

REVIEW FOR ACCREDITATION  
OF THE  
PUBLIC HEALTH PROGRAM  
AT  
LONG ISLAND UNIVERSITY BROOKLYN

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Long Island University Brooklyn (LIU Brooklyn). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit on November 30-December 1, 2017, by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

LIU Brooklyn was chartered in 1926 by the New York State Education Department to provide "effective and moderately priced education" to people from "all walks of life." Today, LIU includes five campuses (Brooklyn, Post, Brentwood, Hudson and Riverhead), more than 7,000 students and more than 200 academic programs. LIU Brooklyn includes schools and colleges of pharmacy; business, public administration and information sciences; liberal arts and sciences; education; nursing; health professions; and LIU Global, a four-year bachelor's program that allows students to live and study internationally in eight countries. The School of Health Professions houses 16 programs that address professions such as social work, respiratory care, physical therapy, public health, diagnostic medical sonography and communication disorders.

The MPH program was officially established in 2009 as the evolution of an MS in community health program that existed in the School of Health Professions. In the last three years, the program has doubled its student enrollment and continued to increase its faculty complement. Students can earn a standalone generalist MPH degree or the MPH degree jointly with the BSHS or PharmD degree. This is the program's first review for CEPH accreditation.

## Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at LIU Brooklyn. The program is located in a regionally accredited institution and has the same rights and privileges as other professional programs on campus. The program has a planning and evaluation process that is inclusive and focused on public health research, instruction and service.

Faculty are trained in a variety of disciplines, and the program's environment supports interdisciplinary collaboration. Faculty and student connections with public health practitioners and local community members ensure that the program fosters the development of professional public health concepts and values. The program has a clearly defined mission with supporting goals and objectives and adequate resources to offer the MPH degree.

## 1.0 THE PUBLIC HEALTH PROGRAM.

### 1.1 Mission.

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

This criterion is met with commentary. The mission of LIU Brooklyn's MPH program clearly articulates a commitment to producing culturally competent graduates who will improve the public's health and reduce health disparities. The program's mission is as follows:

The mission of LIU Brooklyn's MPH Program is to improve public health systems, infrastructure and workforce in a way that is likely to reduce health disparities in the Borough of Brooklyn, New York City, and the wider national and global community, by educating culturally competent public health practitioners and scholars.

The mission is supported by goals in the areas of instruction, research and service, which reflect the program's practice-based approach and commitment to community. Each goal has corresponding objectives; some objectives have targets and timelines while others are more qualitative in nature, and thus, more difficult to measure. The goals and objectives reflect the program's plan for growth with a continued focus on quality of instruction and service-based learning. In addition, the program's mission reflects "community engagement as a core value of Long Island University," as described in the *LIU 2020: Education Beyond Boundaries-University Strategic Plan*, and the program's goals align with the core values described in the *LIU School of Health Professions Strategic Plan 2013-2018*.

The program's mission statement originated with the program's conversion from an MS in community health to a generalist MPH program. The mission statement was finalized through an iterative process involving administrators, faculty and the program's Community Advisory Board. The self-study indicates that future processes to revise the mission, goals and objectives will be more inclusive than the prior faculty-based process and will draw on feedback from students, alumni and a wider network of community stakeholders through formal evaluation, program-related committees and other informal mechanisms.

The program's values reflect its focus on social justice rooted in community, diversity and experiential learning, which align closely with the mission and curricular content of the program. Site visitors learned from faculty that the values are reflected in the curriculum, modeled by faculty and clearly transmitted to students.

The commentary relates to the inconsistent transmission of the program's mission, goals, objectives and values. Contrary to what is indicated in the self-study, these statements are not included on the program's website or in promotional materials. Instead, the program promulgates four "cornerstones," which roughly

approximate the three programmatic goals articulated in the self-study, plus professionalism. The four cornerstones appear on the website and in the MPH student handbook. In addition, the program's mission and a slightly amended version of the goals (including a fourth goal about "student active involvement") are included in the MPH student handbook.

## **1.2 Evaluation and Planning.**

**The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.**

This criterion is partially met. The self-study presents goals and objectives that support the mission and data tables tracking their metrics. The program has recently developed methods for monitoring its goals and objectives; many instruments for outcome measures were developed in academic year 2016-2017 and piloted in 2017-2018. Enrollment and graduation rates are obtained from university sources. The department chair uses information submitted annually by faculty to obtain information on partnerships, community engagement and other faculty-related objectives. The program has recently instituted an MPH exit survey and an MPH alumni survey that serve as data sources for multiple topics, eg, student satisfaction, obtainment of competencies and employment. According to the self-study, all of these data are (or will be) reviewed annually. In addition, the self-study indicates that results from the MPH exit and alumni surveys were reviewed at the annual faculty retreat in summer 2017 and used for program improvements; however, notes from faculty meetings do not reflect data-driven discussions.

In addition to the process of establishing strategic goals and objectives for the accreditation process, the program has been participating in the university's outcomes assessment process, which assists in refining program-level goals and metrics. Faculty were able to offer multiple examples of the use of data to make program-specific improvements. For example, when the need to improve students' technical writing skills was identified, the program instituted the mandatory APA Style for Writing in Public Health Workshop. Site visitors also heard examples of programmatic changes that had been instituted based on the input of students, alumni and members of the Community Advisory Board.

It was evident to site visitors that the program has opportunities to further capitalize on external constituent input. Site visitors learned a wealth of information from alumni, preceptors and Community Advisory Board members about topics such as community perceptions of the value of the program; potential areas in which the program could support public health workforce development; and ideas about advocacy with political leadership at the bureau, city and state levels. The program is encouraged to use this community wisdom and experience to guide its goals and future plans.

The program's self-study process was developed by a three-member steering committee and led by the department chair. MPH students and relevant university personnel/offices also provided input. The program solicited input from the public via a website notification, and CEPH received third-party comments from three individuals.

The first concern relates to the lack of specificity, inconsistency and questionable usefulness of the program's outcome measures. Some objectives are not quantifiable and are too general to be measurable (eg, "opportunities and financial support for scholarly activities"). Other measures appear to conflict or be redundant (eg, two objectives about student experiential learning with slightly different language and different numerical targets). Still other measures are presented in the self-study but not addressed in any data template (eg, faculty will teach the same course for at least four consecutive semesters). Site visitors had difficulty drawing conclusions from outcome measures tables throughout the self-study due to differing numbers from different data sources. For example, student enrollment data were inconsistent in the tables presented in Criterion 4.3. When site visitors inquired about the discrepancy, they were told that it was due to differences in counting methodologies in university versus departmental data. Identifying a single best data source and consistently using it across measures that require the same data would improve data consistency and accuracy of calculations.

The second concern relates to the disconnect between the university-guided programmatic goals and the goals established through the self-study process. Site visitors learned that the program has prioritized course-specific improvements (ie, outcome measures for students' learning outcomes) based on feedback from student course evaluations and the framework provided by the university's Outcomes Assessment Committee over monitoring progress toward the objectives identified in the self-study. Program leaders acknowledged the potential for confusion in this regard and the need to use data for strategic improvements. They discussed their readiness to embark on more strategic evaluation now that the program has sufficient faculty resources. University leaders acknowledged that standardized program review is a new process for the university and that there is a general lack of understanding about how that process interacts with the goal-setting process associated with accreditation reviews and how both (should) relate to the university strategic plan.

The third concern relates to the program's failure to use data in a timely way. For example, data from the university's 2014-2015 Outcomes Assessment Committee and the program's subsequent year of self-reflection (2015-2016) were just being incorporated into curricular changes starting in 2017-2018. Establishing a data-driven process for review and action would assist in monitoring achievement of objectives and progress toward goals.

### **1.3 Institutional Environment.**

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

This criterion is met. The MPH program is an integral part of LIU Brooklyn, an accredited institution of higher education. LIU Brooklyn was last accredited by the Middle States Commission on Higher Education in 2013 for a 10-year term. The university also reports to accrediting organizations in fields such as athletic training, diagnostic medical sonography, speech language pathology, occupational therapy, physical therapy, physician assistant, respiratory care, social work and surgical technology.

LIU Brooklyn is a private institution originally established in 1926. Currently, LIU Brooklyn includes nine schools and colleges. There are more than 7,000 students, over 200 full-time faculty members and an estimated 200 academic degree programs in existence. The institution broadened its reach in 1951 when the Marjorie Merriweather Post estate was purchased. As a result, the LIU Post campus was created to address the educational needs of the growing number of individuals moving to the suburbs. LIU Post is located in the town of Brookville on Long Island's Gold Coast. Furthermore, additional campuses are located around New York including LIU Hudson, LIU Riverhead and LIU Brentwood.

The MPH program is the sole entity in the Department of Public Health in the School of Health Professions. The School of Health Professions houses 16 programs that address professions such as social work, respiratory care, physical therapy, public health, diagnostic medical sonography and communication disorders.

The MPH program is led by the chair of the Department of Public Health, who reports to the dean of the School of Health Professions. The dean reports directly to the vice president of academic affairs. The vice president of academic affairs reports to the president, who reports to the university's Board of Directors.

The chair is responsible for determining the budget and resources allocated to the public health program. The chair receives feedback from faculty members, the director of practicum and career development and MPH students to ensure that every stakeholder group's needs are considered. At the start of each calendar year, the budget is created for the following academic year and submitted to the dean for approval. In consultation with the dean, the Office of Academic Affairs reviews the submitted budget. The Office of Academic Affairs may suggest revisions to account for certain programmatic expenses that were not previously considered.

All university hiring is subject to rules defined by the Collective Bargaining Agreement and the faculty union. Faculty searches are performed by a chair-appointed search committee that includes internal (ie, appointed in the department) and external faculty members. Adjunct faculty are selected from either current practitioners in the field or from MPH program alumni. After a candidate has been selected, the

chair forwards the submission to the dean. The dean considers the committee's input and decides whether to write a letter of support to the vice president of academic affairs, who makes the final decision for hiring. Advancement for faculty members is decided by the university's Collective Bargaining Agreement. Student feedback and observations by fellow faculty members are taken into account for re-appointments.

Department-based academic standards are set by the program's Curriculum Committee. Any revisions to the curriculum must be reviewed by the School of Health Professions' Curriculum Committee, the School of Health Professions' faculty and the Office of the Dean.

During the site visit, program and university representatives discussed strategies to increase program recognition and visibility. For instance, university leaders described efforts to achieve national recognition for LIU Brooklyn's teaching and research activities while also maintaining relationships with local community stakeholders. University leaders discussed their perceptions of the program's current ability as well as its potential to contribute at both levels.

#### **1.4 Organization and Administration.**

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

This criterion is met. The program has an organizational setting that is conducive to public health learning, research and service. Given that the MPH program is the only unit within the Department of Public Health, the department chair serves as the main administrator of the program. The chair serves as a mentor to new faculty members; addresses issues relevant to the curriculum, individual faculty and students; communicates with other LIU Brooklyn offices (eg, International Office, Office of Graduate Admissions, Office of the Registrar, Human Resources Office); maintains communication with community organizations and practitioner partners; and represents the program to school and university committees.

The program is also primarily supported by two tenure-track faculty members, a director of practicum and career development and an administrative assistant.

The program's location in the School of Health Professions facilitates interdisciplinary collaboration. The school has received a grant to build an interprofessional education curriculum that incorporates students from across the school, including students in public health, social work, physical therapy and occupational therapy, as well as students from the School of Nursing and the College of Pharmacy. Program faculty also sit on the school's Research Committee and the Interprofessional Curriculum Committee, where they engage and cooperate with faculty from other departments and professions. During the site visit, a recent

graduate specifically noted how valuable the interprofessional events have been. He said that his current position requires him to regularly serve on multidisciplinary teams, and this experience prepared him well.

The program encourages MPH students to consider elective courses in other departments and schools on campus. For example, students often select courses from the MPA program housed in the School of Business.

### **1.5 Governance.**

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

This criterion is met with commentary. The MPH program has a defined governance structure that involves faculty and staff in decision making. The department follows the policies outlined by the School of Health Professions and LIU Brooklyn. The department chair assumes responsibility for oversight and daily operations of the program and reports to the dean of the School of Health Professions.

Program faculty participate in program governance and committee activities at the program/department, school and campus levels. The small department size facilitates clear communication and collaboration among faculty and administrators. The department chair, primary faculty and adjunct faculty meet monthly to address program planning and development, academic standards, issues related to the program's mission, goals and objectives, as well as other administrative concerns. The self-study describes six standing committees, and each is chaired by a full-time faculty member. Site visitors learned on site that committees meet during the annual faculty retreat, and subsequent standing faculty meetings include topic areas related to committee subject area. Faculty and students who met with site visitors indicated that student participation during these meetings is new and growing.

The Office of Admissions manages student recruitment and admission. The Admissions Committee reviews applications and makes final acceptance decisions for prospective program students who have been selected for review by the Office of Admissions. The awarding of degrees is overseen by the university's registrar.

The Public Health Curriculum Committee reviews and provides updates to the curriculum and associated syllabi. Modification to the program's curriculum requires approval from the school's Curriculum Committee and the dean. This committee also reviews student evaluations of faculty.

The Student Progress Committee convenes to review student academic progress, complaints and grade appeals. The Global and Local Partnerships Committee evaluates partnership opportunities locally and internationally for faculty and students to engage in research, teaching, learning and service.

The self-study indicates that an Outcomes Committee meets and prepares an annual plan and conducts a review of departmental outcomes. Assessment processes related to student outcomes and learning objectives are coordinated by the department chair in collaboration with the Office of Academic Affairs, which oversees the process at the university level.

The Community Advisory Board is a multidisciplinary team that includes members from local public health agencies, alumni, faculty from other academic departments at LIU Brooklyn and public health practitioners in the field. This committee meets twice per academic year to provide feedback on the MPH program. Community Advisory Board members indicated to site visitors that the program is willing to receive feedback and, when possible, incorporate that feedback into respective program areas (eg, suggested research topics for students regarding emerging health trends).

The self-study states that the program convenes ad hoc committees regarding such topics as 1) departmental strategic planning, 2) policies and procedures related to MPH students and 3) faculty recruitment. The site visit team confirmed that these topics were included as part of the standing faculty meetings, as needed.

The self-study describes faculty inclusion in budget and resource allocation decisions with respect to professional development and research support. Regarding faculty recruitment, the department chair makes a formal request to the dean, who grants approval to proceed. Faculty from the MPH program and other departments in the school are included on faculty search committees and meet as the Faculty Recruitment Committee. Candidate recommendations are submitted to the department chair, dean, senior vice president of academic affairs and the university president for appointment. Faculty retention, promotion and tenure processes include faculty input and are governed by the contract between the faculty union and the university.

The self-study indicates that student inclusion in governance happens at the standing committee level, as appropriate, and through the Student Advisory Committee. Based on information provided in the self-study, site visitors had difficulty discerning the roles of the Student Advisory Committee and student membership on standing committees. Site visitors learned that student membership on standing committees is an emerging process that began in fall 2017. The program clarified that the Student Advisory Committee was established in fall 2017 based on student interest in providing feedback regarding program development and policy. Students who met with site visitors said that they primarily

provide feedback through faculty and course evaluations and through informal discussions with individual professors. Students said that their feedback is considered and incorporated when possible (eg, a student's request for a grant writing class prompted program administrators to inquire about the need, and subsequently offer the class).

The commentary relates to the new and emerging roles for students related to program governance. At the time of the site visit, the program was transitioning from reliance on informal and course-based feedback to a more formalized process through the program's committee structure where students can contribute to policy setting and decision making.

### **1.6 Fiscal Resources.**

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

This criterion is met. The MPH program has a dedicated operating budget that is sufficient to achieve the program's mission, goals and objectives. LIU Brooklyn is a private, tuition-driven institution, and budgets fluctuate based on student enrollment. The MPH program is allocated university funds that are based on review of the previous year's budget and current-year enrollments. Annual budget planning is conducted by the department chair and the dean. Funds for new faculty lines are requested and funded separately by the university. When asked about the potential for budget fluctuations, the dean explained that the budget changes that occur from year to year are not significant and have not hindered the program's growth.

The program receives funds to support graduate assistants and graduate employment awardees in the program. Given the lack of external funds, no indirect cost revenues passed through the department during the five-year budget period.

Faculty and staff salaries and benefits are stipulated in the Collective Bargaining Agreement, the set of standard operating procedures established by the Long Island University Faculty Federation (LIUFF) with respect to rates of pay, hours and other conditions of employment. Expenditures also include operations, travel, graduate assistant support and faculty development. Table 1 shows the program's budget for the last five fiscal years.

University leaders expressed strong support for the program and spoke of their intention to continue to make it an institutional priority. During the site visit, university leaders indicated that the MPH program would be permitted to recover a portion of indirect cost funds if/when external funds are secured in the future if the program articulates a strategic vision for how to use these funds. These funds could be used to strengthen program operations and grow and support faculty- and student-led program initiatives.

<b>Table 1. Sources of Funds and Expenditures by Major Category, 2012 to 2017</b>					
	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>2016-2017</b>
<b>Sources of Funds</b>					
University funds	\$349,500	\$467,200	\$488,200	\$532,688	\$433,888
Dean's support for student travel	\$500	\$750	\$2,000	\$1,285	\$1,270
Graduate assistantships	\$19,943	\$20,358	\$20,772	\$21,206	\$21,628
Graduate employment awards	----	----	\$24,000	\$24,000	\$27,000
Faculty professional development	----	\$1,440	\$6,000	\$2,000	\$2,000
<b>Total</b>	<b>\$369,943</b>	<b>\$488,748</b>	<b>\$538,972</b>	<b>\$581,159</b>	<b>\$485,786</b>
<b>Expenditures</b>					
Full-time faculty salaries & benefits	\$230,664	\$298,602	\$264,690	\$279,654	\$295,081
Adjunct salaries & benefits	\$45,869	\$55,200	\$106,002	\$98,711	\$59,993
Staff salaries & benefits	\$62,292	\$124,400	\$117,508	\$114,017	\$78,812
Operations	\$12,638	\$8,763	\$11,598	\$12,835	\$12,992
Travel	\$1,162	\$837	\$4,301	\$4,265	\$4,609
Student support	\$19,943	\$20,358	\$18,000	\$21,206	\$21,628
Faculty professional development	----	\$1,440	\$6,000	\$2,000	\$2,000
<b>Total</b>	<b>\$372,568</b>	<b>\$509,600</b>	<b>\$528,099</b>	<b>\$532,688</b>	<b>\$475,115</b>

The outcome measures for fiscal resources set by the program address student and faculty support. While minimal funds are budgeted for student support and faculty development, both students and faculty told site visitors that the direct access they have to the dean and the department chair is sufficient to request funds. The dean explained to site visitors that he has additional resources available at his discretion to support students and faculty when he receives worthy requests.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The MPH program has adequate faculty, staff and other resources to fulfill its stated mission and goals, along with associated instructional, research and service objectives. Facilities, equipment and services to support educational activities of the program are in place, functional and appropriately financed.

The program includes four primary faculty: three are tenure-track, and one is in a full-time administrative position with an added adjunct status for her teaching responsibilities. Despite her official university categorization, she is counted as a primary faculty member for accreditation purposes. Faculty headcount

increased from three to four in 2017-2018 due to the hiring of an additional tenure-track faculty member. All of the primary faculty are dedicated to the program at 1.0 FTE. The program has six secondary faculty members, all in part-time adjunct status. They are allocated to the program based on their teaching loads, with 0.17 FTE allocated for each three-credit course they teach. Student headcount decreased from 2016-2017 to 2017-2018. The increase of faculty combined with the decrease in students brought the student-faculty ratio (SFR) to 8.7:1.

The program shares a part-time administrative staff member with the Department of Social Work. In the near future, this staff person will be dedicated full-time to the Department of Social Work, and the MPH program will hire a part-time staff member to support the program. The dean said that he hopes to secure a full-time administrative position for the MPH program in the future.

On-site discussions with faculty, students, alumni and community representatives indicated strong satisfaction with faculty resources. With the arrival of the newest primary faculty member in fall 2017, both faculty and students expressed enthusiasm about the team that has been assembled. Adjunct faculty members play crucial roles in the program, most notably teaching both core and concentration courses, providing access to public health practice and advising students. Site visitors observed a high degree of collegiality among primary and secondary faculty. Students and alumni offered praise about their access to both primary and secondary faculty through coursework, mentoring, advising and career development.

The program is located on the second floor, alongside the physical therapy program, in the Health Sciences Building in downtown Brooklyn. Students take classes in the late afternoon and evenings in two classrooms adjacent to faculty offices. Smaller classes take place in the conference room on the same floor. Lab-based courses in epidemiology and biostatistics are taught in a computer lab in the Library Learning Center.

The department chair has a private office adjacent to the part-time administrative staff person. Primary faculty members have private furnished offices with computers where they are able to advise and counsel students. Secondary faculty (part-time adjunct faculty) have a shared office space that they can reserve for advising meetings with students.

Graduate assistants had a dedicated office until the newest primary faculty member started in fall 2017. Currently, graduate assistants use their faculty advisor's office or the library when they need to work on campus. The graduate assistants who met with site visitors said that sharing space with their faculty advisors has worked well so far.

Students and faculty have access to computer labs by reserving the space through the program's administrative staff member. During the site visit, students were complimentary of the computer labs equipped with SPSS used in the biostatistics and epidemiology courses. The IT division on campus is available to faculty, staff and students for computer support.

The LIU Brooklyn Library is available online 24/7 to faculty and students. Faculty and students can also access the help desk on the third floor of the Library Learning Center and partner with the designated library liaison to the School of Health Sciences. Program leaders provided the site visit team with an extensive list of public health journals available through the LIU Brooklyn Library.

It was clear to site visitors that the university's senior administrators value and support the program. They articulated their support for the growing faculty complement in the MPH program and their commitment to ensure sufficient resources to support the program going forward.

### **1.8 Diversity.**

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

This criterion is met with commentary. The MPH program uses and tracks the university's defined underrepresented student groups—women, African American/Black, Hispanic/Latino and Asian/Pacific Islander—because these groups are disproportionately affected by health inequities and are underrepresented in the public health workforce. Compared with the LIU Brooklyn student body, the MPH program fares well with respect to Black/African American (28.6% vs. 37.7%) and Asian/Pacific Islander (16.2% vs 49.3%) students and less well regarding women (69% vs. 66.8%) and Latino/Hispanic (15.3% vs. 1.86%). These percentages are based on averages from 2014 to 2017. In addition to complying with university policies prohibiting harassment and discrimination and promoting equal opportunity, the program also has diversity targets for primary faculty (underrepresented minority and female) and staff (underrepresented minority).

The program's efforts to promote diversity and cultural competence among students are largely curriculum-based, with most courses containing activities reinforcing these concepts. Site visitors found the program's capstone project involving the Brooklyn Historical Society to be a novel and effective way to teach international students about local diversity by exposing them to the history of Brooklyn. The Curriculum Committee reviews every course each semester to ensure that topics related to diversity and cultural competency are included.

The program expresses a commitment to diversity among students, faculty and staff. The program has three diversity-related student recruiting goals; however, not all of the elements are measured/tracked for

progress. Site visitors learned about strategies employed to recruit a diverse student body. For example, the program collaborates with the university's Office on Recruitment of International Students and is working with the Dean's Office to attract additional domestic candidates from diverse backgrounds. The program is also planning to work with local community colleges to develop a recruiting pipeline and intends to continue efforts to encourage high-achieving LIU undergraduate students to apply through the 3+2 BSHS/MPH dual degree program. The Admissions Committee reviews its efforts at the end of each semester to improve the process. Post enrollment, the program offers academic support, in particular for international students. The program does not maintain statistics on retention of students from underrepresented groups.

The program's efforts to recruit diverse faculty and staff include advertising widely through professional associations and listservs, as well as targeted solicitation to "professionals from diverse racial, ethnic and gender backgrounds" with whom they are familiar. Site visitors learned that there are two talent officers in the university's Department of Human Resources who visit specific institutions that are traditional sources of potential candidates from underrepresented populations. The program does not have a specific plan to retain faculty from target populations. University leaders acknowledged the need to develop a plan to recruit and retain diverse faculty and staff as the MPH and other programs grow, to ensure that they reflect the diversity of the student population.

The program tracks underrepresented students, faculty and staff, and has consistently met its summary measures. However, student breakdown by racial/ethnic groups reveals that the percentage of Asian students drives the program's success in meeting its summary goal; Hispanic/Latino individuals, in particular, make up an extremely small percentage of the student body. The program has consistently exceeded its targets with respect to female faculty and students.

The commentary relates to the program's passive reliance on the diversity of the surrounding community and student body from which it draws rather than on proactive actions and plans. Program faculty described their appreciation for their location in Brooklyn and for the opportunities for students that go beyond what can be taught in a course. Site visitors recognize this strength; however, as the program grows, it will likely need a more intentional plan to recruit and retain diverse faculty, in particular, given the competition for high-quality candidates in higher education.

## **2.0 INSTRUCTIONAL PROGRAMS.**

### **2.1 Degree Offerings.**

**The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program,**

**depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.**

This criterion is met. The program offers the MPH degree in a standalone format, a joint BSHS/MPH in collaboration with the Department of Health Sciences and a joint PharmD/MPH in collaboration with the College of Pharmacy, as shown in Table 2.

<b>Table 2. Instructional Matrix</b>		
	Academic	Professional
<b>Master's Degree</b>		
Generalist		MPH
<b>Joint Degree</b>		
Health Sciences		BSHS/MPH
Pharmacy		PharmD/MPH

In addition to core coursework, the field practicum and the capstone seminar, students take courses in research and evaluation methods; program planning, implementation and evaluation; organizing and educating for health; public health policy, advocacy and leadership; and health communications. Site visitors reviewed the concentration coursework and found it to have appropriate rigor and breadth for a generalist MPH program. Students and recent graduates said that the coursework is well organized so that skills build on each other as students progress through the curriculum.

Students take six credits of electives. Elective courses within the MPH program address topics such as global public health challenges; ethics and critical thinking in public health; public health and film; and comparative analysis of public health in a globalizing world: American and European approaches. During the site visit, faculty explained that students must provide a course description if they would like to take an elective not already on the approved list. The department chair makes the final decision about approving the course. Students may take up to three credits of elective coursework from other departments.

The program states that it intends to prepare students to take the CHES exam; however, the exam is not introduced to students until the capstone course in the final semester of the curriculum. Program faculty said that they may consider incorporating CHES elements earlier in the curriculum in the future.

The site visit team noted inconsistent presentation of the program's offerings on its website, in the self-study document and on other program materials such as surveys. At the time of the site visit, the website indicated that the program offers an MPH in three concentration areas: 1) public health education, 2) public health advocacy and 3) public health communication. Student and alumni surveys referred to a concentration in global health. During the site visit, faculty described a "generalist MPH with concentrations in global health, communication and advocacy." Students who participated in the site visit described different understandings of the concentration offered and named 1) generalist, 2) cancer

research, 3) communication and advocacy, 4) health literacy and advocacy and 5) program planning. Interestingly, students did not identify global health or health education as specific areas of focus within the program despite faculty perceptions of these strengths and areas of emphasis. The program's response to the site visit team's report provided evidence that the program has clarified its public-facing materials to ensure consistent presentation of degree offerings.

## **2.2 Program Length.**

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

This criterion is met. MPH students must earn 42 credits of public health coursework to complete the degree. Each credit hour must include 15 hours of instruction and at least 30 hours of supplementary assignments.

## **2.3 Public Health Core Knowledge.**

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

This criterion is met. The five public health core disciplines are addressed through five courses consisting of three credit hours each for a total of 15 credit hours, as shown in Table 3.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	MPH 615: Principles of Applied Biostatistics	3
Epidemiology	MPH 610: Principles of Epidemiology	3
Environmental Health Sciences	MPH 625: Environmental Health Issues in Public Health	3
Social & Behavioral Sciences	MPH 620: Social & Behavioral Sciences in Public Health	3
Health Services Administration	MPH 600: Foundations of Public Health and Health Services	3

Upon initial review of the Foundations of Public Health and Health Services course, the site visit team was concerned that it did not sufficiently address the core knowledge area of health services administration. On-site discussions with the faculty instructor of record and students made it clear that this course is, in fact, ensuring competency in this core discipline. In addition, the concentration course in program planning and evaluation, completed by all MPH students, reinforces concepts related to health services.

Instructors assigned to teach the core courses have fluctuated greatly over the last several years. In some cases, faculty without the requisite expertise were teaching courses in epidemiology and social and

behavioral sciences. However, for 2017-2018, the program has strategically assigned primary and secondary faculty to ensure that content experts are teaching each core course. While the identification of competencies and learning objectives vary across syllabi, all syllabi do have a set of measures to ensure student proficiency in the five core knowledge areas.

#### **2.4 Practical Skills.**

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

This criterion is met. All MPH students are required to complete a three-credit, 200-hour fieldwork experience with a concurrent practicum seminar during their final semester in the program. Practicum waivers are not permitted.

Prior to initiating the practicum, students receive the MPH practicum guidebook and are required to attend a practicum orientation, complete a practicum planning form and meet with the director of practicum and career development to facilitate finding a placement that meets the student's professional objectives. Students are encouraged to find their own practicum sites with the support of program resources; most are located in the New York metropolitan area, although the program offers an international practicum experience in Serbia. The program has defined criteria by which the director of practicum and career development approves practicum sites and preceptors. Potential preceptors receive an introductory letter, a copy of the prospective student's resume and a three-part form to be completed with the student; this form details the responsibilities of all three parties and specifies the student's scope of work. Students select both MPH and NCHCEC competencies that they intend to develop, as well as specific deliverables to be produced, during their field experience. Weekly meetings between preceptor and student are recommended.

As the practicum progresses, students complete seminar assignments designed to complement their applied learning and assess progress toward practicum goals; these are evaluated by the director of practicum and career development. Student performance is also evaluated via a midpoint site visit conducted by the director of practicum and career development (which also serves as a practicum site assessment), midpoint evaluation conducted jointly by the preceptor and student and final evaluation completed by the preceptor. Students are also requested to provide anonymous feedback after their practicum experience, which is an important source of feedback on the quality of practicum sites, preceptors and the learner's experience. Final grades are determined by the director of practicum and career development with input from the site supervisor. Given the relative balance of time/effort spent on the practicum relative to the seminar, grades are weighted toward practicum performance.

The small size of the program and large variety of practicum sites allow for practicum experiences tailored to students' specific career goals, while also striving to provide value to the host agency. At the site visit, one graduate noted the need for the program to develop more internships in epidemiology and biostatistics; in general, though, students expressed satisfaction with practicum opportunities and support for placements. The program plans to expand funding to support four additional international internships per year. The practicum seminar affords reflection on personal and professional growth, provides students with practical career skills and serves to connect near-graduates with potential employers.

Surveys of graduates indicate satisfaction with the practicum experience as an applied learning opportunity, and feedback from employer surveys reflects the quality of skills displayed and deliverables produced, as well as a willingness to hire graduates (and continue hosting students). Site visitors received copious positive feedback from students, alumni and preceptors about the quality of the practicum experience and performance of students in applying their public health knowledge in public health practice. One student remarked on her experience in Serbia and how much she learned through the opportunity to develop a "communications plan for a nation." Alumni gave examples of skills learned in coursework that they later used during their practicum experiences. One preceptor speculated that, perhaps because many students are already in the workforce (in non-public health jobs), they are "self-motivated" and do not need as much guidance. Another described an MPH graduate, hired for a permanent position following a successful practicum experience, as "one of their best employees ever."

## **2.5 Culminating Experience.**

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

This criterion is met with commentary. The program requires all MPH students to complete a structured culminating experience designed to assess students' ability to synthesize, integrate and use skills and competencies acquired through the whole MPH program. During their second year, students are required to take MPH 798: Public Health Capstone Seminar. The course requires students to work independently and in groups and to participate in bi-weekly in-class discussions. Students have the following deliverables:

- Capstone research paper: Students in the MPH program must complete a written capstone paper, which is a synthesis of knowledge and skills gained from the program. Students write individual research papers to outline, describe and support projects.
- Capstone presentations: Students are required to present scientific information introduced in their capstone papers, in a different format, such as an oral presentation or poster presentation. The presentations of final papers occur at an organized event held at the end of the semester. Faculty, fellow students and practicum preceptors attend.
- Brooklyn Historical Society project: Each student is required to conduct research in the Brooklyn Historical Society library on a suggested topic such as garbage pickup and sanitary conditions,

immunizations or slum maps. Students develop a video/film or poster to present the summary of their research.

- Reflection papers on public health events: Each student reflects on a movie or a case study about a public health event. A rubric guides the grading of these reflection papers.
- Interprofessional education activity and reflection paper: Students participate in an interprofessional education activity with other students on campus and write a one-page reflection paper.
- CHES preparation: Students work on CHES areas of competence and responsibilities to identify strengths and weaknesses in their own knowledge in this area of professional preparation. While not required, students are encouraged to prepare for and take the CHES exam.

Student deliverables are evaluated by the course instructor using a variety of means including rubrics specific to each assignment. For the reflection papers, the course instructor uses a standard form to rate student performance in multiple categories. Example papers provided to the site visit team included reflections on a video on Typhoid Mary and a case study titled The Plague Fighters about Ebola. For the Brooklyn Historical Society project, students follow specific guidelines outlined in the assignment and produce either a video or a poster. Students submit reflection papers for their Brooklyn Historical Society projects that answer a prescribed set of questions provided by the course instructor. For the interprofessional event, students submit brief reflection papers that do not follow a specific rubric or set of guidelines. The site visit team reviewed reflection papers by students who participated in an interprofessional experience involving a team of nursing, pharmacy, occupational therapy and MPH students and found them to include insights about how various professions can contribute to addressing issues relevant to public health.

During the site visit, current students and alumni acknowledged the value of the culminating experience, which clearly permits students to demonstrate skills and integrate knowledge acquired throughout the curriculum.

The commentary relates to the inconsistent expectations about and unequal rigor across research papers. The syllabus outlines the expectation that students will write a final paper based on either 1) a hypothesis to be tested or 2) a project to be developed at the internship site. The paper should be written as a manuscript, a research proposal, a “how to do” manual or another product appropriate for the site requirements. However, site visitors’ review of sample research papers showed most of the projects to be literature reviews. During on-site meetings, faculty explained that MPH students are given the option to write a literature review, a research proposal or another deliverable such as a needs assessment or program plan. While these activities are acceptable products for a culminating experience, the syllabus and other program materials should be an accurate representation of the requirements.

## 2.6 Required Competencies.

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

This criterion is partially met. The program defines nine core and five concentration competencies for its MPH degree. The core competencies describe the skills expected of students in the five core knowledge areas and also address ethics, program planning and evaluation. The program's concentration competencies address leadership principles; the context in which health policies are created; the design, implementation and evaluation of health communication efforts; interaction with diverse individuals and communities; and the delivery of public health information to different audiences through various channels.

The first concern relates to the inconsistent use of competency sets in program documents. Although the program has nine core and five concentration competencies, it provides students with the entire ASPH (now known as ASPPH) Core Competency Guidelines from 2006 during new student orientation. Some students who met with site visitors understood this list of 119 competencies to be the program's competencies. There is also variability among competency sets used to evaluate students during the practice and capstone experiences. The competencies listed on the MPH 799 course syllabus differ from the competencies listed on the practicum scope of work form; and both of these presentations differ from the MPH core and concentration competencies presented in Criterion 2.6 of the self-study. Furthermore, the competencies used for evaluation (by preceptor and student) are also different. A lack of standardized competencies used on all of the forms in this process makes it difficult to determine whether and how the practicum experience reinforces the competencies established by the program.

The second concern relates to the need for better articulation of health education competencies if preparing students to take the CHES exam is a priority for the program. Competencies serve as a contract with students about what they will be prepared to do at the completion of the program. However, the program does not explicitly incorporate the NCHCEC competencies into MPH coursework before the practice and capstone experiences in the final semester.

The Curriculum Committee has overseen an iterative process of competency development that started more than four years ago. To begin, the program drafted a set of core competencies using the ASPPH core competencies as a guide. Program faculty provided comments and identified which competencies could be addressed in their courses. After the core and concentration sets were adopted, faculty members reviewed their syllabi and ensured that the learning objectives and assignments aligned with

the competencies. The program made significant curricular changes in 2013 and 2015, and its competency sets reflected these changes. For example, the program found that students needed more support related to written communication, and the program emphasized this skill in its competency set and integrated an APA Style for Writing in Public Health Workshop at the beginning of every semester. Most recently, the program identified a need to build stronger leadership skills in its students, and this competency has been added to several courses throughout the curriculum.

The program reviews its competency sets annually during the department's faculty retreat. The full MPH curriculum is also reviewed simultaneously. Each faculty member presents the competencies that fall within his or her area of expertise and can propose updates if they are deemed necessary. As discussed in Criterion 1.2, the program has sought limited stakeholder input on competency development and revisions. The program has an opportunity with the transition to 2016 accreditation criteria to incorporate more feedback from community partners, preceptors, alumni and students.

The competencies are available in the student handbook and on course syllabi. In addition, competencies are discussed at new student orientation and during classroom discussions. Students who met with site visitors had some familiarity with the concept of competencies but different understandings of the sets used by the program, which is likely due to the different sets presented, as discussed above.

Although most course syllabi include select competencies, this presentation was not consistent across every course. For example, some syllabi include different competencies (such as ASPPH competencies) and some use different terminology such as learning objectives or learning outcomes. In some courses, reviewers had difficulty seeing the connection between the identified competencies and the content addressed in the weekly course schedule. However, discussions with faculty during the site visit provided more information about how specific competencies are incorporated; the program is encouraged to make these links as clear as possible on syllabi.

## **2.7 Assessment Procedures.**

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

This criterion is partially met. The program assesses student achievement of competencies through a variety of methods, including coursework, the field practicum and the capstone experience. Students demonstrate their ability to perform competencies in courses through exams, group projects, presentations and written products such as research papers, opinion essays, advocacy letters and policy analyses. Students must earn a C or better to receive credit and must maintain at least a 3.0 GPA.

The program does attempt to assess competencies in the practice experience; however, the use of different competency sets, as discussed in Criterion 2.6, makes the current process problematic. Once the program begins using consistent competency sets for all aspects of the curriculum, the assessment of competencies in applied settings should lend itself to clearer documentation.

Students are expected to synthesize, integrate and use competencies and knowledge acquired throughout the entire MPH program during the capstone seminar. During the site visit, faculty explained that all assignments that comprise the capstone experience require students to reflect back on previous courses. They said that students must review many concepts to develop the required products; site visitors agreed that the products do allow for synthesis of skills and knowledge from throughout the curriculum.

Although most students complete the MPH program in two to three years, the university allows up to six years to earn the degree. Of the 19 students who began in 2012-2013, 18 (94.7%) graduated. In 2013-2014, 36 students began, and 28 (77.7%) graduated within the maximum allowable time. In 2014-2015, another 36 students began, and 27 (75%) graduated within the allowable time. The program still has enrolled students in more recent cohorts and is on track to surpass the 70% threshold defined in the criteria. The self-study acknowledges that while graduation rates are above the threshold, they have declined each year. Since 2014, the program has seen an increase in its international student body, and the program has found that international students have been more likely to prolong their studies due to a longer initial period of adjustment to the program and program requirements. The program has also seen a number of students change their enrollment status from full-time to part-time so that they can return to work for financial reasons.

The concern relates to the incomplete data available related to post-graduation outcomes. The program used data collected from the April 2017 exit survey and the July 2017 alumni survey to present outcomes in the self-study. However, the questions in these surveys do not align with the information requested for accreditation. For example, respondents could select more than one category (eg, employed and actively seeking employment), and the program only provided information about survey responders rather than all graduates from a given year, which makes it difficult to determine response rates. Of the 22 2015-2016 graduates who responded to the survey, 15 were employed, five were continuing their education, eight were actively seeking employment, and 15 were not seeking employment.

The program encourages students to take the CHES exam upon graduation. In 2013, one student took the exam and passed. In 2014, no students took the exam. In 2015, 10 students took the exam and eight passed. In 2016, eight students took the exam and four passed. Given the small number of students who

choose to take the exam (and the poor pass rate in the most recent year), site visitors did not see strong evidence of a health education focus.

The program collects and analyzes data from alumni and employers about graduates' abilities to perform competencies in employment settings. In the two most recent administrations of the alumni survey, more than 75% of respondents consistently agreed or strongly agreed that they had acquired a specific core or concentration competency. The competencies that received the lowest levels of agreement include those related to quantitative data collection, statistical/quantitative data analysis, framing a research topic and the interrelationship of diseases within global contexts. Alumni who participated in the site visit said that their skills related to research methods, data analysis, program planning, grant writing and advocacy were strengthened through the program. They said that they appreciated the flipped classroom approach used in some courses and that they felt prepared to work with specific populations and stigmatized groups upon graduation.

Beginning in spring 2017, the program asked alumni for employer contact information and received information for six employers. Four employers completed the survey, and three responded to questions about competencies specifically. Broad conclusions are not possible given the small number of respondents; however, these employers all reported strong satisfaction with the appropriateness of the program's competency statements and with their employee's ability to demonstrate these competencies. At the time of the site visit, the program was in the process of collecting and analyzing additional data from employers. During the site visit, employers who met with site visitors described their MPH graduate employees as highly competent and ready to work on day one. One employer said that she hired a graduate as a consultant when a more formal position was not available because she was such a desirable candidate.

## **2.8 Bachelor's Degrees in Public Health.**

**If the program offers baccalaureate public health degrees, they shall include the following elements:**

**Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.**

**Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.**

**Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.**

**Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health**

coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

**The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.**

This criterion is not applicable.

### **2.9 Academic Degrees.**

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

This criterion is not applicable.

### **2.10 Doctoral Degrees.**

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

This criterion is not applicable.

### **2.11 Joint Degrees.**

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

This criterion is met. The program offers a joint degree with the bachelor's in health sciences (BSHS/MPH) and a PharmD/MPH, as shown in Table 2. Students in the 3+2 program begin taking MPH coursework after completing three years (or 91 credits) of undergraduate coursework. BSHS/MPH students complete the same 42 credits of public health coursework that standalone MPH students complete. The program enrolled one student in this program in 2014-2015, one student in 2015-2016, zero students in 2016-2017 and one student in 2017-2018.

The LIU Board of Trustees approved the PharmD/MPH joint program in October 2017, and the program plans to start recruiting students in spring 2018 for fall 2018 enrollment. Each degree will accept six credits from the other degree program. Two MPH core courses (MPH 615: Principles of Applied Biostatistics and MPH 620: Social and Behavioral Sciences in Public Health) will be substituted with courses from the PharmD program (PHM 324: Biostatistics, PHM 414: Drug Information and Literature Evaluations, PHM 420: Principles of Health Behavior and Patient-Provider Communication). Students will also be able to count the MPH field practicum and capstone as the PharmD practice experience. During

the site visit, the program provided syllabi for the PharmD coursework that will be counted toward the MPH degree, and site visitors determined that it is appropriate for public health credit.

### **2.12 Distance Education or Executive Degree Programs.**

**If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.**

This criterion is not applicable.

## **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

### **3.1 Research.**

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

This criterion is partially met. Program faculty have developed research agendas that address social determinants of health; violence in the community; pedagogy in health promotion; teaching methods and strategies (including analysis of the flipped classroom); relevance of genomics to public health; youth and young adult risk behaviors; breastfeeding; mental health, addiction treatment and recovery; and global health.

Community research partners include the New York City Department of Health and Mental Hygiene (including the Bureau of Maternal, Infant and Reproductive Health, the Brooklyn Neighborhood Health Action Centers and the Center for Health Equity), Arthur Ashe Institute for Urban Health, American Heart Association, Brooklyn Historical Society, Diaspora Community Services, START Treatment and Recovery Centers, Federation of Community Networks, Pedagogical University in Lower Austria, European Center for Peace and Development and the Institute for Public Health in Serbia.

Both primary and secondary faculty have documented success in publications and presentations (both oral presentations and posters) at professional conferences. While research productivity is only required of tenure-track faculty, the full-time administrative faculty member and the adjunct faculty also have a

track record in scholarship. The tenure-track process allows for faculty to request release time for research at two different times during their six-year tenure period. At the time of the site visit, one faculty member had requested and been granted this release time.

MPH students who met with site visitors identified multiple opportunities to participate in research. A number of students serve as graduate assistants with program faculty, which enables them to work on research projects while obtaining their MPH degree. The capstone course provides the opportunity to develop a research proposal that may be connected with the student's practicum placement. During the site visit, students and alumni cited access to research projects as one of the strengths of the program. They also indicated the effectiveness of the research methods course in preparing them for their practicum and capstone projects.

While LIU Brooklyn has not traditionally been a research institution, both the president and dean told site visitors that they are committed to increasing the external funding base for research. The 2020 strategic plan, for example, calls for "sufficient resources and recognition for scholarly research and publication, artistic production and performance, and intellectual growth and engagement." The plan also calls for the expansion of the Office of Sponsored Research. The school has developed ways to support faculty including mentorship through the school's Research Committee and support for faculty collaborative planning efforts.

The concern relates to the lack of external funds for research. The program has set an outcome measure that 30% of faculty will secure external funding. This target has not been met from 2014 through 2017. While faculty have laudable research agendas, they have only secured a very small amount of external funds to support this research. The program received \$75,000 from the National Endowment for Humanities from 2016-2019 for the Brooklyn Historical Society project "Sick: Four Centuries of Disease in Brooklyn;" \$96,500 from the March of Dimes in 2013-2014 for pre-conception peer education; and \$35,000 in 2016-2017 from the Josiah Macy Foundation for interprofessional education modules. The program has not had access to or been able to secure internal LIU resources to support the development of pilot projects or the collection of preliminary data. The only internal funding secured was a \$5,000 grant in 2016 for a project on violence victimization among young black men. While the self-study refers to the availability of small start-up funds, faculty indicated that they have not yet accessed these start-up or internal funds. Securement of external research funds is an important component of LIU's strategic growth in health sciences research. While meeting with the site visit team, university leaders described their vision and plans to strengthen the LIU research mission. A newly hired senior vice president of academic affairs will be responsible for building a robust research plan for the university. He comes from a strong health sciences research institution and is bringing senior staff with him to build research

capacity at LIU. LIU's president was optimistic about the impact of the new leadership on the growth of external research in the MPH program.

### **3.2 Service.**

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

This criterion is met. The department chair and the director of practicum and career development are active in service at the local, state, national and international levels through community- and state-based organizations and professional societies, serving in leadership roles and as consultants or advisors. More recently-hired faculty have not yet engaged in service outside of program/department obligations. Site visitors learned that adjunct faculty are also actively engaged in service, such as involvement with national professional associations (eg, APHA), local disaster preparedness and participation on boards of community-based organizations.

Policies that incentivize service include the School of Health Professions' policy of allowing faculty one day of release time per week to participate in outside service or employment and the requirement of service as a criterion for evaluation in the reappointment, promotion and tenure processes. As per the LIU expectation that rising academic rank should reflect an increasing service commitment, the department chair serves in leadership roles for multiple professional societies. The director of practicum and career development is engaged with multiple community-based organizations that also serve as student practicum sites.

MPH student participation in service activities is achieved primarily through the program's Public Health Club, which organizes and implements activities ranging from local, student health-focused programming to participation in international public health commemorations. Although the program tracks service-learning and reports 100% student participation via course-based learning, it does not specifically track student participation in extracurricular service opportunities. Students expressed satisfaction with involvement in the Public Health Club to site visitors and appreciated the program's support; they described activities such as community HIV testing, blood donation and outreach on various public health issues within specific sectors and articulated the value of service learning to their development as public health professionals. One student reflected on how much more involved in community-based activities he and other LIU MPH students were relative to friends in another MPH program. Students are encouraged to participate in professional organizations, which was also noted by students during the site visit, and the program plans to incorporate information on this topic into new student orientation.

### 3.3 Workforce Development.

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

This criterion is met with commentary. The program has conducted two sets of workforce development trainings since 2013, all led by the program's director of practicum and career development. In 2014-2015, she provided six two-day sessions of community breastfeeding education in a train-the-trainer format for public health professionals in local community-based organizations to a total of 90 individuals. In 2016-2017, she conducted 10 trainings on a variety of public health topics for four individuals at a local non-profit organization. All of these trainings were conducted at the request of the organizations. The self-study does not include any information on workforce development activities in 2015-2016; site visitors learned during the site visit about the program's first health symposium held in October 2017, which brought local public health professionals to campus to assess their needs and to teach them about data and its uses. The program does not offer any certificate or non-degree programs.

The program has constructed a workforce development plan with a timeline described in the self-study. As a first step, the program sent a workforce development survey to 23 local public health-related organizations to seek feedback on 1) the relative importance of cross-cutting public health competencies and 2) the desire for and format of specific training topics. Site visitors learned on site that the program had recently finished its second round of follow up with agency non-respondents and planned to review the results in the coming months.

Faculty noted that their efforts to date have been largely internally focused on curriculum revision and development, yet they said that they see themselves playing a more significant role in community workforce development in the future. Site visitors also learned from alumni, preceptors and Community Advisory Board members engaged in local public health practice about a host of training needs and topics that the program could potentially deliver, including content related to health inequities, behavioral health, scientific writing, strategic thinking, community-based participatory research, community engagement, collective impact, interviewing skills and data collection and analysis (both quantitative and qualitative).

The commentary relates to the early stage of development of the program's workforce development efforts. The program does not yet have defined practices, policies, procedures or evaluation strategies to support continuing education or workforce development; these will be developed as the workforce development plan is finalized.

One preceptor noted that his organization's memorandum of understanding with the department allowed preceptors to take coursework in exchange for precepting students, and another noted the "bidirectional

learning” that takes place when students are conducting practicum work in that organization. Using preceptors as conduits for community workforce development needs appears to be a promising strategy.

#### **4.0 FACULTY, STAFF AND STUDENTS.**

##### **4.1 Faculty Qualifications.**

**The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program’s mission, goals and objectives.**

This criterion is met. While the program’s faculty complement is small, it includes the requisite expertise, disciplines and practice experiences required for an effective public health practice degree. Faculty members are individually well-qualified and collectively offer both breadth and depth in relevant sub-disciplines of public health to support a generalist public health degree. Adjunct faculty working full-time in their public health discipline teach biostatistics, environmental health and health services management. Primary faculty with training in epidemiology and social and behavioral sciences teach in these core areas, respectively. All have terminal degrees appropriate to the field of public health or relevant core disciplines. The majority have also received graduate degrees from CEPH-accredited public health schools or programs.

Both primary and secondary faculty bring a collective expertise and involvement in practice settings. Substantial expertise is evident in community-engaged and applied public health, with particular strengths in program planning and evaluation, social and behavioral sciences, applied research methods, organizing and teaching health, grant writing, advocacy and public policy, and ethics. Tenure-track faculty conduct research and service activities with community partners in Brooklyn, Serbia, Austria, the Netherlands and South Africa. The director of practicum and career development is grounded in community projects throughout New York City. All six adjunct faculty members work full-time in practice in the fields of biostatistics, environmental health, health systems management, health equity, health education, program management and global health. Both students and alumni commented on their direct access to faculty with practice experience.

The program has identified four outcome measures by which it assesses the qualifications of its faculty complement. The program tracks degrees held, expertise in the field, tenure success and professional certifications. Some of the program’s targets (eg, 100%) are difficult to achieve given the size and composition of the faculty, but this issue is addressed in more detail in Criterion 1.2. Overall, site visitors determined that the individuals serving as faculty members in the program are well qualified for their responsibilities.

#### 4.2 Faculty Policies and Procedures.

**The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.**

This criterion is met. Tenure-track and adjunct faculty are governed by institutional faculty rights and responsibilities as stated in the Collective Bargaining Agreement. This agreement contains policies and procedures pertaining to faculty rights and responsibilities, governance, appointments and promotions, contracts and workload, orientation and development, employment and grievances/complaints. The Collective Bargaining Agreement outlines the promotion and tenure process, with specific expectations for time allocation for teaching, research and service. Tenure-track faculty are expected to teach 18 credits per academic year unless approved for release time for administrative duties or research. Currently, only one tenure-track faculty member has received release time to direct the program and conduct research. The other two tenure-track faculty members are too new in their appointments (one in 2016 and one in 2017) to have requested release time. The Collective Bargaining Agreement recognizes faculty roles in service to the profession and the community, in addition to service to the university. The manual is provided at the time of employment, with updates provided as applicable. During the site visit, faculty indicated that they learned about the promotion and tenure guidelines primarily from the dean.

The university has guidelines for the three types of faculty in the MPH program. Tenure-track faculty follow a six-year process that includes annual reviews, department reviews, reviews by the department chair and dean, and university reviews. Adjunct faculty members and the director of practicum and career development are employed through an annual contract system. Adjunct faculty follow an annual renewal process also outlined in the Collective Bargaining Agreement. They are eligible to be promoted from assistant to associate to full adjunct professor. The director of practicum and career development holds an administrative position that is outside the bounds of the Collective Bargaining Agreement and the union. She is on an annual contract reviewed by the university's Department of Human Resources. She has an embracing contract as an adjunct assistant professor that allows her to teach MPH courses. The teaching contract comes with a path to promotion from assistant to associate to full adjunct professor.

Program faculty are encouraged and supported to attend conferences to present their research findings and to gain exposure to other public health researchers. While minimal funds are formally allocated in the budget for faculty development, faculty explained to the site visit team that they have access to development funds by requesting them from the dean. The dean indicated that he allocates resources to support faculty development, mostly in the form of conference travel and professional development, based on faculty requests. Funds are provided in support of teaching, research/scholarship and service excellence.

Course evaluations are conducted for all MPH courses using an assessment tool designed by the University of Washington. Results are used in the review of faculty as well as the review of the curriculum.

The program has well-defined policies and procedures in place to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty and to support their professional development and advancement.

#### **4.3 Student Recruitment and Admissions.**

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

This criterion is met. The program has clearly documented and advertised policies and procedures for recruitment and admission to the MPH program, which are advertised on the website and in promotional materials. The program requires a 2.8 GPA or higher, submission of GRE and TOEFL (as appropriate) scores, transcripts, a personal statement, a resume and two letters of reference. Admissions requirements to the 3+2 BSHS/MPH program are similar to the traditional MPH requirements, plus specifying a minimum GRE score and higher undergraduate health science GPA. The program tracks scores and retention rates and has consistently achieved its targets, with the exception of mean GRE writing scores (2.875 in the most recent year; target of 3.0).

The program's recruitment goals are consistent with its objective to train a diverse public health workforce. The program recruits heavily from the New York metro area and intends to increase efforts to attract a more geographically diverse domestic student body. Program faculty work closely with university recruitment officers to bring international students to LIU Brooklyn. Applications to the MPH program have increased consistently since 2014, although enrollment has declined. Despite receiving only zero to one applications to the BSHS/MPH program each year, all of those applicants have enrolled, and the program intends to reach more prospective applicants by offering an undergraduate seminar on public health.

#### **4.4 Advising and Career Counseling.**

**There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

This criterion is met. Upon matriculation, the program invites new students to an MPH orientation session at the beginning of the semester. During orientation, students receive the MPH student handbook, the code of ethics for health education professionals, a "What is Public Health?" handout and information about MPH competencies. Each student is also assigned a faculty advisor who meets with the student to

plan and review the two- or three-year course of study. The program encourages students to meet with their faculty advisor to review the sequence of courses prior to registration each semester.

The primary faculty of the MPH program serve as the advisors for all MPH students. New faculty members receive the MPH student handbook, the department's policies and procedures and the form for student advisement when they attend the department's orientation program. The program assigns faculty advisors randomly, and students may select another faculty member if desired. Students who met with site visitors expressed strong satisfaction with the academic advising they receive.

The program's director of practicum and career development leads the career counseling efforts for MPH students. During the semester prior to the practicum, the director meets with each student to discuss interests and career plans. As part of the practicum seminar, students develop a portfolio, prepare a resume, conduct a mock interview and produce a career development map focused on their next steps after graduation. Students spoke highly of the personalized attention they receive from the director of practicum and career development. They said that she helps them to identify opportunities that fit students' interests and career goals and that their email is always full with opportunities that have been disseminated.

In addition to the formal efforts of the director of practicum and career development, all faculty advisors also provide career advising to students. All faculty members send internship and employment opportunities to all students, and the program encourages students to apply for internships during their first two semesters in the program to gain additional experience in public health prior to the practicum.

MPH students also have access to the university's Office of Career Services, which provides all students with online resources, career fairs and career preparation workshops.

The program assesses student satisfaction with advising and career counseling through the program's exit survey and alumni survey. In the last three years, respondents reported generally high satisfaction with faculty availability: about 75% or more respondents rated faculty availability as good, very good or excellent. Students have reported fluctuating satisfaction with academic advising: 91%, 50% and 80% rated it as good, very good or excellent in the last three years. Students rated career services as good, very good or excellent at rates of 50%, 50% and 47% in the last three years. Although these responses appear to indicate some dissatisfaction with career services, site visitors considered the small number of data points that produced these percentages. During the visit, site visitors heard about high satisfaction from students and recent alumni and reviewed other survey responses that reported strong satisfaction.

The program has clear procedures published in the MPH student handbook about how students may communicate concerns or grievances. Students are advised to first contact the instructor related to the concern but may also contact the department chair. If the matter is not successfully resolved, the student may institute a formal complaint with the associate dean of the School of Health Professions. The program received two complaints in the last three years. In 2016, the program followed the university procedures for a grade appeal, and the appeal was denied at every level. The student is retaking the course. In 2017, a student filed a complaint about his/her treatment by a faculty member during class. The university's Office of the Dean of Students investigated and resolved the complaint. There were no outstanding complaints or grievances at the time of the site visit.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### Long Island University Brooklyn MPH Program

November 30-December 1, 2017

#### Thursday, November 30, 2017

- 8:30 am        Request for Additional Documents  
Bojana Beric-Stojsic
- 8:45 am        Executive Session
- 9:45 am        Meeting with Program and Department Administration  
Bojana Beric-Stojsic  
Joyce Y. Hall  
Jelena Malogajski  
Sarah Rush  
Barry Eckert
- 10:45 am       Break
- 11:00 am       Meeting with Faculty Related to MPH Curriculum  
Bojana Beric-Stojsic  
Joyce Y. Hall  
Jelena Malogajski  
Sarah Rush
- 12:00 pm       Break
- 12:15 pm       Lunch with Students  
Naiya Patel  
Nidal Adam  
Vinodini Kumaravelu  
Shaneeeka Stanley  
Michael Girard
- 1:15 pm        Break
- 1:30 pm        Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues  
Joyce Y. Hall  
Jelena Malogajski  
Sarah Rush  
Renata Schiavo  
Vanessa Mejia  
Jolanta Kruszelnicka  
Janice Blake
- 2:30 pm        Break
- 2:45 pm        Meeting with Program and School Administration  
Bojana Beric-Stojsic  
Barry Eckert
- 3:00 pm        Executive Session
- 4:00 pm        Meeting with Alumni, Community Representatives, Preceptors  
Natalia Louis  
Gilbert Maldonado  
Chenade Rennie  
Roopali Shinde  
Eden Yohannes  
Lawrence S. Brown, Jr.

Torian Easterling  
Leslie D. Eaddy  
Marilyn A. Fraser  
Darrin O. Taylor

5:00 pm Adjourn

**Friday, December 1, 2017**

8:30 am Meeting with University Administration  
Kimberly R. Cline  
Gale Stevens Haynes

9:15 am Executive Session and Report Preparation

12:30 pm Exit Briefing

1:15 pm Adjourn