provided by faculty advisors. This includes guidance and referrals to other services, including financial aid, counseling services, study skills, disability accommodations, international student services, veteran's benefits, and opportunities for engagement within and outside of the academic unit/program.

All graduate students, regardless of program or degree level, are also required to maintain and update a program plan that maps out an intended course of study and progress toward degree. Advisors and/or program committees, depending on the unit/program, review program plans with advisees at least annually (if not per semester), including the Annual Progress Report; students are given explicit feedback on progress to degree completion and discuss individual competency attainment. Students are also given guidance to inform continuation in the program and remaining degree requirements, and adjustments to the program plan are made as appropriate. The assessment of student satisfaction with advising is variable across units/programs, with some evaluating students' satisfaction through unit-/program-sponsored surveys and others relying on advising satisfaction data collected through the school's commencement survey.

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

Undergraduate advisors are hired through the search and selection process coordinated by campus Human Resources, typically requiring a master's degree. Most undergraduate advisors in SPH are professional staff with backgrounds/master's degrees in higher education or a similar field. Qualities sought include attention to detail, strong communication skills, an appreciation for all student backgrounds, and the ability to work well in a team environment. Advisors across the school are oriented through training at the school level and the department level. Each year, the campus supports an undergraduate advising conference on the campus to support professional development for all advisors across the breadth of topics in academic advising and student services support.

Graduate advising is supported primarily by the tenure-track and less so by professional-track faculty across the school, with nearly all tenure-track faculty advising graduate students within their programs. Each graduate program is led by a Graduate Director, some of whom have been hired specifically for that role while others are tenure-track faculty with the additional responsibility. Graduate Directors have the responsibility of ensuring that all faculty advisors within the program are oriented to the program requirements and are capable of providing meaningful academic and career advising to students. The Graduate Directors in the school meet regularly with the Associate Dean for Academic Affairs as part of the Graduate Programs in Public Health Committee, which allows for sharing best practices and professional development opportunities across the school. The Graduate School also provides a variety of mentoring and other professional development opportunities for faculty in their role as advisor/mentor. Moreover, the Graduate School provides regular meetings of Graduate Directors to provide updates on policies and best practices, which the Graduate Directors in turn provide back to their faculty.

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

All materials can be found in ERF H1.4, organized by degree level.

<u>Undergraduate</u>
Undergraduate students are provided with model 4-year graduation plans, academic requirements, and benchmark requirements for their major, and work with advisors to develop specific 4-year plans that accommodate their unique situation. These documents are available on the school website as well.

Model 4-Year Plans and Benchmark Information:
https://sph.umd.edu/content/four-year-plans-and-benchmarks

Each year, the BS-MPH program coordinator collaborates with the undergraduate advisors and graduate directors to enhance the electronic materials and BS-MPH website that are used as tools to inform and advise the students about the program. The BS-MPH website plays an instrumental role in ensuring that all interested students are provided with the same information. The website contains information about program sequencing, admission criteria, benefits of the program and the perspectives from former students. Ultimately, these students rely on major-specific advising to complete their undergraduate degree requirements, and graduate advising for their transition into the MPH phase of the program.

Websites for undergraduate student resources are provided by each department:

Behavioral and Community Health:
https://sph.umd.edu/academics/departments-units/department-behavioral-and-community-health/student-resources-and-programs-behavioral-and-community-health/undergraduate-student-resources-community-health

Family Science:
https://sph.umd.edu/academics/departments-units/department-family-science/student-resources-family-science/undergraduate-student-resources-family-science

Kinesiology:
https://sph.umd.edu/academics/departments-units/department-kinesiology/student-resources-kinesiology/undergraduate-student-resources-kinesiology

Public Health Science:
https://sph.umd.edu/academics/departments-units/public-health-science/student-resources-public-health-science

Other undergraduate resources are provided on our school website:
https://sph.umd.edu/academics/advising-resources/undergraduate-center-academic-success-and-achievement

Graduate
The school has moved to an online, primarily asynchronous orientation and advising course offered through the Canvas LMS that new and continuing students can access at any point (SPH Graduate Student Handbook; see ERF H1.4). The course includes modules in a variety of topics relevant to student academic progress and success, from research compliance approvals to academic policies, to graduation requirements, etc. Some programs offer individual handbooks for students as well, supplementing the school-based materials.

Websites for graduate student resources are also provided by each department:

Behavioral and Community Health:
https://sph.umd.edu/academics/departments-units/department-behavioral-and-community-health/student-resources-and-programs-behavioral-and-community-health/graduate-resources-behavioral-and-community-health

Epidemiology and Biostatistics:
https://sph.umd.edu/academics/departments-units/department-epidemiology-and-biostatistics/student-resources-epidemiology-and-biostatistics

Family Science:
https://sph.umd.edu/academics/departments-units/department-family-science/student-resources-family-science/graduate-student-resources-family-science

Health Policy and Management:
https://sph.umd.edu/academics/departments-units/department-health-policy-and-management/student-resources-health-policy-and-management

Kinesiology:
https://sph.umd.edu/academics/departments-units/department-kinesiology/student-resources-kinesiology/graduate-resources-and-opportunities-kinesiology

Maryland Institute for Applied Environmental Health:
https://sph.umd.edu/academics/departments-units/maryland-institute-applied-environmental-health/student-resources-md-institute-applied-environmental-health

General graduate resources are provided on our school website:
https://sph.umd.edu/academics/advising-resources/graduate-student-resources

5) **Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.**

Student satisfaction with academic advising is captured in two key ways. First, a satisfaction survey is sent to undergraduate students four hours following an appointment with an advisor in either the school (CASA) or department. This survey collects feedback about the quality of advising received, as well as about areas in which advisors could improve.

Table H1-5.a. Quality of advising: Percent of students who agreed with the following statements, by fiscal year.				
		FY2020	**FY2021**	**FY2022**
The advisor was knowledgeable about my academic questions.	Agree	97%	98%	94%
	Neutral	1%	2%	3%
	Disagree	2%	1%	3%
The advisor referred me to the appropriate campus resources as needed.	Agree	96%	96%	94%
	Neutral	2%	3%	2%
	Disagree	2%	1%	3%
The advisor clearly communicated what is my responsibility and what he/she can do for me.	Agree	96%	97%	89%
	Neutral	1%	2%	5%
	Disagree	3%	1%	5%
I feel confident that the advisor will follow up on any unresolved issues.	Agree	92%	95%	88%
	Neutral	4%	3%	6%
	Disagree	4%	2%	5%
I feel supported by the advisor.	Agree	95%	96%	89%
	Neutral	2%	2%	6%
	Disagree	3%	2%	5%
The advisor was prepared for my appointment.	Agree	94%	97%	92%
	Neutral	3%	1%	4%
	Disagree	3%	2%	4%
Overall, the advisor is a good source for academic advice.	Agree	96%	97%	92%
	Neutral	1%	1%	6%
	Disagree	3%	2%	2%
I am satisfied with my academic advising appointment.	Agree	95%	95%	91%
	Neutral	2%	2%	2%
	Disagree	4%	3%	7%

Table H1-5.b. Areas for growth in academic advising: Percent of students who agreed with the following statements.			
How could your advisor have improved your academic advising appointment?	**FY2020**	**FY2021**	**FY2022**
	(*n*=467)	**(*n*=310)**	**(*n*=110*)**
Have more appointment times so I could have been seen earlier	11%	11%	13%
Be more knowledgeable about the questions I asked	2%	3%	6%
Be more friendly and/or approachable	3%	1%	4%
Be more accommodating due to my circumstances	1%	1%	6%
Be a better listener	2%	1%	2%
There is nothing the advisor can do to improve the appointment	67%	68%	57%

*Data was collected only for Fall 2021 due to a university-wide change in scheduling systems that could no longer support a customized thank you email with an evaluation link.

Second, data are collected from the biannual undergraduate and graduate student commencement surveys. While the CASA surveys ask about satisfaction at the appointment-level, the commencement survey provides students with an opportunity to reflect back on the overall advising received throughout their time as a student. Both quantitative and qualitative data are collected. Response rates for the past three years of commencement surveys are provided below.

Table H1-5.c. Commencement survey response rates, 2019-2021.			
Survey Response Rates	**FY2019 Graduates**	**FY2020 Graduates**	**FY2021 Graduates**
Undergraduate student commencement survey	43%	46%	36%
Graduate student commencement survey	64%	70%	49%

Data from these surveys show that overall, students agree that they received high quality academic advising. Quantitative survey results are provided below. Through qualitative data, we have found that advisors are often mentioned as a positive aspect of students' experiences, particularly for graduate students. Certain advisors, such as the director of the Public Health Practice and Policy program, are repeatedly singled out as providing outstanding advising. Some students have also called attention to variation in the advising experience and suggested that SPH develop a way to evaluate advisors.

Table H1-5.d. Percent of graduating students who agree or disagree that "The academic advising during my program was of high quality."				
		FY2019 Graduates	**FY2020 Graduates**	**FY2021 Graduates**
Graduates of Bachelor's programs	Agree/Strongly agree	70%	75%	82%
	Disagree/Strongly disagree	30%	25%	18%
Graduates of Masters programs	Agree/Strongly agree	80%	79%	77%
	Disagree/Strongly disagree	20%	21%	23%
Graduates of doctoral programs	Agree/Strongly agree	91%	93%	67%
	Disagree/Strongly disagree	9%	7%	33%

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

Strengths:

- The school has done an excellent job of leveraging available resources to create an undergraduate advising partnership between the academic units and CASA that ensures students stay on track for timely degree completion and provides safety-net support to the most academically at-risk students.
- The development of the Office of Graduate Student Services in the past three years has also provided additional support for graduate programs to ensure the best possible academic advising.

Weaknesses and Plans:

- Financial resources to support advising have remained relatively stable in spite of the increase in undergraduate student enrollments. This prohibits the academic units from providing mandatory undergraduate academic advising and thus disallows for developmental and forward-looking advising and mentoring that can be individualized to support each student's academic and career goals.
- The school recognizes the value-added if advising capacity existed to develop program-specific initiatives addressing study skills, networking, mentoring relationships, issues in social equity and long-term success, and web- based advising tools. The school continues to advocate for additional student support services at both the undergraduate and graduate levels. In 2022, we expect to hire at least 2-3 additional staff to support this area.

H2. Career Advising

The school 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 school provides such resources for both currently enrolled students and alumni. The school 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 school'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 campus provides general career support to all students and alumni through the Career Center, which supports an extensive website of resources and links to services (https://careers.umd.edu). Specific to the health sciences, the campus also supports the Reed-Yorke Health Professions Advising Office (https://www.prehealth.umd.edu/), which provides specific career support around clinical healthcare professions including medical, dental, and allied health professions, which aligns with many SPH student and alumni career aspirations. Schools and programs supplement these campus-wide services to provide more field-specific career advising and workforce professional development opportunities. SPH provides these services differently for undergraduate and graduate students, with some areas of overlap. One area of overlap is with one of the largest career events sponsored in the school, the SPH Career Expo, which brings approximately 50-60 area agencies/employers to the SPH where they provide students information about various careers. Many of the exhibitors attending the Expo are graduates of the school's programs, a positive reflection on graduates' successes in job placement. Many exhibitors participate year after year, an informal affirmation of their satisfaction with the school's students and alumni whom they have employed. Additionally, the SPH recognizes over 25 student organizations and honor societies as having formal affiliations to the school, either specifically linked to the school or one of the academic units or via a faculty/staff sponsor from the school. These groups organize and deliver programming for students to augment their educational experiences in specific areas of public health practice, career development and planning, and public health service.

   Undergraduate

   In collaboration with the University Career Center, SPH has a dedicated career services staff member (https://sph.umd.edu/student-opportunities/career-exploration/career-center) with dual reporting responsibilities to the University Career Center and SPH, ensuring continued professional development and linkage with the campus career services while dedicating the bulk of their time to serving SPH students and alumni. The staff member oversees professional development opportunities within and outside the classroom, as well as supporting activities like career workshops and panels, job fairs, and similar events. SPH has also named a Career Development Task Force made up of a faculty and staff representative from each undergraduate department.

Table H2-1. Members of the SPH Career Development Task Force			
	2020	**2021**	**2022**
Kinesiology	Joanne Klossner (faculty) Polly Schurer (staff)	Andrea Liberto (faculty) Lindsey Winter (staff)	Sushant Ranadive (faculty) Lindsey Winter (staff)
Behavioral and Community Health	Sharon Desmond (faculty) Matthew Wootten (staff)	Sharon Desmond (faculty) Tracy Zeeger (staff)	Sharon Desmond (faculty) Tracy Zeeger (staff)
Public Health Science	Kendall Bustad (faculty) Kristin Cipriani (staff)	Kendall Bustad (faculty) Nancy Smith (staff)	Kendall Bustad (faculty) Nancy Smith (staff)
Family Science	Kerry Tripp (faculty) Kendyl Oliver (staff)	Elisabeth Maring (faculty) Kendyl Oliver (staff)	Elisabeth Maring (faculty) Kendyl Oliver (staff)

The task force ensures broad representation from programs across the school to inform the career services staff member and other units in the school about new directions and improvements in career services opportunities for our students and alumni. One main accomplishment of the Career Development Task Force has been an ongoing survey and report of career integrations into academic courses, progress on this front, and continuing goals. In addition, SPH has made strong gains in student engagement opportunities in the past few years, including receiving financial support from the Provost to increase extra- and co-curricular activities relevant to student academic and professional development. For example, we have developed the STEP Program, Students Transitioning into Effective Professionals, that specifically focuses on ensuring our students are well prepared for internships and future career transitions. Finally, the undergraduate programs include targeted programming for their students, including career panels and workshops relevant for field-specific careers.

Graduate

At the graduate level, career services are primarily delivered through 1:1 student-to-faculty mentoring and advising relationships, with career and professional development resources and opportunities distributed broadly through the student listservs. Students in the MPH program may also receive career counseling as part of their internship experience, either from site preceptors or the faculty supervisor. The campus, through the Graduate School, supplements these activities with a variety of career services activities for master's and doctoral students, including career panels, professional development workshops, and networking events.

Faculty advisors provide both academic advising and career/professional mentoring to graduate students and alumni. At the very minimum, each student receives advisor guidance during the process of developing a program of study, and in planning an internship and culminating experience that meets his/her career goals and interests. Based on individual students' needs, faculty advisors

also provide other services, e.g., referrals through their networks for job opportunities and letters of recommendation for further education and/or employment. Students in the professional degrees work under the guidance of a faculty member and a site preceptor once they have advanced to the field placement/internship stage of the program, The faculty member assists students in designing projects that prepare them for the next steps in their careers, identifying appropriate agencies and preceptors, and crafting experiences that maximize the development of needed, marketable skills. Site preceptors serve to help expand students' professional networks and guide them in their exploration and identification of career opportunities.

The school maintains a graduate student listserv through which professional and academic announcements are regularly distributed, including career fairs; employment, internship, and post-doctoral fellowship positions; professional/skills development opportunities (e.g., grant writing workshops, leadership training); volunteer work; and other networking and professional opportunities. SPH's graduate student organization, Graduate Students in Public Health (GSPH), was established to serve the academic and social needs of the association members; to serve as liaison between graduate students, the administration, staff, and faculty; to encourage and promote community involvement by association members: and to stimulate interest in and advance the profession of public health. GSPH and the school's Graduate Student Services unit will often collaborate on career and professional-development related events, including resume reviews, career panels, and other professional development activities.

Many of the programs within the school provide additional opportunities for career advising. For example, the Department of Family Science offers the Preparing Future Faculty and Professionals (PFFP) program, based on a national program designed to equip doctoral students with the information and skills they need to be successful as faculty members or in nonacademic careers in government, nonprofit, and private sectors. The Department of Health Policy and Management provides a variety of content-specific career and professional development events for its students, including networking opportunities at two workshops every year and weekly job opportunity announcements.

Alumni

Nearly all the career advising resources available to undergraduate and graduate students (outlined above) are also available to our alumni, including the campus Career Center and the Reed-Yorke Health Professions Advising Office. The career services staff within the school work to develop programming that is relevant to both students and alumni, and alumni are specifically targeted in some activities, including the SPH Career Expo and the Alumni Night of Networking. Alumni of our graduate programs often remain in contact with their graduate advisors, who continue to provide professional guidance and networking long after graduation.

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

Undergraduate

As outlined above, SPH has a dedicated career services staff member with dual reporting responsibilities to the University Career Center and SPH. For this position, the University Career Center takes the lead in defining the position responsibilities and requirements, including degree and other previous professional experience. These positions are staffed by individuals with strong credentials and expertise in career and student services and are on-boarded and provided regular professional development by the University Career Center leadership. Within SPH, we work to ensure that this staff member is oriented to all of the undergraduate programs and their leadership, along with introductions to student groups and other leadership elements across the school to help facilitate job duties. The position reports to our Assistant Dean for Undergraduate Education, who has a strong line of communication with the University Career Center to ensure seamless supervision and direction for the staff member.

Graduate

Graduate career advising is less formalized in the school, relying instead on Graduate Directors and other faculty members within the graduate programs to provide both group and individual services to students. The Graduate School provides a number of workshops and other resources for professional development and support for these individuals. The Dean's Office also supports the programs through the Graduate Student Services unit, which includes staff members with extensive public health experience and awareness of campus career resources. The Director of Graduate Student Services works closely with our undergraduate career services staff member on joint activities for all SPH students, including the Career Expo (described below). Additionally, Masters level students have access to individual career advising with the undergraduate career services staff member and all graduate students are welcome to attend the programs planned and hosted by this role.

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.**

The school endeavors to provide students with regular opportunities for career advising, in particular as part of their regular advising activities, and alumni are encouraged to remain in contact with the school and their program director/mentors for continued engagement with career mentoring and advice. Academic units regularly engage with students and alumni on job opportunities in their fields through listservs and newsletters.

Beyond career advising as part of individual advising or faculty mentoring activities, the school provides a variety of events to help students and alumni engage in career exploration and prepare for future career and professional success. The school has recently hired an additional faculty member to support the Office of Graduate Student Services, with a portion of their contract devoted to expanding professional career development services and activities for students and alumni. A full listing of opportunities and regular events is available at the following website: https://sph.umd.edu/student-opportunities/career-exploration/career-center

The following are examples of recent career advising services and events provided to students and alumni.

School of Public Health Career & Internship Expo. The Career and Internship Expo is one of the school's largest annual career services events, where employers from a wide range of fields are invited to recruit SPH students and alumni at the undergraduate and graduate levels. The Expo is an opportunity for students of all class levels to explore the opportunities available to graduates with a degree from the school. Due to the restrictions and safety precautions in place during the pandemic, the 2020 and 2021 SPH Career Expo events were held virtually with the opportunity for students to attend individual or group chats with employers.

Table H2-3.a. SPH Career Expo Attendance

	2019 (in person)	**2020 (virtual)**	**2021 (virtual)**
Undergraduate Student Attendance	197	82	56
Graduate Student Attendance	7	9	3
Alumni	15	7	1
Employer Attendance	53	21	34

SPH Graduate Professional Development Series. The Office of Graduate Student Services was created in Summer 2019. This office oversees recruitment and admissions activities as well as professional development for graduate programs across the school, supporting program-specific offerings within the units themselves. Professional development activities were formalized as a Professional Development Series in the 2021-2022 academic year, which included both asynchronous online resources as part of the SPH Graduate Student Handbook and synchronous workshops, clinics, and panels. We added a "Career Planning" module in the SPH Graduate Handbook in ELMS-Canvas. Topics in this module include "Career Planning", "Current Internship/Fellowship/Job Opportunities", "Career Information for Doctoral Students", "Public Health Job Search Resources", "Skill Building Through LinkedIn Learning", "UMD Portfolio Project", and "Certified in Public Health (SPH) Exam". We are continuing to build out this resource for graduate students. Additionally, we offered six career development seminars during the 2021-2022 academic year. Titles and participation numbers are provided in the table below. The most popular session was the Graduate Resume Clinic which will be offered twice a year starting next year. Importantly, the campus Graduate School has expanded their career and professional development offerings to further support master's and doctoral students, and our office is working to further expand linkages with the Graduate School to further broaden the types of events our students are engaging in.

Table H2-3.b. SPH Graduate Professional Development Series Attendance

	Participants
Graduate Resume Clinic	45
Maryland Department of Health, Program Management Office – UMD SPH Flash Mentorship Session (virtual)	9
Proposal Development and Management Services for SPH Graduate Students (virtual)	9
Creating an Effective LinkedIn Profile for Public Health Careers (virtual)	31
ORISE Info Session: Research Opportunities	15
HRSA Pathways Internship Opportunities	9

SPH Alumni Network Student and Alumni Mentor Program. The Alumni Network Student and Alumni Mentor Program connects current school undergraduate students with SPH alumni in career paths similar to the students' respective interests. The SPH Alumni Network supports both the needs of the mentee and alumni mentor to encourage a successful professional relationship that is built and maintained throughout the academic school year. Mentors receive dedicated training before engaging in monthly meetings with their mentor, in which they discuss career aspirations, professional development and other topics relevant to the student successfully transitioning into a future career. The program culminates in a celebration at the end of the academic year. The School of Public Health Alumni Network received the Event of the Year Award at the University of Maryland Alumni Association's 2020 Volunteer Leadership Conference for their efforts to develop and grow the Student and Al'mni Mentor Program. More information can be found here: https://sph.umd.edu/student-opportunities/mentorship/sph-alumni-network-student-and-alumni-mentor-program

Table H2-3.c. SPH Student and Alumni Mentor Program Attendance				
	Fall 2019/ Spring 2020	**Fall 2020**	**Spring 2021**	**Fall 2021/ Spring 2022**
Undergraduate Students	28	48	28	41
Alumni Mentors	28	37	22	33

SPH Student and Alumni Night of Networking This is a flagship event for the School of Public Health planned in conjunction with the SPH Alumni Network Board and hosted every spring during National Public Health Week (typically the first full week in April each year). The SPH Student and Alumni Night of Networking is designed primarily as an opportunity for current students to meet with alumni from the school to learn more about potential career paths and essential skills and knowledge. The event also provides time for the alumni volunteers to have a separate networking period to meet each other and make career and professional connections among themselves.

Table H2-3.d. Student and Alumni Night of Networking Attendance			
	2019	**2020**	**2021**
Students	29	30	25
Alumni	13	16	10

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.

Data from our commencement survey questions targeting career advising are shown below. Generally, we see positive sentiments regarding services, but there is room for improvement. While a majority of respondents, both undergraduate and graduate, expressed positive responses toward their career advising experiences both before and after graduation, a substantial minority of students expressed negative responses to these questions.

Table H2-4.a. Satisfaction with Career Advising: Commencement Survey Results				
		FY2019 Graduates	**FY2020 Graduates**	**FY2021 Graduates**
Undergraduate: Career advising was available if I needed it.	Agree/Strongly agree	83%	93%	83%
	Disagree/Strongly disagree	17%	7%	17%
Undergraduate: The career advising I received was of high quality.	Agree/Strongly agree	70%	74%	66%
	Disagree/Strongly disagree	30%	26%	34%
Graduate: Career advising was available if I needed it.	Agree/Strongly agree	70%	74%	66%
	Disagree/Strongly disagree	30%	26%	34%
Graduate: The career advising I received was of high quality.	Agree/Strongly agree	76%	78%	82%
	Disagree/Strongly disagree	24%	22%	18%

Table H2-4.b. Satisfaction with Career Advising: Alumni Survey Results				
		FY2019 Graduates	FY2020 Graduates	FY2021 Graduates
Undergraduate: Since graduating, have you accessed SPH career advising services (e.g., UMD career services, SPH alumni network, former graduate director or faculty)?	Yes	20%	23%	15%
	No	80%	77%	85%
Undergraduate: How satisfied were you with the career advising services you received from SPH since graduating?	Very satisfied/satisfied	67%	60%	53%
	Neither satisfied nor dissatisfied	22%	33%	29%
	Very dissatisfied/dissatisfied	11%	7%	18%
Graduate: Since graduating, have you accessed SPH career advising services (e.g., UMD career services, SPH alumni network, former graduate director or faculty)?	Yes	29%	31%	22%
	No	71%	69%	78%
Graduate: How satisfied were you with the career advising services you received from SPH since graduating?	Very satisfied/satisfied	85%	80%	86%
	Neither satisfied nor dissatisfied	10%	20%	14%
	Very dissatisfied/dissatisfied	5%	0%	0%

Table H2-4.c. Survey Response Rates			
	FY2019 Graduates	FY2020 Graduates	FY2021 Graduates
Commencement survey: Undergraduate students	43%	46%	36%
Commencement survey: Graduate students	64%	70%	49%
Alumni survey: Undergraduate students	33%	16%	18%
Alumni survey: Graduate students	63%	31%	31%

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

Weaknesses and Plans:

- While we believe we have met this criterion, as noted above, our surveys of student satisfaction with career advising services indicate that our communication and career services could be improved.
- Our school has historically had one Career Services staff member focused on undergraduate students and only recently have we been able to expand the Office of Graduate Student Services to begin adding more dedicated career services to that office. Our ability to engage with alumni has been challenging given our small advising services staff at both degree levels.
- We have recently succeeded in hiring three additional advisors at the undergraduate level and added an additional faculty member in the Office of Graduate Student Services. A portion of all these individuals' time will be put toward the development and implementation of career-related services for undergraduate and graduate students and alumni. Our goal is to broaden our services and see improvements in student and alumni satisfaction with their experiences.

H3. Student Complaint Procedures

The school 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 school 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 school officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized.**

   The university has formal processes for students to communicate their concerns to school and university officials at the undergraduate and graduate levels. These processes are publicized in a variety of ways, as outlined below. Less formally, regular meetings of student advisory groups across the school provide a direct line of communication to raise broad concerns or suggestions for improvement to the unit heads and Dean. For individual complaints, students often reach out to faculty instructors or advisors as an initial point of contact about a complaint or grievance. Advisors are familiar with policies and procedures and are well-prepared to assist students. Faculty are encouraged to have students reach out to program directors within their units who are similarly well-versed in policies and procedures. Students may also search the university and school websites to find additional information. Typically, advisors and program directors serve as points of contact for informal complaints, and most are resolved at that level. Occasionally, administrators from the dean's office or campus level are involved to help resolve issues before they escalate to formal complaints or grievances.

   The school provides an overview of these processes on our Diversity and Inclusion website page, including a listing of key personnel who oversee any complaints or grievances: https://sph.umd.edu/about/diversity-equity-and-inclusion (see "Our Response to Discrimination and Microaggressions" section). The school also publicly presents climate surveys of faculty, staff, and students on our website: https://sph.umd.edu/about/diversity-equity-and-inclusion/school-public-health-climate-surveys. Beyond the website, our school's syllabi templates include links to the course policies for undergraduates (https://www.ugst.umd.edu/courserelatedpolicies.html) and graduate students (https://gradschool.umd.edu/faculty-and-staff/course-related-policies), each of which contain information about grievances, complaint procedures, and the university Ombuds Office. The school also posts information concerning the various offices and procedures that may assist on video monitors which are located throughout the SPH building.

   Depending on the nature of the formal complaint or grievance, students have multiple options for reporting their concerns. The following websites provide information for the broad campus community about the policies and procedures for different concerns.

   University of Maryland Non-Discrimination Policy and Procedures:
   https://policies.umd.edu/policy/5e0c704a-09df-4535-9a58-122fb0154676/
   https://diversity.umd.edu/bias/

   Policy on Threatening and Intimidating Conduct:
   https://policies.umd.edu/policy/9e8856d3-2904-4574-9609-7f052be24fe0/

   Policy and Procedures on Sexual Harassment and Other Sexual Misconduct:
   https://policies.umd.edu/policy/b2b4c087-8d3f-4a09-bb23-03d9562caa92/

Other policies related to different types of complaints and grievances (e.g., employment, disability, web accessibility, etc.):
https://policies.umd.edu/section/2240/

Policy on the Conduct of Undergraduate Courses and Student Grievance Procedure:
https://policies.umd.edu/policy/7e224af4-3f18-4d8f-a944-937ad6970e84/

The Office of Student Conduct receives and investigates referrals for Academic Integrity and Student Misconduct.
https://studentconduct.umd.edu/refer

Graduate School's Unacceptable Behavior Incident Form:
https://gradschool.umd.edu/unacceptable-behavior-incident-report-form

The Maryland Higher Education Commission also provides a means for any student at any institution in the state to submit a complaint via their website:
https://mhec.maryland.gov/institutions_training/Pages/career/pcs/complaint.aspx

Undergraduate and graduate students share a similar process for grieving a course grade. This process is detailed here for undergraduate students:
https://policies.umd.edu/policy/ded07b69-b556-4d33-899a-ad8fcc432079/

and here for graduate students:
https://academiccatalog.umd.edu/graduate/policies/school-policies/#arbitrary

The procedure requires that the student must first discuss the concern with the instructor of the class. If the instructor of the class is no longer available, the student is directed to the unit head. If the issues cannot be resolved informally at this level, the student can file a formal grievance, which is reviewed by the academic unit's student grievance committee. The student has 20 days from the time of the grade into the next academic semester (Fall or Spring) to file a formal grievance. The policy is essentially the same for both undergraduate and graduate students with the exception of the composition of the student grievance committees.

A second option for students is to file a general grievance, which allows students to "seek redress for acts of omissions of individual faculty members as well as academic departments, programs, colleges, or divisions without fear of reprisal or discrimination."

Undergraduate students may file a grievance following this policy:
https://policies.umd.edu/policy/7e224af4-3f18-4d8f-a944-937ad6970e84/

Graduate students may file a grievance with the Graduate School:
https://academiccatalog.umd.edu/graduate/policies/school-policies/#grievance-procedure

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.

Academic units in the SPH follow university grievance procedures. Whenever possible, issues of student grievance, undergraduate and graduate alike, are resolved within the academic units and the school. Resolution efforts may involve individual faculty, faculty committees, unit heads, and assistant/associate deans. Students are encouraged to begin the grievance process by addressing concerns directly with the instructor or faculty member. In some academic units, students are also encouraged to speak to the program director, the program coordinator, or a specified faculty member who serves as a faculty-student liaison, such as in the case of a grievance about an academic unit policy. If resolution is not possible, students should report grievances to the unit head to whom the instructor reports. If the grievance remains unresolved, students may address

grievances with the Assistant Dean for Undergraduate Education or the Associate Dean for Academic Affairs (for undergraduate and graduate students, respectively) and/or supervisor of the unit head.

Other academic units on campus also offer students support in resolving issues, including the Graduate Student Ombudsperson and the Undergraduate Student Ombudsperson. These individuals are an "impartial, independent and confidential resource" for students and work informally to "help to surface and resolve issues," and may also refer students to more formal processes. Students' general grievances (not related to grading) can be presented to the Ombudsperson, who also endeavors to address student complaints by working with academic unit-level Graduate Directors, academic unit heads, associate deans, and other administrators.

Although it is posted online in the student catalogs, students generally learn of the process for grievance from an administrator because they have taken the grievance there first. If they take a grievance to the President or the Provost, the student is generally sent back to the school through the Dean's Office. It is at this level that the student may first learn of the process for formal grievance. If the student goes first to the assistant dean or the unit head, the student is sent back to the individual instructor, or if appropriate, an attempt at resolution is made. Often when there is an issue, faculty are the first to contact the Dean's Office. In most cases the situation can be resolved with a review of university policy surrounding the issue.

Undergraduate and graduate students share a similar process for grieving a course grade. This process is detailed here for undergraduate students:
https://policies.umd.edu/policy/ded07b69-b556-4d33-899a-ad8fcc432079/

and here for graduate students:
https://academiccatalog.umd.edu/graduate/policies/school-policies/#arbitrary

The procedure requires that the student must first discuss the concern with the instructor of the class. If the instructor of the class is no longer available, the student is directed to the unit head. If the issues cannot be resolved informally at this level, the student can file a formal grievance, which is reviewed by the academic unit's student grievance committee. The student has 20 days into the next academic semester (Fall or Spring) to file a formal grievance. The policy is essentially the same for both undergraduate and graduate students with the exception of the composition of the student grievance committees.

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.

Grievance 1 (October 21, 2019):

Nature of complaint: Student complainant claimed that a violation of the Education Article of Annotated Code of Maryland or Title 13B of the Code of Maryland Regulations (COMAR) had occurred. The student complainant was challenging the denial of an exception to policy request for the student to participate in the upcoming graduation ceremony, despite having 24 incomplete credits.

Instruction from Maryland Higher Education Commission (MHEC): Provide a response to MHEC within 30 days of the letter.

SPH Response: The student is currently registered for 20 credits. UMD states that successful completion of these courses with a C-or higher will result in four remaining credits for the student to complete prior to finishing their degree requirements The institution states the student will be eligible to participate in graduation following their completion of their final 24 credits. UMD ensures they will continue to work with the student to achieve their undergraduate degree.

Current Status: On December 2, 2019, MHEC sent a letter to the student complainant and deemed this student's case was closed after reviewing the complaint, University of Maryland College Park's response, and related institution policies.

Grievance 2 (July 29, 2019):

Nature of complaint: Student complainant was protesting the requirement to change his major after failing to complete required benchmarks

Instruction from MHEC: Provide a response to MHEC within 30 days of the letter.

SPH Response: The school provided benchmark information on the student's major and a summary of the rationale for the decision to deny the exception to policy request to stay in the major despite not meeting benchmarks. The school included documentation related the student's academic record, including the student's very low GPA. The school determined that it was clear that the student was determined to earn a degree, but the student was in current academic jeopardy and in danger of dismissal due to prior performance in several benchmark courses. The school stated its belief that the student had potential to achieve success in another discipline and earn a degree, and that it was currently in the process of facilitating the student's academic transition to a new major, because the student's academic success remained important to the school.

Current Status: On August 27, 2019, MHEC informed the school that a complaint resolution letter was going forward to the student complainant.

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

Strengths:

- The school has worked to enhance communication and clarity around grievance and complaint procedures and believes that a culture of openness to communication with unsatisfied students is the clearest path to providing the best possible learning environment for our entire student body.

Weakness and Plans:

- We continue to work to enhance our communications and streamline our procedures in this area.

H4. Student Recruitment and Admissions

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

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

Undergraduate Recruitment on the College Park Campus

At the undergraduate level, students who are interested in attending the University apply to the Office of Undergraduate Admissions (OUA) rather than individual colleges and schools. The school's Center for Academic Success and Achievement (CASA) staff are assigned to coordinate all recruitment activities with the OUA to recruit diverse and highly qualified undergraduate students. An important distinction from graduate student recruitment and admissions is that while the school plays an active and essential role in the recruitment and yield of qualified undergraduate applicants, undergraduate admissions decisions are made entirely by the university, not by the school or its individual academic units/programs.

The SPH participates in all recruitment events sponsored by the OUA. During fall semesters, the university hosts one Visit Maryland Day event during which prospective students can visit campus. At this event a CASA staff member represents the school at the information fair, providing information about the undergraduate majors in the school to prospective applicants and their families. In addition, prospective students have the opportunity to attend a specific information session about the school. This session consists of a panel of current undergraduate SPH Student Ambassadors from all majors and facilitated by a school staff person, either the Assistant Dean or the school's undergraduate recruitment coordinator from CASA. Students share their stories about declaring majors, describe their studies, and talk about post-graduation goals. Unique opportunities available in the school are showcased throughout the session and audience members have the opportunity to ask questions of the students and staff.

In the spring semester, OUA hosts several Admitted Student Open House programs for applicants admitted to the university who may or may not have yet committed to enrolling. At these events students are given the opportunity to attend two focused presentations, one an overview of the school that highlights special strengths and opportunities, and a second major-specific presentation in which students meet with faculty and staff from the academic units/program to get specific information on the academic program and the unit. SPH Student Ambassadors are always present at these events and often give their email addresses to prospective students so they can email after the event if they have any follow up questions. In recent years, these events have been virtual and are currently moving to a hybrid format to maximize engagement.

As with graduate recruitment, the university has outlined plans for enhanced recruitment efforts to attract a larger pool of applications from academically talented and underrepresented student groups, including transfer students. For example, the Office of Undergraduate Admissions will intensify its recruitment efforts with aggressive campaigns and the courting of outstanding students through faculty contacts and other means, and will increase the amount and flexibility of financial aid available to students, with the goals of increasing the accessibility of education and reducing the debt burden of university graduates.

Financial aid and need-based scholarships are offered and administered primarily by the university. In 2015, the school began offering TerpStart scholarships, providing financial assistance to first-time, full-time, Pell-eligible freshmen declaring an SPH major, to assist in the yield of excellent students. Nearly $77,000 in TerpStart scholarships have been distributed to 69 students over that time, half supported by SPH donors and the other half matched by the university. Maryland Promise Scholarships started in 2021 for meritorious SPH students with financial need entering as first-year students or transfers and continuing up to four years; to date three students have received nearly

$16,500 in Maryland Promise Scholarships. The Department of Kinesiology has also awarded the $3,000 Whitlark Scholarship to an incoming transfer student with financial need.

Undergraduate Recruitment on the Shady Grove Campus

Staff from the school's Public Health Science Program at the Shady Grove campus also engage in multiple, targeted recruitment efforts each year. Recruitment for the Public Health Science program at the Universities at Shady Grove consists of outreach to local community colleges—Montgomery College, Prince George's County Community College, and Frederick County Community College—through transfer fairs and other recruitment events. The Program Coordinator also makes classroom visits to health and science classes at the community colleges. At these events, program staff engage with prospective students one-on-one and provide them with printed materials related to the program and transfer pathways. Students who indicate interest in the program fill out a "request for information card" with their name and email address. The Program Coordinator follows up with these students and invites them to make an appointment for pre-admission advising. In addition, The Universities at Shady Grove holds three Open Houses per year. These are recruitment events for all programs delivered at Shady Grove, held on Saturdays in July, October, and March and open to the public. The Public Health Science program at Shady Grove has excellent working relationships with recruitment coordinators, faculty, and administration at the community colleges and who enhance the program's recruitment efforts. Articulation agreements with Montgomery and Frederick Community Colleges ensure that the necessary program prerequisites will be offered to support student transfer from the community college to the SPH Public Health Science program. The faculty and counselors at the community colleges advise students about the Public Health Science program requirements and guide them into the required courses to create a seamless transfer.

Graduate Student Recruitment

The SPH seeks to enroll a graduate student body that is academically strong, has demonstrated significant potential to excel in graduate studies, is highly diverse to support culturally competent work with the diverse local and state communities, and possesses an equally strong motivation and commitment to public health. To achieve this goal, the school employs a variety of recruitment strategies, both associated with and independent of those led by the university. The efforts are led by the Office of Graduate Student Services and our Admissions and Recruitment Coordinator. The school participates in several annual graduate student recruitment events organized by UMD, including: Graduate School Preview Day, an open house coordinated by the UMD Graduate School for prospective students; the National McNair Scholars and Undergraduate Research Conference Graduate School Fair; and information for prospective graduate and undergraduate students is also available during Maryland Day, an open house coordinated by the university for the entire campus and surrounding community and which showcases the full range of programs and services. The school also recruits students from the annual SPH Career Expo, specifically targeting students in SPH undergraduate programs, and annually hosts a booth at several recruitment events in the region, including the APHA Annual Meeting and Exposition, the State of Maryland Health Disparities Conference, and the National Institutes of Health Graduate and Professional School Fair.

Within and in addition to the school's broader graduate student recruitment efforts, the school realizes its commitment to recruiting underrepresented minorities through several targeted strategies. Faculty and staff routinely meet students at several conferences including those sponsored by: the State of Maryland Health Disparities Conference; the Hispanic-Serving Health Professions Schools (HSHPS); and ABRCMS (Annual Biomedical Research Conference for Minority Students). SPH faculty sponsor McNair Scholars in their research groups in the summers and the school participates annually in the National McNair Scholars and Undergraduate Research Conference Graduate School Fair. The McNair Scholars is a program that targets students from low- income, first generation and traditionally underrepresented groups who wish to pursue graduate studies. In addition, there are two NIH-sponsored programs for undergraduate students from underrepresented groups in the school that serve as potential recruitment programs. The first, UM-STAR (the UMD Summer Training and Research program) is sponsored by NIH-NHLBI and

brings students to the SPH in the summer. The second program, ADAPT (the UMD Aging, Diversity and Professional Training), is sponsored by NIH-NIA and targets freshmen entering the university and engages them immediately in research.

The school's workforce development activities are also a natural bridge to recruiting students. Recruitment and marketing materials are made available to all continuing education and certificate program participants, and at the annual Public Health Research @ Maryland Day. The school has a collection of one-page print publications that are used by the school and academic units/programs for distribution at these and other events as appropriate and a virtual viewbook for online distribution as needed. The school's website is also a significant recruitment tool for all the school's academic offerings as it includes a single page that serves as a portal to details on each of the school's degree programs (https://sph.umd.edu/academics). This is supplemented by instructions and deadlines for applying to each program, contact information for program directors, in-depth academic unit websites, and a faculty directory structured to allow prospective students to easily identify faculty who could be expert mentors in specific disciplines and specialty areas.

The school leverages the potential of SOPHAS as a recruitment tool through participation in the ASPPH-sponsored "This is Public Health" recruitment fairs (as geographically appropriate), the SOPHAS Virtual Fairs, and the contact tools available in SOPHAS to engage with a prospective applicant from the beginning of the application process through admission and enrollment agreement. The Admissions and Recruitment Coordinator also coordinates the school's participation in local Idealist Graduate Fairs, the ABRCRMS Conference and Fair, and the National McNair Scholars and Undergraduate Research Conference Graduate School Fair, and the hosting of a SPH Graduate Programs Open House in the Fall semester, and an Accepted Students Day in the Spring semester. The Graduate Coordinator and other academic unit staff work directly with prospective students to provide information about degree offerings and opportunities. Staff interact with prospective students via telephone, email, and in face-to-face or virtual meetings, often providing a triage function to help a prospective applicant identify the program(s) of study that best aligns with their educational and career objectives and providing subsequent support through the application process.

Academic units also engage directly in complementary activities for recruiting qualified students. For example, to recruit doctoral applicants in particular the Department of Family Science sends recruitment letters and academic unit brochures to graduate directors, department chairs, and selected faculty at universities with family science, maternal and child health, or related programs, and holds recruitment meetings with potential students and faculty advisors at professional conferences. Faculty and students in the Department of Kinesiology who attend various conferences throughout the U.S. and abroad distribute program brochures and talk with prospective students about the program. The Departments of Behavioral and Community Health and Health Policy and Management have also sponsored departmental-specific accepted applicant events. Finally, financial incentives such as teaching or research assistantships and fellowships vary but are offered by all academic units as mechanisms to recruit the most qualified applicants in each application cycle.

In 2021, the school formalized an SPH Graduate Student Ambassadors program to increase current student engagement in our recruitment events and recognize those students who dedicate their time and effort to our many recruitment activities across the year. The ambassadors are from the breadth of graduate programs in the school and must agree to participate in at least three events throughout the year, from student panels to tabling events to virtual open houses. The inaugural cohort of Graduate Student Ambassadors (18 total) were recruited to be a diverse representation of our masters and doctoral students, representing each academic department. The Ambassadors participated in student panels during the New Student Orientation and Open House in the fall and Accepted Students Day in the Spring. They also responded to prospective student email inquiries as follow up from the events or through the Ambassador webpage. Ambassadors also participated in at least one TIPH virtual fair. Student Ambassadors are volunteers and are recognized for their service during the SPH Convocation Ceremony.

For our BS-MPH Accelerated Program, the main recruitment period is during the months of December to February. During this time, interested students are encouraged to do one or more of the following for advising: (1) Attend an information session (a minimum of four sessions are provided during the recruitment period), (2) Schedule a one-on-one meeting with the BS-MPH Program Coordinator (by emailing bs-mph@umd.edu), (3) Review the detailed materials that are provided on the BS-MPH website and/or (4) Complete an Interest Form online to have access to all of the BS-MPH materials. Undergraduate advisors are also given electronic materials that they can share with any interested students.

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. Schools should discuss only public health degrees. Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

Undergraduate Student Admissions on the College Park Campus

All SPH undergraduate majors are accepted through a centralized review process in undergraduate admissions. As the flagship campus of the University System of Maryland, the university is committed to achieving excellence through the admission of undergraduate students of exceptional ability and promise. The University's Office of Undergraduate Admissions (OUA) reviews applications and makes all offers of admission. The merit of each applicant is reviewed in four major areas: educational performance; potential for college success; potential to promote beneficial educational outcomes and contribute to campus and community life; and student persistence and commitment to educational success. A combination of quantitative and qualitative factors goes into the decision-making process, as spelled out here:
https://admissions.umd.edu/apply/admission-review-factors-and-process

Unlike graduate admissions, undergraduate admission is to the university generally, not to a specific degree program within the school. As such, faculty in the school do not play a role in the undergraduate admission process, but rather in the recruitment activities and the post-application yield activities as described above. Students enter the school's undergraduate programs directly as freshmen, as internal transfers (i.e. through a change of major process after matriculating to the University), or directly upon transfer to the university from another college or university. The school's baccalaureate programs are open to all students, with the exception of those who have already failed to pass the "benchmarks" associated with each of the programs. Benchmarks are required courses in each curriculum designated as indicators of a student's potential to successfully complete the program of study. If a student has already attempted to complete those benchmark courses and failed to do so within the parameters of the policy, they are not allowed to declare the major and must identify another program within the university.

Undergraduate Admissions at the Shady Grove Campus

The Program Director and Admissions and Recruitment Coordinator of the Public Health Science program at Shady Grove handle all admissions to the program. Program staff conduct transcript evaluations, including course-by-course reviews, with transfer credit services for prospective students. Once the student submits an application through UMD Admissions, program staff review the application to verify admissions criteria are met and make an admissions recommendation to UMD Admissions. Applicants eligible for admission have successfully completed all program prerequisites, attained a minimum GPA of 2.5, met the basic English proficiency requirement by submitting either a TOEFL score or proof of earning an associate's degree (if English is not the student's native language), and submitted transcripts from all previous institutions.

The program may choose to accept an applicant conditionally (pending receipt of final transcripts); reject the application and recommend that the applicant return to the community college to complete additional prerequisites or earn a higher GPA; or reject the application. UMD Admissions has final approval authority over the application recommendation. Approved applicants receive an official acceptance letter from the University, followed by an email of congratulations and

instructions about next steps from the Public Health Science Program Director and Program Coordinator. Admitted applicants are required to sign a letter of commitment, attend a new student orientation, and take all necessary steps to ensure completion of prerequisite courses. Applicants not offered admission receive other types of official letters from UMD Admissions as appropriate.

Graduate Student Admissions

The UMD Graduate School has final authority for granting admissions to applicants for those programs offered on the College Park campus: https://academiccatalog.umd.edu/graduate/policies/admissions-policies/.
Academic units and programs review admissions applications and credentials and make admissions recommendations to the Graduate School Dean. In cases in which credentials were earned abroad, the International Students & Scholar Services Office provides guidance on transcript evaluation and compliance with rules and regulations for foreign students wishing to study in the United States. The standards maintained by the Graduate School and individual academic units are applied to ensure that applicants admitted to the university are well qualified and have a reasonable expectation of successful degree completion.

Standards for admission to doctoral degree programs are frequently higher than those for admission to master's degree programs. The number of spaces available in various academic units is limited according to the availability of faculty, special resources, and funds for students requiring financial assistance. In many degree programs, the number of applications received from individuals qualified for graduate study regularly exceeds the number of applicants who can be accommodated. In such cases, only the most highly qualified are offered admission, as evaluated using a holistic admissions approach.

Criteria for Graduate Admission: Those applicants who have earned or will earn a bachelor's degree at a regionally accredited college or university in the United States or the equivalent of a baccalaureate degree in another country and with a minimum 3.0 grade point average are eligible to be considered for admission to the Graduate School. Each department and graduate program establishes its own admissions criteria beyond these minimum requirements of the Graduate School. The school's main objective is to select a highly qualified, diverse group of students who have training interests consistent with the foci of the various graduate programs. Each unit/program establishes its own procedures for the review of applicants and selection of students and, per university policy, may use a range of criteria to judge the merits of an application. The decision to admit an applicant to a program is based primarily on a combination of the following criteria, evaluated from a holistic review of a complete application.

- Quality of previous undergraduate and graduate work – The Graduate School requires as a minimum standard a B average (3.0 on a 4.0 scale) in all undergraduate courses taken at a regionally accredited college or university
- Strength of letters of recommendation from persons competent to judge the applicant's probable success in graduate school
- Scores on a nationally standardized examination – The SPH allows submission of Graduate Record Examination (GRE) scores for all programs, but only requires GRE scores for some of our PhD programs. We continue to review the concerns around the GRE in promoting an equitable admissions process for some applicants.
- Test of English as a Foreign Language (TOEFL) for international applicants who are not native speakers of English (Minimum requirements for the TOEFL English proficiency test are established by the Graduate School: https://gradschool.umd.edu/admissions/international-admissions)
- Applicant's statement of his or her academic career objectives and their relation to the intended program of study
- Other evidence of potential success in graduate studies, including interviews, writing samples, and/or a supplemental set of short essays
- Availability of an advisor in the applicant's specific field, available space in the program, and competitive rating within the applicant pool for the given term of entry

Admissions decisions are made with consideration of the complete application package and not based on any single element alone. While infrequently exercised, programs also have the option to request of the Graduate School provisional admission for an applicant with an overall strong application but a specific area of concern; in such cases, continued enrollment is contingent upon demonstrated success against specifically defined performance goals in at least the first semester of coursework.

Graduate program applicants are admitted to a particular program for a specific degree objective (MS, MPH, PhD, etc.). Applicants may be admitted to full graduate status if they have submitted official documents indicating a completed baccalaureate degree from a regionally accredited institution or have earned a degree equivalent to a baccalaureate degree from another country and are fully qualified in the judgment of the individual program and the Graduate School. Applicants may be admitted to provisional status if 1) the previous academic record is not outstanding; 2) the prerequisite course work in the chosen field is insufficient; 3) the applicant has majored in another field with a creditable record but has not yet clearly demonstrated abilities in the proposed new field; or 4) the applicant has not provided official verification of information required by the graduate program or the Graduate School, such as the last semester's work or receipt of a degree. Official transcripts indicating receipt of the degree must be submitted before the end of the first semester. Registration for a second semester will not be permitted unless these documents are received by the Graduate School.

All completed applications are reviewed by the graduate program to which the applicant applied, the Graduate School, and if necessary, the International Students & Scholar Services Office. Applicants may receive correspondence from each of these offices requesting clarification or additional information or documents. Most of the school's graduate programs require the SOPHAS application portal, with a supplemental application through the UMD Graduate School. Those programs that do not use SOPHAS rely exclusively on the UMD Graduate School application in addition to their program-specific supplemental application requirements as noted above.

After a central school-level review of minimum requirements by the Director of Graduate Student Services, each academic unit within the school reviews applications to the program(s) they administer and each unit has its own admissions processes, though they all rely on groups of faculty to perform the admissions review coordinated by the Graduate Director.

For applicants admitted into the school as part of this review process, formal admission to the university is offered by the Dean of the Graduate School. Applicants who are unsuccessful in gaining admission to a graduate program are also notified in writing by the Graduate School. Applicants must notify the Graduate School by the first day of classes of the semester for which the applicant was accepted or the offer becomes void. Applicants are allowed a one-time deferral of the admission of up to one year, subject to approval by the graduate program. Following formal admission by the Graduate School, each accepted applicant also receives a letter from the appropriate academic unit within the school, along with information about academic advising, the school's orientation session for new graduate students, and any assistantship or fellowship awards being offered.

For the MPH + MCP dual degree program, students must be admitted into both the MPH and MCP programs separately, ensuring that the faculty of both programs feel confident in the ability of the student to successfully complete the program. The application procedures follow those outlined above. Once both programs have approved the student, the SPH Office of Graduate Student Services works with the new student to develop an advising plan that coordinates across the programs.

BS-MPH Accelerated Degree Program Admissions

Standards for admission to the BS-MPH program are frequently higher than those for the traditional admission process for the master's degree programs. The number of spaces available in each program is limited according to the availability of faculty, class and program size, and other program

priorities. In such cases, only the most highly qualified students are admitted. Due to the specialized attention and mentorship that is provided for each accelerated student, only the most highly qualified students are admitted, as evaluated using a holistic team-based admissions approach.

Students may apply for the program in the spring semester of their junior year. Applications are due in February. Students must be majors in one of the four SPH BS degree programs (Family Science, Community Health, Kinesiology, and Public Health Science) with an overall minimum GPA of 3.5. Students must have completed the majority of their undergraduate degree requirements and prove a record of strong academic progress and experience within the degree program. Students with these qualifications are invited to submit a statement of purpose essay, two letters of recommendation (academic and/or professional), a resume, a recent unofficial copy of their UMD transcript and a BS-MPH degree plan developed in collaboration with our advising staff. Completed BS-MPH applications are reviewed by a faculty admissions committee in the respective MPH concentration. Decisions are based on a holistic review of the applicant's materials, including but not limited to previous academic records, personal statement, previous experience, letters of recommendation, and other elements. Students are made aware that submitting a complete, qualifying application does not guarantee admission.

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 school may add measures that are significant to its own mission and context. Schools should focus data and descriptions on students associated with the school's public health degree programs.

Table H4-1. Outcome Measures for Recruitment and Admissions: Percentage of Priority Underrepresented Students Accepting Offers of Admission to Public Health Degree Programs

Outcome Measure	Target	FY2020	FY2021	FY2022
Black or African American Undergraduate Students	40.0%	51.9%	53.2%	30.9%
Hispanic/Latino Undergraduate Students	40.0%	62.2%	60.5%	22.6%
All Undergraduate Students (regardless of race/ethnicity)	40.0%	42.2%	52.9%	30.7%
Black or African American Graduate Students	40.0%	40.0%	56.3%	41.9%
Hispanic/Latino Graduate Students	40.0%	34.8%	61.1%	35.7%
All Graduate Students (regardless of race/ethnicity)	40.0%	31.1%	47.1%	31.8%

Note: The University of Maryland began using the Common App in 2021 for undergraduate admissions. As a result, there was a 48% increase in the number of applications for 2021-2022. We believe the decrease in students accepting offers of admissions that year is related to this change in the application process.

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

Strengths:

- The school has a track record of strong recruitment and admission of a diverse and well-prepared student body across the breadth of our degree programs. The addition of our SPH Ambassadors program at the graduate level will further enhance our ability to provide a smooth admissions process for applicants. We work closely with the campus offices that support admissions at the undergraduate and graduate levels and have strong working relationships with these offices.

Weaknesses and Plans:

- The university is expanding implementation of client relations software systems and the school is working closely with the campus to implement local use to enhance communications and engagement with potential applicants. This will enhance our ability to track communications and other points of contact, which is currently limited and time-intensive for our small staff.
- We have recently expanded our Office of Graduate Student Services staff and are looking to enhance relations with feeder schools, in particular HBIs, in the coming years.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school 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 schools and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.**

   The following UMD Academic Calendar is used for all SPH degree programs, which all follow the semester schedule: https://provost.umd.edu/calendar

   Undergraduate Degrees
   The following websites show the policies for all SPH undergraduate degrees:
   All undergraduate course-related policies (academic integrity, grading, attendance, student conduct, accessibility, etc.):
   https://www.ugst.umd.edu/courserelatedpolicies.html

   Undergraduate degree completion policy:
   https://www.ugst.umd.edu/academicsuccess.html

   All undergraduate academic policies:
   https://academiccatalog.umd.edu/undergraduate/registration-academic-requirements-regulations/

   All undergraduate admissions policies:
   https://academiccatalog.umd.edu/undergraduate/requirements-application-procedures/

   Degree completion requirements are listed by individual degree at the following webpages:

   BS in Community Health
   https://academiccatalog.umd.edu/undergraduate/colleges-schools/public-health/behavioral-community-health/community-health-major/#requirementstext

   BS in Family Science
   https://academiccatalog.umd.edu/undergraduate/colleges-schools/public-health/family-science/family-science-major/#requirementstext

   BS in Kinesiology
   https://academiccatalog.umd.edu/undergraduate/colleges-schools/public-health/kinesiology/kinesiology-major/#requirementstext

   BS in Public Health Science
   https://academiccatalog.umd.edu/undergraduate/colleges-schools/public-health/public-health-science/public-health-science-major/#requirementstext

   Graduate Degrees
   The following websites show the policies for all SPH graduate degrees:

   All graduate course-related policies (academic integrity, grading, attendance, student conduct, accessibility, etc.):
   https://gradschool.umd.edu/faculty-and-staff/course-related-policies

All graduate academic policies:
https://academiccatalog.umd.edu/graduate/policies/academic-record/

All graduate admission policies:
https://academiccatalog.umd.edu/graduate/policies/admissions-policies/

Specific Admissions and Degree Completion Requirements are listed by individual degrees at the following webpages:

MA: Kinesiology
Admissions:
https://academiccatalog.umd.edu/graduate/programs/kinesiology-knes/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/kinesiology-knes/kinesiology-ma/

MHA: Master of Health Administration
Admissions:
https://academiccatalog.umd.edu/graduate/programs/health-administration-online-hlso/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/health-administration-online-hlso/health-administration-online-mha/

MPH: Behavioral and Community Health
Admissions:
https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-mbch/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-mbch/behavioral-community-health-mph/

MPH: Biostatistics
Admissions:
https://academiccatalog.umd.edu/graduate/programs/biostatistics-bios/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/biostatistics-bios/biostatistics-mph/

MPH: Environmental Health Sciences
Admissions:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-mieh/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-mieh/environmental-health-sciences-mph/

MPH: Epidemiology
Admissions:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epdm/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epdm/epidemiology-mph/

MPH: Health Care Management:
Admissions:
https://academiccatalog.umd.edu/graduate/programs/health-care-management-hlcm/#admissionstext

Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/health-care-management-hlcm/health-care-management-mph/

MPH: Health Equity
Admissions:
https://academiccatalog.umd.edu/graduate/programs/health-equity-hleq/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/health-equity-hleq/health-equity-mph/

MPH: Health Policy Analysis and Evaluation
Admissions:
https://academiccatalog.umd.edu/graduate/programs/health-policy-analysis-evaluation-hpae/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/health-policy-analysis-evaluation-hpae/health-policy-analysis-evaluation-mph/

MPH: Physical Activity
Admissions:
https://academiccatalog.umd.edu/graduate/programs/physical-activity-phac/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/physical-activity-phac/physical-activity-mph/

MPH: Public Health Practice and Policy
Admissions:
https://academiccatalog.umd.edu/graduate/programs/public-health-practice-policy-phpp/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/public-health-practice-policy-phpp/public-health-practice-policy-mph/

MS: Couple and Family Therapy
Admissions:
https://academiccatalog.umd.edu/graduate/programs/couple-family-therapy-fcft/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/couple-family-therapy-fcft/couple-family-therapy-ms/

MS: Environmental Health Sciences
Admissions: https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/environmental-health-sciences-ms/

PhD - Behavioral and Community Health
Admissions:
https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-bchl/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/behavioral-community-health-bchl/behavioral-community-health-phd/

PhD - Environmental Health Sciences
Admissions:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/environmental-health-sciences-envh/environmental-health-sciences-phd/

PhD - Epidemiology
Admissions:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epid/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/epidemiology-epid/epidemiology-phd/

PhD - Family Science
Admissions:
https://academiccatalog.umd.edu/graduate/programs/family-science-fmsc/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/family-science-fmsc/#requirementstext

PhD - Health Services Research
Admissions:
https://academiccatalog.umd.edu/graduate/programs/health-services-phhs/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/health-services-phhs/health-services-phd/

PhD - Kinesiology
Admissions:
https://academiccatalog.umd.edu/graduate/programs/kinesiology-knes/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/kinesiology-knes/#requirementstext

PhD - Maternal and Child Health
Admissions:
https://academiccatalog.umd.edu/graduate/programs/maternal-child-health-mchs/#admissionstext
Degree Requirements:
https://academiccatalog.umd.edu/graduate/programs/maternal-child-health-mchs/maternal-child-health-phd/

Other Promotional Materials:

Undergraduate links
https://sph.umd.edu/degrees/undergraduate-programs
https://sph.umd.edu/content/four-year-plans-and-benchmarks
https://academiccatalog.umd.edu/undergraduate/
https://admissions.umd.edu/apply/admission-requirements
https://admissions.umd.edu/apply/admission-review-factors-and-process
https://svp.umd.edu/calendar
https://registrar.umd.edu/deadlines.html

Graduate links
ASPPH Viewbook (downloadable file).
https://www.aspph.org/study/#viewbook

ASPPH Academic Program Finder
https://programfinder.aspph.org/?institutions=0011500001QIPIMAA3&locationDistance=25&locationKeywords=Maryland&programAreaKeywords=

SOPHAS Programs list (requires SOPHAS login) - Link for 2021-2022 academic year
https://sophas.liaisoncas.com/applicant-ux/#/deeplink/programSearch/organization/1907401850255311104

BS in Community Health:
https://sph.umd.edu/undergraduate-degrees/bs-community-health

BS in Family Science:
https://sph.umd.edu/undergraduate-degrees/bs-family-science

BS in Kinesiology:
https://sph.umd.edu/undergraduate-degrees/bs-kinesiology

BS in Public Health Science:
College Park Campus:
https://sph.umd.edu/undergraduate-degrees/bs-public-health-science-college-park
Shady Grove Campus:
https://sph.umd.edu/undergraduate-degrees/bs-public-health-science-shady-grove

MPH - Behavioral and Community Health - Online

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-behavioral-and-community-health
- https://gradschool.umd.edu/public-health/mbco
- https://oes.umd.edu/professionals-post-baccalaureates/professional-graduate-programs/behavioral-and-community-health

MPH - Behavioral and Community Health

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-behavioral-and-community-health
- https://gradschool.umd.edu/public-health/mbch

MPH - Biostatistics

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-biostatistics
- https://gradschool.umd.edu/public-health/bios

MPH - Environmental Health Sciences

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-environmental-health-sciences
- https://gradschool.umd.edu/public-health/mieh

MPH - Epidemiology

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-epidemiology
- https://gradschool.umd.edu/public-health/epdm

MPH - Health Care Management

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-health-care-management
- https://gradschool.umd.edu/public-health/hlcm

MPH - Health Equity

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-health-equity
- https://gradschool.umd.edu/public-health/hleq

MPH - Health Policy Analysis and Evaluation

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-health-policy-analysis-and-evaluation
- https://gradschool.umd.edu/public-health/hpae

MPH - Physical Activity

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-physical-activity
- https://gradschool.umd.edu/public-health/phac

MPH - Public Health Practice and Policy

- https://sph.umd.edu/academics/masters-degrees/mph-master-public-health/mph-public-health-practice-and-policy-online
- https://gradschool.umd.edu/public-health/phpp
- https://oes.umd.edu/professionals-post-baccalaureates/professional-graduate-programs/public-health-practice-and-policy

MS: Couple and Family Therapy

- https://sph.umd.edu/academics/masters-degrees/ms-couple-and-family-therapy
- https://gradschool.umd.edu/public-health/fcft

MS: Environmental Health Sciences

- https://sph.umd.edu/academics/masters-degrees/ms-environmental-health-sciences
- https://gradschool.umd.edu/public-health/envh

MA: Kinesiology

- https://sph.umd.edu/academics/masters-degrees/ma-kinesiology
- https://gradschool.umd.edu/public-health/knes

Master of Public Health + Community Planning

- https://sph.umd.edu/academics/dual-degrees/mph-master-community-planning-mcp-dual-degree-program
- https://arch.umd.edu/programs/interdisciplinary-dual-degrees/master-community-planning-master-public-health

BS-MPH Accelerated Program

- https://sph.umd.edu/academics/dual-degrees/accelerated-bsmph-program

PhD - Behavioral and Community Health

- https://sph.umd.edu/academics/doctoral-degrees/phd-behavioral-and-community-health
- https://gradschool.umd.edu/public-health/bchl

PhD - Environmental Health Sciences

- https://sph.umd.edu/academics/doctoral-degrees/phd-environmental-health-sciences
- https://gradschool.umd.edu/public-health/envh

PhD - Epidemiology

- https://sph.umd.edu/academics/doctoral-degrees/phd-epidemiology
- https://gradschool.umd.edu/public-health/epid

PhD Family Science

- https://sph.umd.edu/academics/doctoral-degrees/phd-family-science
- https://gradschool.umd.edu/public-health/fmsc

PhD - Health Services Research

- https://sph.umd.edu/academics/doctoral-degrees/phd-health-services-research
- https://gradschool.umd.edu/public-health/phhs

PhD Kinesiology

- https://sph.umd.edu/academics/doctoral-degrees/phd-kinesiology
- https://gradschool.umd.edu/public-health/knes

PhD Maternal and Child Health

- https://sph.umd.edu/academics/doctoral-degrees/phd-maternal-and-child-health
- https://gradschool.umd.edu/public-health/mchs