

CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy



SELF-STUDY REPORT

Prepared for The Council on Education for Public Health

March 2016

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ABBREVIATIONS USED IN THE SELF-STUDY

1		
2	ABET	Accreditation Board of Engineering and Technology
3	APHA	American Public Health Association
4	ASPPH	Association of Schools and Programs of Public Health
5	AY	Academic Year
6	CEPH	Council on Education for Public Health
7	CBPHHE	Community-Based Public Health and Health Equity Concentration (MPH)
8	CHES	Certified Health Education Specialist
9	CIH	Certified Industrial Hygienist
10	COMHE	Community Health Education Concentration (MPH)
11	CPH	Certified in Public Health Exam
12	CSH	Community, Society, and Health Concentration (DPH)
13	CUNY	City University of New York
14	CUNYfirst	CUNY Fully Integrated Resources and Services Tool
15	DOHMH	Department of Health and Mental Hygiene (New York City)
16	DPH	Doctorate in Public Health Program
17	EOHS	Environmental and Occupational Health Sciences Concentration (MPH & MS)
18	EOH	Environmental and Occupational Health Concentration (DPH)
19	EPI	Epidemiology Concentration (DPH)
20	EPI/BIOS	Epidemiology and Biostatistics Concentration (MPH)
21	ERF	Electronic Resource File
22	FY	Fiscal Year
23	GISc	Public Health Geographic Information Sciences Concentration (MPH)
24	GPH	General Public Health Concentration (MPH)
25	GSPHHP	CUNY Graduate School of Public Health and Health Policy
26	HCPA	Health Care Policy and Administration Concentration (MPH)
27	HPM	Health Policy and Management Concentration (MPH & DPH)
28	MPH	Master of Public Health
29	MS	Master of Science
30	MSCHE	Middle States Commission on Higher Education
31	MS/MPH	Master of Science/Master of Public Health Dual Degree Program
32	MSW/MPH	Master of Social Work/Master of Public Health Dual Degree Program
33	NBPHE	National Board of Public Health Examiners
34	NIH	National Institutes of Health
35	NIOSH	National Institute of Occupational Safety and Health
36	NURS	School of Nursing
37	NUTR	Public Health Nutrition Concentration (MPH)
38	PHANYC	Public Health Association of New York City
39	SSW	School of Social Work

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OVERVIEW AND HISTORY

This self-study describes the CUNY Graduate School of Public Health and Health Policy, a graduate school with a focus on healthy cities and social justice. The City University of New York, the largest and most diverse urban public university in the United States, began training public health professionals in 1968 at Hunter College. It was one of the first public institutions without a school of public health to meet the growing demand for professionals who could tackle the complex health problems facing the nation's increasingly diverse cities, and to translate the promise of the health and social reforms of the 1960s into public health practice and policy in urban neighborhoods. By 2006, the City University of New York offered MPH degree programs at three campuses: Hunter, Brooklyn, and Lehman Colleges. In 2007, the CUNY Graduate School, home to the University's thirty-four doctoral programs, introduced a Doctor of Public Health (DPH). Believing that New York City and CUNY would be better served by uniting these public health programs, former City University of New York Chancellor Matthew Goldstein announced the University's commitment to develop a collaborative school of public health, integrating the resources of the previously independent programs under the leadership of a single Dean. Since establishing the school, the Board of Trustees has taken steps to assure a unified, CUNY-wide school of public health, as detailed below.

In 2008, Dr. Kenneth Olden, former director of the National Institute of Environmental Health Sciences and the National Toxicology Program, was appointed as interim and founding Dean by the CUNY Board of Trustees, a position he held until 2012. In 2011, the School received its first full five-year accreditation from CEPH. In 2013, the CUNY Board of Trustees adopted changes to the School's governance plan to better reflect the University-wide nature of the School and position it for continued and expanded collaborations, growth, and success: 1) The School's name was officially changed from "CUNY School of Public Health at Hunter College" to the "CUNY School of Public Health"; 2) the reporting structure was adjusted so that the Dean reports directly to the CUNY Chancellor; and 3) the School was granted authority to hire its own senior administrators, faculty, and staff. In addition, the Graduate School and University Center, as a Middle States Commission on Higher Education-accredited entity and the administrative home of the School, was granted authority to offer public health degrees independently and to award joint degrees with the respective consortial campus. Also in 2013, following a national search, the CUNY Board of Trustees appointed Dr. Ayman El-Mohandes as the School's first permanent Dean. Dr. El-Mohandes is an internationally recognized pediatrician, epidemiologist, and academic leader whose research has focused on reducing infant mortality in low income and minority populations. Prior to his appointment to the City University of New York, he served as Dean of the College of Public Health at the University of Nebraska Medical Center for four years, where he tripled the school's research portfolio, doubled the faculty, grew the student body tenfold, and launched several innovative academic programs.

Since 2013, with support from the University and under the leadership of Dean El-Mohandes, four senior administrators, ten new full-time faculty members, and eight new staff members have joined the School, with recruitment actively underway for additional two faculty and four senior staff positions. These new positions have strengthened the School's capacity for research, teaching, and service and have enhanced the School's administrative infrastructure, especially in the areas of instructional and information technology, student services, research administration, academic affairs, and safety and security.

Beginning in January 2014, Dean El-Mohandes led the School's administrators, faculty, and staff in a strategic planning process, with input from its Advisory Council and other stakeholders, to position the School to better prepare the current and future public health workforce in addressing population health challenges in New York City and beyond over the coming five years. Through this process, the School prioritized seven strategic goals:

- 1 • Evolve our academic programs to the next level of excellence, including distance learning
- 2 • Enhance our research productivity and ensure an environment that promotes junior faculty success
- 3 • Create a student-centered academic program
- 4 • Establish a successful development campaign
- 5 • Maximize the efficiency of our governance model
- 6 • Develop and implement a world class communication effort
- 7 • Engage our community effectively

8
9 The strategic planning process also resulted in an updated mission, vision, and focus areas that better
10 reflect current and emerging population health needs and priorities, opportunities for impact, and faculty
11 expertise. The focus areas are:

- 12
- 13 • Food and Nutrition
- 14 • Chronic, Non-Communicable Diseases
- 15 • Communications, Social Media Marketing, and Informatics
- 16 • Immigrant, Global, and Refugee Health
- 17 • Maternal, Child, Reproductive, and Sexual Health

18
19 The new Strategic Plan will help frame the School’s educational programs, research, and student and
20 community engagement, and will guide the selection of partnerships, resource allocation, and new
21 investments over the coming five years. In August 2015, the central component of the CUNY Graduate
22 School of Public Health and Health Policy administration, faculty, and staff moved into 25,000 square
23 feet of newly-renovated office space on West 125th Street in Central Harlem, Manhattan. This new
24 location facilitates collaboration between faculty, students, and staff with local community organizations
25 and health and social service agencies to strengthen existing relationships and create new approaches to
26 improving the well-being of Central and East Harlem and other low-income communities.

27
28 The recent reconfiguration of the collaborative CUNY School of Public Health into a unified entity, the
29 CUNY Graduate School of Public Health and Health Policy, is described below:

30
31 In November 2015, the CUNY Board of Trustees approved a resolution directing the Chancellor of the
32 University, James B. Milliken, to develop and implement a plan to transition the existing consortial
33 School to a unified graduate school that would administer all master’s and doctoral-level degree
34 programs, continuing as a unit within the CUNY Graduate School and University Center. The name of
35 the School was changed to the CUNY Graduate School of Public Health and Health Policy. Since
36 November 2015, significant progress has been made in consolidation:

- 37
- 38 • CUNY Board of Trustees and the New York State Department of Education has approved the single
39 degree-granting authority for all degrees offered by the School through the Graduate School and
40 University Center.
- 41 • Thirty-eight (of fifty eligible) faculty have transferred to the School from Brooklyn, Hunter, and
42 Lehman Colleges, adding to the existing ten faculty appointed at the Graduate School, for a total of
43 forty-eight primary faculty members.
- 44 • Revisions to the School’s governance plan have been approved by the primary faculty and by the
45 Board of Trustees Committee on Faculty, Staff, and Administration.¹

¹ Approval of revisions to the School’s governance plan is expected by the full CUNY Board of Trustees on March 21, 2016.

- 1 • Plans are underway for a 29,000 square foot expansion in the School’s current location on 125th
2 Street. This state-of-the-art research and instructional space will accommodate all faculty, staff, and
3 students of the School, beginning in fall 2016.
4

5 The CUNY Graduate School of Public Health and Health Policy offers students and faculty a rich and
6 broad array of University and community resources. Students select MPH concentrations in the five core
7 knowledge areas of public health plus Geographic Information Science and Public Health Nutrition. An
8 ABET-accredited MS concentration is offered in Environmental and Occupational Health. The School
9 also offers a DPH Degree with concentrations in Community, Society, and Health; Environmental and
10 Occupational Health; Epidemiology; and Health Policy and Management. In addition, the School offers
11 two dual-degree programs with Hunter College: an MS/MPH in nursing and public health, and an
12 MSW/MPH in social work and public health. In 2013, the School added a new graduate-level
13 specialization in Maternal, Child, Reproductive, and Sexual Health, which MPH and DPH students may
14 complete in addition to their concentration. In 2015, the School was authorized by the New York State
15 Education Department to offer an Advanced Certificate in Public Health.
16

17 Since the School’s initial accreditation in 2011, through CUNY’s ongoing investment, and under Dean
18 El-Mohandes’ strategic leadership, the School has begun to deliver to students, faculty, community
19 partners, and the broader public. Of particular note:
20

- 21 • A newly established Schoolwide Office of Student Services, under the leadership of Assistant Dean
22 of Students, Dr. Ashish Joshi, has broadened opportunities for students, including writing support,
23 career development, student clubs, and an entrepreneurial student innovation initiative.
- 24 • Enhancements to the School’s research infrastructure with a permanent Associate Dean for Research,
25 Dr. Michele Kiely, and 2.5 full-time staff have expanded opportunities for interdisciplinary and
26 collaborative research, resulting in a 20% increase in the total dollar amount of extramural funding
27 from fiscal year 2013 to fiscal year 2015. Plans are underway to establish an independent CUNY
28 Graduate School of Public Health and Health Policy Office of Sponsored Programs and Research.
- 29 • A newly established Division of Public Health Practice and Community Engagement, led by
30 Distinguished Professor Dr. Nicholas Freudenberg and Clinical Professor Daliah Heller, has
31 expanded field placements to more than three hundred non-profit, governmental, health care, and
32 other organizations and agencies throughout NYC’s forty-two diverse neighborhoods, as well as
33 state-wide, nationally, and internationally. It has also formalized strategic partnerships with
34 governmental and community-based organizations, including the Department of Health and Mental
35 Hygiene, to expand workforce development, applied research and program evaluation, and policy
36 development and advocacy.
- 37 • Over the past two years, ten new faculty have been hired by the School and as a result, students now
38 have access to faculty with expertise in several new areas, including health communication, social
39 media, and social marketing; distance education; public health practice and system science. The
40 proportion of courses taught by full-time faculty has increased from 60% to over 75% as of fall 2015.
- 41 • New online opportunities have been made available including all core MPH courses being offered
42 online at least once per year. These online courses together form an advanced certificate in public
43 health and a new non-credit bearing certificate in public health informatics, with several other courses
44 and certificates in development. The proportion of fully- or partially-online courses has more than
45 doubled from 8% to 18%.
- 46 • Several flagship initiatives are in the early implementation or planning stages. These include:
 - 47 • A thriving Urban Food Policy Institute to improve access to healthy and affordable food for all
48 New Yorkers
 - 49 • A University-wide “Healthy CUNY” initiative to improve the health of its 500,000 degree- and
50 non-degree-seeking students

- 1 • A multi-institutional initiative on immigrant, global, and refugee health
- 2 • A city-wide collaboration with the NYC Department of Parks to document the impact of
- 3 infrastructure improvements on physical activity in underserved communities
- 4 • A public-private partnership with the Healthy Weight Commitment Foundation to identify best
- 5 practices in health promotion within the food industry
- 6 • The New York University-CUNY Graduate School of Public Health and Health Policy
- 7 Prevention Center to reduce cardiovascular disease inequities
- 8 • Pilot evaluations with Department of Health and Mental Hygiene to document effective mental
- 9 health interventions for young adults and the role of community health workers in placed-based
- 10 chronic disease management.

11
12 Dean El-Mohandes and the faculty and staff of the unified Graduate School of Public Health and Health
13 Policy have established a clear pathway toward the development of a world-class school of public health
14 that taps into the richness of the City University of New York, New York City, and beyond. In sum, the
15 Graduate School of Public Health and Health Policy is poised for its next stage of development: creating a
16 national model for a school of public health that reflects the diversity and challenges of cities in America
17 and the world.

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1 **CRITERION 1: THE SCHOOL OF PUBLIC HEALTH**

2

3 ***1.1. Mission***

4

5 ***The school shall have a clearly formulated and publicly stated mission with supporting goals,***

6 ***objectives and values.***

7

8 **1.1.a. A clear and concise mission statement for the school as a whole**

9

10 The City University of New York Graduate School of Public Health and Health Policy is in a global city

11 challenged by many of the world’s most serious health problems that also serves as a cradle of public

12 health innovations. Using the resources of the nation’s largest and most diverse urban public University,

13 the School seeks to create new models of innovative, interdisciplinary and applied public health

14 education, research, and practice. The School brings together students and faculty with practitioners,

15 researchers, activists, community residents, and policy makers from many sectors. Informed by the values

16 of public health, social justice, and democracy, the School seeks to become a platform for collaboration to

17 examine the causes of and solutions to pressing health problems, to engage the public in an ongoing

18 dialogue on public health policy, and to develop a workforce with the capacity to plan and implement

19 health-promoting programs and policies.

20

21 The School’s *mission* is to provide a collaborative and accessible environment for excellence in

22 education, research, and service in public health, to promote and sustain healthier populations in NYC and

23 around the world, and to shape policy and practice in public health for all. The *vision* is to promote health

24 and social justice in NYC and across the globe through innovation and leadership. To realize its mission

25 and vision, the School works with communities, nonprofit and private organizations, and the government

26 at all levels to build the capacities that help people lead healthier and more productive lives.

27

28 **1.1.b. A statement of values that guide the school**

29

30 The core values and innovative approaches that guide the School are:

- 31
- 32 • Social justice and equity
 - 33 • Integrity and excellence
 - 34 • Stewardship
 - 35 • Direct, real-world applications and impact
 - 36 • Engaging City University of New York students and NYC communities as change agents
 - 37 • Health in all policies
 - 38 • Using technology to promote population health
- 39

40 **1.1.c. One or more goal statements for each major function through which the school intends to**

41 **attain its mission, including at a minimum, instruction, research and service**

42

43 Faculty, staff, and administration have established seven major goals (domains) around education,

44 research, and service:

- 45
- 46 1. Evolve our academic programs to the next level of excellence, including distance learning
 - 47 2. Enhance our research productivity and ensure an environment that promotes junior faculty success
 - 48 3. Create a student-centered academic program
 - 49 4. Establish a successful development campaign
 - 50 5. Maximize the efficiency and effectiveness of our governance model

6. Develop and implement a world class communication effort
7. Engage our community effectively

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

Faculty, staff, and administration have established measurable objectives, based on seven major goals. These are summarized in Table 1.1.d.1.

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

Alignment with University-wide mission, values goals and objectives: The School’s mission, values, goals, and objectives were developed to align with broad University goals and to reflect more specific School priorities, needs, and aspirations. At the University level, CUNY develops a Master Plan every four years to which all units contribute. The most recent [Master Plan covers 2012 – 2016](#). In May 2015, the City University of New York’s Chancellor James B. Milliken launched a new strategic planning effort, 21st Century CUNY. This strategic effort will focus on four University-wide priorities: increasing academic success of students; expanding partnerships with academic, not-for-profit, and business organizations; embracing technology to advance teaching and learning, research and engagement; and adopting a global perspective.² Senior University and college leadership, faculty, and students provide input into the development of the plan. Final approval rests with the Board of Trustees. Dean Ayman El-Mohandes is a member of the Steering Committee and has sought direct input from School administrators and faculty for the University strategic planning process. School administrators also participate in University-wide planning through the monthly councils in the areas of academic affairs, administration, research, and student affairs.

The initiatives laid out in CUNY’s Master Plan are operationalized and evaluated via the annual Performance Management Process. As part of the Performance Management Process, the University sets broad goals in the areas of academic excellence, student success, scholarship, and financial management on which each college must report. Individual colleges and schools set specific goals that address their own challenges and opportunities. In addition to the Performance Management Process, each of the twenty-four units may set more specific goals, as reflected in their Strategic Plans. Beginning with the 2014-15 academic year, the School began participating in the Performance Management Process as an independent institution. Under the Dean’s leadership, the Senior Associate Dean collaborates with CUNY Graduate School of Public Health and Health Policy faculty, department chairs, administrators, and the CUNY Central Office in developing goals and objectives so as to meet University needs and advance the School, and monitors their implementation.

Taken together, these processes and mechanisms enable the School to have input into the University-wide planning process and align its plans with and contribute to University priorities.

Development of the Graduate School of Public Health mission, values goals and objectives: In January 2014, Dean El-Mohandes initiated a collaborative strategic planning process to guide the School in addressing the most significant health challenges in NYC and beyond over the coming five years. In

² “21st Century CUNY” Strategic Plan, <http://www1.cuny.edu/sites/news-chancellor/2015/05/a-message-from-chancellor-milliken-2/>

1 January 2014, administrators, faculty, and staff participated in a retreat to reflect on the School's
2 strengths, accomplishments, needs, and opportunities. Faculty and staff prioritized seven strategic goals
3 designed to propel the School to its next stage of development and growth. They considered critical
4 public health trends; faculty expertise; and feedback from students, alumni, and major employers. This
5 process resulted in the identification of seven strategic goals (domains), as summarized above in Criterion
6 1.1.c. In January 2015, administrators, faculty, and staff developed specific objectives and work plans, as
7 well as reviewed and updated the School's mission, vision, and focus areas to better reflect current and
8 emerging population health needs and priorities, and opportunities for impact and faculty expertise. The
9 School prioritized the following five strategic focus areas:

- 10 • Food and Nutrition
- 11 • Chronic, Non-Communicable Diseases
- 12 • Communications, Social Media Marketing, and Informatics
- 13 • Immigrant, Global, and Refugee health
- 14 • Maternal, Child, Reproductive, and Sexual health

15 The Dean's Public Health Advisory Council also provided input into the framework for the Strategic Plan
16 at its October 2014 and March 2015 meetings.

17
18
19
20 **1.1.f. Description of how the mission, values, goals and objectives are made available to the school's**
21 **constituent groups, including the general public, and how they are routinely reviewed and revised**
22 **to ensure relevance.**

23
24 The School's mission, values, goals, and objectives are made available to all stakeholders through the
25 [CUNY Graduate School of Public Health and Health Policy's website](#) and in recruitment presentations
26 and materials. These were recently reviewed and revised in 2014 and 2015; it is anticipated that they will
27 be reviewed again in approximately three years.

28
29 **1.1.g. Assessment of the extent to which this Criterion is met.**

30
31 This Criterion is met.

32
33 Strengths: The School has recently engaged key stakeholders in updating its Strategic Plan for 2015-2020,
34 so as to position the School for growth and development; to address public health needs; and to take
35 advantage of faculty expertise in teaching, research, and service, and other opportunities of impact that
36 are in alignment with broader University goals.

37
38 Weaknesses: None noted.

39
40 Plans: The CUNY Graduate School of Public Health and Health Policy will continue to implement its
41 Strategic Plan, seeking ongoing participation from internal and external stakeholders, and monitoring
42 progress in achieving its goals and objectives.

Table 1.1.d.1: CUNY GSPHHP Goals and Objectives, 2013-2015

Goals	Objectives (Outcomes by which the School measures its success)	CEPH Criteria
Goal 1: Evolve our academic programs to the next level of excellence, including distance learning	1. 60% of courses will be taught by CUNY full-time faculty	1.7.i. Adequacy of faculty resources
	2. 15% of courses will be fully or partially online	2.0. Instructional programs
	3. Student evaluations of faculty teaching and courses will be rated above 2.5 (scale 1-5)	4.1.d. Faculty qualifications
Goal 2: Enhance our research productivity and ensure an environment that promotes junior faculty success	1. Primary faculty will publish two peer-reviewed articles on average annually	1.6.d. Adequacy of fiscal resources (3,4)
	2. Primary faculty will have an average of two 'other' measures of impact (e.g. invited lectures, professional meeting presentations, books, chapters, news articles) annually	3.1.d. Success of research activities (1-5)
	3. The total amount of extramural funding will increase by 10% (3-year average)	4.1.d. Faculty qualifications (1-6)
	4. Primary faculty will obtain \$60,000 on average in extramural funding annually	
	5. Primary faculty will receive at least 40 extramural awards annually	
	6. 95% of primary faculty members will have earned a doctoral degree	
Goal 3: Create a student-centered academic program	1. ≥70% of tax levy budget will be spent on instruction, research, and student services	1.6.d. Adequacy of fiscal resources
	2. The FTE student: FTE faculty ratio will be 10:1 or less in each specialty area	1.7.i. Adequacy of faculty resources
	3. Mean GRE scores of new MPH and MS matriculants will be in the 40 th % or higher	4.3.f. Qualified student body
	4. Mean undergraduate GPA's of new MPH and MS matriculants will be 3.0	
	5. One-year retention rates will be 80%	
	6. >70% of faculty extramural research involves students	3.1.d. Success of research activities
	7. 70% of students and alumni will who sit for the CPH exam will pass it	2.7.d. Certification exams
	8. 70% of MPH and MS students will graduate within five years	2.7.b. Student achievement
	9. 60% of DPH students will graduate within eight years	
	10. 80% of graduates will be employed or pursuing further education within 12 months	
Goal 4: Establish a successful development campaign	1. Establish a development campaign in 2014 with annual targets	1.6.d. Adequacy of fiscal resources
Goal 5: Maximize the efficiency of our governance model	1. Implement 2013 and 2015 governance changes, as approved by the Board of Trustees	1.5. Governance
Goal 6: Develop and implement a world class communication effort	1. The GSPHHP Twitter will have 1,000 followers	1.4. Organization and Administration
	2. The Facebook page will have 700 likes	
	3. The LinkedIn alumni group will have 200 members	
	4. Enhance internal communication systems through School's website and Mail Chimp	1.4. Organization and Administration
Goal 7: Engage our community effectively	1. 80% of primary faculty will be engaged in professional and/or community service annually	2.4. Practical skills
	2. Collaborate with at least 50 community based and non-profit organizations annually, dedicated to underserved populations and/or advancing health equity	3.2.d. Success of service efforts
	3. 30% of primary faculty will be from underrepresented minority groups	1.8.e. Diversity
	4. 50% of staff will be from underrepresented minority groups	
	5. 50% of primary faculty will be female	
	6. 50% of staff will be female	
	7. 40% of students will be from underrepresented minority groups	

1 **1.2. Evaluation**

2
3 *The school shall have an explicit process for evaluating and monitoring its overall efforts against its*
4 *mission, goals and objectives; for assessing the school's effectiveness in serving its various*
5 *constituencies; and for using evaluation results in ongoing planning and decision making to achieve*
6 *its mission. As part of the evaluation process, the school must conduct an analytical self-study that*
7 *analyzes performance against the accreditation criteria defined in this document.*

8
9 **1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in**
10 **Criterion 1.1.d including identification of the data systems and responsible parties associated with**
11 **each objective and with the evaluation process as a whole. If these are common across all objectives,**
12 **they need be described only one. If systems and responsible parties vary by objective or topic area,**
13 **sufficient information must be provided to identify the systems and responsible party for each.**

14
15 The data systems and responsible parties involved in evaluating and monitoring the School's progress
16 against its objectives are summarized in Table 1.2.c.1. As already noted, many of the School's goals and
17 objectives are closely aligned with the University-wide Performance Management Process. The Dean is
18 responsible for coordinating with the involved parties to assure that data are collected, analyzed, and
19 reported annually. Data are shared and discussed at the monthly Dean's Cabinet meeting with the deans,
20 department chairs, and senior staff. Further details on how specific goals and objectives are evaluated,
21 monitored, and employed for quality improvement are summarized below under Criterion 1.2.b.

22
23 **1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a. are**
24 **monitored, analyzed, communicated and regularly used by managers responsible for enhancing the**
25 **quality of programs and activities.**

26
27 Examples of how evaluation results are monitored, analyzed, communicated, and used to document and
28 refine activities to meet goals and objectives are summarized below for some of the core domains (goals),
29 as depicted in Tables 1.1.d.1 and 1.2.c.1.

- 30
31 • **Academic Programs:** Prior to 2013, the School had few (<10%) online course offerings. Over the
32 past several years, one of the top queries from prospective and current students was for more online
33 instruction (as demonstrated in the Incoming Student Survey, collected in fall 2014, which indicated
34 that 47% of respondents would like to see online courses in the future). In addition, the School hired a
35 full-time faculty member in fall 2014 to support the expansion of distance education expertise within
36 the School (Dr. Sergio Costa). Dr. Costa assessed faculty interest and skill in online instruction. With
37 the Dean's support, he arranged to provide interested faculty with a course release from teaching in
38 return for completing an online training course and teaching a fully online, asynchronous course
39 within two years. The Associate Dean for Academic and Faculty Affairs has also collaborated with
40 faculty to schedule more online courses and sections. As a result, the number of fully- or partially-
41 online courses more than doubled from 8% to 18% in less than two years. As another example, ten
42 new primary faculty hired since fall 2014 have served to increase the proportion of courses taught by
43 full-time faculty from 60% to over 75% within two years.
- 44 • **Faculty scholarship and research productivity:** Prior to 2015, the School did not have a formal
45 grants mentorship program. Grants data showed that less than half the faculty had received extramural
46 funding over the previous three years. To promote grant development, especially among junior
47 faculty, the Associate Dean for Research, with support from the Dean, initiated an internal junior
48 faculty mentorship award. There are two one-year awards available annually, for a maximum of
49 \$15,000 each.

- 1 • **Students:** Between August 2008 and February 2014, less than five eligible students or alumni took
2 the CPH exam each year. Pass rates varied widely due to small numbers. For example, in 2009-2010
3 and 2011-2011 the pass rate was 100% (all five exam takers passed), whereas in 2012-2013 the pass
4 rate was 0% (one exam taker failed). Recognizing the growing importance of the CPH exam,
5 beginning in October 2014, Dean El-Mohandes launched an initiative to reimburse the registration fee
6 for the first twenty students who registered and passed the exam each year. In the first year, twenty-
7 four students and alumni took the CPH exam and eighteen passed it. A review course to prepare
8 students for this exam is offered annually, free of charge by the School.
9

10 **1.2.c. Data regarding the school's performance on each measurable objective described in Criterion**
11 **1.1.d must be provided for each of the last three years. To the extent that these data duplicate those**
12 **required under other criteria, the school should parenthetically identify the criteria where the data**
13 **also appear.**

14
15 Table 1.2.c.1 includes data regarding the School's performance on each measurable objective described in
16 Criterion 1.1.d.
17

18 **1.2.d. Description of the manner in which the self-study document was developed, including**
19 **effective opportunities for input by important school constituents, including institutional officers,**
20 **administrative staff, faculty, students, alumni and representatives of the public health community.**
21

22 Primary responsibility for developing the self-study document was delegated by the Dean to Susan
23 Klitzman, Senior Associate Dean and Professor, with an accreditation team that comprised the following
24 individuals:

- 25 • Ayman El-Mohandes: Dean and Professor
26 • Jim Stimpson: Associate Dean for Academic and Faculty Affairs and Professor
27 • Michele Kiely: Associate Dean for Research and Professor
28 • Susan Klitzman: Senior Associate Dean for Administration and Professor
29 • Ashish Joshi: Assistant Dean of Students and Associate Professor
30 • Robyn Gertner: Curriculum and Assessment Coordinator
31 • Joy Hampson: Administrative Specialist
32 • Aswani Bolangni: Student
33

34 Working groups were formed for each key self-study area. The following individuals participated in these
35 sub-committees:
36

37 Administration and Governance:

- 38 • Ayman El-Mohandes: Dean and Professor
39 • Susan Klitzman: Senior Associate Dean for Administration and Professor
40 • Nicholas Freudenberg: Distinguished Professor of Community Health and Social Sciences and
41 Director of the Division of Public Health Partnerships and Community Engagement
42 • Zora Flores-Kitongo: Senior Special Assistant to the Dean
43

44 Curriculum:

- 45 • Jim Stimpson: Associate Dean for Academic and Faculty Affairs and Professor
46 • Mary Schooling: Professor and Chair of Environmental, Occupational, and Geospatial Health
47 Sciences and Chair of Curriculum Committee
48 • Arlene Spark: Professor of Environmental, Occupational, and Geospatial Health Sciences
49 • Barbara Berney: Associate Professor of Health Policy and Management
50 • Jane Levitt: Associate Professor Emerita

- 1 • Sergio Costa: Lecturer in Distance Education and Instructional Technology
- 2 • Robyn Gertner: Curriculum and Assessment Coordinator

3 4 Creation, Application and Advancement of Knowledge:

- 5 • Michele Kiely: Associate Dean for Research and Professor
- 6 • Marianne Fahs: Professor of Health Policy and Management
- 7 • Nicholas Freudenberg: Distinguished Professor of Community Health and Social Sciences and
- 8 Director of the Division of Public Health Partnerships and Community Engagement
- 9 • Daliah Heller: Clinical Professor of Public Health Practice and Health Policy and Management
- 10 • Matthew Caron: Research Program Manager
- 11 • Erica Sigmon: Grants Manager

12 13 Students:

- 14 • Ashish Joshi: Assistant Dean of Students and Associate Professor
- 15 • Meg Krudysz: Director of Student Affairs
- 16 • Amina Alam: Recruitment and Administrative Specialist

17
18 The senior staff were responsible for overseeing the self-study and for assuring that it accurately reflected
19 the School's progress and strategic priorities. Initially, Susan Klitzman and Robyn Gertner developed a
20 timetable, list of tasks, and responsible parties for each of the four major criteria. Each of them in turn
21 developed an approach and work plan and invited the relevant faculty and staff to participate. The tasks
22 and approaches varied, depending on the topic. For example, the sub-committee on curriculum led the
23 faculty in a year-and-a-half long process to review and update program competencies and assure they
24 were appropriately mapped to course learning objectives and course assessments. The Dean's Cabinet
25 was responsible for advising the Dean about the mission, values, goals, and objectives, and for providing
26 data and insights about students, curriculum, and research and service activities.

27
28 Copies of the self-study report have been distributed to School staff, faculty, and administrators. Notice of
29 third-party comments regarding accreditation review was announced on the GSPHHP website, with
30 options to submit comments directly to CEPH or to the School via a [Google form](#).

31 32 **1.2.e. Assessment of the extent to which this Criterion is met and an analysis of the school's** 33 **strengths, weaknesses and plans relating to this Criterion.**

34
35 This Criterion is met.

36
37 **Strengths:** The School's administration, faculty, and staff have developed an effective organizational
38 infrastructure for evaluation and monitoring of the CUNY Graduate School of Public Health and Health
39 Policy's educational, research, and service activities to determine progress in meeting mission, goals, and
40 objectives and using results for continuous quality improvement.

41
42 **Weaknesses:** Owing to the changes in governance and new Dean (2013) and development of a new
43 strategic planning process (2014), some of the goals, objectives, and initiatives are very recent.
44 Accordingly, some outcome measures are either not relevant and/or not available for the past three years.

45
46 **Plans:** The School and its faculty will continue to implement the activities described in the Strategic Plan
47 and the Dean's Cabinet will continue to monitor progress on achieving goals and objectives.

Table 1.2.c.1: Objectives and Outcomes for the Last 3 Years³

Goals and Objectives (Required Criteria)	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Goal 1: Evolve our academic programs to the next level of excellence, including distance learning							
60% of courses will be taught by CUNY full-time faculty (1.7.i)	CUNYfirst & Banner	Associate Dean for Academic & Faculty Affairs, Department Chairs	60%		60%	62%	79%
15% of courses will be fully or partially online	CUNYfirst & Banner	Associate Dean for Academic & Faculty Affairs, Department Chairs	15%		8%	14%	18%
Student evaluations of faculty teaching and courses will be rated above 2.5 (scale 1-5) (4.1.d)	Course evaluation system	Associate Dean for Academic & Faculty Affairs, Department Chairs	2.5	3.0	3.23	3.20	
Goal 2: Enhance our research productivity and ensure an environment that promotes junior faculty success							
Primary faculty will publish two peer-reviewed articles on average annually (3.1.d, 4.1.d)	Faculty scholarship reports	Associate Dean for Research, Department Chairs	2.0	2.0	2.4	2.8	
Primary faculty will have an average of two 'other' measures of impact (e.g. invited lectures, professional meeting presentations, books, chapters, news articles) annually (3.1.d, 4.1.d)			2.0	1.9	3.1	3.9	
The total amount of extramural funding will increase by 10% (3-year average) (3.1.d, 4.1.d, 1.6.d)	CUNY Research Foundation	Associate Dean for Research, Department Chairs	10% 3-year average increase ⁴	\$3,636,464	\$4,440,743	\$4,430,549	\$4,679,097 (to date)
Primary faculty will obtain \$60,000 on average in extramural funding annually (3.1.d, 4.1.d, 1.6.d)			\$60,000	\$75,760	\$82,236	\$73,842	\$97,572 (to date)
Primary faculty will receive at least 40 extramural awards annually (3.1.d, 4.1.d)			40	40	45	44	43 (to date)
95% of primary faculty members will have earned a doctoral degree (4.1.d)	Faculty CVs	Associate Dean for Academic & Faculty Affairs	95%		98%	98%	98%

³ Reported for the three most recently available academic or fiscal years, except and as otherwise noted

⁴ 3-year average for 12-13, 13-14, and 14-15 is \$4,169,252. Target is a 10% increase for 15-16, 16-17, and 17-18 (\$4,586,177). This will be tracked moving forward.

Table 1.2.c.1: Objectives and Outcomes for the Last 3 Years³

Goals and Objectives (Required Criteria)	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Goal 3: Create a student-centered academic program							
≥70% of tax levy budget ⁵ will be spent on instruction, research, and student services (1.6.d)	University Budget Office	Senior Associate Dean for Administration	70%	86%	87%	87%	
The FTE student: FTE faculty ratio will be 10:1 or less in each specialty area (1.7.i) ⁶	Institutional Research	Associate Dean for Academic & Faculty Affairs	10:1		BIOS 0.6:1 ENV SCI 8.7:1 EPI 4.9:1 HSA 8.0:1 NUTR 12.5:1 SBS 10.7:1	1.4:1 6.7:1 4.8:1 6.7:1 12.8:1 10.0:1	2.1:1 8.8:1 6.1:1 6.0:1 8.8:1 9.0:1
Mean GRE ⁷ scores of new MPH and MS matriculants will be in the 40 th % or higher (4.3.f)	SOPHAS	Assistant Dean of Students	40 th %		V: 59% Q: 40%	V: 58% Q: 41%	V: 54% Q: 37%
Mean undergraduate GPA's of new MPH and MS matriculants will be 3.0 (4.3.f)			3.0		3.3	3.3	3.3
One-year retention rates will be 80% (4.3.f)	Institutional Research	Associate Dean for Academic & Faculty Affairs, Assistant Dean of Students	80%	89%	92%	88%	
>70% of faculty extramural research involves students (3.1.d)	Faculty surveys	Associate Dean for Research, Department Chairs	70%	84%	85%	73%	
70% of students and alumni will who sit for the CPH exam will pass it (2.7.d)	NBPHE	Assistant Dean of Students	70%	N/A ⁸	67%	75%	

⁵ Personnel costs only

⁶ BIOS is comprised of the Biostatistics MPH track. EPI is comprised of the MPH track and the DPH concentration in Epidemiology. ENV SCI is comprised of the MPH and MS concentrations in Environmental and Occupational Health Sciences, the MPH concentration in Public Health Geographic Information Science, and the DPH concentration in Environmental and Occupational Health. HSA is comprised of the MPH concentrations in Health Care Policy and Administration and Health Policy and Management, and the DPH concentration in Health Policy and Management. NUTR is comprised of the MPH concentration in Public Health Nutrition. SBS is comprised of the MPH concentrations in Community-based Public Health and Health Equity, General Public Health, and Community Health Education, and the DPH concentration in Community, Society, and Health.

⁷ Verbal, Quantitative

⁸ Only one alumni took the CPH exam in 2012-2013, and therefore %'s are not meaningful

Table 1.2.c.1: Objectives and Outcomes for the Last 3 Years³

Goals and Objectives (Required Criteria)	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
70% of MPH and MS students will graduate within five years (2.7.b)	CUNYfirst	Associate Dean for Academic & Faculty Affairs, Department Chairs	70%	2008 entrants: 71%	2009 entrants: 75%	2010 entrants: 71%	
60% of DPH students will graduate within eight years (2.7.b)	Banner	Associate Dean for Academic & Faculty Affairs, Department Chairs	60%	N/A	N/A	2007 entrants: 53%	
80% of graduates will be employed or pursuing further education within 12 months (2.7.b)	Alumni Surveys, LinkedIn	Assistant Dean of Students, Department Chairs	80%	91%	96%	97%	
Goal 4: Establish a successful development campaign							
Establish a development campaign in 2014 with annual targets (1.6.d)	Development Database	Dean	Establish annual targets		N/A	N/A	Targets Established ⁹
Goal 5: Maximize the efficiency of our governance model							
Implement 2013 and 2015 governance changes, as approved by the Board of Trustees	N/A	Dean, Senior Associate Dean for Administration, Faculty-Student Council	Implement governance change	N/A	Degree-granting approved	Central faculty and staff hired	Transition to a unified graduate school
Goal 6: Develop and implement a world class communication effort							
The GSPHHP Twitter will have 1,000 followers	Twitter	External Affairs and Communications	1,000		N/A	1,001	1,292 (to date)
The Facebook page will have 700 Likes	Facebook		700		N/A	735	876 (to date)
The LinkedIn alumni group will have 200 members	LinkedIn		200		N/A	202	246 (to date)
Enhance internal communication systems through the School's website and Mail Chimp	Mail Chimp		Enhance internal communication	N/A	N/A	Completed	
Goal 7: Engage our community effectively¹⁰							
80% of primary faculty will be engaged in professional and/or community service annually (3.2.d)	Faculty CVs	Department Chairs	80%		92%	93%	92% ¹¹

⁹ Targets established for 2015-2016 (\$315,000), 2016-2017 (\$975,000), and 2017-2018 (\$1,740,000)

¹⁰ 2015-2016 data as of Fall 2015 unless otherwise noted

¹¹ 2015 data includes primary faculty who transitioned to the Graduate School of Public Health and Health Policy

Table 1.2.c.1: Objectives and Outcomes for the Last 3 Years³

Goals and Objectives (Required Criteria)	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Collaborate with at least 50 community based and non-profit organizations annually, dedicated to underserved populations and/or advancing health equity ¹² (3.2.d)	Fieldwork database, Funded Projects, Faculty CVs	Division of Public Health Partnerships and Community Engagement	50		37	56	60
30% of primary faculty will be from underrepresented minority groups ¹³ (1.8.e)	Human Resource Dept.	Senior Associate Dean for Administration	30%		27%	28%	30%
50% of staff will be from underrepresented minority groups (1.8.e)			50%		63%	65%	67%
50% of primary faculty will be female (1.8.e)			50%		67%	61%	57%
50% of staff will be female (1.8.e)			50%		79%	87%	85%
40% of students will be from underrepresented minority groups (1.8.e)	SOPHAS	Assistant Dean of Students	40%		38%	41%	45%

1

¹² Reported by calendar or academic or fiscal year (e.g. 2013 = CY2013, AY2012-13, and FY2012-2013)

¹³ Underrepresented minority groups = Black or African American, Hispanic or Latino, Asian or Pacific Islander

1 **1.3. Institutional Environment**

2
3 ***The school shall be an integral part of an accredited institution of higher education and shall have the***
4 ***same level of independence and status accorded to professional schools in that institution.***

6
7 **1.3.a. A brief description of the institution in which the school is located, along with the names of**
8 **accrediting bodies (other than CEPH) to which the institution responds.**

9
10 The City University of New York (CUNY) is the nation’s largest and oldest urban public university
11 system. It began in 1847, with the founding of the Free Academy, which later became The City College,
12 the first CUNY College. In 1961, CUNY was established under New York State Education Law with
13 Hunter, City College, Brooklyn College, and Queens College as the founding senior institutions.¹⁴ CUNY
14 plays a crucial role in the life and economy of the city and state. It serves more than 269,000 degree-
15 seeking students and 247,000 adult, continuing, and professional education students¹⁵ and confers
16 approximately 35,000 degrees each year—more than 1.1 million associate, baccalaureate, master’s and
17 doctoral degrees since 1967. As of 2007, 54% of undergraduates and 46% of higher education students in
18 New York City were attending CUNY. No other institution of higher education in the nation’s largest city
19 has a broader impact on population well-being and no other U.S. city has a comparable municipal
20 university system.¹⁶ Today, CUNY is comprised of twenty-four community and senior colleges, and
21 honors and professional schools, one of which is the CUNY Graduate School of Public Health and Health
22 Policy.

23
24 **Accrediting Bodies:** In addition to CEPH, the Middle States Commission on Higher Education accredits
25 the CUNY Graduate School of Public Health and Health Policy as a unit within the Graduate School and
26 University Center.³ The Accreditation Board for Engineering and Technology¹⁷ accredits the MS-
27 Environmental and Occupational Health Sciences program. A list of all accrediting bodies that CUNY
28 responds to can be found in the ERF.

29
30 **1.3.b. One or more organizational charts of the university indicating the school’s relationship to the**
31 **other components of the institution, including reporting lines.**

32
33 The Graduate School of Public Health and Health Policy operates as one of twenty-four independent
34 academic units within CUNY, as shown in Figure 1.3.b.1. These independent units include eleven senior
35 colleges, six honors and professional colleges, one of which is the CUNY Graduate School of Public
36 Health and Health Policy, and seven community colleges. Each of these units is headed by an executive
37 officer (College President or School Dean) who reports directly to the Chancellor of the University, James
38 B. Milliken. The Chancellor reports to the CUNY Board of Trustees. The [Board of Trustees](#) is a
39 seventeen member body. The governor of the State of New York appoints ten members, the mayor of the
40 City of New York appoints five members and two members serve in an *ex officio* capacity: the
41 Chairperson of the University Student Senate and Chairperson of the University Faculty Senate.

14 The Birth of a Modern University, <http://www1.cuny.edu/mu/forum/2011/09/16/the-birth-of-a-modern-university/>

15 About CUNY, <http://www.cuny.edu/about.html>

16 The City University of New York’s Master Plan, <http://www2.cuny.edu/wp-content/uploads/sites/4/2014/12/masterplan.pdf>

17 Accreditation Board in Engineering and Technology, *Environmental and Occupational Health Science, MS, Hunter College, CUNY*

<http://main.abet.org/aps/AccreditedProgramsDetails.aspx?OrganizationID=555&ProgramIDs=>

1 The School was first established in June 2010, and since then, the CUNY Board of Trustees has taken
2 steps to assure a unified, CUNY-wide school of public health. The Board first created the “CUNY School
3 of Public Health at Hunter College” as a Unit of the Graduate School and University Center in June 2010.
4 Initially, the School was established as a consortium and comprised the public health programs at four
5 CUNY institutions (Brooklyn, Hunter and Lehman Colleges and the Graduate Center), with Hunter
6 College as the lead institution and with the Dean reporting to the Chancellor through the President of
7 Hunter College.¹⁸ In June 2013, the CUNY Board of Trustees adopted changes to the School’s
8 governance plan to better reflect the University-wide nature of the School and position it for continued
9 and expanded collaborations, growth, and success: 1) The School’s name was officially changed from
10 “CUNY School of Public Health at Hunter College” to the “CUNY School of Public Health”; 2) the
11 reporting structure was adjusted so that the Dean reports directly to the CUNY Chancellor, rather than to
12 Chancellor through the President of Hunter College; and 3) the School was granted authority to hire its
13 own senior administrators, faculty, and staff. In addition, the Graduate School and University Center (on
14 behalf of the Graduate School of Public Health and Health Policy) was granted authority to award degrees
15 jointly with the respective consorcial college and independently offer public health degrees.¹⁹ In
16 November 2015, the CUNY Board of Trustees approved a resolution directing the Chancellor to develop
17 and implement a plan to transition the existing consorcial School to a unified graduate school that would
18 solely administer all master’s and doctoral-level degree programs, continuing as a unit within the CUNY
19 Graduate School and University Center. The name of the School was changed from the CUNY School of
20 Public Health to the CUNY Graduate School of Public Health and Health Policy²⁰ (see: the resolution
21 approved by the Board of Trustees.
22

23 **Current Institutional Environment:** As shown in Figure 1.3.b.2, the Graduate School of Public Health
24 and Health Policy is housed administratively within the CUNY Graduate School and University Center.
25 The University Center is the administrative home of four other independent university-wide units: the
26 CUNY Baccalaureate Program, the School of Professional Studies, the Graduate School of Journalism,
27 the Macaulay Honors College, and, since 2013, the Graduate School of Public Health and Health Policy.
28 Each of these five units is regionally accredited by the Middle States Commission on Higher Education
29 through the University Center. In addition, the University Center provides some administrative services to
30 these units, but is not involved in their academic programs. Each unit has its own governance, faculty
31 appointments, planning, curricular, and student-related processes (see: Criterion 1.3.c and 1.3.d). With the
32 exception of CUNY Baccalaureate Program, which is led by a director who reports to the President of the
33 Graduate Center, the four remaining entities are led by deans who report directly to the CUNY
34 Chancellor. These units are coordinated administratively by the Graduate School and University Center
35 Leadership Council, which is made up of the heads of the five entities and is chaired by the President of
36 the Graduate School and University Center. The Council meets every semester to discuss issues of
37 common interest such as Middle States Commission on Higher Education accreditation and
38 administrative services provided by Graduate School and University Center.

¹⁸ Minutes of the Meeting of the Board of Trustees of the City University of New York, held June 28, 2010, http://policy.cuny.edu/board_meeting_minutes/2010/06-28/pdf/#Navigation_Location

¹⁹ Minutes of the Meeting of the Board of Trustees of the City University of New York, held June 24, 2013, http://policy.cuny.edu/board_meeting_minutes/2013/06-24/pdf/#Navigation_Location

²⁰ Minutes of the Meeting of the Board of Trustees of the City University of New York, held November 23, 2015, http://policy.cuny.edu/board_meeting_minutes/2015/11-23/pdf/#Navigation_Location

Figure 1.3.b.1. The City University of New York Academic Units

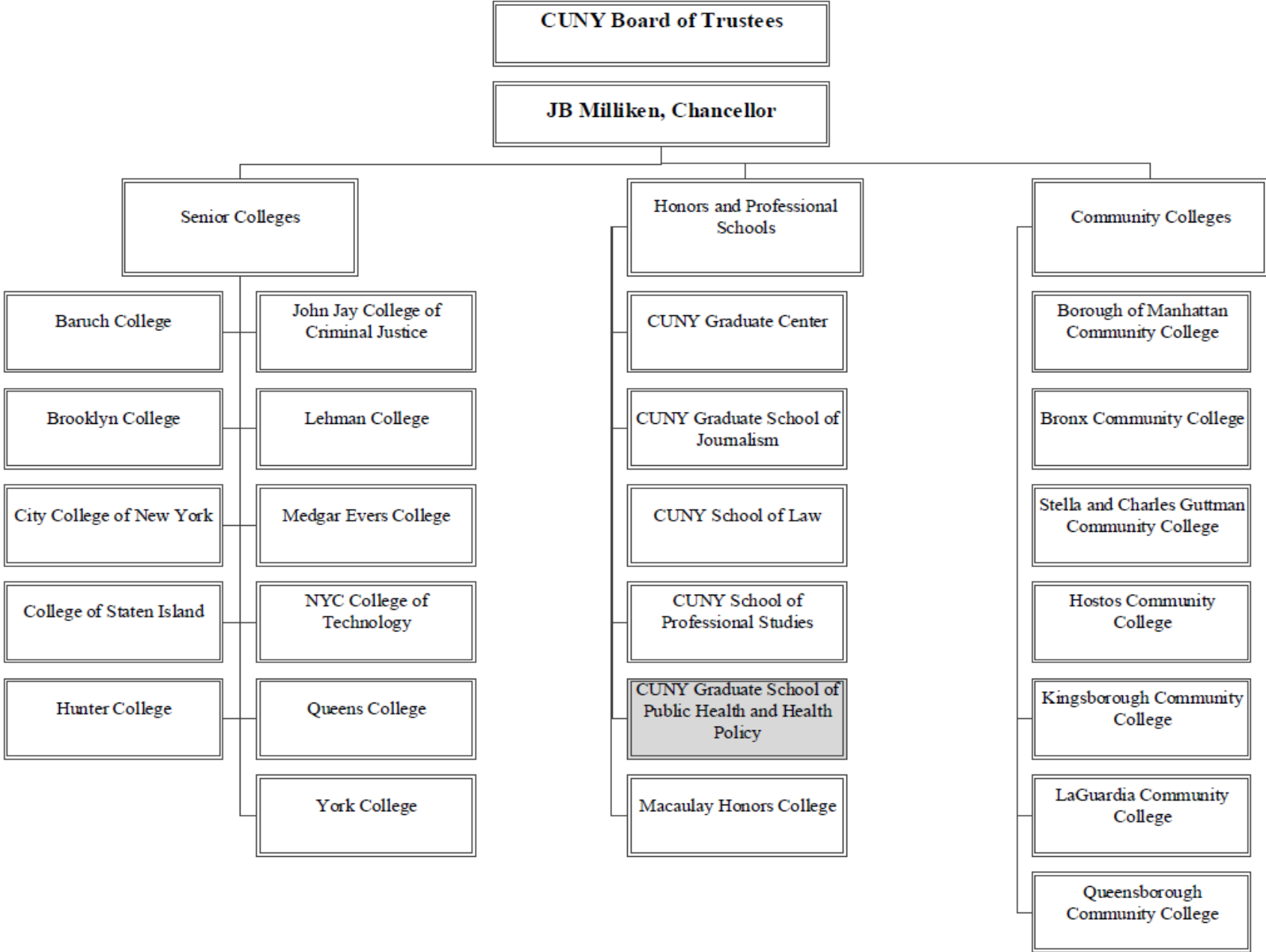
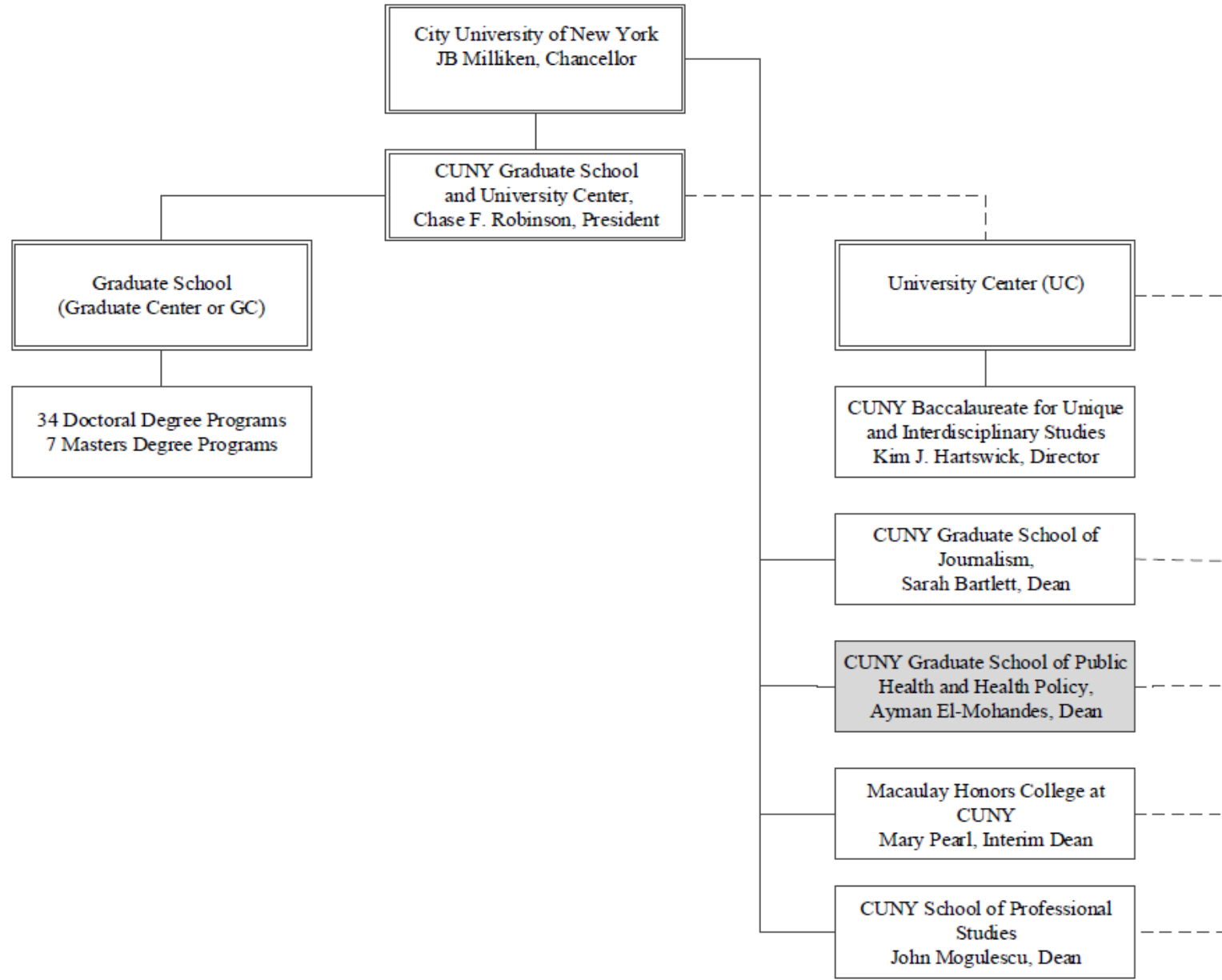


Figure 1.3.b.2. CUNY Graduate School and University Center



1 **1.3.c. Description of the school’s level of autonomy and authority regarding the following**

- 2 • **budgetary authority and decisions relating to resource allocation**
3 • **lines of accountability, including access to higher-level university officials**
4 • **personnel recruitment, selection and advancement, including faculty and staff**
5 • **academic standards and policies, including establishment and oversight of curricula**
6

7 The School and its Dean possess the same level of autonomy and authority as each of the twenty-four
8 CUNY colleges and schools (as shown in Figure 1.3.b.1) in the areas described below.
9

10 **Budgetary authority and decisions relating to resource allocation:** The Dean has the same level of
11 authority over budget decisions, subject to financial availability, as do the executive officers of each of
12 the twenty-four independent academic units. This includes authority over allocation of tax-levy and
13 tuition revenues, gifts, and indirect cost returns. (See: Criterion 1.6. for a more detailed description of
14 budget processes.)
15

16 **Lines of accountability, including access to higher-level university officials:** Each of CUNY’s twenty-
17 four academic units, including the Graduate School of Public Health and Health Policy, is led by a chief
18 executive officer (college president or school dean), appointed by the Board of Trustees, who reports
19 directly to the Chancellor. The Dean of the School has the same level of direct access and accountability
20 to the Chancellor and to other University senior leadership, as do each of the twenty-four chief executive
21 officers. The Dean is a member of the CUNY Council of Presidents, as are all twenty-four chief executive
22 officers.
23

24 **Personnel recruitment, selection and advancement, including faculty and staff:** The School and the
25 Dean have the same authority to recruit, select, and promote faculty, senior administrators, and staff,
26 subject to the availability of funding, as do all academic units within the University. CUNY and each of
27 its constituent institutions have adopted rigorous policies and procedures for the recruitment, selection,
28 and advancement of faculty, senior administrators, and staff. These policies are designed to comply with
29 all applicable laws, regulations, and collective bargaining agreements; promote opportunity and fairness;
30 and attract the best candidates for positions. This includes detailed requirements for job descriptions,
31 search plans, recruitment, search committees, candidate evaluation, selection, and other related matters.
32

33 **Academic Standards and Policies, including establishment and oversight of curricula:** The School
34 has the same level of autonomy and authority over academic standards and policies and curriculum
35 oversight as do all twenty-four colleges and schools. CUNY and each of its constituent institutions have
36 well-established academic standards and policies that were developed in accordance with applicable
37 governance plans and bylaws. The Board of Trustee’s bylaws specify that faculty are responsible for the
38 formulation of policies relating to such academic matters as: student admission and retention; student
39 attendance, including leaves of absence; curriculum; awarding of college credit; and granting of
40 degrees.²¹ The steps involved in curriculum development and modification are summarized below and
41 also depicted in Figure 1.5.a.1. Faculty from within a particular department seeking to initiate or change
42 curriculum draft a proposal(s). Proposals are evaluated by the School’s Curriculum Committee and the
43 School’s faculty-wide committee, the Faculty-Student Council, for need, pedagogical integrity,
44 coherence, feasibility, resource implications, and conformance or duplication with the existing curriculum
45 and mission. The Associate Dean for Academic and Faculty Affairs reviews curriculum proposals as
46 members of these governing bodies do. Once a curriculum proposal has been approved by the CUNY
47 Graduate School of Public Health and Health Policy, it is transmitted to the Board of Trustees for

²¹ CUNY Board of Trustees *Bylaws, Article VII, Section 8.5 Duties of Faculty*,
http://policy.cuny.edu/bylaws/article_viii/text/#Navigation_Location

1 approval. New degrees and significant changes in programs also require prior approval by the New York
2 State Education Department. Once curricula are approved, department chairs are responsible for
3 implementation and monitoring.

4
5 **1.3.d. Identification of any of the above processes that are different for the school of public health
6 than for other professional schools, with an explanation.**

7
8 Not applicable.

9
10 **1.3.e. If a collaborative school, descriptions of all participating institutions and delineation of their
11 relationships to the school.**

12
13 Not applicable.

14
15 **1.3.f. If a collaborative school, a copy of the formal written agreement that establishes the rights
16 and obligations of the participating universities in regard to the school's operation.**

17
18 Not applicable.

19
20 **1.3.g. Assessment of the extent to which this Criterion is met.**

21
22 This Criterion is met.

23
24 Strengths: Amendments to the School's governance plan in 2013 and the resolution approved
25 unanimously in 2015 by the CUNY Board of Trustees position the School as one of four independent
26 CUNY-wide professional schools, each with the same level of autonomy with respect to budget, lines of
27 accountability, personnel, academic policies and procedures, and curriculum.

28
29 Weaknesses: The School is in the process of consolidating budgetary, personnel, academic, and curricular
30 processes and policies from a consortial model to a unified graduate school, to be completed in spring
31 2016.

32
33 Plans: The CUNY Central Office is providing operational and fiscal support to the School, so as to assure
34 the consolidation of budgetary, personnel, student-related and academic processes during spring 2016.

1 ***1.4. Organization and Administration***

2
3 ***The school shall provide an organizational setting conducive to public health learning, research and***
4 ***service. The organizational setting shall facilitate interdisciplinary communication, cooperation and***
5 ***collaboration that contribute to achieving the school's public health mission. The organizational***
6 ***structure shall effectively support the work of the school's constituents.***

7
8 **1.4.a. One or more organizational charts showing the administrative organization of the school,**
9 **indicating relationships among its component offices, departments, divisions or other**
10 **administrative units.**

11
12 The School's Administrative Organization is shown in Figure 1.4.a.1 and its Academic Administrative
13 Structure is shown in Figure 1.4.a.2.²²

14
15 **1.4.b. Description of the roles and responsibilities of major units in the organizational chart.**

16
17 The Dean has primary responsibility for oversight and management of the Graduate School of Public
18 Health and Health Policy. The major positions within the School are:

19
20 The **Dean's Cabinet** consists of the Dean, the Associate and Assistant Deans, department chairpersons,
21 the chair of the Faculty-Student Council and other persons designated by the Dean. The Cabinet meets
22 monthly and advises the Dean with respect to the policies and operations of the School.

23
24 The **Dean's Public Health Advisory Council** provides insight and advice to the Dean with respect to the
25 external public health community. It is chaired by Dr. Lyndon Haviland and is comprised of experienced
26 public health and other leaders representing government, health care, business, non-profit, legal,
27 community-based, and media sectors and organizations. The members and their positions and affiliations
28 are listed in Table 1.4.b.1 below. The Council advises the Dean on research, academic programs,
29 workforce development, training, and development to help ensure that the School meets the needs of the
30 community. The Advisory Council meets bi-annually.

31
32 The **Associate and Assistant Deans** are each responsible for leading and coordinating activities in the
33 areas of administration, academic and faculty affairs, research, and student services, respectively. Their
34 activities are coordinated through weekly senior staff meetings with the Dean.

35
36 The **Department Chairpersons** are each responsible for leading the academic programs and leading
37 faculty with the respective departments: Community Health and Social Sciences; Epidemiology and
38 Biostatistics; Environmental, Occupational, and Geospatial Health Sciences; and Health Policy and
39 Management.

40
41 **Faculty Ombudsperson** is available for all students, faculty, staff, and administrators who are looking
42 for a neutral, impartial person to speak to confidentially about problems related to work or study; ideas for
43 alternative dispute resolution; or an advocate for fairness.

22 As explained in Criterion 2.1.a, beginning in fall 2016, the School will offer one concentration in community health that combines the curriculum from the MPH in Community-based Public Health and Health Equity, the MPH in General Public Health, and the MPH in Community Health Education. In addition, the School will offer one concentration in health policy and management that combines the curriculum from the MPH in Health Care Policy and Administration and the MPH in Health Policy and Management.

1 The names, titles and position descriptions of all administrators and staff are provided in Table 1.7.c.1.

2
3 **1.4.c. Description of the manner in which interdisciplinary coordination, cooperation and**
4 **collaboration occur and support public health learning, research and service.**

5
6 Interdisciplinarity is at the heart of the School; it permeates education, research, and service throughout.
7 As shown in Table 4.1.a.1, faculty have earned graduate degrees in over thirty disciplines in the social,
8 behavioral, and natural sciences professions. By developing and emphasizing five broad focus areas to
9 guide research, teaching, and service themes listed in 1.1.e, the School encourages the interdisciplinary
10 approaches that are needed to achieve its goals. This section describes some of the specific ways that
11 interdisciplinary collaboration is fostered.

12
13 Interdisciplinary coursework is required throughout the curricula. Several required and elective courses
14 are taught by faculty from multiple disciplines and designed for students across all concentrations. In the
15 MPH program, faculty across concentrations developed a single set of cross-cutting interdisciplinary core
16 competencies that all graduates are expected to attain. Core competencies are addressed, at minimum,
17 through a combination of multiple required core courses, fieldwork, and culminating experiences. Core
18 courses ensure that students learn to apply cross-cutting skills and knowledge to multiple disciplines. For
19 example, in the core courses in biostatistics and epidemiology, classroom projects are selected to enable
20 students to apply quantitative principles and methods to a range of behavioral, environmental,
21 occupational, infectious, non-infectious, acute, and chronic health conditions, as well as to the analysis of
22 health policy and health services. Concentration and elective courses also may contribute to the
23 development of interdisciplinary core competencies (see: Criterion 2). Teams of faculty representing
24 multiple disciplines teach the fieldwork and capstone courses; students present their work to and receive
25 feedback from other students and faculty across all concentrations. Faculty across multiple disciplines
26 created the DPH program with the goal of developing researchers and public health leaders with an
27 interdisciplinary perspective. The curriculum includes several required interdisciplinary courses (see:
28 Criterion 2.12.d) as well as interdisciplinary electives. In addition, the faculty encourages public health
29 doctoral students to take courses in other doctoral programs (and vice versa).

30
31 Many faculty members participate in a range of interdisciplinary research and service activities within the
32 School, as well as across the University. CUNY is home to more than one hundred Centers and Institutes,
33 which provide research opportunities to faculty and students, employment, internships, and special events.
34 These centers focus their efforts on a wide range of areas including aging, urban studies, and applied
35 sciences. Graduate School of Public Health and Health Policy faculty have appointments at various
36 centers. For example, Shiro Horiuchi, Diana Romero, and Jennifer Dowd are members of the Institute for
37 Demographic Research; Lorna Thorpe is a member of the NYU-CUNY Prevention Center; and Christian
38 Grov is a member of the Center for HIV/AIDS Educational Studies and Training.

39
40 **1.4.d. Assessment of the extent to which this Criterion is met.**

41
42 This Criterion is met.

43
44 Strengths: The School has established an administrative structure that is conducive to learning, research,
45 and service and that facilitates interdisciplinary communication, cooperation, and collaboration, as
46 evidenced by the School's success in several outcomes (see: Table 1.2.c.1). Several administrative bodies
47 function well to advance the School.

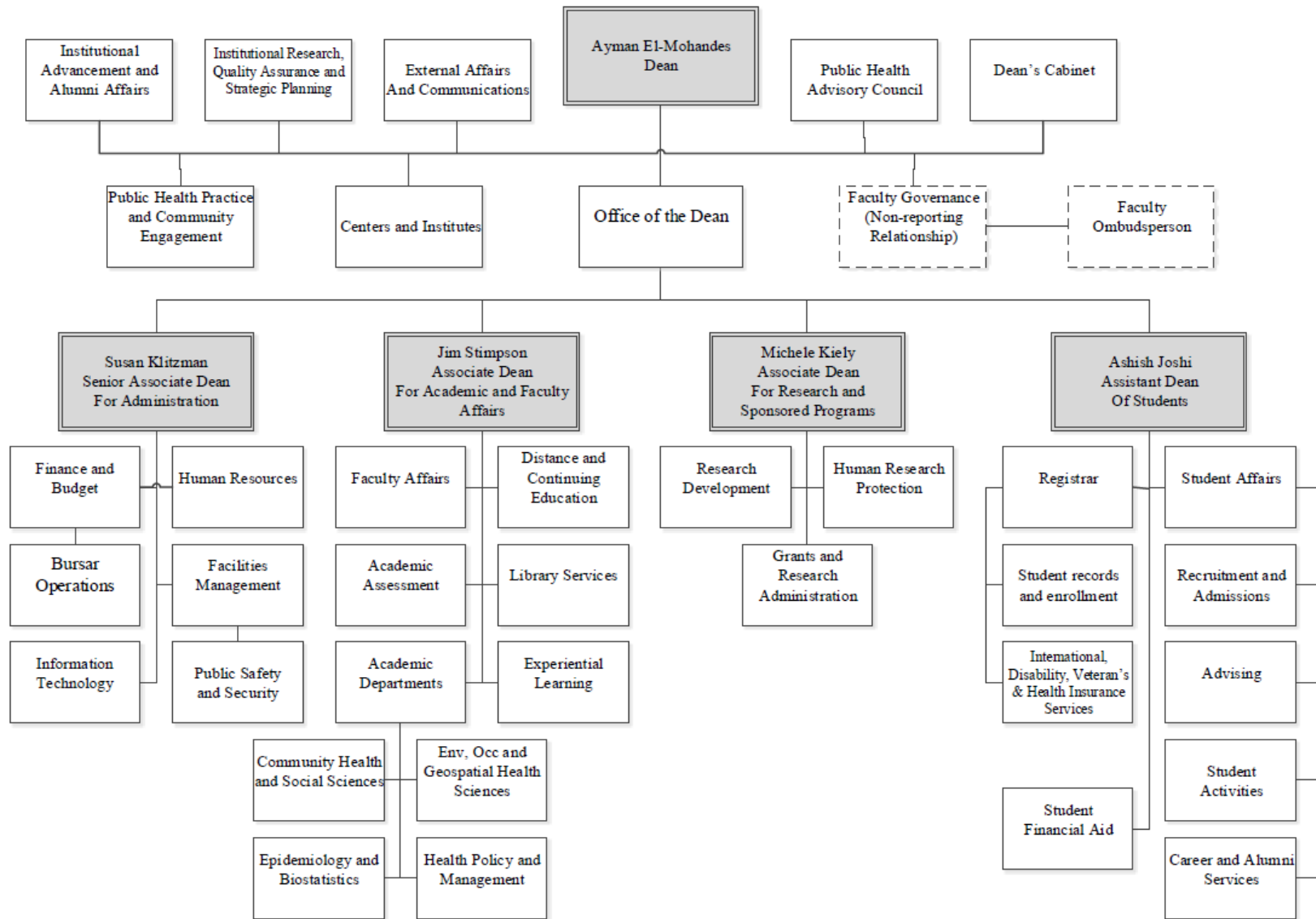
1 Weaknesses: The School is completing the consolidation of its administration and organization during
2 spring 2016, with support from the CUNY Central Office. During the transition period, the Graduate
3 School and University Center will continue to provide administrative support to the School in the areas of
4 business and finance and human resources.

5
6 Plans: The School is conducting searches for four senior staff in the areas of finance and budget, bursar,
7 human resources, and registrar during the current fiscal year. In addition, the University Budget Office
8 has provided approximately \$542,000 in funding for additional administrative positions for the coming
9 fiscal year, beginning July 1, 2016. This includes new administrative positions in business services
10 (procurement, accounts payable, accounting) and facilities and others.

11
12 The School is in the process of developing several new interdisciplinary centers and institutes over the
13 coming year including the Center for Prevention by Systems and Community Design, the CUNY Institute
14 for Implementation Science in Population Health, the CUNY Urban Food Policy Institute, and the Center
15 for Immigrant, Refugee and Global Health.

16
17

**Figure 1.4.a.1. CUNY Graduate School of Public Health and Health Policy
Administrative Organization**



**Figure 1.4.a.2. CUNY Graduate School of Public Health and Health Policy
Academic Departments and Programs**

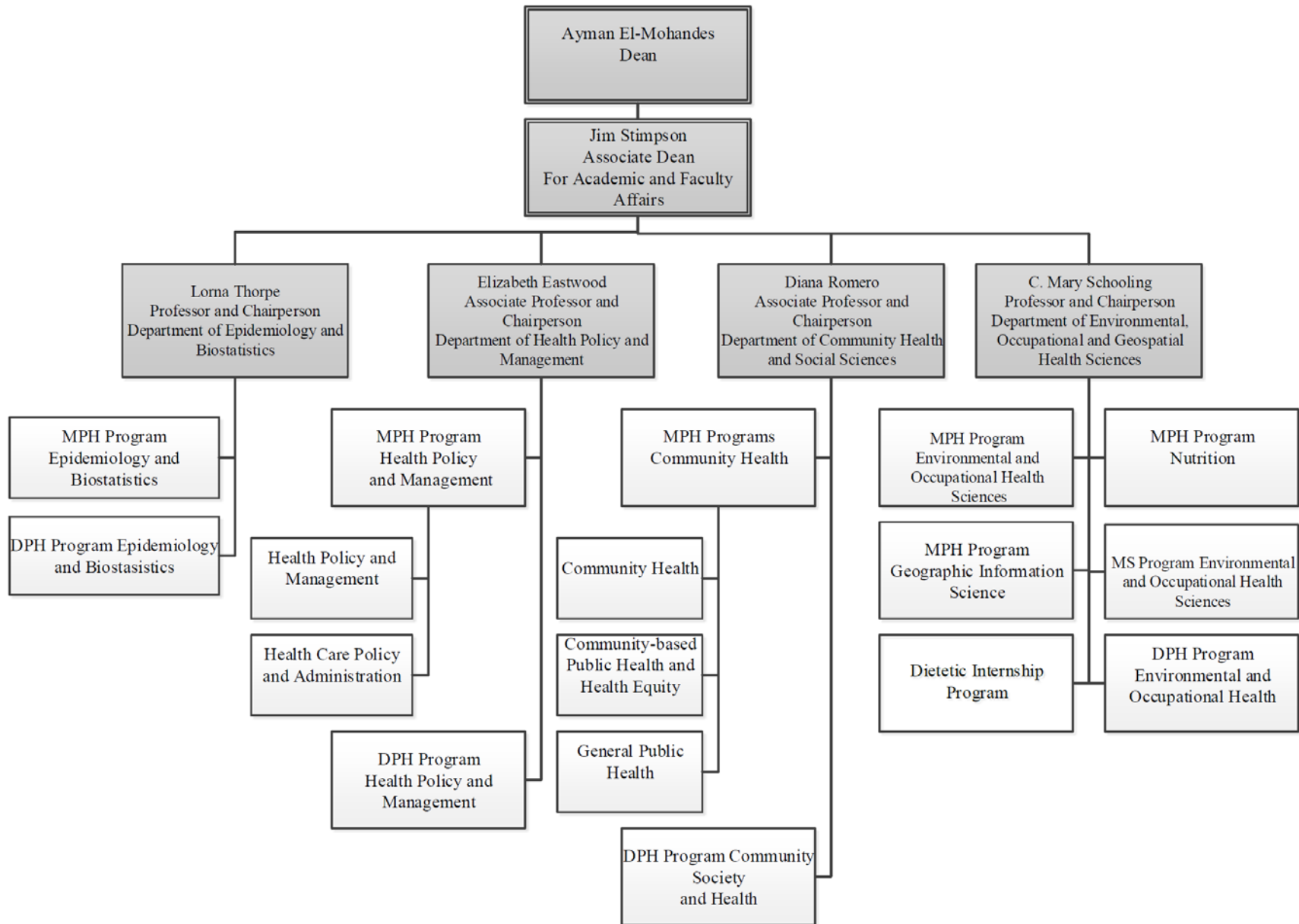


Table 1.4.b.1: CUNY GSPHHP Advisory Council Members			
Last Name	First Name	Title	Organization
Haviland	Lyndon	President	Lyndon Haviland & Co LLC
Barbot	Oxiris	First Deputy Commissioner	NYC DOHMH
Bassett	Mary	Commissioner	NYC DOHMH
Chen	Wellington	Executive Director	Chinatown Partnership
Cohen	Andrea	Senior Vice President	United Hospital Fund
Gomez	Maximo	Medical Correspondent	CBS News
Lazarre-White	Khary	Executive Director & Co-Founder	The Brotherhood/Sister Sol
Rich	Fred	Partner	Sullivan & Cromwell LLP (also NY State Environmental Leaders Group)
Robles-Gonzalez	Barbara	Director	Community Affairs Unit Office of the Bronx District Attorney
Silver	Mitchell J.	Commissioner	NYC Department of Parks and Recreation
Walcott	Dennis	Former Chancellor	NYC Department of Education
Wang	Pat	Chief Executive Officer	HealthFirst NY
Zikry	Emad A.	Chief Executive Officer	Vanderbilt Avenue Asset Management
Cohen	Duffie	Executive Director, Invest in CUNY (Ex-Officio)	Invest in CUNY Campaign, CUNY
El-Mohandes	Ayman	Dean (Ex-Officio)	CUNY Graduate School of Public Health and Health Policy
Flynn	Carlos	University Dean for Institutional Advancement (Ex-Officio)	City University of New York
Lardie	Sarah Beth	Development Consultant (Ex-Officio)	CUNY Graduate School of Public Health and Health Policy
Shapiro Davis	Andrea	Associate Vice Chancellor for Corporate, Foundation and Major Gifts Development (Ex-Officio)	City University of New York
Kelvin	Elizabeth	Faculty-Student Council Chair	CUNY Graduate School of Public Health and Health Policy

1
2

1
2 **1.5. Governance**
3

4 *The school administration and faculty shall have clearly defined rights and responsibilities concerning*
5 *school governance and academic policies. Students shall, where appropriate, have participatory roles*
6 *in the conduct of school and program evaluation procedures, policy-setting and decision-making.*
7

8 **1.5.a. A list of school standing and important ad hoc committees, with a statement of charge,**
9 **composition, and current membership for each.**
10

11 The Faculty-Student Council, the governing body of the CUNY Graduate School of Public Health and
12 Health Policy, has established the following standing committees: a Steering and Elections Committee, a
13 Curriculum Committee, an Assessment Committee, and an Admissions Committee. At the end of each
14 academic year, a call for nominations is announced for open faculty positions within committees. There is
15 also a Schoolwide Committee on Faculty Appointments, Promotion, and Tenure. The School's primary
16 faculty members elect faculty to each committee for renewable staggered three-year terms, providing all
17 departments with equitable opportunities to participate. Students are elected each year for renewable one-
18 year terms. Table 1.5.a.1 lists the current standing committee members; committee processes are depicted
19 in the form of a flowchart in Figure 1.5.a.1. Each standing committee's charge is summarized below.
20

- 21 • The Steering and Elections Committee is charged with identifying major issues for the Faculty-
22 Student Council's consideration, for establishing the agenda for each meeting, and for overseeing
23 elections and activities of the other standing committees. The Committee may act for the Faculty-
24 Student Council between council meetings, where there is an urgent need for immediate action and
25 when the Dean requests such action. The chairpersons of the Faculty-Student Council and each of its
26 standing committees, the Dean, and other persons designated by the Dean comprise the Steering and
27 Elections Committee.
- 28 • The Curriculum Committee is charged with reviewing all programs and courses within the School, as
29 well as all amendments and additions to programs and courses.
- 30 • The Assessment Committee is charged with recommending procedures for monitoring and evaluating
31 student progress in achieving expected competencies and the quality of each program.
- 32 • The Admissions Committee is charged with recommending standards for student admissions for each
33 program within the School. The Committee is also charged with recommending procedures and
34 standards for awards.
- 35 • The Schoolwide Faculty Appointments, Promotion, and Tenure Committee, upon recommendations
36 from Departmental Faculty Appointments, Promotion and Tenure Committees, is charged with
37 reviewing faculty qualifications for initial appointment and faculty performance in connection with
38 reappointment, including reappointment with tenure, and promotion, and makes recommendations to
39 the Dean.
40

41 Minutes of committee meetings can be found in the ERF.
42

43 **1.5.b. Description of the school's governance and committee structure's roles and responsibilities**
44 **relating to the following: general school policy development; planning and evaluation; budget and**
45 **resource allocation; student recruitment, admission and award of degrees; faculty recruitment,**
46 **retention, promotion and tenure; academic standards and policies; and research and service**
47 **expectations and policies.**
48

49 **General School Policy Development:** The Faculty-Student Council has the authority and responsibility
50 to formulate educational policy and develop standards for admissions, academic performance, and degree

1 requirements for students, as well as standards for the appointment and reappointment of faculty
2 consistent with and subject to the bylaws and policies of the Board of Trustees and other University
3 policies and procedures
4

5 **Planning and evaluation:** The Dean, in collaboration with the Associate and Assistant Deans and
6 department chairs are responsible for coordinating overall planning and evaluation efforts within the
7 School, especially on academic matters.
8

9 **Budget and resource allocation:** Departmental budgets consist of a tax-levy allocation, a portion of
10 indirect cost recovery to principal investigators in the department, a portion of tuition revenue in excess of
11 enrollment targets, and any additional fundraising conducted by the department. Chairpersons may
12 allocate expenses to carry out departmental activities. Departmental budgets are monitored by the School
13 on a quarterly basis.
14

15 **Student recruitment, admission, and award of degrees:** The Admissions Committee recommends
16 standards for admission. The Committee works closely with the Office of Student Services to monitor and
17 oversee the application and admissions process through SOPHAS. The Faculty-Student Council also
18 establishes degree requirements and recommends via vote the granting of graduate degrees, program
19 certificates and honorary degrees to qualified candidates.
20

21 **Faculty recruitment, retention, promotion, and tenure:** The departmental and Schoolwide Faculty
22 Appointments, Promotion, and Tenure Committees are responsible for reviewing faculty qualifications
23 for all initial appointments, reappointments, tenure and promotion, and for making recommendations to
24 the Dean.
25

26 **Academic standards and policies:** Schoolwide academic standards and policies are drafted through a
27 collaborative process between the Associate Dean for Academic and Faculty Affairs and the Curriculum
28 Committee. They are reviewed and voted upon by the Faculty-Student Council.
29

30 **Research and service expectations and policies:** The Schoolwide Appointments, Promotion, and
31 Tenure Committee sets overall research and service expectations for faculty. Departmental Appointment,
32 Promotion, and Tenure Committees implement the initial review of faculty based on both the Schoolwide
33 and department-specific criteria.
34

35 **1.5.c. A copy of the constitution, bylaws or other policy documents that determine the rights and**
36 **obligations of administrators, faculty and students in governance of the school.**
37

38 A copy of the School's governance plan and a copy of the bylaws are provided in the ERF.
39

40 **1.5.d. Identification of school faculty who hold membership on university committees, through**
41 **which faculty contribute to the activities of the university.**
42

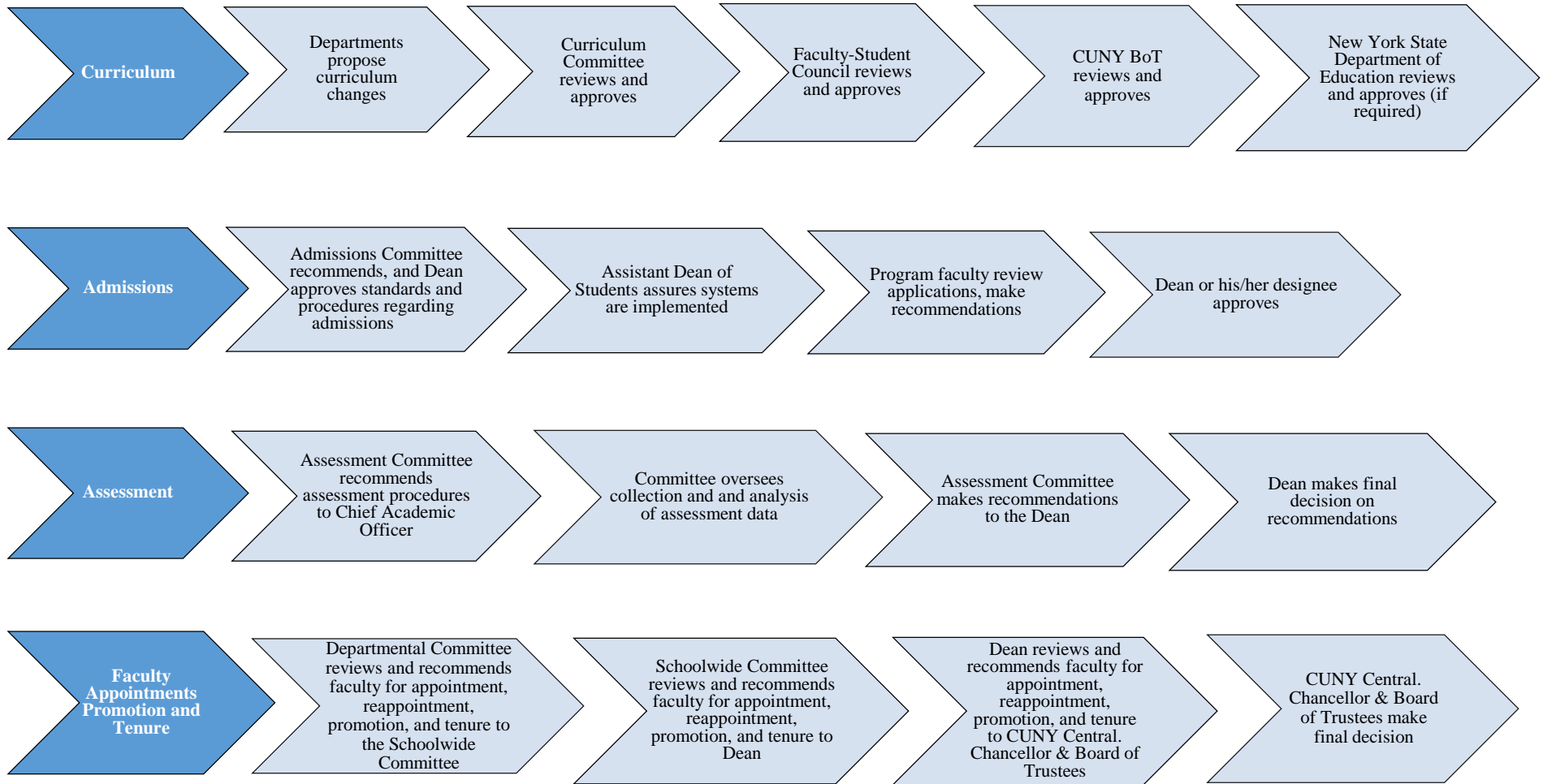
43 As shown in Table 1.5.d.1, School faculty, staff, and senior administrators serve on a wide range
44 University-wide committees addressing such issues as administration, assessment, curriculum,
45 governance, research, strategic planning, students, and technology.
46
47
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Table 1.5.a.1: Faculty-Student Council and Standing Committee Members, February 2015

	Faculty Members (Term)	Department	Student Representatives	Staff Liaison
Faculty & Student Council	Elizabeth Kelvin, FSC Chair (2014-17) All primary faculty		Sumana Chandra, MPH Student Nevila Bardhi, MPH Student Stephanie Mazzaferro, MPH Student Olga Tymejczyk, DPH Student	Susan Klitzman
Steering/ Elections Committee	Elizabeth Kelvin, FSC Chair Jean Grassman, Admissions Committee Chair (2014-17) Mary Schooling Curriculum Committee Chair, (2014-17) Elizabeth Geltman, Assessment Committee Chair (2013-16) Marilyn Aguirre-Molina (2015-18) Terry Huang (2015-18)	Epidemiology and Biostatistics Environmental, Occupational, and Geospatial Health Sciences Environmental, Occupational, and Geospatial Health Sciences Health Policy and Management Community Health and Social Sciences Community Health and Social Sciences		Susan Klitzman
Curriculum Committee	Mary Schooling, Chair (2014-17) Sergio Costa (2014-17) Betsy Eastwood (2013-16) Glen Johnson (2013-16) Denis Nash (2014-17) Emma Tsui (2013-16, Alternate) Gerry Oppenheimer (2013-16, Alternate) Barbara Berney (2014-17, Alternate)	Environmental, Occupational, and Geospatial Health Sciences Community Health and Social Sciences Health Policy and Management Environmental, Occupational, and Geospatial Health Sciences Epidemiology and Biostatistics Community Health and Social Sciences Epidemiology and Biostatistics Health Policy and Management	Ashley Womble, MPH Student Marita LaMonica, MPH Student McKalee Robertson, DPH Student	Jim Stimpson Robyn Gertner
Assessment Committee	Elizabeth Geltman, Chair (2013-16) Sergio Costa (2014-17) Alexis Pozen (2015-18) Gordon Shen (2015-18) Emma Tsui (2015-18) Levi Waldron (2014-17, Alternate)	Health Policy and Management Community Health and Social Sciences Health Policy and Management Health Policy and Management Community Health and Social Sciences Epidemiology and Biostatistics	Naima Mohamed, MPH Student Tristan Beckford, MPH Student Sal Leggio, DPH Student	Jim Stimpson Robyn Gertner
Admissions Committee	Jean Grassman, Chair (2014-17) Elizabeth Kelvin (2013-16) Andrew Maroko (2013-16) Alexis Pozen (2014-17) Katarzyna Wyka (2013-16) Sean Haley (2013-16, Alternate)	Environmental, Occupational, and Geospatial Health Sciences Epidemiology and Biostatistics Environmental, Occupational, and Geospatial Health Sciences Health Policy and Management Epidemiology and Biostatistics Health Policy and Management		Meg Krudysz Ashish Joshi
Appointments Promotion and Tenure Committee	Luisa Borrell, Chair (2016-19) Marilyn Auerbach (2016-19) Betsy Eastwood (2016-19) Heidi Jones (Spring 2016); Lorna Thorpe (Fall 2016-19) Betty Wolder Levin (2016-19) Diana Romero (2016-19) Mary Schooling (2016-19)	Epidemiology and Biostatistics Community Health and Social Sciences Health Policy and Management Epidemiology and Biostatistics Community Health and Social Sciences Community Health and Social Sciences Environmental, Occupational, and Geospatial Health Sciences		Joy Hampson Jim Stimpson

1

Figure 1.5.a.1: GSPHHP Committee Processes



2

Table 1.5.d.1: Participation on University-Wide Committees, 2015-2016

Name	Committee(s)	University Body
Mohit Arora	Technology Committee	CUNY
Matthew Caron	Council of Grants Officers	CUNY
Spring Cooper	IRB	CUNY
Sergio A. Costa	Committee on Academic Technology	CUNY
	Technology Committee	
Elizabeth Eastwood	Building Quantitative Competence, Strategic Planning	CUNY
Ayman El-Mohandes	Council of Presidents	CUNY
	Strategic Planning Committee	
Robyn Gertner	Assessment Council	CUNY
Daliah Heller	P2PH (Punishment to Public Health) Steering Committee	CUNY/John Jay
Shiro Horiuchi	Demography Fellowship Committee	CUNY Institute for Demographic Research
	Executive Committee	
Ashish Joshi	Committee on Academic Technology	CUNY
	Student Affairs Council	
	Technology Committee	
Michele Kiely	Conflict of Interest Officers Council	CUNY
Susan Klitzman	Administrative Council	CUNY
Stacey Plichta	IRB	CUNY
Arlene Spark	CUNY Nutrition Faculty Council	CUNY
Jim Stimpson	Academic Council	CUNY
	Faculty Affairs Board	
	Legislative Action Council	

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

Students have formal representation on the Graduate School of Public Health and Health Policy’s governing body, the Faculty-Student Council, and two of its standing committees. Students in each department elect one student to serve on the Faculty-Student Council, and students in the master’s degree programs and doctoral degree programs elect one representative each. The Curriculum Committee and Assessment Committee each includes two student representatives, elected by and from matriculated students, one from the master’s degree programs and one from the doctoral degree programs.

In addition to the Faculty-Student Council, there are several active student organizations within the School, which include:

- Predictive Modeling Group: Faculty and student researchers who share an interest of modeling and visualizing large and complex public health data sets
- Root Cause Student Group: Advocates for a more upstream and social-justice focused public health
- Academy Health Club: Organizes panel discussions, seminars, and other professional development opportunities for graduate students with an interest in health services research and policy
- Global Health Student Club: Seeks to enhance the overall well-being of individuals and families in varied global settings

1.5.f. Assessment of the extent to which this Criterion is met.

This Criterion is met.

1 Strengths: The School has established a participatory governance structure that is effective in carrying out
2 many critical functions including planning and evaluation; student recruitment, admission, and awarding
3 of degrees; and academic standards, including curriculum development. Most elements of faculty and
4 student roles in governance remain unchanged from the School's previous structure, such as the Faculty
5 and Student Council and its Curriculum, Assessment, Admissions, Faculty Appointments, and Steering
6 and Elections Committees.

7
8 Weaknesses: Owing to the recent changes in the governance plan and bylaws, a few new elements of the
9 school's governance are first being implemented in spring 2016, such as the new departmental structure.

10
11 Plans: Over the next year, all new elements will be fully implemented.

12
13
14
15

1 ***1.6. Fiscal Resources***

2
3 ***The school shall have financial resources adequate to fulfill its stated mission and goals, and its***
4 ***instructional, research and service objectives.***

6
7 **1.6.a. Description of the budgetary and allocation processes, including all sources of funding**
8 **supportive of the instruction, research and service activities. This description should include, as**
9 **appropriate, discussion about legislative appropriations, formula for funds distribution, tuition**
10 **generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed**
11 **by the university or other entity within the university, and other policies that impact the fiscal**
12 **resources available to the school.**

13
14 The City University of New York Office of Budget, Finance, and Fiscal Policy oversees and manages the
15 budget and finances for the central administration and CUNY’s twenty-four colleges and schools, and
16 represents the University on operating budget matters. Within it, the University Budget Office is
17 responsible for the overall management of three billion dollars in city and state tax-levy operating funds,
18 including more than one billion dollars in tuition revenues.

19
20 New York State tax-levy funds are the principal funding source for the City University of New York’s
21 senior colleges and professional schools, financing approximately 55% of operating costs. Funds are
22 allocated to the City University of New York using line-item legislative appropriations as outlined in the
23 approved State Adopted Budget. Budget allocations are contingent upon the overall economic and fiscal
24 health of the state. Overall, tuition revenue comprises the remaining 45% of the senior colleges’
25 budgetary allocations,²³ although this proportion may vary by institution. (For example, at the Graduate
26 School, tuition revenue is closer to one-third of operating costs.) The tuition revenue budget is
27 appropriated by the state to the senior colleges and represents a component of each college’s planned
28 operating budget. It is critical that the colleges collect revenue at or above their established targets for the
29 University to expend its total budgetary appropriation.

30
31 The City University of New York has a multilayered budget planning and allocation process that occurs at
32 the state, University, and college levels. The state’s formal budget request and planning processes
33 incorporate the University as a liaison, where the University Budget Office submits formal budget
34 requests and negotiates support on behalf of the colleges. The operating budget request comprises the
35 mandatory (or baseline) needs and the programmatic request. The mandatory request includes contractual
36 salary increases, inflationary increases, and OTPS as well as new needs associated with rent increases,
37 fringe benefits, energy, and new building needs. CUNY central leadership and various CUNY
38 constituencies develop the programmatic request. The City University of New York constituencies
39 include the members of the Board of Trustees, college Presidents, and faculty and student representatives,
40 and are based on the University program initiatives. These in turn are guided by the Master Plan, college
41 expenses, and educational priorities as shown in the requests submitted to the University by the colleges.

42
43 The University Budget Office allocates a “base” or annual operating budgets at the beginning of the
44 academic year to each of the twenty-four colleges and schools. Additional allocations are made during the
45 year to adjust for revenue collections and to disburse additional funds. In turn, each college and school
46 allocates funds to its programmatic divisions depending on its organizational hierarchy. Budgets and

²³ See, for example, CUNY University Budget Office, *2015-16 State Executive/City Preliminary Budget*, available at: <http://www.cuny.edu/about/administration/offices/bf/whats-new/FY2016StateExecutive-CityPreliminaryBudgetAnalysis.pdf>

1 expenditures are organized in the following categories: full-time personnel, adjunct employees, temporary
2 services (part-time employees), and other than personnel services (OTPS). The majority of spending
3 supports personnel services, including full-time, adjunct, and part-time faculty, staff and administrators.
4

5 Financial plans are developed incrementally; wherein adjustments are made to the base budget to account
6 for mandatory increases in collective bargaining and targeted program spending. The colleges and schools
7 also prepare and submit financial plans to the University Budget Office twice a year. Expenses are
8 forecast based on active personnel on payroll and any planned hires for the year; temporary-services
9 employees; adjuncts; and contractual obligations and purchases of supplies, parts, and equipment.
10 Requests for additions to the base allocation are included in this report as part of mandatory costs as well
11 as program requests. Each school and college has a budget request process. Requests are formulated at
12 each school/college by its central and program leadership, students, and faculty. Budget requests may be
13 funded internally through the reallocation of resources or within allowable budget authority by the
14 school/college. If the budget is above the base means, then a program request is submitted to the
15 University Budget Office, along with additional justification and greater detail of projected costs. Each
16 college is required to keep college-wide administrative costs low (or flat as a percentage of the college's
17 overall expenses), as directed by the City University of New York's Master Plan and productivity goals.
18 Program initiatives are targeted on improving full-time faculty ranks, fostering research, and providing
19 direct student support services.
20

21 **1.6.b. A clearly formulated school budget statement, showing sources of all available funds and**
22 **expenditures by major categories, since the last accreditation visit or for the last five years,**
23 **whichever is longer. This information must be presented in a table format as appropriate to the**
24 **school. See CEPH Data Template 1.6.1.**
25

26 Table 1.6.b.1 presents the operating budget for the CUNY Graduate School of Public Health, each year
27 from FY 2011-2015.²⁴ Funding is derived from five sources: tuition, state appropriations, direct costs
28 from extramural grants and contracts, indirect cost recovery, and University funded grants and
29 contracts.²⁵
30

31 The University and each college have a tuition-collection target. Tuition collected by the University is
32 part of its state tax-levy appropriation. Each campus is allocated a base budget from the University and
33 projects its tuition collection based on its total enrollment. Each campus remits its tuition collection to the
34 University. Collections above the targeted amount are used by each college to balance its respective
35 financial plan and/or fund specific initiatives. The tuition over-collection typically represents less than 5%
36 of the colleges' overall base operating budgets and varies from year to year contingent on each college's
37 financial plan and tuition collection. During this transitional year, the targets will be held at the revenue
38 base for 2015-2016. After that, tuition revenue above target will be distributed between the School (66%)
39 and the department (33%).
40

41 The distribution method for any indirect cost recoveries (overhead) garnered from research grants varies
42 from campus to campus. There is no set University standard. A portion of the total overhead earned by
43 each college, generally between 5% and 6.75%, is used to fund the administrative costs of the Research
44 Foundation of CUNY. The Research Foundation serves multiple functions, including: liaising with
45 governmental agencies and foundations; negotiation of agreements; management of funds from external
46 funders; facility construction and renovation; protection and commercialization of intellectual property,

²⁴ Fiscal Years (FY) are from July 1 – June 30th; e.g. FY15 = July 1, 2014 – June 30, 2015

²⁵ External and University-funded grants and contracts and indirect cost recovery are reported for primary faculty only.

1 and; compliance with applicable standards in research involving human subjects, animal care,
 2 environmental and radiological safety, and conflicts of interest. Most distribution methods recognize the
 3 provost, president/vice presidents, deans, and researchers. Some campuses also recognize the library and
 4 the department in the distribution calculation. The GSPHHP has set a standard of distribution for net
 5 (after subtracting Research Foundation of CUNY costs). Beginning in fiscal year 2017 (July 1, 2016), full
 6 indirect returns will be distributed as follows:

7
 8 For individual investigator initiated projects

- 9 • 20% reimbursed to the investigator
- 10 • 10% to department
- 11 • 70% to GSPHHP

12
 13 For Institute/Center initiated projects

- 14 • 20% reimbursed to the investigator
- 15 • 20% to institute or center
- 16 • 10% to department
- 17 • 50% to GSPHHP

18
 19 Tuition and state appropriations support 100% of the direct tax-levy operating expenses. As shown in
 20 Table 1.6.b.1, the majority of operating expenses are dedicated to supporting full time faculty,
 21 administrators, and staff salaries and fringe benefits. The CUNY Central Office supports capital expenses,
 22 including: energy, capital assets, depreciation, and space rental costs.
 23

**Table 1.6.b.1: Revenues and Expenditures by Major Category,
 CUNY Graduate School of Public Health and Health Policy, FY2011-2015**

	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Revenues					
Tuition & Fees	\$3,063,487	\$3,619,548	\$3,700,188	\$3,969,763	\$4,414,981
State Appropriation	\$7,520,927	\$7,171,800	\$6,699,239	\$8,346,609	\$10,059,963
University Funds	0	\$0	\$0	\$0	\$0
External Grants/Contracts	\$1,601,957	\$3,078,686	\$3,636,464	\$4,439,559	\$4,346,039
Internal Grants/Contracts	\$79,774	\$103,178	\$46,230	\$105,352	\$32,138
Indirect Cost Recovery	\$60,519	\$71,120	\$16,847	\$157,345	\$223,670
Endowment	\$0	\$0	\$0	\$0	\$0
Gifts	\$41,980	\$92,929	\$0	\$15,000	\$100,000
Tuition +State Appropriations	\$10,584,414	\$10,791,348	\$10,399,427	\$12,316,372	\$14,474,944
Total Revenues	\$12,368,644	\$14,137,261	\$14,098,968	\$17,033,628	\$19,176,791
Expenditures					
Faculty Salaries & Benefits	\$7,716,572	\$7,532,014	\$7,388,694	\$7,301,189	\$8,896,291
Staff Salaries & Benefits	\$2,011,662	\$2,478,594	\$2,516,735	\$4,055,829	\$4,226,751
Operations/Overhead	\$649,493	\$764,392	\$368,293	\$865,935	\$1,083,300
Travel	\$11,195	\$16,349	\$56,661	\$46,048	\$74,520
Student Support	\$195,492	\$0	\$69,044	\$47,371	\$194,081
University Tax	\$0	\$0	\$0	\$0	\$0
Total Tax-Levy Expenditures	\$10,584,414	\$10,791,348	\$10,399,427	\$12,316,372	\$14,474,944

1 **1.6.c. If the school is a collaborative one sponsored by two or more universities, the budget**
 2 **statement must make clear the financial contributions of each sponsoring university to the overall**
 3 **school budget. This should be accompanied by a description of how tuition and other income is**
 4 **shared, including indirect cost returns for research generated by school of public health faculty**
 5 **who may have their primary appointment elsewhere.**

6
 7 Not applicable

8
 9 **1.6.d. Identification of measurable objectives by which the school assesses the adequacy of its fiscal**
 10 **resources, along with data regarding the school’s performance against those measures for each of**
 11 **the last three years.**

12
 13 As shown in Table 1.6.d.1, the School has set and generally met or exceeded the measures by which it
 14 assesses the adequacy of its fiscal resources over the past three years, including: an average of over
 15 \$60,000 in extramural funding among primary faculty, more than 20% growth in extramural funding, and
 16 over 70% of tax-levy expenditures spent on instruction, research, and student services. In 2014, the
 17 School established a development campaign and is in the very early stages of soliciting major gifts and
 18 other donations.

19
Table 1.6.d.1: Outcome Measures for Fiscal Resources

Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
The total amount of extramural funding will increase by 10% (3-year average)	CUNY Research Foundation	Associate Dean for Research, Department Chairs	10% 3-year average increase ²⁶	\$3,636,464	\$4,440,743	\$4,430,549	\$4,679,097 (to date)
Primary faculty will obtain \$60,000 on average in extramural funding annually	CUNY Research Foundation	Associate Dean for Research, Department Chairs	\$60,000	\$75,760	\$82,236	\$73,842	\$97,572 (to date)
≥70% of tax levy budget ²⁷ will be spent on instruction, research, and student services	University Budget Office	Senior Associate Dean for Administration	70%	86%	87%	87%	
Establish a development campaign in 2014 with annual targets	Development Database	Dean	Establish annual targets		N/A	N/A	Targets Established for 15-16, 16-17, & 17-18 ²⁸

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²⁶ 3-year average for 12-13, 13-14, and 14-15 is \$4,169,252. Target is a 10% increase for 15-16, 16-17, and 17-18 (\$4,586,177). This will be tracked moving forward.

²⁷ Personnel costs only

²⁸ Targets established for 2015-2016 (\$315,000), 2016-2017 (\$975,000), and 2017-2018 (\$1,740,000)

1 **1.6.e. Assessment of the extent to which this Criterion is met.**

2
3 This Criterion is met.

4
5 Strengths: The School has the resources to sustain and expand its core functions in teaching, research, and
6 services. The major sources of revenue (tuition and fees, state appropriations, and external grants and
7 contracts) are stable and have continued to grow over the past five years.

8
9 Weaknesses: Development indicators are too new to track. In addition, recent changes in funding
10 formulas for research are too new to assess.

11
12 Plans: Beginning in the fiscal year 2017 (July 1, 2016), the School will distribute indirect cost returns to
13 principal investigators, departments, institutes and centers based on the incentive-based formula described
14 in Criterion 1.6.b., above. The School will also establish a more robust development campaign. It is
15 expected that this will help meet set targets for future years.

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1 **1.7. Faculty and Other Resources**

2
3 *The school shall have personnel and other resources adequate to fulfill its stated mission and goals,*
4 *and its instructional, research and service objectives.*

6
7 **1.7.a. A concise statement or chart defining the number (headcount) of primary faculty in each of**
8 **the five core public health knowledge areas employed by the school for each of the last three years.**
9 **If the school is a collaborative one, sponsored by two or more institutions, the statement or chart**
10 **must include the number of faculty from each of the participating institutions. See CEPH Data**
11 **Template 1.7.1.**

12
13 Table 1.7.a.1 shows the number of primary faculty by knowledge area. The School has maintained the
14 minimum complement of faculty in each of the five core public health knowledge areas over the past
15 three years.

16
17 **1.7.b. A table delineating the number of faculty, students and SFRs, organized by department or**
18 **specialty area, or other organizational unit as appropriate to the school, for each of the last three**
19 **years (calendar years or academic years) prior to the site visit. Data must be presented in a table**
20 **format (see CEPH Data Template 1.7.2) and include at least the following information: a)**
21 **headcount of primary faculty (primary faculty are those with primary appointment in the school of**
22 **public health), b) FTE conversion of faculty based on % time appointment to the school, c)**
23 **headcount of other faculty (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of**
24 **other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus**
25 **other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount**
26 **of students by department or program area, h) FTE conversion of students, based on definition of**
27 **full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and**
28 **j) student FTE divided by total faculty FTE, including other faculty. All schools must provide data**
29 **for a), b) and i) and may provide data for c), d) and j) depending on whether the school intends to**
30 **include the contributions of other faculty in its FTE calculations.**

31
32 Table 1.7.b.1 shows the number of primary and other faculty and students in each knowledge area, both
33 by headcount and FTE, for fall 2013, 2014, and 2015.²⁹ Each faculty member was assigned to a single
34 knowledge area based on his or her primary responsibilities during a specific period, even though he or
35 she may have had responsibilities in more than one area. Student-faculty ratios remained near or below
36 10:1.

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²⁹ BIOS is comprised of the Biostatistics MPH track. EPI is comprised of the MPH track and the DPH concentration in Epidemiology. ENV SCI is comprised of the MPH and MS concentrations in Environmental and Occupational Health Sciences, the MPH concentration in Public Health Geographic Information Science, and the DPH concentration in Environmental and Occupational Health. HSA is comprised of the MPH concentrations in Health Care Policy and Administration and Health Policy and Management, and the DPH concentration in Health Policy and Management. NUTR is comprised of the MPH concentration in Public Health Nutrition. SBS is comprised of the MPH concentrations in Community-based Public Health and Health Equity, General Public Health, and Community Health Education, and the DPH concentration in Community, Society, and Health.

Core Area/Specialty	AY 2013/14	AY 2014/15	AY 2015/16
Biostatistics (BIOS)	4	4	5
Environmental Sciences (ENV SCI)	6	7	6
Epidemiology (EPI)	9	10	8
Health Services Administration (HSA)	10	11	12
Nutrition (NUTR)	6	6	3 ³¹
Social and Behavioral Sciences (SBS)	13	16	14
Grand Total	48	54	48

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Fall 2013										
	Head Count Primary Faculty	FTE Primary Faculty	Head Count Other Faculty	FTE Other Faculty	Head Count Total Faculty	FTE Total Faculty	Head Count Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
BIOS	4	4	4	1.25	8	5.25	5	3	0.8	0.6
EOH, EOHS, GISc	6	6	2	0.75	8	6.75	81	59	9.8	8.7
EPI	9	9	5	1.5	14	10.5	70	51	5.7	4.9
HPM, HCPA	10	9.25	4	1.5	14	10.75	127	86	9.3	8.0
NUTR (MPH & MS), NFS (BS)	6	6	6	2	12	8	116	100	16.7	12.5
COMHE (BS & MPH), CBPHHE, GPH, CSH	13	12.25	8	2.55	21	14.8	217	158	12.9	10.7
Fall 2014										
BIOS	4	4	4	1	8	5	10	7	1.8	1.4
EOH, EOHS, GISc	7	7	2	0.75	9	7.75	76	52	7.4	6.7
EPI	10	9.25	6	2.4	16	11.65	80	56	6.1	4.8
HPM, HCPA	11	10.25	9	2.65	20	12.9	129	86	8.4	6.7
NUTR (MPH & MS), NFS (BS)	6	6	8	2.5	14	8.5	123	109	18.2	12.8
COMHE (BS & MPH), CBPHHE, GPH, CSH	16	15.25	12	3.65	28	18.9	251	189	12.4	10.0
Fall 2015										
BIOS	5	5	1	0.25	6	5.25	13	11	2.2	2.1
EOH, EOHS, GISc	6	6	2	0.5	8	6.5	85	57	9.5	8.8
EPI	8	8	5	2	13	10	77	61	7.6	6.1
HPM, HCPA	12	12	7	1.9	19	13.9	125	84	7.0	6.0
NUTR	3	3	2	0.4	5	3.4	37	30	10.0	8.8
COMHE, CBPHHE, GPH, CSH	14	14	9	2.4	23	16.4	202	147	10.5	9.0

3
4

³⁰ Includes primary faculty on fellowship leave (sabbatical):

³¹ Searches are underway to hire two full-time faculty in the area of Nutrition.

³² Faculty on fellowship leave are excluded in these calculations

³³ Fall 2013 and Fall 2014 data includes two bachelor's degree programs (in Community Health Education and Nutrition & Food Sciences) and a master's degree program in Nutrition that are no longer offered by the School

Notes and Definitions used in Table 1.7.b.1

1. FTE = full-time-equivalent.
2. Other/secondary faculty = adjunct faculty and full-time CUNY faculty appointed to schools and colleges outside public health who teach public health courses.
3. Total faculty = Primary + Other faculty
4. Other faculty are assigned .25 FTE for each course taught at the CUNY GSPHHP; .15 FTE for each independent study taught.
5. Student FTE calculation = total number of credits taken by students/9.
6. Student count does not include the MS/MPH dual-degree program because it is included in the Hunter College School of Nursing's head count.

1.7.c. A concise statement or chart defining the headcount and FTE of non-faculty, non-student personnel (administration and staff).

Table 1.7.c.1 lists full-time administrative and staff positions. Currently there are a total of thirty-five full-time (35 FTE; 35 headcount) positions, of which thirty-one are filled and four are vacant with searches underway. The Graduate School of Public Health and Health Policy also employs a small number of temporary, part-time college assistants. Because of the short-term nature of their employment, these individuals are not included in the table or count.

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

As part of the transition process from a consortial school into to a unified graduate school, the Graduate School of Public Health and Health Policy is in the process of consolidating its space into a single campus located in Central Harlem, Manhattan at 55 West 125th Street. Currently the School occupies two floors of the building, totaling 25,000 square feet. The campus offers a 120-person lecture hall, a video production room, a student lounge, a computer lab, conference room, four classrooms, and office space and workstations. Plans are underway for an additional 29,000 square foot expansion at this location that will be available as of August 2016. Beginning Fall 2016, all faculty and staff will be housed at 125th Street, and all courses, other than labs, will be offered here. Until Fall 2016, faculty and staff will continue to occupy offices and classes will continue to be taught at Hunter, Brooklyn, and Lehman Colleges and the Graduate School. These facilities are described below.

At Hunter College, space is available for the MPH and MS programs at the Silberman campus in East Harlem on 119th Street and Third Avenue. The Silberman Campus consists of eight stories with a basement, totaling 145,000 square feet. It houses an auditorium, academic science classrooms, a cafeteria, scientific laboratories, and faculty/staff offices. The building is a Leadership in Energy and Environmental Design (LEED) certified space, meeting standards with respect to environmentally responsible construction.

At Brooklyn College, approximately 8,000 net available square feet are allocated to public health faculty, administration, and staff, including the main administrative office and faculty offices, a lab/storage area, a large computer laboratory, and an audiovisual/storage closet. Faculty offices are on the fourth floor of Ingersoll Hall. Also, two rooms serve for program and departmental seminars and meetings. Classroom space is allocated as needed by the college in Ingersoll Hall or its extension, New Ingersoll Hall. Approximately twenty-five classrooms for ten to fifty students are located throughout Ingersoll Hall. For larger classes, five amphitheater-style classrooms are available.

At Lehman College, space is available for the MPH degree program in the Department of Health Sciences on the fourth floor of the Gillet building. Faculty offices are located on the fourth and fifth floors. All

1 classes are taught on the fourth floor except for biostatistics classes, which are taught in the Information
2 Technology Center computer labs in Carman Hall, and the environmental health course that is taught in a
3 geographic information systems lab on the third floor of Gillet building. The programs in the Department
4 of Health Sciences share a conference room.

5
6 At the Graduate Center, space is available the DPH program in a nine-story landmark building at 365
7 Fifth Avenue in midtown Manhattan. Formerly home to the B. Altman Department Store, the building has
8 been redesigned as a state-of-the-art facility to meet the needs of the 21st-century institution of advanced
9 learning. Faculty and students have access to extensive resources that meet the needs of the doctoral
10 program including workshops in newly-acquired technology and first access to [high-profile events and](#)
11 [activities](#). The Robert E. Gilleece Student Center is located on the fifth floor, housing offices for student
12 government and chartered organizations of the Doctoral Students' Council. Space for classrooms is
13 available.

14
15 **1.7.e. A concise description of the laboratory space and description of the kind, quantity and special**
16 **features or special equipment.**

17
18 Laboratory space is available to the Graduate School of Public Health and Health Policy for the
19 environmental and occupational health sciences programs at the Silberman Campus of Hunter College,
20 less than one mile away from the School's central location at 125th Street. Approximately 2,300 square
21 feet in area, the laboratory has four working stations, each with four working units (accommodating a
22 total of sixteen students) to conduct environmental sampling and analysis. The lab, used for student
23 research and environmental and occupational health sciences courses, is outfitted with one emergency
24 shower, one laboratory sink, an externally vented fume hood, and a laminar-flow hood. The lab also has a
25 Smart Board and two flat panel monitors.

Table 1.7.c.1: Full-Time Administrative Personnel

NAME and POSITION	KEY RESPONSIBILITIES
OFFICE OF THE DEAN	
1. AYMAN EL-MOHANDES DEAN	Leads the programs and resources of the School, including long-term planning; faculty recruitment and development; student and alumni relations; budget; interdisciplinary collaboration; and development. Provides leadership excellence in the academic and educational standards.
2. ZORA FLORES-KITONGO SENIOR SPECIAL ASSISTANT TO THE DEAN	Supports the Dean in managing the programs and resources of the School and in carrying out strategic initiatives. Serves as liaison between the Dean and School and University administration and external organizations.
3. JEANETTE RODRIGUEZ CONFIDENTIAL EXECUTIVE ASSISTANT TO THE DEAN	Provides administrative support to the Dean including: preparing and maintaining meeting schedule and calendar; arranging travel, meetings, professional activities and special events.
4. PATRICIA LAMBERSON HEALTHY CUNY PROJECT COORDINATOR	Manages programming and evaluation aimed at increasing the health of CUNY students (with the Division of Public Health Practice and Community Engagement).
5. NZINGA AJANI OFFICE ASSISTANT	Provides general office support to the Dean's Office; manages room scheduling for the School.
6. JERRY DIAZ MOTOR VEHICLE OPERATOR	Operates motor vehicle.
ADMINISTRATION AND FINANCE	
7. SUSAN KLITZMAN SENIOR ASSOCIATE DEAN FOR ADMINISTRATION	Serves as the Chief Operating Officer, providing planning and direction and day-to-day administration of the School's operations, including budget and finance, human resources, information technology, and facilities and public safety.
8. TBA ³⁴ EXECUTIVE DIRECTOR, BUSINESS SERVICES AND FINANCE	Directs all business and accounting affairs and coordinates planning and reporting on all financial activities of the School, including budgeting bursar, purchasing and accounts payable, and budget.
9. JEROME RICHARDSON BUSINESS SERVICES MANAGER	Manages procurement of goods and services for the School from tax-levy and extramural sources.
10. CHAQUON POLANCO ASSISTANT TO THE BUSINESS SERVICES MANAGER	Maintains supply and equipment inventory; and orders and monitors procurement of supplies, equipment, services, reimbursements, travel and other goods, and services.
11. TBA ³⁵ ENROLLMENT BURSAR DIRECTOR	Collects, processes, and records student tuition and fee payments; implements collection processes; issues refunds; disburses scholarship and fellowship payments; maintains and reconciles student accounts.
12. TBA ³⁶ HUMAN RESOURCES MANAGER	Manages human resource functions for the School, including hiring, appointment and reappointment, on-boarding, benefits, time and leave, workload; serves as liaison with the Office of Human Resources at the Graduate School and University Center
13. MOHIT ARORA IT COMPUTER SYSTEMS MANAGER	Manages administrative information technology applications and the University's enterprise system, CUNYfirst; supervises IT staff.
14. IRFAN NADEEM NETWORK/SYSTEMS MANAGER	Plans, implements, and maintains software, systems, and networks; assures user training; resolves complex technology problems.
15. WILLIAM EBERTZ MEDIA SERVICES	Serves as point-of-contact for media services within the School, assisting faculty and staff with the use of the media creation infrastructure. Participates in the development of web-based software applications.
16. MICHELLE FINN HELP DESK TECHNICIAN	Provides first-level IT desktop support to faculty, staff, and students.

³⁴The Office of Business and Finance of the Graduate School and University Center will be carrying out financial and business office functions for the School until it establishes an independent Business and Finance Office in spring 2016.

³⁵ The Bursar's Offices at each of the four former consortial colleges are collecting tuition and fees until the School establishes an independent Bursar's Office in spring 2016.

³⁶ The Office of Human Resources of the Graduate School and University Center is performing human resource functions for the School.

Table 1.7.c.1: Full-Time Administrative Personnel

NAME and POSITION	KEY RESPONSIBILITIES
17. DESIREE JOYNER CAMPUS PUBLIC SAFETY SERGEANT	Supervises Campus Peace Officers, Campus Security Assistants, and Security Guards. Provides guidance to subordinates in maintaining security and responding to emergencies.
18. DAWN MURRAIN 19. JACQUELINE ECHANDY CAMPUS SECURITY ASSISTANTS	Perform appropriate regulatory and enforcement duties supporting campus/location public safety and security in conformity with all University policies.
20. PEGGY MILLER CAMPUS PEACE OFFICER	Observes campus activities, reports suspicious behavior and other incidents to Central Dispatch and/or a ranking officer within Public Safety.
ACADEMIC AND FACULTY AFFAIRS	
21. JIM STIMPSON ASSOCIATE DEAN FOR ACADEMIC AND FACULTY AFFAIRS	Serves as the Chief Academic Officer, providing the intellectual and administrative leadership for the School's academic programs, assessment, and faculty development initiatives; enhances faculty's teaching, instructional technology, and leadership skills.
22. ROBYN GERTNER CURRICULUM & ASSESSMENT COORDINATOR	Provides administrative support in curriculum development, review, and revision; conducts program assessment and evaluation; prepares accreditation reports.
23. JOY HAMPSON ADMINISTRATIVE SPECIALIST (SHARED WITH ADMINISTRATION)	Provides administrative support to the Associate Dean for Academic Affairs and the Senior Associate Dean for Administration. Handles routine and complex administrative, operational, and communication functions related to academic and faculty affairs and administration.
SPONSORED PROGRAMS AND RESEARCH	
24. MICHELE KIELY ASSOCIATE DEAN FOR SPONSORED PROGRAMS AND RESEARCH	Directs the School's research activities, processes, and infrastructure. Supports partnerships with both internal and external organizations in seeking funding opportunities.
25. MATTHEW CARON RESEARCH PROGRAM MANAGER	Provides pre- and post-administrative support for awards; monitors and reports on all grants and contracts.
26. ERICA SIGMON GRANTS MANAGER	Provides pre- and post-administrative support for awards.
27. KIM McFARLANE ADMINISTRATIVE SPECIALIST (SHARED WITH STUDENT AFFAIRS)	Provides administrative support to the Associate Dean for Research and the Assistant Dean of Students. Handles routine and complex administrative, operational, and communication functions related to research and student services.
STUDENT AFFAIRS AND STUDENT SERVICES	
28. ASHISH JOSHI ASSISTANT DEAN OF STUDENTS	Manages the School's student-related operations including: recruitment and admissions, scholarships and financial aid, advisement, registrar, enrollment and retention, student academic support, student clubs and special initiatives, and career services.
29. MARGARET KRUDYSZ DIRECTOR OF STUDENT AFFAIRS	Oversees the School's student-related operations including: recruitment and admissions, registration, enrollment and retention, alumni, and student academic support.
30. TBA Registrar	Oversees the School's academic information infrastructure, including collecting, maintaining, and reporting student academic data, transcript evaluation, and graduation certification; and maintaining current and archival student records and course catalogues.
31. LEA C DIAS 32. SARA INGRAM 33. ESTHER CORTORREAL ACADEMIC PROGRAM ADMINISTRATORS	Provides administrative support to students and faculty in addressing academic and student-related administrative issues including advisement, registration, enrollment, leaves of absence, graduation, student services, meetings, and events.
34. AMINA ALAM RECRUITMENT AND ADMINISTRATIVE SPECIALIST	Carries out the School's student recruitment plan and activities. Counsels prospective and new students and assists them in admissions and enrollment.
35. VELVET BROWN PROGRAM SECRETARY	Provide secretarial support to MPH programs, including creating and updating documents, databases and files, and other special projects requested by supervisor and faculty; responds to student and prospective student inquires and provided proper referrals.

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1 **1.7.f. A concise statement concerning the amount, location and types of computer facilities and**
2 **resources for students, faculty, administration and staff.**

3
4 The Graduate School of Public Health and Health Policy maintains state-of-the-art technology and
5 facilities to meet the needs of students, faculty, administration, and staff. The computing infrastructure is
6 supported by software and hardware specialists. Support services include support for faculty, students,
7 administration, and staff as well as comprehensive monitoring and maintenance of hardware, adhering to
8 regulations and best practices for data protection and disaster recovery. Faculty, administrators, and staff
9 at the School are provided with desktop and/or laptop computers (Dell PC/Apple iMac), high-speed
10 internet access, and local and networked printers. Classrooms are equipped with projection systems
11 and/or wall-mounted large screen TVs, digital podiums with computers, and high-speed Wi-Fi networks.
12 Facilities for live-streaming events and creating digital content for distance learning are also available.

13
14 The new facilities located at 125th Street are equipped with a specialized computer laboratory with
15 twenty terminals, a general-use student lounge with fourteen terminals, and a mobile laboratory with
16 twenty laptop computers. Every laboratory provides access to several software packages including
17 Microsoft Office, SAS, IBM SPSS, ESRI ArcGIS, Maplesoft, Wolfram Mathematica, Adobe Creative
18 Suite, and others. Computing facilities also include a dedicated video recording room, equipped with a
19 green screen, lighting equipment, high definition camera, high-quality audio recording equipment, and a
20 workstation with video and audio editing software. The entire facility is blanketed with Wireless LAN,
21 providing secure access to the datacenter for the Graduate School of Public Health and Health Policy
22 community and isolated internet access for guests.

23
24 Until fall 2016, Hunter, Brooklyn, and Lehman Colleges and Graduate Center faculty, staff, and students
25 who are transferring to the Graduate School of Public Health and Health Policy will continue to have
26 access to computer resources at the respective colleges, as described below.

27
28 The Silberman Campus at Hunter College offers four computers labs with thirty terminals, eight terminals
29 in the library, and twenty-five additional laptops for portable use. In all, approximately sixty computers
30 are available for students.

31
32 Brooklyn College maintains several public-access large-scale computing facilities, making over 1500
33 computers available to students across the campus. A computer laboratory in Room 326 New Ingersoll
34 Hall is equipped with forty terminals, a printer, a projector, and a DVD player.

35
36 At Lehman College, there are two computer laboratories available: CL 125 and CL 126, with twenty-five
37 terminals. In addition, students have access to over two hundred computers in the Academic IT Center
38 and in the library, with an additional fifty laptops available for portable use. The Public Health
39 Geographic Information Science program houses a teaching laboratory, fully equipped with twenty-four
40 Dell OptiPlex 760 computers. Full versions of ArcGIS software from ESRI are installed, along with
41 Google Earth, ColorPic, R statistical computing, GeoDa, and ScapeToad. ENVI remote sensing software
42 is available, as well as HDF Explorer, Trimble GPS Pathfinder, and TerraSync.

43
44 At the Graduate Center, there are five computer laboratories in rooms 6418 with thirty-four terminals,
45 C196.01 with eleven terminals, C196.02 with fifteen terminals, C196.03 with twelve terminals, and
46 C415B with twenty-nine terminals. An additional, over seventy terminals are available in the library and
47 computer lab.

48
49 Faculty members also have access to two high-performance computer clusters for research. The first,
50 located at Silberman Campus, provides 32 processor cores, 256 GB RAM, and 4 TB of storage. The
51 second, located at 125th Street, provides 96 processor cores, 1 TB RAM, and 88 TB of storage. This data

1 center is available to faculty and students for high performance computing, data storage, and as a platform
2 to host client-server applications. All faculty and staff are provided with access to a Microsoft SharePoint-
3 based intranet, supporting communication, collaboration, and secure document repositories.
4

5 **1.7.g. A concise statement of library/information resources available for school use, including**
6 **description of library capacity to provide digital (electronic) content, access mechanisms and**
7 **training opportunities and document-delivery services.**
8

9 Library services for the School will be provided through the Graduate School and University Center
10 beginning fall 2016. Until that time, faculty, students, and staff who are transferring to the consolidated
11 School will continue to have access to on-site and remote library services at four libraries (one on each of
12 the consortial campus) that provide students, faculty, administrators, and staff with on-site and off-
13 campus access to bibliographic databases and full-text electronic journal articles for public health
14 education and research. Essential databases, available at all consortial campuses include Medline,
15 PsychInfo, SocIndex, Greenfile, and Web of Science and/or Scopus. The consortial libraries maintain
16 subscriptions to hundreds of prominent public health and biomedical journals. CUNY also maintains an
17 interlibrary loan service that will electronically deliver any unsubscribed journal articles within days. All
18 CUNY campus library books are available to all CUNY students, faculty, administrators, and staff
19 members. The CUNY library system is a federation of twenty-eight libraries and the CUNY Central
20 Office of Library Services. Taken as a whole, this system has more than 7.5 million print volumes,
21 several hundred thousand e-books, and 850 full-time employees. Each of the four campus libraries has a
22 librarian dedicated to public health that provides database training and instructional and research support
23 for the public health programs.
24

25 **1.7.h. A concise statement of any other resources not mentioned above, if applicable.**
26

27 Not applicable.
28

29 **1.7.i. Identification of measurable objectives through which the school assesses the adequacy of its**
30 **resources, along with data regarding the school's performance against those measures for each of**
31 **the last three years. See CEPH Outcome Measures Template.**
32

33 As shown in Table 1.7.i.1, the School has set and generally met or exceeded the measures by which it
34 assesses the adequacy of its resources, including: at least 60% of the School's courses were taught by full-
35 time CUNY faculty and overall student-faculty ratios generally fell below the required 10:1. The School
36 also meets or exceeds the minimum complement of primary faculty in each core knowledge area. The
37 City University of New York provides adequate office, classroom, common and laboratory space;
38 computer facilities and resources; and library services to meet student, faculty, administrator, and staff
39 needs.
40

Table 1.7.i.1: Outcome Measures for Faculty and Other Resources						
Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome		
				2013-2014	2014-2015	2015-2016
60% of courses will be taught by CUNY full-time faculty	CUNYfirst & Banner	Associate Dean for Academic & Faculty Affairs, Department Chairs	60%	60%	62%	79%
The FTE student: FTE faculty ratio will be 10:1 or less in each specialty area ³⁷	Institutional Research	Associate Dean for Academic & Faculty Affairs	10:1	BIOS 0.6:1 ENV SCI 8.7:1 EPI 4.9:1 HSA 8.0:1 NUTR 12.5:1 SBS 10.7:1	1.4:1 6.7:1 4.8:1 6.7:1 12.8:1 10.0:1	2.1:1 8.8:1 6.1:1 6.0:1 8.8:1 9.0:1

1
2 **1.7.j. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
3 **strengths, weaknesses and plans relating to this Criterion.**
4
5 This Criterion is met.
6
7 Strengths: The School generally meets or exceeds resource objectives. With the addition of ten new
8 faculty lines since fall 2014, the School has been able to increase the proportion of courses taught by full-
9 time faculty and to maintain overall student faculty ratios below 10:1. In addition, the School recently
10 added 25,000 square feet of newly renovated office space, computer labs, meeting rooms, and classrooms.
11 With the consolidation of the School as a unified autonomous entity, the University has expanded the tax
12 levy allocation to cover for additional needed personnel, expanded faculty, and OTPS.
13
14 Weaknesses: None noted.
15
16 Plans: In the coming years, the School expects to maintain or increase its resources. The hiring of two
17 nutrition faculty members is underway.
18
19
20
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28

³⁷ BIOS is comprised of the Biostatistics MPH track. EPI is comprised of the MPH track and the DPH concentration in Epidemiology. ENV SCI is comprised of the MPH and MS concentrations in Environmental and Occupational Health Sciences, the MPH concentration in Public Health Geographic Information Science, and the DPH concentration in Environmental and Occupational Health. HSA is comprised of the MPH concentrations in Health Care Policy and Administration and Health Policy and Management, and the DPH concentration in Health Policy and Management. NUTR is comprised of the MPH concentration in Public Health Nutrition. SBS is comprised of the MPH concentrations in Community-based Public Health and Health Equity, General Public Health, and Community Health Education, and the DPH concentration in Community, Society, and Health.

1 ***1.8. Diversity***

2
3 ***The school shall demonstrate a commitment to diversity and shall evidence an ongoing practice of***
4 ***cultural competence in learning, research and service practices.***

6
7 **1.8.a. A written plan and/or policies demonstrating systematic incorporation of diversity within**
8 **the school. Required elements include the following:**

9
10 **i. Description of the school’s underrepresented populations, including a rationale for the**
11 **designation.**

12
13 The Graduate School of Public Health and Health Policy defines its underrepresented populations as
14 Black or African American, Hispanic or Latino, and Asian and Pacific Islander. This designation is
15 guided by the fact that the lowest levels of educational attainment, highest rates of poverty, and poorest
16 health outcomes are found in NYC and other urban neighborhoods with the highest proportions of
17 residents of color.³⁸ Increasing the representation of students, faculty, and staff of color, especially those
18 from disadvantaged backgrounds and with ties to underserved communities, is one strategy for increasing
19 the cultural competency of the public health workforce and for reducing poverty, income inequality, and
20 health disparities.

21
22 **ii. A list of goals for achieving diversity and cultural competence within the school, and a**
23 **description of how diversity-related goals are consistent with the university’s mission, strategic plan**
24 **and other initiatives on diversity, as applicable.**

25
26 As indicated in Table 1.8.e.1, the School’s goals include building a diverse community that is comprised
27 of at least 40% of students, 30% of primary faculty, and 50% staff from underrepresented minorities and
28 at least 50% female faculty and staff. The School also seeks to promote diversity and cultural competence
29 through student and faculty engagement with at least seventy-five community-based, health
30 governmental, and other organizations dedicated to underserved populations and/or advancing health
31 equity. Such engagement occurs through field placements, applied research and service-related projects,
32 and partnerships. Cultural competence is further promoted throughout the curriculum (see also Criteria
33 1.8.a.v, 1.8.b, and 3.2.a).

34
35 The School’s diversity goals are well aligned with those of the University, as articulated in the
36 Performance Management Process and the [CUNY Diversity Action Plan](#). For example, increasing the
37 proportion of full-time faculty from underrepresented racial and ethnic groups and who are female is a
38 University goal, which each entity, including the Graduate School of Public Health and Health Policy,
39 must report on every year.

40
41 **iii. Policies that support a climate free of harassment and discrimination and that value the**
42 **contributions of all forms of diversity; the school should also document its commitment to**
43 **maintaining/using these policies.**

44
45 The Graduate School of Public Health and Health Policy supports and complies with all University-wide
46 policies and procedures that promote a climate that is free of harassment and discrimination, including
47 [CUNY Policies and Procedures on Equal Opportunity, Non-Discrimination, and Against Sexual](#)

³⁸ NYCDOHMH, Health Disparities in New York City, available at:
<http://www.nyc.gov/html/doh/downloads/pdf/episrv/disparitiesone.pdf>

1 [Harassment](#) and the [CUNY Policy and Procedures Concerning Sexual Assault, Stalking and Domestic](#)
2 [and Intimate Partner Violence Against Students](#). The City University of New York has monitoring
3 systems in place to assure that each of its constituent institutions, including the Graduate School of Public
4 Health and Health Policy, comply. For example, the City University of New York's Central Office of
5 Human Resources Management requires that all managerial and supervisory personnel, including those at
6 the School, complete training on Sexual Harassment, as well as on workplace violence and domestic
7 violence and the workplace; the University Training Director provides the training and monitors
8 compliance. The University Center's Office of Human Resources manages training for School staff.
9

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

11 The Graduate School of Public Health and Health Policy supports and complies with all University-wide
12 policies and procedures regarding working and learning in a diverse setting, including policies, for
13 example, that promote affirmative action, accessibility and disability accommodations, and time off for
14 religious observance. The [CUNY Diversity Action Plan](#) emphasizes, among other elements:
15

- 16
- 17 • Engendering values and implementing policies that enhance respect for individuals and their cultures
18 promotes excellence and an inclusive educational experience;
- 19 • Diversifying the University's workforce strengthens the institution, encourages the exchange of new
20 ideas, and enriches campus life;
- 21 • Cultivating diversity and combatting bigotry are an inextricable part of the educational mission of the
22 University; and
- 23 • Fostering tolerance, sensitivity, and mutual respect throughout the City University of New York is
24 beneficial to all members of the University community.
25

26 **v. Policies and plans to develop, review and maintain curricula and other opportunities including** 27 **service learning that address and build competency in diversity and cultural considerations.**

28

29 The Graduate School of Public Health and Health Policy is committed to promoting diversity and cultural
30 competency through its curriculum, practical experiences, and service activities (as noted above in
31 Criteria 1.8.a.ii). For example, several core competencies in the MPH and DPH programs address
32 diversity and cultural considerations, including:
33

34 Core MPH Competencies

- 35 • Adhere to ethical and social justice principles and standards
- 36 • Engage and collaborate with diverse groups
37

38 Core DPH Competencies

- 39 • Generate, translate, communicate and disseminate population health evidence to diverse
40 audiences
- 41 • Identify, develop, evaluate, and recommend policy and programmatic interventions to improve
42 population health at individual, community, government, and country levels based on empirical
43 evidence of social, political, cultural, biological, economic, historical, behavioral, environmental,
44 and global factors in health and disease
45

46 To assure that students attain these competencies, they are mapped to specific courses, learning
47 objectives, and assessments within those courses (as discussed in Criteria 2.6 and 2.7 and specified in
48 syllabi, provided in the ERF). The Graduate School of Public Health and Health Policy's Curriculum
49 Committee and individual programs are responsible for monitoring that all curricula address diversity and
50 cultural competencies. In addition, the School's Office of Student Services and the Division of Public

1 Health Partnerships and Community Engagement have supported several initiatives to promote diversity
2 and cultural competency, such on immigration and health and Black Lives Matter.

3
4 **vi-vii. Policies and plans to recruit, develop, promote and retain a diverse faculty and staff.**

5
6 The City University of New York has an ongoing commitment to recruiting, developing, promoting, and
7 retaining a diverse faculty and staff. This commitment is reflected in the [CUNY Diversity Action Plan](#)
8 and [CUNY Search Committee Guide](#), which the Graduate School of Public Health and Health Policy is
9 required to follow. Such policies seek to maximize opportunity and diversity in the recruitment,
10 development, and retention process. For example, as found in the search committee guide, “CUNY
11 provides all members of its community the opportunity to interact with highly qualified, respected
12 colleagues from the widest possible range of backgrounds. This includes having women, people of color,
13 veterans, and people with disabilities as members of the faculty and staff. The City University of New
14 York’s Affirmative Action program calls for broad outreach and proactive recruitment campaigns to
15 attract members of protected groups and provide equal employment opportunity for all candidates.” A
16 Chief Diversity Officer is responsible for assuring that all members of faculty and staff search committees
17 fully understand the search process and the necessary monitoring required to ensure that each step is
18 followed. For the Graduate School of Public Health and Health Policy faculty, the Graduate School and
19 University Center Chief Diversity Officer performs this function. Critical milestones include:
20 implementing a comprehensive recruiting plan, obtaining a large and diverse pool of candidates, and
21 employing transparent criteria and procedures for equitably evaluating each candidate. Faculty and staff
22 positions in public health are widely advertised, locally and nationally, in general venues (e.g., *Chronicles*
23 *of Higher Education* and the *New York Times*); minority-serving venues (e.g., *Hispanic Outlook*, *Women*
24 *and Minority Doctoral Directory*, *HBCU.com*, and *Diverse Issues in Higher Education*); public health-
25 specific venues (e.g., APHA’s *Career Mart*); and professional publications, organizational listservs, and
26 websites (e.g. *National Association of Hispanic-Serving Health Professions Schools’s* job bank, the
27 *Environmental Careers’ Network*, *EpiMonitor*, and relevant APHA section listservs). All candidates are
28 asked to report their gender, race, and ethnicity. This information is monitored by the Chief Diversity
29 Officer. Policies, practices, and procedures to promote and retain a diverse faculty body are described and
30 referenced in Criteria 4.0. University-wide opportunities and support services designed to promote and
31 retain a diverse staff include [CUNY Diversity Projects Development Fund](#) and work/life services through
32 the [Corporate Counseling Associates](#). In addition, the annual evaluation procedures for staff and faculty
33 include career development.

34
35 **viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.**

36
37 The Graduate School of Public Health and Health Policy’s student recruitment efforts, including those
38 that target underrepresented groups, are described in Criterion 4.3.a. Once enrolled, there are a variety of
39 specific programs available aimed at increasing student academic and professional success, retention, and
40 graduation. These include: [Professional Writing Assistance](#), [internships](#) and [job opportunities](#) for
41 students. Also, the City University of New York provides a range of University-wide services to students,
42 including [child care](#), [disability resources](#), [international student services](#), [mental health and wellness](#)
43 [services](#), [women’s centers](#), and [Veterans Services](#). Several student organizations emphasize the role of
44 diversity in public health, offering students of all backgrounds a shared community (see Criterion 1.5.e).
45 Finally, the Graduate School of Public Health and Health Policy is a leader in the [Healthy CUNY](#)
46 Initiative, which seeks to promote student health and reduce health-related barriers that can adversely
47 impact students’ ability to complete their degrees (for examples, in the areas of mental health, sexual and
48 reproductive health, and health-related behaviors).

1 **ix. Regular evaluation of the effectiveness of the above-listed measures.**
2

3 The Graduate School of Public Health and Health Policy evaluates its outcome measures related to
4 diversity and cultural competence through several mechanisms. First, data on student, faculty, and staff
5 diversity by gender and race are analyzed and reported annually in the University’s Performance
6 Management Process and ASPPH’s annual report. Second, a Campus Chief Diversity Officer analyzes
7 and reports faculty and staff compensation data by gender and race/ethnicity at least annually. Third, the
8 Division of Public Health Partnerships and Community Engagement maintains a real-time database of
9 organizations with which students and faculty collaborate on experiential learning and service projects.
10 Fourth, course syllabi, which link cultural competencies with course learning objectives and assessments,
11 are evaluated each semester through the Office of the Associate Dean for Academic and Faculty Affairs.
12 Fifth, graduates are required to self-evaluate cultural competence (among other competencies) on annual
13 exit surveys.
14

15 **1.8.b. Evidence that shows the plan or policies are being implemented. Examples may include**
16 **mission/goals/objectives that reference diversity or cultural competence, syllabi and other course**
17 **materials, lists of student experiences demonstrating diverse settings, records and statistics on**
18 **faculty, staff and student recruitment, admission and retention.**
19

- 20 • **Mission:** The City University of New York and the Graduate School of Public Health and Health
21 Policy have a longstanding commitment to diversity and cultural competence, as reflected in the
22 University’s mission of access and excellence and the School’s mission “...to promote and sustain
23 healthier populations in NYC and around the world, and to shape policy and practice in public health
24 for all.” The University-wide³⁹ and School student, staff, and faculty bodies are highly diverse, by
25 virtue of the mission, low tuition, financing model as a public university, and geographic location in
26 one of the largest and most diverse urban centers in the nation.
- 27 • **Student, Faculty and Staff:** As shown in Table 1.8.e.1., the Graduate School of Public Health and
28 Health Policy monitors and has achieved a fairly diverse community in which 30% of primary
29 faculty, 67% of staff and 50% of students were from underrepresented minority groups in fall 2015.
30 Faculty and staff are required to complete annual training on diversity-related topics.
- 31 • **Curriculum:** Ninety-three percent of recent MPH graduates who completed the exit student survey in
32 spring 2015 reported that they “strongly agreed” or “agreed” that they had acquired competency in
33 “engage and collaborate with diverse groups,” a core competency in the MPH program that is
34 addressed through multiple courses including Fundamentals of Health Policy & Management and
35 Fundamentals of Social and Behavioral Health.
- 36 • **Faculty and Student Engagement:**
 - 37 • In 2014 –2015, faculty members Diana Romero, Lynn Roberts, and Martha Crum received
38 awards through the City University of New York’s Diversity Projects Development Fund for
39 *FIRST FRIDAYS @ the CUNY School of Public Health: A Film and Dialogue Series on Health*
40 *and Social Justice*. The film, dialogue and dinner series was attended by hundreds of students and
41 faculty.
 - 42 • Students and faculty collaborated with over 75 external organizations over the past three years
43 that were dedicated to serving underserved populations and advancing health equity (see, for
44 example, Table 2.4.b.1).
- 45 • **Centers, Institutes and Initiatives:** The Graduate School of Public Health and Health Policy
46 students, faculty, and staff have led several centers, institutes, and initiatives that explicitly promote

³⁹ CUNY Student Data, available at: <http://cuny.edu/about/administration/offices/ira/ir/data-book.html> and Faculty and Staff Data, available at: https://public.tableau.com/profile/oira.cuny#!/vizhome/CUNYInteractiveFactbook_1/Start

1 diversity through education and training and applied research and service, such as the CUNY Center
2 for Health Equity at Lehman College, the Latino Health Fellowship, and the Immigrant, Global, and
3 Refugee Health Initiative. In addition, the University-wide Office of Human Resources maintains a
4 centralized compendium of [Diversity Resources](#), to which all students, faculty, and staff have access.
5 This includes over twenty City University of New York diversity centers, institutes, and initiatives
6 including the Center for HIV Educational Studies and Training at Hunter College; the Center on
7 Equality, Pluralism, and Policy at Baruch College; the Center for Ethnic Studies at the Borough of
8 Manhattan Community College; the Center for Diversity and Multicultural Studies at Brooklyn
9 College; and the Center for Race, Crime, and Justice at John Jay College.

10
11 **1.8.c. Description of how the diversity plan or policies were developed, including an explanation of**
12 **the constituent groups involved.**

13
14 The Graduate School of Public Health and Health Policy follows diversity plans and policies set by the
15 University. The City University of New York’s Office of Recruitment and Diversity (housed within the
16 Office of Human Resources Management) and Office of the General Counsel are responsible for
17 developing policies that guide faculty/staff recruitment and ensure an inclusive, diverse environment (see
18 Criteria 1.8.a.iii-iv and 1.8.a.vi-vii). Plans developed are documented in the [CUNY Diversity Action Plan](#)
19 which was created through a two-part process. First a Diversity Study Steering Committee, commissioned
20 by CUNY’s Chancellor and assembled with staff members, faculty, and outside consultants, conducted a
21 diversity study. The Committee organized interviews and focus groups, met with members of the
22 administration, and analyzed University data. Ultimately, the report determined that while the City
23 University of New York as a whole had made significant progress, it needed to re-focus future plans. An
24 ad hoc committee was formed to recommend long-term goals and strategies that would allow the City
25 University of New York to maintain its role as a national leader in faculty diversity and inclusion among
26 institutions of higher education.

27
28 At the School level, senior leadership takes responsibility for developing diversity plans and policies in
29 their respective areas, for example:

- 30
31
- 32 • **Students:** (see Criterion 1.8.a.viii): The Assistant Dean of Students collaborates with the School’s
33 Admissions Committee to develop and implement plans to recruit and retain a diverse student body.
 - 34 • **Curriculum:** The Associate Dean for Academic and Faculty Affairs collaborates with department
35 chairs, faculty, and the School’s Curriculum Committee to incorporate diversity and cultural
36 competence in the curriculum formally, with feedback collected regularly from the student body.
 - 37 • **Fieldwork, service, and community engagement:** Division of Public Health Practice and
38 Community Engagement Director and staff collaborate with fieldwork faculty and external partners
39 in engaging students and faculty in practice experiences with diverse partners (see: Tables 2.4.b.1,
40 3.2.c.1 and 3.2.c.3).
 - 41 • **Faculty and staff:** The Dean assures that recruitment efforts are designed to recruit a highly diverse
42 applicant pool, and to promote opportunities for staff development and advancement. The Associate
43 Dean for Academic and Faculty Affairs and the Associate Dean for Research lead faculty
44 development efforts.

45 **1.8.d. Description of how the plan or policies are monitored, how the plan is used by the school and**
46 **how often the plan is reviewed.**

47
48 Senior staff are responsible for monitoring the School’s diversity and cultural competencies plans and
49 policies and for reporting to the Dean’s Cabinet on progress made in their respective domains (e.g.
50 students, curriculum, public health practice, and personnel) on at least an annual basis as part of the

1 Performance Management Process. The Dean’s Cabinet reviews and discusses data and provides input on
 2 how to better meet objectives and in setting future goals.

3
 4 **1.8.e. Identification of measurable objectives by which the school may evaluate its success in**
 5 **achieving a diverse complement of faculty, staff and students, along with data regarding the**
 6 **performance of the program against those measures for each of the last three years. See CEPH**
 7 **Data Template 1.8.1. At a minimum, the school must include four objectives, at least two of which**
 8 **relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the**
 9 **feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives**
 10 **must align with the school’s definition of under-represented populations in Criterion 1.8.a.**

11
 12 As shown in Table 1.8.e.1, the School has generally met or exceeded its objectives in the area of faculty,
 13 student, and staff diversity and trends are generally in the direction of increasing diversity.

14

Table 1.8.e.1: Outcome Measures for Diversity						
Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome		
				2013-2014	2014-2015	2015-2016 ⁴⁰
30% of primary faculty will be from underrepresented minority groups ⁴¹	Human Resource Dept.	Senior Associate Dean for Administration	30%	27%	28%	30%
50% of staff will be from underrepresented minority groups	Human Resource Dept.	Senior Associate Dean for Administration	50%	63%	65%	67%
50% of primary faculty will be female	Human Resource Dept.	Senior Associate Dean for Administration	50%	67%	61%	57%
50% of staff will be female	Human Resource Dept.	Senior Associate Dean for Administration	50%	79%	87%	85%
40% of students will be from underrepresented minority groups	SOPHAS	Assistant Dean of Students	40%	38%	41%	45%

15
 16 **1.8.f. Assessment to which this Criterion is met.**

17
 18 This Criterion is met.

19
 20 Strengths: The University⁴² and the Graduate School of Public Health and Health Policy student, staff,
 21 and faculty body is highly diverse, by virtue of the University’s mission, low tuition, financing model as a
 22 public urban-serving university, and geographic location. As a result of joining SOPHAS for the 2015
 23 admissions cycle, the School is already seeing evidence of a more geographically diverse applicant pool
 24 and student body. The School’s faculty, students, and staff actively participate in a variety of activities
 25 that help to promote diversity.

26
 27 Weaknesses: None noted.

28
 29 Plans: The School will set recruitment and admissions targets, based on an analysis of recent data, to
 30 increase the geographic diversity of the student body.

31
 32

⁴⁰ 2015-2016 data as of Fall 2015

⁴¹ Underrepresented minority groups= Black or African American, Hispanic or Latino, Asian or Pacific Islander

⁴² CUNY Student Data, available at: <http://cuny.edu/about/administration/offices/ira/ir/data-book.html> and Faculty and Staff Data, available at: https://public.tableau.com/profile/oira.cuny#!/vizhome/CUNYInteractiveFactbook_1/Start

1 **CRITERION 2: INSTRUCTIONAL PROGRAMS**

2
3 **2.1. Degree Offerings**

4
5 *The school shall offer instructional programs reflecting its stated mission and goals, leading to the*
6 *Master of Public Health (MPH) or equivalent professional master’s degree in at least the five areas of*
7 *knowledge basic to public health. The school may offer other degrees, professional and academic, and*
8 *other areas of specialization, if consistent with its mission and resources.*

9
10
11 **2.1.a. An instructional matrix presenting all of the school’s degree programs and areas of**
12 **specialization. If multiple areas of specialization are available within departments or academic**
13 **units shown on the matrix, these should be included. The matrix should distinguish between public**
14 **health professional degrees, other professional degrees and academic degrees at the graduate level,**
15 **and should distinguish baccalaureate public health degrees from other baccalaureate degrees. The**
16 **matrix must identify any programs that are offering in distance learning or other formats. Non-**
17 **degree programs, such as certificates or continuing education, should not be included in the matrix.**

18
19 Table 2.1.a.1 lists all degree programs, concentrations, and the number of credits required. All of the
20 School’s degrees are conferred by the Graduate School and University Center, on behalf of the CUNY
21 GSPHHP.
22

Table 2.1.a.1: Instructional Matrix, CUNY GSPHHP ⁴³		
Concentration	Professional Degree	Credits
Community-based Public Health and Health Equity	MPH	45
Community Health Education	MPH	45
Environmental and Occupational Health Sciences	MPH	45
Epidemiology and Biostatistics	MPH	45
General Public Health	MPH	45
Health Care Policy and Administration	MPH	45
Health Policy and Management	MPH	45
Public Health Geographic Information Sciences	MPH	45
Public Health Nutrition	MPH	45
Environmental and Occupational Health Sciences	MS	46
Community, Society, and Health	DPH	48
Environmental and Occupational Health	DPH	48
Epidemiology	DPH	48
Health Policy and Management	DPH	48
Advanced Public Health Nurse/Urban Public Health	MS/MPH	57
Social Work & Public Health	MSW/MPH	87

23
24 Optional specializations are available in Maternal, Child, Reproductive, and Sexual Health (available to
25 MPH and DPH students) and Public Health Nutrition (available to DPH students). Requirements for these
26 specializations can be found in Table 2.1.a.2. They do not replace any concentration requirements.
27
28

⁴³All degrees are conferred by the Graduate School and University Center, on behalf of the CUNY Graduate School of Public Health and Health Policy. All degree offerings are listed in New York State Education Department [Inventory of Registered \(Approved\) Programs](#).

Table 2.1.a.2: Specialization Requirements	
Maternal, Child, Reproductive, and Sexual Health (MCRSH) Specialization	
Course	Credits
PH 75200/PUBH 870/PHE 725/HNSC 7300X MCRSH: Socio-historical Contexts	3
PH 72600/PUBH 871/PHE 724/HNSC 7310X MCRSH: A Life Course Perspective	3
MCRSH Elective	3
Content of the practice and culminating experiences should focus on MCRSH	
Public Health Nutrition Specialization	
Course	Credits
PUBH 814 Food Politics and Policies	3
SOC 828 Food, Culture and Society	3
Advanced epidemiology course relevant to nutrition	3
Elective in research methods relevant to public health nutrition	3

1
2 **2.1.b. The school bulletin or other official publication, which describes all degree programs**
3 **identified in the instructional matrix, including a list of required courses and their course**
4 **descriptions. The school bulleting or other official publication may be online, with appropriate links**
5 **noted.**

6
7 [The School's degree programs and required courses](#) are available on the GSPHHP website. Course
8 descriptions can be found in the [CUNY course catalog](#).

9
10 **2.1.c. Assessment of the extent to which this Criterion is met and an analysis of the school's**
11 **strengths, weaknesses and plans relating to this Criterion.**

12
13 This Criterion is met.

14
15 Strengths: The School offers a wide range of professional public health degree options at the graduate
16 level.

17
18 Weaknesses: The School offers multiple MPH concentrations in community health as well as health
19 policy management that appear to overlap in content and competencies.

20
21 Plans: The School will implement its unification plan to combine concentrations in related areas. As part
22 of the unification of the School, the faculty have developed a plan that will be implemented fall 2016 to
23 combine concentrations in related areas. Specifically, the School will offer one concentration in
24 community health that combines the curriculum from the MPH in Community-based Public Health and
25 Health Equity, MPH in General Public Health, and MPH in Community Health Education programs. In
26 addition, the School will offer one concentration in health policy and management that combines the
27 curriculum from the MPH in Health Care Policy and Administration and MPH in Health Policy and
28 Management programs. Courses required for each of these concentrations or equivalent courses will be
29 available, allowing continuing students to graduate on time.

30
31 The School will undergo a comprehensive review of graduate public health programs that will incorporate
32 the School's Strategic Plan; student, faculty, alumni, and employer feedback; and current accreditation
33 criteria from CEPH and recent guidance from the ASPPH Framing the Future, the Council on Linkages,
34 and the National Board of Public Health Examiners. From this review, the School will revise the
35 curriculum as needed.

1 **2.2. Program Length**

2
3 ***An MPH degree program or equivalent professional public health master’s degree must be at least 42***
4 ***semester-credit units in length.***

6
7 **2.2.a. The definition of a credit with regard to classroom/contact hours**

8
9 In compliance with the [New York State Education Department’s regulations](#), one semester hour per week
10 during a fifteen-week semester (fall and spring) is equivalent to one credit. Each credit earned requires at
11 least fifteen hours of instruction and at least thirty hours of supplementary instruction and/or assignments.
12 This may include traditional in-person or online contact time, as well as laboratory sessions, supervised
13 fieldwork, individual meetings, electronic communication, and field trips.

14
15 In addition to the fall and spring semesters, the School offers intensive winter and summer sessions. In
16 every case, summer and winter courses are subject to the same requirements as those offered during the
17 fall and spring semesters, with respect to the total number of classroom hours and expected learning
18 outcomes.

19
20 **2.2.b. Information about the minimum degree requirements for all professional public health**
21 **master’s degree curricula shown in the instructional matrix.**

22
23 All of the MPH degree concentrations require a minimum of 45 semester credit hours. Table 2.1.a.1
24 above lists the minimum credit requirements for each degree in the Graduate School of Public Health and
25 Health Policy.

26
27 **2.2.c. Information about the number of professional public health master’s degrees awarded for**
28 **fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of**
29 **the reasons should be included.**

30
31 The Graduate School of Public Health and Health Policy does not award professional public health
32 master’s degrees for fewer than 42 semester credits.

33
34 **2.2.d. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
35 **strengths, weaknesses and plans relating to this Criterion.**

36
37 This Criterion is met.

38
39 Strengths: All MPH degree programs offered at the Graduate School of Public Health and Health Policy
40 require a minimum of 45 semester credits for graduation.

41
42 Weaknesses: None

43
44 Plans: There are no plans to change the required semester credit hours for the MPH program.
45
46
47
48
49
50

2.3. Public Health Core Knowledge

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

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

All MPH and MS-EOHS degree programs require that students take at least one course in each of the five core knowledge areas of public health, as listed in Table 2.3.a.1. Each of these courses is 3 credits, as found in the course schedule. DPH students are required to complete these or equivalent courses as pre-requisites, prior to entering the program. The program competencies and course learning outcomes are standardized across sections and printed in course syllabi, located in the ERF.

Table 2.3.a.1: Required Courses Addressing Public Health Core Knowledge Areas for the MPH and MS-EOHS Degrees

Core Knowledge Area	Course Title	Course Number
Biostatistics	Fundamentals of Biostatistics <i>or</i> Principles of Biostatistics	PH 75000, HNSC 7150X, PHE 600 <i>or</i> PH 75100
Epidemiology	Fundamentals of Epidemiology <i>or</i> Principles of Epidemiology	PH 75200, HNSC 7120X, PHE 606 <i>or</i> PH 75300
Environmental Health	Fundamentals of Environmental Health	PH 75400, HNSC 7130X, PHE 702
Social & Behavioral Sciences	Fundamentals of Social and Behavioral Health	PH 75500, HNSC 7110X, PHE 703
Health Services Administration	Fundamentals of Health Policy & Management	PH 75600, HNSC 7140X, PHE 701

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

This Criterion is met.

Strengths: All students in the MPH, MS-EOHS, and the DPH Programs are required to take a foundational course in each of the five core areas. The courses provide the content and learning experiences needed to achieve the public health core competencies, which are discussed in detail in Criterion 2.6.

Weaknesses: None

Plans: The School plans to evaluate and revise as necessary its core curricula, in light of recent developments, including the proliferation of the CPH exam, revisions to CEPH’s accreditation criteria, and the recent ASPPH reports on framing the future of public health for the 21st Century.

1 **2.4. Practical Skills**

2
3 *All graduate professional public health degree students must develop skills in basic public health*
4 *concepts and demonstrate the application of these concepts through a practice experience that is relevant*
5 *to students' areas of specialization.*

6
7 **2.4.a. Description of the school's policies and procedures regarding practice experiences, including**
8 **the following: selection of sites, methods for approving preceptors, opportunities for orientation**
9 **and support for preceptors, approaches for faculty supervision of students, means of evaluating**
10 **student performance, means of evaluating practice placement sites and preceptor qualifications,**
11 **criteria for waiving, altering or reducing the experience, if applicable.**

12
13 All graduate public health students complete a supervised practice experience towards the fulfillment of
14 the public health degree requirements. The graduate courses that provide the practice experience and the
15 number of hours of practice required for MPH, MS-EOHS, MS/MPH, and DPH students are summarized
16 below in Table 2.4.a.1. A full-time faculty member (Fieldwork Coordinator) is responsible for overseeing
17 fieldwork activities across the School and coordinates with faculty advisors.
18

Table 2.4.a.1: Practice Experience in Degree Programs

Degree	Program	Course Name	Course Number	Contact Hours	Credits
MPH	<ul style="list-style-type: none"> Community Health Education Environmental & Occupational Health Sciences Epidemiology & Biostatistics Health Policy & Management Public Health Nutrition 	Supervised Fieldwork in Public Health	PH 73700	180	3
	<ul style="list-style-type: none"> Health Care Policy & Administration General Public Health 	Supervised Fieldwork in Public Health	HNSC 7920X	180	3
	<ul style="list-style-type: none"> Community-based Public Health and Health Equity Public Health Geographic Information Science 	Supervised Fieldwork in Public Health	PHE 770	180	3
MS	<ul style="list-style-type: none"> Environmental & Occupational Health Sciences 	Supervised Fieldwork in Public Health	PH 73700	180	3
MS/MPH	<ul style="list-style-type: none"> Advanced Public Health Nurse & Urban Public Health 	Community/Public Health Nursing I Community/Public Health Nursing II	NURS 77100 NURS 77200	334	10
DPH	<ul style="list-style-type: none"> Community, Society, & Health Epidemiology Environmental & Occupational Health Health Policy & Management 	Practicum Project	PUBH 807	180	3

19
20 **Practice experience:** Fieldwork is required of all MPH and MS candidates, including those seeking dual
21 degrees, such as MSW/MPH and MS/MPH. Fieldwork is a planned and supervised learning experience
22 during which the student conducts a project that applies knowledge and principles learned during the core
23 and required concentration coursework. The purpose of fieldwork is to provide the student with an
24 opportunity to gain experience and demonstrate competence in practice relevant to the student's
25 discipline, develop professional contacts and exposure to professional environments, and clarify career

1 goals. A Fieldwork Handbook, available on the GSPHHP website and in the ERF, describes the
2 standards, policies, and procedures for selection, approval, execution, completion, and evaluation of
3 fieldwork.

4
5 Fieldwork is also required of all DPH candidates and consists of a 180-hour practicum placement. The
6 content of the practicum project must be related to the student's concentration within public health and
7 must be designed to lead to policy or organizational change. The student develops a detailed
8 learning/work plan that includes the hours/dates associated with all practicum project activities, project
9 objectives, a description of activities and a description of the final project, and method of assessment. The
10 process of developing and finalizing the learning/work plan involves the practicum sponsor, who must
11 approve the detailed document. Once the practicum sponsor has approved this plan, the student submits it
12 to the program faculty advisor for review and approval, and then to the practicum course director for final
13 approval. Only then can the student register for the fieldwork course.

14 **i. Selection of sites.**

15
16
17 Fieldwork placements at the master's degree level are chosen primarily on the student's area of
18 concentration, interests, and career goals. Students consult with a fieldwork faculty advisor to identify
19 appropriate sites or may identify their own sites, with approval. The School's Clinical Professor of Public
20 Health Practice, Dr. Daliah Heller, coordinates fieldwork placements. She maintains a listing of
21 placement sites at governmental, health care, community-based, private sector, and other non-profit
22 organizations. Final selection and approval of a fieldwork site by the fieldwork faculty advisor is based
23 upon completion of a contract documenting that the site is able to: provide a meaningful practice
24 experience, furnish the necessary resources to complete the project such as a workspace or access to
25 personnel or data, and provide appropriate supervision by a professional with an advanced academic
26 degree in a relevant field. Also as part of the contract, the student must summarize the proposed fieldwork
27 project and expected learning competencies and objectives to be developed. The fieldwork faculty advisor
28 is responsible for confirming that the project aligns with the identified concentration level competencies
29 and objectives, and that the proposed work is sufficient and appropriate for the graduate level. Students
30 are discouraged from completing the fieldwork requirement at their place of employment unless they
31 demonstrate that the project is not part of regular work responsibilities, involves a substantially different
32 scope of work, and will be completed outside of usual work hours. A different supervisor is required, as
33 well.

34
35 In the DPH program, students are responsible for securing their own placement sites for the practicum
36 project in collaboration with their academic faculty advisor, department chair, and fieldwork faculty
37 advisor. Students are encouraged to discuss their proposed project informally with the fieldwork faculty
38 advisor before finalizing the placement. Students must submit a work plan that includes the proposed
39 learning objectives and associated competencies and which must be approved by the site preceptor,
40 academic faculty advisor, fieldwork faculty advisor, and department chair.

41 **ii. Methods for approving preceptors.**

42
43
44 Site preceptors at the master's degree level are selected by the field organization and screened and
45 approved by fieldwork faculty advisors. Preceptors generally must have at least a relevant graduate
46 degree and experience or must otherwise demonstrate significant public health practice work experience,
47 responsibilities, and expertise, as determined by review of their education and experience. Preceptors
48 must have expertise in the area of the student's project, an understanding of the educational needs of
49 public health students, including the need to increase responsibility and independence gradually, and must
50 be prepared to guide, supervise, and mentor the student in the fieldwork.

1 The fieldwork coordinator and DPH Coordinator solicit, assess, and approve preceptors for DPH students
2 based on preferred qualifications of a doctoral-level degree in a relevant field, years of experience, and
3 relevant expertise to the proposed project.

4
5 **iii. Opportunities for orientation and support for preceptors.**

6
7 At the master's degree level, preceptor roles and responsibilities are communicated to appropriate
8 individuals. They include but are not limited to: assisting the student in determining specific, mutually
9 agreeable written fieldwork objectives and deliverables to the organization; orienting the student to the
10 field organization's mission, programs, policies, and protocols; supervision of the student's activities;
11 facilitating communication between the fieldwork faculty and placement site; submitting evaluations of
12 the student to the fieldwork faculty; and providing comments and suggestions about the fieldwork
13 placement experience with the fieldwork faculty or the department chair. Preceptors receive a timeline
14 and a list of expectations for the student, academic advisor, and site supervisor. As needed, preceptors
15 may arrange one-on-one meetings with the faculty advisor to clarify their role in supervising and
16 evaluating the student and the fieldwork process, and to address emergent issues.

17
18 For DPH students, the practicum sponsor is provided documentation about their roles and responsibilities
19 and also apprised of and incorporated into the student's commitments for the project, including the
20 activities and related timeline. Where necessary, the course director provides additional information and
21 orientation to the sponsor on the overall goals of the DPH program for the practicum experience,
22 including learning objectives.

23
24 **iv. Approaches for faculty supervision of students.**

25
26 Over the course of the fieldwork semester, students at the master's degree level are required to attend
27 several group and individual meetings with the fieldwork faculty to document and discuss their progress
28 and experience, noting significant events, problems, resolutions, or potential new approaches to the work
29 of the host organization.

30
31 DPH students are required to meet with the practicum course director twice during the semester, during
32 which they share and discuss their progress on the practicum project. Also, the course director assesses
33 student progress with the documents developed and submitted by students during the semester. Students
34 submit the progress report at the semester midpoint, and the course director uses this information to
35 determine whether the student is on track for meeting the stated objectives and activities described in the
36 initial learning/work plan. Where necessary, the course director meets with the student to discuss and
37 resolve concerns for achieving progress on the practicum project.

38
39 **v. Means of evaluating student performance.**

40
41 Preceptors are required to submit a final evaluation/review of the student's work with the organization.
42 Students must also submit two interim progress reports, a final evaluation of the placement experience,
43 and a reflection essay at the end of the fieldwork experience. In addition, there are program specific
44 requirements (see: syllabi for fieldwork courses located in the ERF). The fieldwork faculty assign final
45 grades to students for the fieldwork course, based on an evaluation of student work products and
46 participation during in-class sessions.

47
48 DPH student performance on the practicum project is assessed via a comprehensive final report on the
49 experience and achievement of the learning objectives, as well as the product of the project. The
50 practicum sponsor confirms the review and approval of the final report via electronic communication sent
51 to the course director.

1 **vi. Means of evaluating practice placement sites and preceptor qualifications.**
2

3 Master's degree level fieldwork faculty evaluate host organizations and preceptors based on student
4 evaluation data. The interim progress report submitted by the student is helpful for identifying potential
5 problems, in addition to the information provided by the preceptor's midpoint review. If fieldwork faculty
6 have any concerns about the student's experience during the fieldwork placement, based upon
7 information provided by the student and/or the preceptor, they will immediately contact the host
8 organization to discuss and resolve these issues.
9

10 The DPH practicum course director, in consultation with the department chair, evaluates practicum
11 placements and preceptor qualifications using available data, particularly evaluation by the student.
12

13 **vii. Criteria for waiving, altering, or reducing the experience, if applicable.**
14

15 Waivers, alterations, or reduction in master's-level fieldwork requirements are extremely rare for MPH
16 and MS students, while not permitted for MS/MPH students. A student may seek a waiver for the
17 fieldwork experience if he or she possesses extensive public health experience and can demonstrate
18 competency in the application of basic public health concepts and specialty knowledge to the solution of
19 population health problems. Public health knowledge includes the core competencies as well as a
20 population-based approach to health problems, use of a prevention framework, and collaboration with
21 community partners. The student must show how previous experiences relate to specialty knowledge
22 acquired in their concentration. Eligible students discuss the possibility of a waiver with their academic
23 advisor within one year of enrollment. Fieldwork faculty determine if the written summary of the
24 student's experiences demonstrates an adequate applied public health experience in the appropriate area
25 of concentration. The Associate Dean for Academic and Faculty Affairs must give final approval. If a
26 waiver is granted, the student is expected to select another course to fulfill the credit requirements of the
27 program.
28

29 Before fall 2015, DPH students who had very extensive post-masters practice experience (generally 20
30 years or more) in public health had the opportunity to apply for a waiver of the requirement to carry out a
31 prospective practicum project. To apply for a waiver, students were required to submit a formal one-page
32 request along with a current CV to their faculty advisor. The waiver request was required to document
33 equivalent public health practice experience, including a description of the work, the dates, any output
34 documenting the work (e.g. publications, reports) and the student's role. Experience must have been post-
35 MPH (i.e., MPH practicum experiences were not acceptable). Waivers of the practicum project for
36 students with a non-public health master's degree have never been available. If a student received a
37 waiver from the practicum project, they replaced the 3 credits with another course, approved by their
38 faculty advisor. Standards for public health practice have been defined and instituted for the DPH
39 practicum effective fall 2015 semester, and students are no longer allowed to seek a waiver for this
40 program requirement.
41

42 **2.4.b. Identification of agencies and preceptors used for practice experiences for students, by**
43 **program area, for the last two academic years.**
44

45 A list of agencies and preceptors used for practice experiences can be found in Table 2.4.b.1, located in
46 the ERF.
47
48
49
50

1 **2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the**
2 **last three years.**

3
4 No waivers have been processed for students enrolled in MPH or MS-EOHS programs. One DPH student
5 received a practicum waiver in the 2014-2015 academic year, and one student received a waiver for the
6 fall 2015 semester.

7
8 **2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and**
9 **general preventive medicine and public health residents completing the academic program for each**
10 **of the last three years, along with information their practicum rotation.**

11 Not applicable.

12
13
14 **2.4.e. Assessment of the extent to which this Criterion is met and an analysis of the school's**
15 **strengths, weaknesses and plans relating to this Criterion.**

16 This Criterion is met.

17
18
19 Strengths

- 20 • Students have been placed at over 130 governmental, community-based, non-profit, health care,
21 labor, and private sector organizations in the past two years.
- 22 • Fieldwork faculty provide focused individual and group-based feedback and support to students
23 throughout the placement process to optimize the experience.
- 24 • In spring 2015, the School hired a full-time Clinical Professor, Dr. Daliah Heller, to coordinate
25 fieldwork placements, systems, and processes and to expand opportunities for students.
- 26 • A hybrid MPH fieldwork course was pilot tested in fall 2015 providing didactic sessions online,
27 and face-to-face student group meetings with faculty. This development will streamline and focus
28 faculty work on student mentoring and advising, and eventually limit the need for more than two
29 faculty assigned to the course.
- 30 • An online fieldwork placement database was launched and pilot tested in fall 2015 to be used by
31 students, faculty, and preceptors. The tool allows organizations to post and advertise potential
32 fieldwork projects for which they are seeking graduate public health students, allowing students
33 to search available opportunities for their fieldwork placement and Capstone project, and
34 enabling preceptor-faculty-student communication through a designated portal, once a student
35 fills a posted placement.
- 36 • DPH students can no longer receive a waiver of the practicum requirement effective the fall 2015
37 semester.

38
39 Weaknesses: None noted

40
41 Plans: The pilot fieldwork course plan will be implemented as a standard across all MPH programs in fall
42 2016. The online database will be modified, refined, and finalized, based on feedback by students,
43 faculty, and preceptors. During academic year 2016-17, the School will explore whether and how this tool
44 could also function as a resource for DPH students seeking practicum projects. The School will consider
45 whether to revise the policy of waiving or altering the practice experience for MPH and MS students
46 during the next academic year.

1 **2.5. Culminating Experience**

2
3 *All graduate professional degree programs, both professional public health and other professional*
4 *degree programs, identified in the instructional matrix shall assure that each student demonstrates skills*
5 *and integration of knowledge through a culminating experience.*

6
7 **2.5.a. Identification of the culminating experience required for each professional public health and**
8 **other professional degree program.**

9
10 A culminating experience is a requirement for all graduate degree programs and completed no sooner
11 than during the student’s penultimate semester. Every program requires both a professional quality
12 written and oral component and that students demonstrate application and integration of knowledge and
13 skills gained during coursework and practice experiences. The Capstone Handbook can be found on the
14 GSPHHP’s website and in the ERF.

15
16 **The Culminating Experience in the MPH and MS-EOHS Degree Programs:** The MPH and MS-
17 EOHS culminating experience consists of the following components: 1) participation in a Capstone
18 course and/or individual meetings with a faculty mentor, 2) completion of either a practice project/essay,
19 based on work conducted during the fieldwork experience, or a research project/essay, based on original
20 research and data analysis, 3) an oral presentation or professional quality poster presentation, 4) a
21 professional portfolio and/or reflection, synthesis, and analysis of fieldwork experiences, and 5) for MS-
22 EOHS students, a 100 question comprehensive examination that is modelled after the CIH exam; for
23 MS/MPH students, a grant based on their practice experiences with a total dollar value of at least \$50,000.

24
25 **The Culminating Experience in the DPH Degree Program:** Students in the DPH program complete
26 either a traditional dissertation or three related articles of publishable quality in a peer-reviewed public
27 health or related journal based on original work. The traditional model comprises multiple chapters
28 together in a book format, with an introduction, literature review, methods, findings, and
29 implications/conclusions. All students must present their dissertation in a formal “defense,” after which
30 committee members discuss the presentation and pose questions. The defense is open to the public. DPH
31 students also complete a self-evaluation/reflection assignment prior to the dissertation as part of the
32 requirements in the practicum course.

33
34 Samples of Capstone projects/essays and dissertations can be found in the ERF.

35
36 **2.5.b. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
37 **strengths, weaknesses and plans relating to this Criterion.**

38
39 This Criterion is met.

40
41 **Strengths:** All graduate professional degree programs require a culminating experience that students must
42 complete no sooner than during the penultimate semester. Every program requires both a professional
43 quality written and oral component and that students demonstrate application and integration of
44 knowledge and skills gained during coursework and practice experiences. The culminating experience
45 provides an opportunity for students to reflect on the learning experiences and mastery of competencies
46 from the program.

47
48 **Weaknesses:** The structure and continuity between the fieldwork and capstone courses has varied and is
49 in need of more systematic evaluation, uniformity, and integration.

- 1 Plans: The School plans to assess methods of more fully integrating the fieldwork and capstone
- 2 experiences in the MPH program and also to develop a Schoolwide electronic portfolio that will align
- 3 assessments with the core and concentration competencies. Both initiatives will provide a better
- 4 culminating experience and assessment of mastery of competencies.

1 **2.6. Required Competencies**

2
3 *For each degree program and area of specialization within each program identified in the instructional*
4 *matrix, there shall be clearly stated competencies that guide the development of degree programs. The*
5 *school must identify competencies for graduate professional public health, other professional and*
6 *academic degree programs and specializations at all levels (bachelor’s, master’s and doctoral).*

8
9 **2.6.a. Identification of a set of competencies that all graduate professional public health degree**
10 **students and baccalaureate public health degree students, regardless of concentration, major or**
11 **specialty area, must attain. There should be one set for each graduate professional public health**
12 **degree and baccalaureate public health degree offered by the school.**

13
14 The School has identified thirteen core public health MPH competencies and nine core DPH
15 competencies that students are expected to attain by the time they graduate. These competencies and the
16 courses through which they’re met can be found in Table 2.6.a.1 and 2.6.a.2.

17
18 **2.6.b. Identification of a set of competencies for each concentration, major or specialization**
19 **(depending on the terminology used by the school) identified in the instructional matrix. The school**
20 **must identify competencies for all degrees, including graduate public health professional degrees,**
21 **graduate academic degrees, graduate other professional degrees, as well as baccalaureate public**
22 **health degrees and other bachelor’s degrees.**

23
24 In addition to core competencies, students must attain the competencies of their concentration or track
25 (track competencies apply only to MPH Epidemiology and Biostatistics students who select a track in
26 either epidemiology or biostatistics). Tables 2.6.b.1 (MPH & MS) and 2.6.b.2 (DPH) present the
27 competencies for each of the nine MPH concentrations, MS concentration, and four DPH concentrations.

28
29 **2.6.c. A matrix that identifies the learning experiences (e.g., specific course or activity within a**
30 **course, practicum, culminating experience or other degree requirement) by which the competencies**
31 **defined in Criteria 2.6.a and 2.6.b are met. If these are common across the school, a single matrix**
32 **for each degree will suffice. If they vary, sufficient information must be provided to assess**
33 **compliance by each degree and concentration. See CEPH Data Template 2.6.1.**

34
35 Courses by which all core competencies are met can be found in Tables 2.6.a.1 and 2.6.a.2. Courses by
36 which all concentration competences are met can be found in the ERF. Competencies primarily gained in
37 the course are marked “P” while competencies reinforced are marked “R.”

Table 2.6.a.1: MPH Core Competencies and Courses through which Competencies are met⁴⁴

	MPH Core Competencies	Core Courses						
		Fundamentals of Biostatistics	Fundamentals of Epidemiology	Fundamentals of Environmental Health	Fundamentals of Health Policy & Management	Fundamentals of Social and Behavioral Science	Supervised Fieldwork in Public Health	Capstone Project
1	Apply the public health core functions of assessment, policy development and assurance		P	P	P	P	P	P
2	Apply theories, concepts, models and methods to the design of public health research, policy and practice	P	P	P	P	P	P	P
3	Adhere to ethical and social justice principles and standards		P		P	P	P	P
4	Interpret and analyze public health literature and apply evidence-based research		P		P	P	P	P
5	Apply basic statistical and informatics techniques	P	P	P			P	P
6	Communicate public health information through oral, written, digital and visual presentation	P	P	P	P	P	P	P
7	Explain how social, behavioral, biomedical and environmental determinants affect population health			P	P	P	P	P
8	Design and evaluate interventions to prevent or control public health problems		P	P		P	P	P
9	Collect, analyze and interpret public health data	P	P				P	P
10	Engage and collaborate with diverse groups				P	P	P	P
11	Describe the legal foundations of the U.S. public health system and its interrelationships with other systems including health care, education and environmental protection			P	P		P	P
12	Apply a framework for the planning, implementation and evaluation of public health programs, policies and interventions				P	P	P	P
13	Explain the context of public and private health-care systems in which health care and public health policy are made and healthcare is delivered				P		P	P

1

⁴⁴ Although the core competencies are addressed throughout the curriculum, the above table identifies only the key courses that address each competency.

Table 2.6.a.2: DPH Core Competencies and Courses through which Competencies are Met

	DPH Core Competencies	Core Courses							
		Cities, Society, and Health (PUBH 800)	Interdisciplinary Approaches to Urban Health Research (PUBH 801)	Quantitative Research Methods with Applications to Urban Health (PUBH 805)	Qualitative Research Methods with Application to Urban Health (PUBH 806)	Epidemiologic Methods I Research Design and Inference (PUBH 820)	Leadership & Organizational Change Seminar (PUBH 893)	Advanced Research Seminar I (PUBH 890)	Advanced Research Seminar II (PUBH 891)
1	Identify, develop, evaluate and recommend policy and programmatic interventions to improve population health at individual, community, government and country levels based on empirical evidence of social, political, cultural, biological, economic, historical, behavioral, environmental, and global factors in health and disease.	P	P			R	R		
2	Assess the mechanisms and pathways by which factors influence individual and population health.	P	P		R		R		R
3	Design and conduct etiological, intervention, policy, implementation science and other empirical studies that contribute to new knowledge about population health		R	P	P	P		P	R
4	Synthesize and apply methods, theories and data from multiple disciplines to understand and solve population health issues.	P	P	P	P	P		P	R
5	Generate, translate, communicate, and disseminate population health evidence to diverse audiences	R	R	P	P	R		R	R
6	Demonstrate leadership skills to facilitate the goals of population health research and practice.		R				P	R	
7	Design and deliver innovative educational experiences that promote learning about population health in academic and practice-based settings			R	R		R	R	
8	Implement professional and organizational ethical guidelines in population health research and practice.			R	R		P		R
9	Secure resources to conduct population health research and practice						R		P

1
2
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4
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8

Table 2.6.b.1: MPH and MS Concentration Competencies
MPH Community-Based Public Health and Health Equity
Analyze critical health inequalities confronting urban populations by social and economic determinants such as race, ethnicity, income and neighborhood
Identify aspects of public health ethics and values of social justice that affect public health practice and decision-making
Assess the health needs and issues confronting communities
Synthesize theories, methods and practice of public health to address income inequities within communities
MPH Community Health Education
Apply social and behavioral theory and evidence to assess, plan, implement and evaluate community health programs, policies and interventions that promote health equality and reduce inequities.
Demonstrate team building, negotiation, and conflict management skills in community health interventions.
Use qualitative and quantitative research methods to generate insight into community health issues.
Apply ethical, socially just, and culturally competent principles and strategies to community organizing, community health assessment, program planning, implementation and evaluation.
Engage communities to propose solutions to health inequities that recognize the role of power and stratification systems
MS & MPH Environmental & Occupational Health Sciences
Identify and describe environmental and occupational sources of chemical, biological, physical and/or safety (CBPS) hazards.
Predict and prevent health, safety and environmental risks from processes, work tasks, the built environment and other economic and/or social activities
Evaluate the human health risks from CBPS hazards using qualitative, quantitative and/or instrumental assessment methods
Recommend appropriate engineering, personal protection or administrative controls and policies for CBPS hazards and evaluate their effectiveness.
MPH Epidemiology & Biostatistics (Biostatistics Track)
Describe assumptions, procedures, strengths and limitations of statistical methods that are used in public health research
Select statistical methods that are suitable for different purposes of analysis and different types of data
Apply statistical methods correctly in public health research
Use information technology and computer software effectively for collection, management, analysis and presentation of public health data
Accurately describe computer outputs of those analyses and appropriately interpret the statistical results
Write scientific reports of statistical analyses correctly with tables and figures
Orally present statistical findings clearly and effectively
Summarize correctly and critically evaluate statistical analyses in published literature
MPH Epidemiology & Biostatistics (Epidemiology Track)
Identify key sources of data for epidemiologic purposes
Use measures of disease frequency and association to appropriately describe the distribution and determinants of disease, and appropriately characterize statistical uncertainty around such estimates
Critically read and evaluate the strengths and limitations of epidemiologic literature from a methodologic perspective
Select epidemiologic study designs, data collection techniques, and analytic approaches suitable for different scientific inquiries
Identify key threats to validity (internal and external) within and across epidemiologic studies
Use statistical software to collect, retrieve, analyze and summarize epidemiologic data

Table 2.6.b.1: MPH and MS Concentration Competencies

MPH General Public Health
Apply approaches for improving the health status of populations, including a specific initiative for a target population
Apply principles of planning, development and practice of organizational and community initiatives that relate to program planning, policy formulation or research
Use audience-appropriate written and oral communication to convey public health information
Develop collaboratively public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served
Differentiate among evaluation methods in relation to their strengths, limitations and appropriate uses
Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels
MPH Health Care Policy and Administration
Demonstrate knowledge of political, economic and social context of health policies
Examine, analyze and explain the intended and unintended consequences of national policies and reforms
Discuss the policy process for improving the health status of populations
Discuss the legal and ethical bases for public health and health services
Demonstrate leadership skills for building partnerships
Apply principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives
Explain methods of ensuring community health safety and preparedness
Apply systems thinking for resolving organizational problems
MPH Health Policy & Management
Apply relevant theoretical/conceptual models and leadership principles to developing health policy and administering health programs
Evaluate public health programs and health policies and apply evaluation results to their improvement
Identify and discuss the partnership and collaborative skills needed to develop effective public health programs and policies
Analyze and critically evaluate theoretical and conceptual models used to describe the U.S. health care system and the delivery of health care
Apply strategies for advocating for effective public health policies and programs
Identify and analyze the legal, economic, ethical and health bases and implications of public health policies that affect urban populations
Identify non-public health policies and describe how they can mitigate or exacerbate health disparities and influence the health of urban populations
Apply economic concepts and theories to the analysis of health care policy and management issues that inform decision-making and policy development
MPH Public Health Nutrition
Apply research methodology, interpretation of research literature and integration of research principles into evidence-based practice for public health nutrition
Demonstrate effective oral and written communication and advocacy skills for public health nutrition
Contribute to the design, planning, implementation or evaluation of community nutrition interventions as a member of an interdisciplinary team
Identify and prioritize nutritional problems for individuals at various stages of the life cycle and for diverse population groups using appropriate assessment methodologies
Discuss the role of government and organizational systems and policies that influence accessibility, adequacy and safety of the food supply system (production, processing, distribution, consumption), and the relationship of food, nutrition and lifestyle choices in health promotion and disease prevention
Use social and behavioral theories to inform public health and nutrition research and practice

Table 2.6.b.1: MPH and MS Concentration Competencies
MPH Public Health Geographic Information Science
Synthesize theories, methods, and practice of public health GISc
Interpret and analyze cartographic information
Analyze geographic health data in terms of spatial distributions and associations with other variables
Identify, estimate, and analyze environmental exposures and evaluate their impacts on public health and social inequality
Effectively communicate geographic health information through oral, written and visual presentations

1

Table 2.6.b.2: DPH Concentration Competencies
Epidemiology
Determine the influence of social, cultural, historical, behavioral and biological factors in population health.
Operationalize studies of the complex interactions between multiple determinants of population health in a variety of settings, exploiting the differences between settings as a source of insight
Design and implement research projects that: <ul style="list-style-type: none"> • Quantify health and the burden of disease in populations • Perform surveys and risk factor analyses • Apply causal inference to study design, study implementation and data analysis • Identify vulnerable populations and their attributes; apply rigorous methods to examine and monitor health disparities. • Identify effective interventions to improve population health equitably • Evaluate the effectiveness of interventions designed to improve population health • Give appropriate attention to the potential for bias, as well as exposure and outcome measurement issues
Conduct public health surveillance of diseases, events, and health states, as well as their risk factors and drivers
Demonstrate mastery of causal inference and apply these techniques to scientific questions relevant to at least two current public health issues or population groups that are relevant to the student's substantive content interests.
Identify and apply appropriate biostatistical approaches to analyses that address epidemiological questions in public health research and practice.
Present empiric findings persuasively to a wide array of audiences (oral and written)
Work with colleagues to translate epidemiologic findings into practicable interventions
Teaching epidemiologic methods to students, more junior colleagues or to others in public health (optional)
Community, Society, and Health
Draw on social science and behavioral theories to analyze the impact of class, race, ethnicity, gender, disability and sexual orientation on the health of individuals and communities
Assess community needs, assets and capacity to promote health
Apply quantitative and qualitative or, when appropriate, mixed methods to community health research and evaluation
Investigate through multidisciplinary methods the potential implications and impact of policies and politics in health, education, justice, housing, welfare, child and family services and other sectors on individual and community health
Develop and teach educational curricula on community health using theories and methods from the social sciences and public health disciplines

Table 2.6.b.2: DPH Concentration Competencies

Environmental and Occupational Health
Assess and analyze the influence of infrastructure (e.g., transportation, water supply/waste disposal systems and the built environment), global influences (e.g. climate change, energy use), and macro-social trends (e.g., affecting labor practices, immigration, and regulatory oversight) in creating or mitigating environmental and occupational health hazards
Identify and quantify the toxicological, physical, behavioral and susceptibility factors contributing to environmentally and occupationally-related illness and anticipate how these factors interact within the environment
Design research to identify, monitor, evaluate, or ameliorate occupational environmental hazards and/or their health effects using the appropriate methods and tools, which may include epidemiology, GIS mapping and spatial analysis, contaminant analysis, and developing community partnerships
Critically analyze environmental health risks within the current scientific, political, economic, social, cultural and regulatory contexts and use this analysis to develop management strategies that incorporate public participation, sustainable development, environmental justice and cumulative and competing hazards
Plan, direct, implement and evaluate occupational and environmental health programs appropriate for a variety of contexts including educational, government, and advocacy settings
Explain the impact of occupational and environmental hazards in a manner appropriate for the target audience including students, professionals, community, and advocacy
Demonstrate the leadership and teamwork skills appropriate for working with students, communities, organizations, health professionals and regulators in developing strategies for controlling occupational and environmental hazards
Health Policy and Management
Assess and analyze the impact of public policy interventions within the various domains of public health, the theoretical motivations for undertaking them, the influence of the political, bureaucratic, and social environment in which policy decisions are made, the consequences of such decisions
Understand and analyze the policy environment for healthcare organizations
For healthcare and public health organizations, discuss how each of the following affect organizational behavior and service delivery: organizational structure, motivation and incentives, individual and group behavior, group decision making, quality measurement and improvement, and organizational relations with their environments. Develop interventions to change at least 3 of the above to improve health care and public health service delivery and health outcomes
Understand organizational behavior and organization theory as frameworks for examining relationships between diversity and disparities in healthcare quality
Understand and appropriately apply analytical strategies used in health policy research, such as costing analysis, cost effectiveness and cost benefit analysis
Develop familiarity with and critically analyze federal, state, and municipal laws/regulations and their historical context as relevant to public health management and policy decisions
Formulate alternative options for resolving problems in health policy or management, evaluate their economic, practical, ethical, legal, administrative, and technical feasibility and recommend preferred options based on and supported by your analysis

1

1 **2.6.d. An analysis of the completed matrix included in Criterion 2.6.c. If changes have been made**
2 **in the curricula as a result of the observations and analysis, such changes should be described.**
3

4 There are at least four concentration competencies listed for each MPH and DPH program with the
5 majority of competencies written at a higher order of learning in Bloom's taxonomy. The MPH program
6 has twelve of thirteen core competencies written at a higher order of learning in Bloom's taxonomy (e.g.
7 apply, interpret, design), and only one competency written at a lower level (e.g., describe). The range of
8 primary competencies for each core course ranges from four to ten, indicating that the core competencies
9 are well covered in the core curriculum. The DPH program has nine of nine core competencies written at
10 a higher order of learning in the Bloom's taxonomy (e.g. implement, design, generate, synthesize, assess).
11 Each core course has at least one primary competency and two reinforcing competencies, indicating that
12 the core competencies are well covered in the core curriculum.
13

14 Review and analysis of core and concentration matrices resulted in the following changes:

- 15 • Core and concentration competencies were fine-tuned for clarity, higher order of learning, and to
16 avoid repetition
- 17 • A minimum common set of learning objectives, aligned with competencies, were implemented
18 for required MPH and MS courses
- 19 • Fundamentals of Epidemiology was removed as a pre-requisite to Fundamentals of Biostatistics
20

21 **2.6.e. Description of the manner in which competencies are developed, used and made available to**
22 **students.**
23

24 The MPH program-wide core competencies were initially developed through a multi-stage, multi-year
25 process involving the primary faculty and a careful review of existing guidance documents provided by
26 CEPH and ASPPH. This initial set of competencies was reviewed with respect to the proposed values,
27 mission, and core themes of the School. In addition, faculty within each knowledge area collaborated to
28 develop competencies and learning objectives for their respective concentrations. The MS degree
29 concentration competencies are guided by its official accrediting body, the Accreditation Board for
30 Engineering and Technology. Both the Curriculum Committee and Assessment Committee work in
31 conjunction with the Associate Dean for Academic and Faculty Affairs to regularly review and update the
32 competencies, with input from faculty.
33

34 Competencies are used for developing student learning assessment methods, developing learning
35 objectives, determining student expectations, and developing the curriculum of new programs.
36 Competencies are made available to students throughout each stage of the degree program. Specifically:
37

- 38 • Core and concentration competencies are published on the [School's website](#).
- 39 • Core and concentration competencies are included in the portfolio
- 40 • Core and concentration competencies are included in all syllabi and aligned with measurable learning
41 objectives and assessment methods
- 42 • Advisors discuss core and concentration competencies with students during advisement sessions
- 43 • Faculty in the practice experience and culminating experience devote time to reviewing core and
44 concentration competencies.
45
46
47
48

1 **2.6.f. Description of the manner in which the school periodically assesses changing practice or**
2 **research needs and uses this information to establish the competencies for its educational**
3 **programs.**
4

5 It is a policy of the University that each program undergoes a periodic curriculum review on a regular
6 basis. The School's administration, faculty, students, and staff employ multiple mechanisms and sources
7 of information to assess the needs of public health practice and to revise the competencies of its
8 educational programs accordingly. Criterion 2.7 summarizes several such assessment mechanisms. These
9 include student, alumni, employer, preceptor, and Advisory Council feedback, as well as environmental
10 scans of new developments in the field, and reviews of competencies by departments and the Curriculum
11 Committee to handle the need for rapid infusion of new material in response to current events. The School
12 creates special topics courses, which are offered on a temporary basis and explore in-depth subject matter
13 not covered by the standard curriculum. In preparation for the current accreditation cycle, the current set
14 of competencies was reviewed and updated based on input from the Curriculum Committee, faculty, and
15 administrators.
16

17 **2.6.g. Assessment of the extent to which this Criterion is met and an analysis of the school's**
18 **strengths, weaknesses and plans relating to this Criterion.**
19

20 This Criterion is met.
21

22 Strengths: Faculty collaborated to develop program-wide core competencies and concentration
23 competencies for the graduate public health programs with guidance from professional public health
24 organizations. The competencies are widely disseminated and met through multiple didactic and practice-
25 based experiences, and regularly assessed through various surveys of students and employers.
26

27 Weaknesses: None noted.
28

29 Plans: The School plans to evaluate and revise as necessary its core curricula, in light of recent
30 developments, including the proliferation of the CPH exam, revisions to CEPH's accreditation criteria,
31 and the recent ASPPH reports on framing the future of public health for the 21st Century. The School also
32 plans to improve the assessment of competencies throughout the program through an electronic portfolio
33 and through integration of the fieldwork and capstone experiences.
34
35

1 **2.7. Assessment Procedures**

2
3 ***There shall be procedures for assessing and documenting the extent to which each professional public***
4 ***health, other professional and academic degree student has demonstrated achievement of the***
5 ***competencies defined for his or her degree program and area of concentration.***

6
7 **2.7.a. Description of the procedures used for monitoring and evaluating student progress in**
8 **achieving the expected competencies, including procedures for identifying competency attainment**
9 **in practice or research, as applicable, and in culminating experiences.**

10
11 The School employs multiple methods to monitor and evaluate individual student progress in achieving
12 the expected competencies in each of its degree programs.

13
14 The MPH and MS degree programs

- 15 • Course-level assessments: Instructors must develop a plan which is reflected on course syllabi,
16 detailing how course learning objectives are linked to concentration or track (applies only to the MPH
17 in Epidemiology and Biostatistics) competencies and how student achievement is assessed with each
18 course. The Associate Dean for Academic and Faculty Affairs is responsible for reviewing and
19 monitoring syllabi to achieve compliance.
- 20 • Satisfactory academic progress: The School's [academic policies](#) stipulate that graduate students
21 maintain a B average (i.e., a minimum cumulative GPA of 3.0) and not accumulate more than two
22 open grades (e.g., "INC"). Students whose grades fall below this standard are placed on probation
23 and may be dismissed if they are unable to return to good academic standing. Faculty advisors meet
24 with students individually at least once per semester. Faculty advisors work with students who are on
25 or at risk for academic probation to develop corrective action plans.
- 26 • Practicum and Capstone: As described in Criteria 2.4 and 2.5, respectively the practicum and
27 capstone experiences are designed to assure that faculty monitor student progress and provide
28 feedback throughout the student's experiences.
- 29 • Comprehensive examinations: Students in the MS-EOHS degree program are required to pass a
30 comprehensive examination at the end of their studies that is aligned with the relevant competencies
31 for accreditation.

32
33 The DPH degree program

- 34 • Satisfactory Academic Progress: Faculty members regularly review student progress in the program.
35 A student is assessed as making unsatisfactory progress if he or she has completed 18 credits and not
36 yet passed the first exam, has not completed the second exam after 45 credits of matriculating, or has
37 not passed all five core master's-level public health courses prior to enrolling in the second year of
38 coursework (applies only to students that enter the doctoral program without an MPH degree).
39 Students not meeting these guidelines have a hold placed on their record and are required to meet
40 with their academic advisor to develop a plan to improve progress.
- 41 • The first exam is intended to assess student's mastery of the core and two concentration-specific
42 courses, and their preparedness to advance in the program. The exam follows a take-home format and
43 includes questions based on peer-reviewed articles provided to the student at the start of the exam.
44 The exam focuses on the application of key DPH competencies and critical analysis of public health
45 issues, in three public health domains: (1) theoretical frameworks, (2) methodological frameworks,
46 and (3) research methods. Students write three essays in response to three questions (one from each of
47 the above three domains). Responses are expected to demonstrate critical analysis skills, in depth
48 understanding of research methods, and knowledge of specific content areas. All assertions of fact
49 should be cited with an appropriate scientific source.

- 1 • The second exam, completed at the end of course work, assesses the student’s preparation and
2 readiness to engage in dissertation research. The exam has both a written and oral component that
3 examines mastery of theory, evaluation of empirical evidence, and advanced methods relevant to the
4 student’s concentration and future dissertation research. The written component includes a critical
5 literature review of two substantive public health-related topic areas and two methodological topic
6 areas relevant to the student’s planned dissertation research. A panel of three committee members
7 grades the exam and students must present an oral defense.
- 8 • Dissertation: Two dissertation models are available to DPH students: a traditional dissertation model
9 and a three-article dissertation model. Students and their sponsors determine which model is
10 appropriate, based on the student’s project. The dissertation synthesizes the knowledge and skills
11 from the coursework and other learning experiences into a cohesive public health project.

12
13 Samples of core and concentration coursework and samples of Capstone projects/essays and dissertations
14 can be found in the ERF.

15
16 **2.7.b. Identification of outcomes that serve as measures by which the school will evaluate student**
17 **achievement in each program, and presentation of data assessing the school’s performance against**
18 **those measures for each of the last three years. Outcome measures must include degree completion**
19 **and job placement rates for all degrees (including bachelor’s masters and doctoral degrees) for**
20 **each of the last three years. If degree completion rates in the maximum time period allowed for**
21 **degree completion are less than the thresholds defined in this Criterion’s interpretive language, an**
22 **explanation must be provided. If job placement (including pursuit of additional education), within**
23 **12 months following award of the degree, includes fewer than 80% of the graduates at any level**
24 **who can be located, an explanation must be provided. See CEPH Outcome Measures Template.**
25

26 As shown in Table 2.7.b.1, the School has set and generally met or exceeded the measures by which it
27 evaluates student achievement over the past three years. MPH and MS cumulative five year graduation
28 rates exceeded 70%, and over 90% of graduates were either employed or pursuing further education
29 within one year of graduation. Eight-year graduation rates for the first DPH cohort entering fall 2007
30 were 53% (8/15), with four students actively continuing and three students having left the program
31 voluntarily, two of whom are pursuing doctoral degrees in other fields. Tables 2.7.b.2 – 2.7.b.4 detail
32 degree completion by degree, while Table 2.7.b.5 details employment placement rates by degree.

33

Table 2.7.b.1: Outcome Measures for Assessment Procedures

Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome		
				2012-2013	2013-2014	2014-2015
70% of students and alumni who sit for the CPH exam will pass it	NBPHE	Assistant Dean of Students	70%	N/A ⁴⁵	67%	75%
70% of MS and MPH students will graduate within five years	CUNYfirst	Associate Dean for Academic & Faculty Affairs, Department Chairs	70%	2008 entrants: 71%	2009 entrants: 75%	2010 entrants: 71%
60% of DPH students will graduate within eight years	Banner	Associate Dean for Academic & Faculty Affairs, Department Chairs	60%	N/A	N/A	2007 entrants: 53%
80% of graduates will be employed or pursuing further education within 12 months	Alumni Surveys, LinkedIn	Assistant Dean of Students, Department Chairs	80%	91%	96%	97%

⁴⁵ Only one alumni took the CPH exam in 2012-2013, and therefore %’s are not meaningful

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Table 2.7.b.2: Students in MPH Degree, By Cohorts Entering Between 2008-2009 and 2014-2015

	Cohort of Students	AY 2008/09	AY 2009/10	AY 2010/11	AY 2011/12	AY 2012/13	AY 2013/14	AY 2014/15
AY 2008/09	# Students entered	121						
	# Students withdrew/dropped	4						
	# Students graduated	3						
	Cumulative graduation rate	2%						
AY 2009/10	# Students continuing at beginning of this school year	114	145					
	# Students withdrew/dropped	19	7					
	# Students graduated	6	1					
	Cumulative graduation rate	7%	1%					
AY 2010/11	# Students continuing at beginning of this school year	89	137	162				
	# Students withdrew/dropped	5	10	10				
	# Students graduated	45	12	0				
	Cumulative graduation rate	45%	9%	0%				
AY 2011/12	# Students continuing at beginning of this school year	39	115	152	117			
	# Students withdrew/dropped	1	4	12	6			
	# Students graduated	18	57	21	0			
	Cumulative graduation rate	60%	48%	13%	0%			
AY 2012/13	# Students continuing at beginning of this school year	20	54	119	111	130		
	# Students withdrew/dropped	1	3	6	9	5		
	# Students graduated	11	33	59	27	1		
	Cumulative graduation rate	69%	71%	49%	23%	1%		
AY 2013/14	# Students continuing at beginning of this school year	8	18	54	75	124	150	
	# Students withdrew/dropped	2	2	3	5	8	9	
	# Students graduated	4	5	25	29	18	2	
	Cumulative graduation rate	72%	74%	65%	48%	15%	1%	
AY 2014/15	# Students continuing at beginning of this school year	2	11	26	41	98	139	148
	# Students withdrew/dropped	0	0	5	4	8	10	9
	# Students graduated	0	5	9	25	44	24	1
	Cumulative graduation rate	72%	78%	70%	69%	48%	17%	1%

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Table 2.7.b.3: Students in MS Degree, By Cohorts Entering Between 2008-2009 and 2014-2015

	Cohort of Students	AY 2008/09	AY 2009/10	AY 2010/11	AY 2011/12	AY 2012/13	AY 2013/14	AY 2014/15
AY 2008/09	# Students entered	9						
	# Students withdrew/dropped	0						
	# Students graduated	2						
	Cumulative graduation rate	22%						
AY 2009/10	# Students continuing at beginning of this school year	7	14					
	# Students withdrew/dropped	0	0					
	# Students graduated	2	1					
	Cumulative graduation rate	44%	7%					
AY 2010/11	# Students continuing at beginning of this school year	5	13	8				
	# Students withdrew/dropped	0	1	0				
	# Students graduated	1	3	1				
	Cumulative graduation rate	56%	29%	13%				
AY 2011/12	# Students continuing at beginning of this school year	4	9	7	8			
	# Students withdrew/dropped	0	0	2	0			
	# Students graduated	3	4	1	0			
	Cumulative graduation rate	89%	57%	25%	0%			
AY 2012/13	# Students continuing at beginning of this school year	1	5	4	8	10		
	# Students withdrew/dropped	0	1	0	0	2		
	# Students graduated	1	1	2	5	2		
	Cumulative graduation rate	100%	64%	50%	63%	20%		
AY 2013/14	# Students continuing at beginning of this school year		3	2	3	6	7	
	# Students withdrew/dropped		0	0	1	0	0	
	# Students graduated		2	1	1	0	0	
	Cumulative graduation rate		79%	63%	75%	20%	0%	
AY 2014/15	# Students continuing at beginning of this school year		1	1	1	6	7	6
	# Students withdrew/dropped		0	0	1	1	0	0
	# Students graduated		1	1	0	5	3	0
	Cumulative graduation rate		86%	75%	75%	70%	43%	0%

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Table 2.7.b.4: Students in DPH Degree, By Cohorts Entering Between 2007-2008 and 2014-2015

		AY 2007/08	AY 2008/09	AY 2009/10	AY 2010/11	AY 2011/12	AY 2012/13	AY 2013/14	AY 2014/15	AY 2008/09
AY 2007/08	# Students entered	15								
	# Students withdrew/dropped	1								
	# Students graduated	0								
	Cumulative graduation rate	0%								
AY 2008/09	# Students entered	14	14							
	# Students withdrew/dropped	0	2							
	# Students graduated	0	0							
	Cumulative graduation rate	0%	0%							
AY 2009/10	# Students continuing at beginning of this school year	14	12	19						
	# Students withdrew/dropped	1	1	2						
	# Students graduated	0	0	0						
	Cumulative graduation rate	0%	0%	0%						
AY 2010/11	# Students continuing at beginning of this school year	13	11	17	32					
	# Students withdrew/dropped	0	0	1	1					
	# Students graduated	1	0	0	0					
	Cumulative graduation rate	7%	0%	0%	0%					
AY 2011/12	# Students continuing at beginning of this school year	12	11	16	31	25				
	# Students withdrew/dropped	0	1	1	1	4				
	# Students graduated	2	0	0	0	0				
	Cumulative graduation rate	20%	0%	0%	0%	0%				
AY 2012/13	# Students continuing at beginning of this school year	10	10	15	30	21	23			
	# Students withdrew/dropped	0	0	0	0	0	1			
	# Students graduated	3	0	0	0	0	0			
	Cumulative graduation rate	40%	0%	0%	0%	0%	0%			
AY 2013/14	# Students continuing at beginning of this school year	7	10	15	30	21	22	14		
	# Students withdrew/dropped	0	2	0	1	0	0	2		
	# Students graduated	1	0	0	0	0	0	0		
	Cumulative graduation rate	47%	0%	0%	0%	0%	0%	0%		
AY 2014/15	# Students continuing at beginning of this school year	6	8	15	29	21	22	12	19	
	# Students withdrew/dropped	1	0	0	0	0	0	1	0	
	# Students graduated	1	0	1	2	0	0	0	0	
	Cumulative graduation rate	53%	0%	5%	6%	0%	0%	0%	0%	
AY 2015/16	# Students continuing at beginning of this school year	4	8	14	27	21	22	11	19	15
	# Students withdrew/dropped	0	0	0	1	0	0	0	0	0
	# Students graduated	0	1	4	2	0	0	0	0	0
	Cumulative graduation rate	53%	7%	26%	13%	0%	0%	0%	0%	0%

Table 2.7.b.7: Destination of Graduates by Employment Type, 2013-2015⁴⁶						
	2013		2014		2015	
	#	%	#	%	#	%
MPH & MS/MPH Degree						
Employed	33	89%	73	96%	67	94%
Continuing education/training	0	0%	0	0%	2	3%
Actively seeking employment	4	11%	2	3%	2	3%
Not seeking employment	0	0%	1	1%	0	0%
Total - destination known	37	100%	76	100%	71	100%
Unknown	59		55		12	
Grand Total	96		131		83	
MS Degree						
Employed	4	100%	5	100%	2	100%
Continuing education/training	0	0%	0	0%	0	0%
Actively seeking employment	0	0%	0	0%	0	0%
Not seeking employment	0	0%	0	0%	0	0%
Total - destination known	4	100%	5	100%	2	100%
Unknown	4		6		2	
Grand Total	8		11		4	
DPH Degree						
Employed	2	100%	3	100%	1	100%
Continuing education/training	0	0%	0	0%	0	0%
Actively seeking employment	0	0%	0	0%	0	0%
Not seeking employment	0	0%	0	0%	0	0%
Total - destination known	2	100%	3	100%	1	100%
Unknown	0		0		0	
Grand Total	2		3		1	

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

Job placement data for professional graduate programs are collected through an alumni survey that is administered one year after graduation. The survey is disseminated electronically through Qualtrics survey software. A systematic search of the Internet and social media supplement the survey data.

⁴⁶ Years reflect time of data collection, one year after students’ graduation

1 **2.7.d. In fields for which there is certification of professional competence and data are available**
2 **from the certifying agency, data on the performance of the school’s graduates on these national**
3 **examinations for each of the last three years.**

4
5 The School receives data on student performance for the following national examinations, as found in
6 Table 2.7.d.1:

- 7 • The Certified Health Education Specialist exam administered by the National Commission for
8 Health Education Credentialing
- 9 • The Certified in Public Health exam administered by the National Board of Public Health
10 Examiners

11
12 The vast majority perform very well on these exams, with pass rates generally near 70%. Those instances
13 in which pass rates were lower are based on very small numbers of test-takers and are therefore
14 considered statistically unreliable. The American Board of Industrial Hygiene, which administers the
15 Certified in Industrial Hygienist does not provide these data.

16

Exam	Calendar Year	Number Tested	Number Passed	Pass Rate
CHES	2015 (as of October 4)	2	1	50%
	2014	7	5	71%
	2013	13	9	69%
CPH	AY 2014-2015	24	18	75%
	AY 2013-2014	3	2	67%
	AY 2012-2013	0	1	0%

17
18 **2.7.e. Data and analysis regarding the ability of the school’s graduates to perform competencies in**
19 **an employment setting, including information from periodic assessments of alumni, employers and**
20 **other relevant stakeholders. Methods for such assessments may include key informant interviews,**
21 **surveys, focus groups and documented discussions.**

22
23 There are three main sources of information on the performance of public health students in employment
24 settings: alumni surveys, periodic meetings and focus groups with key employer stakeholders, and input
25 from the Dean’s Advisory Council (several of whom are affiliated with organizations and types of
26 organizations that employ alumni). Analysis of information gleaned from recent alumni surveys reported
27 that the vast majority of graduates felt that the training they received at the School prepared them well for
28 a career in their chosen field (an average of 77% of respondents between 2013 and 2015). At the same
29 time, specific deficiencies were noted in alumni surveys, as well as in employer focus groups. These
30 findings have served as the impetus for several programmatic improvements as highlighted below.

31
32 First, some master’s graduates reported difficulties in securing field placements and that the quality of
33 their experiences varied widely. In response, the School established a Division of Public Health Practice
34 and Community Engagement in fall 2013 and hired its first full-time faculty member in spring 2015 to
35 coordinate fieldwork processes and systems. In addition, faculty added a structured didactic component to
36 the fieldwork experiences for master’s students, focusing on practical skills in project planning,
37 management, and evaluation.

38
39 Second, a sizeable group of alumni and students reported that faculty expertise in the area of Maternal,
40 Child, Reproductive, and Sexual Health drew them to the School. Although many were able to take
41 elective courses, pursue fieldwork and capstone projects, and participate in faculty research in this area,
42 they reported that the School’s approach was somewhat ad-hoc and that there was no clear curriculum. In

1 response, faculty with expertise in this area created an MPH and DPH specialization in Maternal, Child,
2 Reproductive, and Sexual Health that is available to students in every concentration.

3
4 Third, feedback from DPH graduates and focus groups with employers, especially at DOHMH (the
5 largest employer of current students and alumni), indicated a need for more advanced quantitative
6 training. In response, the DPH faculty incorporated more required courses in quantitative methods into the
7 curriculum. Additionally, the Epidemiology and Biostatistics program developed advanced electives, such
8 as Applied Data Management and Analysis, Surveillance, and Outbreak Investigation, and Time Series
9 Analysis.

10
11 Fourth, some alumni reported too much repetition in coursework as they progressed throughout the
12 curriculum and, for those who earned multiple degrees at the School, between degree programs. This
13 finding led to a year-long review by the Curriculum Committee beginning in 2014 focusing on clarifying
14 learning objectives and sequencing courses so as to better build competencies. This process culminated in
15 a uniform syllabus template that specifies and links program competencies with course learning
16 objectives and assessments, and wider dissemination of competencies to students and faculty through
17 handbooks and orientation presentations.

18
19 **2.7.f. Assessment of the extent to which this Criterion is met and an analysis of the school's**
20 **strengths, weaknesses and plans relating to this Criterion.**

21
22 This Criterion is met with commentary.

23
24 Strengths: The School has well established procedures for assessing and documenting student
25 achievement of competencies. The School has generally met or exceeded required overall graduation
26 targets (>70%) and met or exceeded employment targets (>80%). Since 2013, there have been
27 improvements in obtaining data on the destination of graduates, with an 84% response rate in the most
28 recent data collection.

29
30 Weaknesses: While overall graduation rates were over 70%, program-specific rates were lower in two
31 areas. First, the five-year MPH graduation rate for the 2008/09 cohort was 69%, slightly below the
32 required 70%. Five-year graduation rates for the two subsequent cohorts (2009/10 and 2010/2011),
33 however, were at or above the required 70%. There is every indication that more recent cohorts (2011/12
34 and later) are progressing through the program at an acceptable rate. Second, data on DPH graduation
35 rates is extremely limited, based only on the first cohort of fifteen students and should therefore be
36 interpreted with caution. Many students in this first cohort attended the program part-time while working
37 full time, thus slowing down their progress. Still, graduation rates are approaching the required 60%
38 (8/15, to date), with four remaining students continuing to make progress toward their degrees. There is
39 every indication that their cumulative graduation rates will exceed 60%, albeit more slowly than expected.

40
41 Plans: The DPH program is actively tracking student progress and has already implemented several
42 measures to improve progress toward degree completion and graduation. These measures include more
43 structured advisement and course sequencing, enabling students to progress more quickly; a Dean's
44 scholarship program to enable more students to attend full-time; and curriculum revisions to better
45 sequence and build upon topics and skills, enabling students to be better prepared for advanced
46 coursework and dissertation research. As a result, post-2008 cohorts are progressing through the program
47 more quickly. For example, among the 2009 cohort, 30% of students have graduated and 25% have
48 successfully defended their dissertation proposals, for a total of 55%. Among the 2010 cohort, already
49 13% of students have graduated and 28% have successfully defended their dissertation proposals, for a
50 total of 41%. The School will continue tracking their progress and expects to report higher graduation
51 rates in future years.

1 **2.8. Other Graduate Professional Degrees**

2
3 *If the school offers curricula for graduate professional degrees other than the MPH or equivalent public*
4 *health degrees, students pursuing them must be grounded in basic public health knowledge.*

6
7 **2.8.a. Identification of professional degree curricula offered by the school, other than those**
8 **preparing primarily for public health careers, and a description of the requirements for each.**

9
10 Not applicable. The School does not offer other graduate professional degrees.

11
12 **2.8.b. Identification of the manner in which these curricula assure that students acquire a public**
13 **health orientation. If this means is common across these other professional degree programs, it**
14 **need be described only once. If it varies by program, sufficient information must be provided to**
15 **assess compliance by each program.**

16
17 Not applicable

18
19 **2.8.c. Assessment of the extent to which this Criterion is met and an analysis of the school's**
20 **strengths, weaknesses and plans relating to this Criterion.**

21
22 Not applicable

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2 **2.9. Bachelor's Degrees in Public Health**
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5 **2.9.a. Identification of all bachelor's-level majors offered by the school. The instructional matrix**
6 **in Criterion 2.1.a may be referenced for this purpose.**

7
8 Not applicable. The School does not offer bachelor's level majors.
9

10 **2.9.b. Description of specific support and resources available in the school for the bachelor's**
11 **degree programs.**

12
13 Not applicable.
14

15 **2.9.c. Identification of required and elective public health courses for the bachelor's degree(s).**

16
17 Not applicable.
18

19 **2.9.d. A description of school policies and procedures regarding the capstone experience.**

20
21 Not applicable.
22

23 **2.9.e. Assessment of the extent to which this criterion is met and an analysis of the school's**
24 **strengths, weaknesses and plans relating to this criterion.**

25
26 Not applicable.
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1 **2.10. Other Bachelor's Degrees**

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3 *If the school offers baccalaureate degrees in fields other than public health, students pursuing them*
4 *must be grounded in basic public health knowledge.*

6
7 **2.10.a. Identification of other baccalaureate degrees offered by the school and a description of the**
8 **requirements for each. The instructional matrix in Criterion 2.1.a may be referenced for this**
9 **purpose.**

10
11 Not applicable. The School does not offer bachelor's level majors.

12
13 **2.10.b. Identification of the manner in which these curricula assure that students acquire a public**
14 **health orientation. If this means is common across these degree programs, it need be described only**
15 **once. If it varies by program, sufficient information must be provided to assess compliance by each**
16 **program.**

17
18 Not applicable.

19
20 **2.10.c. Assessment of the extent to which this Criterion is met and an analysis of the school's**
21 **strengths, weaknesses and plans relating to this Criterion.**

22
23 Not applicable.

1 **2.11. Academic Degrees**

2
3 *If the school also offers curricula for graduate academic degrees, students pursuing them shall obtain a*
4 *broad introduction to public health, as well as an understanding about how their discipline-based*
5 *specialization contributes to achieving the goals of public health.*

6
7 **2.11.a. Identification of all academic degree programs by degree and area of specialization. The**
8 **instructional matrix in Criterion 2.1.a may be referenced for this purpose.**

9
10 Not applicable. The School does not offer academic degree programs.

11
12 **2.11.b. Identification of the means by which the school assures that students in academic curricula**
13 **acquire a public health orientation. If this means is common across the school, it need be described**
14 **only once. If it varies by degree or program area, sufficient information must be provided to assess**
15 **compliance by each.**

16
17 Not applicable.

18
19 **2.11.c. Identification of the culminating experience required for each academic degree program. If**
20 **this is common across the school’s academic degree programs, it need be described only once. If it**
21 **varies by degree or program area, sufficient information must be provided to assess compliance by**
22 **each.**

23
24 Not applicable.

25
26 **2.11.d. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
27 **strengths, weaknesses and plans relating to this Criterion.**

28
29 Not applicable.

30
31

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39

1 **2.12. Doctoral Degrees**

2
3 ***The school shall offer at least three doctoral degree programs that are relevant to three of the five areas***
4 ***of basic public health knowledge.***

6
7 **2.12.a. Identification of all doctoral programs offered by the school, by degree and area of**
8 **specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.**
9

10 As shown in Table 2.1.a.1, the School offers a Doctor of Public Health. This program prepares students to
11 be researchers, teachers, and managers who can meet the public health needs of urban populations. It
12 prepares future faculty members for the growing number of training programs in public and community
13 health, and it prepares leaders for the public health workforce. Students specialize in one of four basic
14 public health knowledge areas: Community, Society, and Health; Environmental and Occupational
15 Health; Epidemiology; and Health Policy and Management.

16
17 The Community, Society, and Health concentration prepares researchers and public health practitioners to
18 advance scientific understanding of the social determinants of health, health behaviors, the delivery of
19 health services, and the development of sound health policies. CSH graduates will be able to lead, plan,
20 manage, and evaluate community health interventions. The concentration draws on the methods and
21 theories from multiple disciplines to prepare students to design and implement public health programs
22 and research/evaluation studies.

23
24 The Environmental and Occupational Health concentration trains researchers and teachers to address
25 environmental and occupational health problems affecting populations. Students have backgrounds in
26 environmental science, occupational health, industrial hygiene, environmental policy, environmental
27 epidemiology, and other related fields. The program includes a focus on environmental and occupational
28 health regulation, as well as planning and its impact on human health. The curriculum combines an
29 understanding of how elements of the urban infrastructure (e.g., the built environment, commerce and
30 productive activities, energy and communication systems, water, waste management and transport
31 systems) interact with macrosocial trends (e.g., demographic, economic, and political processes) to affect
32 environmental conditions (e.g., air, water, land, and workplace) and human health. Coursework and
33 research is aimed at furthering scientific understanding of the ways in which urbanization compromises
34 the physical environment and human health, as well as the ways in which it promotes health through
35 topics such as environmental sustainability, environmental justice, economic viability, and political
36 participation.

37
38 The Epidemiology concentration trains epidemiologists as researchers and public health practitioners with
39 a set of core competencies making them capable of rigorously applying epidemiological methods and
40 statistics to the wide array of public health challenges. This includes the ability to: authoritatively
41 generate, contribute, and disseminate new knowledge to their fields through research; be critical
42 consumers of evidence generated by others in their field; and become independent, lifelong learners in
43 development and application of epidemiologic methods. This mission is achieved through the teaching of
44 epidemiologic methods and their applications to pressing public health problems, promotion of
45 independent learning, and hands-on mentoring of rigorous, impactful, and innovative epidemiologic
46 research in the dissertation phase.

47
48 The Health Policy & Management concentration prepares students for careers in research, teaching,
49 policy analysis, and organizational analysis in the broad fields of health services, health policy, and health
50 management. Students select a track in either Health Policy or Health Management. Students who choose
51 Health Policy develop a nuanced understanding of how a range of mechanisms are systematically

1 associated with policy and influence population health. Students who choose Health Management
2 incorporate organizational theory and analysis in understanding how organizational structures, networks,
3 and behavior influence the health of populations.

4
5 **2.12.b. Description of specific support and resources available to doctoral students including**
6 **traineeships, mentorship opportunities, etc.**

7
8 Several internal and external professional development and funding opportunities are available to DPH
9 students. The opportunities and resources detailed below are included in the DPH Program Manual, which
10 is provided to students electronically via email and on Blackboard. Hard copies are available during new
11 student orientation and through the DPH program office.

12
13 Faculty Advisors: Upon enrollment in the DPH program, students are assigned faculty advisors by their
14 department chairs. Advisors guide students through DPH coursework, completion of the first exam, and
15 application for the second exam. Advisors can also assist in developing dissertation ideas and make
16 recommendations of faculty who can serve as members of the second exam and dissertation committees.
17 The advisor communicates with students to discuss course planning, academic issues, and career
18 guidance, and is responsible for helping students make satisfactory academic progress toward their
19 degree.

20
21 Office of Career Planning and Professional Development: The Graduate Center offers a central career
22 planning and professional development office to prepare students for careers inside and outside the
23 academy. Through one-on-one counseling, workshops, mentoring, job search resources, dossier review,
24 internships, mock interviews, and networking with employers and alumni, students receive the best co-
25 curricular training available as they prepare to enter the workforce.

26
27 Professional Development Seminars: The Graduate Center Office of Career Planning and Professional
28 Development offers a range of professional development courses designed to help students in their careers
29 and professional activities. These courses do not carry credit, are ungraded, and do not appear on the
30 student's transcript. Regularly offered courses include Colloquium on College Teaching, Effective
31 Academic Writing for Native English Speakers, and Advanced Spoken English: Teaching and
32 Presentation Skills.

33
34 Demography Fellows: A number of fellowships are available for students enrolled in the Demography
35 Certificate Program. The Certificate Program consists of core courses in demographic theory and
36 methods. The certificate provides students with the tools to conduct rigorous analyses of population
37 structure and processes. In 2013-2014 and in 2014-2015, three DPH students were selected each year as
38 Demography Fellows.

39
40 Adjunct Positions: DPH students are encouraged to apply for adjunct positions at CUNY schools. For
41 serving in these roles, students receive either payment or full tuition reimbursement. Six DPH students in
42 2013-2014, five DPH students in 2014-2015, and six DPH students in fall 2015 received full tuition
43 reimbursement as adjuncts. The mentoring and instructional opportunities resulting from these positions
44 enhance the training students receive in the classroom. The Graduate Center has recently launched a
45 Center for Teaching and Learning that focuses on supporting the development of teaching skills for
46 graduate students.

47
48 DPH Program Dean's Fellowship: With support from the Dean, the DPH program provides funding (in-
49 state tuition remission and a \$25,000 stipend) for selected incoming Doctor of Public Health students who
50 serve as a [Graduate Assistant A for one year, Graduate Assistant B for two years, or Graduate Assistant D](#)

1 [for three years](#). In 2014-2015, four students were awarded the Dean’s Fellowship and in 2015-2016, seven
 2 students were awarded the Dean’s Fellowship.

3
 4 DPH Conference Presentation Travel Award: This award is intended to fund DPH students who have
 5 been invited to give oral presentation at conferences other than APHA, or poster presentations at any
 6 conference (including APHA). In 2013-2014, four DPH students received a travel award; in 2014-2015,
 7 three DPH students received a travel award; and in 2015-2016, twelve DPH students received a travel
 8 award.

9
 10 APHA Oral Presentation Awards: Calls for applications are sent via email for students whose abstracts
 11 have been accepted for oral presentation at APHA. The Dean provides travel awards for DPH students to
 12 present research at APHA. In 2013-2014, five DPH students received an award. In 2014-2015, five DPH
 13 students received an award. In 2015-2016, eleven DPH students received an award.

14
 15 Research Opportunities: A periodically updated listing of current faculty research is posted on
 16 Blackboard. This listing includes faculty research that students may apply to work as paid and unpaid
 17 research assistants or as an independent study. Depending on the listing, benefits may be available.

18
 19 DPH Grand Rounds: The DPH program sponsors a monthly Grand Rounds series that students are
 20 expected to attend. Prominent researchers and practitioners present the latest policy, programmatic, and
 21 research developments; students have an opportunity to ask questions during the session and to network
 22 afterward in an informal reception. The Grand Rounds evaluation instrument as well as summary
 23 evaluations can be found in the ERF.

24
 25 For 2013-2014 and 2014-2015, three DPH students were granted full tuition remission through other
 26 CUNY fellowships via faculty.

27
 28 **2.12.c. Data on student progression through each of the school’s doctoral programs, to include the**
 29 **total number of students enrolled, number of students completing coursework and number of**
 30 **students in candidacy for each doctoral program. See CEPH Template 2.10.1.**
 31

Table 2.12.c.1: Doctoral Student Progression, AY 2014-2015 and AY 2015-2016				
	Community, Society, and Health	Environmental and Occupational Health	Epidemiology	Health Policy and Management
# newly admitted in Fall 2015	5	4	3	2
# currently enrolled (total) in Fall 2015	41	26	18	31
# completed coursework in Fall 2014	4	0	1	0
# advanced to candidacy in Fall 2014	10	1	6	3
# graduated in Summer/Fall 2013 & Winter/Spring 2014	1	0	1	0

32
 33 **2.12.d. Identification of specific coursework, for each degree, that is aimed at doctoral-level**
 34 **education**

35
 36 The DPH program consists of forty-eight semester credit hours. DPH students enter the program post-
 37 master’s degree, and are expected to have completed, as a prerequisite, master’s-level courses from the
 38 five essential areas of public health core knowledge. Table 2.12.d.1 below lists the core coursework for
 39 the DPH program, as well as concentration-specific coursework. All students are required to take
 40 advanced research methods or concentration-specific practice courses, one of which one must be from a

1 Graduate Center department outside of Public Health. All DPH students must sit for two exams. Students
2 are eligible for the first exam, which follows a written format, after completion of core courses. The
3 second exam, which is both written and oral, occurs after all coursework is completed except PUBH 891
4 (Advanced Research Seminar II), PUBH 898 (Dissertation Seminar), and PUBH 900 (Dissertation
5 Supervision). DPH students in the EPI and HPM concentrations take nine credit hours of elective options
6 while students in the EOH and CSH concentrations take twelve credit hours of elective options.
7

8 **2.12.e. Assessment of the extent to which this Criterion is met and an analysis of the school's**
9 **strengths, weaknesses and plans relating to this Criterion.**

10
11 This Criterion is met.

12
13 Strengths: The School offers a strong doctoral degree program in four core areas of public health. The
14 program offers a wide range of support and opportunities, as summarized in Criterion 2.12.b, to prepare
15 students for leadership positions in public health practice, teaching, and applied research.
16

17 Weaknesses: None noted.
18

19 Plans: The DPH program will continue to implement measures, as described herein and in Criterion 2.7.f
20 to provide a robust curriculum that will prepare students for leadership positions in public health practice
21 and applied research, and to strengthen student support in ways that will shorten time to graduation and
22 increase degree completion.
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Table 2.12.d.1: DPH Degree Requirements (48 credits)		
DPH Core Requirements (27 credits)		
DPH Core Courses (27 credits)		
PUBH 800	Cities, Society, and Health	3
PUBH 801	Interdisciplinary Approaches to Urban Health Research	3
PUBH 805/802 <i>or</i> PUBH 824 (EPI students)	Quantitative Research Methods with Applications to Urban Health <i>or</i> Applied Biostatistics	3
PUBH 806	Qualitative Research Methods with Application to Urban Health	3
PUBH 893	Leadership & Organizational Change Seminar	3
PUBH 807	Practicum Project	3
PUBH 820	Epidemiologic Methods I	3
PUBH 890	Advanced Research Seminar I	3
PUBH 891	Advanced Research Seminar II	3
PUBH 900	Dissertation Supervision	0
PUBH 898	Dissertation Seminar	0
Community, Society, and Health Concentration Requirements (21 credits)		
PUBH 810	Community Health Interventions: Theory and Methods	3
PUBH 811	Social and Behavioral Dimensions of Health: Theory and Methods	3
PUBH 816	Evaluation of Public Health Programs and Policies	3
	Four advanced research methods or concentration-specific practice courses, of which one must be from a Graduate Center department outside of Public Health (DPH courses that are cross-listed with another program can count toward this requirement)	12
Epidemiology Concentration Requirements (21 credits)		
PUBH 821	Epidemiologic Methods II: Study Design and Analysis	3
PUBH 822	Epidemiologic Methods III: Seminar in Epidemiologic Methods	3
PUBH 825	Applied Biostatistics II	3
PUBH 823	Epidemiologic Methods IV: Seminar in Applications of Epidemiologic Methods to Urban Health	3
	Three advanced research methods or concentration-specific practice courses, one of which must be from a Graduate Center program outside of Public Health (DPH courses that are cross-listed with another program can count toward this requirement)	9
Environmental and Occupational Health Concentration Requirements (21 credits)		
PUBH 830	Emerging Issues in Environmental and Occupational Health	3
PUBH 831	Environmental and Occupational Health Risk Assessment, Management and Communication in Urban Settings	3
	One urban environment course	3
	Four advanced research methods or concentration-specific practice courses, one of which must be from a Graduate Center program outside of Public Health (DPH courses that are cross-listed with another program can count toward this requirement)	12
Health Policy and Management Concentration Requirements (21 credits)		
PUBH 840	Seminar in Health Policy and Management	3
PUBH 841	Quantitative Methods in Health Services Research	3
PUBH 842	Public Health Economics	3
PUBH 843	Health Policy Analysis Methods	3
	Three advanced research methods or concentration-specific practice courses, one of which must be from a Graduate Center program outside of Public Health (DPH courses that are cross-listed with another program can count toward this requirement)	9

1

1 **2.13. Joint Degrees**

2
3 *If the school offers joint degree programs, the required curriculum for the professional public health*
4 *degree shall be equivalent to that required for a separate public health degree.*

6
7 **2.13.a. Identification of joint degree programs offered by the school. The instructional matrix in**
8 **Criterion 2.1.a may be referenced for this purpose.**

9
10 As included in Table 2.1.a.1, the School offers two joint public health degree programs: the MS/MPH in
11 Advanced Public Health Nurse/Urban Public Health and the MSW/MPH in Social Work/Public Health.
12 The MS/MPH dual degree program is a partnership with the Hunter-Bellevue School of Nursing, and
13 prepares nurses to assume leadership roles in a variety of healthcare settings including home care, public
14 health, and community-based agencies. Graduates meet educational requirements for specialty
15 certification by the American Nurses Credentialing Center as Advanced Public Health Nurses and by the
16 National Board of Health Examiners as Certified in Public Health. The new MSW/MPH dual-degree
17 program, launched in academic year 2015-2016, is offered jointly by Graduate School of Public Health
18 and Health Policy and the Silberman School of Social Work. The program is designed to provide students
19 with competencies in social work and public health theory, methods and evidence-based practice, urban
20 social and health issues, and health disparities.

21
22 **2.13.b. A list and description of how each joint degree program differs from the standard degree**
23 **program. The school must explain the rationale for any credit sharing or substitution as well as the**
24 **process for validating that the joint degree curriculum is equivalent.**

25
26 Degree requirements for the 57-credit MS/MPH dual degree are in Table 2.13.b.1. Students complete 27-
27 30 of these credits with the GSPHHP (18 credits of MPH core courses and 9-12 credits of MPH
28 concentration courses). MS/MPH students complete 15 credits of interdisciplinary practice and
29 culminating experiences. As shown in the tables, all MS/MPH students are required to complete five
30 courses in each of the five core public health knowledge areas. These courses are designed to address the
31 thirteen core MPH competencies, as shown in Table 2.6.a.1.

32
33 Table 2.13.b.2 details the 87-credit MSW/MPH dual degree. The dual degree includes every course
34 required for the MPH degree, with the exception of PH 73800: Capstone (3 credits). This course is
35 replaced by an interdisciplinary capstone course, also worth 3 credits. There are distinct competencies for
36 the MSW/MPH dual-degree program that are complementary and in addition to the individual program
37 competencies. Graduates of the MSW/MPH will be able to:

- 38
39
- 40 • Demonstrate the social work and public health skills required for leadership positions at the
41 community, state, and national levels.
 - 42 • Identify the health problems faced by children and their families and discuss them within the context
43 of public health and social work.
 - 44 • Apply the public health paradigm to situations encountered by social workers in communities, groups,
45 and populations.
 - 46 • Explain the organization of public health services at national, state, and local levels and contrast and
47 compare the diverse career ladders within public health social work.

48 **2.13.c. Assessment of the extent to which this Criterion is met and an analysis of the school's**
49 **strengths, weaknesses and plans relating to this Criterion.**

50
51 This Criterion is met.

1
2 Strengths: The School has a well-established MS/MPH in Advanced Public Health Nurse/Urban Public
3 Health and a new MSW/MPH in Social Work/Public Health. The robust curriculum requires students to
4 take courses that meet MPH requirements.
5
6 Weaknesses: The MSW/MPH is new and does not yet have any students enrolled.
7
8 Plans: The School will continue to offer these dual degree programs and consider revisions and additions
9 to dual degree options in the future.
10

Table 2.13.b.1: Required Courses for the MS/MPH in Advanced Public Health Nurse/Urban Public Health Degree (57 credits)		
Required Core and Foundation Courses (30 Credits)	MPH required core courses (18 Credits) PH 75000 Fundamentals of Biostatistics PH 75200 Fundamentals of Epidemiology PH 75400 Fundamentals of Environmental Health PH 75500 Fundamentals of Social & Behavioral Health PH 75600 Fundamentals of Health Policy & Management HPM 75000: Public Health Management	MS required core courses (12 credits) NURS 70000: Theoretical Foundations of Nursing Science NURS 70200: Advanced Nursing Research NURS 70400: Healthcare Systems and Policy NURS 74900: Health Promotion and Disease Prevention in Diverse Populations
Required Concentration Courses (9-12 Credits)	MPH concentration courses (12-15 credits) <i>Select one public health concentration:</i> COMHE 75100: Community Health Interventions COMHE 75200: Community Organizing and Development for Health COMHE 75300: Health Program Planning & Funding <i>OR</i> EOHS 70200: Introduction to Occupational Safety and Health EOHS 75400: Environment and Occupational Toxicology EOHS 75700: Principles of Industrial Hygiene <i>OR</i> BIOS 75000: Applied Biostatistics I BIOS 75100: Applied Biostatistics II EPI 75000: Epidemiological Methods I: Study Research Design EPI 75100: Epidemiological Methods II: Survey and Research Methods	
Interdisciplinary Practice Experience (10 credits)	NURS 77100: Community/Public Health Nursing I NURS 77200: Community/Public Health Nursing II	
Interdisciplinary Culminating Experience (5 credits)	NURS 77300: Community/Public Health Nursing III	
Elective Courses (0-3 credits)	3 credits of elective coursework (for COMHE and EOHS concentrations only)	

Table 2.13.b.2: Required Courses for the MSW/MPH Degree (87 credits)

Required Core and Foundation Courses (30 Credits)	MPH required core courses (15 Credits) PH 75000 Fundamentals of Biostatistics PH 75200 Fundamentals of Epidemiology PH 75400 Fundamentals of Environmental Health PH 75500 Fundamentals of Social & Behavioral Health PH 75600 Fundamentals of Health Policy & Management	MSW required foundation courses (15 credits) SSW 70100 Social Welfare Policy and Services I SSW 71100 Human Behavior and the Social Environment I SSW 71200 Human Behavior and the Social Environment II SSW 71700 Social Work Practice Lab I SSW 71800 Social Work Practice Lab II
Required Concentration Courses (30 Credits)	MPH concentration courses (15 credits) <i>Select one:</i> COMHE 75000 Community Health Assessment COMHE 75100 Community Health Interventions COMHE 75200 Community Organizing for Health COMHE 75300 Health Program Planning & Funding COMHE 75400 Research and Evaluation <i>or</i> HPM 75000 Public Health Management HPM 75100 Public Health and Health Care Law HPM 75300 Public Health Policy and Analysis HPM 75400 Public Health Advocacy HPM 75500 Public Health Economics	MSW advanced/methods concentration courses (15 credits) <i>Select one:</i> SSW 72100-300 Clinical Practice with Individuals and Families I-III <i>or</i> SSW 74100-300 Community Organization, Planning and Development I-III <i>or</i> SSW 78100-300 Organization Management and Leadership I-III <i>and</i> SSW 71300 Human Behavior and Social Environment III SSW 78700 Platform Course (in Field of Practice)
Elective Courses (9 credits)	At least one PH elective, chosen in consultation with the student's academic advisor (3 credits)	At least two SSW electives, chosen in consultation with the student's academic advisor (6 credits)
Fieldwork (15 credits)	MPH fieldwork (3 credits) PH 73700 Supervised Fieldwork in Public Health plus accompanying course	MSW fieldwork (12 credits) SSW 76100-400 Field Practicum I-IV <i>or</i> SSW 76700-800 Field Practicum (OYR Program)
Interdisciplinary Courses (3 credits)	SSW 70214/PH 71800 Mental Health Policy and Practice ⁴⁷ PH 73800/SSW 79000 Integrated Capstone (3 credits)	

⁴⁷ This is a 3-credit interdisciplinary course; it also counts as an MSW required foundation courses. The credits for SSW 702.14/PH 71800 Mental Health Policy and Practice are counted under "MSW required foundation courses," above.

1 **2.14. Distance Education or Executive Degree Programs**

2
3 *If the school offers degree programs using formats or methods other than students attending regular on-*
4 *site course sessions spread over a standard term, these programs must a) be consistent with the mission*
5 *of the school and within the school’s established areas of expertise; b) be guided by clearly articulated*
6 *student learning outcomes that are rigorously evaluated; c) be subject to the same quality control*
7 *processes that other degree programs in the school and university are; and d) provide planned and*
8 *evaluated learning experiences that take into consideration and are responsive to the characteristics and*
9 *needs of adult learners. If the school offers distance education or executive degree programs, it must*
10 *provide needed support for these programs, including administrative, travel, communication and student*
11 *services. The school must have an ongoing program to evaluate the academic effectiveness of the format,*
12 *to assess learning methods and to systematically use this information to stimulate program*
13 *improvements. The school must have processes in place through which it establishes that the student*
14 *who registers in a distance education course or degree is the same student who participates in and*
15 *completes the course or degree and receives the academic credit.*

16
17 **2.14.a. Identification of all degree programs that are offered in a format other than regular, on-site**
18 **course sessions spread over a standard term, including those offered in full or in part through**
19 **distance education in which the instructor and student are separated in time or place or both. The**
20 **instructional matrix in Criterion 2.1.a may be referenced for this purpose.**

21
22 The School does not currently offer any degree programs through distance learning.

23
24 **2.14.b. Description of the distance education or executive degree programs, including an**
25 **explanation of the model or methods used, the school’s rationale for offering these programs, the**
26 **manner in which it provides necessary administrative and student support services, the manner in**
27 **which it monitors the academic rigor of the programs and their equivalence (or comparability) to**
28 **other degree programs offered by the school, and the manner in which it evaluates the educational**
29 **outcomes, as well as the format and methods.**

30
31 Not Applicable.

32
33 **2.14.c. Description of the processes that the school uses to verify that the student who registers in a**
34 **distance education course or degree is the same student who participates in and completes the**
35 **course or degree and receives the academic credit.**

36
37 Not Applicable.

38
39 **2.14.d. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
40 **strengths, weaknesses and plans relating to this Criterion.**

41
42 Not Applicable.

1 **CRITERION 3.0: CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE**

2
3 **3.1. Research**

4
5 *The school shall pursue an active research program, consistent with its mission, through whom its*
6 *faculty and students contribute to the knowledge base of the public health disciplines, including research*
7 *directed at improving the practice of public health.*

8
9 **3.1.a. Description of the school’s research activities, including policies, procedures and practices**
10 **that support research and scholarly activities.**

11
12 All full-time faculty, tenured and tenure track, are expected to participate in research relevant to public
13 health. Active engagement in basic or applied research is evaluated in the consideration of reappointment,
14 tenure, and promotion. Research activities include funded research projects led by independent faculty
15 investigators; studies based at one of the centers or institutes affiliated with the School; and new research
16 initiatives supported by the Dean or groups of faculty. A new Associate Dean for Research was hired to
17 facilitate research throughout the School. In addition to contributing to the art and science of public
18 health, faculty investigators provide their students with opportunities to engage in research through
19 fieldwork, independent study, class assignments, and paid positions in public health research endeavors.
20 The School actively promotes research by providing investigators with administrative support, technical
21 assistance, seed money, and release time from teaching. The following sections summarize each of these
22 areas.

23
24 **Overview of Research:** Funded research activities of primary faculty can be found in Tables 3.1.c.1 and
25 3.1.c.2. The highlights of current research activity are summarized in Table 3.1.a.1. A majority of
26 research is interdisciplinary and cuts across several key themes. At a faculty-staff retreat held in February
27 2015, primary faculty members met to update a strategic vision and select five focus areas that would
28 guide future activities. Current research themes are listed in section 1.1.e. In agreement with the new
29 vision and focus areas, faculty and leadership groups set strategic goals and objectives to strengthen
30 research infrastructure and define research priorities.

31
32 For the past year, a Research Committee has met on a regular basis to assess the capacity of the current
33 CUNY infrastructure and to articulate a research agenda for the School. The Associate Dean for Research
34 chairs this committee that includes faculty members, as well as other research office staff.

35
36 **Administrative Support for Research:** Several University-wide offices provide administrative support,
37 pre- and post-award, to administrators, faculty, students, and staff engaged in research. Table 3.1.a.2
38 describes this support.

39
40 **Technical Assistance to Investigators:** CUNY and the School offer information on federal, foundation,
41 and internal funding opportunities, as well as technical research assistance. Junior and senior faculty
42 receive support in concept design, budget development, grant-writing, post-award start-up,
43 implementation, analysis, and dissemination. Trainings, information sessions, and workshops provided to
44 investigators are included in Table 3.1.a.3, as found in the ERF.

45
46 **Managerial Support for Faculty:** As previously mentioned, the School hired an Associate Dean for
47 Research to facilitate research. Her roles include providing strategic guidance in identifying and
48 communicating opportunities for funding, leading the research staff across the School and supporting
49 mentorship in research for junior faculty, developing internal grant and pre-review mechanisms to ensure
50 the strongest possible proposals are submitted for review, identifying opportunities for collaboration

1 across departments and with other colleges, and exploring opportunities to engage master’s and doctoral
2 students in ongoing research, including graduate research assistantships.
3

4 **Internal Research Funding Opportunities:** Table 3.1.a.4 provides a summary of CUNY-wide research
5 funding opportunities available to faculty. Many of these awards are intended as seed money for
6 investigators, especially junior faculty, to conduct pilot studies or prepare grant proposals for external
7 funding. In the past three years, faculty received funding from a variety of these internal sources,
8 including the CUNY Research Foundation, CUNY Collaborative Incentive Research Program, and
9 Professional Staff Congress CUNY. Within the School, new tenured and tenure-track faculty have
10 received start-up packages that are intended to help them transition existing research and develop new
11 research at CUNY. In addition, the Office of Sponsored Programs and Research initiated a junior faculty
12 mentoring grant offered, with the two-fold goal of increasing mentorship relationships between junior and
13 senior faculty and providing seed money for the collection of pilot data. Funded faculty are expected to
14 submit a proposal for external funding. A complete list of all CUNY-supported research activity for
15 primary faculty for the last three years (AY 2013, 2014, 2015) can be found in Table 3.1.c.2.
16

17 The School follows all University and federal policies and procedures related to the responsible conduct
18 of research, protection of human subjects, HIPPA compliance, research ethics and other related issues, as
19 found on [the website of the Office of the Vice Chancellor for Research at CUNY](#). The University has
20 well-established policies and procedures for addressing possible issues related to research misconduct and
21 non-compliance. The School complies with these policies and procedures and has not adopted any unique
22 policies governing these matters.
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Table 3.1.a.1: Highlights of GSPHHP Research Activities, 2015

Chronic, Non-Communicable Diseases
Alternative tobacco products: Use, adverse effects and communication patterns (Freudenberg)
Variability of Mortality levels and trends by state in the US (Horiuchi)
Alanine transaminase has opposite associations with death from diabetes and ischemic heart disease in NHANES III (Schooling)
Mendelian randomization and estimation of treatment efficacy for chronic diseases (Schooling)
Androgen activity, ischemic heart disease and risk factors among men in NHANES III (Schooling)
Testosterone and cardiovascular disease (Schooling)
Why do statins reduce cardiovascular disease more than other lipid modulating therapies (Schooling)
Community Health Project: East & Central Harlem (Thorpe)
Cancer Genomics: Integrative and Scalable solutions in R/Bioconductor (Waldron)
Applied Statistics for high-throughput biology; enhanced estimation of the cancer proteome from transcriptome assays (Waldron)
Quantitative Ultrasound Imaging in Assessment of Kidney Disease (Waldron)
Communication, Marketing and Social Media
Healthy CUNY App: Your Path to Academic Success (Freudenberg)
Healthy CUNY: Expanding Cultures of Health in a Large Urban University System (Freudenberg)
Healthy CUNY: City University of New York School of Public Health Ambassadors Project (Freudenberg)
Feasibility and Acceptance of a Type2 Diabetes Mellitus Interactive, Novel Support, Population based, Information Rich Educational Platform (T2DM-INSPIRE) (Joshi)
Design and Development of Public Health Dashboard "End the Epidemic" aimed to identify to facilitate persons with HIV who remain undiagnosed and links them to health care. (Joshi)
Food and Nutrition
Communities for Healthy Food/NYC (Freudenberg)
East Harlem Youth Food Educators (Freudenberg)
Institutional Food Landscape in NYC (Freudenberg)
Nutrition Jobs in the New York Metropolitan Area: Content Analysis of Position Announcements (Gaba/Joshi)
Assessing Industry Investment on Community-Based Healthy Eating, Active Living and Healthy Weight Initiatives: A Research Partnership Proposal (Huang)
Immigrant, Global and Refugee Health
Implementing tobacco use treatment guidelines in Vietnam (Fahs)
Studies in Global Mortality (Horiuchi)
A Pilot Study of Multilevel Barriers to and Facilitators of Consistent Condom Use by Female Sex Workers and their Clients in Nanning, Guangxi Province, China (Kelvin)
A Randomized Controlled Trial to Evaluate Adding Self-Administered Oral HIV Testing as a Choice in Clinic and Non-Clinic Settings to Increase (Kelvin)
Central Africa International Epidemiologic Databases to Evaluate AIDS (CA-IeDEA) (Nash)
Multi-level determinants of Late ART Initiation in Sub-Saharan Africa (Nash)
Documenting and Mitigating Occupational Hazards of Hurricane Sandy-Related Work of Immigrant Construction Laborers (Sembajwe)
Immigrants' Subsidize the Medicare Trust Fund (Stimpson)
Tungsten Exposure in Vietnam (Pavilonis)
Promoting low-wage and immigrant worker health via community-based workforce development organizations: A qualitative study. (Tsui)
Maternal, Child, Reproductive and Sexual Health
Acceptability of the Levonorgestrel Intrauterine system among HIV+ women in S. Africa (Jones) – Also Immigrant and Global Health
The intractable Public Health Problem of unintended pregnancy: exploring the "one-key question solution" (Romero/Jones)
Toward a Greater Understanding of Infant Mortality: A Structural and Environmental Scan of the Bronx (Aguirre-Molina)
Social and Behavioral Correlates of Maternal Death among a Nationally Representative Sample of Children and Youth with HIV (Eastwood)
Third cross-sectional survey of abortion providers in the US and Canada (Jones)
Touch screen CPU based breastfeeding education (Joshi)
Exploring Undergraduates' Definitions of and Resources for Addressing Domestic and Intimate Partner Violence (Tsui)

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Table 3.1.a.2: CUNY-Wide Administrative Support for Research

Office	Responsibilities
CUNY Research Office	Provides oversight, education, policy, and advice regarding ongoing research involving human subjects. Responsibilities include: reviewing IRB policies and procedures CUNY-wide and at each campus for compliance with federal requirements; leading educational efforts, including seminars, lectures, training in the responsible conduct of research and informing campuses of important research ethics and human subjects protection issues as they arise; and providing counseling to researchers as needed.
Office of the CUNY Vice Chancellor for Research	Promotes outstanding research at CUNY, expanding and improving the research profile of the University in typical research areas such as the natural and social sciences and engineering, as well as the arts, education, and humanities. The office is concerned with all aspects of research, innovation, scholarship, and creativity at CUNY colleges and in a number of multidisciplinary centers, institutes, and programs. Responsibilities include: providing support to faculty, leveraging external funding, complying with federal and state regulations, partnering with industry, establishing collaborations across the University, and raising the profile of CUNY in the global research community.
Research Foundation of CUNY	A private, non-profit educational corporation chartered by the State of New York in 1963, the foundation supports CUNY faculty and staff in identifying and obtaining external support (pre-award) from government and private sponsors and is responsible for the administration of all such funded programs (post-award). Responsibilities include management of a planned giving program, liaison with governmental agencies and foundations, negotiation of agreements, facility construction and renovation, protection and commercialization of intellectual property, and compliance with applicable standards in research involving human subjects, animal care, environmental, radiological safety, and conflicts of interest.

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Table 3.1.a.4: CUNY-Wide Sources of Research Support

Name	Description
Professional Staff Congress-CUNY Research Awards	Professional Staff Congress-CUNY Research Awards is a major vehicle for the University’s encouragement and support of faculty research and leverage of external funding. It seeks to enhance the University's role as a research institution, to further the professional growth and development of its faculty, and to provide support for the established and the younger scholar. Awards are made in three categories: Traditional A Awards of up to \$3,500, Traditional B Awards of between \$3,600 and \$6,000, and enhanced Awards of \$6,500 to \$12,000. Preference is given to junior faculty in the allocation of funds.
CUNY Diversity Projects Development Fund	The Vice Chancellor for Human Resources Management established the Diversity Projects Development Fund to support scholarly research projects and other educational activities for or about populations that are traditionally underrepresented within higher education. The purpose of the fund is to assist in the development of educational projects, scholarly research, creative endeavors, and professional activities which promote diversity, multiculturalism, affirmative action, and non-discrimination on the basis of the following categories: race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender status, disability, genetic predisposition or carrier status, alienage or citizenship, veteran, or marital status. Projects that are sustainable, replicable, or with potential for University-wide impact are particularly encouraged.
CUNY Faculty Fellowship Publication Program	This program is sponsored by the University Office for Compliance and Diversity Programs and is part of CUNY's commitment to increasing diversity in the faculty. CUNY protected-class members are particularly encouraged to apply. The program is designed to assist full-time, untenured CUNY faculty in the design and execution of scholarly writing projects in their discipline. The goal of the program is the successful completion of a scholarly work to assist in meeting requirements for tenure. Eligible faculty must be untenured at the assistant or associate professor rank, hired on or after September 2000, have earned a doctorate, and be employed full-time for at least one academic year in humanities, social sciences, mathematics, or computer science.
CUNY Scholar Incentive Awards	The purpose of this award is to facilitate scholarly research by members of the faculty on leaves of absence not supported by the University. The amount of the award may be up to 25% of annual salary, and the effect is to place its recipient on leave of absence without pay for at least the 75% of annual salary for which the recipient does not receive CUNY compensation. The common use of the award is to mediate the difference between a research grant or fellowship and annual salary. Eligibility is limited to full-time faculty members who have completed one full year or more of continuous paid full-time service.
Collaborative Incentive Research Grants Program	Funds faculty research projects in their preliminary stages. The program encourages an interdisciplinary approach with a focus on participation from two or more CUNY campuses. The primary goal is to seed research that will become the basis of new external grant proposals.
Travel funds	Funds provided for faculty who travel to funding agencies, especially federal agencies, to discuss specific RFPs or RFAs or their individual proposals. The Office of the Vice Chancellor for Research has limited funds that can be made available to assist with travel for such occasions.
Bridge Fund Program	CUNY faculty who run externally funded research programs and who run into a funding crisis due to a competitive renewal of their grant not being funded may apply for bridge funds under specific circumstances. In appropriate cases this program will provide up to a maximum of \$25,000, with an equal match requirement from the home campus of the faculty member. Faculty receiving any external funding must repay 50% of the funding within six months from indirect costs generated by the newly funded grant(s).
Feliks Gross Endowment	Two awards at \$500 granted annually for assistant professors in recognition of outstanding research, or potential for such, in the humanities or sciences, including social and life sciences.
Henry Wasser Award for Outstanding Scholarship	The award is given to a tenure-track assistant professor whose scholarship shows great promise.
George N. Shuster Faculty Fellowship Fund	This program provides support for current research, scholarly writing, or creative work. All full-time tenured or tenure-track members of the faculty are eligible.

1 **3.1.b. Description of current research undertaken in collaboration with local, state, national or**
2 **international health agencies and community-based organizations. Formal research agreements**
3 **with such agencies should be identified.**
4

5 Faculty have been actively and closely engaged in research collaborations with at least forty local, state,
6 regional, national, and international health agencies and community-based organizations each year over
7 the past three years, as shown in Table 3.1.b.1. This section highlights representative collaborations that
8 include faculty and students.
9

10 Under the leadership of the Dean, the School competed successfully for a cooperative agreement with the
11 DOHMH to be an approved academic institution providing Public Health Scholar consultancy services to
12 assist on a wide array of public health activities over the next four years. Dr. Lorna Thorpe leads
13 epidemiology, surveillance, and statistics services, and Dr. Marianne Fahs leads public health practice and
14 evaluation services. This recent award is expected to catalyze significant new collaborative research with
15 DOHMH in the years ahead.
16

17 In a joint project involving the Dean, Professor Diana Romero, and Dr. Fahs, GSPHHP is evaluating the
18 HHC Options Plan, HHC's affordable payment plan to help individuals and families who have no other
19 health insurance option, providing access to primary care doctors and specialists. This project uses
20 quantitative and qualitative methodologies to evaluate the Options Program. GSPHHP health service
21 economic researchers are creating utilization and clinical profiles of program participants, while
22 community-based qualitative researchers will engage program participants and community-based
23 organizations in focus group and key informant interviews.
24

25 In July 2014, the NYC Health Department awarded a three-year \$1.25 million grant to the GSPHHP and
26 the NYU Department of Population Health. This project, led by Dr. Lorna Thorpe, will evaluate a
27 community health worker initiative to improve the health outcomes of New York City Housing Authority
28 (NYCHA) residents in Harlem by linking residents with community health workers. Community health
29 workers are community members serving as frontline health workers who have a unique understanding of
30 the norms, values, and strengths of the communities in which they work. Beginning in February 2015, a
31 team of community health workers began working with residents in 5 NYC public housing developments
32 to assist residents with hypertension, diabetes and asthma help to manage these chronic diseases. Dr.
33 Thorpe also collaborates with DOHMH on the New York City Macroscopic Electronic Health Record
34 Surveillance System: Phase II Evaluation and Diffusion of Innovation.
35

36 Beginning in 2012, the GSPHHP and the NYC Department of Health and Mental Hygiene were jointly
37 awarded grants from five foundations, totaling nearly \$4 million, to perform the second-ever New York
38 City Health and Nutrition Examination Survey (NYC HANES). This project used health interviews and
39 physical examinations on a representative sample to measure the health of adults living throughout New
40 York City. NYC HANES is a local version of the National HANES, an important health survey
41 conducted by the federal government since the 1960s. The New York City Department of Health and
42 Mental Hygiene conducted the first NYC HANES in 2004. The GSPHHP and the New York City Health
43 Department conducted a second NYC HANES with grant funding in 2013-2014. Adults from nearly
44 3,000 randomly selected NYC households were asked to answer survey questions and take a physical
45 exam to provide a picture of the city's health almost ten years after the first NYC HANES. This enables
46 researchers to examine changes in the city's health over two points in time and assess the impact of
47 several important health policy initiatives that have occurred since 2004. A public use dataset has been
48 made available to researchers around the world, including calls for proposals for external researchers to
49 access blood or urine samples from the jointly owned population-based biorepository. The GSPHHP and
50 Health Department researchers are currently analyzing and publishing findings from this survey.
51

1 The School collaborates with the NYC Department of Health and Mental Hygiene to develop and validate
2 a new population health surveillance system known as NYC Macroscopic that extracts data from the
3 nation's largest community-based electronic health record network. Funded primarily by Robert Wood
4 Johnson Foundation, this effort is at the vanguard of a rapidly emerging trend for jurisdictions to establish
5 new collaborations across public health and primary care to monitor the health of jurisdictions using
6 primary care data.

7
8 At the state and federal levels, Dr. Denis Nash is collaborating with the NYS AIDS Institute on two
9 Health Research Services Administration funded projects to strengthen and improve the HIV Care
10 Continuum, using new methods in social media to improve engagement, retention, and health outcomes.
11 Dr. Lorna Thorpe is collaborating with the CDC in a cooperative agreement to implement and evaluate
12 new approaches to organized screening among priority populations for colorectal cancer.

13
14 Faculty are highly involved in collaborative research with many community-based partners. For example,
15 Dr. Fahs work closely with Union Settlement in East Harlem where she is leading an evaluation of a
16 newly formed Naturally Occurring Retirement Community. Dr. Nicholas Freudenberg, through the New
17 York City Food Policy Center, worked with numerous community-based organizations, including
18 Community Food Advocates, Food Bank for New York City, Local Initiatives Support Corporation of
19 NYC, and the NYC Food and Fitness Partnership.

Table 3.1.b.1: Service, Training and Research Collaborations with External Organizations, FY2013-2015			
Organization	FY 2013	FY 2014	FY 2015
Alfred P. Sloan Foundation		1	
Agency for Healthcare Research and Quality (AHRQ)			1
Albert Einstein College of Medicine	1	1	1
Americares	1		
Association of State & Territorial Chronic Disease Program Directors	1	1	1
Blacksmith Institute			1
CASA Columbia			1
Children's Museum of Manhattan	1		
City Harvest		1	
Columbia University	2	2	2
Community Health Care Association of NYS (CHCANYS)		1	
de Beaumont Foundation	1	1	
Doris Duke Charitable Foundation		1	
Dormitory Authority State of NY	4		
Family Health International	2	2	
Fred Hutchinson Cancer Research Center			1
Healthy Weight Commitment Foundation			1
HRI/NYS AIDS Institute	1	1	1
Health Research Services Administration	1		
International Initiative for Impact Evaluation (3ie)			1
Laurie M. Tisch Illumination Fund		1	1
Levitt Foundation			1
Local Initiatives Support Corporation		1	1
MAC AIDS Foundation		1	
Mt. Sinai School of Medicine/Icahn	3	3	2
Nat'l Alliance for the Mentally Ill of NYC	1	1	
NIH	1	2	1
NIOSH		1	1
NYC Council	1	1	1
NYC Department of Environmental Protection	1		
NYC DOHMH	7	4	5
NYC Economic Development Corporation		1	1
NYC Food and Fitness Partnership		1	
NYS Department of Environmental Conservation	1		1
NYU Medical Center		1	3
Research Foundation-SUNY	1	1	
Restoration Information Tech. Education Center			1
Service and Advocacy for Gay Lesbian Bisexual Transgender Elders (SAGE)		1	
Society of Family Planning Research Fund	1		
St. Luke-s Roosevelt Hospital		1	1
State Association of Addiction Services		1	
Stone Castle Partners, LLC		1	
United Hospital Fund			1
University of California	1	1	
University of California-Berkeley	1	2	2
University of Medicine and Dentistry of New Jersey/Rutgers	1	2	1
University of Michigan	1		
University of North Carolina-Chapel Hill		1	
USAID/URC			1
US Department of Veterans Affairs	1	1	1
Weill Cornell	1	2	3
World Health Organization	1		
Yeshiva University	1	1	
TOTAL	40	45	40

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1 **3.1.c. A list of current research activity of all primary faculty identified in Criterion 4.1.a.,**
2 **including amount and source of funds, for each of the last three years. These data must be**
3 **presented in table format and include at least the following information organized by department,**
4 **specialty area or other organizational unit as appropriate to the school: a) principal investigator, b)**
5 **project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of**
6 **current year's award, g) whether research is community based and h) whether research provides**
7 **for student involvement. See CEPH Data Template 3.1.1; only research funding should be reported**
8 **here. Extramural funding for service or training/continuing education grants should be reported in**
9 **Template 3.2.2 (funded service) or Template 3.3.1 (funded training/workforce development),**
10 **respectively.**

11
12 Table 3.1.c.1 provides a complete list and total amounts of the externally funded research activity
13 conducted by primary faculty during FY 2013 – 2015. As shown in the table, over fifty projects were
14 funded, mostly by various federal, state, and local government agencies and foundations.

15
16 A list of internally funded research activity conducted by primary faculty is provided in Table 3.1.c.2
17 below. Thirty-one projects were funded through several University-wide mechanisms (as described in
18 Table 3.1.a.4). Most were relatively modest grants (averaging approximately \$6,000), typically designed
19 to support faculty in completing analyses, publications, and other scholarly products and to collect pilot
20 data in preparation for larger, external grant submissions.

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Table 3.1.c.1: Externally Funded Research Activity of Primary Faculty from FY 2013 to 2015									
Project Name	PI and Department/ Concentration⁴⁸	Funding Source	Start-End Dates	Total	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Toward a Greater Understanding of Infant Mortality: A Structural and Environmental Scan of the Bronx	Aguirre-Molina, CHSS	Aetna Foundation	7/1/13-6/30/14			\$17,391		Y	Y
Health Issues of Latino Males	Aguirre-Molina, CHSS	W.K. Kellogg Foundation	2/1/14 – 10/31/15	\$110,000		\$35,000	\$75,000	Y	Y
Research Equipment for "Artisanal Gold Mining" Collaborative Incentive Research Grant Program	Caravanos, EOGHS	Blacksmith Inst.	2/1/15-6/30/15	\$2,760			\$2,760	N	Y
Infectious links b/w psychosocial stress and aging	Dowd, EB	NIH via U of Michigan (subcontract)	4/15/12-3/31/15	\$592,611	\$358,098	\$277,251		N	Y
Enhancing Access to Quality Care	Eastwood, HPM	SUNY	9/1/09-8/31/14	\$84,583	\$28,589	\$28,589		Y	Y
Research Development	El-Mohandes	USAID/URC (subcontract)	1/2/15-9/30/16	\$613,528			\$257,352	N	N
Community Transformation Grant: Implementing and Assessing alcohol-related consequences among college students	Freudenberg, CHSS	CDC via NYDOHMH-FPHNY	10/1/12-9/30/13	\$10,000	\$10,000	\$27,500		Y	Y
Student research projects	Freudenberg, CHSS	Anonymous Donor	7/1/13-6/30/14			\$10,000		Y	Y
Communities putting prevention to work (CPPW) - expand & enhance comprehensive tobacco prevention in NYC	Freudenberg, CHSS	CDC via NYCDOHMH	7/1/12-2/8/13	\$76,250	\$56,250			Y	Y
Community Transformation Grant: Alcohol	Freudenberg, CHSS	NYC DOHMH/FPHNY	7/25/12-9/29/12	\$35,000	\$7,500			Y	Y
Assessment of Alcohol Advertising in NYC Subway system	Freudenberg, CHSS	NYC DOHMH/FPHNY	7/1/12-6/30/13	\$8,855	\$8,855			Y	Y
Alternative tobacco products: Use, adverse effects and communication patterns	Freudenberg, CHSS	NIH/NCI via NYUSOM (subcontract)	3/1/14-2/28/16	\$171,374			\$85,687	N	Y
Community Transformation Grant: Neighborhood	Freudenberg, CHSS	NYC DOHMH/FPHNY	12/4/13-9/29/14	\$20,000			\$20,000	Y	Y
CUNY-Wide Tobacco Use and Health Behavior Survey	Freudenberg, CHSS	CASA Columbia	4/13/15-6/30/15	\$10,000			\$10,000	N	Y

⁴⁸ Community Health and Social Sciences Department (CHSS); Epidemiology and Biostatistics Department (EB); Environmental, Occupational, and Geospatial Health Sciences Department (EOGHS); Health Policy and Management (HPM) Department; and Nutrition concentration (NUTR)

Table 3.1.c.1: Externally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration ⁴⁸	Funding Source	Start-End Dates	Total	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Syndemics and resilience for HIV transmission in a national sample of vulnerable men	Grov, CHSS	NIH	7/1/13-3/31/18	\$84,025		\$16,806		N	Y
CHCANYS Population Health Project	Haley, HPM	Community Health Care Association of NYS	9/1/13-5/31/14	\$19,720		\$19,720		N	Y
Studies in Global Mortality	Horiuchi, EB	NIH via UC Berkeley/ subcontract	9/1/10-8/31/15	\$349,768	\$253,124	\$78,201	\$55,440	N	Y
Variability of Mortality levels and trends by state in the US	Horiuchi, EB	NIH via UC Berkeley/ subcontract	9/1/12-5/31/16	\$460,399		\$112,841	\$37,171	N	N
Assessing Industry Investment on Community-Based Healthy Eating	Huang, CHSS	Healthy Weight Commitment Foundation	2/01/15 - 1/31/18	\$868,577			\$278,299	Y	Y
Community Needs Assessment for Adolescent Pregnancy Prevention Programs	Johnson, EOGHS	NYS Dept. of Health	7/1/13-6/30/14	\$22,458		\$22,458		N	Y
Optimizing Clinical Trial Design: A comparison of female genital tract sampling techniques	Jones, EB	USAID via Family Health International (FHI) 360 (subcontract)	1/15/13-5/31/14	\$47,117	\$23,332	\$23,785		N	N
Acceptability of the Levonorgestrel Intrauterine system among HIV+ women in S. Africa	Jones, EB	NIH via FHI 360 (subcontract)	11/5/12-4/30/17	\$127,004	\$21,120	\$42,240		N	Y
Third cross-sectional survey of abortion providers in the US and Canada	Jones, EB	Society of Family Planning Res. Fund	10/1/12-9/30/14	\$116,289	\$116,289			N	Y
Epidemiology & Biostatistics Pilot Study at CUNY GSPHHP	Jones, EB	Dormitory Authority, State of NY	1/1/13-12/31/13	\$5,022	\$5,022			N	Y
Summer Research & Junior Fellowship Program	Jones, EB	Alfred P. Sloan Foundation	6/1/13-5/31/14	\$500		\$500		N	Y
Feasibility of a touch screen computer based breast-feeding educational tool	Joshi	AHRQ	08/01/14-09/29/15	\$30,600			\$30,600	Y	N
T2DM-INSPIRE -COMMUNITY ENGAGEMENT	Joshi	NIH via Weill Cornell (subcontract)	1/1/15-5/30/15	\$10,000			\$10,000	Y	N
A Randomized Controlled Trial to Evaluate Adding Self-Administered Oral HIV Testing as a Choice in Clinic and Non-Clinic Settings to Increase HIV Testing Uptake Among Truck Drivers in Kenya	Kelvin, EB	The International Initiative for Impact Evaluation (3ie)	11/1/14-12/31/15	\$296,125			\$296,125	N	Y
Pilot evaluation of Youth Energy expenditure at the Children's Museum of Manhattan's Eat Sleep, Play exhibit	Leung, NUTR	Dormitory Authority, State of NY	1/1/13-12/31/13	\$7,187	\$7,187			N	Y

Table 3.1.c.1: Externally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration ⁴⁸	Funding Source	Start-End Dates	Total	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Voices through Cameras: utilizing photovoice to understand perceived barriers and facilitators to healthy dietary and physical activity behaviors in obese adolescents residing in underserved communities in NYC	Leung, NUTR	NIH via Weill Cornell	6/1/13-5/31/14	\$20,000		\$20,000		Y	Y
HIV Center for Clinical and Behavioral Studies	Nash, EB	NIH via State Psych. Inst. @ Columbia U. (subcontract)	2/1/13-1/31/18	\$161,190	\$32,238	\$32,329	\$32,329	N	Y
Central Africa International Epidemiologic Databases to Evaluate AIDS (CA-IeDEA)	Nash, EB	NIH/NIAID via Albert Einstein College of Medicine (AECOM) (subcontract)	7/15/11-6/30/16	\$115,754	\$21,426	\$101,379	\$28,555	N	Y
Multi-level determinants of Late ART Initiation in Sub-Saharan Africa	Nash, EB	NIH/NIMH via Columbia (subcontract)	10/1/10-2/28/15	\$416,433	\$163,060	\$187,466		N	Y
HIV Care Coordination: comparative effectiveness, outcome determinates and costs	Nash, EB	NIH	9/26/13-8/31/18	\$3,109,515		\$697,233	\$596,191	N	Y
Impact of patient navigators on health education and quality of life of formerly incarcerated patients	Nash, EB	PCORI via St. Luke's/Roosevelt Hosp. (subcontract)	10/1/13/13-9/30/16	\$50,316		\$16,772	\$9,785	N	N
Occupational Exposure to cooking fumes in restaurant kitchens in NYC	Pavilonis, EOGHS	ERC/NIOSH - via Icahn/ Mount Sinai School of Medicine (subcontract)	1/1/15-12/31/15	\$9,000			\$9,000	N	Y
Fertility and disadvantage among low-income adults: a mixed methods approach	Romero, CHSS	NIH	7/1/08-6/30/13	\$628,800	\$125,760			Y	Y
Documenting and Mitigating Occupational Hazards of Hurricane Sandy-Related Work of Immigrant Construction Laborers	Sembajwe, EOGHS	CDC/NIOSH via Queens College (subcontract)	09/30/13 – 09/29/15	\$56,776		\$28,388	\$28,386	Y	Y
Beryllium-related Disease: A Case-Control Study of US Department of Energy Workers	Sembajwe, EOGHS	ERC/NIOSH - via Mount Sinai School of Medicine (subcontract)	1/1/14-12/31/14	\$10,000		\$10,000		Y	Y
NYC HANES	Thorpe, EB	Stone Castle Partners, LLC	3/1/14-8/31/14	\$1,000		\$1,000		Y	Y
NYC HANES	Thorpe, EB	NYCDOHMH	1/1/14-6/30/14	\$520,976		\$520,976		Y	Y
NYC HANES	Thorpe, EB	Doris Duke Charitable Foundation	4/1/14-7/31/14	\$100,000		\$100,000		N	Y
NYU Prevention Research Center	Thorpe, EB	CDC via NYU Medical School (subcontract)	9/30/14-9/29/19	\$781,983			\$156,397	Y	Y

Table 3.1.c.1: Externally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration ⁴⁸	Funding Source	Start-End Dates	Total	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
NYU Prevention Research Center	Thorpe, EB	CDC via NYU Medical School (subcontract)	9/30/14-9/29/15	\$587,497			\$117,499	Y	Y
NYC HANES	Thorpe, EB	NYCDOHMH	7/1/14-6/30/15	\$189,462			\$189,462	Y	Y
The New York City Macroscopic Electronic Health Record Surveillance System: Phase II Evaluation and Diffusion of Innovation	Thorpe, EB	RWJF via NYCDOHMH	2/1/15--6/30/16	\$57,513			\$13,643	N	Y
Workplace Health Research Network	Tsui, CHSS	CDC via NYU	9/30/14-9/29/15	\$9,510			\$9,510	N	N
Cancer Genomics: Integrative and Scalable solutions in R/Bioconductor	Waldron, EB	NIH via Fred Hutchinson Cancer Res. Ctr, Seattle (subcontract)	9/1/14-8/31/19	\$590,544			\$117,045	N	Y
Quantitative Ultrasound Imaging in Assessment of Kidney Disease	Waldron, EB	Weill Cornell (sub)	6/1/15-5/31/17	\$4,000			\$4,000	N	Y
Approaches to prevent Cardiovascular disease in Veterans	Yeh, NUTR	US Dept. of Veterans' Affairs via VA Medical Center (IPA)	9/15/12-9/30/13	\$23,475	\$23,475			N	N
Approaches to prevent Cardiovascular disease in Veterans	Yeh, NUTR	US Dept. of Veterans' Affairs via VA Medical Center (IPA)	9/15/12-9/30/14	\$31,118		\$15,559	\$11,760	N	N
Reduce Risk of Diabetes: Health Lifestyle for Chinese Immigrants	Yeh, NUTR	NIH via Yeshiva Univ.	7/1/12-8/31/12	\$10,720	\$10,720			Y	N
CDC Climate Change	Zarcadoolas, CHSS	FPHNY	7/1/12-8/31/12	\$14,594	\$14,594			Y	Y
TOTAL				\$11,679,928	\$1,286,639	\$2,443,384	\$2,481,996		

Table 3.1.c.2: Internally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration ⁴⁹	Funding Source	Start-End Dates	Amount Total Award	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Power to Heal: using Medicare to desegregate America's Hospitals	Berney, HPM	Hunter Presidential fund for faculty advancement	2/1/15-1/31/16	\$900			\$900	N	N
Hospital Desegregation in Mississippi under Medicare	Berney, HPM	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$3,500	\$3,500			N	N
Geospatial, environmental, and social factors associated with urinary mercury excretion in an Artisanal Small Scale Gold Mining Site in Colombia, South America	Caravanos, EOGHS	CUNY Collaborative Incentive Research Grant Program	9/1/13-6/30/14	\$9,946		\$9,946		N	Y
Risk factors for sleep-related infant injury deaths in NYC, 2004-2010	Chu, HPM	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$6,000	\$6,000			N	Y
Social and behavioral correlates of maternal death among a nationally representative sample of children and youth with HIV	Eastwood, HPM	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$6,000	\$6,000			N	Y
Nutrition Jobs in the New York Metropolitan Area: Content Analysis of Position Announcements	Gaba, NUTR	Professional Staff Congress-CUNY	7/1/14-6/30/15	\$3,398			\$3,398	N	Y
Clinical Nutrition Assessment Simulation: Development of a Prototype Model	Gaba, NUTR	CUNY Health and Human Services	Spring 2015	\$12,800			\$12,800	N	Y
Impact of Executive Order 13211 on Public Health	Geltman, HPM	Professional Staff Congress-CUNY	7/1/14-6/30/15	\$3,500			\$3,500	N	Y
Geospatial, environmental, and social factors associated with urinary mercury excretion in an Artisanal Small Scale Gold Mining Site in Colombia, South America	Grassman, EOGHS	CUNY Collaborative Incentive Research Grant Program	9/1/13-6/30/14	\$9,946		\$9,946		N	Y
Chocolate, Flavanols and Diabetes Risk - a Preliminary Pilot Exploration	Greenberg, HPM	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$5,999		\$5,999		N	Y

⁴⁹ Community Health and Social Sciences Department (CHSS); Epidemiology and Biostatistics Department (EB); Environmental, Occupational, and Geospatial Health Sciences Department (EOGHS); Health Policy and Management (HPM) Department; and Nutrition concentration (NUTR)

Table 3.1.c.2: Internally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration⁴⁹	Funding Source	Start-End Dates	Amount Total Award	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Drilling Down: Understanding Responses from a Statewide Survey on the Availability of Substance Use	Haley, HPM	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$3,475		\$3,475		N	Y
The effect of acculturation on gestational weight gain	Huynh, EB	Professional Staff Congress-CUNY	7/1/13-6/30-14	\$3,498		\$3,498		N	Y
Geospatial, environmental, and social factors associated with urinary mercury excretion in an Artisanal Small Scale Gold Mining Site in Colombia, South America	Johnson, EOGHS	CUNY Collaborative Incentive Research Grant Program	9/1/13-6/30/14	\$9,946		\$9,946		N	Y
Community Needs Assessment for public Health Program Planning and evaluation	Johnson, EOGHS	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$5,967		\$5,967		N	Y
Pilot study of multilevel barriers to and facilitators of consistent condom use by female sex workers	Kelvin, EB	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$5,998	\$5,998			N	Y
Evaluating the Impact of a Mindfulness-Based Pilot Study to Reduce the Risk of Childhood Obesity in Underserved Urban Middle-School Youth	Leung, NUTR	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$11,992		\$11,992		Y	Y
Exploring the Impact of a Mindfulness-based Pilot Study to Reduce Childhood Obesity Risk in Underserved Urban School-age Youth	Leung, NUTR	CUNY Collaborative Incentive Research Grant Program	9/1/13 - 8/31/14	\$15,000		\$15,000		N	Y
Faculty Fellowship in Publication	Leung, NUTR	CUNY Human Research, Recruit and Diversity	2/1/15-5/31/15	\$3,309			\$3,309	N	N
Magna Comic promoting fruit consumption in middle school youth: evaluating differences in identification..."	Leung, NUTR	George N. Shuster Faculty Fellowship	7/1/12-12/31/14	\$1,800	\$1,800			N	Y
Travel to Eastern Sociological Society Meeting	Manze, CHSS	Hunter Presidential Travel Award	2/26-3/1/15	\$425			\$425	N	N
Using Risk Terrain Modeling to Examine the Spatial Variability of Mortality in New York City	Maroko, EOGHS	Professional Staff Congress-CUNY	7/1/14-6/30/15	\$5,806			\$5,806	N	Y

Table 3.1.c.2: Internally Funded Research Activity of Primary Faculty from FY 2013 to 2015

Project Name	PI and Department/ Concentration⁴⁹	Funding Source	Start-End Dates	Amount Total Award	FY 2013	FY 2014	FY 2015	Community-Based	Student Participation
Educational Materials for employees Relative risk: The development of coronary heart disease epidemiology and the transformation of public health policy in the United States (1945-1990)	Oppenheimer, EB	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$3,000	\$3,000			N	Y
Job Characteristics and Health of Adult Protective Services Workers in New York	Plichta, HPM	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$3,497		\$3,497		N	Y
Community Meets Classroom: Collaborative Inquiry to Assess Impact of a Multi-Disciplinary Course on Student Knowledge and Community Engagement in the South Bronx & Harlem	Roberts, CHSS	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$11,973		\$11,973		Y	Y
Deciphering the "contradiction" between availability of reproductive health services and unintended adolescent pregnancy	Romero, CHSS	CUNY	9/28/2012-9/27/13	\$15,000	\$15,000			Y	Y
The intractable Public Health Problem of unintended pregnancy: exploring the "one-key question solution"	Romero, CHSS & Jones, EB	Hunter Presidential fund for faculty advancement	1/1/15-12/31/15	\$2,000			\$2,000	Y	Y
Pilot Survey of Entertainment Establishments to Assess the Public Health Burdens Associated with Sex Work at Hunts Point, Bronx, New York	Sembajwe, EOGHS	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$5,999		\$5,999		Y	Y
Towards an understanding of Heterosexual Anal intercourse	Thorpe, EB	HC Gene Center	3/1/14-8/31/14	\$2,200		\$2,200		N	N
Exploring undergraduates' definitions of and resources for addressing domestic and intimate partner violence	Tsui, CHSS	Healthy CUNY	7/1/12-6/30/13	\$1,932	\$1,932			N	Y
Understanding the Working Lives of Institutional Food Workers: A qualitative study	Tsui, CHSS	Professional Staff Congress-CUNY	7/1/13-6/30/14	\$5,914		\$5,914		Y	Y
Simplicity complex: exploring the limits of simplifying the language of health messages	Zarcadoolas, CHSS	Professional Staff Congress-CUNY	7/1/12-6/30/13	\$3,000	\$3,000			N	N
TOTAL				\$183,720	\$46,230	\$105,352	\$32,138		

1

1 **3.1.d. Identification of measures by which the school may evaluate the success of its research**
 2 **activities, along with data regarding the school’s performance against those measures for each of**
 3 **the last three years. For example, schools may track dollar amounts of research funding,**
 4 **significance of findings (e.g., citation references), extent of research translation (e.g., adoption by**
 5 **policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at**
 6 **professional meetings) and other indicators. See CEPH Outcome Measures Template.**

7
 8 The measures by which the School evaluates the success of its research activities and data regarding
 9 performance against those measures for the past three years are summarized in Table 3.1.d.1. As shown,
 10 the School has largely met or exceeded its research targets, and for several, has demonstrable growth over
 11 the past three years. The total dollar amount of external research funds has doubled since FY 2013, from
 12 about \$1.3 million in FY 2013 to about \$2.4 million in each of FY 2014 and FY 2015, and \$2.7 million in
 13 FY 2016, to date. Faculty published more peer-reviewed articles (the average increased from 2.0 to 2.8).
 14 Other measures of impact increased as well, with the average number of invited lectures, books, chapters,
 15 and conference presentations increasing from 1.9 to 3.9.

16
Table 3.1.d.1: Outcome Measures for Research

Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Primary faculty will publish two peer-reviewed articles on average annually	Faculty scholarship reports	Associate Dean for Research, Department Chairs	2.0	2.0	2.4	2.8	
Primary faculty will have an average of two ‘other’ measures of impact (e.g. invited lectures, professional meeting presentations, books, chapters, news articles) annually	Faculty scholarship reports	Associate Dean for Research, Department Chairs	2.0	1.9	3.1	3.9	
The total amount of extramural funding will increase by 10% (3-year average)	CUNY Research Foundation	Associate Dean for Research, Department Chairs	10% 3-year average increase ⁵⁰	\$3,636,464	\$4,440,743	\$4,430,549	\$4,679,097 (to date)
Primary faculty will obtain \$60,000 on average in extramural funding annually	CUNY Research Foundation	Associate Dean for Research, Department Chairs	\$60,000	\$75,760	\$82,236	\$73,842	\$97,572 (to date)
Primary faculty will receive at least 40 extramural awards annually	CUNY Research Foundation	Associate Dean for Research, Department Chairs	40	40	45	44	43 (to date)
>70% of faculty extramural research involves students	Faculty surveys	Associate Dean for Research, Department Chairs	70%	84%	85%	73%	

17

⁵⁰ 3-year average for 12-13, 13-14, and 14-15 is \$4,169,252. Target is a 10% increase for 15-16, 16-17, and 17-18 (\$4,586,177). This will be tracked moving forward.

1 **3.1.e. Description of student involvement in research.**
2

3 Students are highly engaged in research through curriculum requirements, by participating in faculty
4 research projects, and through independent work. Credit-bearing courses, such as independent studies,
5 fieldwork, capstone projects, and special topics courses frequently offer students the opportunity to
6 conduct or contribute to research. Examples of this type of participation include evaluation of gun
7 violence prevention programs; analysis of interview transcripts for a community-based project called
8 Photovoice, which promotes healthy eating; and application of Behavioral Risk Factor Surveillance
9 System data. Meanwhile, Tables 3.1.c.1 and 3.1.c.2 demonstrate that an overwhelming majority of
10 primary faculty research projects involve students (81%). Lastly, 40% of student students recently
11 reported (Spring 2015 Current Student Survey) that they were participating in research activities. Student-
12 reported research activities included employment and research assistantships through centers, institutes,
13 and initiatives at or outside of CUNY. Examples include a community-based research project
14 “[Barbershop Talk with Brothers](#)” by SUNY Downstate Medical Center and Arthur Ashe Institute for
15 Urban Health, the [Cure Violence](#) project funded in part by the Robert Wood Johnson Foundation,
16 Alzheimer’s and dementia research at [Memory Training Centers of America](#), and evaluation of the
17 [NY/NY III Supportive Housing Project](#) at the DOHMH.
18

19 **3.1.f. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
20 **strengths, weaknesses and plans relating to this Criterion.**

21 This Criterion is met.
22

23
24 Strengths: The School has an active research program, consistent with its mission, goals, and objectives,
25 especially around the School’s five key themes. The School and University have well-defined policies,
26 procedures and mechanisms that provide administrative support, technical assistance, and seed money to
27 support research. The School has hired a new Associate Dean for Research to facilitate research with 2.5
28 administrative staff. As a result of these strategic investments, the School’s research program has
29 experienced significant growth in the past three years, especially in faculty scholarship, external
30 partnerships, and the total amount of research funding.
31

32 Weaknesses: Research funding and scholarship varies considerably by faculty member, and many new
33 and junior faculty have not yet garnered significant external research awards.
34

35 Plans: The School has launched or is planning several initiatives, designed to promote research
36 productivity, especially among junior faculty. These initiatives include establishment of an independent
37 Office of Sponsored Research and Programs; continuation of the mentorship program between junior and
38 senior faculty; and expansion of several external research partnerships.
39

1 **3.2. Service**

2
3 *The school shall engage pursue service activities, consistent with its mission, through which faculty and*
4 *students contribute to the advancement of public health practice.*

6
7 **3.2.a. Description of the school’s service activities, including policies, procedures and practices that**
8 **support service. If the school has formal contracts or agreements with external agencies, these**
9 **should be noted.**

10
11 Service is integral to CUNY’s and the School’s mission, values, and practices. At the Graduate School for
12 Public Health and Health Policy, professional and community service include a wide range of activities
13 undertaken outside of teaching and research for the benefit of the society or the profession of public
14 health. Faculty and administrators engage in professional service through holding leadership and
15 membership positions in professional organizations; participation in NIH-study sections; serving as
16 editors and reviewers for peer-reviewed journals; attending organization professional meetings; and other
17 related activities.

18
19 University-wide policies that support service to the profession and to the public are embraced and adhered
20 to by the School. For example, CUNY’s multiple position policy allows full-time faculty to engage in
21 service or employment outside the University for up to an average of one day per week during the
22 academic year, with approval from the institution.⁵¹ The School has implemented a four-day-a-week class
23 schedule that facilitates faculty participation in service activities on the fifth day. The University’s [Policy](#)
24 [5.01 Academic Personnel Practice](#) explicitly lists participation in professional organizations and
25 community and public service as criteria to be considered in reappointment, promotion, and tenure
26 decisions. The School’s Appointments, Promotion and Tenure Committees have established guidelines
27 regarding professional and community service. During annual information sessions, the Appointments,
28 Promotion and Tenure Committee provide newly appointed and tenure-track faculty with specific
29 guidance regarding service expectations and document service in their annual faculty achievement
30 summaries.

31
32 In fall 2013, the School created a new Division of Public Health Practice and Community Engagement to
33 help ensure that teaching, research, and services activities meet the need of the public health practice
34 community in New York City and elsewhere. The Division also works to engage the public agencies,
35 nonprofit groups, and community organizations with whom faculty, staff, and students interact in shaping
36 the School’s mission and their teaching, research, and service activities. The Director is Nicholas
37 Freudenberg, DrPH, Distinguished Professor of Public Health. In January 2015, the School hired Daliah
38 Heller as a Clinical Professor and the full-time Division of Public Health Practice and Community
39 Engagement Director. Dr. Heller is the former director of a nonprofit harm reduction organization and a
40 former Assistant Commissioner for Substance Abuse Services at DOHMH. Several students also work
41 with the Division. A faculty and student advisory group (Table 3.2.a.1, below) advises the Division and
42 helps develop its strategic plans. The Division reports directly to the Dean and is responsible for the
43 following:

- 44
45 • Coordinates the School’s fieldwork placement programs. Dr. Heller is creating systems for
46 identifying field placement opportunities, matching students with appropriate placements, and
47 monitoring and evaluating student and preceptor experiences.

⁵¹ CUNY, Policy 5.14 Multiple Positions, available at:
http://policy.cuny.edu/manual_of_general_policy/article_v/policy_5.14/text/#Navigation_Location

- 1 • Organizes events in partnership with city agencies and community organizations that engage external
2 partners, faculty, and students in considering key practice issues facing the public health community.
3 In the last two years, the Division has co-sponsored three events:
- 4 • An intersectoral forum on Advancing Health and Equity in New York City on March 26, 2014, in
5 which 140 people gathered to discuss key public health issues facing the city’s new mayoral
6 administration and exchanged views with the Health Commissioner, Dr. Mary Bassett. The event
7 was co-sponsored by Bronx REACH, Brooklyn Food Coalition, Institute for Family Health, New
8 York Academy of Medicine, Public Health Solutions, Primary Care Development
9 Corporation, and West Harlem Environmental Action.
 - 10 • A summit on Translating Evidence into Action on Health Equity on October 8, 2014, co-
11 sponsored with DOHMH. The Summit brought together 120 people to hear Dr. Yvonne Maddox,
12 the Acting Director of the National Institute of Minority Health and Health Disparities, Dr. Mary
13 Bassett, and others to consider strategies for translating public health evidence into concrete
14 strategies that improve public health practice and reduce inequalities in health.
 - 15 • A forum on Immigration and Health: Defining Strategies for Advancing Equity in New York
16 City, held on June 3, 2015, and attended by 140 people. Dr. Shiriki Kumanyika, the President of
17 the APHA, and Nisha Agarwal, the New York City Commissioner for Immigrant Affairs,
18 addressed the meeting and five workshops discussed topics on the health of immigrants including
19 access to quality health care, food security for immigrants, workplace health and safety for
20 immigrants, sexual and reproductive health for immigrants, and mental health issues facing
21 immigrants. The co-sponsors of the event were DOHMH, the Mayor’s Office of Immigrant
22 Affairs, and the New York Immigration Coalition, an alliance of more than 200 New York City
23 organizations that serve immigrants. Several student projects that grew out of the conference are
24 continuing, as summarized in Table 3.2.a.2, below.
 - 25 • Sponsors a community engagement grant program. In spring 2015, the Division sponsored a student
26 and faculty award program in which five faculty and five public health students were awarded small
27 grants (\$4,000 per faculty member and \$2,000 per student) to develop projects in partnership with
28 community organizations, as shown in Table 3.2.a.3.
 - 29 • Develops formal community partnerships with external organizations. Beginning in spring 2015, the
30 Division started a process of developing more substantial relationships with a few organizations that
31 have a long history of placing students in fieldwork, consulting with faculty, and sending their
32 students into the School’s degree program. One such organization is the DOHMH. In fall 2015,
33 Division staff began discussions with three other potential “preferred partners,” each with expertise
34 and capacity closely related to the School’s mission. These are the New York Immigration Coalition;
35 the Institute for Family Health, a network of family practice residency programs and primary care
36 providers in the New York metropolitan region with a strong focus on access to care; and the Local
37 Initiatives Support Corporation, a national organization with an office in New York City that supports
38 community development corporations. By fall 2016, the Division expects to have more formal
39 relationships with at least three such organizations.
- 40
41

Name	Rank	Core Knowledge Area	Focus
Marilyn Aguirre-Molina	Professor	SBS	Community engagement
Catherine Diamond	Doctoral Student	SBS	Community engagement
Nicholas Freudenberg	Distinguished Professor	SBS	Urban health, food policy
Sean Haley	Assistant Professor	HSA	Mental health and substance abuse
Daliah Heller	Clinical Professor	HSA	Substance abuse
Glen Johnson	Associate Professor	BIOS	Geospatial mapping
Ashish Joshi	Assistant Dean	BIOS	Public health informatics
Linda McDowell	Adjunct Lecturer	HSA	Management of community organizations
Lynn Roberts	Assistant Professor	SBS	Community engagement

1

Name	Partner Organization	Project
Tunazzina Ahmed (MPH-EOHS)	New York Committee for Occupational Safety and Health	Metrics for a pilot evaluation of a peer-based training program on health and safety for immigrants
Jesus Barrios (MPH-COMHE)	New York Immigration Coalition and Make The Road	LGBTQ immigrant experiences of health services inside jails.
Rima Oken (MPH-HPM)	Mayor's Office of Immigrant Affairs and New York Immigration Coalition	Handbook on immigrant legal rights to healthcare, mental health, sexual and reproductive health, and occupational health services
Jill Raufman (DPH-EPI)	African Health Collaborative, DOHMH	Health needs assessment of sub-Saharan African immigrants in New York City.
Nandini Shroff (DPH-CSH)	Planned Parenthood NYC	Perceptions of and barriers to accessing sexual and reproductive health services among Southeast Asian immigrants in NYC

2

Awardee	Project Title	Organization	Description
FACULTY (\$4,000 each)			
Spring Cooper	Young people Agency Project	Health and Education Alternatives for Teens (HEAT)	Testing and health care initiative for LGBTQ youth living in high HIV/AIDS risk communities
Jessie Daniels	Being homeless, it's important to be Internet savvy	Sylvia's Place	Use of digital technologies by LGBTQ homeless youth who stay at Sylvia's Place.
Nicholas Grosskopf	Capacity-Building and Technical Assistance in Monitoring and Evaluating HIV Prevention Programs	Hudson Pride Connections Center	Enhancing skills in monitoring and evaluating methods for HIV prevention programming.
Chris Palmedo	Soda-Free Zone Project	Union Community Health Center	Effectiveness of a campaign to remove sugar sweetened beverages on employee and client attitudes, behaviors and health.
Charles Platkin	Using a New Digital food Label to Improve Nutrition Education and Literacy	City Harvest	Use of new digital tools and technologies to improve nutrition literacy of food labels in underserved communities in New York City.
STUDENTS (\$2,000 each)			
Jesus Barrios	Behind Bars Without Citizenship: Immigration Detention and Queer Public Health in the Deportation Era	California Immigrant Youth Justice Alliance	LGBT detainees' experiences navigating health systems while in detention.
Carolyne Burgess	Evaluation of use of the "pre-conception smart form"	Community Healthcare Network	Evaluation of the pre-conception smart form and subsequent counseling.
Hannah Wade	Community Organizations Active in Disaster	East Harlem Emergency Preparedness Collaborative	Launching a collaborative based on the COAD (Community Organizations Active in Disaster) model.

3

1 **3.2.b. Description of the emphasis given to community and professional service activities in the**
2 **promotion and tenure process.**

3
4 Service is an expectation of all primary faculty, and is considered in reviews for reappointment and
5 tenure. Moreover, faculty members are expected to demonstrate increasing involvement and leadership in
6 professional and academic service as they rise in academic rank. The CUNY-wide criteria for assessing
7 achievements in service can be found in [Policy 5.01 of CUNY's Manual of General Policy](#).

8
9 Service contributions, while required in all tenure decisions, are not sufficient to merit advancement in the
10 absence of a balanced portfolio that also includes strong teaching and research records; all three are
11 essential components.

12
13 **3.2.c. A list of the school's current service activities, including identification of the community,**
14 **organization, agency or body for which the service was provided and the nature of the activity, over**
15 **the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not**
16 **be replicated here without distinction. Funded service activities may be reported in a separate**
17 **table; see CEPH Data Template 3.2.2. Extramural funding for research or training/continuing**
18 **education grants should be reported in Templates 3.1.1 (research) and 3.3.1 (funded workforce**
19 **development), respectively.**

20
21 Table 3.2.c.1 lists professional and community service activities in which primary faculty and senior
22 administrators have engaged over the past three years. As shown in the table, they provided service to
23 over 200 local, national, regional, and international journals and organizations. As detailed in Table
24 3.2.c.2, nearly all (over 90% each year) primary faculty have engaged in service each year. As shown in
25 Table 3.2.c.3 below, since 2013, the School received funding for twenty-six service projects with external
26 agencies, formalized by either a Memorandum of Understanding or another contractual arrangement. Half
27 of all funded projects were community-based and two-thirds engaged students. Key initiatives are
28 highlighted below.

- 29
- 30 • Healthy CUNY is a partnership of the CUNY GSPHHP and the CUNY Chancellor's Office,
31 including the Office of Student Services. It aims to make CUNY students the healthiest in the nation,
32 by linking students with health services (e.g. mental and reproductive health services and health
33 insurance), sponsoring health communication campaigns, and advocating for policies and programs
34 that promote the well-being of the CUNY community (e.g. healthy food and tobacco-free
35 environments). It also prepares CUNY students to become health ambassadors who bring health
36 information and resources to campuses, peers, families, and communities and conduct research and
37 evaluation studies to provide evidence that can contribute to improving the health of young adults at
38 CUNY and other urban universities. Healthy CUNY demonstrates the commitment of the School to
39 serve CUNY's 270,000 degree-seeking students and their peers, families, and communities. In the last
40 three years, six faculty and almost sixty CUNY students have contributed to this initiative.
 - 41 • The Community Health Project in East & Central Harlem, led by Dean El-Mohandes and Professor
42 Lorna Thorpe (see Criterion 3.1.b).

43
44 In addition to these:

- 45
- 46 • Faculty and students have long-standing and newly emerging ties with a number of city government
47 agencies that include the Departments of Environmental Protection; Health and Mental Hygiene;
48 Parks, Aging and Correction; the New York City Council and Mayor's Office; New York State
49 Departments of Health; Labor and Environmental Conservation; the US Centers for Disease Control
50 and Prevention; the Occupational Health and Safety Administration; the US Environmental Protection

Agency; National Institutes of Health; and Health Resources and Services Administration; among others. Individual faculty are frequently called upon by these and other agencies to provide consultation and ongoing technical assistance in designing, monitoring, and evaluating public health related services and policies.

- Faculty and students are affiliated with professional organizations such as the New York Academy of Medicine, the APHA and its local affiliate the PHANYC, the Society for Epidemiologic Research, the Society for Pediatric and Perinatal Epidemiology, the Society for Public Health Education, the American Industrial Hygiene Association, American Council of Governmental Industrial Hygienists, and the American Psychological Association.
- Faculty and students have provided service to and partnered with over non-profit and community organizations, including the East Harlem Preparedness Collaborative, Housing Works, Make the Road New York, and the New York Immigration Coalition. Students are members, and in some cases leaders, of community organizations serving the communities or populations they represent.

3.2.d. Identification of the measures by which the school may evaluate the success of its service efforts, along with data regarding the school’s performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

As shown in Table 3.2.d.1, the School has met or exceeded its targets for service. Over 90% of full-time faculty were engaged in professional and community services for each of the past three years. Faculty and students provided service to and collaborated with more than 110 community-based and non-profit organizations, dedicated to underserved populations and advancing health equity (Table 3.2.d.2) over the past three years; the School exceeded its target of 50 such organizations each year in 2014 and 2015. These collaborations and partnerships include faculty service, field placements, and funded projects.

Table 3.2.d.1: Outcome Measures for Service

Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome		
				2013-2014	2014-2015	2015-2016 ⁵²
80% of primary faculty will be engaged in professional and/or community service annually	Faculty CVs	Department Chairs	80%	92%	93%	92% ⁵³
Collaborate with at least 50 community based and non-profit organizations annually dedicated to under-served populations and/or advancing health equity ⁵⁴	Fieldwork database, Funded Projects, Faculty CVs	Division of Public Health Practice and Community Engagement	50	37	56	60

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

Leadership and faculty encourage all its students to engage in Schoolwide, community, and professional service activities. Students in all degree programs are members on the School’s governing bodies and committees (see Table 1.5.a.1). The School encourages participation in professional organizations, such as APHA and its local affiliate, PHANYC. Students have chaired and are active members of the student chapter of PHANYC. Student organizations lead service activities. Most recently, “Root Cause,” a student group dedicated to taking action on health equity and social determinants of health, sponsored a

⁵² 2015-2016 data as of Fall 2015 unless otherwise noted

⁵³ 2015 data includes primary faculty who transitioned to the Graduate School of Public Health and Health Policy

⁵⁴ Reported by calendar or academic or fiscal year (e.g. 2013 = CY2013, AY2012-13, and FY2012-2013)

1 forum on Black Lives Matter. The forum featured the NYC Health Commissioner and other community
2 representatives; approximately one hundred students, faculty, and community members attended.
3 Students also participate in faculty service projects. In the last three years, 84% of funded service projects
4 conducted by faculty included student participation. Over a dozen students have participated in the
5 Campaign for Healthy Food for East Harlem, almost sixty students have served as student health
6 ambassadors and interns on The Healthy CUNY Initiative, and four students are currently working on the
7 Assessing Industry Investment on Community-Based Healthy Eating, Active Living, and Healthy Weight
8 Initiatives, led by Dr. Terry Huang. Examples of independent student service, collected from the most
9 recent Current Student Survey, include policy chair to [APHA Veterinary Public Health Special Primary](#)
10 [Interest Group](#), board member to [CapraCare](#), victim's advocate to the NYS Air National Guard's Sexual
11 Assault Prevention and Response program, volunteer to Mt. Sinai's Peter Krueger Center for
12 Immunological Disorders, and chair for the AIHA Biosafety and Environmental Microbiology Technical
13 Committee.

14
15 **3.2.f. Assessment of the extent to which this Criterion is met and an analysis of the school's**
16 **strengths, weaknesses and plans relating to this Criterion.**

17
18 This Criterion is met.

19
20 Strengths:

- 21 • Reflecting its commitment to social justice, the School has well-defined policies and practices to
22 promote service activity among faculty and students, for example, in curriculum, student services, and
23 faculty promotion and tenure criteria
- 24 • More than 90% of faculty engage in professional and community service activities, outside of
25 teaching and research activities
- 26 • Faculty and students participate in and provide service to professional and community organizations
27 at the local, state, regional, national, and international levels.
- 28 • The newly established Division of Public Health Practice and Community Engagement provides a
29 platform for organizing and promoting the School's engagement in community service, and has
30 already begun to engage administrators, faculty, and students in meaningful collaborations with a
31 range of community partners.

32
33 Weaknesses: The formal organizational structure and dedicated staff to support and promote service,
34 especially for students, are evolving. The Division of Public Health Practice and Community Engagement
35 has made demonstrable progress since fall 2013, but many partnerships and initiatives are still in the early
36 or formative stages and their full impact will only be realized in the future.

37
38 Plans: Through its newly formed Division of Public Health Practice and Community Engagement and the
39 Office of Student Services, the School will expand and formalize professional and community service
40 opportunities for faculty and students.

Table 3.2.c.3: Funded Service Activity from 2013 to 2015

Project Name	PI and Department/ Concentration ⁵⁵	Funding Source	Funding Period	Total Award Amount	Amount FY 2013	Amount FY 2014	Amount FY 2015	Community-Based	Student Participation
Assessing regulatory & policy conflicts regarding removal of asbestos containing floor tile mastic in NYC housing	Caravanos, EOGHS	NYC Dept. of Environmental Protection	7/1/12-12/31/12	\$4,550	\$4,550			N	N
Moisture Meters for the safe rebuilding of Hurricane Sandy damaged homes	Caravanos, EOGHS	Americares	2/25/13-5/21/13	\$7,452	\$7,452			Y	Y
Harm Reduction Integration into FQHC health care structures	Cohen, HPM	MAC AIDS Foundation	12/1/13-11/30/14	\$50,000		\$50,000		Y	N
Health Ambassadors	El-Mohandes	United Hospital Fund	3/1/15 - 8/31/16	\$100,000			\$100,000	N	Y
Community Health Workers Project: East & Central Harlem	El-Mohandes	NYCDOHMH	7/1/14-6/30/16	\$1,045,807			\$464,547	Y	Y
Evaluation –Technical assistance resource center: promoting appropriate long term care supports for LGBT Elders	Fahs & Guinta, HPM	Service and Advocacy for Gay Lesbian bisexual transgender Elders	7/1/113-6/30/14	\$16,400		\$16,400		Y	Y
A case study of the implementation of South Africa's 2011 Intersection Framework for prevention of diet-related Non-Communicable Diseases in Capetown	Freudenberg, CHSS	WHO	2/15/13-5/15/13	\$6,000	\$6,000			N	Y
NYC Food Initiative	Freudenberg, CHSS	NYC Council	7/1/12-6/30/14	\$600,000	\$200,000	\$200,000	\$200,000	Y	Y
Evaluation of NYC Food & Fitness Partnership	Freudenberg, CHSS	NYC Food & Fitness Partnership	5/1/14-9/30/14	\$10,000		\$10,000		Y	Y
Communities for Healthy Food/NYC	Freudenberg, CHSS	Local Initiatives Support Corporation	10/1/13-1/30/16	\$140,958		\$47,000	\$72,794	Y	Y
"professional services"	Freudenberg, CHSS	various sources	7/1/12-6/30/15	\$34,000	\$10,000	\$12,000	\$12,000	Y	Y
Campaign for Healthy Food for East Harlem	Freudenberg, CHSS	Laurie M. Tisch Illumination Fund	1/1/13-6/30/15	\$200,000		\$45,190	\$101,336	Y	Y

⁵⁵ Community Health and Social Sciences Department (CHSS); Epidemiology and Biostatistics Department (EB); Environmental, Occupational, and Geospatial Health Sciences Department (EOGHS); Health Policy and Management (HPM) Department; and Nutrition concentration (NUTR)

Table 3.2.c.3: Funded Service Activity from 2013 to 2015

Project Name	PI and Department/ Concentration⁵⁵	Funding Source	Funding Period	Total Award Amount	Amount FY 2013	Amount FY 2014	Amount FY 2015	Community-Based	Student Participation
NYC Food & Fitness Partnership evaluation	Freudenberg, CHSS	Restoration Information Tech Educ Ctr	5/1/14-8/15/14	\$10,000			\$10,000	Y	Y
East Harlem Youth Food Educators	Freudenberg, CHSS	Levitt Foundation	2/1/15-1/31/16	\$30,000			\$30,000	Y	Y
Provider Business Operations Learning Network	Haley, HPM	State Association of Addiction Services	7/13/13-1/1/14	\$29,795		\$29,795		N	Y
Assessing the NYC Tracking Portal as a Teaching Tool - Phase 2	Klitzman	NYC DOHMH	1/1/12 - 7/31/13	\$13,800	\$13,800			N	Y
Hunter College Public Health Consultants	Klitzman	NYCDOHMH	7/1/13-6/30/18	N/A		\$17,712	\$114,247	N	Y
System Linkages & Access to Care for Populations at High Risk of HIV Infection Initiative - Demonstration Sites	Nash, EB	Health Research Services Administration via HRI/NYS AIDS Inst. (subcontract)	9/1/11-8/31/16	\$665,120	\$216,786	\$283,822	\$278,400	N	Y
MODEL HIV Care	Nash, EB	CDC via EDC (subcontract)	11/18/13-8/31/16	\$106,924		\$34,593	\$34,593	N	N
Data center to track the end of AIDS	Nash, EB	HRI/NYS AIDS Inst.	10/1/14-9/30/17	\$384,691			\$115,000	N	N
Eat Sleep Play Research and Evaluation	Platkin, NUTR	Children's Museum of Manhattan	8/15/12-5/31/13	\$33,980	\$33,980			Y	Y
Focus groups to explore practices & risk perceptions around Hooking Smoking among CUNY students	Thorpe, EB	Mount Sinai School of Medicine	4/1/13-6/30/13	\$2,500	\$2,500			Y	Y
Innovations in monitoring population health using electronic health records (NYC HANES-2013)	Thorpe, EB	NYS Health Foundation via Fund for Public Health in NY/DOHMH (subcontract)	4/1/12-5/31/13	\$168,775	\$168,775			N	Y
Innovations in monitoring population health using electronic health records (NYCHANES-2013)	Thorpe, EB	de Beaumont Foundation	6/1/12-5/31/15	\$3,339,000	\$1,276,194	\$895,655		Y	Y
Educational Materials for employees about Mental Health Benefits	Zarcadoolas, CHSS	National Alliance for the Mentally Ill of NYC	8/1/2012-9/30/13	\$40,829	\$33,129	\$7,700		Y	Y
TOTAL				\$7,040,581	\$1,973,166	\$1,649,867	\$1,532,917	15	21

1 **3.3. Workforce Development**

2
3 *The school shall engage in activities other than its offering of degree programs that support the*
4 *professional development of the public health workforce.*

6
7 **3.3.a. Description of the ways in which the school periodically assesses the continuing education**
8 **needs of the community or communities it intends to serve. The assessment may include primary or**
9 **secondary data collection or data sources.**

10
11 The Graduate School of Public Health and Health Policy is committed to contributing to the professional
12 development of the public health workforce, with a specific focus on the New York metropolitan region.
13 Recent alumni data and other post-graduation data indicate approximately 80% of graduates remain in the
14 area upon completing their degrees, supporting the School’s NYC focus. At the same time, the School is
15 expanding its focus to include targeted regional, national, and global areas based on specific workforce
16 needs, such as in the areas of public health informatics and social media, social marketing, and health
17 communications. The School uses several sources to assess continuing education needs.

18
19 First, the School reviews reports of local labor market needs and incorporates this information into its
20 workforce development activities, courses, and certificate programs. The most recent [Jobs for New York’s](#)
21 [Future](#) report produced by CUNY’s Job Task Force, for example, identified two employment sectors—
22 health care and government—relevant to graduates that are expected to be a major source of future jobs,
23 as well as several critical workforce skills (e.g. written and oral communication; analytic, and project
24 management) that have been a focus in recent curriculum reviews and revisions.

25
26 Second, the School convenes focus groups at least once a year with employers of graduates and potential
27 employers in various sectors to assess the knowledge and skills needs. Recent examples include focus
28 groups with managers at the Department of Health and Mental Hygiene and from the healthcare,
29 governmental, and non-profit sectors (our largest employers) who work in the fields of public health
30 social work and correctional health, respectively. In addition to these focus groups, the Dean and
31 Associate Dean for Academic and Faculty Affairs meet with the Department of Health and Mental
32 Hygiene to ascertain their workforce needs.

33
34 Third, the [Dean’s Advisory Council](#) serves as an important resource, both collectively and individually, in
35 assisting the School in identifying continuing education needs of the public health workforce. The
36 Council members represent a diversity of industries, employment sectors, and areas of expertise in
37 government, academia, business, healthcare and the non-profit sectors. Workforce development was a
38 significant topic at a recent (March 2015) meeting, at which time council members identified the need for
39 training community health and other outreach workers to better serve patient needs outside of clinical
40 settings (see: Minutes of 3-6-15 Advisory Council meeting).

41
42 Fourth, the School reviews and conducts periodic environmental scans of existing training programs⁵⁶ and
43 skill requirements based on current job postings⁵⁷ in order to identify and fill gaps in workforce
44 development needs.

⁵⁶ Joshi A, Perin, D, Gaps in Existing Public Health Informatics Training Programs: A Challenge to the Development of a Skilled Global Workforce, Perspectives in Health Information Management, v.9; Fall 2012.

⁵⁷ Gaba A, Shrivastava A, Amadi C and Joshi A, The Nutrition and Dietetics workforce needs skills and expertise in the New York Metropolitan Area, Global Journal of Health Sciences, Vol. 8, No. 6, 2016.

1 Fifth, the Senior Associate Dean for Administration serves on the New York City Board of Health,
2 allowing the School to gain a first-hand understanding of the programmatic and workforce needs of the
3 department.
4

5 **3.3.b. A list of the continuing education programs, other than certificate programs, offered by the**
6 **school, including number of participants served, for each of the last three years. Those programs**
7 **offered in a distance-learning format should be identified. Funded training/continuing education**
8 **activities may be reported in a separate table. See CEPH Template 3.3.1 (Optional template for**
9 **funded workforce development activities). Only funded training/continuing education should be**
10 **reported in Template 3.3.1. Extramural funding for research or service education grants should be**
11 **reported in Templates 3.1.1 (research) or 3.2.2 (funded service), respectively.**
12

13 A list of the continuing education programs is provided in Table 3.3.b.1 below. As shown in the table,
14 over the past three years, the School has offered continuing education on over 25 different topics; each
15 year, between 60 and 120 sessions were offered to 2000 and 3000 participants. The School's continuing
16 education activities include:
17

- 18 • Mandated education and training that is required to obtain or maintain special certifications (e.g.
19 OSHA-HAZWOPPER; CIH) and/or assure that employees are kept up-to-date with the most
20 recent scientific and policy developments in their field (e.g. DEP)
- 21 • On-going education to address local public health priorities (e.g. food policy)
- 22 • Periodic training in response to emerging public health issues (e.g. in response to Hurricane
23 Sandy)
24

25 Over the past three years, faculty received \$1.1 million in training and workforce development grants
26 from federal, state, and municipal sources. A complete list and totals of these funded training/continuing
27 education activities appear in Table 3.3.b.2 below.
28

29 The GSPHHP has entered into a partnership with the NYC DOHMH to provide MPH-level training to
30 participants in its Public Health/Preventive Medicine Residency (PMR) Program. For over fifty years, the
31 PMR has trained physicians in health promotion and disease prevention at the population level. Graduates
32 have served as leaders in public health practice, epidemiologic and clinical research, and clinical
33 preventive medicine. GSPHHP has identified a faculty PMR liaison to facilitate residents' admission to,
34 and completion of, program requirements. All program costs (tuition, student activity and technology
35 fees) are paid by DOHMH.
36

Table 3.3.b.1: Continuing Education Programs Offered by the CUNY GSPHHP, 2013-2015

Description/Topic (Funding Source, if applicable)	Audience	Responsible Party	2013		2014		2015	
			# of Courses	# of Trainees	# of Courses	# of Trainees	# of Courses	# of Trainees
1. NYSDEC Hazardous Waste Worker 8 hour refresher Training (NYSDEC)	Emergency mgmt., wildlife resource managers, and environmental engineers	Andrew Burgie	24	434	26	446	25	428
2. Hazardous Waste Worker 8-hour Refresher Training (National Institute of Environmental Health Sciences)	EHS professionals in university, health care, government, public utility and other settings	Andrew Burgie	1	38	1	31	1	26
3. Hazardous Waste Worker Training 16-hour environmental preparation (National Institute of Environmental Health Sciences)		Andrew Burgie	N/A	N/A	3	64	3	65
4. “Food Policy for Breakfast” Seminars (Various Topics: Food supply, food justice, role of technology, child nutrition, campus food, municipal food service)	Policy makers, service providers, advocates, elected officials, local and state bureaucrats, faculty, students	Nicholas Freudenberg	8	305	8	515	5	405
5. Reproductive Justice	NYCDOHMH Staff and Community Partners	Lynn Roberts					3	90+
6. Cultural Competence	Health Care Providers in DOHMH Clinics	Diana Romero	1	35				
7. Student Perceptions of Campus Services for addressing Interpersonal Violence	CUNY Campus Wellness Directors	Patricia Lamberson	1	15				
8. Health Communication and Marketing in Nutrition Education	Society for Nutrition Education and Behavior Members	May May Leung			1	30		
9. OSHA’s Proposed Silica Standards Impact on Construction	Industrial Hygienists, Occupational Health and Safety (OSH) Professionals	Frank Mirer					1	100
10. Choosing Which PEL’s To Update, New York-New Jersey NIOSH ERC External Advisory Board Meeting	OSH Practitioners	Frank Mirer					1	10
11. OSHA’s Proposed Silica Standards, North Shore Long Island Jewish Hospital Safety Conference	Safety personnel from NSLIJ contractors	Frank Mirer					1	75
12. Choosing Which PEL’s To Update, AIHA Northeast Tri-sectional Meeting	Practicing Industrial Hygienists	Frank Mirer			1	75	1	50
13. TLVs or No TLV: That is the Question for the Future	Practicing Industrial Hygienists	Frank Mirer			1	300		

Table 3.3.b.1: Continuing Education Programs Offered by the CUNY GSPHHP, 2013-2015

Description/Topic (Funding Source, if applicable)	Audience	Responsible Party	2013		2014		2015	
			# of Courses	# of Trainees	# of Courses	# of Trainees	# of Courses	# of Trainees
14. OSHA's Proposed Silica Standards	Union OSH reps, practicing Industrial Hygienists, city agency H&S	Frank Mirer			1	30		
15. PELs, Chemical Safety	Union H&S personnel, NGO staff	Frank Mirer	1	20			1	20
16. Various Occupational Health and Safety Topics	Local union H&S representatives	Frank Mirer			1	30	1	200
17. Food insecurity and emergency food assistance training for CUNY campus food pantry staff and administrators	CUNY Single Stop directors and staff	Patricia Lamberson			1	10	1	10
18. Sexual and Reproductive Health Resources	CUNY Health Services Directors and staff	Patricia Lamberson			1	15	1	20
19. Mold Identification and Remediation Training 6-hr (NYCDOHMH)	Hurricane Sandy cleanup volunteers	Jack Caravanos	12	210				
20. Mold Primer and Awareness Seminar (NYC DOHMH / Rutgers University)	Hurricane Sandy clean-up workers (as well as homeowners and affected residents)	Jack Caravanos	12	485				
21. Mold Identification and Remediation Training, 4 hr (NYC DOHMH, contract)	Hurricane Sandy clean-up workers (as well as homeowners and affected residents)	Jack Caravanos	63	1467				
22. Mold Identification and Remediation Training, 4 hr (NJ DOH / Rutgers Univ.)	New Jersey Department of Health Inspectors / NJ Dept of Building Inspectors	Jack Caravanos			4	128	5	160
23. Ebola Personal Protection Training – 4 hr (NJDOH / Rutgers Univ.)	NJ EMS personnel, NJ State Troopers, NJ Clinic staff (all public workers)	Jack Caravanos			7	272		
24. Mold Identification Procedures Training – 3 hr (NYCHA RU)	Senior NYC Housing Authority Personnel	Jack Caravanos					10	402
25. Disaster Preparedness Mold – 3.5 hr, (NJ DOH/Rutgers)	NJ Clinic staff (all public workers)	Jack Caravanos			2	30		
26. Asbestos Inspector Training 4-hr (NYC DEP / RU)	NYCDEP Protection Inspectors	Jack Caravanos	2	45	2	45	2	45

1
2
3

Table 3.3.b.2: Funded Training/Continuing Education Activity from 2013 to 2015

Project Name	PI and Department/ Concentration ⁵⁸	Funding Source	Funding Period Start/End	Amount Total Award	Amount FY 2013	Amount FY 2014	Amount FY 2015	Community-Based Y/N	Student Participation Y/N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	(National Institute of Environmental Health Sciences) via UMDNJ (subcontract)	8/1/12-7/31/13	\$185,030	\$94,403			N	N
ERC: Industrial Hygiene	Caravanos, EOGHS	NIOSH via Mount Sinai School of Medicine (subcontract)	7/1/12-6/30/13	\$290,167	\$148,327			N	Y
Hazardous Waste Worker Training Program	Caravanos, EOGHS	"various sources"	2/1/12-1/31/15	\$120	\$120			N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	NYS Dept.of Environmental Conservation	4/1/12-3/31/13	\$83,880	\$41,940			N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	National Institute of Environmental Health Sciences via UMDNJ (subcontract)	8/1/13-7/31/14	\$185,030		\$90,627		N	N
ERC: Industrial Hygiene	Caravanos, EOGHS	NIOSH via Mount Sinai School of Medicine (subcontract)	7/1/13-6/30/14	\$290,167		\$141,840		N	N
NYC Mayor's Fund: Mold Remediation Training	Caravanos, EOGHS	NYC DOHMH via Rutgers (UMDNJ)	7/1/13-6/30/14	\$21,386		\$21,386		N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	"various sources"	7/1/13-6/30/14	\$43,100		\$43,100		N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	National Institute of Environmental Health Sciences via UMDNJ (subcontract)	8/1/12-7/31/15	\$372,993			\$92,403	N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	"various sources"	7/1/14-6/30/15	\$45,397			\$45,397	N	N
Hazardous Waste Worker Training Program	Caravanos, EOGHS	NYS Dept. of Environmental Conservation	4/1/12-3/31/15	\$58,700			\$58,700	N	N
ERC: Industrial Hygiene	Caravanos, EOGHS	NIOSH via Mount Sinai School of Medicine (subcontract)	7/1/14-6/30/15	\$460,014			\$169,847	N	N
Uptown media lab to train public health professionals	Daniels, CHSS	Dormitory Authority, State of NY	2/1/12-1/31/15	\$5,194	\$5,194			N	N
Epidemiology & Biostatistics Pilot Study at CUNY GSPHHP	Kelvin, EB	Dormitory Authority, State of NY	1/1/13-12/31/13	\$5,000	\$5,000			N	N
Public Health Traineeships	Klitzman	Health Research Services Administration	1/1/13-12/31/13	\$26,076	\$26,076			N	Y
CTSC - Biostatistics Core	Thorpe, EB	NIH via Weill/Cornell	6/27/12-5/31/17	\$265,674	\$50,599	\$45,539	\$45,539	N	N
Research Support - Mentor Fees	Thorpe, EB	Assoc. of State and Territorial Chronic Disease Prog. Directors	9/1/11-9/29/13	\$15,000	\$5,000	\$5,000	\$3,750	N	N
TOTAL				\$2,352,928	\$376,659	\$347,492	\$415,636		

1

⁵⁸ Community Health and Social Sciences Department (CHSS); Epidemiology and Biostatistics Department (EB); Environmental, Occupational, and Geospatial Health Sciences Department (EOGHS); Health Policy and Management (HPM) Department; and Nutrition concentration (NUTR)

1 **3.3.c. Description of certificate programs or other non-degree offerings of the school, including**
2 **enrollment data for each of the last three years.**

3
4 The School received approval from the New York State Education Department in November 2015 for a
5 credit-bearing advanced certification program in public health. The first cohort of students will begin in
6 fall 2016. This advanced certificate consists of the five public health core courses: Fundamentals of
7 Biostatistics, Fundamentals of Environmental Health, Fundamentals of Epidemiology, Fundamentals of
8 Health Policy and Management, and Fundamentals of Social and Behavioral Health. Each course is worth
9 3 credits; the certificate program bears 15 credits. These credits can be applied to the MPH or DPH
10 programs. The certificate will train students to think critically about the health challenges of populations
11 and gain deeper understanding of multiple factors that lead to these challenges. It will also enable students
12 to approach public health problems using an array of evidence-based approaches, tools, and methods.

13
14 The School launched the first non-credit bearing certificate program in [Public Health Informatics](#) in fall
15 2015, enrolling thirteen students. The purpose of this non-credit online certificate program is to offer an
16 in-depth understanding of informatics and its various domains and explore relationships between data,
17 information, knowledge, and data standards. The program examines the various tools and technologies
18 that can be utilized as electronic means of data collection and applied to create visual analytics that are
19 meaningful for diverse stakeholders. Other topics addressed include the design and evaluation of
20 consumer health information interventions in both clinical and community settings; the emerging role of
21 mobile-based technologies to address health disparities, disease prevention, health promotion and
22 surveillance; the tailoring of health interventions when utilizing multifaceted technology-enabled
23 platforms; and the various approaches of health technology assessment including accessibility, heuristics
24 and usability, and population health outcomes. Students acquire the knowledge, skills, and expertise to
25 apply informatics in various settings across diverse users. The 28-week online program is modular,
26 flexible, and self-paced and includes interactive discussions, case study examples, reading material,
27 assessments, and hands-on experience with existing technologies. The targeted audience includes
28 undergraduates/graduates and professionals from all disciplines, particularly medicine, public health,
29 allied health sciences, information systems, computer science, engineering, management, and hospital
30 administration. The minimum requirements for participation include having an internet connection,
31 computer, and microphone.

32
33 **3.3.d. Description of the school's practices, policies, procedures and evaluation that support**
34 **continuing education and workforce development strategies.**

35
36 The School has long-standing training programs and ties with organizations, especially in the
37 government, higher education, and health care sectors, whose members of the workforce have ongoing
38 needs for continuing or periodic education. This includes, for example, grants and contracts to provide
39 continued mandated training in hazardous waste and preparedness, and periodic regulatory updates for
40 employees in local, state, and federal environmental and occupational-health related programs and
41 agencies. It also includes training in response to emergent needs as new health threats arise and new
42 training requirements are mandated. For example, the School was asked to provide training to emergency
43 response and public safety personnel on Ebola protection following the 2014 outbreaks; clean-up workers
44 and housing inspectors regarding mold safety following Hurricane Sandy; and CUNY student services
45 and wellness staff regarding sexual health and food security issues facing students.

46
47 **3.3.e. A list of other educational institutions or public health practice organizations, if any, with**
48 **which the school collaborates to offer continuing education.**

49 Not applicable.
50
51

1 **3.3.f. Assessment of the extent to which this Criterion is met and an analysis of the school’s**
2 **strengths, weaknesses and plans relating to this Criterion.**

3
4 This Criterion is met.

5
6 Strengths: The School provides both credit- and non-credit-bearing continuing education options to meet
7 ongoing and emerging workforce development needs.

8
9 Weaknesses: The number of credit- and non-credit-bearing certificates is limited.

10
11 Plans: Based on feedback from stakeholders and insights gained from assessment data, the School is
12 developing several other certificate and non-degree programs, including a Dietetic Internship for students
13 who wish to earn the Registered Dietitian Nutritionist credential. This non-degree program will require
14 accreditation status granted by the Accreditation Council for Education in Nutrition and Dietetics
15 (ACEND). Collaborations that support continuing education and workforce development are in various
16 stages of planning, and include partnerships with the Albert Einstein College of Medicine and [The](#)
17 [Institute for Family Health](#).

1 **CRITERION 4: FACULTY, STAFF AND STUDENTS**

2
3
4 **4.1. Faculty Qualifications**

5
6 *The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary*
7 *nature, educational preparation, practice experience and research and instructional competence, is able*
8 *to fully support the school's mission, goals and objectives.*

9
10 **4.1.a. A table showing primary faculty who support the degree programs offered by the school. It**
11 **should present data effective at the beginning of the academic year in which the self-study is**
12 **submitted to CEPH and should be updated at the beginning of the site visit. This information must**
13 **be presented in table format, organized by department, specialty area or other organizational unit**
14 **as appropriate to the school and must include at least the following: a) name, b) title/academic**
15 **rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline**
16 **in which degrees were earned, i) institutions from which degrees were earned, j) current**
17 **instructional areas and k) current research interests. See CEPH Data Template 4.1.1.**
18 ***Note: classification refers to alternative appointment categories that may be used at the**
19 **institution.**

20
21 Table 4.1.a.1 lists primary Graduate School of Public Health and Health Policy faculty, along with their
22 academic rank, % time, tenure status, graduate degrees with the discipline and institution at which degrees
23 were earned, instructional areas, and research interests. As summarized in Table 1.7.a.1, there are
24 currently forty-eight primary faculty at the School; faculty have earned graduate degrees in over fifty
25 different disciplines in the social, behavioral, and natural sciences; humanities; and other professions,
26 such as law, medicine, and business. Primary faculty CVs can be found in the ERF.
27
28

Table 4.1.a.1: Primary Faculty by Core Teaching (Knowledge) Area

Faculty Name	Title/ Academic Rank	Tenure Status	FTE	Graduate Degrees Earned	Institution Where Degrees Were Earned	Discipline in Which Degrees Were Earned	Teaching Area	Research Interest
Shiro Horiuchi	Professor	T	1.00	MA PhD	Keio University Johns Hopkins University	Sociology Sociology	BIOS	Health demography with focus on longevity and aging; quantitative methods and mathematical models in health sciences and social sciences
Glen Johnson	Associate Professor	TR	1.00	MA MS PhD	Pennsylvania State University Pennsylvania State University Pennsylvania State University	Statistics Ecology Ecology	BIOS	Geo-spatial aspects of health, Environmental and community-level social determinants of health outcomes, health effects of the built environment, the development of community needs indices to assist public health agencies with resource allocation decision-making using evidence-based community risk assessment
Levi Waldron	Assistant Professor	TR	1.00	MS PhD	University of Waterloo University of Toronto	Physics Wood Science	BIOS	Meta-analysis of public genomics databases for translational research, including discovery and validation of disease subtypes and biomarkers
Katarzyna E Wyka	Assistant Professor	TR	1.00	MA MA PhD	Adam Mickiewicz University Hunter College, CUNY The Graduate Center, CUNY	Mathematics Statistics Psychology	BIOS	Statistical methods in mental health research; latent variable modeling
Hongbin Zhang	Assistant Professor	TR	1.00	MS MSc PhD	Chinese Academy of Sciences University of British Columbia University of British Columbia	Computer Science Statistics Statistics	BIOS	Longitudinal analysis with complex data, joint modelling of longitudinal and survival data, missing data analysis, measurement error models, non-linear mixed effect modelling, adaptive clinical trials design, causal inference,
Jack Caravanos	Professor	T	1.00	MS DPH	Polytechnic University Columbia University	Environmental Science Environmental Science	ENV SCI	Urban lead contamination (sources and dispersion of lead-contaminated dust), International environmental site assessments, environmental exposure and risk assessment
Jean Grassman	Associate Professor	T	1.00	MS PhD	University of California, Berkeley	Environmental Science	ENV SCI	Occupational and environmental health, toxicology, the application, use and ethics of biological monitoring
Andrew Maroko	Assistant Professor	TR	1.00	MPhil PhD	The Graduate Center, CUNY The Graduate Center, CUNY	Earth and Environmental Sciences	ENV SCI	Health Geographic's, environmental health justice, spatial analyses, computational geography, accessibility, and geo-visualization
Franklin Mirer	Professor	T	1.00	MA PhD	Harvard University Harvard University	Physical Organic Chemistry Physical Organic Chemistry	ENV SCI	Occupational health, toxicology
Brian Pavilonis	Assistant Professor	TR	1.00	MPH PhD	University of Illinois at Springfield University of Iowa	Environmental Health Occupational and Environmental Health	ENV SCI	Indoor air quality, exposure and risk assessment, and childhood asthma
Grace Sembajwe	Associate Professor	TR	1.00	MS ScD	Central Missouri State University University of Massachusetts	Industrial Hygiene Epidemiology	ENV SC	Exposure Assessment, Work Environment, Epidemiology (environmental/occupational), Biomarkers, Psychosocial stress
Luisa Borrell	Professor	T	1.00	MPH DDS PhD	Columbia University Columbia University University of Michigan	Public Health Dentistry Epidemiology	EPI	Epidemiologic methods, social determinants of health, social epidemiology

Table 4.1.a.1: Primary Faculty by Core Teaching (Knowledge) Area

Faculty Name	Title/ Academic Rank	Tenure Status	FTE	Graduate Degrees Earned	Institution Where Degrees Were Earned	Discipline in Which Degrees Were Earned	Teaching Area	Research Interest
Jennifer Dowd	Associate Professor	T	1.00	MA PhD	Princeton University Princeton University	Public Affairs Demographic and Public Affairs	EPI	Relationships among education, income and antibody response to latent infection as a marker of stress and immune function; immunity as mediator between socioeconomic status and chronic disease outcomes
Heidi Jones	Assistant Professor	TR	1.00	MPH PhD	Hunter College, CUNY Columbia University	Community Health Epidemiology	EPI	Improving prevention and treatment of sexually transmitted infections, including HPV, and prevention of cervical cancer; clinical trials for candidate vaginal microbicides to prevent heterosexual transmission of HIV, as well as interventions aimed at improving contraceptive services and management of sexually transmitted infections in resource poor settings
Elizabeth Kelvin	Assistant Professor	T	1.00	MA MPH PhD	Tulane University Columbia University Columbia University	Latin American Studies Epidemiology Epidemiology	EPI	HIV/AIDS, Reproductive Health
Sheng Li	Assistant Professor	TR	1.00	MPH MD PhD	University of Oklahoma Shanghai Medical University University of Michigan	Public Health Medicine Epidemiological Sciences	EPI	System epidemiology, global health, public health practice and policy evaluation.
Denis Nash	Professor	T	1.00	MPH PhD	Johns Hopkins University University of Maryland	Public Health Epidemiology and Preventive Medicine	EPI	Domestic and international HIV/AIDS epidemiology and surveillance, including monitoring and evaluation of antiretroviral therapy programs internationally, cancer epidemiology, and health disparities in urban populations
Gerald Oppenheimer	Professor	T	1.00	MA MPH PhD	University of Chicago Columbia University University of Chicago	History Epidemiology Epidemiology	EPI	History of public health and medicine; history of the HIV/AIDS epidemic
Lorna Thorpe	Professor	T	1.00	MPH PhD	University of Michigan University of Illinois at Chicago	Population Planning & Intl. Health Epidemiology	EPI	Chronic disease epidemiology; public health surveillance
Barbara Berney	Associate Professor	T	1.00	MPH PhD	University of California, LA Boston University	Health Administration Public Policy	HSA	Health advocacy; working conditions of health-services workers and other workers; impact of work on worker and family health; environmental justice; health - care quality
Nevin Cohen	Associate Professor	TR	1.00	MCRP PhD	University of California, Berkeley Rutgers University	Urban Economics Environmental Planning and Policy Development	HSA	Urban food policy; social practice theory and food systems; food justice, access, and sovereignty
Elizabeth Eastwood	Associate Professor	T	1.00	MSW PhD	Boston College Brandeis University	Social Work Social Welfare	HSA	Socio-behavioral issues among adolescents with HIV; program development for HIV/AIDS; risk reduction; HIV/AIDS; health policy, administration, and financing

Table 4.1.a.1: Primary Faculty by Core Teaching (Knowledge) Area

Faculty Name	Title/ Academic Rank	Tenure Status	FTE	Graduate Degrees Earned	Institution Where Degrees Were Earned	Discipline in Which Degrees Were Earned	Teaching Area	Research Interest
Marianne Fahs	Professor	T	1.00	MPH PhD	University of Michigan University of Michigan	Health Management Health Management	HSA	Cost effectiveness of prevention, health policy analysis, economics of illness, urban aging, health disparities, public health economics, health-care access, immigrant health, health outcomes
William Gallo	Professor	T	1.00	MA MBA PhD	University of Connecticut American University University of Connecticut	International Management Business Management Economics	HSA	Health consequences of job loss, health economics, and research design
Elizabeth Geltman	Associate Professor	TR	1.00	LIM MLAA JD	Georgetown University Law Center Johns Hopkins University University of Baltimore School of Law	Law Law Law	HSA	Shale gas extraction, environmental audits, environmental management systems, brownfields redevelopment
Sean Haley	Assistant Professor	TR	1.00	MPH PhD	University of Michigan Brandeis University	Health Policy and Administration Social Policy	HSA	Health systems, vulnerable populations, performance contracting, performance measures in health care with a specific emphasis on public sector substance abuse treatment services
Daliah Heller	Clinical Professor	N	1.00	MPH PhD	Columbia University The Graduate Center, CUNY	Population and Family Health Social Welfare	HSA	Urban health policy; Criminal justice-public health; Drug policy
Stacey Plichta	Professor	T	1.00	ScD	Johns Hopkins University	Health Services Research	HSA	Health services research; health care policy, hospital practice and health issues associated with intimate partner violence and rape; adolescent contraceptive use and pregnancy
Alexis Pozen	Assistant Professor	TR	1.00	PhD	University of California, Berkeley	Health Services and Policy Analysis	HSA	Health care costs, pricing variation, hospital competition
Gordon Shen	Assistant Professor	TR	1.00	SM PhD	Harvard University University of California	Epidemiology Health Services and Policy Analysis	HSA	Global health; health system strengthening; organization and management theory; dissemination and implementation science.
James Sherry	Professor	TR	1.00	MD PhD	University of Michigan Carnegie Mellon University	Medicine Biochemistry	HSA	Immigrant, Refugee and Global Health and Policy; International Health Organizations
Ann Gaba	Assistant Professor	TR	1.00	MS EdD	Russell Sage College Teachers College, Columbia University	Health Education Nutrition Education	NUTR	Nutrition education, experiential teaching and learning, and nutritional factors in the prevention and care of movement disorders
C. Mary Schooling	Professor	T	1.00	MSc MA MSc PhD	Birkbeck College, London, UK St Andrew's University, UK Strathclyde University, UK University College of London, UK	Statistics Pure Mathematics & Medieval History Operational Research Epidemiology	NUTR	Effects of social and historical forces over the life course on disease risk
Arlene Spark	Professor	T	1.00	MEd MS EdD	Columbia University Columbia University Columbia University	Community Nutrition Education Public Health Nutrition Nutrition Education	NUTR	Nutrition policy, pediatric nutrition, nutrition education, and eating disorders

Table 4.1.a.1: Primary Faculty by Core Teaching (Knowledge) Area

Faculty Name	Title/ Academic Rank	Tenure Status	FTE	Graduate Degrees Earned	Institution Where Degrees Were Earned	Discipline in Which Degrees Were Earned	Teaching Area	Research Interest
Marilyn Aguirre-Molina	Professor	T	1.00	MS EdD	Columbia University Columbia University	Community Based PH & Health Ed. Health Education and Administration	SBS	Health equity for ethnic/racial populations, structural factors affecting health, Latino health and AIDS and inequality
Marilyn Auerbach	Associate Professor	T	1.00	MPH DPH	Columbia University	Public Health	SBS	Families and chronic disease, women's health, reproductive health, program planning, health policy
Spring Cooper	Associate Professor	TR	1.00	PhD	Pennsylvania State University	Bio Behavioral Health	SBS	Sexual health; adolescent health; health promotion; health communication; social media
Sergio Costa	Lecturer	N	1.00	MS MA PhD	University of Nebraska-Kearney Boston University Boston University	Education In Instructional Technology Political Sciences Political Sciences	SBS	Public policy, arts & humanities in public health and social justice, political science, communication for political and social change
Sandra Echeverria	Associate Professor	TR	1.00	MPH PhD	Columbia University Columbia University	Socio Medical Sciences Epidemiology	SBS	Social epidemiology with focus on neighborhood health effects, chronic health conditions, and health disparities
Nicholas Freudenberg	Distinguished Professor	T	1.00	MPH DPH	Columbia University	Public Health	SBS	Public health policy, urban health, incarceration and health, health impact of corporate practices
Christian Grov	Associate Professor	T	1.00	MPH PhD	Hunter College, CUNY The Graduate Center, CUNY	Community Health Education Sociology	SBS	Sexuality, drugs, and contextual risk behavior, HIV, men who have sex with men
Terry Huang	Professor	T	1.00	MPH PhD	University of Southern California University of Southern California	Biostatistics and Epidemiology Preventive Medicine	SBS	Obesity, Child Health, Chronic Disease Prevention, Systems Science, Design and Health, Cross-Cultural Health
Betty Wolder Levin	Professor	T	1.00	MA PhD	Columbia University Columbia University	Anthropology Socio-medical Sciences	SBS	Public health, bioethics, social factors affecting health and health care
Meredith Manze	Assistant Professor	TR	1.00	MPH PhD	Boston University Boston University	Maternal and Child Health Health Services and Research	SBS	Family planning, health disparities, health decision-making, social determinants of health
Chris Palmedo	Associate Professor	TR	1.00	MBA PhD	Portland State University Portland State University	Health Care Policy	SBS	Public Opinion and Social Values, Strategic Communications, Social Marketing, Community-based Participatory Research
Lynn Roberts	Assistant Professor	T	1.00	PhD	Cornell University	Human Service Studies	SBS	Adolescent and women's health; violence prevention; community organizing & development; health disparities
Diana Romero	Associate Professor	T	1.00	MA MPhil MA PhD	New York University Columbia University Columbia University Columbia University	Sciences & Environmental Reporting Socio-medical Sciences Socio-medical Sciences Socio-medical Sciences	SBS	Poverty policy, maternal and child health, reproductive health, racial/ethnic health disparities, Latino health
Emma Tsui	Assistant Professor	TR	1.00	MPH PhD	Johns Hopkins University Johns Hopkins University	Health, Behavior and Society Health, Behavior and Society	SBS	The relationship between work and health, social determinants of health, food policy, qualitative research, ethnography.

1 **4.1.b. If the school uses other faculty (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be**
2 **provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must**
3 **include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school,**
4 **e) highest degree earned (optional: schools may also list all graduate degrees earned to more accurately reflect faculty expertise), f)**
5 **disciplines in which listed degrees were earned and g) contributions to the school. See CEPH Data Template 4.1.2.**

6

7 Table 4.1.b.1 lists secondary Graduate School of Public Health and Health Policy faculty, along with their academic rank, title and current
8 employer, % time, graduate degrees with their disciplines, and teaching area. Secondary faculty CVs can be found in the ERF.

9

Table 4.1.b.1: Other Faculty Supporting CUNY GSPHHP Teaching Programs, by Core Teaching (Knowledge) Area						
Name	Title/ Academic Rank	Title & Current Employer	Fall 2015 FTE	Graduated Degrees Earned	Discipline for earned graduate degrees	Teaching Area
Jonathon Rendina	Adjunct Assistant Professor	Research Scientist & Senior Biostatistician, Center for HIV Educational Studies & Training, Hunter College, CUNY	.25	MPH MA MPhil PhD	Epidemiology and Biostatistics Psychology Psychology Basic and Applied Social Psychology	BIOS
Anthony Devito	Adjunct Lecturer	Vice President of Engineering, Chemical Specifies, Inc.	.25	MS	Environmental and Occupational Health Sciences	ENV SC
Koshy Koshy	Adjunct Assistant Professor	Program Manager, Rutgers Biomedical and Health Sciences	.25	MS PhD	Environmental Sciences Environmental Sciences	ENV SC
Jennifer Brite	Adjunct Lecturer	Epidemiologist, Memorial Sloan Kettering Cancer Center	.50	MPH	Epidemiology	EPI
Rosann Costa	Adjunct Lecturer	Co-Investigator/Senior Research Associate, Columbia University College of Physicians and Surgeons	.50	MA	Sociology	EPI
Ruth McChesney	Adjunct Associate Professor	Adjunct Associate Professor, Brooklyn College, CUNY	.50	MPH PhD	General Public Health Biomedical Sciences	EPI
Mary Huynh	Adjunct Assistant Professor	Director, Office of Vital Statistics, NYCDOHMH	.25	PhD	Epidemiology	EPI
Jerrold Mirotznik	Professor	Professor, Brooklyn College, CUNY	.25	MPH PhD	Epidemiology Sociology	EPI
Janice Chisholm	Adjunct Lecturer	Assistant Commissioner, NYCDOHMH	.50	MPH	Public Health Policy/Management	HSA
Tracy Chu	Assistant Professor	Assistant Professor, Brooklyn College, CUNY	.15	PhD	Sociology	HSA
James Greenberg	Associate Professor	Associate Professor, Brooklyn College, CUNY	.25	PhD	Environmental Science	HSA
David Himmelstein	Professor	Professor, Hunter College, CUNY	.25	MD	Internal Medicine	HSA
Wilfredo Lopez	Adjunct Professor	General Counsel Emeritus, NYCDOHMH	.25	JD	Law	HSA

Table 4.1.b.1: Other Faculty Supporting CUNY GSPHHP Teaching Programs, by Core Teaching (Knowledge) Area						
Name	Title/ Academic Rank	Title & Current Employer	Fall 2015 FTE	Graduated Degrees Earned	Discipline for earned graduate degrees	Teaching Area
Emmanuel Thorne	Associate Professor	Associate Professor, Brooklyn College, CUNY	.25	PhD	Economics	HSA
Stephanie Woolhandler	Professor	Professor, Hunter College, CUNY	.25	MPH MD	Public Health Medicine	HSA
May May Leung	Assistant Professor	Assistant Professor, Hunter College, CUNY	.25	MS PhD	Nutritional Sciences Public Health Nutrition	NUTR
Charles Platkin	Distinguished Lecturer	Distinguished Lecturer, Hunter College, CUNY	.15	MPH JD PhD	Nutrition Law Nutrition	NUTR
Jocelyn Apicello	Adjunct Assistant Professor	Co-director, Ecological Citizen's Project	.25	MPH DPH	Sociomedical Sciences Sociomedical Sciences	SBS
David Balk	Professor	Professor, Brooklyn College, CUNY	.15	MA PhD	Theology Counseling Psychology	SBS
David Bimbi	Professor	Professor, LaGuardia Community College, CUNY	.25	PhD	Psychology	SBS
Jessie Daniels	Professor	Professor, Hunter College, CUNY	.25	MA PhD	Sociology Sociology	SBS
Karyn Faber	Adjunct Assistant Professor	Research Associate, New York Academy of Medicine; Associate Research Scientist, New York University College of Dentistry	.25	MPH EdD	Sociomedical Sciences Health Education	SBS
Michelle Greene	Professor	Professor, Brooklyn College, CUNY	.25	MA DPH	Sociology Sociomedical Sciences	SBS
Nicholas Grosskopf	Associate Professor	Associate Professor, York College, CUNY	.25	MA MS EdD	Health Health Education Health Education	SBS
David Russell	Adjunct Assistant Professor	Evaluation Scientist, Center for Home Care Policy & Research, Visiting Nurse Service of New York	.25	MS PhD	Applied Social Research Sociology	SBS
Richard Stackhouse	Adjunct Assistant Professor	Psychologist, Self Employed	.25	MA PhD	Theological Studies Counseling Psychology	SBS
Christina Zarcadoolas	Professor	Professor, Hunter College, CUNY	.25	MA PhD	English Linguistics	SBS

1 **4.1.c. Description of the manner in which the faculty complement integrates perspectives from the**
2 **field of practice, including information on appointment tracks for practitioners, if used by the**
3 **school. Faculty with significant practice experience outside of that which is typically associated with**
4 **an academic career should also be identified.**
5

6 The newly formed Division of Public Health Practice and Community Engagement, as described more
7 fully in Criterion 3.2, was created to promote practice within the School. Faculty have extensive
8 experience in public health practice and are therefore well qualified to integrate practice into classroom
9 instruction, student practical experiences, research, and service. As Shown in Table 4.1.c.1, 43% of
10 primary faculty and senior administrators hold or have previously held significant leadership practice
11 positions with over forty organizations, leading agencies, bureaus, and programs in governmental,
12 healthcare, and non-profit sectors, or serve or have served on the boards of local and national public
13 health organizations. In addition to its practice-oriented primary faculty, the School actively seeks adjunct
14 faculty who are currently engaged in practice. As shown in Table 4.1.b.1, among the 27 adjunct faculty
15 and other faculty teaching in fall 2015, half currently or recently held practice positions in government,
16 non-profit, and community-based organizations. As shown in Table 2.4.b.1, service learning preceptors,
17 representing approximately seventy agencies, regularly interact with the School and its students each
18 year. Lastly, the members of the Dean’s Advisory Council are leading practitioners in New York City
19 who provide guidance on practice activities.
20

21 **4.1.d. Identification of measurable objectives by which the school assesses the qualification of its**
22 **faculty complement, along with data regarding the performance of the school against those**
23 **measures for each of the last three years.**
24

25 As shown in Table 4.1.d.1 below, overall, faculty have largely met or exceeded the expected targets over
26 the past three years: student evaluations of teaching and courses were 3.0 or higher, and all primary
27 faculty earned an average of more than \$60,000 in extramural funding, received at least forty extramural
28 awards, and published an average of two or more peer-reviewed articles annually.
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Table 4.1.d.1: Objectives by which the CUNY GSPHHP assesses the qualifications of its faculty complement and outcome measures							
Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Student evaluations of faculty teaching and courses will be rated above 2.5 (scale 1-5)	Course evaluation system	Associate Dean for Academic & Faculty Affairs, Department Chairs	2.5	3.0	3.23	3.20	
Primary faculty will obtain \$60,000 on average in extramural funding annually	CUNY Research Foundation	Associate Dean for Research, Department Chairs	\$60,000	\$75,760	\$82,236	\$73,842	\$97,572 (to date)
Primary faculty will receive at least 40 extramural awards annually	CUNY Research Foundation	Associate Dean for Research, Department Chairs	40	40	45	44	43 (to date)
95% of primary faculty members will have earned a doctoral degree	Faculty CVs	Associate Dean for Academic & Faculty Affairs	95%		98%	98%	98%
Primary faculty will publish two peer-reviewed articles on average annually	Faculty scholarship reports	Associate Dean for Research, Department Chairs	2.0	2.0	2.4	2.8	
Primary faculty will have an average of two 'other' measures of impact (e.g. invited lectures, professional meeting presentations, books, chapters, news articles) annually	Faculty scholarship reports	Associate Dean for Research, Department Chairs	2.0	1.9	3.1	3.9	
The total amount of extramural funding will increase by 10% annually (3-year average)	CUNY Research Foundation	Associate Dean for Research, Department Chairs	10% 3-year average increase ⁵⁹	\$3,636,464	\$4,440,743	\$4,430,549	\$4,679,097 (to date)

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

This Criterion is met.

Strengths: The School has a highly qualified complement of primary and other faculty, who have excelled in teaching, practice, and research accomplishments and experience.

Weaknesses: None noted.

Plans: The School will continue to support its highly qualified faculty body.

⁵⁹ 3-year average for 12-13, 13-14, and 14-15 is \$4,169,252. Target is a 10% increase for 15-16, 16-17, and 17-18 (\$4,586,177). This will be tracked moving forward.

1 **4.2. Faculty Policies and Procedures**

2
3 *The school shall have well-defined policies and procedures to recruit, appoint and promote qualified*
4 *faculty, to evaluate competence and performance of faculty, and to support the professional development*
5 *and advancement of faculty.*

6
7 **4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.**

8
9 The faculty manual, available in the ERF, was developed to assist faculty and staff in guiding students;
10 navigating academic, administrative, personnel and operational policies and procedures, and locating
11 employee resources. The manual is a comprehensive source of information on such topics as academics,
12 faculty affairs, student recruitment and admissions, and communications. It also includes CUNY policies
13 related to employment, benefits, and human resources. The Associate Dean of Academic and Faculty
14 Affairs maintains and distributes the School's faculty manual. It is issued to new faculty during new
15 faculty orientation. An updated version for fall 2016 will be available on the intranet in the future.

16
17 Other CUNY-wide policies that apply to faculty are available electronically include:

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19
 - [Professional Staff Congress-CUNY Contract](#)
 - [CUNY by-laws](#)
 - [CUNY Manual of General Policy](#)

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23 **4.2.b. Description of provisions for faculty development, including identification of support for**
24 **faculty categories other than regular full-time appointments.**

25
26 Faculty development opportunities are available at the University level and the School level. A wide
27 range of resources and support is provided, including research support and consultation, information
28 technology support and troubleshooting, and library assistance. Faculty are encouraged to join public
29 health and specialty professional organizations and associations, and to participate in related conferences
30 and events. The School and University notify faculty of professional events, conferences, and
31 opportunities for practice engagement. In addition, leadership opportunities exist for faculty within the
32 School with avenues for participation at all levels of University governance. The School's Faculty
33 Handbook summarizes faculty development policies and procedures.

34
35 [The CUNY Office of Professional Development and Learning Management](#) manages training and
36 professional development opportunities designed to enhance the knowledge, skills, and competencies of
37 all CUNY employees. The [CUNY Professional Development Program](#) offers courses in professional
38 development and workplace skills and effectiveness. The office also serves as CUNY's liaison to [New](#)
39 [York City's Citywide Training Center](#). A list of internal funding opportunities can be found in Table
40 3.1.a.4.

41
42 The Graduate Center recently founded a [Center for Teaching and Learning](#), to support graduate level
43 teaching. Through workshops and professional development, the center prepares new teachers for their
44 entry into the classroom, guides developing teachers as they refine their practices, and helps experienced
45 teachers think through how to best apply their teaching experiences in the next stages of their careers,
46 whether those careers are inside the classroom or out. The center collaborates with sister units and
47 programs across the Graduate Center and CUNY on special projects meant to empower CUNY's faculty
48 and students as they teach and learn together.

1 In 2014, under the leadership of the Associate Dean for Research, Dr. Kiely, the School created the Office
2 of Sponsored Programs and Research. The office supports faculty and students in identifying appropriate
3 funding opportunities; developing project ideas; organizing, editing, and preparing grant applications;
4 generating protocols for protection of human subjects (IRB); budgeting; contract development, review,
5 and editing of pitch sheets (selling your idea to the funder); and grant administration, including
6 conformance with payment requirements and personnel hiring.

7
8 The School is committed to facilitating a high-quality research training experience for junior faculty.
9 Beginning in AY 2014-15, a faculty mentoring grant was instituted. This is an annual program where
10 junior faculty/tenured faculty pairs compete for \$15,000 for one year to collect pilot data. There are two
11 awards per academic year. Within six months of the end of the year, the junior faculty/tenured faculty pair
12 must submit a proposal for external funding.

13 14 **4.2.c. Description of formal procedures for evaluating faculty competence and performance.**

15
16 General policies and procedures for evaluating faculty competence and performance are outlined in the
17 University-wide [Statement of Academic Personnel Practice](#), Policy 5.01 of the Manual of General Policy,
18 and [Article 18 of the Agreement](#) between Professional Staff Congress and CUNY. Formal procedures for
19 evaluating faculty competence and performance include annual evaluations, peer observations of
20 teaching, and an annual review for reappointment. All CUNY institutions are required to have one or
21 more personnel and budget committees that are responsible for evaluating and making recommendations
22 regarding faculty competence and performance. Full-time faculty below the rank of tenured full professor
23 must be evaluated annually; tenured full professors may be evaluated annually. Part-time faculty are
24 evaluated and appointed on a semester-by-semester basis for the first ten semesters. The tenure “clock”
25 for full-time instructors with faculty rank is seven years. In exceptional cases, early tenure may be
26 granted. CUNY separates tenure decisions from promotion decisions. For example, tenure may occur at
27 the same or a different time as a promotion from Assistant Professor to Associate Professor or promotion
28 from Associate to Professor.

29
30 The department chairperson is responsible for holding an evaluation conference at least once a year. The
31 annual evaluation addresses an employee’s academic performance and professional progress toward
32 promotion and tenure. The faculty member is provided with a written record of the discussion. A copy is
33 included in the faculty member’s personnel file. The annual review includes such elements as:

- 34
35
- 36 • Classroom instruction and related activities
 - 37 • Administrative assignments
 - 38 • Research
 - 39 • Scholarly writing
 - 40 • Departmental, School and University assignments
 - 41 • Student guidance
 - 42 • Course and curricula development
 - 43 • Creative works in individual’s discipline
 - 44 • Public and professional activities in the field of specialization

45 All GSPHHP faculty are evaluated by the School’s Appointments, Promotion, and Tenure Committee.
46 Tenured, peer faculty compose the committee that makes decisions on tenure after careful, and
47 confidential deliberations. The committee forwards recommendations to the Dean, who accepts or rejects
48 them, and then forwards this decision to the central administration. The final step in the process is a vote
49 by the CUNY Board of Trustees.

1 **4.2.d. Description of the processes used for student course evaluation and evaluation of**
2 **instructional effectiveness.**
3

4 Student evaluations are completed each semester for all courses, as found in the ERF. While there have
5 been several student evaluation instruments used by the consortial campuses, the evaluation requirement
6 is standardized. The School successfully pilot tested a unified course evaluation through the DPH
7 program in fall 2015, with a 94% response rate (summary results can be found in the ERF). It will be
8 tested against in the spring 2016 semester, and implemented Schoolwide in fall 2016.
9

10 The departmental chairperson discusses evaluation results with individual faculty members and, when
11 warranted, suggests ways to improve performance. Evaluations become part of the permanent record for
12 full-time and adjunct faculty and are a part of the annual evaluation and promotion and tenure reviews.
13

14 In addition to student evaluations, at least once during each academic semester, non-tenured and
15 non-certificated members of the teaching staff are required to be observed for a full classroom
16 period. Tenured and certificated members of the teaching staff may be observed once each semester. The
17 observer submits an evaluation report to the observed faculty and the respective department chair who in
18 turn reviews the results with the faculty member to facilitate teaching excellence and offer suggestions for
19 improvement.
20

21 Results of student evaluations and peer observations of teaching are included in annual evaluations and
22 considered in reappointment, promotion, and tenure decisions. In addition, at the School level, the
23 Associate Dean for Academic and Faculty Affairs monitors and directs activities related to instructional
24 effectiveness.
25

26 **4.2.e. Assessment of the extent to which this Criterion is met and an analysis of the program's**
27 **strengths, weaknesses and plans relating to this Criterion.**
28

29 This Criterion is met.
30

31 Strengths: CUNY and the School have well-established procedures for faculty evaluation, appointment,
32 promotion, and tenure, and evaluating faculty performance and assuring instructional effectiveness. The
33 School has generally set, met, and/or exceeded its objectives for faculty performance.
34

35 Weaknesses: None noted.
36

37 Plans: The School will continue to implement and seek ways to improve its policies and procedures to
38 recruit, appoint, and promote a qualified faculty body; to evaluate their competence and performance; and
39 to support their professional development and advancement. The School will implement a unified course
40 evaluation in fall 2016.
41
42
43
44
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4.3. Student Recruitment and Admissions

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

4.3.a. Description of the school's recruitment policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The Office of Student Services is responsible for student recruitment and admissions. Recruitment efforts are consistent with the [University's equal opportunity and non-discrimination policy](#), and seek to achieve the following goals:

- Recruit potential applicants from underrepresented populations
- Recruit highly qualified students
- Maintain racial and ethnic diversity of the student body
- Maintain a strong recruitment base among CUNY campuses throughout New York City

The Recruiter and Admissions Coordinator, along with the Director of Student Affairs, work closely with the Assistant Dean of Students to coordinate and carry out a variety of recruitment activities, as detailed below:

- External recruitment events include professional conferences and meetings, such as the APHA and the ASPPH Annual Meeting; graduate school fairs including the "This is Public Health" Graduate School Fair and the NIH Graduate and Professional School Fair; and program-specific symposiums and expos including NYS Biotechnology Symposium, STEM Diversity Career Expo, and NYGeoCon: Long Island GIS User Group Conference. In addition, the recruiter participates in activities that target underrepresented groups including Healthy Start Brooklyn and recruitment sessions with the East and Central Harlem District Public Health Office.
- Virtual Admission Chats allow staff to engage with prospective students and answer any questions they may have about programs, deadlines, and admission requirements. Chats are offered three times per week.
- SOPHAS Virtual Fairs connect prospective students with representatives of participating schools/programs of public health. The fairs are hosted for SOPHAS by CareerEco.com and are held four times a year.
- CUNY Graduate Admission Fairs offer another opportunity to speak with prospective students, distribute literature on programs and answer questions. Typically, booths and tables are set up for admission representatives and financial aid officers. For prospective students who would like to explore programs further, hour-long workshops allow them to meet with faculty and learn more about their concentration of interest.
- Information Sessions give an overview of public health, the School, degree programs offered and their career opportunities, degree requirements and costs, and the application process via PowerPoint presentation. Following this presentation, prospective students join small group sessions that are led by faculty and focus on concentrations. These sessions are offered regularly throughout the academic year.

Features of programs that are highlighted in recruitment activities and materials include the low tuition compared to similar programs at private universities; the faculty's commitment to teaching as well as research; evening classes; both part-time and full-time options; student, faculty, and staff diversity; and an emphasis on classroom and practice-based learning.

1
2 Prospective students who connect with an admissions representative over the phone, through any of the
3 above activities, or through an information session are logged into a database. Prospective students in this
4 database receive announcements and reminders via e-mail and telephone about upcoming events and
5 registration deadlines.
6

7 As demonstrated in Table 4.3.d.1, recruitment efforts have been successful in recent years. The School
8 has improved methods of engaging and communicating with prospective students and attracting a diverse
9 and qualified student body. Under the leadership of Assistant Dean of Students Joshi, the School is in the
10 process analyzing its recent recruitment and admissions experiences using SOPHAS and will be adapting
11 future efforts based on a data-driven approach. Preliminarily, this includes improving systems for better
12 tracking, providing more timely responses to inquiries from prospective students, and holding more web-
13 based in lieu of in-person information sessions.
14

15 **4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs.
16 graduate degrees), a description should be provided for each.**
17

18 The Office of Student Services and the Admissions Committee oversee admissions policies and
19 procedures, including setting and reviewing admissions standards for degree programs and
20 concentrations. Admissions sub-committees that are led by department chairs review applications for
21 specific degree programs and concentrations. Recommendations are then sent to the Assistant Dean of
22 Students for final approval. Acceptance is based on the number of seats available, taking into account
23 applicants' diverse backgrounds, relative majors, GPAs, academic history, GRE scores, work experience,
24 and writing skills. No criterion weighs more heavily than the others. Minimum requirements at each
25 degree level are detailed below.
26

27 Graduate Degree Programs:

28 [SOPHAS](#) processes all MS and MPH applications. Minimum requirements include:

- 29 • An undergraduate/graduate degree from a regionally accredited institution with a preferred GPA
30 of at least 3.0
- 31 • A personal statement/statement of purpose (500 words)
- 32 • Two letters of recommendation
- 33 • A resume
- 34 • Background in the field
 - 35 • Some programs may accept academic knowledge: 18 credits of health-related courses
 - 36 • Work experience: one year in related job, internship, volunteer position, or equivalent
- 37 • TOEFL scores (only for those whose native/studies language is not English)
 - 38 • Paper Based Test: 550
 - 39 • Computer Administered Test: 233
 - 40 • Internet Based Test: 60 (Reading score + Writing score + Listening score)
- 41 • GRE scores (not required of those with advanced degree from a regionally accredited school in
42 the United States)

43
44 Additional requirements/recommendations for individual concentrations include:

- 45 • MPH Community Health Education: a strong foundation in social and natural sciences; statistics
46 or calculus strongly recommended.
- 47 • MPH Environmental & Occupational Health Sciences: at least 18 credits of college-level science
48 and math, including a course in statistics or calculus. Some chemistry and biology strongly
49 recommended.

- 1 • MS Environmental & Occupational Health Sciences: at least 40 credits of college-level science
2 (i.e. biology, chemistry, physics) and mathematics. Calculus and statistics required.
- 3 • MPH Public Health Nutrition: at least 12 credits of college-level biology, chemistry, nutrition,
4 and statistics or calculus; a background in nutrition, medical, or health sciences is recommended.
- 5 • MPH Epidemiology & Biostatistics: evidence of quantitative abilities, such as completion of
6 college-level algebra with a grade of “B” or better, or a GRE quantitative score equal to or greater
7 than 146 and a GRE analytical writing score equal to or greater than 4.5.
- 8 • MPH Health Policy & Management: at least three undergraduate courses (9 credits) in
9 economics, accounting, business administration, public policy, urban affairs, political science,
10 management, or sociology.

11
12 **MS/MPH & MPH/MSW:**

13 Students interested in enrolling in the MS/MPH in Community/Public Health Nursing/Urban Public
14 Health or the MSW/MPH in Social Work/Public Health must meet the minimum requirements of the
15 nursing or social work program, as well as the MPH program. Students applying to the MS/MPH dual
16 degree must select which of the following they will specialize in: Nursing/Community Health Education,
17 Nursing/Environmental & Occupational Health Sciences, or Nursing/Epidemiology & Biostatistics;
18 similarly, students applying to the MSW/MPH dual degree must specialize in Community Health
19 Education or Health Policy Management.

20
21 **DPH Degree Program:**

22 [SOPHAS](#) processes all DPH applications. Minimum requirements include:

- 23 • GRE scores
- 24 • Three letters of recommendation (at least one should be an academic reference)
- 25 • CV/resume indicating at least three years of prior relevant teaching, research or programmatic
26 work experience
- 27 • A personal statement (up to 1500 words)
- 28 • Completion of a Master’s of Public Health degree. Applicants with a master’s or higher level
29 degree in another discipline will need to take five core master’s-level public health courses. If
30 accepted to the DPH program, three courses must be completed prior to enrollment and the
31 remaining two within the first year of matriculation. Students who received their degree in Public
32 Health Nutrition must be a Registered Dietician (RD) or have completed the didactic program in
33 dietetics accredited by the Commission on Accreditation for Dietetics Education.

34
35 **Additional requirements for individual concentrations include:**

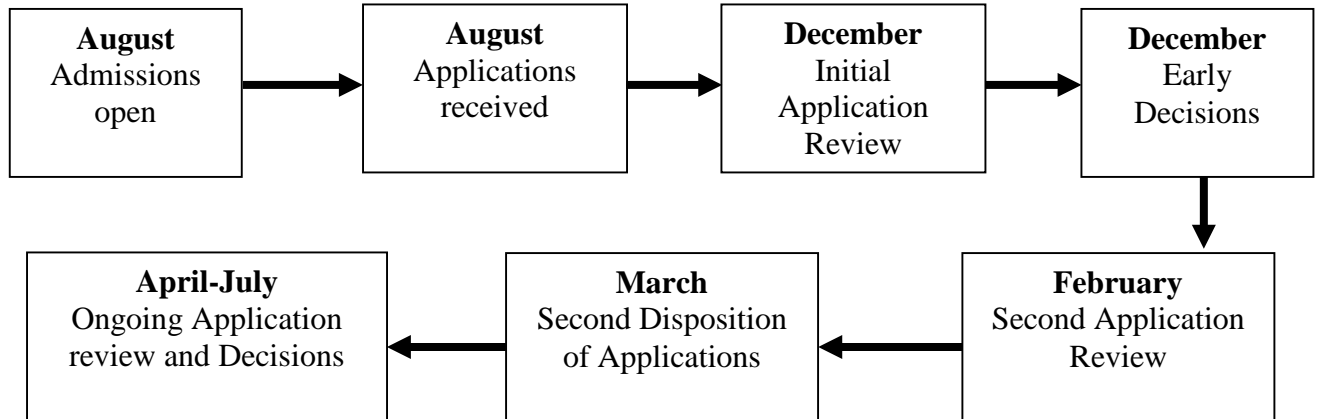
- 36 • CSH: At least three master’s-level courses in social dimensions of health and two quantitative
37 research courses (such as biostatistics and epidemiology) at the master’s level.
- 38 • EPI: At least three master’s-level courses in quantitative research (such as biostatistics,
39 epidemiology, and research methods), preferably with grades of A- or better.
- 40 • EOH: At least three courses in either occupational health and safety or environmental sciences;
41 plus one course in health law or policy related to the environment, the workplace or
42 sustainability.
- 43 • HPM: One course in health care systems, management or administration; one course in health
44 policy; one social science course in a cognate-related field, such as economics, sociology or
45 political science.

46
47 **Additional requirements for individual specializations include:**

- 48 • The Maternal, Child, Reproductive and Sexual Health specialization is open to any MPH and
49 DPH student.
- 50 • The Public Health Nutrition specialization is open to any DPH student.

1
2 Figure 4.3.b.1 outlines the admission cycle for prospective MPH, MS, and DPH students and is detailed
3 thereafter.

4
5 **FIGURE 4.3.b.1: Admissions Cycle**



21 Following are the steps for prospective students, from application to enrollment:

- 22
23
24
25
26
27
28
29
30
31
32
- Student application submitted; receipt of application e-mailed to student
 - SOPHAS tracks verification of required documentation
 - Reminders sent to applicants missing GRE report and other required documentation
 - Admissions sub-committees of each program review applications and recommend decision
 - The Assistant Dean of Students gives final approval; Web Admit updated appropriately
 - Student notified of decision
 - Accepted students who wish to enroll submit commitment deposit
 - Accepted students notified of admitted student days and orientation dates
 - Students sent instructions for enrollment and registration

33 **4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a**
34 **minimum, academic calendars, grading and the academic offerings of the school. If a school does**
35 **not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree**
36 **requirements as the official representation of the school. In addition, references to website**
37 **addresses may be included.**

38
39 For electronic information about degree programs, including academic calendars, grading systems,
40 admissions requirements, and curriculum requirements, see links in Table 4.3.c.1 below.

Table 4.3.c.1 Recruitment Materials and Other Publications	
General Information	Homepage
Admission Requirements	MPH, MS, and DPH MS/MPH in Community/Public Health Nursing/Urban Public Health MSW/MPH in Social Work/Public Health
Degree Requirements	MPH, MS, and DPH MS/MPH in Community/Public Health Nursing/Urban Public Health MSW/MPH in Social Work/Public Health
Academic Calendar	CUNY Academic Calendar
Grading Systems	Graduate School of Public Health and Health Policy Academic Policies

Other recruitment materials can be found in the ERF.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years.

Quantitative information on applicants, acceptances, and enrollment by concentration for each degree program for the last three years is presented in Table 4.3.d.1, below. As shown in the table, there has been an increase in the number of applications and applicants during this period, most notably in 2015, when the School joined SOPHAS for the first time.

Table 4.3.d.1: Quantitative Information on Applicants, Acceptances, and Enrollments, 2013 to 2015					
Degree	Concentration	Status	2013	2014	2015
MPH	Community-based Public Health and Health Equity	Applied	64	52	102
		Accepted	23	27	24
		Enrolled	12	13	7
MPH	Community Health Education	Applied	96	86	163
		Accepted	59	60	85
		Enrolled	28	31	34
MPH	Environmental and Occupational Health Sciences	Applied	28	23	60
		Accepted	27	17	27
		Enrolled	22	12	14
MPH	Epidemiology and Biostatistics	Applied	80	64	214
		Accepted	51	41	99
		Enrolled	27	21	30
MPH	General Public Health	Applied	36	49	125
		Accepted	20	24	36
		Enrolled	7	10	12
MPH	Health Care Policy and Administration	Applied	33	35	97
		Accepted	14	15	37
		Enrolled	7	8	13
MPH	Health Policy and Management	Applied	97	64	160
		Accepted	53	41	66
		Enrolled	22	22	23
MPH	Public Health Nutrition	Applied	29	30	63
		Accepted	19	20	33
		Enrolled	9	17	16

Degree	Concentration	Status	2013	2014	2015
MPH	Public Health Geographic Information Sciences	Applied	N/A	7	14
		Accepted	N/A	3	5
		Enrolled	N/A	2	3
MS	Environmental and Occupational Health Sciences	Applied	13	12	20
		Accepted	10	7	11
		Enrolled	7	6	9
MS	Nutrition	Applied	95	74	
		Accepted	32	40	
		Enrolled	25	27	
BS/MS	Nutrition	Applied	6	1	
		Accepted	2	1	
		Enrolled	2	1	
MS/MPH	Advanced Public Health Nurse/Urban Public Health	Applied	22	17	5
		Accepted	17	14	3
		Enrolled	15	10	2
MSW/MPH	Social Work/Public Health	Applied	N/A	N/A	N/A
		Accepted	N/A	N/A	N/A
		Enrolled	N/A	N/A	N/A
DPH	Community, Society and Health	Applied	19	42	36
		Accepted	10	12	5
		Enrolled	5	5	5
DPH	Environmental and Occupational Health	Applied	4	6	10
		Accepted	1	4	4
		Enrolled	1	3	3
DPH	Epidemiology	Applied	18	18	31
		Accepted	9	9	7
		Enrolled	3	6	4
DPH	Health Policy and Management	Applied	28	17	18
		Accepted	8	8	4
		Enrolled	3	6	2
Total Applications			668	597	1118
Headcount of Unique Applicants			580	494	677

1
2 **4.3.e. Quantitative information on the number of students enrolled in each specialty area identified**
3 **in the instructional matrix, including headcounts of full- and part-time students and a full-time-**
4 **equivalent conversion, by concentration, for each degree, for each of the last three years. Non-**
5 **degree students, such as those enrolled in continuing education or certificate programs, should not**
6 **be included. Explain any important trends or patterns, including a persistent absence of students in**
7 **any degree or specialization. Data must be presented in table format. See CEPH Data Template**
8 **4.3.2.**
9

10 Quantitative information on the number of students enrolled (headcount and FTE⁶⁰) in each specialty area
11 for each of the past three years is presented in Table 4.3.e.1, below. As shown in the table, enrollment has

⁶⁰ One FTE is defined as a student taking 9 or more credits in that semester

1 either remained steady or increased in most concentrations. Some programs, such as the DPH tracks are
 2 highly competitive and plan to remain relatively small. The MPH concentration in GISc is relatively new
 3 and has not yet been widely advertised and therefore may not be known to the public.
 4

Table 4.3.e.1: Total Enrollment Data: Students Enrolled in each Area of Concentration Identified in Instructional Matrix for each of the last 3 years^{61, 62}

Degree	Concentration	Fall 2013		Fall 2014		Fall 2015	
		HC	FTE	HC	FTE	HC	FTE
BS	COMHE	36	34	53	50		
BS	NFS	34	32	30	30		
MPH	CBPHHE	51	34	54	36	40	25
MPH	COMHE	69	49	75	57	91	70
MPH	EOHS	47	35	42	28	44	30
MPH	EPI	46	33	49	35	51	40
MPH	BIOS	5	3	10	7	13	11
MPH	GPH	21	17	24	13	30	22
MPH	HCPA	36	27	29	19	30	21
MPH	HPM	64	44	71	50	64	42
MPH	NUTR	34	22	40	28	37	30
MPH	GISc	0	0	1	1	4	3
MS	EOHS	19	14	21	16	19	14
MS	NUTR	44	43	48	47		
BS/MS	NUTR	4	3	5	4		
DPH	CSH	40	24	45	33	41	30
DPH	EOH	15	10	12	7	18	10
DPH	EPI	24	18	31	21	26	21
DPH	HPM	27	15	29	17	31	21
TOTAL		616	457	669	499	539	390

5
 6 **4.3.f. Identification of measurable objectives by which the school may evaluate its success in**
 7 **enrolling a qualified student body, along with data regarding the performance of the school against**
 8 **those measures for each of the last three years. See CEPH Outcome Measures Template.**
 9

10 As shown in Table 4.3.f.1, the School has set and, as a whole, met and frequently exceeded its
 11 performance objectives for enrolling a qualified student body: mean verbal and quantitative GRE scores
 12 for new MPH and MS matriculants generally exceed the 40th percentile; undergraduate GPAs are
 13 consistently at 3.3; and retention rates near or exceeding 90%. Graduation rates (see Criterion 2.7.b) and
 14 CPH pass rates (see Criterion 2.7.d) are also considered.
 15

⁶¹ The Dual-degree MSW/MPH program, approved last year, is not included here because it does not yet have any students enrolled

⁶² Student count does not include the MS/MPH dual-degree program because it is included in Hunter College School of Nursing's head count.

Table 4.3.f.1: Outcome Measures for Student Recruitment and Admissions							
Goals and Objectives	Data Source	Responsible Party/Parties	Target	Outcome			
				2012-2013	2013-2014	2014-2015	2015-2016
Mean GRE ⁶³ scores of new MPH and MS matriculants will be in the 40 th % or higher	SOPHAS	Assistant Dean of Students	40 th %		V:59% Q:40%	V:58% Q:41%	V:54% Q:37%
Mean undergraduate GPA's of new MPH and MS matriculants will be 3.0	SOPHAS	Assistant Dean of Students	3.0		3.3	3.3	3.3
One-year retention rates will be 80%	Institutional Research	Associate Dean for Academic & Faculty Affairs, Department Chairs	80%	89%	92%	88%	

1
2 **4.3.g. Assessment of the extent to which this Criterion is met and an analysis of the program's**
3 **strengths, weaknesses and plans relating to this Criterion.**
4
5 This Criterion is met.
6
7 Strengths: The School has exceeded its performance objectives for enrolling a qualified student body, as
8 measured by GRE scores and undergraduate GPAs, retention, graduation, and CPH pass rates.
9
10 Weaknesses: The DPH program has an enrollment of 116 students, measured in headcount, and forty-
11 eight primary faculty.
12
13 Plans: As noted in Criterion 2.7.f, the DPH program continues to strengthen advisement, policies, and
14 procedures for recruiting, retaining, and progressing students. As a result, more recent cohorts in the DPH
15 program are progressing through the program at a faster rate.
16
17

⁶³ Verbal, Quantitative

1 **4.4. Advising and Career Counseling**

2
3 *There shall be available a clearly explained and accessible academic advising system for students, as*
4 *well as readily available career and placement advice.*

6
7 **4.4.a. Description of the school’s advising services for students in all degree programs, including**
8 **sample materials such as student handbooks. Include an explanation of how faculty are selected for**
9 **and oriented to their advising responsibilities.**

10
11 All students have access to advisors, as described below. The goal of all program advising is to ensure
12 that students receive academic and professional guidance. An academic advisor is assigned to each
13 student who accepts an offer of admission as a matriculant. All primary faculty have advising
14 responsibilities for students in their respective concentration areas. [Recommended course sequences](#) can
15 be found on the GSPHHP website, and other advising materials can be found in the ERF.

16
17 Before each academic year, all incoming students are invited to attend new student orientation. The
18 orientation emphasizes academic policies and procedures and students are introduced to the [electronic](#)
19 [Student Handbook](#), which includes curriculum summaries, contact information, frequently asked
20 questions, and other student resources. Students meet with advisors at least once per semester to discuss
21 career goals, progress in the program, and planning for the following semester.

22
23 Evaluations are collected following the orientation and in annual student surveys. Survey results are
24 analyzed by the Assessment Committee and Office of Student Services. Faculty and administrators
25 discuss feedback from these evaluations and implement changes in response to this input. An example of
26 such student-driven changes to the orientation includes the addition of a “boot camp.” Survey results
27 demonstrated student need for additional support in academic and professional skills. As a result, the fall
28 2015 boot camp refresher offers 45-minute workshops in writing, career services and project
29 management.

30
31 Resources for faculty advisors include the [electronic Student Handbook](#) and Faculty Handbook. New
32 faculty are provided an orientation at the beginning of the fall semester. In addition to academic advising,
33 program faculty are involved in the students’ selection of field experience sites and are responsible for
34 monitoring student performance. Faculty advisors are responsible for tracking the academic progress of
35 their advisees, identifying any gaps or concerns about progress toward degree, encouraging their students
36 to attend networking events, providing letters of recommendation, and serving as individual references.

37
38 **4.4.b. Description of the school’s career counseling services for students in all degree programs.**
39 **Include an explanation of efforts to tailor services to specific needs in the school’s student**
40 **population.**

41
42 The School established an Office of Career Services within the Office of Student Services in 2013, which
43 offers a variety of tools, resources and service for those seeking career counseling, as detailed below:

- 44
45
- 46 • A [career opportunities web portal](#) is available through the School’s website, linking students to
47 [available internships](#) and [employment opportunities](#) that are updated weekly. [Resources that are](#)
48 [program-specific](#) are available as well.
 - 49 • Career counseling and professional writing assistance are available for all students and alumni.
50 Students can make appointments for these sessions through an [online scheduler](#).
 - 51 • Career counseling workshops are offered throughout the academic year and review topics that
include resume writing, interview skills, job searches, and professional writing skills.

- Public Health Career Fairs offer students the opportunity to connect with employers and inquire about available opportunities. They take place during the academic year.
- Alumni Networking Events seek to connect graduating students with alumni for professional opportunities. These events also serve as a platform for the School to engage alumni.
- Boot camps provide incoming students with “refreshers” on topics including professional writing and resume writing. They also offer an orientation to additional career services and resources. Assessment and action based on boot camp evaluations can be found in the ERF.

4.4.c. Information about student satisfaction with advising and career counseling services.

Student satisfaction with a variety of School services including advising and career counseling is collected in the “Current Student Survey.” Recent results, along with response rates, can be found in Tables 4.4.c.1 and 4.4.c.2 below. Although most students report receiving adequate advisement support, some students have expressed concerns. A team including the Associate Dean for Academic and Faculty Affairs, Assistant Dean of Students, and department chairs are reviewing advising services and oversight procedures.

Only about half of respondents reported that they had received adequate or significant support in the area of career services and expressed a desire form more support. As shown in Table 4.4.c.2, several students made suggestions for strengthening career services. As noted in section 4.4.b. above, the Office of Student Services launched a major initiative to strengthen career services in late 2013 and is already implementing several student suggestions as well as other services. It is expected that more students will take advantage of these services over time.

Table 4.4.c.1: Student Satisfaction with Advising

Year	Students who reported significant or adequate support in the area of academic advising	Examples of Individual-level Suggestions and Concerns
2015	270/362 (75%)	<ul style="list-style-type: none"> • The reason I checked "no support" for advising is that I'm in the second semester of my first year and have not yet been assigned an advisor. I'm not sure if this is normal or not. • My major concern/frustration with my program is that I have not received sufficient academic advisement. I feel completely alone in the process (other than discussions with my classmates) and extremely disappointed that I do not have a mentor to help guide me through my research. • I also would like to see better academic advising, there has been a lot of confusion among MPH students regarding what to take and when.
2014	Not available	Not available
2013	180/229 (79%)	<ul style="list-style-type: none"> • It would be helpful if the professors assigned to be student advisors were more accessible

Year	Students who reported significant or adequate support in the area of career services	Examples of Individual-level Suggestions and Concerns
2015	134/272 (49%)	<ul style="list-style-type: none"> • School should facilitate more opportunities to learn about relevant careers. • Very little guidance on career options and virtually no networking opportunities among field of study. • I would love to see more specific career advising. I get emails but they are not specific to my degree (MPH).
2014	Not available	Not available
2013	104/220 (47%)	<ul style="list-style-type: none"> • It would be great to have more professionals talk about their career development or path to give the students an idea of how to go from A to B. • The career advising/academic support is nearly non-existent. • There is not as much career help, or even mentorship support as I expected.

1
2 **4.4.d. Description of the procedures by which students may communicate their concerns to school**
3 **officials, including information about how these procedures are publicized and about the aggregate**
4 **number of complaints and/or student grievances submitted for each of the last three years.**
5

6 The CUNY Office of Student Advocacy and Referral⁶⁴ was inaugurated in 2007 to provide support to
7 students who need assistance or guidance in matters concerning University regulations, policies, and
8 procedures. The office serves as a student advocate by ensuring compliance with appropriate policies,
9 procedures and legal mandates, and functions in an ombudsman role to resolve student complaints. The
10 School subscribes to CUNY-wide [procedures for handling student complaints about faculty conduct in](#)
11 [academic settings](#).
12

13 If a student wishes to voice a concern directly to the School, he or she is encouraged to approach their
14 instructor (if the complaint is course related), and then to the department chair. If the concern is not
15 course related, students can file a student complaint with the Office of Student Services. The grievance
16 process includes a formal documentation of the complaint and a meeting between a staff member of the
17 Office of Student Services and the student. This staff member is responsible for determining next steps,
18 and can refer the complaint to the Assistant Dean of Student Services if appropriate. The School had no
19 method for tracking student grievances in previous years as complaints were handled by the consortial
20 campuses.
21

22 **4.4.e. Assessment of the extent to which this Criterion is met and an analysis of the program’s**
23 **strengths, weaknesses and plans relating to this Criterion.**
24

25 This Criterion is met.
26

⁶⁴ CUNY Office of Student Advocacy and Referral, available at:
<http://www.cuny.edu/about/administration/offices/sa/advocacy-referral.html>

1 Strengths: The School has recently strengthened its student services, including career and student support
2 services.
3
4 Weaknesses: Several initiatives aimed at strengthening advisement and career counselling services are
5 either too new or in the early planning stages to be evaluated. Also, student grievances were generally
6 handled by the consortial campuses in previous years.
7
8 Plans: The Associate Dean for Academic and Faculty Affairs and Assistant Dean of Students are leading
9 a team of department chairs and staff to strengthen advising beginning in spring 2016. The Office of
10 Student Services launched a major initiative to strengthen career services in late 2013 and is already
11 implementing several student suggestions as well as other services. It is expected that more students will
12 take advantage of these services over time. Also, student grievances will be managed by the School
13 moving forward.