



# SELF-STUDY

## May, 2022

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# Table of Contents

Introduction.....	1
A1. Organization and Administrative Processes.....	8
A2. Multi-Partner Programs.....	15
A3. Student Engagement.....	16
A4. Autonomy for Schools of Public Health.....	18
A5. Degree Offerings in Schools of Public Health.....	19
B1. Guiding Statements.....	20
B2. Graduation Rates.....	23
B3. Post-Graduation Outcomes.....	26
B4. Alumni Perceptions of Curricular Effectiveness.....	28
B5. Defining Evaluation Practices.....	32
B6. Use of Evaluation Data.....	35
C1. Fiscal Resources.....	37
C2. Faculty Resources.....	42
C3. Staff and Other Personnel Resources.....	46
C4. Physical Resources.....	47
C5. Information and Technology Resources.....	49
D1. MPH Foundational Public Health Knowledge.....	52
D2. MPH Foundational Competencies.....	55
D3. DrPH Foundational Competencies.....	62
D4. MPH Concentration Competencies.....	63
D5. MPH Applied Practice Experiences.....	66
D7. MPH Integrative Learning Experience.....	72
D8. DrPH Integrative Learning Experience.....	74
D9. Public Health Bachelor's Degree Curriculum.....	75
D10. Bachelor's Degree Foundational Domains.....	77
D11. BSPH Foundational Competencies.....	80
D12. BSPH Cumulative & Experiential Activities.....	83
D13. BSPH Cross-Cutting Concepts, Experiences.....	86
D14. MPH Program Length.....	90
D15. DrPH Program Length.....	91
D16. Bachelor's Degree Program Length.....	92
D17. Academic Public Health Master's Degrees.....	93
D18. Academic Public Health Doctoral Degrees.....	94

D19. All Remaining Degrees.....	95
D20. Distance Education.....	96
E1. Faculty Alignment with Degrees Offered.....	97
E2. Integration of Faculty with Practice Experience .....	100
E3. Faculty Instructional Effectiveness .....	103
E4. Faculty Scholarship .....	108
E5. Faculty Extramural Service.....	117
F1. Community Involvement in Program.....	127
F2. Student Involvement in Service .....	131
F3. Community’s Professional Development Needs .....	134
F4. Professional Development for Workforce .....	136
G1. Diversity and Cultural Competence.....	139
H1. Academic Advising .....	145
H2. Career Advising .....	149
H3. Student Complaint Procedures .....	153
H4. Student Recruitment and Admissions .....	155
H5. Publication of Educational Offerings .....	159

# Introduction

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

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

The University of Southern Maine (USM) is a public university that is part of the University of Maine System (UMaine System). The UMaine System is comprised of seven universities throughout the state, including the land grant state college originally formed in 1868. USM includes three-campus sites in Southern Maine located in Gorham, Portland, and Lewiston-Auburn. The Gorham campus goes back to 1878 when it was named the Gorham Normal School with a focus on training teachers. The campus at Portland was originally a junior college and was later merged with the Gorham Normal school, formally becoming USM in 1978. In 1988, USM added a third campus in Lewiston-Auburn, a former industrial city about thirty miles north of Portland.

### b. Number of schools, colleges and degrees offered at each level (bachelor's, master's, doctoral, professional preparation)

USM offers 24 Bachelor of Arts degrees, 26 Bachelor of Science degrees, 24 Master's degrees, and 5 programs granting doctoral degrees (including law). In addition, the university offers a Bachelor of Music (BM) degree, accelerated pathways programs to graduate education, and certificate programs at both the graduate and undergraduate level. Other non-degree opportunities are available to the public through three different venues: 1) the Maine Senior College Network, 2) the Osher Lifelong Learning Institute, and 3) the Professional and Continuing Education Department. Finally, USM has two pre-college programs for high school students known as *Early Study Aspirations* and *Upward Bound*.

USM includes the following colleges and schools

- College of Arts, Humanities, and Social Sciences
  - School of Music
- College of Management and Human Service
  - School of Business
  - School of Education and Human Development
  - Muskie School of Public Service
  - School of Social Work
- College of Science, Technology and Health
  - School of Nursing
- University of Maine School of Law

### c. Number of university faculty, staff and students

There are 7,442 students at USM based on the most recent institutional data from spring 2020. This figure includes 5,733 undergraduates and 1,460 graduate students and 249 law students across all three campuses. As seen in Table Intro1.c, there are a total of 1489 USM non-student employees.

TABLE INTRO.1.C. NUMBER OF UNIVERSITY FACULTY AND STAFF

Type of Employment	Faculty	Staff	Total
Full-time	285	690	975
Part-time	362	152	514
Total	647	842	1,489

**d. Brief statement of distinguishing university facts and characteristics**

**Our Student Body**

USM serves a diverse and non-traditional student population with many first-generation college students. The average age of all undergraduate students is 24.2 years; graduate student average age is 35 years. The Gorham campus is currently the residential campus, with dormitory housing for approximately 1,400 students, primarily undergraduate, but graduate students are welcome in housing as well, even though most commute to campus.

**Our Community**

USM is located in the most populous region of the state, southern Maine. The Public Health Program is located in Maine’s largest city, Portland, in the Wishcamper building on the USM campus. Maine remains one of the least racially and ethnically diverse states in the country with 94% of the population identified as non-Hispanic white, according to Census data. However, Portland is increasingly becoming more diverse, with sizable communities of international immigrants, in part, due to Portland having a designated Refugee Resettlement program.

USM shares its campus resources with the community as well. For example, through hosting public events; establishing partnerships with community businesses, agencies, and organizations; offering our services; opening our library for use by Maine residents; and our gymnasium facilities allow for community members to join for a reasonable fee (family members of faculty and staff can use the gymnasium for free). USM embraces and leverages community partnerships with businesses and agencies, public and private, for research, projects, service learning, and internships to meet community needs and interests and advance the research and educational mission of the university.

**Recent Efforts**

A few years ago, USM upgraded the shuttle service between the campuses, partnering with the Greater Portland Metro. A fleet of new, high-tech, natural gas-powered metro buses were added that are Wi-Fi enabled and have charging ports. Named the “Husky Line” after USM’s mascot, the free shuttle service runs every 30 minutes all day and every hour evenings and weekends, 7 days a week. The shuttle ride is approximately 25 minutes in duration. This is highly beneficial to students living in Gorham as they do not need their own vehicles to get to Portland for classes or to access the city. Aside from the free Husky Line, any student, staff, or faculty member can use the city Metro buses for free with a current USM identification card.

**Existing and Future Efforts**

The Portland campus is upgrading student facilities and building an iconic and inviting Portland Commons. The new building will include a 550-bed student dormitory prioritized for graduate students and upper-class undergraduates, offered at a lower cost than market rate housing in the community. In addition, this large-scale \$100 million dollar building project includes the creation of a beautiful green space quad where there is now a parking lot, and the construction of a sustainably designed modern building that will be home to a student center, student organization offices, dining services, Career Hub, and meeting and event rooms. A parking garage will also be constructed behind these University of Southern Maine new buildings to accommodate the increased cars expected. The USM and City of Portland communities are excited to see that this development has been made a priority to advance the prominence of USM.

**e. Names of all accrediting bodies (other than CEPH) to which the institution responds, including the regional accreditor**

The University responds to a number of accrediting bodies including:

- American Bar Association
- American Association of Law Schools
- Accreditation Board for Engineering and Technology - Computing Accreditation Commission
- Accreditation Council for Occupational Therapy Education
- American Chemical Society
- Association of Technology, Management, and Applied Engineering
- Association to Advance Collegiate Schools of Business
- Commission on Accreditation of Allied Health Education Programs
- Commission on Accreditation of Athletic Training Education
- Commission on Collegiate Interpreter Education
- Commission on Collegiate Nursing Education
- Commission on Institutions of Higher Education of the New England Association of Schools and Colleges
- Council for the Accreditation of Counseling and Related Programs
- Council on Rehabilitation Counseling
- Council on Social Work Education
- Maine State Board of Nursing
- National Association of Schools of Art and Design
- National Association of Schools of Music
- National Association of School Psychologists and State of Maine Approved Program
- New England Commission of Higher Education (unified accreditation for UMaine System)
- Teacher Education Council and State of Maine Approved Program

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

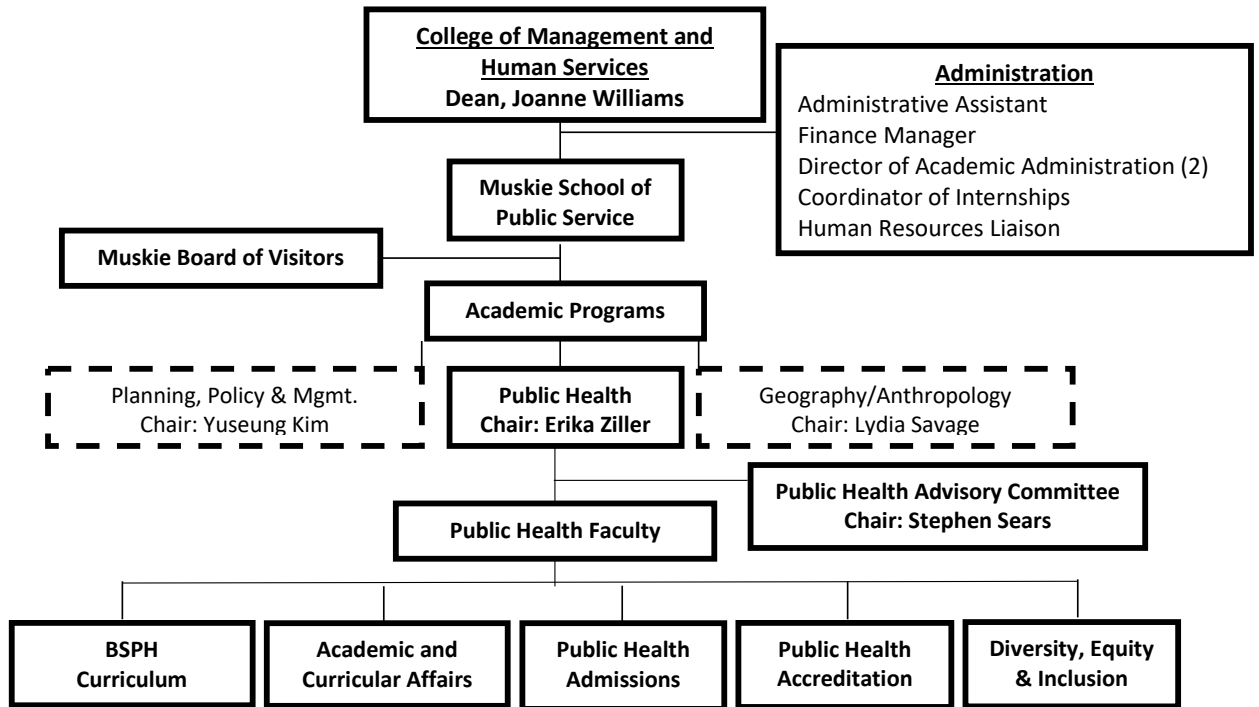
Our Master of Public Health (MPH) program officially began in 2012. Yet, USM and our faculty have been educating public health professionals since 1996. Prior to the formal launch of our MPH degree, USM offered a Master of Science (MS) in Health Policy and Management (1996-2011). This MS degree was accredited by the Commission on the Accreditation of Health care Management Education (CAHME) and when the curriculum and degree was converted to an MPH, CEPH accreditation was sought. The MPH degree began with and continues to include a generalist focus.

The Bachelor of Science in Public Health (BSPH) was conceptualized and proposed in 2017 and formally adopted by USM in the spring of 2018. The goal was to build on the successful foundation and resources of the accredited MPH program to grow Maine's public health workforce. As the only undergraduate degree in public health in the University of Maine System, this degree was designed to expand the existing portfolio of interdisciplinary and inter-professional health programming and create new opportunities for students. The BSPH focus area is general.

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

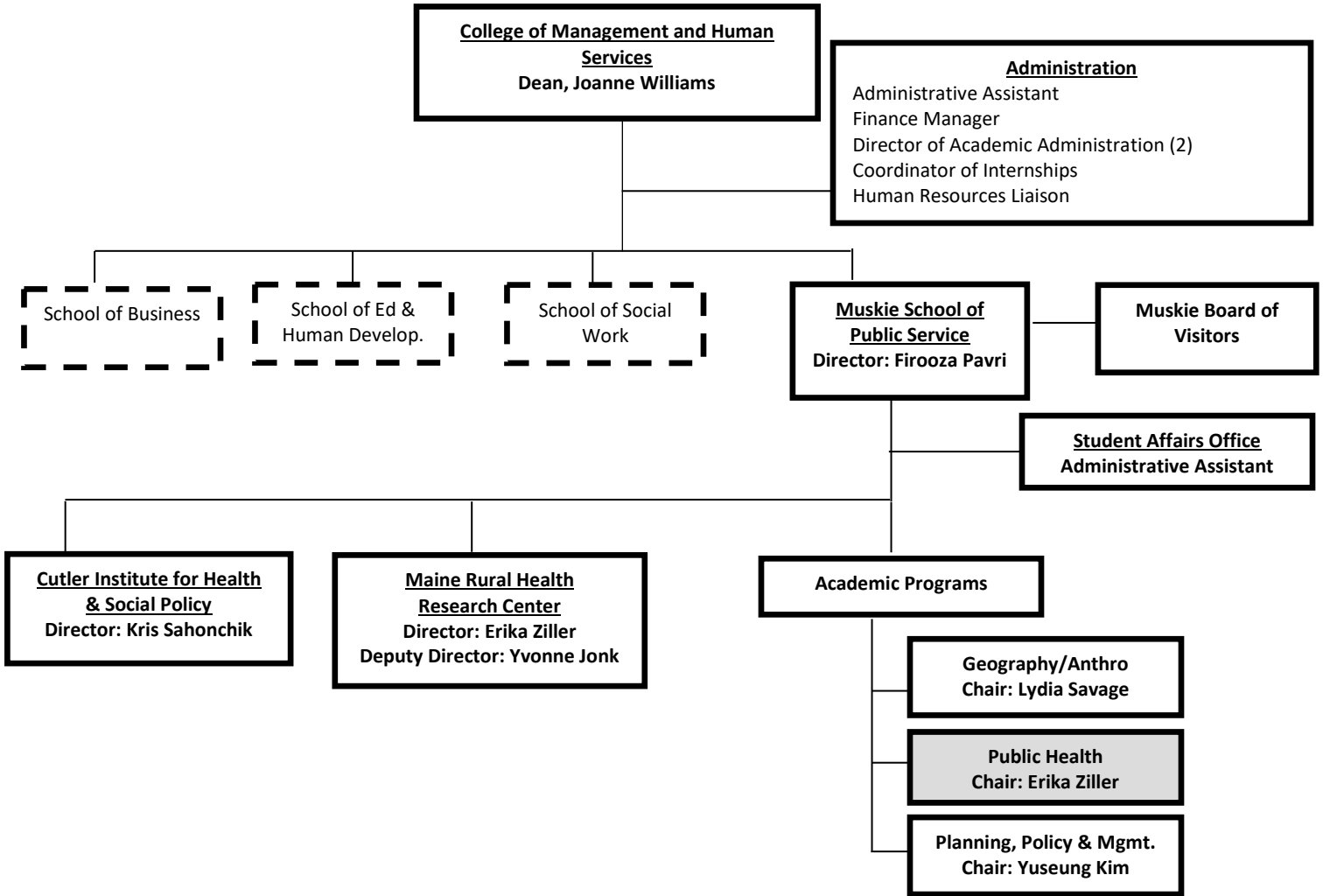
- a. the program’s internal organization, including the reporting lines to the dean/director

FIGURE 1. PUBLIC HEALTH ORGANIZATIONAL CHART



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

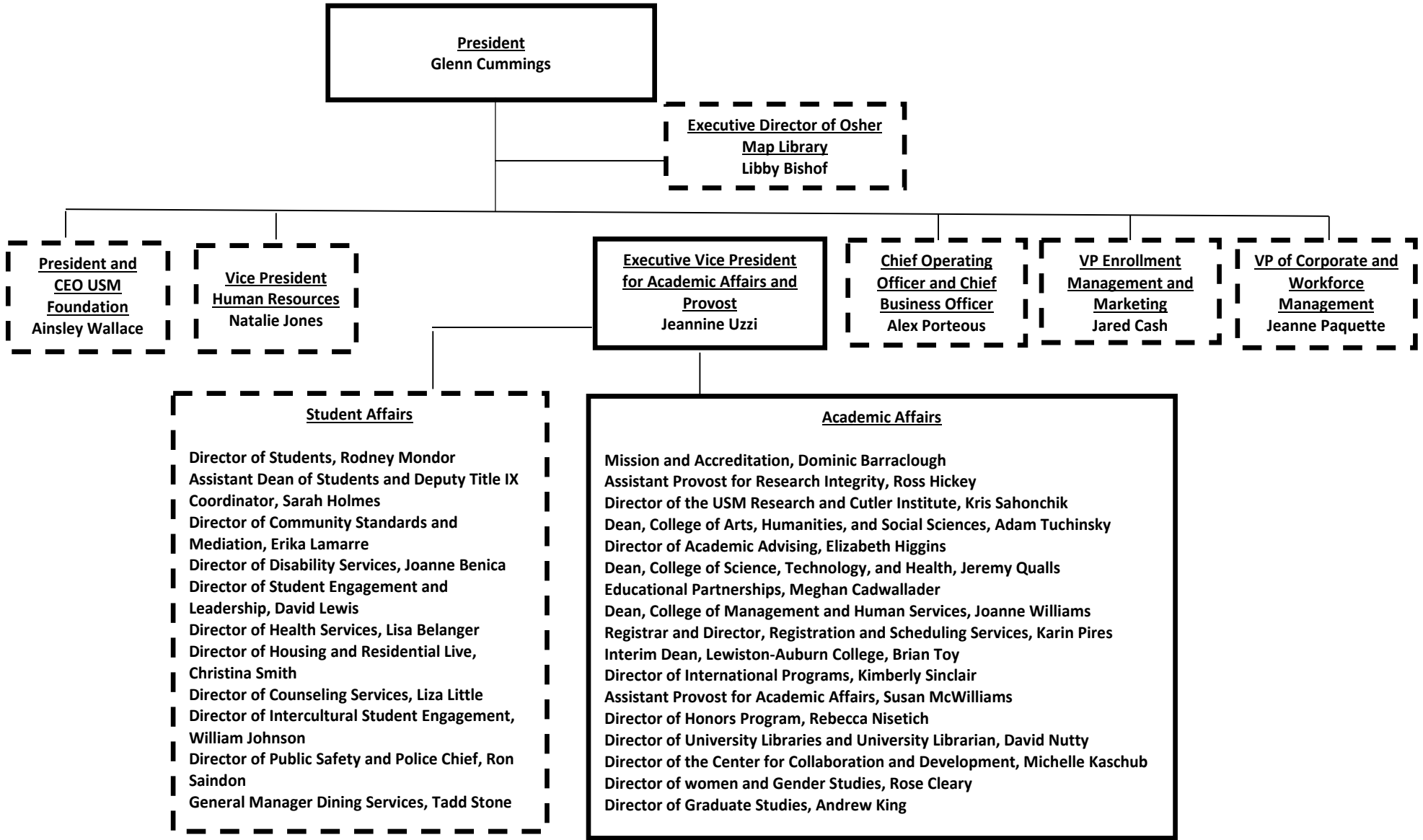
FIGURE 2. COLLEGE OF MANAGEMENT & HUMAN SERVICES AND MUSKIE SCHOOL ORGANIZATIONAL CHART



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



FIGURE 3. USM ORGANIZATIONAL CHART



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

Not applicable.

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

TABLE INTRO.3. INSTRUCTIONAL MATRIX: DEGREES AND CONCENTRATIONS

Degrees and Concentrations		Degree Type		Campus based
<b>Bachelor's Degrees</b>				
Generalist		BSPH		BSPH
<b>Master's Degrees</b>				
		<b>Academic</b>	<b>Professional</b>	
Generalist			MPH	MPH
<b>2nd Degree Area</b>	<b>Public Health Concentration</b>			
Law (dual degree)	Generalist		MPH-JD	MPH
Accelerated (in progress)	Generalist		BA/BS-MPH	MPH

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

TABLE INTRO.4. CURRENT ENROLLMENT DATA

Degrees	Current Enrollment: 2020-2021
<b>Bachelor's Degrees</b>	
BSPH - Generalist	37
<b>Master's Degree</b>	
MPH - Generalist	51

Note: Based on USM Official Census on October 15, 2021

# A1. Organization and Administrative Processes

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

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

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

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

The Public Health Program serves as a **Committee of the Whole** and it is the primary decision-making body. All primary and non-primary instructional faculty serve on this committee. Part time faculty are invited to participate as non-voting members. The Committee meets monthly and is responsible for reviewing and acting on programmatic issues (excluding admissions and course transfer and waiver requests). In addition, the committee holds retreats and other ad hoc meetings, as necessary. Each year, a student representative is nominated by the Program Chair and invited to participate in the monthly faculty meetings to provide the student perspective. The student serves a one-year term. In addition, student representatives from the Muskie Student Organization (MSO) are invited to participate in the monthly faculty meetings and there is a standing agenda item for these updates. The term limit coincides with student involvement in the MSO.

## AD HOC COMMITTEES

The **Accreditation Committee** is responsible for leading the CEPH self-study process and overseeing the implementation of quality improvement activities that are identified as opportunities. The Committee maintains an active meeting schedule during the self-study year, typically meeting every two weeks. Members of the Committee include: Professors Ahrens, Joly, and Ziller. During off-cycle years, the accreditation-related work is led by Dr. Joly and efforts are reviewed and implemented as a Committee of the Whole. Students do not serve on this Committee; however, several Graduate Assistants are active in supporting this work and they routinely participate in the Committee meetings.

The **Public Health Search Committee**. In the event of a full-time or part-time faculty or staff hiring opportunity, the Public Health faculty will constitute an ad hoc Search Committee to conduct search activities and make recommendations to the full faculty. The Chair of each individual committee will be appointed by the Public Health Chair in consultation with the faculty. All Search Committee members must be trained in anti-bias hiring practices by the University of Southern Maine's (USM) human resources and, ideally, each committee will contain a member of the Diversity, Equity, and Inclusion Committee. Search Committee meetings and timelines are dictated by the individual search requirements. All full-time faculty searches must include opportunities for Public Health student and broader Muskie School input.

## STANDING COMMITTEES

The **Admissions Committee** is responsible for reviewing and acting on all completed applications to the MPH Program, consistent with USM policies and procedures. The committee includes four faculty (including two-tenure track faculty). Professor Ziller (Committee Chair) and Dr. Tupper review all applications. When there is uncertainty or disagreement, the application(s) are then sent to Professors Ahrens and Joly for their review. Due to the rolling nature of our applications, the Committee does not have an established meeting schedule; however, there are generally two meetings per year with the work occurring as applications are processed. The Chair generally reviews new applications as they are received and prompts the committee to conduct their review. Feedback on each applicant is captured via email or face-to-face discussions to reach agreement. To date, members of the Committee have been able to reach agreement on the decision for all applicants. In the event agreement cannot be achieved via email, a formal meeting will be scheduled.

The **Academic and Curricular Affairs Committee**. This committee reviews and recommends policies and curriculum changes to the Public Health faculty to enhance quality teaching and learning; evaluate and approve transfer requests in coordination with Public Health faculty who teach the affected courses; with the Chair, play a leadership role in the academic accreditation process. The committee includes three faculty: Professors Joly (Chair), Greenfield, and Ziller. Due to the rolling nature of the requests, there is no established meeting schedule. However, the Committee generally meets at least once during the fall semester and spring semester. The Chair reviews the request and shares it with the committee for an e-vote.

The **BSPH Curriculum Committee**. To ensure coordination with the USM Core Curriculum, Public Health includes a BSPH-specific curriculum committee. This committee includes two faculty (Professors Joly and Ziller) who have dedicated responsibility to teaching BSPH courses and are engaged with USM undergraduate programming. The committee is responsible for ensuring that the curriculum aligns with CEPH standards for undergraduate education as well as USM core curricular and community engagement goals. The Committee engages with the USM Core Curriculum Committee, the USM CareerHub, USM Student Life, and other undergraduate majors to identify opportunities for BSPH students. The Committee meets annually, prior to the deadline for course scheduling and the course catalog.

The **Diversity, Equity, and Inclusion Committee** is a newly established committee tasked with identifying and promoting best practices for anti-racism, equity, and the empowerment of historically underrepresented populations in the Public Health Program and the field of public health. To accomplish this charge, the committee: 1) Provides representation to meetings of USM's Inclusion, Diversity, and Equity Council (IDEC); 2) Reviews and makes recommendations based on guidance developed by USM's IDEC, as well as other university groups, such as the Faculty and Staff of Color Association; 3) Reviews and make recommendations on revisions to curriculum to achieve inclusive course practices; 4) Develops recruitment and hiring recommendations that promote faculty and staff diversity; 5) Assesses whether the Public Health Program is welcoming to diverse students and makes recommendations to improve procedures related to student recruitment, enrollment, retention, and programming; and 6) Identifies and supports opportunities for professional development for staff, faculty and students to increase awareness of cultural humility, bias, anti-racism, and structural factors that contribute to health inequities. The Diversity, Equity, and Inclusion committee includes Professors Greenfield, Lichter, and Ziller (Chair). The Committee meets each semester.

The **Public Health Advisory Committee** is responsible for providing diverse perspectives, advice and input to the Graduate Program in Public Health on its direction, priorities, and opportunities. Based on a set of guidelines that our Program established in 2012, the Committee includes: 1) up to 25 individuals representing a range of public health partners and sectors with a variety of skill sets, and 2) members that serve a two-year term. The structure of the Committee includes a Chair. Per program guidelines, the Committee includes representation from four sectors: 1) governmental public health agencies, 2) health service organizations, 3) professional associations, and 4) alumni. The Committee meets twice a year.

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

The following describes how key functions are performed in the Public Health Program.

**a. degree requirements**

The Program Chair is responsible for ensuring that degree requirements are reviewed annually and aligned with accreditation and university guidelines. Changes to degree requirements for either the MPH or BSPH are proposed to the public health faculty as a whole and reviewed, discussed, and voted on during monthly or ad hoc meetings. All decisions are made by majority. Each year the MPH Academic Plan and the BSPH Checklist are reviewed and updated to reflect any changes, including the alignment between the BSPH requirements and the USM core curriculum. The degree requirements are updated, as needed in the annual course catalog.

**b. curriculum design**

The faculty as a whole is responsible for curriculum design and oversight. The program adheres to the following USM policies on academic standards:

- Article 2, Academic Freedom
- Article 15, Grievance Procedure
- Academic Integrity Policy
- Student Rights and Responsibilities

Our program includes the Academic Integrity Policy in all MPH course syllabi (using a standardized template), and syllabi also list expectations regarding the role of the instructor and students. In terms of curriculum development, the voting faculty of the MPH program has full authority over the content of its curriculum and degree requirements, subject to review by the Muskie School faculty and/or its appropriate subcommittees. Curriculum development plans are based largely on faculty discussions that take place during faculty meetings and retreats. The development of curricula and new courses is led by individual faculty with content expertise. Course syllabi are reviewed by the program Chair and the faculty (as appropriate), and are a standing agenda item with the MPH Advisory Committee. All decisions are made by a majority of faculty. Curriculum changes are reflected in the course catalog as well as the MPH Academic Plan and the BSPH Checklist.

**c. student assessment policies and processes**

The faculty as a whole is responsible for overseeing and implementing public health student assessment policies and processes. The faculty hold a closed session at the end of each monthly meeting to discuss student issues, student concerns, and next steps for both graduate and undergraduate students. Faculty advisors are responsible for following up with students who have been identified for further action and implementing the agreed upon action steps. At the graduate level, a review of student progress based on program competencies is conducted annually. Student grades are reviewed by faculty, and individual student progress is discussed to identify students not currently meeting program competencies. Faculty advisors follow up individually with students falling behind to provide support, link students to services (e.g., writing center), and in some cases, to clarify degree expectations (e.g., maintaining a GPA of 3.0 or higher). At the undergraduate level, public health faculty work closely with the program's assigned Professional Advisor to ensure students are supported and meeting degree requirements.

**d. admissions policies and/or decisions**

At the undergraduate level, decisions are made by the Admissions Office using criteria established by USM. The Public Health Program does not have a role in admissions. At the graduate level, our Admissions Committee is responsible for the admissions process and decisions. At least two faculty are required to review each application. If a decision cannot be easily made, the application is sent to two more faculty for their review. Denials of admission may be appealed to the Chair and the Associate Provost for Graduate Studies, respectively.

**e. faculty recruitment and promotion**

All faculty recruitment and searches follow the policies and procedures of the University of Maine System, the University of Southern Maine, and the faculty labor agreement. All staffing decisions are made in accordance with the applicable policy, procedure, or contract in force at the time of the decision.

All hiring decisions start with the public health faculty who regularly review the faculty needs based on the number and progress of students in the degree and certificate programs, faculty loads, and the demand for core and specialization courses. When a decision is made to recruit for a vacant, new, or part-time teaching position, the program faculty, through the Chair, makes a recommendation to the Dean of the College. This recommendation outlines the need and rationale for the position, the expected teaching, research, and other responsibilities, and the sources of funding for the position. The Dean, Provost, and President approve the creation of all faculty positions (research and tenure track) and approve searches prior to the formal search process.

Once the approvals have been obtained, the Chair initiates a formal search process that is led by the Public Health Search Committee, which includes the following key steps:

- Consultation with the USM Director of Labor Relations
- Preparation of a Position Authorization Form
- Publication of the position (in accordance with the School Diversity Plan and the results of the consultation with the USM Coordinator of Employee and Community Outreach)
- Screening of applications per Human Resource requirements and approvals
- Conducting interviews with top candidates, which typically includes in-person interviews
- Checking references
- Seeking feedback from students, faculty, Advisory Committee, and others
- Making a recommendation for hire to the public health faculty for a vote and communicating this decision to the Dean

The University and Muskie School have explicit criteria and processes for promotion and the program follows these criteria and processes. Once appointed, each faculty member establishes a three-person peer committee consisting of Public Health, Muskie School, and USM faculty. The Peer Committee works with the faculty member to set performance expectations, assists with professional/faculty development, conducts regular performance evaluations, and makes recommendations for promotion. All recommendations for continued appointment and promotion are made to the Dean and Provost.

University appointment and promotion cycles are the same for all full-time tenure-track and research faculty. These cycles are as follows:

- **Assistant (Research) Professors:** appointed for one or two-year terms and evaluated annually during the first six years of service. After the sixth year of service, evaluations are conducted every two years.

- **Associate (Research) Professors:** appointed for two-year terms and evaluated annually during the first six years of service. After the sixth year of service, associate research professors are reviewed every four years.
- **(Research) Professors:** appointed for four-year terms and evaluated annually during the first six years of service. After the sixth year of service, evaluations occur every four years.

Associate and full (Research) Professors are eligible to participate in the post-tenure compensation program after their sixth year of service. While research faculty do not have tenure, the Agreement between the University of Maine (UMaine) System and the Associated Faculties of the University of Maine (AFUM), provides for just-cause protection for all faculty members (research and tenure track) after six years of continuous service.

In addition to the university faculty appointments, the Muskie School also has Practice Faculty appointments and adjunct or part-time faculty (PATFA) appointments. The School has a separate process for these appointments and evaluations, which are described in the Muskie School's *Guidelines for Practice Faculty* as well as the PATFA contract.

**f. research and service activities**

Research and service are clearly identified in the University, Muskie School, and Public Health Program mission statements, and they are a core feature of the USM and Muskie School promotion and tenure application and review process. Additionally, there are clear program-level goals that explicitly state the expectations of faculty in each area including: securing external funding, serving as a reviewer (e.g., grant proposals or peer-reviewed manuscript), presenting at state and national conferences, publishing research, supporting Research Assistantships for MPH students, and participating in local, state, and national advisory councils or groups. Public health faculty members have a varying mix of teaching, research, and service responsibilities, something that is explicitly recognized in the Muskie School's Promotion and Tenure Criteria. In general, performance expectations are aligned with the roles that different faculty members have in relationship to teaching, research, and community service.

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

The files can be found in the following location in the ERF.

- A1.1 Agreement Between UMaine System and Associated Faculties of UMaine (AFUM)
- A1.2 Agreement Between UMaine System and Part-Time Faculty (PATFA)
- A1.3 USM Constitution
- A1.4 Graduate Student Handbook
- A1.5 Public Health Program By-Laws (DRAFT)

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

Our faculty are actively engaged in decision-making activities for USM and for graduate education. As seen in Table A1.4, faculty serve on a number of University committees that inform USM's efforts.

TABLE A1.4. EXAMPLES OF FACULTY INVOLVEMENT IN USM DECISION-MAKING

Faculty/ Committee Name	Role	Years
Ahrens, K.		
Search Committee- Cutler Institute	chair	2019
Greenfield, B.		
USM Faculty Senate	member	2020-2021
Joly, B.		
UMaine System Research & Development Plan Steering Committee	member	2019-2020
Search Committee - Office of Graduate Studies	member	2018
Search Committee - Student Services, Muskie School	member	2017-2018
Search Committee - Dean, College of Management and Human Services	member	2019-2020
Tupper, J.		
USM Economic Development Committee	member	2017-2019
USM Research Advisory Committee	member	2017-2021
Cutler Institute PI Council	chair	2019-2021
Environmental & Public Health Workgroup, Maine North Atlantic Institute	co-chair	2019-2021
Cutler Institute Integrated Management Team	member	2017-2021
Interprofessional Education Faculty Group	co-chair	2019-2021
Doctoral Program (DNP) Planning Team, School of Nursing	member	2018
UMaine One Health Initiative	member	2017-2018
Whittaker, B.		
USM Faculty Senate	chair	2017-2021
Convener of the Lewiston Auburn College Faculty	chair	2017-2021
University of Maine System Faculty Governance Council	co-chair	2020-2021
Associate Provost's Committee	member	2017-2021
Ziller, E.		
Academic Affairs Leadership Team	member	2018-2021
USM Graduate Council	member	2018-2021
College of Management and Human Services Leadership Team	member	2018-2021
College of Management and Human Services Title III Planning Committee	member	2018-2019
USM Institutional Review Board	member	2017-2021
College of Mgmt. & Human Services Research Committee Search	member	2018
Maine Policy Scholars Program	advisor	2018-2021
Search Committee - Office of Graduate Studies/Muskie Student Affairs	member	2019
Search Committee - College of Mgmt. & Human Services Internship Coordinator	member	2018

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

All full and part-time faculty are invited to monthly meetings and retreats. In addition, informal interactions occur throughout the year. For example, a newly hired part-time instructor met with two faculty members to discuss his syllabus and learn about the grading rubrics frequently used by instructors in the program; these meetings were in addition to the onboarding of new faculty by our program.

Documentation in the ERF includes:

- A1.6a Email correspondence on use of rubrics
- A1.6b Email correspondence on instruction
- A1.6c Log of Program Chair interactions with part-time faculty



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

**Strengths:**

- Our program has a clear governance structure and guiding documents define explicit roles and authority.
- Our faculty are actively engaged in policy and program decision-making for USM and education and all aspects of governance for the Public Health Program.
- We have developed an efficient admissions process for communicating with and welcoming accepted applicants.

**Weaknesses:**

- Engaging part-time faculty in non-teaching activities remains challenging. Our part-time instructors typically are employed in the field and hold full-time jobs in addition to teaching, making their time limited.

**Plans:**

- In the past we have not had a consistent cohort of part-time faculty, yet this is slowly changing and we are creating more opportunities to engage them in our program's efforts. Part-time faculty have begun participating in our faculty meetings and we have discussed ideas for ensuring they are involved in curriculum discussions.

## A2. Multi-Partner Programs

Not applicable.

## A3. Student Engagement

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

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

Our program actively involves students in governance, including planning, policy decision-making, and evaluation efforts. The Muskie Student Organization (MSO) is made up of student leaders from the Muskie School's graduate programs, including two MPH students who are elected annually via self or peer nominations and peer vote. The group meets monthly. The mission of the MSO is to build a strong student community, create opportunities for civic discourse on public policy issues, and advocate for students in policymaking and decision-making within the Muskie School.

The two elected MPH members of the Muskie Student Organization participate in monthly faculty meetings along with a designated MPH student representative to the public health faculty. These students are also invited to participate in faculty retreats. Additionally, the Public Health Advisory Board includes a MPH and a BSPH student. Finally, the new Diversity, Equity, and Inclusion Committee includes a MPH and a BSPH student representative.

TABLE A3.1. STUDENT REPRESENTATIVES: 2019-PRESENT

List of Students by Organization/Group
<b>Muskie Student Organization and Public Health Faculty Meetings/Retreats</b>
• Chelsey Ferris
• Jeremy Zukero
• Gabby Tilton
• Morgan Horn
• Jared Sawyer
• Kaylee LeClerc
• Sarah Ferugia
• Erin Price
<b>Public Health Advisory Committee</b>
• Jaclyn Janis
• Katy Bizier
• Sarah Ferugia
• Erin Price
<b>Diversity, Equity and Inclusion Committee</b>
• Allison Green-Parsons
• To be determined

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

**Strengths:**

- Students actively participate in faculty meetings, the Public Health Advisory Committee and their own student-run, student-led organization. There are also informal mechanisms

for participating in our public health planning and policy decision-making activities, primarily involving discussions with faculty advisors and the Program Chair.

**Weaknesses:**

- During the COVID-19 pandemic, the Muskie Student Organization became inactive and efforts to resurrect the group are underway.

**Plans:**

- Our program is working with the Associate Dean of the Muskie School to develop strategies for reconstituting the Muskie Student Organization.

## **A4. Autonomy for Schools of Public Health**

Not applicable.

## **A5. Degree Offerings in Schools of Public Health**

Not applicable.

## B1. Guiding Statements

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

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

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

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

- 1) A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.

### **MISSION**

We educate students to become skilled public health professionals, sought after for their expertise and commitment to improve population health and promote health equity. We engage in applied research and service to support the well-being of the communities we serve.

### **VISION**

We envision thriving communities, in Maine and beyond, where every member has the opportunity to be their healthiest self.

### **VALUES**

- We value the development and use of evidence to inform decision-making. We prepare our students to produce and interpret evidence that supports their decisions as organizational and community leaders.
- We value inclusion, diversity, and cultural humility. We seek to learn with individuals of varied identity groups and perspectives.
- We value lifelong learning and continuous professional growth. We seek to expand our knowledge and understanding by soliciting feedback from students, alumni, external partners, and each other.

## **UNDERGRADUATE BSPH PROGRAM GOALS**

The BSPH introduces students to the history and core concepts of public health and its role in U.S. and international health systems. Students gain knowledge of public health theory and approaches, as well as the skills necessary to apply this knowledge in entry-level professional public health roles. Through the culminating 120-hour Field Experience, students will work on public health projects within their communities that integrate their learning and provide valuable experience in public health planning and program delivery.

The BS in public health prepares students for early career, entry-level positions at local health departments, businesses, social service agencies, health systems, nonprofit community organizations, hospitals and more. The degree also provides a strong foundation for graduate programs in multiple fields, including MPH programs at USM and elsewhere, other graduate health training programs, public policy, and law.

## **GRADUATE MPH PROGRAM GOALS**

The Graduate Program in Public Health is driven by the goals of improving access, population health outcomes, and health system cost-efficiencies to advance the health of our communities. The MPH Program goals are:

1. To prepare students to serve in a variety of roles addressing population health by delivering a competency-based generalist public health education.
2. To conduct and disseminate applied research that informs the field and has direct implications for practice or population health.
3. To engage in service activities at the local, state, or national level that benefit population health.

## **WHO WE SERVE: EMPLOYERS & STUDENTS**

Our program offers the only CEPH accredited MPH degree in the University of Maine System. The program addresses state and regional public health system workforce needs. We enroll students representing the array of professional and academic backgrounds, experience, and interests that comprise the field of public health. The program's primary prospective student target market encompasses pre-career and mid-career health professionals living in Maine and New England. In keeping with the value we place on inclusion, our enrollment cost is far lower than other MPH programs in the region. Further, our prospective student target groups include new residents of Maine and international students from countries with rural or poorly resourced health systems and public health infrastructure. As a refugee resettlement area, southern Maine has an increasingly rich experience-base to inform population health and health systems that are responsive to the needs of diverse communities.

## **OUR GRADUATES**

We seek to ensure that our graduates are recognized as consistently demonstrating mastery and competence in professional communications, facility with acquiring and assessing data and information for informed decision-making, and the ethics, skills, and tools to facilitate (pre-career grads) and lead (mid-career grads) based on demonstrated competencies. Our graduates are working in health systems, public health agencies and academic institutions.

Our graduates work in diverse roles in public health and health care delivery systems as Community Liaison Consultants, Data Analysts, Program Directors, Project Coordinators, and Communications Managers. They work in state and municipal health departments, children's behavioral health programs, with public, non-profit and private medical centers, health systems and health plans, and with international programs such as the US Agency for International Development and the United Nations.



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

Our mission, values and goals are posted to the website as part of our program statement:  
<https://usm.maine.edu/public-health/graduate-program-public-health-program-statement>.

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

**Strengths:**

- Our program has a clear mission, vision and description of its core values and this information is shared publicly.
- The program's description and core values reflect its history, strengths, and setting as well as the ideals of its constituents.
- The goals are aligned with the mission and vision statements.
- Each goal has a set of measurable objectives, later described, that allow us to monitor our performance

**Weaknesses:**

- None noted

**Plans:**

- Our program will continue to review its vision, values, and mission to ensure its relevancy. We plan to review and edit this content annually at faculty meetings each spring.

## B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (e.g., BS, MPH, MS, PhD, DrPH). The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

- 1) Graduation rate data for each degree in unit of accreditation.

Below, Tables B2.1a and B2.1b describes our graduation rates for the last six years. MPH students have a maximum time to graduate of six years and undergraduates have eight years from their matriculation date.

TABLE B2.1a. STUDENTS IN MPH DEGREE, BY COHORTS ENTERING BETWEEN 2014-15 AND 2020-21

MPH Maximum Time to Graduate: 6 Years							
Year	Characteristic	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2015-16	# Students entered	23					
	# Students withdrew, dropped, etc.	2					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	21	24				
	# Students withdrew, dropped, etc.	3	3				
	# Students graduated	10	0				
	Cumulative graduation rate	43%	0%				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	21	24			
	# Students withdrew, dropped, etc.	1	1	1			
	# Students graduated	2	6	1			
	Cumulative graduation rate	52%	25%	4%			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	14	22	16		
	# Students withdrew, dropped, etc.	0	0	5	1		
	# Students graduated	2	9	6	2		
	Cumulative graduation rate	61%	63%	29%	13%		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	5	11	13	22	
	# Students withdrew, dropped, etc.	0	0	0	0	2	
	# Students graduated	0	2	4	6	0	
	Cumulative graduation rate	61%	71%	46%	50%	0%	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	3	7	7	20	28
	# Students withdrew, dropped, etc.	0	0	0	0	0	1
	# Students graduated	3	1	3	1	10	0
	Cumulative graduation rate	74%	75%	58%	56%	55%	0%

TABLE B2.1b. STUDENTS IN BSPH DEGREE, BY COHORTS ENTERING BETWEEN 2014-15 AND 2020-21

BSPH Maximum Number of Attempted Credits is 180							
Year	Characteristic*	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2015-16	# Students entered	NA					
	# Students withdrew, dropped, etc.	NA					
	# Students graduated	NA					
	Cumulative graduation rate	NA					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	NA	NA				
	# Students withdrew, dropped, etc.	NA	NA				
	# Students graduated	NA	NA				
	Cumulative graduation rate	NA	NA				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	NA	NA	NA			
	# Students withdrew, dropped, etc.	NA	NA	NA			
	# Students graduated	NA	NA	NA			
	Cumulative graduation rate	NA	NA	NA			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	NA	NA	NA	2		
	# Students withdrew, dropped, etc.	NA	NA	NA	0		
	# Students graduated	NA	NA	NA	0		
	Cumulative graduation rate	NA	NA	NA	0%		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	NA	NA	NA	1	24	
	# Students withdrew, dropped, etc.	NA	NA	NA	0	0	
	# Students graduated	NA	NA	NA	1	5	
	Cumulative graduation rate	NA	NA	NA	50%	21%	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	NA	NA	NA	1	21	20
	# Students withdrew, dropped, etc.	NA	NA	NA	0	0	3
	# Students graduated	NA	NA	NA	0	4	1
	Cumulative graduation rate	NA	NA	NA	50%	38%	1%

Note: Two students were able to begin the BSPH prior to the official launch of the degree. Withdrawals/dropped is defined as no longer a USM student or students who switched to another degree program. We had one student who switched programs during the 2020-2021 academic year.

2) Data on doctoral student progression in the format of Template B2.2.

Not applicable.

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

**Graduate Level.** We are on track with our MPH graduation rates. Nearly three-quarters of our MPH students who began in 2015 graduated within the six-year maximum and our projections for the 2016 cohort of students have already reached the 70% threshold. The common reasons for delayed graduation among our students are personal and professional obligations and challenges with the Capstone project. Many of our mid-career students are enrolled part time and work full time. While our program has limited control of the life circumstances of students, we do offer additional support to ensure the final student Capstone project is successfully completed. We have a Capstone course instructor who provides general support for the Capstone and faculty members who serve as first reader of the Capstone and provide targeted support. This dual faculty support has proven successful in working with students to ensure their project is feasible

and appropriate as a culminating activity, realistic within the timeframe, and aligned with competencies. Given the community-based nature of many Capstones, our faculty have become skilled at identifying student opportunities, helping students to focus their scope of work with community partners, and redirecting student projects if a community partner project falls through.

**Undergraduate Level.** Undergraduate students at USM have eight years from their initial matriculation date in which they can complete their degree, regardless of program. Given our relatively new undergraduate program, our graduation rates have started off strong. This is largely due to transfer students who have joined our program with credits that count toward our BSPH. For example, students who have taken a three-credit anatomy and physiology course with a lab at a community college area are able to use these credits to fulfill the BPH 160: Human Biology requirement, allowing them to enter the BSPH with three credits for the degrees already earned.

The ERF includes:

- B2.2a - USM Satisfactory Academic Progress Policy for Undergraduate Degrees
- B2.2b - USM Satisfactory Academic Progress Policy for Graduate Degrees

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

**Strengths:**

- Our program identifies all students who are near completion of their BSPH and faculty advisors work directly with students in their final year to ensure all program requirements (e.g., Capstone) are completed.
- Students are given a BSPH graduation checklist, which allows them to take accountability for tracking their progress in the program.
- Our advising system includes practices to clarify expectations and instill focus for the MPH students: 1. In the first enrolled semester, MPH students are added to a learning commons site (via Brightspace) with all program expectations and resources; 2. Individual and group advising sessions to ensure degree progress; 3. Clearly articulated course sequencing provided publicly on-line; 4. Faculty course releases for Capstone and Field Experience program management; 5. Regular coordination among faculty regarding Capstone progress both in person and via a shared Google sheet file.

**Weaknesses:**

- Many of our students have personal circumstances or work obligations that interfere with their ability to complete classes or the program.
- Our university-based tracking system used to monitor program withdrawals at the undergraduate level is limited. We are unable to routinely pull data on students that switch majors and this information is largely left for advisors to track.

**Plans:**

- Faculty will continue to work with students, individually and as needed, to support their successful graduation in accordance with established criteria.
- We will work with the USM database team responsible for aggregating undergraduate data to identify opportunities to better track changes in the status (withdrawals, switching majors) of our undergraduate students. We hope to be able to monitor this information systematically across the program, at routine intervals.
- We will more regularly and consistently communicate with MPH student cohorts regarding the expectations of the Capstone, and strategies for focused and efficient Capstone outcomes.
- We plan to require students to enroll in a continuous enrollment course called Grad Studies (GRS) 601. This course is designed for students who have completed their coursework and are working on their Capstone. It allows students to continue accessing services (e.g., library) and it provides a mechanism for our program to track those who are near completion and working on fulfilling the Capstone requirements.

## B3. Post-Graduation Outcomes

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

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

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3.1.

Our program surveys the faculty each year during the late fall/early winter to determine post-graduation employment for students who graduated during the previous academic year. Typically, the faculty are able to report on the employment outcomes for approximately 80-90% of graduates and most of this information is captured around graduation, as we celebrate our students' success. The Accreditation Committee uses LinkedIn to identify the employment status of graduates whose outcomes are unknown. Many of our students keep in touch with faculty as they change positions, particularly since we often serve as references.

Status of Graduate	2018-2019		2019-2020		2020-2021	
	#	%	#	%	#	%
<b>GRADUATE</b>						
Employed	13	93%	15	88%	14	88%
Continuing education/training (not employed)	0	0%	2	12%	1	6%
Not seeking employment/additional education by choice	0	0%	0	0%	0	0%
Actively seeking employment/further education	0	0%	0	0%	0	0%
Unknown	1	7%	0	0%	1	6%
<b>Total graduates (known + unknown)</b>	14	100%	17	100%	16	100%
<b>UNDERGRADUATE</b>						
Employed	NA	NA	0	0	5	56%
Continuing education/training (not employed)	NA	NA	0	0	0	0%
Not seeking employment/additional education by choice	NA	NA	0	0	0	0%
Actively seeking employment/further education	NA	NA	0	0	0	0%
Unknown	NA	NA	1	1	4	44%
<b>Total graduates (known + unknown)</b>			1	100%	9	100%

TABLE B3.1 POST-GRADUATION OUTCOMES FOR MPH AND BSPH

Note: Total graduates may not match what is in Table B2.1a due to USM retroactive conferral of degrees

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

**Graduate Level.** Since its inception, our program has a very strong track record of graduating students who routinely are employed full-time upon graduation. Many of our students are employed while taking classes and several of our pre-service students have benefited from employment opportunities that are based on faculty connections and networks. Students also have used their Field Experience and Capstone projects to network, identify job prospects, and secure employment. Tracking students

**Undergraduate Level.** While we remain in the early stages of our program, we have graduated a small number of students who were able to transfer in coursework. Faculty advisors routinely work with students to provide career counseling advice, recommendation letters, and connections to suitable employment opportunities. We have a high proportion of undergraduate students who are first generation college students and assisting them in completing the program and securing meaningful employment post-graduation is a high priority.

Our efforts to track BSPH graduates have been impacted by our limited face-to-face interactions with students during the pandemic (e.g., no program-level or university-level graduation ceremonies). However, we have launched a new tracking tool to document the employment plans of students immediately upon graduation as well as an email address for contacting them post-graduation. We have also begun to encourage our BSPH students to join the Public Health LinkedIn site.

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

**Strengths:**

- Our graduate students are well connected to the public health community and generally able to quickly find employment in public health aligned fields.
- Our faculty often direct students to employment opportunities for MPH graduates.

**Weaknesses:**

- We do not have a good system in place for tracking employment outcomes at the undergraduate or graduate level. This work often falls on faculty advisors, given their relationships with students.

**Plans:**

- We recently began tracking all of our BSPH and MPH students in a spreadsheet with their employment destination or other plans at graduation.
- We will more explicitly encourage MPH students and BSPH students to join our program's LinkedIn group, which helps facilitate our knowledge of their post-graduation employment.

## B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

- 1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

### GRADUATE LEVEL

The MPH program collects data from soon-to-be graduates and alumni in three ways: 1) an informal discussion following the Capstone final presentation, 2) a formal MPH Alumni Survey that is administered by the Office of Assessment to graduates of our program to assess their ability to apply competencies in the field, and, 3) a University-wide Commencement Exit Survey administered annually by USM and sent to all Public Health graduating students.

**Informal Discussions Post Capstone.** Informal discussions following student Capstone presentations revealed that students generally feel well prepared to apply the program competencies in the workforce, upon graduation. One area of improvement identified from these discussions was qualitative data analysis. Our program does not offer a course in this area. However, we recently added this component to our Applied Research and Evaluation core course to provide students with an opportunity to code and summarize real qualitative data.

**Alumni Survey Findings.** Quantitative results of the most recent (2021) alumni survey of our graduate students indicate that most students agree that they have had the opportunity to apply program competencies and are confident in their ability to apply these competencies.

The competencies with the lowest scores (80 – 81%) for either of these measures were:

- Apply planning and management frameworks
- Adopt approaches that rely on inter-professional practice
- Identify approaches to address rural health disparities and challenges.

The competencies with the highest scores (100%) for either of these measures were:

- Apply public health theory
- Identify solutions that reflect public health and health care systems
- Apply communication skills and strategies
- Apply systems thinking frameworks (e.g. logic models)

Table B4.1 summarizes the findings from the 2021 survey. The survey was sent to 76 students with a response of 34%. The competency results excluded not applicable responses and combined the “agree” and “strongly agree” responses. A copy of the Alumni Survey and the accompanying report can be found in the ERF (Location: B4.1a and B4.1b).

TABLE B4.1a. STUDENT RESULTS OF ALUMNI SURVEY: GRADUATE

Survey Items	N	Graduate	
		n	%
<b>Students agreed that they had the opportunity to:</b>			
Apply evidence-based approaches to public health	26	22	85%
Identify solutions that reflect public health and health care systems	26	24	92%
Apply planning and management frameworks	26	21	81%
Apply policy skills	26	23	88%
Apply leadership skills	26	24	92%
Apply communication skills and strategies	26	24	92%
Adopt approaches that rely on inter-professional practice	25	20	80%
Apply systems thinking frameworks (e.g. logic models)	26	24	92%
Apply public health theory	26	26	100%
Identify health policy options and assess their adoption/feasibility	26	23	88%
Identify approaches to address rural health disparities and challenges	26	21	81%
Analyze environmental factors and determinants of health	26	23	88%
Apply principles of planning, evaluation, and communication	26	25	96%
<b>Students agreed that they felt confident in their ability to:</b>			
Apply evidence-based approaches to public health	26	24	92%
Identify solutions that reflect public health and health care systems	26	26	100%
Apply planning and management frameworks	26	21	81%
Apply policy skills	26	22	85%
Apply leadership skills	26	23	88%
Apply communication skills and strategies	26	26	100%
Adopt approaches that rely on inter-professional practice	26	21	81%
Apply systems thinking frameworks (e.g. logic models)	26	26	100%
Apply public health theory	26	25	96%
Identify health policy options and assess their adoption/feasibility	26	25	96%
Identify approaches to address rural health disparities and challenges	26	24	92%
Analyze environmental factors and determinants of health	26	24	92%
Apply principles of planning, evaluation, and communication	26	25	96%

In addition to the quantitative results highlighted above, our most recent alumni survey (2021) revealed important qualitative feedback to inform program improvement. Students were asked, "If you could make one recommendation to improve the MPH program, what would it be?"

Responses included:

- "More focus around racial disparities and the history of racist and patriarchal practices in public health frameworks."
- "The only deficiency during my time in the program was the environmental health class, which I know has since changed. "
- "Less group work, more policy education."
- "More specialized classes that focus on public health issues-like global health."
- "Build a stronger alumni network/communication channel."
- "More support in finding field experience, connecting to the workforce, networking."
- "Engage students in research and publications with faculty."
- "More grant writing exposure, more research paper writing."
- "More epidemiology and inter professional education."
- "Provide additional public health courses; e.g. more advanced courses in areas like epidemiology and environmental health, cover emergency preparedness."
- "You need more faculty to be able to cover the breadth and depth required for a genuine master's degree."
- "Look for more ways to engage with the healthcare delivery system; focus on data and analytics."
- "Have more specialization; e.g. epidemiology or bring back the health management track."



**Exit Survey.** The USM Commencement Exit Survey is standardized across the University and it does not allow the option of customized program-level questions. However, two items from this survey have been helpful in our program’s overall assessment of curricular effectiveness, and overall student satisfaction with our program. As seen below in B4.1c, results from the most recent survey in 2021 suggest that graduate students report being prepared to solve complex real-world problems and all respondents indicated satisfaction with their “experience” with the program (see ERF B4.1c Commencement Exit Survey\_2021)

TABLE B4.1C. STUDENT RESULTS OF COMMENCEMENT EXIT SURVEY: GRADUATE AND UNDERGRADUATE

Survey Items	Graduate	
	N	%
Student response to overall experience in their major/program		
Very Satisfied	3	38%
Satisfied	5	63%
Dissatisfied	--	--
Very Dissatisfied	--	--
How prepared do you feel prepared to solve complex real-world problems?		
Not Prepared	--	--
Somewhat Prepared	3	38%
Very Prepared	5	63%

**UNDERGRADUATE LEVEL**

As stated previously, our BSPH program was fully implemented in 2019, so we have had few graduates. Currently, our BSPH programs uses the USM Commencement Exit Survey to assess curricular effectiveness as reported by our undergraduate alumni. The results from 2020 survey revealed that our first few graduates felt very prepared to solve real-world problems and they were satisfied with their overall experience in our program (see ERF B4.1d Commencement Exit Survey 2020).

TABLE B4.1D. STUDENT RESULTS OF COMMENCEMENT EXIT SURVEY: UNDERGRADUATE

Survey Items	Undergraduate	
	N	%
Student response to overall experience in their major/program		
Very Satisfied	--	--
Satisfied	2	100%
Dissatisfied	--	--
Very Dissatisfied	--	--
How prepared do you feel prepared to solve complex real-world problems?		
Not Prepared	--	--
Somewhat Prepared	--	--
Very Prepared	2	100%

In addition to the USM Commencement Exit Survey, our program has implemented a new process for capturing qualitative data from BSPH students who are graduating. Group interviews are held via Zoom and led by a member of the public health faculty. All graduating students are invited to participate. The interview protocol consists of a series of 8 open-ended questions designed to assess perceptions about student success in achieving the program competencies, student confidence in applying what they learned in a post-graduation placement, the strengths of the program, areas of opportunity for programmatic improvement, and general feedback. In May 2022, a group interview was conducted and the results revealed that students felt the majority of competencies were adequately covered. The one area identified as needing more emphasis was on legal and ethical dimensions of health care and public policy (see B4.1g).

- 2) Provide full documentation of the methodology and findings from alumni data collection.

The Public Health Alumni Survey was created by our program, and it is administered by the Office of Academic Assessment every two years to all alumni who graduated within the last six years. A copy of the survey and report are available in the ERF. Additionally, the USM Commencement Exit Survey is administered by the Office of Academic Assessment each year. The reports from the last three years are available in the ERF.

- B4.1a Alumni Survey
- B4.1b Alumni Survey Report 2021
- B4.1c Commencement Exit Survey 2021 (Graduate Results Only)
- B4.1d Commencement Exit Survey 2020 (Graduate and Undergraduate Results)
- B4.1e Commencement Exit Survey 2019 (Graduate Results Only)
- B4.1f BSPH Interview Guide
- B4.1g BSPH Interview Findings, 2022 (Undergraduate Results Only)

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

**Strengths**

- There are formal and informal mechanisms to assess our program's success in curricular effectiveness based on our competencies.
- Alumni perceptions of curricular effectiveness are high.

**Weaknesses**

- We do not track or document the informal conversations or exit interview with students, upon graduation. However, we do use this information for discussion at faculty meetings and retreats for the purpose of quality improvement.
- There is limited data on BSPH alumni perceptions due to the recent program launch.

**Plans**

- Given the BSPH program's full implementation, we expect our first "cohort" of students to graduate in the spring of 2023. Therefore, we plan to modify our alumni graduate survey next year to include both graduates and undergraduates. We will work the Office of Academic Assessment to launch this revised version in the summer of 2023.

## B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures. The evaluation plan is ongoing, systematic and well-documented and it track progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

- 1) Present an evaluation plan that, at a minimum, lists the program’s evaluation measures, methods and parties responsible for review.

The Public Health Program’s measures, data sources and methods are provided in Table B5.1a. A copy of the complete evaluation plan is in the ERF (B5.1a Evaluation Plan).

TABLE B5.1a. EVALUATION MEASURES AND METHODS FOR PUBLIC HEALTH PROGRAM

<b>Instruction Goal: Prepare students to serve in a variety of roles addressing population health by delivering a competency-based education.</b>		
<b>Evaluation measures</b>	<b>Data sources, analysis</b>	<b>Who reviews?</b>
BSPH and MPH courses will include competencies and methods for assessment	Academic Affairs & Curriculum Committee members analyze data and prepare annual summary based on syllabi review	Full faculty at retreat
BSPH and MPH students will report that the instructor was “well prepared” for class.	Course evaluation summary data analyzed by a member of the faculty and reviewed by chair and faculty as a whole	Full faculty at retreat
BSPH and MPH students will report that the course objectives were presented clearly.	Course evaluation summary data analyzed by a member of the faculty and reviewed by chair and faculty as a whole	Full faculty at retreat
BSPH and MPH students will report that they developed significant skills as a result of the course	Course evaluation summary data analyzed by a member of the faculty and reviewed by chair and faculty as a whole	Full faculty at retreat
BSPH and MPH students will report that instructors showed respect for students.	Course evaluation summary data analyzed by a member of the faculty and reviewed by chair and faculty as a whole	Full faculty at retreat
Student Capstones will involve a partner agency.	Capstone instructor produces annual summary from proposal cover sheet and prepares summary data for faculty review	Full faculty at retreat
<b>Research Goal: Conduct and disseminate applied research that informs the field and has direct implications for practice or population health.</b>		
<b>Evaluation measures</b>	<b>Data sources, analysis</b>	<b>Who reviews?</b>
Faculty will lead or participate in externally funded development, evaluation or research projects.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Faculty will serve on a grant review committee or as a reviewer for a peer-reviewed publication.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Faculty will give presentations at state and national meetings.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Students will present at an annual conference (e.g., USM Thinking Matters, MPHA).	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
The program will provide paid graduate assistantships to MPH students.	Annual summary developed by Office of Graduate Studies and analyzed by a member of the faculty	Full faculty at retreat

**Service Goal: Engage in service activities at the local, state and national level that benefits population health.**

Evaluation measures	Data sources, analysis	Who reviews?
Faculty will serve on one or more <i>local</i> or state advisory board, committee, or coalition.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Faculty will serve on one or more <i>national</i> advisory board, committee, or workgroup.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Faculty will provide free technical expertise to one or more community partners	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat
Professional development opportunities or trainings will be provided by primary faculty.	All PIF and Non-PIF faculty complete an annual faculty tracking tool that is analyzed and summarized by a member of the faculty	Full faculty at retreat

- 2) Briefly describe how the chosen evaluation methods and measures track the program’s progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

Our objectives are designed to reflect the priorities and values of our program. They are tracked annually and used to identify successes and areas for development in three core areas: instruction, research, and service. The instruction-related metrics emphasize the use of competencies, clear course objectives, skill-building opportunities, and engagement with community partners. In addition, we included one metric to evaluate our instructors’ ability to create a supportive and respectful class environment.

The research-related metrics focus on areas that reflect faculty-led applied research or evaluation activities that inform and benefit the field. This include actively leading externally funded projects, participating in grant or peer-reviews, presenting work, and creating paid research assistantship opportunities for students. The plan also includes expectations for supporting student-led presentations at Thinking Matters, a USM and community-wide annual research symposium.

The objectives related to service focus on measuring the extent to which faculty actively participate in efforts that advance the field of public health. The metrics include involvement in advisory boards, committees, or coalitions as well as service to the community via training and free technical assistance.

- 3) Provide evidence of implementation of the plan described in Template B5.1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

The Public Health Program Annual Evaluation Report, 2021 is provided in the ERF. This report is reviewed during an annual faculty retreat. Supporting evidence and data used to compile this report and demonstrate implementation of the plan are also provided in the ERF as seen below.

The Electronic Resources File includes the following documents (see B folder):

- B4.1b Alumni Survey Report
- B5.1a Public Health Program Evaluation Plan
- B5.1b Public Health Program Annual Evaluation Report, 2021
- B5.1c MPH Course Evaluation Summary
- B5.1d BSPH Course Evaluation Summary
- B5.1e Student Presentations at Thinking Matters and MPHA
- B5.1f Email Correspondence with Free Technical Assistance for Community Partner

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

**Strengths:**

- Our program has a clear plan with specific and *measurable* metrics for evaluating the goals and objectives.
- In the spirit of quality improvement, our annual faculty retreat includes time for us to reflect on both the metrics in the evaluation plan as well as the qualitative findings from students collected both formally (e.g., student interviews, open ended survey items) and informally (e.g., advising sessions).
- The evaluation findings are routinely used to make programmatic improvements and monitor our progress.
- The evaluation findings are communicated to program stakeholders.

**Weaknesses:**

- We have a low response rate on our Alumni Survey.

**Plans:**

- We plan to continue using our evaluation findings to inform our efforts. When targets are achieved three years in a row, the faculty will establish new “reach” benchmarks where appropriate, or create a new measure with an accompanying target.
- We plan to discuss with our current students strategies to improve the response rate to our Alumni Survey

## B6. Use of Evaluation Data

**The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.**

**The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.**

- 1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

All faculty members play an active role in using evaluation findings to inform program decisions. Our evaluation efforts, including this self-study process, have allowed us to reflect on our teaching, research, and service efforts. Specific *examples* tied to our evaluation findings for each goal are provided below.

### **EXAMPLE 1:**

- All BSPH and MPH courses will include competencies and methods for assessment.

Our use of a standardized syllabi template for both the MPH and BSPH program has proved useful, particularly for aligning our courses with the program competencies. However, in reviewing our objectives during our 2021 annual faculty retreat, we realized our MPH template did not include the generalist competencies and our BSPH template did not include the competency matrix. We quickly added these components to the templates and existing syllabi. We also made sure all part-time faculty used the updated templates.

Our most recent review of the syllabi identified variability in the approaches used to communicate when and how the competencies were addressed throughout a given semester. We also identified variability across courses in terms of assessment descriptions. As a result, we have scheduled a faculty session to be held in the summer of 2022 to determine a more standardized approach that can be adopted program-wide to create consistency and better support students by clearly aligning the *weekly* sessions and assignments with course objectives and program competencies.

Our faculty also plans to better align our annual student-level review of competency attainment to our annual program-level evaluation findings. To date, the efforts to review results from both areas have not been coordinated. Our annual student-level review occurs each year in a closed faculty session and we use the information to identify students needing additional support. Advisors reach out to students directly to develop individualized plans. Moving forward we have identified an opportunity to reflect on both sets of data to provide a more complete picture of instruction and competency attainment at both the student and program level.

### **EXAMPLE 2:**

- Student Capstones will involve a partner agency.

In reviewing our annual data related to student capstones that involve a partner agency, faculty identified three related areas in need of improvement. First, we developed a more standardized and equitable process for student Capstone proposals including the use of a template with all

program competencies listed (from which the student can select the relevant competencies for their proposal), and a list of the required components for the written product. Second, we created a tracking system for all student Capstone projects based on a Google sheet that all faculty can access. This approach provided a centralized system to systematically record details about each project, including the first and second reader (often a community member) and the name of the community partner organization. This has allowed us to better track the percentage of students who work with a community partner. Third, we recently created a system to store student Capstone files, including detailed directions for the first readers to save files according to specific naming conventions.

**EXAMPLE 3:**

- Faculty will provide free expertise to one or more community partners.

We reviewed and discussed our faculty efforts in this area in conjunction with qualitative data from the alumni survey. Feedback from the alumni survey revealed strong support and acknowledgement of our MPH program's emphasis on creating assignments that were practice-oriented, realistic, and tied to what one graduate student called the "working world." These assignments have often been tied to the free technical assistance our faculty provides to community partners. Given our success in this area at the graduate level, we realized we could do more in our undergraduate curriculum to engage the partners who receive our free technical assistance. As a result, faculty identified a new opportunity to engage a community partner, the Dempsey Center, in the undergraduate Research Methods course during the 2021-2022 academic year. The Dempsey Center is a non-profit organization offering free services to anyone impacted by cancer. They were interested in surveying health care providers to learn more about their referral patterns and experiences with the services the Center provides. The Center received free evaluation survey design services from a member of our faculty and they participated in a class session with undergraduate students on cognitive interviewing and pilot testing. Through this experience, students were able to actively participate in the survey design process.

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

**Strengths:**

- Our faculty are skilled in program evaluation and they routinely use formal and informal data to inform programmatic efforts.
- We use both quantitative metrics and qualitative findings to inform our quality improvement efforts.

**Weaknesses:**

- None noted.

**Plans:**

- As mentioned above, we plan to triangulate our student-level and program level competency data to better understand areas of opportunity.

# C1. Fiscal Resources

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

1) Describe the program’s budget processes, including all sources of funding.

Program resources consist of legislatively appropriated funds that flow through the University of Maine System, and externally generated funds (soft money) that support faculty and students in research, training and other academically related activities. The University of Maine (UMaine) System’s fiscal cycle is July 1 to June 30. State funds (depicted as University Funds on Table C1.2) are budgeted on this cycle and funds unused at the end of each fiscal year lapse. All legislatively appropriated state funds are allocated to campuses based on a UMaine System Board approved formula. ‘Soft’ money includes enterprise, grants, contracts, cooperative agreements with agencies of state government, and gift accounts. These funds are non-lapsing and are budgeted on the same fiscal cycle unless otherwise dictated by the external funders.

The MPH budget is subsumed under the Muskie School’s budget with specific personnel and other costs associated with the program separately identified. The Public Health Chair manages the program’s budget. Teaching is compensated by the program at 12.5% FTE per class for instructional (non-tenured) faculty and \$4,000 per class for part-time instructors.

a) Briefly describe how the program pays for faculty salaries.

As shown below in Table C1.1a, faculty salaries are paid in several ways depending on the type of appointment and teaching responsibilities.

TABLE C1.1. CURRENT FACULTY SALARY SOURCES BASED ON APPOINTMENT TYPE

Appointment Type and Faculty	% Time Funded By		Soft Money Sources
	USM	Soft Money	
<b>Tenure-Track Appointment</b>			
• Greenfield, B.	100%*	Varies**	Varies
• Joly, B.	100%*	Varies**	Varies
• Whitaker, B.	100%*	Varies**	Varies
• Ziller, E.	100%*	Varies**	Varies
<b>Research-Track Appointment</b>			
• Ahrens, K.	25%	75%	Federal and State Grants
• Huston, S.	--	100%	State Public Health Agency
• Lichter, E.	--	100%	State Public Health Agency
• Jonk, Y.	12.5%+	100%	Federal and State Grants
• Paulu, C.	--	100%	State Public Health Agency
<b>Practice Appointment</b>			
• Tupper, J.	60%	40%	Federal and State Grants
<b>Part-Time Instructors</b>			
• Gunderman-King, J.	25%	--	Not applicable
• Kirsch, S.	12.5%	--	Not applicable
• Schwartz, R.	12.5%	--	Not applicable

\* 9-month appointments with additional compensation for summer teaching; \*\* Additional (summer/overload) salary may be procured via extramurally funded grants, contracts, or agency agreements; + 12-month appointment with additional compensation for teaching



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

During the fall of each academic year, there is an opportunity to submit a position request form for a search the following year. To apply for a new faculty or staff position, our Program Chair must complete the form and share it with the Associate Dean of the Muskie School and the Dean of the College of Management and Human Services. The request is then forwarded by the Dean to the USM Position Review Committee. Recommendations are put forward by the Committee to the Provost who reviews and then submits to the University of Maine Systems Office. Since the onset of the pandemic, all positions now must also be approved at the System Level (University of Maine Systems Office), including replacements, and part-time faculty.

- c) Describe how the program funds the following:
- a. operational costs (programs define “operational” in their own contexts; definition must be included in response)

Operational costs are defined routine office expenses (e.g., printing, supplies, and postage) as well as certain Program membership dues (e.g., Maine Public Health Association organizational membership and registration fees). These operational costs modest and paid through university/program funds.

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

#### **Student Scholarships**

Our program receives money for student scholarships from the Muskie School of Public Service’s annual scholarship pool. Each year, funds are raised to support students in the School. The Public Health Program is allotted a certain amount of funding and faculty identify students based on two priorities: 1) those representing underserved groups, and 2) financial need.

#### **Student Travel and Professional Development**

Several years ago, the Office of Graduate Studies implemented a new Student Professional Development Fund based on a minimal fee charged to all graduate students. The fund was created to provide financial support for graduate students pursuing professional development opportunities beyond the classroom. These are opportunities that broaden intellectual understanding, hone professional practice, facilitate professional connections, and allow for networking with colleagues and peers.

Graduate students may apply for a maximum of \$1000 per academic year to cover these types of travel and professional development related expenses. All students matriculated in a graduate degree program, in good standing with the university, and enrolled in at least 3 credits are invited to apply. In order to be reviewed for funding, applications must be submitted at least 2 weeks prior to the date of the event.

#### **Student Employment: Graduate, Research and Teaching Assistantships**

Graduate students are eligible to apply to serve as a graduate assistant (GA), a graduate research assistant (RA), and/or a graduate teaching assistant (TA). Students work during the 15-week semester and they are hired by semester or for the entire academic year. In order to apply and maintain a GA, RA or TA position, students must:

- Maintain a minimum GPA of 3.0.
- Enroll in 6 graduate credits or more during each semester that they are employed as a GA.

- Be matriculated in a graduate degree program at USM (students in certificate-only programs are not eligible).
- Remain in good academic standing and be making acceptable progress towards their degree.
- Not be a University of Maine System employee.

Generally, assistantships are for 10 or 20 hours per week and all assistantships have a minimum stipend requirement of \$1,000 per month (\$9,000 per academic year) for 20 hours, and \$500 per month for the academic year for 10 hour per week positions. Stipends are paid monthly. In addition, most (but not all) assistantships receive a scholarship or tuition assistance in addition to the monthly stipend. Scholarship amounts vary, but the recommended minimum amounts are \$3,000 per academic year for 10 hours per week positions, and \$6,000 per academic year for those working 20 hours per week. Effective fall 2021, positions funded by the Office of Graduate Studies' academic department allocations process also include scholarship funding based on the hired student's tuition residency. In-state students receive \$3,000 (or \$6,000) per academic year (based on hours) and out-of-state students receive \$5,000 (or \$10,000) per academic year, depending on weekly hours worked.

**Funding for Assistantships.** Institutional support from the Office of Graduate Studies provides a number of teaching and graduate assistantships each year. Annually, the Muskie School is assigned a designated number of assistantships funded by USM and the program identifies faculty who are interested in working with a graduate or teaching assistant. In addition to institutional support, faculty-sponsored research projects include research assistantships. Faculty build these positions into their grants and students serve as a member of the team.

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

Faculty in our program can submit a request for support through the Muskie Professional Development Fund. Faculty can apply each year, at the beginning of the academic year and support is provided for travel, conference attendance, and professional development. Faculty are required to submit this request using a Google form. In addition, each tenure track faculty has \$1,200 in the USM budget per academic year for professional development. Finally, faculty who receive a Senate award for instruction, research, or service are given \$900 for professional development. Three of our faculty have received Senate awards during the last three years.

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

Special or ad hoc requests for support, operations, or other expenses are submitted by the Program Chair to the Associate Dean of the Muskie School and then reviewed and approved by the Dean and/or Provost. These requests are infrequent (less than once per year) and for less than \$2,000 per request.

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

Tuition and fees are not returned to our program.

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

For each externally funded project (contract, cooperative agreement, grant) awarded to a faculty member serving as the Principal Investigator (PI) on the project, the program receives a 25% indirect return, up to a \$25,000 cap, per project, per year. This was instituted in the fall of 2019 and the program received its first indirect cost recovery in academic year 2020-2021, which was \$55,000. We expect to receive approximately \$90,000 for academic year 2021-2022. The funds can be used for faculty professional development, hiring graduate students, research development, student development, and teaching, as approved by the program.

Currently, some of the indirect costs returned to our program are being used to pay research faculty for their teaching load. This is because the USM administration has refused to pay research faculty for their teaching load based on the previously agreed upon arrangement of 12.5% effort per 3-credit course taught annually.

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

TABLE C1.2. PUBLIC HEALTH BUDGET STATEMENT: 2016-2021

Source of Funds	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
University Funds	\$471,053	\$477,761	\$485,569	\$452,501	\$506,679
Grants/Contracts	\$92,275	\$67,740	\$60,500	\$58,450	\$72,450
Indirect Cost Recovery	n/a	n/a	n/a	n/a	\$55,000
Endowment	\$2,000	\$2,000	\$0	\$0	\$0
<b>Total</b>	<b>\$565,328</b>	<b>\$547,501</b>	<b>\$546,069</b>	<b>\$510,951</b>	<b>\$634,129</b>
Expenditures					
Faculty Salaries & Benefits	\$311,084	\$305,375	\$291,655	\$344,577	\$367,843
Staff Salaries & Benefits	\$130,208	\$145,015	\$106,824	\$101,106	\$103,779
Operations	\$10,916	\$6,971	\$22,107	\$6,519	\$4,932
Travel	\$595	\$0	\$2,441	\$299	\$0
Student Support	\$112,525	\$90,140	\$118,200	\$58,450	\$102,575
Other (Teaching Support)	\$0	\$0	\$4,842	\$0	\$55,000
<b>Total</b>	<b>\$565,328</b>	<b>\$547,501</b>	<b>\$546,069</b>	<b>\$510,951</b>	<b>\$634,129</b>

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

Not applicable.

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

**Strengths:**

- Tenure-track appointments are fully funded by USM, which provides long-term stability for program planning.
- Faculty led research and evaluation projects consistently generate substantial student support in the form of paid assistantships, many offering tuition reimbursement.

- Our program is now able to secure indirect cost recovery funds, after years of advocating for these resources.

**Weaknesses:**

- USM administration is not in favor of having fully funded research faculty teach at the 12.5% rate per 3-credit course taught annually that was agreed upon.
- Our program has consistently had limited administrative support to assist with routine program operations resulting in the Program Chair performing many administrative tasks. With the addition of the BSPH, the administrative demands have multiplied and limited resources continue to exist to support the undergraduate degree.

**Plans:**

- We have begun using our indirect cost recovery funds to support research faculty who want to teach. This is not an ideal model, and we plan to continue exploring opportunities for securing university funds to promote instruction by our faculty, regardless of their classification.

## C2. Faculty Resources

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

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

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

- 1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2.1.

TABLE C2.1 FACULTY RESOURCES

CONCENTRATION	FIRST DEGREE LEVEL			2nd DEGREE LEVEL	ADDITIONAL FACULTY HEADCOUNTS
	PIF 1	PIF 2	PIF 3	PIF 4	
Generalist MPH & BSPH	Brenda Joly 1.0	Erika Ziller 1.0	Ben Greenfield 1.0	Blake Whitaker 0.5	PIF: 2.6 Non-PIF: 3

<b>TOTALS:</b>	Named PIF	5
	Total PIF	7
	Non-PIF	3

PIF = Primary Instructional Faculty

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

**Primary Instructional Faculty (PIF)** are defined as those who are members of the public health faculty with regular teaching and advising responsibilities. The FTE calculation for tenured and tenure-track public health faculty is based on the faculty appointment type. Drs. Greenfield, Joly and Ziller are all appointed 100% to the Public Health Program. Dr. Whitaker's appointment is half-time (50%) in Public Health. Dr. Tupper's practice faculty appointment covers her teaching and advising role at 15% FTE per course for the calendar year.

Advisee assignments are not based on tenure status. However, advisee loads are proportional to teaching loads; faculty teaching fewer courses have fewer student advisees. Teaching loads for tenured and tenure-track faculty include three courses per semester (graduate or undergraduate). Non-tenured faculty are assigned teaching based on program needs and there is no minimum teaching load.

**Non-Primary Instructional Faculty** (Non-PIF) are defined as those who are members of the public health faculty (per Human Resources) with no required teaching or advising responsibilities. The Non-PIF faculty can, and have taught, in the program based on needs and available funding. They have been compensated at a rate of 12.5% FTE per course.

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

Additional faculty headcounts identified in Table C2.1 above reflect two additional non-tenured teaching faculty members who contribute 100% time to the program. The three non-primary instructional public health faculty are part-time instructors in our program who teach one or more courses, per academic year.

- 4) Data on the following for the most recent year.

Student advising is provided by primary instructional faculty. Career counseling is provided by advisors, all faculty, and the USM Career Hub.

Table C4.2. Advising, Mentoring and the Integrative Experience: Faculty Loads

General advising & career counseling			
Degree level	Average	Min	Max
BSPH	8.3	3	14
MPH	10.4	2	18

Advising in MPH integrative experience		
Average	Min	Max
3	1	8

Advising of bachelor's cumulative or experiential activity		
Average	Min	Max
4	1	6

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

- a. Class size and its relation to quality of learning

**Student Perspectives.** Our program agreed to have faculty teaching a **core** BSPH or MPH course ask students about class size and course competencies by adding a custom question to the standard course evaluations. While faculty contractual agreements preclude programs from receiving instructor level data, several of our faculty teaching core "required" courses agreed to provide the most recent course-level data in the spirit of improvement. As seen below in Table C2.5a, a strong majority of students enrolled in our core courses last spring "agreed" or "strongly agreed" that the size of the class was conducive to learning.

TABLE C2.5A. STUDENTS PERCEPTIONS ON CLASS SIZE, SPRING 2021

Students Perceived Class Sizes were Conducive to Learning				
Bachelor's	BPH 101	BPH 201	BPH 205	BPH 320
% Who Agreed	75%	75%	Not available*	80%
Master's	MPH 535	MPH 555	MPH 565	MPH 660
% Who Agreed	88%	Not available*	84%	85%

\* Faculty did not collect this information

**Alumni Perspectives.** In addition to assessing perceptions of current students, our program also asked alumni to reflect on their overall satisfaction with the class sizes. Results from the 2021 Alumni Survey revealed that 100% of respondents indicated being satisfied with their class sizes.

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

Availability of faculty is a standard item on the student evaluation. USM course evaluation data revealed that students perceived faculty to be available to assist them. As seen below in Table C2.5b, the majority of students enrolled in our core courses last spring “agreed” or “strongly agreed” that faculty were available to meet outside of class.

TABLE C2.5B. STUDENT PERCEPTIONS ON AVAILABILITY OF FACULTY, SPRING 2021

Faculty were Available Outside of Class				
Bachelor's	BPH 101	BPH 201	BPH 205	BPH 320
% Who Agreed	Not available*	76%	80%	60%
Master's	MPH 535	MPH 555	MPH 565	MPH 660
% Who Agreed	96%	82%	85%	92%

\* Part-time faculty member did not share this information

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

**Approach:** In an effort to elicit feedback, a small group of BSPH and MPH students were recruited during the 2020-2021 academic year by a MPH Graduate Assistant and a member of the faculty to assess perceptions of class size and faculty availability. The results are available in the ERF C2.6 and two summary quotes have been provided below.

#### BSPH Students

- *“I think the class sizes are really nice once you enter level 300 and 400 classes because all of your classmates are just as invested in the major as you are, and I like that it's a small group. Some of the lower-level classes had more people than what would have been ideal, but I think that is to be expected. In terms of faculty availability, overall the public health faculty are very available. It varies by faculty, but most are very available to meet with you, even if they aren't your current professor or advisor.”*
- *“Every faculty member is passionate about their work and, most of all, their students. Their enthusiasm about sharing their knowledge with me, as well as my peers, is unmatched. In my experience, class sizes tend to be larger, but you never feel unheard.”*

## MPH Students

- *“The class sizes in the USM MPH program are small enough to get to know the faculty but large enough for collaboration and group projects. All of the faculty are accessible, approachable and knowledgeable in many different areas of public health. I consider many of the faculty role models and mentors in the public health community.”*
- *“I have really enjoyed being part of this program because I have felt very connected with faculty and fellow students. The class sizes have been large enough to have students engage with each other in sizable groups (3-4 students per group). Faculty have been available outside of their scheduled work hours to make sure my needs are met.”*

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

### **Strengths:**

- Our faculty have reasonable advising loads, positive relationships with students, and open-door policies that allow students to seek support outside of the classroom.
- Student perceptions of class sizes and faculty availability are generally very positive.

### **Weaknesses:**

- We do not have formal processes for collecting qualitative data on class size and faculty availability.
- Some of the advising loads are uneven and efforts to distribute advisees more equitably is currently underway.

### **Plans:**

- Our program continues to discuss ways in which we can capture qualitative feedback from students in a more standardized and formal way.



## C3. Staff and Other Personnel Resources

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

- 1) A table defining the number of the program’s staff support for the year in which the site visit will take place by role or function in the format of Template C3.1.

TABLE C3.1 STAFF SUPPORT

Name	Role/function	FTE
Bola, Trish	Human Resources Liaison (CMHS)	5%
Bradley, Meghan	Internship Coordinator (CMHS)	10%
Cremin, Noreen	Grants and Contracts Manager (Cutler)	10%
Ives, Barbara	Finance Manager (CMHS)	5%
Liotard, Beth	Administrative Specialist (Muskie School)	15%
Mercier, Erica	Professional Advisor for Undergraduates	10%

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

Administrative support is provided by a variety of staff. The program uses “soft” money to fund administrative positions that indirectly support the program faculty. Our support model is based on shared services provided by the University, College and School. This model is designed to meet the needs *across all* academic and research programs.

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

Our program needs a designated BSPH Coordinator to assist the Chair with program-level and administrative efforts. This request has been denied by USM Administration, yet we continue to believe this position would support our students and program. Other resources remain adequate, and the shared model has been successful in meeting our needs.

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

**Strengths:**

- We have access to a range of support personnel who provide assistance to our program.

**Weaknesses:**

- Our new BSPH has placed additional administrative responsibilities on the Program Chair and no new resources, course releases, or compensation have been available to account for this change and the additional work. If projections continue to stay on track, we are expected to have approximately 60 BSPH students and 50 MPH students in two years. We need designated faculty time or additional administrative support to help manage the BSPH degree now that it is fully implemented.

**Plans:**

- We will continue to advocate for a BSPH program coordinator.

## C4. Physical Resources

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

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

- Faculty and staff office space

The Wishcamper Center has office space for 150 faculty and staff. All public health faculty members have private offices in the building and are co-located on the fourth floor of the building with program staff from the Cutler Institute and the Maine Rural Health Research Center.

- Classrooms

The face-to-face MPH courses are taught in Wishcamper Center classrooms or in the computer labs in the Luther Bonney building; classrooms are assigned based on class size and the needs of the instructor. All classrooms in the Wishcamper Center are state-of-the-art and equipped with internet connectivity ceiling mounted projectors, liquid crystal display (LCD) control panels for on-screen presentations, videos, bi-direction audio-video student access, and other electronic capabilities. Most also have high-definition microphones and cameras installed, though for some classrooms, portable cameras and microphones are used to allow video-conferencing/Zoom.

- Shared student space

Students have access to private study rooms in the USM Glickman Family Library. In addition, they can use the atrium, Muskie Library, computer lab (with a plotter), and classrooms in the Wishcamper Center. All MPH students with a graduate, teaching, or research assistantship who are working on-campus are given a shared cube in the Wishcamper Building with a phone and networked computer.

- Laboratories, if applicable to public health degree program offerings

The Muskie School computer lab is located on the first floor of the Wishcamper Center and provides student access to USM support statistical application, mapping and other software, computer, printers, and plotters. Other laboratory space and equipment is not typically needed by our students. However, should the need arise, we are prepared to connect our students to other facilities on campus.

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

The physical space and available resources are sufficient for both students and faculty. Relatively few issues have come up in the past several years, and they have been resolved efficiently. For example, one faculty requested a particular classroom that was well suited to delivering her course on two USM campuses. Efforts were made with the scheduling office to accommodate this request.

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

**Strengths:**

- Our physical resources include beautiful office space, a centralized location for shared student space close to faculty offices, and well-equipped classrooms.

**Weaknesses:**

- None noted.

## C5. Information and Technology Resources

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

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

- library resources and support available for students and faculty

Students and faculty have access to a wide range of resources and services at the USM Libraries, with locations on each of the three USM campuses (i.e. Portland, Gorham, and Lewiston). USM Libraries function within the overall network of libraries across the University of Maine System's seven universities. System Libraries share a unified catalog (URSUS), core technologies and resources, and standardized practices.

USM Libraries provide information resources through a network of access points and are deliberately and strategically shifting collection allocations away from print monographs and journals to electronic journals, e-resources, and databases. Databases are provided through State, UMaine System and USM subscriptions. Overall, USM students and faculty currently have access to approximately 225 databases and some 40,000 journals, including many public health databases and journals. Interlibrary loans requests are free and faculty routinely take advantage of this service.

Through the Library Liaison Program, a library staff member is assigned to each academic department at USM to work with faculty representatives in building curriculum-based collections. The public health library liaison works with faculty to plan and schedule appropriate library research instruction; to provide research assistance to meet the individual needs of public health students and faculty; and to facilitate faculty input into the development of the collection in support of the program.

The Portland campus houses a separately administered Law Library, as well as the Ken Curtis (former Governor) Library in the Muskie School that houses several public health journals and related resources including a collection of research, policy, and academic publications that feature Muskie School research. The Curtis Resource Library collection is designed to be a quick resource for in-house use, and for the most part, does not duplicate resources available in the USM Portland Campus (Glickman) Library. Graduate students have access to the collection for in-house use only.

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

Students have access to four computer labs at USM as well as computer classrooms that can be reserved. The labs and classrooms provide a well-equipped, comfortable, high-tech environment for students to work independently or in a group setting. Each lab has a copier, scanners, assistive technology equipment and software, and laser printers (black & white and color). In addition, students have access to the Microsoft Office suite, file sharing via OneDrive, Zoom, Brightspace, and specialized software made available through the program

for specific courses and/assignments (e.g., SAS, SPSS, Venngage or other infographic software).

Students serving as Graduate, Research or Teaching Assistants share office space and computers. These computers tend to be older models and although they provide access to shared project files, students working with faculty on restricted data have identified challenges accessing the data files.

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

All faculty have their own computers linked to the University network and Wi-Fi. Faculty and staff computers are upgraded every 3-4 years and new full-time faculty members receive a new computer of their choosing. Faculty and staff can choose from a range of computer products. All faculty have access to Microsoft Office (Word, Excel, PowerPoint, etc.), SPSS, SAS, Stata, R, ArcGIS, and all other software and tools they need for their work, including data analysis software, data visualizing tools, Brightspace learning management system, and other programs. Faculty are connected to shared network printers, including a color printer. The primary network printer allows for document scanning, e-mailing, and faxing.

- technical assistance available for students and faculty

USM technology staff are available through USM Computing Services to provide hands-on, on-site support for resolving computer issues and there is a HelpDesk portal available to everyone to submit requests for technology assistance. There is also a centralized phone line to speak with a technology consultant directly. In the event that faculty computers malfunction, USM Computing Services provides loaner computers until repairs can be made.

The Center for Technology Enhanced Learning (CTEL) provides Brightspace support and tutorials for students. In addition, CTEL supports faculty in a number of ways to ensure best online teaching practices are used. Their Learning Designers provide support on-demand to faculty (as needed) as well as the following services.

#### **Program Level:**

- Department-level trainings tailored to meet specific department needs
- Consultation with departments throughout program design to ensure that best-practices are embedded within the program
- Grant assistance to support program development

#### **Course Level:**

- Building new courses using evidence-based best practices
- Review and redesign of existing courses
- Development of course activities, assignments, and screencasting
- Online teaching and learning faculty orientation
- Training in UMaine System-supported classroom technologies
- Workshops for use of a lightboard for online teaching
- Course design and technology purchasing grants
- Mid-term assessments for continuous improvement and course correction.

#### **Professional Development:**

- Part-time faculty orientation in the fall
- Webinars and workshops in collaboration with University College
- Quickstart to course development, including best-practices syllabus design
- Grants toward online certifications, including online teaching certification and others

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

All public health students and faculty have access to needed technology resources and supports to ensure successful completion of the program, given on-campus resources. However, it is important to note that during the pandemic, remote student access to software (e.g., Microsoft Office Suite) and technology resources and supports was variable. As a result, the public health faculty were more lenient with assignment submission guidelines based on student circumstances. For example, some students did not know how to obtain their free Microsoft product license, so they were allowed to submit assignments using Notepad or other word processing software. In addition, one undergraduate student did not have access to a computer and a loaner laptop was made available to this individual.

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

**Strengths:**

- Our information and technology resources are adequate. Issues that come up are quickly resolved and loaner equipment is available to faculty to prevent down-time.
- Our program has access to and taken advantage of the many resources offered by well qualified personnel with expertise in learning management.

**Weaknesses:**

- Use of available resources may be impacted by limited student knowledge, especially among BSPH students.

# D1. MPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge. The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

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

TABLE D1.1 MPH STUDENT EXPOSURE TO FOUNDATIONAL PUBLIC HEALTH LEARNING OBJECTIVES.\*

Content	Course number(s) & name(s)
1. Explain public health history, philosophy and values	MPH 525: American Health Systems MPH 565: Social and Behavioral Foundations
2. Identify the core functions of public health and the 10 Essential Services	MPH 525: American Health Systems
3. Explain the role of quantitative and qualitative methods in describing/assessing population health	MPH 535: Introduction to Epidemiological Research MPH 650: Public Health Research and Evaluation
4. List major causes and trends of morbidity and mortality in the US	MPH 525: American Health Systems
5. Discuss the science of primary, secondary and tertiary prevention in population health	MPH 565: Social and Behavioral Foundations MPH 580: Health Literacy
6. Explain the critical importance of evidence in advancing public health knowledge	MPH 535: Introduction to Epidemiological Research
7. Explain effects of environmental factors on a population's health	MPH 555: Environmental Health
8. Explain biological and genetic factors that affect a population's health	MPH 565: Social and Behavioral Foundations
9. Explain behavioral and psychological factors that affect a population's health	MPH 565: Social and Behavioral Foundations
10. Explain the social, political and economic determinants of health and health inequities	MPH 565: Social and Behavioral Foundations
11. Explain how globalization affects global burdens of disease	MPH 555: Environmental Health
12. Explain an ecological perspective on connections among human, animal and ecosystem health	MPH 555: Environmental Health

\* Note: All listed courses are required

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

Syllabi for the following courses are included, as follows.

Course #	Course Name	ERF Location
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MPH 525	American Health Systems	ERF D1.1a
MPH 535	Introduction to Epidemiologic Research	ERF D1.1b
MPH 545	Applied Biostatistical Analysis	ERF D1.1c
MPH 555	Environmental Health	ERF D1.1d
MPH 565	Social and Behavioral Health	ERF D1.1e
MPH 575	Health Program Planning and Management	ERF D1.1f
MPH 580	Health Literacy and Communication	ERF D1.1g
MPH 650	Health Research and Evaluation	ERF D1.1h
MPH 660	Health Policy	ERF D1.1i
MPH 698	Field Experience	ERF D1.1j
MPH 699	Capstone Manual	ERF D1.1k

Specific examples of tests and other assessments are included, as follows.

Learning Objective #	Course # and Course Name	ERF Location
1. Explain public health history, philosophy and values	MPH 525: American Health Systems MPH 565: Social and Behavioral Foundations	ERF D1.1l ERF D1.1m
2. Identify the core functions of public health and the 10 Essential Services	MPH 525: American Health Systems	ERF D1.1n
3. Explain the role of quantitative and qualitative methods in describing/assessing population health	MPH 535: Introduction to Epidemiological Research MPH 650: Public Health Research and Evaluation	ERF D1.1o ERF D1.1o2 ERF D1.1p
4. List major causes and trends of morbidity and mortality in the US	MPH 525: American Health Systems	ERF D1.1q
5. Discuss the science of primary, secondary and tertiary prevention in population health	MPH 565: Social and Behavioral Foundations MPH 580: Health Literacy	ERF D1.1r ERF D1.1s
6. Explain the critical importance of evidence in advancing public health knowledge	MPH 535: Introduction to Epidemiological Research	ERF D1.1t ERF D1.1t2
7. Explain effects of environmental factors on a population's health	MPH 555: Environmental Health	ERF D1.1u ERF D1.1u2
8. Explain biological and genetic factors that affect a population's health	MPH 565: Social and Behavioral Foundations	ERF D1.1v
9. Explain behavioral and psychological factors that affect a population's health	MPH 565: Social and Behavioral Foundations	ERF D1.1w
10. Explain the social, political and economic determinants of health and health inequities	MPH 565: Social and Behavioral Foundations	ERF D1.1x
11. Explain how globalization affects global burdens of disease	MPH 555: Environmental Health	ERF D1.1y ERF D1.1y2
12. Explain an ecological perspective on connections among human, animal and ecosystem health	MPH 555: Environmental Health	ERF D1.1z

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



**Strengths:**

- Our required courses have been mapped to the content area to ensure all students are exposed to the foundational public health learning objectives. Most of the content areas are extensively covered by multiple core courses. Typically, a concept is introduced in one class and reinforced in others.

**Weaknesses:**

- There is limited reinforcing coverage on content area 11: explain how globalization affects global burdens of disease, and content area 12: explain an ecological perspective on connections among human, animal and ecosystem health.

**Plans:**

- We are exploring options to expand course content in areas 11 and 12.

## D2. MPH Foundational Competencies

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

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

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

TABLE D2.1. MPH DEGREE REQUIREMENTS, GENERALIST CONCENTRATION

Course #	Course name	Credits
MPH 525	American Health Systems	3
MPH 535	Introduction to Epidemiologic Research	3
MPH 545	Applied Biostatistical Analysis	3
MPH 555	Environmental Health	3
MPH 565	Social and Behavioral Health	3
MPH 575	Health Program Planning and Management	3
MPH 580	Health Literacy and Communication	3
MPH 650	Health Research and Evaluation	3
MPH 660	Health Policy	3
MPH 698	Field Experience	3
MPH 699	Capstone	3
		Total: 33
	MPH Elective Credits	12
		Total: 45

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

The assessment activity for each foundational competency is provided below in Table D2.2. As shown, there are more than one assessment measures for most of the foundational competencies. All competencies are assessed through required coursework.

TABLE D2.2. MPH FOUNDATIONAL COMPETENCY ASSESSMENT OPPORTUNITIES

Competency	Course	Specific assessment opportunity
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	MPH 535	<p><b>MPH 535 Weekly Assignments 1, 2, &amp; 3; Class Synthesis Problem Sets 1 &amp; 2</b></p> <ul style="list-style-type: none"> <li>Students calculate measures of disease frequency (e.g., prevalence, cumulative incidence, incidence rate, age adjusted mortality rate), measures of association (e.g., odds ratio, relative risk), and other epidemiology measures and interpret them for multiple diseases and populations.</li> <li>Students evaluate the application of the major epidemiological study designs (e.g., cohort, case-control, cross-sectional) for specific public health scenarios.</li> </ul> <p><b>MPH 535 Weekly Assignments 9 &amp; 10</b></p> <ul style="list-style-type: none"> <li>Students design and justify an epidemiology study for a public health topic and research question of their choosing, and compare the design to other potential designs</li> </ul>
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	MPH 555 MPH 650	<p><b>MPH 555 Exposure Assessment Assignment</b></p> <ul style="list-style-type: none"> <li>Students select appropriate quantitative exposure assessment data collection methods from among direct (e.g., area monitoring; personal monitoring; biomonitoring) and indirect (e.g., records review, interviews) methods to examine a health-relevant environmental exposure.</li> </ul> <p><b>MPH 650 Focus Group Moderator Guide</b></p> <ul style="list-style-type: none"> <li>Students learn when and how to collect different types of qualitative data for research and evaluation purposes during class lecture (see ERF D2-2a). Students are then required to create a focus group moderator guide and facilitate a “mock” focus group as an assignment.</li> </ul>
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	MPH 535 MPH 545 MPH 555 MPH 650	<p><b>MPH 535 Assignment 3 Mortality Rate Calculation (Quantitative)</b></p> <ul style="list-style-type: none"> <li>Students modify MS Excel tables and formulas to calculate unadjusted and age adjusted mortality rates using publicly available CDC data.</li> </ul> <p><b>MPH 535 Assignment 7 Case Control Studies (Quantitative)</b></p> <ul style="list-style-type: none"> <li>Students use MS Excel pivot tables to generate contingency tables from raw data, and Excel formulas to calculate odds ratios with confidence intervals.</li> </ul> <p><b>MPH 545 Assignments 1-4 (Quantitative)</b></p> <ul style="list-style-type: none"> <li>Students analyze quantitative data using biostatistics and computer-based programming and software, and interpret results of data analysis for public health research.</li> </ul> <p><b>MPH 555 Focused Risk Assessment (Quantitative, Qualitative)</b></p> <ul style="list-style-type: none"> <li>Students review electronic literature databases to identify and describe health hazards of arsenic and mercury in seafood (qualitative). Students use Google Sheets to record their dietary consumption of seafood and rice, and to calculate exposure and risk levels (quantitative).</li> </ul> <p><b>MPH 650 In Class Analysis (Qualitative)</b></p> <ul style="list-style-type: none"> <li>Students review and code interviews during the qualitative data collection unit. Open ended responses from a community-based survey are reviewed and students work independently to generate themes.</li> </ul>
4. Interpret results of data analysis for public health research, policy or practice	MPH 545 MPH 555 MPH 580 MPH 655*	<p><b>MPH 545 Assignments 1-4</b></p> <ul style="list-style-type: none"> <li>Students analyze quantitative data using biostatistics and computer-based programming and software, and interpret results of data analysis for public health research.</li> </ul> <p><b>MPH 555 Focused Risk Assessment</b></p> <ul style="list-style-type: none"> <li>Students interpret the levels of risk from seafood consumption, uncertainties, and implications for risk management and future public health research needs.</li> </ul> <p><b>MPH 580 Health Literacy Discussion Assignment</b></p>

Competency	Course	Specific assessment opportunity
		<ul style="list-style-type: none"> <li>Students review cancer prognosis statistics and apply best practices in numeracy health literacy through a graded discussion board.</li> </ul> <p><b>MPH 655 Practice Brief Assignment</b></p> <ul style="list-style-type: none"> <li>Students develop a practice brief based on existing survey data from a statewide food pantry study. The students are provided with the frequency results for all survey items and they translate the findings into a brief that summarizes key findings.</li> </ul>
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across international settings	MPH 525	<p><b>MPH 525 Mid-Term</b></p> <ul style="list-style-type: none"> <li>Students complete a midterm essay exam that covers this material.</li> </ul>
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity	MPH 525 MPH 580	<p><b>MPH 525 Disparity Population Assignment</b></p> <ul style="list-style-type: none"> <li>Students identify a population that experiences health disparities and complete a research paper that identifies the structural factors that impede health equity. Using a cultural competence framework, students identify structural, institutional, and program reforms to promote equity.</li> </ul> <p><b>MPH 580 Health Literacy Cultural Bias Reflection</b></p> <ul style="list-style-type: none"> <li>Students consider cultural bias and the impact on health literacy communication. Students submit a reflection assignment on cultural bias within their own professional practice.</li> </ul>
<b>Planning &amp; Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	MPH 565 MPH 580	<p><b>MPH 565 Program Design and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive program plan that is tailored to a particular audience. The plan includes a community analysis that describes: 1) organizational capacity, 2) community partners, 3) community strengths, weaknesses, opportunities, and threats, 4) a community engagement plan, and 5) cultural values and practices of the community.</li> </ul> <p><b>MPH 580 Health Literacy Graded Discussion and Assignments</b></p> <ul style="list-style-type: none"> <li>Students participate in three discussions, critiques, and peer reviews: 1) revising health messages, 2) numeracy and explaining risk, and 3) pharmaceutical consumer advertising.</li> <li>Students employ best practices of universal design and plain language to assess health-related content in current news articles, consider implications for misinterpretation, and suggest improvements.</li> </ul>
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	MPH 525 MPH 580	<p><b>MPH 525 Health Disparity Paper</b></p> <ul style="list-style-type: none"> <li>Students identify a population that experiences health disparities and complete a research paper that identifies the structural factors that impede health equity. Using a cultural competence framework, students identify structural, institutional, and program reforms to promote equity.</li> </ul> <p><b>MPH 580 Cultural Humility and Professional Practice Graded Discussion</b></p> <ul style="list-style-type: none"> <li>Students review website resources (<a href="http://ethnomed.org">ethnomed.org</a>) and write a reflection on cultural humility and how knowledge about a select population will inform their professional practice.</li> </ul>
9. Design a population-based policy, program, project or intervention	MPH 565 MPH 575 MPH 580	<p><b>MPH 565 Program Design and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive program plan that is tailored to a particular audience. The plan assesses population needs and proposes clear strategies to address a particular health issue.</li> </ul>

Competency	Course	Specific assessment opportunity
		<p><b>MPH 575 Group Proposal, Staffing Plan, and Budget</b></p> <ul style="list-style-type: none"> <li>As part of this assignment, teams develop a proposal (with staffing plan and budget) for a project or intervention to benefit a specific identified population.</li> </ul> <p><b>MPH 580 Service Learning Project</b></p> <ul style="list-style-type: none"> <li>Students work in teams to address health literacy needs identified by a community partner. Projects have included design and development of health education materials, review of organizational websites, environmental scan of consumer navigation, revisions of consent forms, and training materials for staff.</li> </ul>
10. Explain basic principles and tools of budget and resource management	MPH 575	<p><b>MPH 575 Budget Assignment</b></p> <ul style="list-style-type: none"> <li>Students combine multiple sources of expense and income information to develop an organization's forecast budget. Students also evaluate 10 years of annual budgets for a real non-profit using trend analysis, revenues and expenses per capita, category expense ratios, and other resource management tools.</li> </ul> <p><b>MPH 575 Group Proposal, Staffing Plan and Budget</b></p> <ul style="list-style-type: none"> <li>As part of this assignment, teams develop a budget, budget justification, and staffing plan to provide resources and staff for a public health project proposal.</li> </ul>
11. Select methods to evaluate public health programs	MPH 650	<p><b>MPH 650 Focus Group Moderator Guide and Facilitation Assignment</b></p> <ul style="list-style-type: none"> <li>Students learn when and how to collect different types of qualitative data for research and evaluation purposes during class lecture (see ERF D2-2a). Students are then required to create a focus group moderator guide and facilitate a "mock" focus group as an assignment.</li> </ul> <p><b>MPH 650 Team Project: Community Partner Evaluation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive evaluation plan in response to a community partner's needs. A key feature of the plan is the selection of methods and data collection tools to address the evaluation questions and priorities. The rubrics is provided in ERF D2-2b.</li> </ul>
<b>Policy in Public Health</b>		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	MPH 525 MPH 660	<p><b>MPH 525 Team Debate</b></p> <ul style="list-style-type: none"> <li>Students are randomly assigned to argue for or against a health policy position using the rhetorical strategies of logical reasoning and ethical appeal.</li> </ul> <p><b>MPH 660 Issue Tracking and Policy Briefing Memo and Presentation</b></p> <ul style="list-style-type: none"> <li>Students select a health policy topic to analyze and present to the class, including the current evidence about the issue. Students lead class discussion on the competing values/ethical parameters of the topic.</li> </ul> <p><b>MPH 660 Policy Brief</b></p> <ul style="list-style-type: none"> <li>Students prepare a policy brief analyzing alternatives to address a public health issue. Components include stakeholder analysis, evidence assessment and feasibility assessment.</li> </ul> <p><b>MPH 660 Testimony Analysis</b></p> <ul style="list-style-type: none"> <li>Students write an essay analyzing health policy testimony delivered to the Maine Legislature based on the evidential and ethical/value arguments made.</li> </ul>
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	MPH 565 MPH 660	<p><b>MPH 565 Program Design and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive program plan that includes an entire section on community engagement efforts to ensure stakeholder involvement. Students must use the template for the plan provided in class that incorporates the proposed strategies (see ERF D2-2c)</li> </ul> <p><b>MPH 660 Policy Brief</b></p>

Competency	Course	Specific assessment opportunity
		<ul style="list-style-type: none"> <li>Students individually prepare a policy brief analyzing alternatives to address a public health issue. Components include stakeholder analysis, evidence assessment and feasibility assessment. The assignment is included (see ERF D2-2d).</li> </ul>
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	MPH 660	<p><b>MPH 660 Op-Ed Essay</b></p> <ul style="list-style-type: none"> <li>Students craft an op-ed using strategic communication to advocate for policies or programs to improve health in diverse populations.</li> </ul> <p><b>MPH 660 Oral and Written Policy Testimony</b></p> <ul style="list-style-type: none"> <li>Students present written and oral testimony during a mock legislative hearing.</li> </ul>
15. Evaluate policies for their impact on public health and health equity	MPH 555 MPH 660	<p><b>MPH 555 Air Pollution Assignment</b></p> <ul style="list-style-type: none"> <li>Students write a discussion of US air pollution control policies including their effectiveness for improving public health and health equity.</li> </ul> <p><b>MPH 555 Class Topic Problem Sets</b></p> <ul style="list-style-type: none"> <li>Students answer one or more questions on how US environmental policies (e.g., Clean Air Act; Safe Drinking Water Act) have positively or negatively affected environmental health management and public health.</li> </ul> <p><b>MPH 660 Policy Brief</b></p> <ul style="list-style-type: none"> <li>Students prepare a policy brief analyzing alternatives to address a public health issue. Components include stakeholder analysis, feasibility assessment, and ethical analysis.</li> </ul> <p><b>MPH 660 Oral and Written Policy Testimony</b></p> <ul style="list-style-type: none"> <li>Students present written and oral testimony during a mock legislative hearing.</li> </ul>
<b>Leadership</b>		
16. Apply principles of leadership, governance and management (e.g., visioning, empowering, fostering collaboration and guiding decisions)	MPH 575	<p><b>MPH 575 Group Scenario Development &amp; Simulation</b></p> <ul style="list-style-type: none"> <li>Teams develop and lead an interactive class activity and an in-class demonstration of leadership and negotiation strategies for a chosen public health scenario.</li> </ul> <p><b>MPH 575 Vision, Mission, Objectives, Strategies Case Study</b></p> <ul style="list-style-type: none"> <li>(Class Activity) Students collaboratively develop a vision, mission, and objectives, and strategic plan components for a nonprofit that trains in LGBTQ+ inclusive health care practices.</li> </ul> <p><b>MPH 575 Group Proposal, Staffing Plan, and Budget</b></p> <ul style="list-style-type: none"> <li>As part of this assignment, teams develop statements of vision, mission, and objectives for a public health non-profit of their choosing.</li> </ul>
17. Apply negotiation and mediation skills to address organizational or community challenges	MPH 575 MPH 660	<p><b>MPH 575 Group Scenario Development &amp; Simulation</b></p> <ul style="list-style-type: none"> <li>Teams develop and lead an interactive class activity and an in-class demonstration of leadership and negotiation strategies for a chosen public health scenario.</li> </ul> <p><b>MPH 575 Written Reflection 2</b></p> <ul style="list-style-type: none"> <li>Students write an application of negotiation and conflict-management skills to a case study on workplace prevention of disease transmission.</li> </ul> <p><b>MPH 660 Oral and Written Policy Testimony Assignment</b></p> <ul style="list-style-type: none"> <li>Students present written and oral testimony during a mock legislative hearing.</li> </ul>
18. Select communication strategies for different audiences and sectors	MPH 580 MPH 660	<p><b>MPH 580 Brief Assignments</b></p> <ul style="list-style-type: none"> <li>Students prepare social media messages; students review health news article for universal design principles and plain language; students analyze health information communicated through entertainment media.</li> </ul> <p><b>MPH 660 Oral/Written Policy Testimony Assignment</b></p>

Competency	Course	Specific assessment opportunity
		<ul style="list-style-type: none"> <li>Students present written and oral testimony during a mock legislative hearing.</li> </ul> <b>MPH 660 Op-Ed Essay</b> <ul style="list-style-type: none"> <li>Students craft an op-ed using strategic communication to advocate for policies or programs to improve health in diverse populations.</li> </ul>
<b>Communication</b>		
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	MPH 580 MPH 650	<b>MPH 580 Graded Discussion</b> <ul style="list-style-type: none"> <li>Students revise health education material using infographic tools; students analyze and recommend health literacy numeracy strategies regarding cancer prognosis.</li> </ul> <b>MPH 580 Brief Assignments</b> <ul style="list-style-type: none"> <li>Students prepare social media messages; students complete a community environmental assessment of health literacy activity; students prepare a health education story to inform and teach health content.</li> </ul> <b>MPH 650 Team Project: Community Partner Evaluation Plan</b> <ul style="list-style-type: none"> <li>Teams develop a comprehensive evaluation plan (e.g., formal technical report) in response to a community partner's needs. The course instructor and each community partner complete the presentation rubrics (see ERF D2-2e)</li> </ul>
20. Describe the importance of cultural competence in communicating public health content	MPH 580	<b>MPH 580 Brief Assignment</b> <ul style="list-style-type: none"> <li>Students review resources on integrating cultural competency into clinical practice and they prepare a reflection on application to their professional practice. See ERF D2-2f for example resources and student reflections</li> </ul> <b>MPH 580 Graded Discussion</b> <ul style="list-style-type: none"> <li>Students review materials on medical interpretation and discuss health literacy implications of both family and professional interpretation.</li> </ul>
<b>Inter-professional Practice</b>		
21. Perform effectively on inter-professional teams	MPH 580	<b>MPH 580 Service Learning Project</b> <ul style="list-style-type: none"> <li>Students complete a health literacy community project assignment. Class teams are made up of students from a variety of disciplines. In addition to the many professions represented in graduate public health courses, this course is required for Doctoral students in Occupational Therapy. See ERF D2-2g for additional information about interprofessional components of the assignment and descriptions of the Service Learning Projects</li> </ul>
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	MPH 525 MPH 565	<b>MPH 525 Final Paper with Stock and Flow Map</b> <ul style="list-style-type: none"> <li>Students prepare a paper analyzing a health care system issue that includes a stock and flow map that diagrams the relevant components of the issue.</li> </ul> <b>MPH 565 Logic Model Assignment</b> <ul style="list-style-type: none"> <li>Students create a logic model based on a public health scenario. The logic model is expected to be linked to an intervention they propose to address youth substance use.</li> </ul>

\* MPH 655 (Public Health Practice) is an elective course. All other courses are required core courses, per Table D2.1.

- 3) Include the most recent syllabus from each course listed in Template D2.1, or written guidelines, such as a handbook, for any required elements listed in Template D2.1 that do not have a syllabus.

Syllabi for the following course are included, as follows.

<b>Course #</b>	<b>Core MPH Course Name</b>	<b>ERF Location</b>
MPH 525	American Health System	ERF D2-1a
MPH 535	Introduction to Epidemiologic Research	ERF D2-1b
MPH 545	Applied Biostatistical Analysis	ERF D2-1c
MPH 555	Environmental Health	ERF D2-1d
MPH 565	Social and Behavioral Health	ERF D2-1e
MPH 575	Health Program Planning and Management	ERF D2-1f
MPH 580	Health Literacy and Communication	ERF D2-1g
MPH 650	Health Research and Evaluation	ERF D2-1h
MPH 655	Public Health Practice	ERF D2-1i
MPH 660	Health Policy	ERF D2-1j
MPH 698	Field Experience	ERF D2-1k
MPH 699	Capstone Manual	ERF D2-1l
<b>Course #</b>	<b>Other Supporting Material</b>	<b>ERF Location</b>
MPH 650	Selecting Qualitative Data: When & How	ERF D2-2a
MPH 650	Grading Rubrics for Evaluation Plan	ERF D2-2b
MPH 565	Program Design/Implementation Plan Template	ERF D2-2c
MPH 660	Stakeholder Analysis/Policy Brief Assignment	ERF D2-2d
MPH 650	Presentation Rubrics	ERF D2-2e
MPH 580	Cultural Competency Resources& Reflections	ERF D2-2f
MPH 580	Interprofessional Practice and Examples	ERF D2-2g

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

**Strengths:**

- Many assessment activities are learner-centered and integrative, with students developing projects and case studies with guidance to address multiple objectives
- Most (19 of 22) competencies are taught and assessed using multiple distinct and diverse learning activities and the majority (14 of 22) of competencies are taught and assessed in more than one required class. For example:
  - Quantitative practices and skills are emphasized in multiple classes.
  - Exposure to a variety of computer applications across multiple classes increases computer literacy and numeracy skills.

**Weaknesses:**

- There could be more emphasis on qualitative methods (Competencies 2 & 3); these are largely covered in MPH 650, and briefly supplemented in MPH 555; further assessment could be incorporated that integrates and contrasts these methodologies.
- Our assessment is limited to one assignment for Competencies 5 (Compare the organization, structure and function of health systems across international settings) and 21 (Interprofessional team work).

**Plans:**

- For competency 21, we have faculty members serving on USM's newly formed Inter-professional Education (IPE) workgroup, which includes members from the University's health and social service professions. Current planning includes developing opportunities for IPE simulations and service learning. As these opportunities become formalized, we will examine ways to ensure our students are participating (e.g., as part of a course assignment or as a non-credit requirement).



## **D3. DrPH Foundational Competencies**

Not applicable.

## D4. MPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

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

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

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

As seen below, Table D4.1 include the generalist competencies and the assessment opportunities for each.

Table D4.1. Generalist Competencies and Assessment Opportunities

Competency	Course	Describe specific assessment opportunity
1. Apply public health theory and frameworks to address public health issues	MPH 525 MPH 565 MPH 660	<p><b>MPH 525 Health Disparity paper</b></p> <ul style="list-style-type: none"> <li>• Students identify a population that experiences health disparities and complete a research paper that identifies the structural factors that impede health equity. Using a cultural competence framework, students identify structural, institutional, and program reforms to promote equity.</li> </ul> <p><b>MPH 565 Group Theory Assignment</b></p> <ul style="list-style-type: none"> <li>• Teams summarize theory and facilitate an application based on an exercise they develop.</li> </ul> <p><b>MPH 660 Testimony Analysis</b></p> <ul style="list-style-type: none"> <li>• Students use political science theory to write an essay analyzing health policy testimony delivered to the Maine Legislature.</li> </ul>
2. Analyze health policy options and assess their adoption and implementation feasibility	MPH 660	<p><b>MPH 660 Health Policy Brief</b></p> <ul style="list-style-type: none"> <li>• Students prepare a policy brief analyzing alternatives to address a public health issue including stakeholder analysis, evidence assessment, and feasibility assessment.</li> </ul> <p><b>MPH 660 Oral/Written Policy Testimony Assignment</b></p> <ul style="list-style-type: none"> <li>• Students present written and oral testimony during a mock legislative hearing.</li> </ul>
3. Describe rural health disparities and the challenges of health care delivery/public health in rural areas	MPH 525 MPH 555	<p><b>MPH 525 Mid-Term</b></p> <ul style="list-style-type: none"> <li>• Students complete a midterm essay exam that covers this material. See assignment included (ERF D4-1h)</li> </ul> <p><b>MPH 555 CHAMACOS Cohort Study Assignment</b></p> <ul style="list-style-type: none"> <li>• Students examine how agricultural pesticide exposure interacts with social determinants to impact perinatal and childhood neurodevelopment for a vulnerable agricultural laborer population. See assignment included (ERF D4-1i).</li> </ul>

Competency	Course	Describe specific assessment opportunity
4. Apply principles of planning, evaluation, and communication to address community partner needs	MPH 565 MPH 580 MPH 650 MPH 699	<p><b>MPH 565 Program Design and Implementation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive program plan that is tailored to a particular audience. The plan should assess population needs and propose clear strategies to address a particular health issue.</li> </ul> <p><b>MPH 580 Health Literacy Service Learning Project</b></p> <ul style="list-style-type: none"> <li>Students complete a team health literacy project to meet a community need.</li> </ul> <p><b>MPH 650 Team Project: Community Partner Evaluation Plan</b></p> <ul style="list-style-type: none"> <li>Teams develop a comprehensive evaluation plan in response to a community partner's needs. The plans are presented and delivered to the partner agency.</li> </ul> <p><b>MPH 699 Capstone</b></p> <ul style="list-style-type: none"> <li>Students may collaborate with a community partner to address a need.</li> </ul>
5. Analyze how environmental factors interact with race, ethnicity, socioeconomic status, and other social determinants to affect health	MPH 555	<p><b>MPH 555 CHAMACOS Cohort Study Assignment</b></p> <ul style="list-style-type: none"> <li>Students examine how agricultural pesticide exposure interacts with social determinants to impact perinatal and childhood neurodevelopment for a vulnerable agricultural laborer population.</li> </ul> <p><b>MPH 555 Geospatial Data for Environmental Justice Assignment</b></p> <ul style="list-style-type: none"> <li>Students analyze US EPA's EJSCREEN mapping tool to compare spatial patterns between ethnicity, socioeconomic status, and environmental hazards.</li> </ul>

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

Not applicable.

- 3) Include the most recent syllabus for each course listed in Template D4.1, or written guidelines for any required elements listed in Template D4.1 that do not have a syllabus.

Syllabi for the following core courses are included, as follows.

Course #	Core MPH Course Name	ERF Location
MPH 525	American Health System	ERF D4-1a
MPH 555	Environmental Health	ERF D4-1b
MPH 565	Social and Behavioral Health	ERF D4-1c
MPH 580	Health Literacy and Communication	ERF D4-1d
MPH 650	Health Research and Evaluation	ERF D4-1e
MPH 660	Health Policy	ERF D4-1f
MPH 699	Capstone Manual	ERF D4-1g
Course #	Core MPH Course Assignment	ERF Location
MPH 525	D4.1h MidTerm_MPH525_Fall2021	ERF D4-1h
MPH 555	D4.1i CHAMACOS Assignment	ERF D4-1i

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

**Strengths:**

- All generalist competencies are demonstrated through multiple assessment opportunities and generalist competencies 1, 3, and 4 are evaluated in multiple required courses.

**Weaknesses:**

- Generalist competencies 2 and 5 are currently evaluated in one course each, presenting an opportunity for more reinforcement across the curriculum.

## D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

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

Students develop a Field Experience plan in coordination with the preceptor at their Field Experience site. Students are required to design a plan with learning objectives that will allow them to apply at least five competencies. At the end of the Field Experience, students submit a summary of their Field Experience activities, including a self-assessment of their achievement of learning objectives. Students also submit at least one product they developed or to which they significantly contributed during the Field Experience. Field Experience preceptors are surveyed about the student's performance and accomplishments, including their assessment of the competencies that the students applied during their experience. All of this documentation is reviewed by the Field Experience coordinator who then assigns a grade of pass or fail.

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

The Field Experience Guide is available in the ERF and located in the following folder: D5.1.

**Engaging Preceptors from Multiple Settings.** Students in our program participate in a range of applied practical experiences in varied settings, including health systems, governmental public health, and not-for-profit community health organizations. This work is supported by a group of Field Experience preceptors who are committed to student success. While Field Experience has been challenging during the COVID-19 public health emergency, these preceptors have demonstrated creativity and flexibility in working with MPH students. As seen below in Table D5.1, our preceptors provide students with meaningful experience in multiple areas.

**EXAMPLE FIELD EXPERIENCE PRECEPTORS, 2020-21**

<b>Preceptor Name</b>	<b>Organization</b>
Peter Baker	MaineHealth, Healthy Aging Geriatrics Team
Susan Elias	Maine Medical Center Research Institute, Vector-borne Disease Lab
Valerie Fletcher	Institute for Human Centered Design
Maura Goff	Planned Parenthood of Northern New England
Anna Hicks	Maine Children's Cabinet
Ben Hummel	Maine Mobile Health Program
Danielle Lauder	MCD Public Health
Elizabeth McLellan	Partners for World Health
Rebecca Miller	Northern New England Poison Control
Leslie Nicoll	Portland Community Free Clinic
Jamie Picardy	USM Food Studies Program
Phil Scavotto	MaineHealth
Sara Yasner	Bangor Public Health and Community Services
Joe Zamboni	Office of Aging and Disability Services, Maine DHHS

- 2) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (i.e., Template D5.2 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

**TABLE D5-1: PRACTICE-BASED PRODUCTS THAT DEMONSTRATE MPH COMPETENCY ACHIEVEMENT**

<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
<b>Student 1: <i>Analysis of the History and Best Practices of Maine's Regional Children's Cabinets (Dunlap)</i></b> [Note: For this example, multiple interim products are included in one comprehensive report as sections or appendices]	
<ul style="list-style-type: none"> <li>Work product # 1: Interview approach (p. 19, report p. 9)</li> <li>Work product # 2: Interview protocol for key informants (p. 33, report p. 23)</li> <li>Work product # 3: Interview list (p. 27, report p. 17)</li> </ul>	1. Select quantitative and qualitative data collection methods appropriate for a given public health context (#11)
	2. Select methods to evaluate public health programs (#2)
	3. Interpret results of data analysis for public health research, policy or practice (#4)
<ul style="list-style-type: none"> <li>Work product # 4: Findings &amp; Recommendations (p. 20-25, report p. 10-15)</li> </ul>	4. Design a population-based policy, program, project, or intervention (#9)
<ul style="list-style-type: none"> <li>Work product # 5: History of Regional Children's Cabinets and Review of Existing Efforts (p. 12-18, report p. 2-8)</li> </ul>	5. Apply systems thinking tools to a public health issue (#22)
	6. Apply public health theory and frameworks to address public health issues (#23)

Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
<ul style="list-style-type: none"> <li>Work product # 6: All products produced in collaboration with child welfare experts to support a community partner.</li> </ul>	<ol style="list-style-type: none"> <li>Perform effectively on inter-professional teams (#21)</li> <li>Apply principles of planning, evaluation, and communication to address community partner needs (#27)</li> </ol>
<b>Student 2: Institute for Human Centered Design Projects (Paul)</b>	
<ul style="list-style-type: none"> <li>Work product # 1: <i>Culturally Appropriate Information Design</i> research document on how to integrate communication strategies for people with disabilities who are racially and ethnically diverse</li> <li>Work product # 2: <i>Inclusive Design Review for Holyoke Soldiers' Home</i>, a background report to inform inclusive design proposal for a facility for older adults, specifically veterans, with dementia or Alzheimer's disease, traumatic brain injuries, and post-traumatic stress disorder.</li> </ul>	<ol style="list-style-type: none"> <li>Discuss the means by which structural bias, social inequities and racism undermine health and health equity (#6)</li> <li>Assess population needs, assets and capacities that affect communities' health (#7)</li> <li>Apply awareness of cultural values and practices to the design\implementation of public health policies, programs (#8)</li> <li>Advocate for political, social or economic policies and programs that will improve health in diverse populations (#14)</li> <li>Select communication strategies for different audiences and sectors (#18)</li> <li>Assess population needs, assets and capacities that affect communities' health (#7)</li> <li>Apply public health theory and frameworks to address public health issues (#23)</li> <li>Perform effectively on inter-professional teams (#21)</li> <li>Apply principles of planning, evaluation, and communication to address community partner needs (#27)</li> </ol>
<b>Student 3: MCD Public Health: State of Maine Wellness Program (WellStarME) Product Development (Huggins)</b>	
<p>Student researched and developed five monthly health and wellness flyers in collaboration with Field Experience site and the WellStarME program. Topics include:</p> <ol style="list-style-type: none"> <li>Work product # 1: January - Cervical Health Awareness Month</li> <li>Work product # 2: February - American Heart Month</li> <li>Work product # 3: March - Colorectal Cancer Awareness Month</li> <li>Work product # 4: April - Alcohol Awareness Month</li> <li>Work product # 5: May - Mental Health Awareness Month</li> </ol>	<ol style="list-style-type: none"> <li>Assess population needs, assets and capacities that affect communities' health (#7)</li> <li>Communicate audience-appropriate public health content, both in writing and through oral presentation (#19)</li> <li>Select communication strategies for different audiences and sectors (#18)</li> <li>Apply public health theory and frameworks to address public health issues (#23)</li> <li>Perform effectively on inter-professional teams (#21)</li> <li>Apply principles of planning, evaluation, and communication to address community partner needs (#27)</li> </ol>
<b>Student 4: Planned Parenthood of Northern New England (Durham)</b>	
<ul style="list-style-type: none"> <li>Work product # 1: <i>Health Care Reform in Maine</i>, a summary report of recent health policy initiatives and their implications</li> </ul>	<ol style="list-style-type: none"> <li>Evaluate policies for their impact on public health and health equity (#15)</li> <li>Apply systems thinking tools to a public health issue (#22)</li> </ol>
<ul style="list-style-type: none"> <li>Work product # 2: Provider education material: <i>Maine LD 1237 Required Coverage for Birth Control</i></li> </ul>	<ol style="list-style-type: none"> <li>Select communication strategies for different audiences and sectors (#18)</li> </ol>

Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
<ul style="list-style-type: none"> <li>Work product # 3: Patient education material: <i>How to Get a Free, One-Year Supply of Birth Control Under Maine Law</i></li> <li>Work product # 4: Patient education material: <i>2021 COVID-19 Vaccine Clinics</i></li> </ul>	4. Communicate audience-appropriate public health content, both in writing and through oral presentation (#19)
<ul style="list-style-type: none"> <li>Work product # 5: Patient Advisory Council - Limited English Proficient Patient &amp; Community Member Focus Group DRAFT Focus Group Questions</li> </ul>	5. Describe the importance of cultural competence in communicating public health content (#20) 6. Select quantitative and qualitative data collection methods appropriate for a given public health context (#2) 7. Apply awareness of cultural values and practices to the design\implementation of public health policies, programs (#8) 8. Assess population needs, assets and capacities that affect communities' health (#7)
<ul style="list-style-type: none"> <li>Work product # 1-5: All Products</li> </ul>	9. Apply principles of planning, evaluation, and communication to address community partner needs (#27)
<b>Student 5: Bangor Public Health and Community Services (Hicks)</b>	
<ul style="list-style-type: none"> <li>Work product # 1: Data Collection Sheet for peer counselor visits following an opioid overdose (two versions)</li> </ul>	1. Select quantitative and qualitative data collection methods appropriate for a given public health context (#2)
<ul style="list-style-type: none"> <li>Work product # 2: Training for emergency responders on the pathophysiology and clinical presentation of opioid use disorders</li> </ul>	2. Design a population-based policy, program, project, or intervention (#9) 3. Select communication strategies for different audiences and sectors (#18) 4. Communicate audience-appropriate public health content, both in writing and through oral presentation (#19) 5. Perform effectively on inter-professional teams (#21) 6. Apply public health theory and frameworks to address public health issues (#23)
<ul style="list-style-type: none"> <li>Work product # 3: List of Maine EMS licensed services in Penobscot County</li> </ul>	7. Propose strategies to identify stakeholders and build coalitions\partnerships for influencing public health outcomes (#13)
<ul style="list-style-type: none"> <li>Work product # 1-3: All Products</li> </ul>	8. Apply principles of planning, evaluation, and communication to address community partner needs (#27)

Full portfolios for each example are located in the Electronic Resource File, Folder D5.2. This includes planning document, log of hours, summary report, work products, and completed grading sheet. Assessment of MPH Competencies applied in field experience are determined by a faculty member in the Field Experience Grading Sheet.

- Student 1: Dunlap (D5.2 Example 1\_Dunlap)
- Student 2: Paul (D5.2 Example 1\_Paul)
- Student 3: Huggins (D5.2 Example 1\_Huggins)
- Student 4: Durham (D5.2 Example 1\_Durham)
- Student 5: Hicks (D5.2 Example 1\_Hicks)



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

**Strengths:**

- Students play an active role in selecting their Field Experience based on their interests as well as input from faculty based on students' identified professional development needs.
- Collectively, students apply a wide range of program competencies that prepare them for varied roles within the public health workforce.

**Weaknesses:**

- Some students have experienced difficulty finding field placements, particularly during the pandemic.
- The Field Experience Coordinator (Professor Ziller) manages both the MPH and BSPH experiences for the entire academic year as a single-semester course.

**Plans:**

- The recent hire of an internship coordinator shared between the Muskie and Business Schools will provide critical support to aid students in obtaining placements and managing documentation, surveys, etc.
- Advisory Committee members have expressed interest in developing more formal internship/Field Experience pathways between their organizations and our program. This will be on the agenda for the Spring, 2022 Advisory Committee meeting.

## **D6. DrPH Applied Practice Experience**

Not applicable.

## D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student’s educational and professional goals. Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

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

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

As seen in Table D7.1, competencies from the integrative learning experience are identified and linked to student work in several ways.

Table D7.1 MPH Integrative Learning Experience for Generalist Degree

Integrative learning experience	How competencies are synthesized
Capstone Project	Students are required to identify the Public Health Program competencies that are related to their project as part of the proposal; the first reader (a faculty member) approves the proposal and reviews the identified competencies for confirmation. The first reader and second reader (if also a faculty member) use a rubric that is populated with the 9 Capstone expectations and the program competencies that were identified to assess if the student's work met each competency, and if so, if the work was exceptional. One of the rubric criteria is that students must discuss how the project has served to integrate the student’s MPH studies and contributed to their pursuit of life-long learning.

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

The Student Capstone Manual includes a detailed description of the process, expectations and competency assessment and deliverables.

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

The Student Capstone Manual is located in the ERF in folder D7.1.

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

In 2020, our faculty developed and began using a customized assessment form to evaluate student Capstones individually. The form (see ERF D7.4) includes the following components:

- Student name
- Capstone reader, date of final presentations, Capstone title
- Determination of whether Capstone should be published in USM's Digital Commons
- Assessment of general competencies from Capstone Manual: not met, met, exceeds
- Assessment of program competencies included in project: not met, met, exceeds
- Comments to the student
- Signature of the first reader

Prior to this formal process, first readers were responsible for assessing student competency attainment and there was variability in level and type of feedback provided to students.

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

The Electronic Resource File includes the following Capstone examples in folder D7.5:

- Example 1: Emily Bauer, 2018 (D7.5a Student 1)
- Example 2: Gabby Tilton, 2018 (D7.5b Student 2)
- Example 3: Michael Flaherty, 2020 (D7.5c Student 3)
- Example 4: Jessica DiBiase, 2021 (D7.5d Student 4)
- Example 5: Nicole Ames, 2021 (D7.5e Student 5)

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

**Strengths:**

- Student Capstone projects are typically community-based and driven by competencies. The projects often focus on "real world" issues that address the needs of our partners.
- A few of our students opt to conduct a quantitative Capstone using publicly available data sets. This allows them to complete a Capstone that enhances their analytic skills.
- We have a good system in place to support students through this final course and to now assess competency attainment.

**Weaknesses:**

- Our efforts to assess competency attainment prior to 2020 were informal and inconsistent across faculty.

**Plans:**

- We continually work with community partners to identify student projects that can be completed to fulfill this program requirement.

## **D8. DrPH Integrative Learning Experience**

Not applicable.

## D9. Public Health Bachelor’s Degree Curriculum

The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

1) List the coursework required for the program’s bachelor’s degree.

The following courses are required:

- BPH 101: Introduction to the US Health System
- MAT 120: Introduction to Statistics or LOS 120: Statistics for Informed Decision Making
- BPH 160: Biology of Human Health (with Lab)
- BPH 201: Fundamentals of Public Health
- BPH 205: Health Communication and Marketing
- BPH 210: Health Disparities and Social Justice
- BPH 315: Population Health Improvement
- BPH 320: Methods of Public Health Research
- BPH 337: Introduction to Epidemiology
- BPH 339: Topics in Public Health
- BPH 450: Analysis of Public Health Data (with Lab)
- BPH 499: Field Experience

2) Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.

The BSPH program requirements are available at:

- [https://catalog.usm.maine.edu/preview\\_program.php?catoid=3&poid=392](https://catalog.usm.maine.edu/preview_program.php?catoid=3&poid=392)

3) Provide a matrix, in the format of Template D9.1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9.1 requires the program to identify the experiences that introduce each domain.

As seen below, Table D9.1 provides a list of courses that cover the BSPH domains.

Table D9.1 Course Experiences Tied to BSPH

Domains	Courses and other learning experiences through which students are introduced to the domains specified
<b>Science:</b> Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	<b>Courses:</b> <ul style="list-style-type: none"> <li>● BPH 160: Biology of Human Health (with Lab)</li> <li>● BPH Electives: Science Courses</li> <li>● USM Core Curriculum – Science Exploration</li> </ul>
<b>Social and Behavioral Sciences:</b> Introduction to the foundations of social and behavioral sciences	<b>Courses:</b> <ul style="list-style-type: none"> <li>● BPH 315: Population Health Improvement</li> <li>● BPH Electives: Social and Behavioral Courses</li> <li>● USM Core Curriculum – Socio-Cultural Analysis and Diversity</li> </ul>

Domains	Courses and other learning experiences through which students are introduced to the domains specified
<b>Math/Quantitative Reasoning:</b> Introduction to basic statistics	<b>Courses:</b> <ul style="list-style-type: none"> <li>• MAT 120/LOS 120/PSY 120: Introduction to Statistics (part of USM Core Curriculum – Quantitative Reasoning)</li> <li>• BPH 450: Analysis of Public Health Data (with Lab)</li> </ul>
<b>Humanities/Fine Arts:</b> Introduction to the humanities/fine arts	<b>Courses:</b> <ul style="list-style-type: none"> <li>• USM Core Curriculum – Creative Expression and Cultural Interpretation</li> </ul>

If numerous choices are possible for a domain, rather than listing many options, provide a narrative description of how the school/program assures that each student is introduced to each domain.

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

**Strengths:**

- There are clearly communicated requirements for the BSPH.
- All BSPH students are exposed to the domains.

**Weaknesses:**

- None noted.

## D10. Bachelor’s Degree Foundational Domains

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

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

- 1) Provide a matrix, in the format of Template D10.1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10.1 requires the program to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the program’s definition of “introduced” and “covered.”

Table D10.1 includes a list of the public health domains and each course that introduces or covers the content.

TABLE D10.1 BSPH PUBLIC HEALTH DOMAINS COVERED BY COURSE

Public Health Domains	Required BSPH Courses										Elective Courses		
	BPH 101	BPH 160/161	BPH 201	BPH 205	BPH 210	BPH 315	BPH 320	BPH 337	BPH 450	BPH 339	BPH 499		
<b>Overview of Public Health</b>													
1.1 Public Health History	I		C					C				D	D
1.2 Public Health Philosophy	C		I		C	C						D	D
1.3 Core PH Values	C		C		C	C						D	D
1.4 Core PH Concepts	I		C		C	C		C				D	D
1.5 Global Functions of Public Health			C									D	D
1.6 Societal Functions of Public Health	I		C		C	C		C				D	D
<b>Role and Importance of Data in Public Health</b>													
2.1 Basic Concepts of Data Collection	C			C		I	C	C	C			D	D
2.2 Basic Methods of Data Collection	I			C		I	C	C	I			D	D
2.3 Basic Tools of Data Collection	I			C		I	C	C	I			D	D
2.4 Data Usage	C			C	C	C	C	C	C			D	D
2.5 Data Analysis		I		C			I	C	C			D	D
2.6 Evidence-based Approaches	I			C		I	I	C	C			D	D



Public Health Domains	Required BSPH Courses									Elective Courses	
	BPH 101	BPH 160/161	BPH 201	BPH 205	BPH 210	BPH 315	BPH 320	BPH 337	BPH 450	BPH 339	BPH 499
<b>Identifying/Addressing Population Health Challenges</b>											
3.1 Population Health Concepts	I	I	C	I	C	C	I	C	I	D	D
3.2 Processes/ Approaches to Identify Needs and Concerns	I		C	I	C	C	I	C		D	D
3.3 Processes/ Approaches to Address Needs and Concerns		I	C	I	I	C				D	D
<b>Human Health</b>											
4.1 Science of Human Health and Disease		C						I		D	D
4.2 Health Promotion		I		I		C				D	D
4.3 Health Protection		I		I		C				D	D
<b>Determinants of Health</b>											
5.1 Socio-economic Impacts	I		I	I	C	C				D	D
5.2 Behavioral Factors Impacts	I		I	I	C	C				D	D
5.3 Biological Factors Impacts		C		I		I				D	D
5.4 Environmental Factors Impacts		C		I	C	I				D	D
<b>Project Implementation</b>											
6.1 Introduction to Planning Concepts/ Features	I		I	I		C				D	D
6.2 Introduction to Assessment Concepts/ Features	I		I	I		C		I		D	D
6.3 Introduction to Evaluation Concepts/Features	I		I	I		C	I	I		D	D
<b>Overview of the Health System</b>											
7.1 Characteristics and Structures of U.S. Health System	C		I							D	D
7.2 Comparative Health Systems	C									D	D
<b>Health Policy, Law, Ethics, and Economics</b>											
8.1 Legal Dimensions of Health Policy	C	I			I					D	D
8.2 Ethical Dimensions of Health Policy	C	I			I	I				D	D
8.3 Economical Dimensions of Health Policy	C	I			I					D	D
8.4 Regulatory Dimensions of Health Policy	I									D	D
8.5 Governmental Agency Roles in Health Policy	C		C		I	I				D	D
<b>Health Communications:</b>											
9.1 Technical writing		C		I			I		C	D	D
9.2 Professional writing				I		C	C			D	D
9.3 Use of Mass Media				C		C				D	D
9.4 Use of Electronic Technology		I		C			I		I	D	D

Key: I = Introduced: Domain is highlighted in reading or class material  
C = Covered: Domain is discussed in detail and often tied to a class activity or assignment  
D = Depends on Placement and or Topic

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

The Electronic Resource File includes:

- D10.2a. BPH 201: Introduction to the US Health System
- D10.2b. BPH 160/161: Biology of Human Health (with Lab)
- D10.2c. BPH 201: Fundamentals of Public Health
- D10.2d. BPH 205: Health Communication and Marketing
- D10.2e. BPH 210: Health Disparities and Social Justice
- D10.2f. BPH 315: Population Health Improvement
- D10.2g. BPH 320: Methods of Public Health Research
- D10.2h. BPH 337: Introduction to Epidemiology
- D10.2i. BPH 339: Topics in Public Health (Rural Health example)
- D10.2j. BPH 450: Analysis of Public Health Data (with Lab)
- D10.2k. BPH 499: Field Experience

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

**Strengths:**

- Our courses intentionally cover the public health domains by introducing them and then re-introducing in more detail, often using class discussions, activities and assignments to reinforce the content.

**Weaknesses:**

- Global functions of public health and comparative health systems receive limited coverage.

**Plans:**

- We will explore opportunities to increase global/comparative health systems by introducing the concepts in other classes or exploring options within the USM Core. For example, the Chair has discussed the development of a course that meets the "International" requirement within the general education core.

# D11. BSPH Foundational Competencies

Students must demonstrate the following competencies:

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

1) Provide a matrix, in the format of Template D11.1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies.

The table below links each BSPH competency to specific assessment opportunities.

TABLE D11.1 BSPH COMPETENCIES ALIGNED WITH ASSESSMENT OPPORTUNITIES

Competencies	Course	Specific assessment opportunity
<b>Public Health Communication:</b>		
Oral communication	BPH 450	<b>BPH 450: Data Analysis Project</b> <ul style="list-style-type: none"> <li>• Students prepare and give a verbal summary of data analysis project, with slides (see ERF D11.1a for grading rubrics and presentation expectations)</li> </ul>
Communicate with diverse audiences	BPH 320	<b>BPH 320: Infographic Assignment</b> <ul style="list-style-type: none"> <li>• Students create an infographic using data collected during the class research project (see ERF D11.1b for grading rubrics and presentation expectations)</li> </ul>
<b>Public Health Communication:</b>		
Communicate through variety of media	BPH 205	<b>BPH 205: Graded Discussions</b> <ul style="list-style-type: none"> <li>• Students analyze social media messaging</li> <li>• Students create health messaging for highway signs</li> <li>• Students apply social marketing strategies to a current health crisis (see ERF D11.1c for grading rubrics and presentation expectations)</li> </ul>
<b>Information Literacy:</b>		
Locate information	BPH 450	<b>BPH 450: Literature Review; Data Analysis Project</b> <ul style="list-style-type: none"> <li>• Students participate in tutorial with quiz on literature review tools &amp; practices</li> <li>• Students write a literature review brief report (see ERF D11.1d and ERF D11.1d2 for grading rubrics and presentation expectations)</li> </ul>

Competencies	Course	Specific assessment opportunity
Use information	BPH 210	<b>BPH 210: Data Exercise &amp; Literature Review</b> <ul style="list-style-type: none"> <li>Students use data and literature review to identify and summarize health equity issues. (see ERF D11.1e for grading rubrics and presentation expectations)</li> </ul>
Evaluate information	BPH 315	<b>BPH 315: Evidence Review &amp; Program Plan</b> <ul style="list-style-type: none"> <li>Students research evidence-based information practices and interventions. They choose one and adapt for a population. (see ERF D11.1f for grading rubrics and presentation expectations)</li> </ul>
Synthesize information	BPH 320	<b>BPH 320: Research Abstract</b> <ul style="list-style-type: none"> <li>Students submit a research abstract using data from the class research project (see ERF D11.1g for grading rubrics and presentation expectations)</li> </ul>

Include the most recent syllabus from each course listed in Template D11.1, or written guidelines, such as handbook, for any required elements listed in Template D11.1 that do not have a syllabus.

The Electronic Resource File includes syllabi for the following courses:

- D10.2a. BPH 201: Introduction to the US Health System
- D10.2b. BPH 160: Biology of Human Health (with Lab)
- D10.2c. BPH 201: Fundamentals of Public Health
- D10.2d. BPH 205: Health Communication and Marketing
- D10.2e. BPH 210: Health Disparities and Social Justice
- D10.2f. BPH 315: Population Health Improvement
- D10.2g. BPH 320: Methods of Public Health Research
- D10.2h. BPH 337: Introduction to Epidemiology
- D10.2i. BPH 339: Topics in Public Health
- D10.2j. BPH 450: Analysis of Public Health Data (with Lab)
- D10.2k. BPH 499: Field Experience

The Electronic Resource File includes tests and assessments for the following courses:

- D11.1a BPH 450 Oral Communication
- D11.1b BPH 320 Communicate with diverse audiences
- D11.1c BPH 205 Communicate through variety of media
- D11.1d BPH 450 Locate Information
- D11.1d2 BPH 450 Locate Information
- D11.1e BPH 210 Use Information
- D11.1f BPH 315 Evaluate Information
- D11.1g BPH 320 Synthesize Information

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

**Strengths:**

- Our BSPH curriculum was designed with the foundational competencies in mind. The draft courses outlined in our original BSPH *Intent to Plan* document included a map of the competencies and proposed courses to the foundational competencies.
- Our program includes multiple opportunities to address BSPH competencies, allowing students to develop these key skills through experience with different types of assignments and activities. This approach reinforces the concepts.

**Weaknesses:**

- None noted.

**Plans:**

- Our program remains relatively new, and we plan to continue monitoring our curriculum and assessing the competency of our students through coursework and based on feedback from the group interviews conducted with graduating students and alumni.

## D12. BSPH Cumulative & Experiential Activities

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

- 1) Provide a matrix, in the format of Template D12.1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated.

Table D12.1 describes the cumulative and experiential activities our BSPH students engage in during the end of the program.

Table D12.1 Cumulative and Experiential Activities

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.
BPH 320	Upper-level students participate in a class-based research project that provides students with hands-on experience developing data collection tools, conducting observations, entering data, and using data to generate an infographic and a research abstract.
BPH 450	For the literature review and data analysis project, students spend multiple weeks exploring a public health topic integrating methods including review of the literature; research question development; data visualization and analysis; and written & oral communication
BPH 499	Students complete the Field Experience in the final year of their undergraduate program.

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

The Electronic Resource File includes the following examples in folder D12.1. Each example has been described below:

- D12.1a. Example 1: Kristina Wilson Field Experience
- D12.1b. Example 2: Shane Harinxma-Toelg Field Experience
- D12.1c. Example 3: Mask Observation Form
- D12.1d. Example 4: Student Visuals and Research Summaries
- D12.1e. Example 5: Student Visuals from BPH 450

**Example 1: Wilson Field Experience.** To increase the range of her learning activities, Kristina Wilson completed her Field Experience with two different not-for-profit public health organizations in rural Maine: Oxford County Wellness Coalition (OCWC) run by Health Oxford County and the Cancer Resource Center of Western Maine (CRCOWM). For OCWC, Kristina worked on several projects including information collection about local social service agencies for display at community events and updating a data dashboard about local health activities. For the

CRCOWM, Kristina participated in developing and presenting wellness information sessions for community members with cancer. She also developed a proposal, prototype, and outreach plan for a collaborative cookbook based on recipes from community members affected by cancer. A description of these activities, products, and reflective summary are presented as Example 1 in the ERF.

**Example 2: Harinxma-Toelg Field Experience.** Shane Harinxma-Toelg completed his Field Experience with the University of Southern Maine COVID-19 Testing Program. He began as a proctor, responsible for enforcing and maintaining testing safety procedures such as cleaning test stations, enforcing mask policy and social distancing policies when in place. He also was responsible for check-in, testing assistance, answering or referring questions, and check out. Shane was promoted to a testing supervisor, responsible for staff training and inventory. A description of Shane's activities, reflective summary, and photos of his work are presented as Example 2 in the ERF.

**Example 3: Mask Observation Form.** Students work independently to create an observational data collection tool to assess mask use in the community. The class reviews the draft and modifies the tool to create a final professionally formatted observation form. Students then use this standardized form in the field to conduct observations at designated locations. An example of a student draft and the final tool are provided in the ERF.

**Example 4: Student Visuals and Research Summaries.** Using data collected during a class-based research project in BPH 320, students create an infographic and a research abstract to highlight key findings.

**Example 5: BPH 450 Data Analysis Project.** Students identify a public health question to address and spend the second half of the semester designing, conducting, and reporting on analyses related to their topic using the Behavioral Risk Factor Surveillance System (students may opt to analyze another public health data set with instructor permission). Students prepare a written summary of their methods and results, study limitations and conclusions, including data tables and figures as appropriate. Students present their findings to the class with slides. Two examples of student data analysis projects are provided in the ERF as example 5.

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

The three courses aligned with the cumulative and experiential activities are required in our program. Students are encouraged to take BPH 320 in the last semester of their junior year and BPH 450 in the first semester of their senior year. This sequence ensures that students have the research design knowledge necessary to conduct their own data analysis project in BPH 450.

BSPH students have been encouraged to register for Field Experience (BPH 499) in their final semester to ensure they have completed sufficient coursework to apply public health knowledge and competencies. Because the BSPH began in 2019-2020 (at the beginning of the COVID-19 public health emergency), our infrastructure and processes continue to evolve. It has been difficult to find placement sites because of the pandemic, particularly during the academic year. To better align with external partners' internship cycles, we may encourage students to complete Field Experience in the summer between junior and senior year. We also have hired an internship coordinator and have been working with USM's CareerHub (career services center) to develop ongoing placement opportunities for undergraduates.

Students enrolled in the Field Experience work with a preceptor and the Field Experience Coordinator to plan their potential activities and identify learning objectives. Throughout their placement, they complete 120 logged hours and produce a final summary report of their activities. In this report, they are asked to reflect on how their coursework prepared them for the placement,

the skills/knowledge they gained, the public health competencies applied, what additional skills/knowledge would helped prepare them, and how the experience prepared them to work in public health.

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

The Field Experience Handbook is available in folder D12.4 of the Electronic Resource File.



## D13. BSPH Cross-Cutting Concepts, Experiences

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

- 1) Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified.

Table D13.1a Key Concepts Covered through Undergraduate BSPH Coursework

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for public health at all levels of society	<b>BPH 101:</b> Students read and discuss the role of public health professionals in policy advocacy and the relevance of social justice to public health. <b>BPH 205:</b> This course provides training in communication that recognizes life expectancy and health outcomes differences as a result of health care, genetics, social and environmental factors, and individual behavior.
Community dynamics	<b>BPH 160/161:</b> Students listen to lectures and participate in laboratory exercises that cover population dynamics and human ecology
Critical thinking and creativity	<b>BPH 101:</b> Students learn to analyze peer-reviewed research, examine health care and public health issues from different perspectives, and critically evaluate health care performance data. <b>BPH 160/161:</b> Introduces information literacy and the concepts of the scientific method, reproducibility, and peer review. <b>BPH 205:</b> This course provides opportunities for students to practice health messaging in multiple modalities.
Cultural contexts in which public health professionals work	<b>BPH 101:</b> Students discuss the different organizational and professional cultures in which public health and medical care operate. <b>BPH 205:</b> Students are exposed to cultural competencies in multiple work settings and gives students practical tools and resources to increase cultural competencies.
Ethical decision making as related to self and society	<b>BPH 101:</b> Students review and discuss the <i>Public Health Code of Ethics</i> (2019) and ethical tensions in public health (e.g., individual rights versus social good). Students examine health equity and power through written and oral discussion. <b>BPH 160/161:</b> Lecture and lab exercises explore informed consent, clinical trials, and vaccine development.
Independent work/personal work ethic	<b>BPH 205:</b> Students participate in asynchronous online learning and this experience provides the opportunity for students to achieve successful independent work, through weekly engagement and assignments, and accountability to student peers. <b>BPH 320:</b> Students complete independent data collection work that is synthesized into the class-based research <b>project. This project relies on the active participation of each student.</b> <b>BPH 450:</b> The data analysis project requires independent analysis, interpretation, and write up, based on a public health data set, simulating the kinds of independent activities of public health analysts.
Networking	<b>BPH 499:</b> The Field Experience provides students to work with professionals in varied public health roles. <b>Public Health Annual Career Network Event with Employers.</b> Student are introduced to community partners and given the opportunity to network. <b>USM Career Hub.</b> An annual job fair is held targeting undergraduates.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Organizational dynamics	<p><b>BPH 101:</b> Students explore the structure and function of different components of the public health and health care systems.</p> <p><b>BPH 205:</b> This course explores the connection between academic success and health outcomes and also considers workplace health programs, culture, and workplace health goals and objectives.</p>
Professionalism	<p><b>BPH 160/161:</b> Introduces concepts of ethical conduct of experiments and roles &amp; responsibilities of professional societies.</p> <p><b>BPH 201:</b> Student learn how to professionally communicate a proposed public health intervention and the rationale to a mock community-based group</p> <p><b>BPH 205:</b> This course provides a model to assess and evaluate a crisis communication session.</p>
Research methods	<p><b>BPH 160/161:</b> Explores the application of the scientific method.</p> <p><b>BPH 320:</b> This course introduces students to applied methods for conducting public health research including quantitative and qualitative approaches. Students work in team on a class-based research project to collect data.</p> <p><b>BPH 450:</b> The data analysis project requires quantitative analysis of a large data set, including univariate and bivariate graphical and statistical analytical methods in SPSS.</p>
Systems thinking	<p><b>BPH 101:</b> Students examine the systems contexts of health care and public health, including relationships between social and environmental factors and health. Students are introduced to systems theories and frameworks including the social-ecological model and the CDC's health impact pyramid.</p> <p><b>BPH 205:</b> This course provides a systematic framework to plan and implement a communication intervention through a logic model approach.</p>
Teamwork and leadership	<p><b>BPH 101:</b> Students participate in a graded team project.</p> <p><b>BPH 320:</b> Students work collaboratively in small teams and as a class to complete a research project</p> <p><b>BPH 450:</b> Each class meeting includes team-based activities to discuss concepts, solve problems, and apply case studies, Class attendance, participation, &amp; teamwork are graded.</p>

**USM Core Curriculum.** The University has a core curriculum that provides a coherent, integrative, and rigorous liberal education with five overarching goals that students should be able to demonstrate:

1. Informed understandings of interrelationships between human cultures and the natural world
2. Analytical, contextual, and integrative thinking about complex issues
3. Effective communication using multiple forms of expression
4. Critical reflection upon, and informed action in, their roles as participants in multiple communities
5. Ethical action to contribute to the social and environmental welfare of local and global communities.

All USM undergraduate courses must apply to be considered a core curriculum course based on the domains below and the application process includes specific learning requirements and content, subject to approval by the Core Curriculum Team. As seen in Table D13.1b, the core curriculum overlaps with eight of the key concepts BPSH students should experience as part of their undergraduate education.

- Writing, Reading, and Inquiry.
- Quantitative Reasoning
- Creative Expression
- Cultural Interpretation
- Science Exploration

- Socio-cultural Analysis
- Ethical Inquiry, Social Responsibility, and Citizenship
- Diversity
- International
- Engaged Learning
- Capstone

Table D13.1b Key Concepts Covered through Undergraduate Core Curriculum

Concept	Core Curriculum Classes with Related Content
Advocacy for public health at all levels of society	Public health perspective not covered; however, <b>Ethical Inquiry courses</b> engage students in critical reflection on their responsibilities for informed decision making and action in their public and private roles
Community dynamics	<b>Engaged Learning courses</b> ensure that all USM students have the opportunity to bring theory to practice by applying their knowledge, skills, and abilities in contexts beyond the traditional classroom
Critical thinking and creativity	<b>Quantitative Reasoning courses</b> introduce students to introductory quantitative concepts and skills that are necessary for problem ng and informed decision reasoning; computation; making in every d ay life. <b>Creative Expression courses</b> engage students in learning the value of creative process, using it for developing talents and interests in the arts, and learning a set of skills that will enable them to engage in creative thinking in non-arts aspects of their lives
Cultural contexts in which public health professionals work	<b>Cultural Interpretation courses</b> engage students in the close analysis and interpretation of cultural representations to learn how people make sense of themselves and their world. <b>Socio-cultural Analysis courses</b> engage students in examination of socio-cultural systems and phenomena over time and across cultures. <b>Diversity courses</b> engage students in critical examination of and self-reflection on issues of difference and diversity <b>International courses</b> help students become world-minded learners who are knowledgeable about and have a comparative understanding of international social, political, economic or cultural issues in context.
Ethical decision making as related to self and society	<b>Ethical Inquiry courses</b> focus on a theme that engages students in critical reflection on their responsibilities for informed decision making and action in their public and private roles.
Professionalism	<b>Capstone courses</b> provide opportunities for students to think about how their education at USM, especially in the major, informs their future academic, professional and personal lives.
Research methods	<b>Science Exploration courses</b> teach students how experiments, observations and critical evaluations drive scientific understanding and progress
Teamwork and leadership	<b>Engaged Learning courses</b> ensure that all USM students have the opportunity to bring theory to practice by applying their knowledge, skills, and abilities in contexts beyond the traditional classroom

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

All BSPH syllabi are located in folder D10.2 in the ERF. USM Core requirements for each area are listed in the following ERF locations:

- D13.1a Writing, Reading, and Inquiry.
- D13.1b Quantitative Reasoning
- D13.1c Creative Expression
- D13.1d Cultural Interpretation
- D13.1e Science Exploration
- D13.1f Socio-cultural Analysis

- D13.1g Ethical Inquiry, Social Responsibility, and Citizenship
- D13.1h Diversity
- D13.1i International
- D13.1j Engaged Learning
- D13.1k Capstone

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

**Strengths:**

- The key concepts BPSH students should experience as part of their undergraduate education are covered throughout out curriculum. In addition, USM's core curriculum reinforces the concepts and provides students with exposure to these concepts in an inter-disciplinary manner.

**Weaknesses:**

- None noted.

**Plans:**

- We will continue to monitor these key areas as our program expands.

## D14. MPH Program Length

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

**Programs use university definitions for credit hours.**

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

The MPH generalist specialization requires completion of a minimum of 45 credit hours.

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

The University of Southern Maine defines a credit hour as one hour (50 minutes) of instruction per week over a 15-week period. Our program uses the semester credit hour as the unit of course credit and this standard for instructional time applies to our face-to-face, blended, and online courses.

## D15. DrPH Program Length

Not applicable.

## D16. Bachelor's Degree Program Length

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

**Programs use university definitions for credit hours.**

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

The minimum credit-hour requirement for the BSPH is 120 credits.

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

The University of Southern Maine defines a credit hour as one hour (50 minutes) per week of instruction over a 15-week period. Our program uses the semester credit hour as the unit of course credit and this standard for instructional time applies to our face-to-face, blended, and online courses.

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

For all baccalaureate degrees at the University of Southern Maine, a minimum of 30 credits hours, including at least nine hours in the major, must be completed while matriculated in the school or college from which the degree is sought. A student may earn no more than six of these 30 credit hours at another campus of the University of Maine System. In addition, normally 30 of the final 45 credits of a student's degree program must be completed at USM.

Transfer requests for coursework completed at other institutions are reviewed by the Academic and Curricular Affairs Committee. Most transfer requests are for electives. However, in the case of a transfer request for a BSPH course, syllabi are reviewed as part of the decision-making process.

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

Not applicable.

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

The B.S. in Health Sciences consists of: 40-42 credits of University core courses, 39 credits of required core courses, and 30 credits of courses based on track of study (e.g., wellness track).

The B.S. in Recreation and Leisure Studies major requires: 40-42 credits of the University core curriculum, 57 credits of required core courses, and 24 credits of required foundation courses (e.g., human anatomy and physiology).

## **D17. Academic Public Health Master's Degrees**

Not applicable.



## **D18. Academic Public Health Doctoral Degrees**

Not applicable.

## **D19. All Remaining Degrees**

Not applicable.

## **D20. Distance Education**

Not applicable.

# E1. Faculty Alignment with Degrees Offered

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

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

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

Our program has seven primary instructional faculty identified below in Table E1.1. All but one currently teach in both degree programs.

TABLE E1.1. PRIMARY INSTRUCTIONAL FACULTY ALIGNMENT WITH DEGREES OFFERED

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with Template C2-1
Ahrens, Katherine	Assistant Research Professor	Non-tenure track	MPH, PhD	University of Michigan, Boston University	Epidemiology, Epidemiology	Generalist MPH
Greenfield, Ben	Assistant Professor	Tenure track	MS, PhD	University of Wisconsin - Madison, University of California - Berkeley	Zoology, Environmental Health Sciences	Generalist MPH, BSPH
Joly, Brenda	Professor	Tenured	MPH, PhD	University of South Florida	Community health	Generalist MPH, BSPH
Jonk, Yvonne	Associate Research Professor	Non-tenure track	MS, PhD	University of Colorado, University of Minnesota	Applied Economics	Generalist MPH, BSPH
Tupper, Judy	Practice faculty	Not applicable	MS, DHEd	University of Maine, A.T. Still University	Human Development, Health Education	Generalist MPH, BSPH
Whitaker, Blake	Associate Professor	Tenured	PhD	Yale University	Epidemiology & Public Health	Generalist MPH, BSPH
Ziller, Erika	Associate Professor	Tenured	MS, PhD	University of Southern Maine	Health Policy, Public Policy	Generalist MPH, BSPH

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

Our program currently employs three part-time faculty identified below in Table E1.2. They bring a range of practice experience.

Table E1.2. Non-Primary Instructional Faculty Regularly Involved in Instruction

Name	Academic Rank	Title and Current Employment	% Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Gunderman King, Jennifer	Part-Time Faculty	Instructor	25%	MPH, DrPH(c)	Emory University	Maternal Child Health, Public Health	Generalist BSPH, MPH
Kirsch, Stephen	Part-Time Faculty	Instructor	12.5%	MD, MPH	State University of New York-Upstate Medical University, University of Southern Maine	Medicine, Generalist	Generalist BSPH, MPH
Schwartz, Randy	Part-Time Faculty	Instructor	12.5%	MSPH	University of Massachusetts	Community Health Education	Generalist BSPH

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

The ERF includes the following CVs

- E1.1a: Ahrens\_CV
- E1.1b: Greenfield\_CV
- E1.1c: Joly\_CV
- E1.1d: Jonk\_CV
- E1.1e: Tupper\_CV
- E1.1f: Whitaker\_CV
- E1.1g: Ziller\_CV
- E1.2a: Gunderman-King\_CV
- E1.2b: Kirsch\_CV
- E1.2c: Schwartz\_CV
- E1.4a: Huston\_CV
- E1.4b: Lichter\_CV
- E1.4c: Paulu\_CV
- E1.4d: Titus\_CV

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

In addition to the primary and non-primary instructional faculty, our program also relies on the following three faculty who maintain full-time contracts with the state public health agency (see Figure E1.4). The faculty provide guest lectures and serve as Capstone readers and field placement sites. As mentioned previously, Drs. Huston and Lichter co-taught our graduate-level epidemiology course for two years (2018-2020). We also have Dr. Titus, who is affiliated with our program, primarily given her research experience. She is not compensated by USM, she does not provide instruction, but she does participate in faculty meetings.

Table E1.4. Additional Faculty Involved in Instruction and Program

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with Template C2-1
Huston, Sara	Associate Research Professor	Non-tenure track	PhD	University of Pittsburgh	Epidemiology	Generalist MPH
Lichter, Erika	Associate Research Professor	Non-tenure track	ScD, MS, MA	Harvard University, University of Arizona	Maternal and Child Health, Psychology	Generalist MPH
Paulu, Chris	Assistant Research Professor	Non-tenure track	ScD	Boston University	Environmental Health	Generalist MPH

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

**Strengths:**

- Our program has a robust faculty with complementary expertise and diverse experience in the practice community.
- Most of our faculty teach at both the graduate and undergraduate level.

**Weaknesses:**

- None noted.

## E2. Integration of Faculty with Practice Experience

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

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

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

### Faculty Model Aligns with Practice

Our MPH faculty model is well suited to integrate perspectives from the field of practice given our mix of tenure-track, research track, part-time, and practice faculty positions. Our tenured and tenure-track faculty bring rich experience outside of academia. Dr. Joly previously worked for an Institute Studying Family Violence and the Maine Center for Public Health, a non-profit organization that was part of the National Network of Public Health Institutes. Dr. Ziller was previously employed in governmental public health, working for the City of Portland Maine's health department in family planning as a health educator. Dr. Greenfield worked as a scientist at the San Francisco Estuary Institute for 10 years, monitoring and modeling the bioaccumulation of legacy pollutants.

Our non-tenured faculty have held positions in the federal government for a variety of settings. Dr. Ahrens has worked at the National Institutes of Health, the Centers for Disease Control and Prevention, the State of California, and the City and County of San Francisco. Dr. Jonk has worked at the Veteran's Administration and at the Centers for Medicare and Medicaid's ResDAC.

Our research faculty members bring depth to the classroom given their prior roles in government, and community-settings. Three of our research faculty (Drs. Huston, Lichter, and Paulu) are embedded in our state public health department, known as the Maine Center for Disease Control and Prevention. In this role, they provide full-time expertise, leadership, and support for the State's environmental health, epidemiological, and surveillance efforts. Two years ago, and after much advocacy, the Dean agreed to buy-out faculty time and compensate Drs. Huston and Lichter to co-teach the MPH epidemiology course. They co-taught the course for two years, until funding became problematic. This course is now taught by a primary instructional faculty member; however, Drs. Huston and Lichter continue to guest lecture.

In addition to our research faculty, the Muskie School recognizes the use of "practice" faculty. While there is no similar University designation, our School currently supports this type of appointment and Dr. Tupper holds this designation. Dr. Tupper was appointed in 2012 as the program's first (and only) Practice Faculty and Field Experience Coordinator. Dr. Tupper is an expert in quality improvement with a special interest in patient safety. She has worked at the Cutler Institute since 2001. Through the Cutler Institute, she has organized and led a number of initiatives, including a statewide *Patient Safety Academy* for health care providers. She teaches one undergraduate course and three in the MPH program, all draw heavily from her years in practice.

Finally, our three part-time faculty members are well connected to Maine’s public health system, and when combined, they bring over 81 years of practice experience to the classroom. Professor Gunderman-King has been active in local, state, and international public health efforts for 15 years. Professor Schwartz served in senior leadership positions for both the American Cancer Society and Maine’s state public health agency and has been in public health practice for 38 years. Dr. Kirsch has been practicing family medicine for 28 years and his class on substance use disorders is informed by his experience working with patients and their families.

### Strong and Engaged Community Partners

Our program engages a dynamic group of public health practitioners who generously donate their time to serve as guest lecturers, preceptors, mentors, co-authors, Capstone readers, and more. As seen below in Table E2.1, our program and students have benefits from the participation of professionals representing multiple sectors and employers of public health.

TABLE E2.1 OTHER COMMUNITY PARTNERS WHO SUPPORT PROGRAM, AY 2018-2021

Name	Organization	Served as Capstone Reader	Supervised Research Assistant(s)	Provide class case studies	Served as a guest speaker in class	Served as co-author or mentor
Arneson, Erin	Maine CDC	X		X	X	
Bampton, Matthew	USM, Geography	X				
Bennett, Siiri	Maine CDC				X	
Birkhimer, Nancy	Maine CDC				X	
Broome, Anna	Office of Policy/Legislative Analysis				X	
Brown, Corrie	Healthy Androscoggin			X		
Carwile, Jenny	ME Med. Center Research Institute	X			X	X
Ciolfi, Mary Lou	University of New England				X	
Coffin, Shannon	Good Shepherd Food Bank			X		
Colaninno, Carol	Southern Illinois U. Edwardsville				X	X
Cote, Claire	New England Cancer Specialists	X				
Cowan, Tim	MaineHealth				X	
Cyr, Marci	UNUM	X				
Fox, Kimberley	Cutler Institute		X			
Girard, Eric	The Family Restored			X		
Gray, Carolyn	Cutler Institute		X			
Hallward, Anne	Safe Space Radio			X		
Korsen, Neil	Faculty Scientist, MaineHealth				X	
Jenkins, Dan	USM, Leadership Studies				X	X
Mackey Andrews, Sue	Maine Resiliency Network				X	
Mayberry, Sarah	Center for Tobacco Independence				X	
Michaels, Doug	Northern Light Health			X	X	
Ed Miller	Public Health Lobbyist				X	
Mills, Peter	Maine Turnpike Authority				X	



Name	Organization	Served as Capstone Reader	Supervised Research Assistant(s)	Provide class case studies	Served as a guest speaker in class	Served as co-author or mentor
O'Connor, Alane	ME Maternal Opioid Misuse Initiative				X	
Picardy, Jamie	USM, Food Studies	X				
Rines, Sarah	Center for Tobacco Independence				X	
Ruff, Anita	Oasis Free Clinic				X	
Scott, James	Colby College				X	
Smith, Lindsey	Cutler Institute		X			
Smith, Louisa	Harvard School of Public Health				X	
Talbot, Jean	Cutler Institute		X			
Waterston, Leo	CORE: Maine Medical Center				X	
Way, Elora	Cutler Institute		X			
Williams, Tom	Health Inspector, City of Portland				X	

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

**Strengths:**

- Our program has a well-qualified and dedicated group of doctoral-level professionals who bring diverse backgrounds, research interests, and strengths to the program, including practical experience outside of academia.
- Our faculty members are well connected to the practice community and are adept at engaging practitioners in formal (e.g., Field Experiences, Capstone projects, co-teaching, etc.) and informal ways (e.g., guest lecture, panelist) that directly benefit the students and complement the academic exercises and reading.
- Our faculty model and program's culture support integration of practice experience and our students are provided real world case studies and examples in the classroom.

**Weaknesses:**

- During the pandemic, faculty have had to be more creative in terms of engaging community partners. Guest lectures have been done via Zoom and panel presentations have been canceled.

**Plans:**

- The program will continue to look for opportunities to share diverse perspectives from the field by continuing to recruit new partners based on student interest and program needs.

## E3. Faculty Instructional Effectiveness

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

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

The program supports professional development and advancement in instructional effectiveness.

- 1) Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

Instructional effectiveness is aligned with the USM's four pillars of academic excellence as well as the goals our program. Faculty are expected to maintain a high level of competency in their areas of expertise while also being adaptable with their teaching to remain timely and relevant to our student body and the field. In addition, faculty are expected to promote the integration of experiential learning.

**Primary Instructional Faculty.** Professional development needs of primary faculty are identified by individual faculty members, the program Chair, and members of the peer review committee. In addition, the faculty as a whole reviews program-level instructional effectiveness annually, based on aggregated results from student evaluations. This annual retreat includes discussions about professional development opportunities at the program level.

Examples of primary instructional faculty professional development include:

- **Diversity training.** Three of our faculty participated in an inter-professional training opportunity with nursing and social work called the Multidisciplinary Diversity Retreat. It took place in March, 2020. The training discussed ways to create inclusive spaces in our classroom for all identities. The training also included instruction for creating an individualized diversity statement that could be added to syllabi, in addition to standard university language.
- **Online teaching.** Over the last several years, our faculty have participated in a number of training opportunities, Communities of Practice, and self-paced educational sessions designed to help faculty organize and delivery online courses that are aligned with best practices.
- **Brightspace training.** USM recently transitioned its learning platform from Blackboard to Brightspace. Our faculty participated in several trainings offered by the University of Maine Systems as well as USM led trainings offered by our Center for Technology Enhancement and Learning (CTEL).
- **Racial Equity Institute.** This two-day training is designed to help leaders and organizations who want to proactively understand and address racism. Our Program Chair participated in this training and others were scheduled to attend in the spring of 2020 (during the pandemic).

**Non-Primary Instructional Faculty.** Non-primary instructional faculty needs are identified by the individual and program Chair. Course-level evaluations are included in the annual retreat to review the program's overall instructional effectiveness.

Examples of non-primary instructional faculty professional development include:

- Brightspace training and facilitated engaged learning online (Fall 2021, Kirsch).
- Candidate for Doctor of Public Health degree at University of Florida (Gunderman-King, 2019-present)
- Continuing Medical Education for Medical Licensure (~200 hours per year 2019-2021, Kirsch)

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

**Formal Procedures.** All courses are evaluated using the standardized university Electronic Course Evaluations (ECE) form. This electronic evaluation process was adopted University-wide in the spring of 2014 and each semester the Office of Academic Assessment administers the survey to all students registered for a course.

With the adoption of the ECE, the USM Office of Academic Assessment notifies each instructor two weeks before the course evaluations are made available to students, each semester. Instructors are given one week to add optional course-specific items that are added to the standard course evaluations. The MPH program evaluates the course learning objectives that are aligned with program competencies by using this optional feature. All MPH faculty are required to add additional questions (using a standardized format developed by the program with a consistent set of response options) to assess the students' competency for each course learning objective and to assess instructional effectiveness.

In order to encourage students to respond, several reminder email notifications are sent by the Office of Academic Assessment with the link. In addition, instructors encourage students to participate and several faculty allow time during the last class for students to complete the evaluation. Finally, faculty members engage in a friendly competition to determine who receives the highest response rate each semester. Although students tend to have favorable reactions to our internal competition, it's unclear if this serves as a motivator.

**Use of Evaluation Findings.** Results from the standard USM course evaluations are sent to the course instructor each semester. Program faculty conduct a review of aggregated student evaluations and they discuss curriculum adequacy during the annual faculty retreat. Course instruction summaries based on evaluation questions and the student ratings are compiled into one spreadsheet to facilitate program-level review and faculty discussion.

- 3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

University support for professional development is provided through a variety of opportunities. Professional development support is available for tenure track and research faculty, as well as other part-time faculty. Generally, this support is based on the following three key sources:

1. University resources
2. College or program funds
3. External project funds or research institute funds

#### **University Resources**

Professional development opportunities at USM are routinely made available to faculty through the Center for Technology Enhanced Learning (CTEL), the Center for Collaboration and Learning (CCD), and the Provost's Office. The CTEL supports the efforts of faculty, departments, and

programs who want to develop online and blended programs and courses. Faculty can get initial consultation, course development assistance, instructional design, technical help, and support for course delivery at CTEL. Faculty receive emails from CTEL which provide information on upcoming workshops, training sessions, faculty grants, teaching tips, and resources for instruction. The CCD provides resources and inspiration to foster of culture that promotes faculty accomplishment and student success. CCD resources are dedicated to supporting collaborations among faculty as well as individual professional development opportunities that reinforce USM's new Latin motto "*Gaudium Visque Discendi: The Joy and Power of Learning.*"

The Provost's Office provides a series of professional development opportunities, offered by the CCD and others which are posted to the following website:

<http://www.usm.maine.edu/provost/faculty-professional-development-opportunities>. In addition, faculty members receive periodic notices about new opportunities. One example of a recent email notification sent from the Provost was an invitation to apply for five opportunities for the Fall of 2021. The five opportunities are described below.

1. **Communities of Practice.** Up to \$500 can be provided to support Communities of Practice. CPs are intended to be both discussion and action-oriented, collectively investigating, piloting, and assessing in order to offer informed recommendations for further exploration or implementation of the group's findings. CPs offer USM's full or part-time faculty and staff opportunities to foster professional excellence in order to advance our teaching, research, services, and programs which in turn can improve student outcomes and success at USM. The topics and working format is open so that design and structural decision rest with the group itself. Priority is given to applications that incorporate the utilization, adaptation, or adoption of High Impact Educational Practices.
2. **Reading and Reflection Groups.** These groups offer "common read" opportunities for USM faculty and staff for the purposes of professional growth, innovation, problem solving, and community building. Each group must have at least six members, with a specific reading topic identified as the central focus of the group's discussion and reflection.
3. **Reflective Teaching Partnerships.** This new program provides faculty an opportunity to gain new perspectives, insights, and strategies associated with their teaching in a low-key, non-judgmental context. Any full or part-time faculty can request to be paired with a Faculty Partner from a different academic department who has been recognized for using active, engaging, and innovative teaching methods in their courses. This is designed to complement any teaching observations or partnerships that may exist internal to the academic department. The structure of the Reflective Teaching Partnership includes an initial meeting, up to three course observations, a follow-up discussion, and a reflective probes. The faculty participant in a Reflective Teaching Partnership will receive a letter acknowledging the commitment and effort made towards ongoing development of teaching excellence. The Faculty Partner will receive a \$250 stipend for the allocated time, consultation, and documentation provided to the faculty participant.
4. **Workshop Sponsorship.** This opportunity supports workshops that foster faculty and staff development, collaboration, and community. Any current USM faculty or staff member can submit a concept for a workshop to be offered on any of USM's campuses or via online platforms. Workshop presenters are encouraged to develop materials associated with the topic that can be curated and disseminated for faculty and staff unable to attend. Sponsorship of workshops may include reserving space on campus, assisting with calendar links to virtual spaces, and ordering workshop materials. Up to \$500 of financial sponsorship may be requested for workshop materials, giveaway items associated with the topic, or compensation for speakers outside of the USM community.
5. **Gap-Funding Mini-Grants.** These mini-grants are designed to cover costs associated with scholarship and creative activity, and faculty professional development, including

scholarship of pedagogy. It is a "gap fund" as it aims to provide coverage that other internal/external sources of funding (including department budgets) do not cover. Gap Fund Mini-Grants are open to full and part-time faculty members. Mini-grant awards will be in amounts ranging from \$100-\$750 per faculty member, per fiscal year.

6. **Faculty Senate Professional Development Scholarship.** This opportunity is designed to help faculty develop or enhance skills and knowledge relevant to their current work area or future career aspirations. The award request can be up to \$2,000. In the past, scholarship funds have been used by individuals and departments to purchase course or professional development materials (such as books), cover conference fees, and fund training workshops.

### **College or Program Funds**

Professional development opportunities are periodically made available to faculty through the College or Program. Although funds from this source tend to be minimal, they do cover travel to meetings and professional development opportunities for faculty, when needed.

### **External Project Funds or Research Institute Funds**

Members of the public health faculty rely heavily on funding from grants and contracts to provide support for travel, training, and other professional development opportunities. Annually, this is the primary source of support, and it has been an important supplement to program and college funds, which, as mentioned above, are often limited. In addition, faculty travel to professional meetings has been supported by the Cutler Institute and the Rural Health Research Center. Finally, external funds have been used to support organizational memberships to certain associations (e.g., Academy Health) that provide a rich array of professional development opportunities including webinars for which faculty and other staff can participate, by virtue of this organizational membership.

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

In addition to the USM Tenure and Promotion process at USM, the Muskie School has its own set of criteria to determine the instructional effectiveness of faculty. The criteria can be found here: <http://usm.maine.edu/provost/unit-level-criteria>. Based on a review schedule outlined in the faculty bargaining contract, individual faculty members submit a dossier to a committee of peers. The dossier includes course evaluations with quantitative data that has been aggregated and summarized as well as individual-level open-ended comments from students. In addition to the course evaluations, the dossier is expected to include a section describing the faculty member's "commitment to excellence" in teaching as well as their innovation and implementation of improvements to remain relevant and effective in the classroom.

- 5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Our program assesses instructional quality in both formal and informal ways. Informal processes are typically based on student feedback. This feedback includes unsolicited comments to advisors and the program Chair, as well as solicited input in the classroom that is facilitated by the instructor or discussed during an advising meeting. Formal metrics to assess our teaching effectiveness include a focus on faculty preparation, faculty respect, course objectives, and student results tied to skills building (see Table E3.5). We also measure the percentage of our student Capstones that include or benefit a community partner, since this is an approach we

promote (see Table E3.5). The data below are based on annual reviews that include all data from course offered by both primary and non-primary instructional faculty.

TABLE E3.5. MEASURES AND ANNUAL PROGRESS ON TEACHING EFFECTIVENESS

Objective	Target	2018-19	2019-20	2020-21
Annually, 85% of all MPH students will report that the instructor was prepared for class.	85%	93%	94%	88%
Annually, 85% of all BSPH students will report that the instructor was prepared for class.	85%	97%	97%	89%
Annually, 85% of all MPH students will report that the course objectives were presented clearly.	85%	87%	85%	81%
Annually, 85% of all BSPH students will report that the course objectives were presented clearly.	85%	97%	96%	87%
Annually, 85% of all MPH students will report that they developed significant skills during course	85%	77%	80%	83%
Annually, 85% of all BSPH students will report that they developed significant skills during course	85%	88%	84%	73%
Annually, 85% of all MPH students will report that instructors showed respect for questions and opinions of the students.	85%	92%	90%	91%
Annually, 85% of all BSPH students will report that instructors showed respect for questions and opinions of the students.	85%	85%	98%	99%
Annually, 50% of student Capstones will involve a partner agency.	50%	50%	63%	75%

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

**Strengths**

- USM values excellence in teaching as evidenced by the University’s mission, pillars of excellence, and motto (“Student-focused every day”).
- The University and the Muskie School have clear policies for reviewing and promoting competent faculty.
- Public health faculty have access to a wide range of professional development opportunities and faculty routinely take advantage of the offerings.
- The program has clear metrics and processes to assess instructional effectiveness and faculty engage in open and respectful discussions that focus on identifying strengths and areas of opportunity for growth.

**Weaknesses:**

- The Program Chair no longer receives individual faculty course evaluation results, per the faculty contract, only aggregated program results are now available, which precludes reviewing performance of faculty at faculty retreats each year.

**Plans:**

- We will continue to use the Peer Review Committee process to ensure faculty are provided with feedback on their instruction in a productive and respectful manner.

## E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

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

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

As described in our program by-laws, we define scholarship based on Boyer's<sup>1</sup> four categories:

- **Scholarship of Discovery:** Basic research and inquiry that advances knowledge through the production of new information;
- **Scholarship of Integration:** Information syntheses across public health topics or multiple disciplines, including work that supports inter-professional education;
- **Scholarship of Application:** Use of research and scientific principles to address questions of practical concern to the communities served by USM and to improve the public's health; and,
- **Scholarship of Teaching and Learning:** Inquiry into teaching and learning practices that advance public health pedagogy and support lifelong learning,

All members of the faculty pursue and work on externally funded projects. Engaging in research is a core part of our program's history, mission, and strength; and our funded work has attracted students who are eager to get engaged in our efforts. **Since the inception of the Public Health Program in 2012, our faculty has been responsible for generating \$32,846,861 in external grant-funded support through 76 separately funded projects.** To date, over half (51%) of these projects (n=39) have been community-based and two-thirds (66%) of these projects (n=50) have included students.

More recently, our faculty have led, or participated in 33 externally funded research or evaluation projects since 2017, generating over \$14 million (see Table E4.1). Nearly 80% (n=25) of these projects are considered community-based and nearly three-quarters (73%) included students. Faculty grants have supported numerous graduate and research assistants with monthly stipends and tuition reimbursement. As seen previously in Table C1-1, our faculty's external grants during the last five years have provided, on average, \$70,000 in student support, including monthly stipends and tuition reimbursement.

*Currently*, our faculty members are serving as Principal Investigators (PI) or Co-Investigators on 18 projects totaling nearly \$8 million, including work with state governmental agencies, health systems, the federal government, Foundations, and other partners.

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<sup>1</sup> Boyer, E. L. (1996). From scholarship reconsidered to scholarship assessed. *Quest*, 48(2), 129-139.

TABLE E4.1. FACULTY RESEARCH ACTIVITY, TOTAL AWARD AND CURRENT LEVEL OF FUNDING: 2017-2021

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award	Funding in AY 20-21	Community-Based Y/N	Included Student(s) Y/N
Maternal Health: The First 24 Months	Ahrens	National Institutes of Health	04/01/2021 to 03/31/2024	\$408,684	\$22,705	N	Y
Maine Community Population Health Initiative Phase I	Ahrens	Maine Community Foundation	07/01/2020 to 12/31/2020	\$20,282	\$20,282	Y	Y
Maine Community Population Health Initiative Phase II	Ahrens	Maine Community Foundation	07/01/2021 to 12/31/2022	\$38,283	\$12,761	Y	Y
MMCRI Rural Core Project	Ahrens	Maine Economic Improvement Fund	07/01/2019 to 12/20/2020	\$41,710	\$33,368	Y	Y
OMS SUPLN MODRN: Medicaid Outcomes Distributed Research Network	Ahrens	Maine Department of Health	11/01/2019 to 08/31/2021	\$73,969	\$67,245	N	Y
NNE-CTR Pilot Project: Opioid use disorder in pregnancy	Ahrens	National Institutes of Health	10/01/2019 to 06/30/2020	\$36,500	\$27,375	N	N
Short interpregnancy interval and risk of subsequent adverse pregnancy	Ahrens	Canadian Institute of Health Research	03/01/2020 to 03/31/2022	\$21,145	\$18,500	N	N
OHSU Contraception Review	Ahrens	Legacy Foundation	03/01/2020 to 08/31/2021	\$74,116	\$74,116	N	N
MaineMOM Linkage Project	Ahrens	Maine Department of Health	01/22/2021 to 06/30/2021	\$58,890	\$58,890	Y	N
Evaluation of the Northern New England Clinical and Translational Research Network	Joly	National Institutes of Health	07/01/2017 to 06/30/2022	\$1,455,217	\$220,646	Y	Y
Evaluation of Maine Lung Cancer Coalition	Joly (2016-17)	Bristol Myers Squibb	07/01/2016 to 06/30/2020	\$600,000	NA	Y	Y
Partnerships to Improve Community Health	Joly	Centers for Disease Control and Prevention	01/01/2015 to 09/30/2017	\$390,000	NA	Y	Y
Maine Rural Health Research Center	Ziller	Federal Office of Rural Health Policy, HRSA	09/01/2020 to 08/31/2024	\$2,975,000	\$875,000	N	Y
Maine Rural Health Research Center	Ziller (2018-20)	Federal Office of Rural Health Policy, HRSA	09/01/2016 to 08/31/2020	\$2,800,000	NA	N	Y



Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award	Funding in AY 20-21	Community-Based Y/N	Included Student(s) Y/N
Tracking Health Care Access in Maine	Ziller	Maine Health Access Foundation	08/01/2017 to 3/31/2021	\$48,000	\$30,515	Y	Y
Health Equity in Maine	Ziller	Maine Health Access Foundation	08/01/2017 to 08/31/2018	\$49,626	NA	Y	Y
Maine Lung Health Study	Ziller	Bristol Myers Squibb	07/01/2016 to 01/31/2018	\$150,000	NA	Y	Y
The Health Care Cost of Elder Abuse	Ziller	Department of Justice, National Institute of Justice	03/1/2016 to 06/30/2019	\$329,000	NA	N	N
DRVS Data and Epidemiology Services	Huston	Maine CDC	02/10/20 to 01/31/22	\$218,028	\$111,000	Y	N
Disease Prevention Surveillance and Epidemiology	Lichter (PI) Huston (co-PI)	Maine CDC	01/01/19 to 06/30/21	\$2,570,742	\$1,088,229	Y	Y
Population Health Epidemiology and Capacity Building Services	Lichter (PI), Huston (co-PI)	Maine CDC	07/01/16 to 12/31/18	\$2,781,279	NA	Y	Y
Evaluation of Maine's Maternal, Infant and Early Childhood Home Visiting Program	Lichter	Maine CDC	10/1/2016-9/30/2022	\$968,692	157,788	Y	N
Environmental Occupational Health Program Epidemiological Surveillance and Communications	Paulu	Maine CDC	1/1/2021 to 12/31/2022	\$1,287,048	429,016	Y	N
Environmental Occupational Health Program Epidemiological Surveillance and Communications	Paulu	Maine CDC	1/1/2019 to 12/31/2020	\$1,368,961	226,494	Y	N
Environmental Occupational Health Program Epidemiological Surveillance and Communications	Paulu	Maine CDC	6/1/2016 to 6/30/2018	\$944,681	NA	Y	N
Environmental Occupational Health Program Epidemiological Surveillance and Communications	Paulu	Maine CDC	7/1/2018 to 12/31/2018	\$243,292	NA	Y	N
Environmental Health Investigators (EHI): Building STEM Interest to Promote Careers in the Health Sciences	Greenfield	National Institutes of Health	2019 to 2024	\$1,337,855	0	Y	Y
Y-CITYSCI: A Youth-Led Citizen Science Network for Community Environmental Assessment	Greenfield	National Science Foundation	2019 to 2022	\$1,033,648	0	Y	Y
Susan Harwood Training Grant	Tupper	OSHA, Department of Labor	09/2016 to 09/2017	\$118,274	NA	Y	Y

<b>Project Name</b>	<b>PI</b>	<b>Funding Source</b>	<b>Funding Period Start/End</b>	<b>Amount Total Award</b>	<b>Funding in AY 20-21</b>	<b>Community-Based Y/N</b>	<b>Included Student(s) Y/N</b>
Susan Harwood Training Grant	Tupper	OSHA, Department of Labor	09/2018 to 09/2019	\$116,490	NA	Y	Y
Susan Harwood Training Grant	Tupper	OSHA, Department of Labor	09/2019 to 09/2020	\$116,555	NA	Y	Y
Susan Harwood Training Grant	Tupper	OSHA, Department of Labor	09/2020 to 09/2021	\$153,342	\$153,342	Y	N
ARPA Infection Prevention Training	Tupper	OSHA, Department of Labor	09/2021 to 03/2023	\$195,650	NA	Y	Y
Susan Harwood Training Grant	Tupper	OSHA, Department of Labor	09/2021 to 09/2022	\$142,247	NA	Y	N
WISER (Working to Improve Safety for Every Resident)	Tupper	CMS	2016 to 2018	\$450,000	NA	Y	Y
<i>Samstarf</i> (Icelandic for "collaboration")	Tupper	MEIF (Maine Economic Improvement Fund)	2016 - 2018	\$95,000	NA	Y	Y
<i>Samarbeid</i> (Norwegian for "collaboration")	Tupper	MEIF (Maine Economic Improvement Fund)	2018-2021	\$102,000	\$30,000	Y	Y

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

**Research Services Center (RSC).** The RSC serves as a major resource and support to USM faculty, staff, and students involved in externally-funded research projects. Center staff members are available to assist with a full range of support and tools to support the development of a proposal and to help managing a funded initiative. The Center supports the preparation of grant applications, and serves as the final approving authority for externally-funded projects.

The RSC is also focused on providing financial management assistance and administrative support to Principal Investigators and Project Directors after an award is received. RSC staff work closely with project staff to: review and approve all award documents, prepare and submit financial reports, manage project accounts receivable, revise budgets, and amend or extend projects. Services continue through the termination date, ending with the submission of the final programmatic and financial reports. Our staff of experienced professionals are dedicated to the success of research at USM.

**Office of Research Integrity and Outreach (ORIO).** This Office is responsible for ensuring compliance with applicable federal, state and local laws, regulations in research, and other covered activities before work begins. They provide resources, training, support, and oversight of the following:

- Human Research Protection Program (HRPP)
- Institutional Review Board (IRB)
- Institutional Animal Care and Use Committee (IACUC)
- Institutional Biosafety Committee (IBC)
- Responsible Conduct of Research (RCR)
- Export Control Regulations (ECR)
- Administration of Financial Conflicts of Interest (FCOI)
- Maine Regulatory Training and Ethics Center (MeRTEC)

Both the RSC and ORIO participate annually in the new faculty orientation to provide an overview of services and supports that are available. Additionally, they collaborate to sponsor an annual USM Research and Scholarship Symposium Series (see ERF E4.1). Example topics have included: grant writing, demystifying external funding, and conducting meaningful research with undergraduates.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Our classroom instruction is routinely informed by our research. Four examples are provided below.

- **Data Visualizations.** Dr. Joly's evaluation efforts on the Northern New England Clinical and Translational Research Initiative include a number of data visualizations that are considered innovative, and they have been particularly well received. She uses this project to teach students how to package evaluating findings using performance dashboards, infographics, success stories, profiles, target metric summaries, chartbooks, and other visuals that add value to a project. She includes this instruction in her required Applied Research and Evaluation course for MPH students. She also uses data (with permission) from a statewide food pantry project she led to teach students how to prepare an infographic from survey data. This material is discussed in a summer Public Health Practice course.
- **Statistical Analysis.** Dr. Ahrens's research has produced several academic manuscripts using data from the National Survey of Family Growth and the National Health and

Nutrition Examination Survey. She includes these papers as possible journal club articles for her elective course MPH 677 Regression Models in Public Health. In addition, she uses the statistical programming code (in SAS) as part of her instructional material and uses an analytic plan she wrote while working at the National Center for Health Statistics for an analysis of housing assistance and blood lead levels in children as an example of a professional analytic plan.

- **Close Reading of Journal Article.** In BPH 450, Analysis of Public Health Data, Dr. Greenfield assigns all students to read a current publication authored by Drs. Ahrens and Ziller. The topics of the paper, national distribution of hepatitis C infection and association with rural residence, are examined in class discussion as examples of disseminating research findings and informing new research. During class and in a follow up problem set, students closely examine and discuss figures and tables and some of the text in the paper. This close reading helps the undergraduate students see the connection between faculty research in their program, public health practice, and their own developing academic literacy and numeracy.
- **Rural Health.** In MPH 525, American Health Systems, students study the unique health care cost, quality, access and equity challenges of rural communities in the U.S. Given her expertise in rural health, Dr. Ziller is well versed in the underlying literature on rural health as well as contemporary research. As a contributor to this evidence, she assigns readings from her research and uses her studies as examples to illustrate health care and public health concepts. Students complete a mid-term exam that includes an essay question from this body of work.

- 4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

There are multiple opportunities for students to be exposed to and participate in research activities under the direction of the program's faculty. Our program encourages student engagement and actively creates opportunities for students to learn, gain experience, and develop research skills. Whenever possible, we try to align student interests with existing projects, and we include our students as part of the research team. Student exposure to research can be faculty-led or student led. Examples of each strategy are provided below.

#### **Faculty-Led Opportunities for Student Engagement in Research**

Student research opportunities that are faculty-led occur both in and out of the classroom. In the classroom, instructors align the coursework with core research competencies and skills such as epidemiological study designs (Epidemiology Research Methods), statistical analyses (Biostatistics), community-based participatory research, and qualitative data collection (Applied Research and Evaluation). In addition, students are encouraged to develop a professional abstract based on existing secondary data for the annual USM student research day known as Thinking Matters. Finally, students who are seeking research experience can gain additional skills and exposure during their Field Experience. Our Field Experience coordinator is connected to our research programs and is adept at identifying preceptors (in-house and external) that can provide a rich and meaningful opportunity for active engagement in a research project.

In addition to classroom opportunities, many of our students are engaged in paid graduate or research assistantships (GA/RAs). During the last three academic years, there have been 50 student GA/RAs positions that have supported 37 students, often over the course of multiple semesters. As mentioned previously, these positions are made available whenever possible and faculty members are routinely exploring new and innovative opportunities for engaging our students in research efforts.

Recently, several of our students have worked with faculty to co-present their research and co-author manuscripts. This work is summarized in Table E4.4. Of particular note is an American Public Health Association award received by one of our MPH students in 2019 for the "Outstanding Student Abstract Award."

TABLE E4.4. STUDENT-FACULTY PUBLICATION AND PRESENTATION EFFORTS (STUDENTS IN BOLD)

<b>Project title</b>	<b>Authors</b>	<b>Presentation</b>	<b>Publication</b>
Out-of-Hospitals Births and Infant Mortality in the US: Effect Measure Modification by Rural Maternal Residence	<b>Way EA</b> , Carwile JL, Ziller EC, Ahrens KA	Society for Perinatal and Pediatric Epidemiological Research 2021	<i>Paediatric and Perinatal Epidemiology</i> , in press
Trends in Cannabis-related and Opioid-related Hospitalization Rates in the State of Maine, 2010–2020	<b>McMahon S</b> , Ahrens KA	State Epidemiological Outcomes Workgroup, November 2020	<i>Journal of the Maine Medical Center</i> , in press
Trends in diagnoses of neonatal abstinence syndrome at newborn hospitalization in Maine 2009-2018	<b>Bauer EC</b> , Carwile JL, Ahrens KA	Maine's 2nd Annual Opioid Response Summit, July 2020; Maine Public Health Association Annual Meeting 2020	<i>Journal of the Maine Medical Center</i> . Vol. 3: Iss. 1
Long-Term Services and Supports Use Among Older Medicare Beneficiaries in Rural and Urban Areas	Coburn AF, Ziller EC, <b>Paluso N</b> , Thayer D, Talbot JA.	Publication Only	<i>Res Aging</i> . 2019 Mar;41(3):241-264.
Health status and health care access among Maine's low-income childless adults: implications for state Medicaid expansion	<b>Croll Z</b> , Ziller E.	Maine Public Health Association Conference 2019	<i>Maine Policy Review</i> 28.1: 38 -48.
Opioid use disorder among deliveries in a rural state: Maine, 2009-2017	<b>Gabrielson S</b> , Carwile J, O'Connor A, Ahrens KA	Northern New England Epi. Conference, 2019; American Public Health Association Meeting 2019 ( <i>APHA – Outstanding Student Abstract Award</i> )	<i>Public Health</i> . 2020 Feb 14:181:171-179.
Female Age at First Sexual Intercourse by Rural-Urban Residence and Birth Cohort	<b>Janis JA</b> , Ahrens KA, Ziller EC	Society for Perinatal and Pediatric Epidemiological Research 2019; National Rural Health Association Conference 2019	<i>Women's Health Issues</i> . 2019 Nov-Dec;29(6):489-498.
Contraceptive method use by rural-urban residence among women and men in the US, 2006-2017	<b>Janis J</b> , Ahrens K, Kohzhimannel K, Ziller E	Publication Only	<i>Women's Health Issues</i> . 2021 Jan 30:S1049-3867(20)30155-9.
Rural-Urban Residence and Emergency Contraception Use, Access, and Counseling in the United States, 2006-2017	<b>Milkowski C</b> , Ziller E, Ahrens KA	National Rural Health Association Conference 2021	<i>Contraception</i> : X. Available Feb 8, 2021.
Telebehavioral health use among rural Medicaid beneficiaries: Relationships with telehealth policies in state Medicaid programs	Talbot J, Jonk Y, <b>Burgess A</b> , Thayer D, Ziller E, Paluso N, Coburn A.	Publication Only	<i>Journal of Rural Mental Health</i> , 44(4), 2020 September. 217–231.
A Century Later: Rural Public Health's Enduring Challenges and Opportunities	Ziller E, <b>Milkowski C</b> .	Publication Only	<i>Am Journal of Public Health</i> . 2020 Nov;110(11):1678-1686
Rural-urban differences in the decline of adolescent cigarette smoking	Ziller E, Lenardson J, <b>Paluso N</b> , Talbot JA, Daley A	Publication Only	<i>American Journal of Public Health</i> . 2019 May;109(5):771-773

**Student-Led Opportunities for Research**

Our Office of Student Affairs routinely communicates with students about opportunities of interest, including research seminars, webinars, and conferences on and off campus. Some of these opportunities are organized by our faculty, such as seminar on maternal and child epidemiology led by Dr. Russell Kirby held in August 2019, or sponsored by our partners or national organizations.

Student Capstone projects and research-related independent studies provide additional opportunities for students to use their analytic skills to conduct research and evaluation. Several of our students have collected and analyzed primary and/or secondary data, evaluated a public health initiative, summarized the findings of their work, and crafted recommendations. Students have also presented their work at state and national conferences, including the Maine Public Health Association, the American Public Health Association annual meeting, National Rural Health Association, Maine Medical Center Lambrew Research Retreat, Northeast Epidemiology Conference, Society for Epidemiologic Research, and Society for Perinatal and Pediatric Epidemiologic Research.

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

All faculty promotion and tenure recommendations need to be aligned with criteria established the AFUM-UMaine System CBA *Article 10, Evaluations*, and consistent with the applicable sections of *Article 8, Academic Ranks*. Similarly, Public Health peer committees’ recommendations need to reflect USM and Muskie School criteria for tenure and promotion. “Research and scholarship” is one of four domains evaluated. Given the mixed composition of the Public Health faculty, the level of expectation for research and scholarship varies across individuals; however, all faculty are expected to demonstrate activity in their area of expertise.

6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4.1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

As seen below in Table E4.6, our program monitors success in research and scholarship based on five program-level objectives. They include a focus on faculty external funding, peer-reviews, and presentations. In addition, we have two metrics related to students including graduate assistantship opportunities and conference presentations.

TABLE E4.6. PROGRAM MEASURES TO ASSESS RESEARCH AND SCHOLARSHIP

Objective	Target	2018/19	2019/20	2020/21
Annually, at least 80% of faculty will lead or participate in externally funded development, evaluation or research projects.	80%	80%	90%	90%
Annually, at least 60% of faculty will serve on a grant review committee or as a reviewer for a peer-reviewed publication.	60%	70%	80%	80%
Annually, at least 80% of faculty will give presentations at state and national meetings.	80%	90%	90%	80%
Annually, the program will provide a minimum of eight semester-long paid graduate assistantships to MPH students.	8	18	9	16
Annually, a minimum of two students will present at an annual conference (e.g., USM Thinking Matters, MPHA).	2	11	1	5

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

**Strengths:**

- Faculty-led “applied” research is a hallmark feature of our program. It is an area where we excel, and our externally funded work creates employment, learning, and professional development opportunities for our students. Some students apply because they are familiar with our research, and they want to participate.
- Most members of the faculty use their own externally funded research, development and scholarship in teaching. Course syllabi reflect the use of some faculty publications in courses and faculty research activities routinely inform faculty lectures and discussions, case examples, and assignments. Our research is historically applied and highly relevant to the public health practice community.
- Many members of our faculty are nationally recognized in rural health, health insurance coverage and access, long term care, quality improvement, and public health evaluation.

**Weaknesses:**

- None identified.

**Plans:**

- The program expects to continue expanding opportunities for student employment through Research Assistantships and we hope to engage more undergraduates in our work.

## E5. Faculty Extramural Service

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

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

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

A "mission of service and citizenship" is one of USM's four pillars used to describe the academic vision for the university. This pillar is particularly relevant to our unit – The Muskie School of *Public Service*. Our School's definition includes community service, service to the University, and service to the profession and field. Reflecting the Muskie School's mission, the Public Health faculty places high import on service to the public health profession and activities that promote public health more broadly. The faculty further recognize that, given School's and Department's missions, public service activities may overlap with instruction and research. While the scope and nature of service will depend on faculty rank, faculty are expected to participate in one or more of the following activities.

- Peer-review and editorial activities for academic journals
- Service on local, state, regional, and national boards and associations
- Service on organizational and research advisory committees
- Participation in grant reviews and study sections for local and national funders
- Support for local and state public health accreditation activities
- Provision of technical assistance to local, state, and regional public and not-for-profit organizations
- Provision of community-based or organizational-based professional development and/or trainings
- Engagement with K-12 educational systems to promote public health information and mission
- Technical assistance and expert opinions to legislative and executive policy-makers

As indicated below in Table E5.1, our faculty is actively involved in public service, serving on coalitions, committees, study sections, editorial boards, and review teams.

- **Dr. Greenfield** is a founding member of the Centreville Community Advisory Coalition that advocates for improved flood prevention and sanitation infrastructure in Centreville, Illinois, a vulnerable community in the US that has faced decades of profound environmental injustice. Centreville, Illinois is a 95% African American community with 34% of the population below the federal poverty line. Due to half a century of infrastructure neglect, several Centreville neighborhoods experience severe seasonal flooding, with release of raw untreated sewage directly onto residential properties. The Centreville Coalition is a partnership with researchers and attorneys from Williams College, Harvard University, Earthjustice, National Resources Defense Council, and local non-profits. Dr. Greenfield provides technical guidance and support to help direct



research and communication efforts on the injustices faced by Centreville community members. He also provides information and support to Coalition attorneys, who are currently pursuing legal action on behalf of community residents. He joined this coalition while at his previous position (Southern Illinois University Edwardsville) and has continued this work since arriving at Public Health in University of Southern Maine.

- **Dr. Huston** has served on the Editorial Board of the journal *Preventing Chronic Disease* since 2010, providing expert opinion to Editorial Staff on the direction of the journal. She also serves as a peer reviewer for the journal and was named a Top 20 Reviewer for the journal in 2017 and 2020. In 2017 and 2018, she served on the Doctoral Committee for the journal's Student Paper Contest, chairing it in 2017. She is currently serving as a Guest Editor for a special call for papers and supplement, "Geospatial Perspectives on the Intersection of Chronic Disease and COVID-19," which involves serving as an Associate Editor for the supplement and working with the two other guest editors to write an accompanying editorial.
- **Dr. Joly** has been a member of three scientific study sections for the National Institutes of Health reviewing grant applications for the Institutional Development Award Program (IDeA). NIH established the IDeA program in 1993 to enhance biomedical research activities in states that have had historically low NIH grant funding success rates. The program currently supports competitive research in Puerto Rico and 23 states, including Maine. Dr. Joly has reviewed grant applications and reapplications for the Networks for Clinical and Translational Research awards and served as a lead reviewer for the Tracking and Evaluation Core.
- **Dr. Ziller** served as an editorial board member for the *Journal of Rural Health* for six years, including 2017 to 2019. She annually reviews abstracts for the National Rural Health Association's conference and has been recruited to serve on its Government Affairs Committee for 2022. Dr. Ziller is also a frequent reviewer of research and practice grants for the Health Services and Resources Administration of the federal Department of Health Human Services. Locally, she serves on the Statewide Coordination Council for Public Health, a legislatively-created body of Maine public health stakeholders with the purpose of collaborative public health planning and coordination across the state. She serves on the Educational and Research Committee of MaineHealth, the state's largest health system and employer.

TABLE E5.1. FACULTY EXTERNAL SERVICE ACTIVITIES: 2017-2021

Service committees	Role	Years
<b>Ahrens, K.</b>		
Maine Department of Health and Human Services	Advisory Group Member	2020-2021
Upstream USA	Evaluation Adv.Group Member	2020-2021
American Journal of Epidemiology	Reviewer	2017-2021
American Journal of Obstetrics and Gynecology	Reviewer	2017-2021
Annals of Epidemiology	Reviewer	2017-2018
BMC Childbirth	Reviewer	2019-2021
BMJ	Reviewer	2017-2021
BMJ Open	Reviewer	2017-2018
Contraception	Reviewer	2020
Epidemiology	Reviewer	2018-2020
Human Reproduction	Reviewer	2017-2019
Journal of Addiction Medicine	Reviewer	2020-2021
JAMA Health Forum	Reviewer	2021
JAMA Pediatrics	Reviewer	2018-2021
Journal of the Maine Medical Center	Reviewer	2019
Pediatrics	Reviewer	2021

<b>Service committees</b>	<b>Role</b>	<b>Years</b>
Paediatric and Perinatal Epidemiology	Reviewer	2017-2021
Preventive Medicine	Reviewer	2019
Public Health Reports	Reviewer	2017-2019
<b>Greenfield, B.</b>		
Advances in Difference Equations	Reviewer	2020-2021
Microbial Drug Resistance	Reviewer	2020-2021
Centreville Community Advisory Coalition	Member	2020-2021
Illinois Academy of Sciences	Division Head (Envir. Sciences)	2020-2021
Transactions of Illinois Academy of Sciences	Journal Section Editor	2020-2021
Villanova University	Guest Lecturer	2020-2021
Air Quality Adv.Comm, East/West Gateway Council of Governments	Guest Speaker	2020-2021
<b>Huston, S.</b>		
Preventing Chronic Disease	Reviewer	2017-2021
Preventing Chronic Disease	Chair	2017
Preventing Chronic Disease	Member	2018
Preventing Chronic Disease	Guest Editor	2020-2021
American Journal of Preventive Medicine	Reviewer	2019
Council of State and Territorial Epidemiologists	Reviewer	2017-18, 20-21
Council of State and Territorial Epidemiologists	Member	2017-2021
Council of State and Territorial Epidemiologists	Representative	2017-2018
Northeast Epidemiology Conference	Member	2018-2020
Maine CDC	Co-Lead	2019-2021
Maine CDC	Member	2017-2021
<b>Joly, B.</b>		
National Institutes of Health	Study Section Member	2019-2020,2021
Public Health Accreditation Board	Member	2008-2021
Center for Translational Research Evaluator Workgroup	Member	2018-2021
National Network of Public Health Institutes	Member	2018-2021
Community Health Needs Assessment National Advisory Panel	Member	2015-2017
Association of State and Territorial Health Officials	Member	2017
Maine Department of Health and Human Services	Member	2017-2021
Healthy Androscoggin	Evaluation consultant (unpaid)	2018
Safe Space Radio	Evaluation consultant (unpaid)	2018-2019
Dempsey Cancer Center	Evaluation consultant (unpaid)	2017-2021
Journal of Public Health Management & Practice	Reviewer	2012-2021
Journal of Multidisciplinary Evaluation	Reviewer	2018-2021
Health Promotion Practice	Reviewer	2018-2021
Canadian Journal of Public Health	Reviewer	2019
<b>Jonk, Y.</b>		
Journals: Medical Care, Journal Rural Health,	Reviewer	2018-2021
Maine Telehealth and Telemonitoring Advisory Group	Member	2019-2021
New England Rural Health Association	Member	2019-2021
Editorial Board, Journal of Rural Health	Member	2021
Northern New England Clinical and Translational Research Network	Member	2020-21
Gerontological Society of America Annual Meeting	Member	2021
New England Rural Health Association	Member	2021

<b>Service committees</b>	<b>Role</b>	<b>Years</b>
National Rural Health Association Rural Health Congress	Member	2020-21
New England Rural Health Association Annual Conference	Member	2020-21
<b>Lichter, E.</b>		
Health Resources and Services Administration, MCH Bureau	Member	2021
Maine Department of Health and Human Services	Member	2020-2021
Maine Shared Community Health Needs Assessment	Member	2020-2021
Maine Perinatal Quality Collaborative (PQC4ME)	Member	2019-2021
Northeast Epidemiology Conference	Lead	2018-2019
Maine Coalition Against Sexual Assault	Vice President	2017-2021
Association of Maternal and Child Health Programs	Member	2017-2018
Maine Children's Trust	Member	2010-2021
Maine CDC	Member	2005-2021
Health Resources and Services Administration, MCH Bureau	Participant	2018-2019
Maine State Government	Member	2020-2021
Maternal and Child Health Journal	Reviewer	2017-2019
Journal of Interpersonal Violence	Reviewer	2017-2018
American Journal of Preventive Medicine	Reviewer	2017-2018
Association of Maternal and Child Health Programs	Mentor	2017-2018
Council of State and Territorial Epidemiologists	Mentor	2021-2022
Health Resources and Services Administration	Mentor	2017, 2021
<b>Paulu, C.</b>		
International Journal of Environmental Research and Public Health	Reviewer	2020-2021
Northeast Epidemiology Conference	Co-Lead	2018-2019
Maine CDC	Member	2019-2021
US CDC National Environ. PH Tracking Network: Radon Workgroup	Member	2017-2021
US CDC National Environ. PH Tracking Network: Geospatial Wkgrp.	Member	2017-2021
Maine CDC	Member	2017-2021
Maine Department of Health and Human Services	Reviewer	2020-2021
<b>Tupper, J.</b>		
State of Maine	Lead, Technical Assistance	2020, 2021
Maine Community College System	Technical Assistance	2020
Maine CDC Workforce Development Committee	Member	2017-2019
Maine Public Health Association	Board of Directors	2016-2021
Maine Public Health Association	Vice President	2020-2021
CEO Council, National Network of Public Health Institutes	Member	2019-2021
Maine Public Health Institute	Lead	2019-2021
Medical Care Journal	Reviewer	2017-2021
Journal of Health care Quality	Reviewer	2017-2021
Canadian Scholars/Women's Press	Reviewer	2021
Maine Health care Associated Infections Collaborative	Community member	2017-2020
City of Portland New Mainer Taskforce	Member	2018-2019
Maine Health Care Association	Advisory Committee	2020-2021
Maine Responds, Northern Light Health care	Vaccine Clinic Worker	2021
<b>Ziller, E.</b>		
APHA, Community Health Planning & Policy Development Program	Reviewer	2019-2020
Statewide Coordinating Council for Public Health	Member	2017-2021

Service committees	Role	Years
Journal of Rural Health	Reviewer	2017-2021
Health Affairs	Reviewer	2018-2020
American Journal of Public Health	Reviewer	2020
Editorial Board, Journal of Rural Health	Member	2017-2019
Nominating Committee, Editorial Board, Journal of Rural Health	Chair	2019
Health Resources and Services Administration	Reviewer	2018-2021
National Rural Health Association Annual Meeting	Reviewer	2017-2020
Professional Development Core, NNE-CTR Network	Member	2018-2020
MaineHealth Educational & Research Committee	Member	2021
Northern New England Clinical and Translational Research Network	Reviewer	2018, 2019
Stakeholder Engagement/Educ. Core, Maine Lung Cancer Coalition	Co-Lead	2017-2019
State Public Health System Assessment	Participant	2021

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

USM supports extramural service in two ways: 1) articulating clear service-related expectations of faculty in the promotion and tenure guidelines, and 2) including the “mission of service and citizenship” as one of the four pillars of academic excellence identified by the Provost’s Office for USM’s vision through 2028.

The College of Management and Human Services has recognized and rewarded service activities. One example is the series of community engagement awards given to programs in partnership with the external community. The Muskie School has also shown support for extramural service by nominating faculty to receive service awards from the Faculty Senate.

Finally, the program supports extramural service by including service-learning in the classroom, connecting student and faculty to service activities, and monitoring service efforts of faculty on annual faculty reports.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

**Incorporating Service Efforts in the Classroom**

As in the case with our research activities, faculty members frequently use public service experience and activities in their teaching.

- **Dr. Ziller** frequently uses topics identified through her involvement in Maine’s Statewide Coordinating Council to inform and illustrate the organizational and health system challenges that are the focus of MPH 525, the *America Health Systems* course.
- **Dr. Tupper’s** work with the Tennessee Rural Hospital Patient Safety Demonstration project and the annual Patient Safety Academy is highlighted in her *Quality Improvement* course and informed the development of the *Patient Safety* Course.
- **Dr. Joly’s** volunteer work as an evaluator is aligned with class activities and teaching. For example, she has recently helped the Dempsey Cancer Center create and finalize their patient survey. With permission from the Center, the draft survey was critiqued and edited by graduate students in her graduate *Applied Research and Evaluation* course as part of a class session on survey design. Staff from the Dempsey Center also participated in her spring 2022 undergraduate *Research Methods* course to discuss the development of a new health care provider survey they hope to administer. Based on the needs identified by the Dempsey Center, the class pilot testing the draft survey and conducted cognitive interviewing to support the validation process. This activity was conducted in class with the community partner’s active participation.

- 4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

**Classroom-Based Efforts.** Members of the MPH core faculty intentionally include opportunities for students to engage in service activities through course assignments. This approach is deliberate, and we have found that it benefits our students and the public health organizations with which we collaborate. For example, our *Applied Research and Evaluation* course works with one organization each year that is in need of evaluation assistance. Dr. Joly works with the organization to identify their specific evaluation needs and then incorporates this client-based evaluation project as a course assignment. Students are organized into teams and each group develops an evaluation plan and at least one data collection tool for the partner organization. The plan must be feasible and responsive to the identified needs of the organization. Each team presents their final evaluation plan to program staff. In addition, this *Applied Research and Evaluation* course orients students to the grant review process. Using Dr. Joly's experience serving on a study section for NIH, students are given the opportunity to understand the "behind-the-scenes" process of reviewing and scoring federal grants. The students are also given exposure to "real" reviewer scores and comments based on an evaluation Dr. Joly led for one of Maine's health systems, Northern Light Health. The review process for this initiative known as Partnerships to Improve Community Health was extensive, and Dr. Joly was given permission to share the blinded scores and comments with her students for learning purposes.

**Service-Learning Workshops with Community Partners.** In *Health Literacy and Communication*, students learn about best practices in health communication and build skills to lead health literacy improvement projects in work settings. As a culminating graded activity, students are assigned to Service-Learning Projects to apply their skills and knowledge. Each year, Dr. Tupper solicits project ideas from community partners and forms small teams of students to complete a requested activity during the final two weeks of the term. Students report positive experiences working on this final service learning project (see ERF E5.4a) Example projects include:

- Revision of USM's student consent forms for COVID-19 testing
- Development of brochures, marketing materials, and staff fact sheets for a rural farm-to-table business
- Revision suggestions for the City of Portland's consumer health website
- Development of new health education materials on vaping for a local middle school health teacher
- Revision suggestions for a shared decision-making pilot program for lung cancer screening
- Development of health education materials for Special Olympics Fair participants
- Revisions suggestions for a state-wide Naloxone access website
- Design of infographic health education materials for a public health diabetes program
- Revision suggestions for a telemedicine patient consent form
- Research and design of a postpartum depression brochure for the City of Portland's health department
- Design and development of a sexual health brochure and social media posts for USM's Campus Safety and Food Pantry programs
- Design and development of fact sheets and social media posts for the Northern New England Poison Center on topics such as poisoning in older adults and lead poisoning information for Maine residents who have recently immigrated to the US
- Development of plain language materials for Project Firstline, a CDC-led infection prevention portal

- Design and development of a Lead Poisoning Program poster for physician practice offices in Portland (see ERF E5.4b Lead Poisoning poster).

**Rural Community Engaged Research Symposium.** Based on her expertise in rural health, Dr. Ziller was invited to participate in a Community Engaged Research Symposium in rural western Maine in June 2019. Her role was to provide rural health research expertise and support the broader discussion about the opportunities for engaged research in that community. Dr. Ziller recruited two MPH student volunteers (Sarah Gabrielson and Jaclyn Janis) to attend the symposium and provide logistical support, including taking notes during the large group and breakout sessions. (see ERF E5.4c Symposium Flyer for a description of the event).

- 5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

As seen below in Table E5-5, our program uses the following measures to assess service including participating in advisory boards or coalitions, providing technical expertise and assistance, and delivering professional development opportunities or trainings. During the last three years, our targets have been met in all areas.

Table E5.5. Public Health Program Services Measures, Targets, and Outcomes

Measure	Target	2018/19	2019/20	2020/21
Annually, 50% of faculty will serve on one or more <i>local</i> or <i>state</i> advisory boards, committees, or coalitions.	50%	100%	100%	100%
Annually, 30% of faculty will serve on one or more <i>national</i> advisory boards, committees, or workgroups.	30%	40%	50%	60%
Annually, 50% of faculty will provide free technical expertise to one or more community partners.	50%	100%	100%	100%
Annually, at least five professional development opportunities or trainings will be provided by faculty.	5	7	8	12

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

The Muskie School’s promotion and tenure guidelines emphasize the importance of public and community service in keeping with the Muskie School’s name (The Muskie School of *Public Service*) and as articulated in the School’s mission. The importance of public and community service is also included in one of our Program goals: *Goal 3: Engage in service activities at the local, state, and national level that benefits population health.* The four types of service that are considered during promotion and/or tenure are: 1) service to the program, 2) service to the University, 3) service to the field/profession, and 4) service to the community. Leadership positions (Chair, President) in any service activity are given additional weight.

Based on the by-laws of the Public Health Program, the scope and nature of service depends on faculty rank. Assessment of service involves a review of the following activities by a faculty member’s peer review committee:

- Peer-review and editorial activities for academic journals

- Service on local, state, regional, and national boards and associations
- Service on organizational and research advisory committees
- Participation in grant reviews and study sections for local and national funders
- Support for local and state public health accreditation activities
- Provision of technical assistance to local, state, and regional public and not-for-profit organizations
- Provision of community-based or organizational-based professional development and/or trainings
- Engagement with K-12 educational systems to promote public health information and mission
- Technical assistance and expert opinions to legislative and executive policy-makers

### ADDITIONAL SERVICE CONSIDERATIONS

In addition to external service, faculty are assessed on their service to the program and university. As seen previously in Table A1.4, our faculty are activity involved in decision-making at the University level. As seen below in Table E5.6, the faculty also participate in committees that affect decisions related to admissions, student scholarships, curricula, new programming (e.g., BSPH degree), hiring, promotions, tenure appointments, and post-tenure appointments.

TABLE E5.6. FACULTY SERVICE TO THE PUBLIC HEALTH PROGRAM

Service Activities	Role	Years
<b>Ahrens, K.</b>		
MPH Scholarship Committee	Member	2019-2021
MPH Admission Committee	Member	2019-2021
Search Committee – Public Health Program	Member	2020
<b>Greenfield, B.</b>		
Search Committee – Public Health Program	Member	2021
Academic and Curricular Affairs Committee	Member	2020-2021
Program By-Laws Workgroup	Member	2021
MPH Scholarship Committee	Member	2020-2021
Diversity, Equity & Inclusion Committee – Public Health Program	Member	2021
<b>Huston, S</b>		
Peer Review Committee - Dr. Erika Lichter	Member	2017-2021
Peer Review Committee - Dr. Brenda Joly	Member	2018-2021
Peer Review Committee - Dr. Katherine Ahrens	Member	2018-2021
<b>Joly, B.</b>		
BSPH Program Proposal Committee	Lead	2017-2018
Accreditation, Public Health Program	Lead	2013-2021
Academic and Curricular Affairs Committee	Lead	2018-2021
Coordinator, Graduate Certificate in Public Health	Lead	2012-2018
Peer Review Committee - Dr. Erika Ziller	Chair	2018-2021
Peer Review Committee - Dr. Erika Lichter	Chair	2019-2021
Peer Review Committee - Dr. Sara Huston	Chair	2020-2021
Peer Review Committee - Dr. Ben Greenfield	Member	2020-2021
Search Committee - Public Health Program	Member	2018-2019
MPH Program Chair	Chair	2017-2018
MPH Admissions Committee	Chair	2012-2017
<b>Jonk, Y.</b>		
Search Committee - Public Health Program	Member	2018-2020

<b>Service Activities</b>	<b>Role</b>	<b>Years</b>
<b>Lichter, E.</b>		
Peer Review Committee - Dr. Sara Huston	Member	2017-2021
Peer Review Committee - Dr. Chris Paulu	Member	2017-2021
Diversity, Equity & Inclusion Committee – Public Health Program	Chair	2021
<b>Tupper, J.</b>		
MPH Admissions Committee	Member	2018-2021
Coordinator, Graduate Certificate in Health Care Quality & Patient Safety	Lead	2015-2021
<b>Whitaker, B.</b>		
Program By-Laws Workgroup	Member	2021
<b>Ziller, E.</b>		
Peer Review Committee - Dr. Ben Greenfield	Chair	2020-2021
Peer Review Committee - Dr. Yvonne Jonk	Chair	2018-2021
Peer Review Committee - Dr. Katherine Ahrens	Chair	2018-2022
Peer Review Committee - Dr. Chris Paulu	Chair	2020-2021
MPH Admissions Committee	Chair	2018-2021
MPH Scholarship Committee	Chair	2018-2021
Diversity, Equity & Inclusion Committee – Public Health Program	Member	2021
BSPH Program Proposal Committee	Co-Lead	2017-2018
Accreditation Committee, Public Health Program	Member	2018-2021
Academic and Curricular Affairs Committee	Member	2018-2021
Search Committee - Public Health Program	Member	2018-2020
Search Committee - Office of Graduate Studies/Muskie Student Affairs	Member	2019
Coordinator, Graduate Certificate in Public Health	Lead	2018-2021
Program By-Laws Workgroup	Chair	2021
Public Health Program Chair	Chair	2018-2021

**Service Related to COVID.** Over the last two years, our faculty have played important, and often behind-the-scenes roles in assisting with the public health response to the pandemic, including statewide and university/system-wide decisions.

- Maine’s Response to COVID-19.** The Maine Commissioner of the Department of Health and Human Services and the Commissioner of Economic Development requested assistance from the University of Southern Maine early in the COVID-19 pandemic. Specifically, Dr. Judy Tupper, public health practice faculty member, was charged with designing and implementing COVID-19 Maine-specific guidelines for safe operation of businesses, facilities, and schools within the state. Dr. Tupper led a team of appointed health system clinical leaders, public health clinicians, and emergency management professionals for a 15-month period. Along with a research associate from the Cutler Institute, Judy and the team researched, wrote, revised, and rewrote COVID-19 guidelines for safe operation of Maine public schools, community college system, courts, school, community, and professional sports, Maine State Legislature, national and local elections, municipalities, churches, events, venues, and private and public business and organization in Maine. She led 155 separate team meetings, produced 65 lengthy documents, held agency consultations, held site visits, and provided responses to hundreds of FAQs submitted to the State. During the 15-month project period, Dr. Tupper volunteered an additional 30 to 40 hours, working nights and weekends to meet the demands of a rapidly evolving public health crisis. In June of 2021, the State of Maine ended the statewide Emergency Order and decided to follow federal CDC guidelines instead of continuing with Maine-specific guidelines. For our personal safety,



the Governor's Office and DHHS insisted that the identities of our team members remain out of public view. As seen in ERF E5.6, the State was grateful for this work, and they submitted a letter of appreciation to University leadership.

- **Maine Responds.** Dr. Judy Tupper serves as a member of *Maine Responds*, a partnership that integrates local, regional, and statewide volunteer resources to assist public health and health care systems. It is part of a national initiative to train, coordinate, and mobilize volunteers during an emergency. She participated in emergency response training and was deployed to mass vaccination clinics in several communities during the initial weeks of COVID-19 vaccinations in Maine, providing operational assistance on over six separate clinic days.
- **University of Maine System Scientific Advisory Board for COVID-19:** Dr. Huston has been serving on the Scientific Advisory Board (for COVID-19) for the University of Maine (UMaine) System since April 2020. This board consists of five faculty members, chaired by University of Maine President Dr. Ferrini-Mundy, and is charged with providing science-based advice and recommendations on transmission mitigation; testing; contact tracing; isolation and quarantine; treatment and vaccination; and other pandemic-related topics relevant to UMaine System. The board meets with the leadership of the UMaine System Safe Return Planning Team weekly (twice a week until early 2021) to provide feedback and input on operational plans, with additional meetings among themselves or with other university groups as needed, and periodically briefs the UMaine System Chancellor and other leadership.
- **Maine CDC Contact Tracing Team Leadership:** From April through the end of August 2020, Dr. Huston was deployed to serve full-time as one of three co-leads to start up the Maine CDC COVID-19 Contact Tracing Team. The co-leads set up the structure for the team, hired, trained, and managed the team through the end of August, by which time they had hired and trained their replacements. Dr. Huston also led the data management group within the team, which was responsible for creating a system to receive the contact information from the case investigation data system, feed it out to the contact tracers, manage that data through to enrollment in the contact tracing system (SaraAlert), and provide contact tracing performance measures. Dr. Huston wrote up the plan she developed that allowed for near real-time availability of contact information for outreach and enrollment activities and provided the plan to the new Contact Tracing leads who were able to implement it after her deployment was over.

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

**Strengths:**

- The program is engaged in a range of service activities that reflect the value of the Muskie School, and our program.
- Our program includes several opportunities for students to engage in service activities both inside and outside of the classroom.
- Faculty and students are engaged in a variety of service activities at the university, local, state, and national level.

**Weaknesses:**

- Although our students are actively engaged in service activities, we do not have a standard approach for routinely capturing this information.

**Plans:**

- We plan to begin tracking student service opportunities provided by individual faculty as part of our annual faculty survey.

## F1. Community Involvement in Program

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

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

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

**Muskie School Board of Visitors.** As mentioned previously, our program is housed in the Muskie School of Public Service. The School was named after Edmund S. Muskie, a transformative leader in Maine and a respected U.S. Senator who exemplified public service. The Muskie School Board of Visitors is a volunteer group of retired and senior-level external advisors who serve as a source support for the school through advocacy, fundraising, academic program support, and sponsorship of student events such as panel discussions, networking, and job placement.

Table F1.1a. Muskie Board of Visitors, Roles, and Affiliations

Name, Credentials	Organization	Role
Neil Allen	Greater Portland Council of Governments (retired)	Current Member
Erin Billings	Global Strategy Group	Current Member
William Burney	US Dept. of Housing & Urban Development (retired)	Current Member
Jane Cabot	Aid to Senator Muskie and Mrs. Carter (retired)	Current Member
Rebecca Conrad	RSC Consulting	Current Member
Peter Crichton	City of Auburn (retired)	Current Member
Larissa Crockett	Town of Wells	Current Member
Joel Goldstein	Political Biographer	Current Member
Patrick Cunningham	Blue Marble Geographics	Current Member
Joel Goldstein	St. Louis University	Current Member
Jennifer Hutchins	Maine Association of Nonprofits	Current Member
Larun Isfeld	North Atlantic Partnership	Current Member
Amy Landry	Androscoggin Valley Council of Governments	Current Member
Adam Lee	Lee Auto Malls	Current Member
John Martin	Maine House of Representatives	Current Member
Mary McAleney	US Small Business Administration (retired)	Current Member
Charles Micoleau	Law Offices of Curtis, Thaxter, Stevens, & Micoleau	Chair
Peter Mills	Maine Turnpike Authority	Current Member
Edmund 'Ned' Muskie	Camden National Wealth Management	Current Member
Gregory Nadeau	Infrastructure Ventures	Current Member
Don Nicoll	Assistant to Senator Muskie (retired)	Current/Founding Member
Carolann Ouelette	Maine Office of Outdoor Recreation	Current Member
Amanda Rector	Maine Dept. of Administrative and Financial Services	Current Member
Linda Silka	University of Maine	Current Member
Mary-Elizabeth Simms	Martin's Point Health Care	Current Member
Pat Webber	Bates College: Muskie Archives	Current Member

**Public Health Advisory Committee.** Our program has an external Public Health Advisory Committee that includes public health professionals representing the employer community in Maine including those from provider organizations, state agencies, and other public health-related settings. Per the by-laws (see ERF F1.1 Advisory Committee By-Laws), the Committee serves as a source of advice to the Public Health Program. The Advisory Committee provides input on topics including, but not limited to, curriculum and program development, accreditation, student experience and scholarship, program marketing and recruitment, community partnerships, and such other tasks that advance the mission and goals of the program and assist the Public Health Program Chairperson. The Committee includes representation from at least one undergraduate and one graduate student, selected annually by the faculty.

Table F1.1b provides a list of recent and current members of the Public Health Advisory Committee. Terms are for three years, and members may serve for up to three consecutive terms.

Table F1.1b. Public Health Advisory Committee Members, Roles, and Affiliations

Name, Credentials	Organization	Role
Bankole, Kolawole MD, MS, MBA	Minority Health - Portland Public Health	Past Member
Belisle, Amy MD	Maine Quality Counts	Current Member
Birkhimer, Nancy, MPH	Maine Center for Disease Control & Prev.	Current Member
Cioffi, Mary Lou, JD, MS	University of New England	Past Member
Knowlton, Jay	Student	Prior Representative
Guay, Erin, MPH	Healthy Androscoggin Coalition	Past Member
Han, Paul, MDMPH, MA	Center for Outcomes Research – Maine Med.	Past Member
Hayes, Peggy, MPA	Partnerships for Healthy Aging - MaineHealth	Past Member
Herrick, Tamera, PhD	Partnerships for Healthy Aging - MaineHealth	Current Member
Hilton, Colleen	Westbrook Mayor	Past Member
Kane-Lewis, Laurie	DFD Russell Medical Centers	Past Member
Matusovich, Becca, MPPM	Partnership for Children’s Oral Health	Past Member
Michael, Doug, MPH	Northern Light Health	Current Member
Pettingill, Tina, MPH	Learning Resources Center - MaineHealth	Past Member
Primmerman, Willaim	Somerset Public Health Coalition	Past Member
Schwartz, Randy, MSPH	Public Health Consultant	Current Member
Sears, Stephen, MD, MPH	Retired – Veteran’s Affairs	Current Member/Chair
Shaughnessy, Malory, MPPM	Alliance for Addiction & Mental Health	Past Member
Smith, Becky	American Heart Association	Past Member
Soma, Toho, MPH	Portland Public Health	Past Member
Strout, Tania, PhD, RN, MS	Emergency Medicine – Maine Medical Center	Current Member
Ruff, Anita, MPH, MCHES	Oasis Free Clinics	Current Member
Ryder, Catherine	Tri-County Mental Health	Past Member
Willis, Norma	Southern Maine Community College	Current Member

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

The program engages external constituents to assess curricular relevance and currency in the following ways.

- **Capstone Readers.** MPH students are encouraged to develop a Capstone with a community partner to address an identified need. Whenever possible, students are encouraged to recruit the community partner to serve as a Capstone “second” reader. In this role, the partner reviews the Capstone proposal, which identifies the program competencies that will be addressed, and he/she reviews the student’s application of the competencies throughout the Capstone process, culminating with the final written product and presentation. Second

readers frequently participate in the final presentation, and they are asked to reflect on the curriculum, competencies, and Capstone process.

- **Field Experience Preceptors.** Preceptors are asked to participate in a Google survey to assess student skills and competencies. One item includes: Were there specific skills or competencies that you wished the student had acquired before beginning their Field Experience with you?
- **Advisory Committee Members.** The public health curriculum is a standing agenda item for Advisory Committee meetings. Discussions have focused on a range of issues, examples include reviewing program competencies to ensure their relevance, aligning new BSPH requirements and existing MPH coursework with current employer needs, reviewing syllabi of new courses, and general discussions about needed competencies of new graduates.
- **Alumni.** As mentioned previously, our MPH program alumni are asked to reflect on our program's competencies and overall curricula, given their experience. The focus of this survey is on application of skills and competencies, post-graduation.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

The program's mission and values statement, including the description of who we serve and the type of student we hope to recruit, was developed by the MPH faculty and revised based on input from our Advisory Committee members. The Committee members took part in a review process providing input on early drafts shared via email and during a committee meeting. Efforts to simplify the original language were suggested and incorporated. The evaluation measures and targets were also reviewed by this committee and modified, based on feedback, including separate metrics for graduate and undergraduate instruction.

b) Development of the self-study document

CEPH accreditation is a standing agenda item on the Advisory Committee meetings. Recently, members of the Committee reviewed findings from the preliminary self-study document to help orient new members and to discuss some of the program's strengths and weaknesses. Documentation from the self-study was shared via email and discussed during a meeting. Feedback about the program's perceived strengths was incorporated to reflect the perspectives of our Advisory Committee members. Achieving CEPH accreditation status continues to be a priority for this group.

c) Assessment of changing practice and research needs

Our initial rationale for the BSPH degree was based on workforce needs, identified, in part, by the Advisory Committee, preceptors, and representatives from the Maine Public Health Association (see ERF F1.3a and ERF F.1.3b). All of these groups played an important role in the development of the degree (e.g. intent to plan process, degree proposal, and curriculum development). For example, our Advisory Committee members unanimously expressed their support for a new BSPH degree and they recommended data analytic skills be a core feature of the curriculum, an area they believed was critical in the workforce. At their recommendation, a course in data analysis was incorporated into the original plan and subsequently implemented as a required course, once the program was launched.

In terms of research needs, we have a history of working closely with Maine's public health community. We have sought their feedback by developing joint research agendas, providing research support services, identifying opportunities for collaboration, pursuing funding together, and coordinating efforts to ensure Maine is well positioned to secure research funds to address public health problems.

- d) Assessment of program graduates' ability to perform competencies in an employment setting

Our program shares the Alumni Survey results with the Advisory Committee, a group of senior public health professionals that represent Maine's employment community and who routinely hire our graduates. As part of the process, we engage in an open discussion to interpret the results and reflects on potential areas of quality improvement and programmatic changes to consider. For example, our recent Alumni Survey results revealed that some students felt less confident in their ability to apply planning and management frameworks. We discussed this finding and have redesigned our course to better cover this material using teaching approaches designed to enhance student skills.

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

Our Advisory Committee and the Maine Public Health Association were active partners in our development of the BSPH degree. The following documents have been included in the ERF:

- F1.3a BSPH Intent to Plan
- F1.3b BPSH Final Plan

In the fall of 2021, our Advisory Committee reviewed and discussed the results of the alumni survey. A copy of the agenda and meeting minutes have been included in the ERF.

- F1.3c Advisory Committee Agenda, Fall 2021
- F1.3d Advisory Committee Minutes, Fall 2021

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

**Strengths:**

- Our program has a diverse and engaged group of external partners who provide honest input.
- Our program acts on the suggestions of external partners.

**Weaknesses:**

- Some of our mechanisms for soliciting feedback remain informal and our documentation of these efforts is limited.

**Plans:**

- We will continue to look for opportunities to gain valuable feedback from our partners and to document the input, action items, and results more formally.

## F2. Student Involvement in Service

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

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

**Graduate Level.** MPH students are introduced to service, community engagement, and professional development activities at the beginning of the program, during orientation and throughout their studies, as opportunities arise. During orientation, students are encouraged to join the Muskie Student Organization and the Maine Public Health Association (MPHA), an affiliated association of the American Public Health Association (APHA). Prior to the launch of the Graduate Student Professional Development Fund, our Program paid the membership fee for all MPH graduate students who were interested in joining the MPHA. In addition, the program frequently provided funding to support student registration in the MPHA annual meeting. These funds are now provided through the Graduate Student Professional Development Fund, and many of our students have taken advantage of this fund to support their participation in MPHA, APHA, and other state, regional and national conferences.

**Undergraduate Level.** USM has one-on-one Advising and Course Selection (ACS) appointments with all incoming students as well as on-demand advising appointments. During advising sessions, we discuss opportunities for involvement in student activities such as Intercultural Student Engagement, leadership development, student clubs, and research opportunities. Students can also participate in professional development opportunities offered through USM's Career Hub such as resume writing, job shadowing, and internships. USM offers a variety of Engaged Learning Core courses that integrate experiential learning and service opportunities, which are discussed in advising sessions. The University also holds an in-person orientation session (on Zoom during the pandemic) where students:

- **Explore** our campuses and USM Resources.
- **Connect** to community, classmates, and new friends.
- **Prepare** for success in and outside the classroom.
- **Learn** about themselves and others.

**Connecting Students to the Community.** All USM students have access to the Career & Employment Hub at USM and advisors help to connect their advisees to this resource. This Hub gives students the opportunity to gain experience in the field of public health, explore career directions, develop global citizenship skills, and “give back to the community.” A key role of the Career and Employment Hub is to mobilize USM students, faculty, and staff to address community-identified needs in partnerships marked by respect, reciprocity, and mutual benefit. While all students have access to these services, the BSPH students are formally connected to the Career and Employment Hub through our program. Staff from this Center present in the *Foundations of Public Health* course. This session provides an overview of services and support available to students. It also encourages the students to connect to the community through the resources provided by the Center.

All USM students also have access to the resources provided by the Department of Student Engagement and Leadership (formally known as Student Activities). With locations on both the Portland and Gorham campus, this Department provides coaching sessions to help connect student to work they care about, in addition to other resources and supports.

**Providing International Experience.** Several MPH students have been engaged in Dr. Tupper's efforts with USM to support a North Atlantic Collaborative, volunteering their time to gain valuable international experience. To date, six students have been funded to travel to Iceland. In addition, our program hosted three graduate students from Iceland for summer-long internships in Maine and an Icelandic faculty sabbatical.

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

**Conference and Professional Associations.** Our students are engaged in local, state, and national conferences and associations. As mentioned previously, we work with and mentor our students to participate in the University-sponsored event known as Thinking Matters. We also have supported our students to join and provide service to professional associations such as the American and Maine Public Health Associations. Our students have served as abstract reviewers for APHA, exhibitors for several state-level conferences, and as members (and leaders) of the Muskie Student Organization. In addition, we have had students serve as the official APHA campus liaison. In this role, they have participated in membership recruitment, enhanced the visibility of APHA and MPHA, and posted relevant topics, legislative moves, and job opportunities to the Muskie LinkedIn site for students to view.

**USM Day of Service.** Finally, our Muskie Student Organization and students actively participate in and organize a number of student-led service activities, including the annual university-wide USM Huskie Day of Service (Huskies are the mascot of USM). While this event has been canceled in recent years due to COVID-19, efforts prior to the pandemic included over 300 students, faculty, and staff who donated over 1,200 hours of community service on a single day to support local organizations including the American Red Cross, Preble Street, Lots to Gardens, the Animal Refuge League of Greater Portland, and the Maine Veterans Home, among several others.

**Sponsored Events.** Our students also participate in volunteer activities, such as working in a food pantry, and university-sponsored events. One recent example of university-sponsored event that engaged our students was the "Diversity in Health care" discussion about race and medicine, held on November 11, 2021 (see ERF F2.2). This meeting was sponsored by USM and it featured three of our MPH graduate students as organizers or presenters.

**COVID-19 Testing and Vaccine Efforts.** Several of our undergraduate and graduate students have volunteered their time supporting local and university-based COVID-19 response efforts.

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

**Strengths:**

- USM, the Muskie School, and our Program value, promote, and encourage student involvement in service. The commitment to service is embedded in vision statements for the University, in the name of the Muskie School of *Public Service*, and in our Program's values.

**Weaknesses:**

- None noted.

**Plans:**

- The University has recently broken ground on a new 42,000 square-foot, three-story Career & Student Success Center that will offer space for students, faculty, and staff as well as alumni, employers, and community members to make connections for our students' future success. Each floor of the Center is filled with areas dedicated to fostering collaboration. The Career and Employment Hub will move to this Center, once opened. Two key features of the building include: 1) a 4,500 square foot Multi-Purpose Room to host career fairs, employer presentations, banquets, and other events, and 2) private rooms for employers and students to meet for both in-person and Zoom interviews.
- We plan to help the BSPH undergraduates create an undergraduate student public health association, with funds from the University and an assigned faculty advisor from our department. Up until this point, we did not have enough majors in the BSPH to create such a group.



## F3. Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

- 1) Define the program's professional community or communities of interest and the rationale for this choice.

Our communities of interest include Maine's public health workforce, especially those working in governmental public health, community coalitions, and in rural areas. Maine is the most rural state in country (with 60% of residents living in a rural area) and our public health infrastructure is limited. Given this, much of our curriculum emphasizes preparing students to work in contexts particularly relevant to Maine, including the nonprofit organizations and health systems that provide many of the state's essential public health services. Our program has the opportunity to draw on the strengths of the Maine Rural Health Research Center, a research program led by our faculty and funded by the Federal Office of Rural Health Policy to provide research on the health concerns of rural health systems and populations.

- 2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs

### Formal Assessment

Maine is a geographic large state with relatively low population and public health resources. To use its resources most efficiently, the State of Maine—through the Maine CDC—leads two formal assessment processes to set priorities for the public health system: *The Maine Shared Community Health Needs Assessment* (MSCHNA) and the *State Public Health System Assessment* (SPHSA). The former occurs every three years in collaboration with Maine's health systems and with support of our epidemiology faculty (Professors Lichter and Huston). The latter is conducted approximately every ten years (in process now). Our faculty have played roles in these assessments, and we use both sets of reports to understand and respond to the topical and functional training needs of Maine's public health professionals. For example, MSCHNA community- and state-level reports consistently identify adverse childhood experiences (ACEs) as a priority area. In response to this need, Professor Lichter participated in a webinar with the US CDC staff to provide Maine context for the US CDC's FY2021-FY2024 ACEs prevention strategy (November 18, 2021: <https://www.youtube.com/watch?v=UmAnhPJOh48>).

Our faculty has also played roles within the SPHSA assessment process. For example, Professor Joly was the lead author of the 2010 SPHSA report. As a member of Maine's Statewide Coordinating Council (see next paragraph), Professor Ziller will help review current SPHSA results and plan for future workforce development. Professor Ziller also participated in two SPHSA listening sessions to assess Maine's current public health system capacity (Essential Services Eight and Ten). A draft presentation of the preliminary assessment data is available as ERF F3.2c.

### Informal Assessment

In addition to participating in these formal assessment processes, our faculty are engaged in numerous service activities with Maine's public health community that support ongoing informal assessments of workforce training needs. For example, Professor Ziller is an active member of Maine's Statewide Coordinating Council (SCC) for public health, Maine's "representative

statewide body of public health stakeholders for collaborative public health planning and coordination.” (see: <https://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml>). In this role, Professor Ziller participates in quarterly meetings on Maine’s public health activity and is able to understand emerging workforce needs. She also serves on the MaineHealth Education and Research Committee and the Professional Development Core Coordinating Committee of the Northern New England Clinical and Translational Research Network. These roles have enabled her to understand professional development needs related to public health research within MaineHealth, Maine’s largest health system, and have informed planning for a future graduate certificate in health services research.

Three of our faculty (Professors Huston, Lichter and Paulu) are embedded within the MaineCDC and provide essential governmental public health functions of epidemiological surveillance, research, and dissemination. In this capacity, they intimately understand the State’s workforce development needs. Professor Ahrens is an advisory committee member and analyzes data for the MaineMOM project, an initiative to integrate and improve care for mothers experiencing opioid misuse. Professor Jonk is a member of the Rural Health Action Network, a statewide organization that identifies and advocates for rural health improvement opportunities within the state, including workforce development. Similarly, Professor Joly is a past president of the Maine Public Health Association Board of Directors and Professor Tupper is an active board member.

**Advisory Committee Perspectives.** We discuss workforce development each year with our Advisory Committee. As mentioned previously, this group represents a diverse group of public health employers and partners across the state. The committee members are well positioned to assess the continuing education needs of the Maine public health workforce, based on their employees’ needs and trends they see in the field. The conversation includes suggestions for our BSPH and MPH curriculum, as well as professional development opportunities outside the classroom.

The ERF includes:

- F3.2a State Public Health System Assessment, 2010
- F3.2b Maine Shared Community Health Needs Assessment, 2019
- F3.2c Draft Findings from 2021-2022 State Public Health System Assessment

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

**Strengths:**

- We are actively engaged in the workforce assessment efforts in Maine. This work is largely collaborative and led by the state public health agency.
- Our program is responsive to the identified needs and plays an important role in the implementation of workforce efforts in Maine.

**Weaknesses:**

- While we participate in statewide assessments, we have limited formal systems for assessing workforce needs that are specific to our MPH program.

**Plans:**

- While we do not want to duplicate existing assessment work in Maine, we will explore the feasibility of options to obtain more data that are formal.

## F4. Professional Development for Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

- 1) Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

**Implementation Activities in Response to Statewide Plan.** Our program is committed to supporting professional development opportunities for Maine's public health workforce. We played an important role in the implementation of Maine's most recent five-year Public Health Workforce Development Plan (2013-2018). This plan was co-commissioned by the Hanley Leadership Forum and the State Public Health Agency. There were several key recommendations in this plan that our program implemented, as described below.

- **Academic providers will deliver a skill-based curriculum aligned with public health competency domains.** A hallmark feature of our BSPH and MPH programs is the emphasis on competency-based education to promote skill-building. Our syllabi template was updated to include our competency matrix and weekly class learning objectives that are tied to course activities and assignments. Additionally, students in the *Public Health Practice* course are introduced to the Council on Linkages Between Academia and Public Health Practice's *Public Health Competencies Framework* and asked to self-assess their competencies and reflect on areas that require additional work.
- **Provide clear pathways to attract new workers to join public health workforce.** We launched a Health care Quality and Patient Safety Certificate. This 12-credit certificate of graduate study provides individuals from diverse backgrounds with a solid foundation of knowledge and skills in health literacy and communication, quality improvement, and patient safety, as well as the opportunity to advance their understanding of health systems, basic public health sciences, and data analysis and translation. To date, the certificate has been conferred on approximately 40 students, several of whom have used the certificate to advance in their current job or to seek a new position.
- **Provide a curriculum that is evidence-driven and one that includes learning across the divide between clinical care and public health.** This recommendation directly aligns with the mission of our program – “to bridge the cultures of public health and health care delivery systems to build integrated, high functioning health and public health systems, engaging individuals, communities and providers in the development and management of a more effective and sustainable health infrastructure.” Our coursework includes a focus on finding, using, and evaluating existing evidence to inform decision-making.
- **Provide curricula that address workforce education and training needs resulting from the Affordable Care Act.** In response to this identified need, program faculty have conducted trainings on health system reform efforts including the Affordable Care Act, rural health reform, and value-based purchasing. This has included providing training to Maine legislators on Medicaid policy.
- **Institute mentoring programs.** Several years ago, our program introduced a peer mentoring program for new students to be matched with existing students. This is a student-led effort and participation is variable, depending on student interests, motivation, and time.

- **Develop a track or program in public health for undergraduate students.** In response to this recommendation, our program partnered with several USM undergraduate programs to develop a public health minor, a public health cluster, and, in 2019, a new undergraduate BSPH degree.

More recent as well as ongoing efforts to meet the public health's workforce needs include:

- We are currently in the process of developing a new certificate in Health Services Research in response to expressed needs from Maine's two largest health systems, which are working to grow their clinical and population health research capacities.
- Our program continues to offer a Graduate Certificate in Public Health. This 15-credit program is available online and it can augment a student's previous academic training or serve as a strong introduction to the field of public health. The program provides individuals from diverse backgrounds with a solid foundation of knowledge and skills in public health, health policy, and epidemiology; as well as offering students the opportunity to advance their knowledge of evaluation, planning, or quality improvement.
- The University of Maine System is currently investing resources in the development of micro-credentialing, an instructional method that allows learners to highlight the skills and competencies they have achieved in a particular course or pathway. The micro-credentials consist of stacked "digital badges" that are meant to be shared on social media, websites, during interviews, and in emails. Our program is working with USM's interprofessional education workgroup to identify opportunities for micro-courses.

2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program).

Our faculty members lead several continuing education opportunities each year designed to address the training needs of Maine's workforce and the broader public health workforce. Table F4-2 lists the continuing education programs offered to non-students and the number of attendees participating in the trainings over the last three years.

TABLE F4.2. PROFESSIONAL DEVELOPMENT OPPORTUNITIES OFFERED BY PROGRAM

Continuing Education Program	Faculty	# Total Attendees	Academic Year(s)	Funding Source
Council of State & Territorial Epidemiologists (CSTE) Chronic Disease Pre-Conference Workshop	Huston	50	2017-2018	CSTE
Northeast Epidemiology Conference Maternal and Child Health Pre-conference session	Lichter	15	2018-2019	Maine CDC
Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Training Program	Lichter	50	2017-2021	Not funded
Maine Patient Safety Academy	Tupper	750	2017-2020	Maine CDC
Maine Infection Prevention Academy	Tupper	150	2017-2021	Maine Quality Forum

Continuing Education Program	Faculty	# Total Attendees	Academic Year(s)	Funding Source
Maine Public Health Association (MPHA) Annual Meeting	Tupper	600	2017-2021	MPHA
USM Research Symposium	Tupper	50	2018-2020	USM
Occupational Safety and Health Administration Grants	Tupper	5000	2017-2020	US Dept. of Labor
<i>Rural-Urban Differences in Youth Smoking Reductions</i> . Technical assistance webinar for CDC, Office on Smoking and Health	Ziller	50	2019	Not funded
<i>Tobacco in Rural America; Reports from the Field</i> . NACCHO webinar.	Ziller	100	2020	Not funded
<i>COVID-19 in Rural Communities: The Emerging Story</i> . Maine Center for Graduate and Professional Studies.	Ziller	75	2020	Not funded
Webinar Series: <i>Understanding the COVID-19 Pandemic</i> : Muskie School & Maine Center for Graduate & Professional Studies.	Ziller	150	2020	USM
<i>Tobacco Prevention and Control in Rural America</i> . Geographic Health Equity Alliance (GHEA) Webinar.	Ziller	75	2021	Not funded
Training: Using Maine's All Payer Database	Jonk	29	2021	USM
Training: Exposure Assessment Using Portable Sensors for Middle School Teachers	Greenfield	20	2020 - 2021	NIH SEPA Program

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

**Strengths:**

- Our program plays an active role in addressing the workforce needs in Maine.
- Our program monitors its professional development opportunities on an annual basis and routinely seeks input on new ideas and approaches for training the workforce and addressing current needs and emerging trends.
- The program offers two certificate programs for students and both programs engage seasoned professionals as well as persons new to the field of public health.

**Weaknesses:**

- There is an increased need to deliver more web-based professional development opportunities that can reach a broader audience throughout the state.

**Plans:**

- We recognize the need to delivery web-based professional development opportunities. Given our capacity and expertise we plan to expand our efforts in this area as resources allow.

# G1. Diversity and Cultural Competence

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

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

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

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

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

## STUDENTS

The program focuses on several priority populations for recruitment and admissions: 1) immigrants and refugees, 2) students from rural areas, 3) students of color, and 4) first generation college students. Our program selected these under-represented populations based on several factors.

**Immigrants and Refugees.** This population is a priority for our Program and USM as a whole. Although Maine is among the least racially and ethnically diverse states, the resettlement of immigrants and refugees in Maine has been on the rise because of Maine's participation in the federal resettlement program. The City of Portland, home to USM, is an active participant in the resettlement efforts and our faculty, Advisory Committee members, students and alumni are actively involved in working with existing partners to conduct program outreach with this group. In addition to the programmatic recruitment efforts, our faculty have been engaged in the University-wide committees, including the "New Mainers" Work Group. This committee's charge was to find ways to improve New Mainer (Maine residents who recently immigrated to the US) access to USM programs and services.

**Students from Rural Areas.** Given our strength in rural health and the needs of students in underserved communities, we seek to actively engage students from rural communities in Maine. There is sufficient and compelling evidence that suggests the health needs and resources of people living in rural areas often differ from their urban counterparts. Rurality is an important health disparity that creates inequity in our state, and it is something we witness in our own communities. By actively recruiting students from rural areas into our program, we create a more robust learning experience to discuss rural inequities and solutions.

**Students of Color.** Our student diversity efforts include a focus on recruiting students of color and offering scholarships to support their participation in our program.

**Students who are First Generation** (undergraduate only). The University actively recruits and support first-generation college students through programming and scholarships. This includes the Promise Scholarship Program and the First-Generation Student Experience Living Learning Community (LLC). The proportion of undergraduates who are first generation students is tracked by USM and is a measure that our program reviews and seeks to maintain or increase over time.

**FACULTY**

In addition to our student diversity efforts, there is also a focus on faculty diversity. We want a racially and ethnically diverse faculty and staff who represent the communities we serve, including faculty who can represent people living in rural areas. This representation is often demonstrated in a faculty member’s research and/or personal background. Given our geographic landscape in Maine, and the way public health services are delivered throughout the state, our faculty need to understand and be sensitive to the important role rurality plays in health.

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

The program has the following broad diversity goals:

1. Provide a learning environment that supports equality (including racial/ethnic, sexual orientation and disability status), honesty, and respect.
2. Prepare students to collaborate with diverse communities.
3. Engage a diverse group of students, staff and faculty associated with the program

Our diversity goals are consistent with the University’s mission and underlying actions including:

1. Provide all USM students with a high-quality education, including one that addresses matters of equity and inclusion.
2. Support the active examination and exchange of diverse ideas and perspectives throughout the university.
3. Respect, encourage, and foster cultural and ethnic differences that lead to a dynamic, sustainable academic society.
4. Investigate and implement strategies that create and sustain innovative intercultural structures, policies, and practices.
5. Recruit and retain a diverse faculty, staff, and student body.
6. Encourage interdisciplinary approaches in teaching, scholarship, research, and creative endeavors, with incentives for developing rich and sophisticated cross-campus collaborations that draw on faculty in a variety of disciplines.

As seen below in Table G1.1, our program has several diversity-related measures we track annually.

TABLE G1.1. DIVERSITY-RELATED METRICS FOR FACULTY, STUDENTS AND STAFF

Focus Area	Data Source	Target	2018-19	2019-20	2020-21
<b>BSPH Students</b>					
First Generation Student	Admissions Forms	35%	50%	50%	40%
Persons of Color	Admissions Forms	20%	0%	33%	35%
<b>MPH Students</b>					
Immigrants, Refugees	Admissions Forms	10%	13%	5%	11%

Focus Area	Data Source	Target	2018-19	2019-20	2020-21
Lived in Rural Areas	Admissions Forms	10%	25%	18%	18%
Persons of Color	Admissions Forms	10%	13%	9%	21%
<b>Faculty and Staff</b>					
Persons of Color: Faculty	HR Files	10%	0%	0%	0%
Persons of Color: Staff <sup>1</sup>	HR Files	10%	9%	9%	9%
Experience in Rural Areas <sup>2</sup>	Departmental data	25%	40%	40%	40%

**Notes:**

<sup>1</sup> Represent staff identified on Table C3.1.

<sup>2</sup> Represent faculty conducting rural health research or working with partners in rural areas

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

We have engaged in a multi-tiered approach to increase the representation of target populations in our faculty, staff, students, and advisory committee membership. As demonstrated in Table G1.1, we have worked with USM administration to develop processes to track student, faculty and staff membership in the program's priority populations. Through discussions as a faculty and with advisory committee members, the Muskie School Board of Visitors, USM leadership, partners within Maine's Community College system, and other partner organizations, we have identified the following actions to increase diversity and engagement in our program.

**Student Recruitment and Retention.** As a faculty, and at the suggestion of Muskie School leadership, we have worked to ensure that we use our limited scholarship funding to support our diversity goals when making decisions about the awards. In 2020-2021, Dr. Ziller had several conversations with Sally Sutton, who manages the New Mainers Resource Center (NMRC), a program focused on assisting individuals from immigrant and refugee communities enter Maine's educational systems and workforce. Through these conversations, we have identified barriers for foreign-born individuals to apply to our MPH program, including testing requirements and written English proficiency. These conversations have shaped both NMRC strategies for their clients and have contributed to our elimination of the GRE and our plans to develop a public health writing course for BSPH and MPH students.

The MPH program has several strategies in place to increase the recruitment and retention of students from rural communities or who have an interest in rural health. For example, the Maine Rural Health Research Center (a federally funded center led by public health faculty) supports stipends and tuition assistance for two graduate students annually to work on rural health research projects. We have coordinated with the University of Maine flagship campus, the University of Maine, on several educational initiatives including their new graduate certificate in One Health and the Environment, which has rural communities as one of its foci. Historically, we have worked with relevant University of Maine undergraduate majors to advertise our program to students in their final year of study. Currently, we are working on an accelerated degree option that will allow undergraduate students to begin taking MPH courses in their senior year that count towards both undergraduate and MPH degrees. There is interest from the University of Maine System's most rural campuses to participate in the accelerated degree option, once finalized.

Finally, given the more limited demographic diversity in Maine, we have worked this year to increase our recruitment of out-of-state graduate students. For example, the Muskie School recently sought and received UMaine System approval to reduce graduate out-of-state tuition for all states to the New England Regional Student Program rate. Based on current tuition rates, this has resulted in about a 40 percent reduction in costs for students from other states.



**Faculty and Staff Recruitment.** Most of our full-time faculty are women and all are white and not Hispanic. Opportunities to hire full-time faculty are extremely limited, although we hope to be able to add another tenure track position to our ranks in academic year 2023-24. For our most recent search (2019-20), all committee members attended a training on anti-biased hiring practices, and we designed the position description to emphasize health equity. However, despite a diverse interview pool, our final candidate (Dr. Greenfield) is also white. Our DEI committee is working to identify training opportunities on best practices for inclusive hiring (a scheduled training for 2020 was cancelled due to the pandemic). We are also committed to using our Topics in Public Health course to diversify our part-time faculty pool. For example, we have recently recruited a citizen of the Passamaquoddy Tribe to teach Indigenous Public Health as a Topics in Public Health course in Spring 2022.

**Advisory Committee Member Recruitment.** At the Fall 2021 Advisory Committee meeting, we discussed the need for membership recruitment both to fill spots that have been vacated during the public health emergency, and to increase the diversity of the Committee. Committee members have been submitting recommendations for new Advisory Committee members to the Public Health Program and Committee chairs and efforts are underway to recruit and seat new members for the Spring 2022 meeting.

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

As faculty of a historically white institution of higher education, located in what has been the country's whitest state, we are mindful of our responsibility to engage in continuous quality self- and program-improvement to foster an inclusive atmosphere in our programs and classrooms. Over the past several years, we have worked to interrogate our overall curricula and individual courses to identify opportunities to increase content diversity and equitable teaching practices. To support this, faculty have engaged in a variety of individualized and collaborative Diversity, Equity, and Inclusion (DEI) professional development activities, including:

- Safe Zone trainings to support LGBTQ+ students;
- Green Zone trainings to promote military awareness;
- Trainings on best practices to support students with disabilities;
- Racial Equity Institute trainings;
- Wabanaki REACH trainings;
- Varied professional webinars and seminars including the American Public Health Association's *Advancing Racial Equity* series and opportunities sponsored by Human Impact Partners;
- USM Convocation learning and discussion opportunities (the past two themes have been "Indigenous Peoples: Recognizing and Repairing Harms of Colonized Systems" and "The Rivers We Belong To: Grounding Indigenous Presence and Sovereignty");
- Workshops on inclusive teaching and advising practices; and,
- Reading and discussion groups on USM's common read *How to Be an Antiracist* and the Inclusion, Diversity, and Equity Council's (IDEC) Curriculum Committee's common read *Teaching to Transgress*.

Dr. Ziller participates in USM's IDEC Curriculum Committee and we have worked with faculty from Nursing and Social Work to identify opportunities for cross-program collaboration on DEI training and curriculum development. For example, in March 2020 (two weeks before the campus shut down), Public Health faculty attended a Multidisciplinary Diversity Retreat with Nursing and Social Work faculty to work on inclusive teaching. In Fall 2020, we launched an interprofessional, collaborative course taught by a Black social work professor, Dr. Dorothea Ivey, entitled *Cultivating Diversity & Inclusion in Helping Professions*. The class was promoted to, and attended

by, graduate students in all three programs. Finally, our newly developed DEI committee has begun to work on a DEI plan for the program and has recently received a small IDEC grant to fund a tribal public health training in Spring 2022 that will be available to students, faculty and staff.

At the overarching curriculum level, we have expanded students' exposure to health equity content and competencies. For example, in 2018, we added health literacy as a core MPH requirement to ensure that all students have exposure to its content on diverse communication and cultural competency. Two of our five recently adopted (2020) generalist competencies emphasize rural health equity and environmental justice. We have worked to ensure that our program covers and assesses MPH and BSPH core competencies in health equity and cultural competence in multiple core courses and the BSPH includes an entire course on health equity and social justice. We are currently working to modify this course so that it can serve as an Ethical Inquiry course in USM's general education core.

At the individual course level, faculty have made concerted efforts to increase DEI content and discussion. For example, Multiple faculty have introduced USM's common read *How to Be an Antiracist* into their courses. Since 2016, Dr. Ziller has progressively increased the health equity focus of both American Health Systems and Health Policy. Readings include pivotal works on cultural competence (e.g., Betancourt) as well as the social construction of medicine as a racist institution. Discussion topics have included the role of "activism" by clinicians and public health practitioners; the public health case for abolition of carceral systems; the role of power in health; and, an appreciative inquiry approach to community-led action for health justice. This year, Dr. Greenfield overhauled Health Leadership, Planning and Management (which he began teaching in Fall 2020) to highlight content that features BIPOC, LGBTQ+, and women leaders and scholars and continues to add environmental justice content to MPH 555.

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

Please reference the prior Table G1.1 for quantitative data on faculty, student and staff diversity. In addition, ERF G1.6 includes quantitative data from alumni on their perceptions of equity in and out of class.

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

**Public Health Alumni Perceptions.** Our annual alumni survey asks students to reflect on their experience in our program. Respondents are asked to indicate their level of agreement with two items we use to assess the climate related to diversity and cultural competence. The findings are provided below and a copy of the survey results from 2021 can be found in ERF G1.6

- I was treated equitably in the classroom setting: 100% reported "agree" or "strongly agree"
- I was treated equitably on campus, outside of class: 96% reported "agree" or "strongly agree"

**Student and Faculty Perceptions.** We do not have current quantitative data from faculty and staff. The last survey was completed several years ago. However, we have qualitative information that is available from three key sources:

- **Office of Equity, Inclusion, and Community Impact.** In 2020, USM created a new senior leadership position, the Associate Vice President of the Office of Equity, Inclusion, and Community Impact. This Office was created to help lead USM's institutional vision of equity and inclusion. This Office works with faculty, staff and community members to support this work. A key feature is understanding the perspectives of our students, faculty, staff, and partners.

- **Inclusion, Diversity, and Equity Council (IDEC).** This Council is made up of faculty, staff and students who are committed to USM being a more inclusive and welcoming community. They listen to the input of their members and others in the community looking to support this work.
- **Faculty and Staff of Color Association (FSOCA).** The USM FSOCA is an association of USM faculty and staff of color organizing collaboratively to support the University to be an equitable, inclusive public university, representing and including diverse communities. FSOCA prides itself on being a cross-institutional, interdisciplinary association of faculty and staff working collaboratively to strengthen our community. FSOCA is co-chaired by faculty and staff members, and is supported by a Leadership Team.

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

**Strengths:**

- Our faculty has a strong representation of women who are working mothers and many faculty were raised in rural communities or have rural health research portfolios. Several have public health practice experience with diverse populations, including LGBTQ+ individuals, persons with substance use or mental health disorders, and individuals who have experienced homelessness or intimate partner violence.
- A relatively large proportion of BSPH majors are first generation college students or students of color. Maine's overall population of color is 6%, while students of color comprise 22% of USM's undergraduate population and 30% of new BSPH majors are students of color.
- We recruit a substantial number of students interested in rural health each year and continue to increase our reputation as rural health and health policy experts.
- Our faculty culture includes openness to continuous quality improvement in DEI knowledge and practices.

**Weaknesses:**

- Our full-time faculty display limited diversity in race/ethnicity; ability; sexual orientation; and, socio-economic background.

**Plans:**

- Under the leadership of the DEI committee, we intend additional training in best practices for inclusive hiring for future faculty and staff positions.
- We will work with the MSO and other entities to increase DEI-related seminars, lectures and trainings for faculty and students. For example, we have just received a mini-grant from USM to support a Wabanaki-led training on indigenous public health.
- Faculty will continue to examine curricula for opportunities to reduce the white-centered, ablest, and heteronormative content and processes inherent in higher education.
- USM is in the process of conducted a Climate survey and we hope to be able to review the results for our program and across the university to inform our efforts.

# H1. Academic Advising

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

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

**Undergraduate Students.** Academic advising begins at the onset for new and transfer students. USM's orientation office provides students with a checklist describing the steps that need to be taken prior to enrolling in courses (see ERF H1.1a). All new students are required complete the New Student Course, schedule and attend and Advising and Course Selection (ACS) appointment, review the checklist for registered students, and contact their public health advisor once they have completed 54 credit hours.

- **New Student Course.** This online course is for new first-year, transfer, or readmitted students. They are expected to review the 15-20 minute course and complete a required quiz before scheduling an appointment to enroll in courses. The course covers information about key University resources, dates, required testing, and documentation.
- **Advising and Course Selection (ACS) Appointment.** The ACS appointment is a required meeting for all new first-year, transfer, and readmitted USM students. During your ACS appointment, students meet one-on-one with an Academic Advisor to review degree requirements, discuss any transfer credits, and sign up for their first semester of USM courses.
- **Checklist for Registered Students.** At the end of each Advising and Course Selection (ACS) appointment, students are given a checklist to help them prepare for the start of classes. Items on this checklist include things such as: purchasing textbooks, paying your tuition bill, managing emergency notification preferences, obtaining your student ID card, registering for an Orientation session, completing required training, and more.
- **University Orientation.** Each semester the University holds orientation to bring students together on-campus or via the internet to give them a chance to acclimate to USM. These sessions occur shortly before the first day of classes and focus on acquainting the student with the campus, offices, and resources; meeting other students; and taking care of last-minute details, including academic advising questions.
- **Dual Advising Model.** All students are assigned a Professional Academic Advisor and a Faculty Advisor (for those who have declared a major). The Professional Academic Advisor offers support and advice related to general educational requirements, goal setting, options for majors and minors, course scheduling, campus resources, and more. Professional Advisors support the early student-faculty connection. They typically work with students until they reach 54 credits, at which time a warm hand-off occurs with the Faculty Advisor. The Public Health Program has a designated Professional Academic Advisor and periodically, we collaborate to offer joint advising sessions for new and existing students.
- **Public Health Orientation, Meet and Greet, and Advising Sessions.** Students who have declared public health as their major are assigned a public health advisor by the Program Chair and they are given the BSPH checklist. This checklist includes a list of the required courses that students can use to keep track of their degree progress and plan

their remaining coursework. Advisors meet with students each semester or upon request. Students are also invited to participate in group advising sessions, launched in the spring of 2022. The BSPH students are also invited to all meet-and-greet sessions and public health orientations. Student keep the same advisor throughout the program, unless they request a change.

**Graduate Students.** Academic advising is the responsibility of the faculty advisor. Students are “matched” with an advisor during the admission process. All accepted student are sent a welcome email from the Program Chair and Advisors are copied on the message. Students are given the MPH Orientation and Advising Checklist and asked to complete it (see ERF H1.1b). During the first academic advising meeting, students share their public health interests, career goals, and expectations of the program. The Academic Plan is reviewed and students and faculty create an individualized plan for how the coursework will be completed. This plan is reviewed periodically during advising meetings and used as the graduation checklist. Advising appointments are scheduled as needed. However, many advisors routinely reach out to their advisees each semester, prior to course scheduling. For example, Dr. Ahrens meets with her advisees at the mid-point of each semester. She checks in with them, documents their progress on the MPH class form, and addresses any course scheduling or registration issues for the upcoming semester.

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

Faculty Advisors are matched with their graduate and undergraduate advisees based on students’ interests and career paths. Faculty are oriented to their roles and responsibilities as advisors primarily through the two following paths:

- Faculty participate in the required “new” faculty training and orientation which occurs at the beginning of each academic year. One session of the multi-day training focuses on advising and career counseling.
- New full-time and part-time faculty meet with the Program Chair and other advising faculty to engage in peer-to-peer sharing. This occurs as needed and it includes a review of existing resources, program-specific practices, and expectations.

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

The following advising materials and resources are available in the ERF.

- H1.1a Orientation Checklist
- H1.1b MPH Orientation and Advising Checklist
- H1.1c BPH Academic Map
- H1.1d MPH Getting Started Checklist
- H1.1e BPH Getting Started Checklist
- H1.1f BPH Academic Checklist
- H1.1g MPH Academic Checklist

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

The USM Office of Assessment administers an annual student survey to assess advising services. To date, analyses have only been compiled for MPH students and we expect BSPH results will be available during the next administration cycle. The most recent survey data are available below in Table H1.4 and the individual reports are available in H1.4 as listed below.

- H1.4a Advising Survey, 2017
- H1.4b Advising Survey, 2018
- H1.4c Advising Survey, 2019

TABLE H1.4. STUDENT PERCEPTIONS ABOUT ADVISING: 2017-2020

MPH Measures	2017/18 N=7	2018/19 N=7	2019/20 N=7
Students who report being “satisfied” or “very satisfied” with faculty advising in their program	100%	71%	86%
Students who report advisor is available when needed	86%	71%	71%
Students who report advisor listens to my concerns	86%	57%	86%
Students who report advisor helps me understand academic policies	86%	57%	71%
Students who report advisor informs me of options or opportunities available to me	71%	57%	100%
Students who report advisor helps me when I have academic difficulties	71%	43%	71%
Students who report advisor provides me with useful course information	86%	57%	100%
Students who report overall satisfaction with advisor as “good” or “excellent”	86%	57%	86%

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

**University-Level.** USM holds an orientation session each semester that is geared for undergraduate students who are enrolled in their first semester of classes. The orientation includes a registration process that ensures the material is customized for commuter students, online students, residential students, veteran students, and international students. The orientation is required for all first-year undergraduate students and strongly encouraged for all others and it includes basic information about USM, available resources, and what students can expect. In addition, an optional campus visit day allows students (and family members) to explore campus, pick up the ID card, visit offices, and meet with orientation leaders and other new students prior to the start of the semester.

The Office of Graduate Admissions holds an orientation session for all graduate students at the beginning of each academic year. The Office also sends a welcome letter to all new students describing the services and supports they offer including:

- Financial support and scholarships
- Support and coordination for the Graduate Assistantship program
- Professional development and career opportunities
- Guidance on policies & procedures
- Advice and support with concerns or questions
- Student engagement and networking
- Advocacy for graduate students at USM and in the community

**Program-Level.** The program typically holds one face-to-face orientation each academic year, to welcome and orient new students, both graduates and undergraduates. The orientation was held via Zoom during the pandemic. The orientation typically last for one hour and it provides students with a chance to meet the faculty, each other, and learn about the program. All students are invited to attend. Our MPH student representatives play a lead role in helping to plan, advertise, and host the event. They come up with an ice-breaker activity, they help to reserve the space, and they inform the agenda. They also share insight with incoming and existing students during the session.

**Online orientation.** In addition to the annual orientation, MPH students are asked to participate in the program's online evaluation. This provides students with flexibility and additional details about the competencies, the program values and requirements, the faculty, and videos highlighting the experiences of other students who graduated from the program.

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

**Strengths:**

- Our program has created and has access to a number of advising resources to support students at both the graduate and undergraduate level.
- Our students generally report being satisfied with our advising services.

**Weaknesses:**

- Our online orientation is currently only available to our graduate students and it has not been updated recently. Participation in this online orientation is limited.
- We have limited quantitative data on the academic advising experiences of our BSPH students.

**Plans:**

- We plan to update our online orientation and include content that is relevant to our BSPH students.
- We also plan to develop a handbook that includes orientation and program expectations as well as standards of conduct. We plan to ask student to sign this handbook.

## H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

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

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

The program's career counseling services are based on the support of four groups:

1. Faculty/advisors
2. Alumni
3. Advisory Committee members and external partners
4. Staff from the USM Career and Employment Hub

### Faculty

We encourage students to take advantage of the faculty resources and networking opportunities available through the program to ensure that they have a job once they graduate. Roughly half of our students are already employed when they enter the program, yet, even our experienced students often find that their career aspirations change while in graduate school and seeking new positions after graduation. Advisors encourage all students to think about their Field Experience and Capstone projects as opportunities to explore new career opportunities. Because we are a small program and have many connections in the public health community in Maine and nationally, it is usually possible for the Field Experience Coordinator and advisors to open doors for students to secure their preferred placement. Advisors also encourage students, especially those with limited professional experience, to conduct informational interviews with alumni, adjunct faculty, preceptors, MPH Advisory Committee members, and other partners and leaders in the health care community in Maine and beyond.

In addition, public health advisors:

- Disseminate career opportunities, many of which are shared specifically with individual faculty members given their networks and existing relationships.
- Contact employers why they have a relationship with to "put in a plug" for a student who has submitted an employment application.
- Network with external partners to identify potential employment opportunities that may be forthcoming.
- Serve as references, review and edit resumes, provide interviewing advice, and provide one-on-one consultation to students based on their individual needs and circumstances.
- Help students land job due to their connections and existing relationships.



## **Alumni**

Our alumni play an active role in career advising, particularly for those student seeking employment opportunities similar to the ones our alumni hold. We frequently ask alumni to meet with students for informational and networking interviews. Alumni and students are also resources for job postings as opportunities arise with their employers. The Public Health Program maintains a private LinkedIn group where we share postings and encourage networking between students and alumni. We recently just expanded this group to include our BSPH students.

## **Advisory Committee Members and External Partners**

Members of our Advisory Committee, preceptors, and guest speakers have served as informal mentors for our students and provided career counseling and advice. This counseling has been one-on-one, tailored to individual students, and based in large part on a student's engagement of the mentor.

## **USM Career and Employment Hub**

Staff members from the Career and Employment Hub disseminate information about career opportunities to all students as the opportunities become available. The staff also have participated in our Foundations of Public Health course to share available resources and supports with students.

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

All new faculty are oriented to career advising services at USM during the required orientation. Our community partners, alumni, and others provided advice as needed and when requested. This career advising support is customized to meet the individual needs of our students and it typically occurs one-on-one.

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

## **STUDENT CAREER ADVISING**

Four examples of career advising provided by our faculty, community partners, Advisory Committee members, and USM are provided below.

**Faculty Career Advising.** Faculty relationships with our advisees include efforts to understand their career interests and goals. Some examples of coordinated efforts and individualize support include:

- Group advising and career counseling sessions were introduced in the spring of 2022. Faculty and professional advising staff met with BSPH and MPH students (in person and remotely) to discuss scheduling, course sequencing, program competencies, field experience, networking, and career preparation. A total of seven students participated. As a result of feedback received from MPH students, faculty added a "career resources" section to the MPH Brightspace site including information on: 1) USM's Career and Employment Hub, 2) the MPH Student and Alumni Linked In group, and 3) the Maine Public Health Association's Mentor Program. We also shared the link to the Career and Employment Hub and the MPHA mentorship program on the BSPH Brightspace site with a new "career resources" module for our undergraduates.
- One of our students told her advisor she had a strong interest in gaining employment at MaineHealth's Center for Outcomes Research and Evaluation (CORE). In addition to suggesting electives that would provide skill development in data analyses and

visualization, the advisor and other faculty identified graduate assistantship placements with advanced research and academic publishing opportunities. The advisor invited the student to meetings with and presentations for CORE staff. When a CORE position became available during the student's final MPH semester, the advisor provided interview preparation and salary negotiation advice. The student was offered, and accepted, the position at a competitive salary.

- Another student entered the MPH program with the hopes of later attending medical school and becoming a rural physician. His advisor connected him with the Maine Rural Health Research Center, where he did a two-year research assistantship. She also connected him with a local primary care provider practice, Martin's Point Health Care, for his Field Experience and Capstone. Upon graduation, the student was successful in his medical school applications and enrolled in an out-of-state program with plans to return to Maine to practice.
- Recently, a newly admitted MPH student met with her advisor within two weeks of being notified of her acceptance. The student shared her interest in gaining research experience in the area of women's reproductive health, given her long-term career goals. During the hour-long advising session, the student also revealed financial aid needs. As a result of the meeting, the advisor encouraged and worked with the student to apply for the Shaw Innovation Fellows program. The program provides students with a \$5,000 scholarship to support student research. The student and faculty met several more times to develop the research proposal and it was submitted within four weeks of the initial advising session. The review process is currently underway and if selected as a fellow, the student will gain valuable hands-on experience directly aligned with her career aspirations.

**Student Network Event.** Prior to the pandemic, our program instituted a new spring career networking event designed to connect our BSPH and MPH students with public health employers. Approximately 12 community partners and 25 students attended the event in Spring 2019 and Spring 2020. Students had the opportunity to be introduced (by faculty) to the employer community and were able to build important professional relationships.

**Advisory Committee Career Advising.** One of our Advisory Committee members is a former Public Health Advisory for the US Centers for Disease Control and Prevention. She served in this role for over a decade. Recently, one of our MPH student expressed interest in pursuing a similar position, post- graduation. This interest came up during discussion with his faculty advisor and she connected him to this Advisory Committee member to learn more about potential CDC positions. The student and Advisory Committee member met several times and the conversations have helped to shape the student's career aspirations and plans.

**USM Career and Employment Hub.** Our faculty have invited staff from the Career and Employment Hub to give a presentation to undergraduate students in the *Foundations of Public Health* course to provide an overview of available career support services that could directly benefit students. A total of 30 students participated in the class session during the spring of 2022. This component is now a regular feature of the course, each semester. In addition, the Career and Employment Hub conducts an annual job fair for undergraduate and graduate students. In 2020 and 2021, this Fall event was held virtually. Finally, the Muskie Student Organization periodically hosts professional development opportunities that are open to all graduate and undergraduate students and participation varies depending on the event, topic, and time. One recent example is the upcoming spring workshop led by the USM Career and Employment Hub. Muskie students will have a chance to: 1) learn how to effectively "tell their story", 2) develop a compelling resume and cover letter, 3) explore the importance of networking, and 4) connect with other Muskie students outside of the public health program.

## ALUMNI CAREER ADVISING

During the past three years, our faculty have provided career advice to several students who have been looking to shift positions. For example, during the last year three students employed at a local health department, a health system, and a local community coalition were looking to gain new responsibilities in a different setting. Individually, they each reached out to faculty who supported their efforts and served a reference. Our faculty also review resumes, help with interview preparation, send employment opportunities that are matched with the strengths of our graduates, share opportunities via our program's *LinkedIn* page, serve as employment references, and provide introductions to our professional contacts to assist with networking.

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

The USM Office of Assessment administers an annual student survey that assesses career counseling services. To date, analyses have only been compiled for MPH students and we expect BSPH results will be available during the next administration cycle. The most recent survey data are depicted below in Table H2.4 and the individual reports are available in ERF H1.4.

TABLE H2.4. STUDENT PERCEPTIONS ABOUT CAREER COUNSELING: 2017-2020

MPH Measures	2017/18 N=7	2018/19 N=7	2019/20 N=7
Students who report being "satisfied" or "very satisfied" with the program's career preparation and guidance	100%	57%	100%
Students who report advisor discusses my career interests or plans after graduation	57%	14%	86%

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

### Strengths:

- Faculty relationships and professional networks provide numerous field placement, Capstone, and employment opportunities for our students.
- Career advising is available from multiple sources and typically customized to meet the needs and interests of our students.
- Our advising model include group sessions and on demand sessions with advisors and members of the faculty.

### Weaknesses:

- We have limited quantitative data on the experiences of our BSPH students.
- Student perceptions about faculty and program career guidance was unusually low in AY 2018-2019. It is unclear whether this is an anomaly, a function of a low numbers, or an area for legitimate concern. We plan to review advising protocols among our advising faculty to ensure that career advising and development is a routine advising practice.

## H3. Student Complaint Procedures

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

- 1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.

### Academic Policies

USM has a series of academic policies for students posted on the website as well as a clear process and policy for student grievances (see ERF H3.1) including steps for student appeals and complaints.

The online USM graduate and undergraduate catalogs include a list of academic policies. The Dean of Students Office provides guidance to students to assist in identifying whether the nature of their concern is an academic appeal or an administrative appeal, and the appropriate University policy or procedure that can be used to resolve it. The online Graduate Student Handbook also includes information about the USM policies and procedures and this handbook is shared at orientation (<https://usm.maine.edu/grad/graduate-student-handbook-0>).

### Non-Academic Policies

In addition to academic policies, USM has well established non-academic policies and procedures that are available on the website (<https://usm.maine.edu/community-standards-mediation/university-policies>). This site includes a link that describe the procedures for filing a formal complaint.

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

Students file complaints with the appropriate office, depending on the nature of the complaint. All complaints are addressed in accordance with university policies and procedures which describe the steps the university takes to respond, investigate, and notify involved parties. For example, all complaints related to sex discrimination, sexual harassment, retaliation, sexual assault, domestic violence, dating violence or stalking should be reported to the Title IX Coordinator or the Equal Opportunity Office. Upon receiving a complaint or report of a violation of this policy by a University employee, the Title IX Coordinator will assess the complaint or report and will follow the procedures described in the University of Maine System Equal Opportunity Complaint Procedure or the Title IX Sexual Harassment Procedure. The Title IX Coordinator will provide the complainant with information about options for filing a formal complaint and explain the formal investigation and grievance process, supportive measures, and any options of informal resolution. The UMS Title IX Coordinator will provide the complainant with a written explanation of the complainant's rights, options, and supportive measures. Supportive measures are available to complainants even if they do not file a formal complaint. When a formal complaint is investigated, the University will use a preponderance of the evidence standard – whether it is more likely than not that the alleged violation occurred. More information about the Equal Opportunity Complaint

Procedure, can be found at this link: <https://www.maine.edu/human-resources/university-equal-opportunityofficers/equal-opportunity-complaint-procedure/>

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

There have not been any formal complaints in the last three years.

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

**Strengths:**

- There are formal and informal opportunities and processes for students to express concerns.

**Weaknesses:**

- None noted.

## H4. Student Recruitment and Admissions

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

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

Our program is committed to recruiting and retaining a well-qualified and diverse student body. Our recruitment policy is consistent across both degrees and it focuses on recruiting in the following areas:

1. **Maine Residents.** We are especially interested in attracting Maine residents or those interested in moving to, and eventually settling in, Maine. Our program has strong connections with local and state public health partners and these relationships serve as a strength for our BSPH and MPH graduates who are looking to work in Maine.
2. **Students Representing Diverse Backgrounds.** We are also interested in engaging a diverse student body. Due to the racial and ethnic homogeneity in Maine, our target population for a more diverse applicant pool include immigrants and refugees, students who can represent the experiences of those in rural areas, and students of color.
3. **Pre-Service Students and Working Professionals.** We seek to have a balance of pre-service and professional or experienced students in our MPH program. We have found that courses with both types of students adds richness to the educational

Our recruitment efforts include several broad strategies described below.

**Marketing Campaigns.** Marketing for all undergraduate programs at USM, including the undergraduate Public Health Program, is supported by the USM Office of Marketing and Brand Management. Each year this office releases television and social media campaigns in the University's designated market territories during peak recruitment cycles. Additionally, academic admissions advisors conduct extensive in-state and out of state direct-to-high school campaigns and outreach to recruit applicants for USM's undergraduate programs. They share flyers and website and program information for each undergraduate program, including Public Health, with high school counsellors. During the last three years, USM and the University of Maine Graduate and Professional Center have invested approximately \$25,000 in advertisements in Google and the Maine Public Broadcasting Network.

**Planned investments.** The University of Maine Graduate and Professional Center along with the USM Office of Marketing and Brand Management will support the Muskie School's marketing campaign of Google search advertisements and social media advertisements between December 2021 and July 2022. The campaign will support the Muskie School's graduate programs, which include the Public Health Program. It will also support the School's graduate certificates. Approximately \$40,000 has been set aside for this marketing effort. Beyond July 2022, we expect that there will be some continued level of monetary support from the University of Maine Graduate and Professional Center to assist the Muskie School's marketing efforts.

**Admissions Meetings.** Members of the MPH faculty have teamed up with the Admissions Office to host program-specific open houses. Faculty have also participated in USM-wide open houses

and related events sponsored by the University, Muskie School, or USM's Office of Graduate Studies.

**Out-of-State Graduate Tuition Reduction.** To increase the affordability of the MPH program for out-of-state students, the Muskie School recently sought and received UMaine System approval to reduce graduate out-of-state tuition for all states to the New England Regional Student Program rate. This resulted in approximately a 40 percent reduction for students from other states; at current tuition rates, it equates to \$713 per credit hour versus \$1,216.

**Promotional Material and Sponsorship.** We participate in a number of promotional events and conferences to help promote our program. Examples of our efforts are listed below.

- One MPH faculty member and student participated in a USM television ad designed, in part, to increase the number of USM applications;
- One MPH faculty member participated in another USM television ad;
- Several public health faculty and students staffed an exhibit for annual meetings of the Maine Public Health Association Meeting, an Infectious Disease Conference, the Patient Safety Academy, and Quality Counts. This includes the distribution of promotional material and direct communication with potential applicants; and
- A detailed program website including information about admissions, program requirements, courses and faculty is available to prospective students and the public.

The following recruitment materials are available to prospective students:

**Public Health Program Website:** <https://usm.maine.edu/public-health>

- This site provides an overview of our program as well as information about admissions, the MPH curriculum, course sequencing, faculty, and program goals.

**USM Office of Graduate Studies:** <https://usm.maine.edu/grad>

- This site provides information on the USM admissions process, electronic application and special instructions for international students.

**USM Course Catalogs:** <https://usm.maine.edu/course-catalogs>

- This site provides a description of our program, the courses, and course sequencing.

**USM Office of Registration/ Scheduling Services:** <https://usm.maine.edu/registration-services>

- This site provides a description of the academic policies for graduate education including grading.

- 2) Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

## GRADUATE ADMISSIONS

Our MPH program has a rolling admissions process and members of the Admissions and Committee review and decide on all applications, generally within a three week timeframe. We assess the quality of our applicant pool based on the following:

- **Essay.** The personal statement is an informative part of the application. It reveals an applicant's writing ability, experience, interests, and potential commitment to the field. All applicants are required to submit an essay (maximum of 500 words) describing why they want a degree in public health and why they are interested in our program. Applicants are encouraged to describe their motivation and emerging career aspirations.
- **Prior Academic Record.** Applicant transcripts and GPAs are reviewed by the Committee. Applicants must hold a Bachelor's degree or equivalent from an accredited college or university and provide evidence of academic achievement including a GPA of 3.0 in undergraduate units, or if the applicant has 12 or more graduate units, the GPA will

be based on graduate units. International students must submit an evaluation from an outside agency documenting they have the equivalent of a US bachelor's degree.

- **Letters of Recommendation.** The letters of recommendations help us gauge the quality of our applicant pool and understand a potential student's strengths. Formal recommendations should be from individuals who are qualified, through direct experience with an applicant's academic or professional work.
- **Other Considerations.** Our program is particularly interested in applicants who have a GPA of 3.2 or higher, applicants with international life experience, and those with paid or unpaid experience working in public health or health care delivery. We require all applicants to submit a resume that outlines professional, volunteer, and community experience as part of the application. In addition, as mentioned previously, several of our applicants meet with the program Chair or take classes with us prior to applying, allowing us the opportunity to get to know them before applying to our program.
- **Graduate Record Exam (GRE).** Our program eliminated the GRE requirement in Fall 2019, specifically for equity purposes. We came to this decision based on extensive research the GRE is biased against students with lower income and students of color.

## UNDERGRADUATE ADMISSIONS

All undergraduate admissions are processed by the Office of Admissions. Applications are accepted throughout the year and are reviewed on a rolling admission cycle. The application deadline for students who want to enroll in the fall semester is August 15.

Although applications are reviewed throughout the year, USM recommends students complete their applications by the priority filing date of February 1. All students who want to be considered for academic scholarships must have their completed application on file by April 1, the scholarship consideration deadline.

First year applicants and transfer students are required to submit a completed "common application" designed for the University of Maine System. The application also includes the following.

- Official transcript sent by the high school, listing all courses and grades received to date; or official General Education Diploma (GED); or High School Equivalency Test (HiSET).
  - Completed school counselor statement and/or letter of recommendation.
  - Completed personal statement/essay (recommended).
  - (Optional) Official SAT or ACT scores are optional for admission consideration. If submitted, scores must be provided directly from the testing agency or included an official high school transcript. This became optional in 2020-2021.
  - Official Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) score (may be required of those applicants whose primary language is not English).
  - Transfer Students. Official transcripts from all colleges attended, whether or not credit was earned, sent directly from each institution.
  - Transfer Students. .A resume or list of life experiences.
- 3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4.1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.



As seen below in Table H4.3, our program monitors several metrics to assess the extent to which we are able to recruit and admit a diverse and qualified student body.

H4.3. Annual Metrics for Recruitment and Admissions: 2018-2021

Annual Outcome Measures	Target	2018-19	2019-20	2020-21
<b>MPH Students</b>				
The program will provide financial support to at least 1 immigrant/refugee student	1	2	1	3
The program will provide financial support to at least 1 student of color	1	4	2	6
The program will provide financial support to at least 1 student representing rural areas	1	3	3	5
Each academic year, the MPH program will enroll 20 students	20	16	22	28
Each academic year, the program will enroll 10 new students with health experience	10	13	11	9
Each academic year, the program will enroll 10 new students who are classified as “pre-service”	10	3	6	10
<b>BSPH Students</b>				
Each academic year, the program will enroll 20 new students	20	NA*	24	20
Each academic year, the program will enroll 4 students of color	4	NA*	8	6
Each academic year, the program will enroll students with a high school GAP $\geq 2.75$	2.75	NA*	2.97	3.04

\* Note: BSPH program officially launched in Fall, 2019

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

**Strengths:**

- There are planned investments to support the marketing efforts of our program.
- Our new BSPH degree is on track with the original student projections that were included in the degree proposal and intent to plan documents.
- Our MPH application process eliminated the GRE requirement for equity purposes based on evidence that the results are biased against lower income students and students of color.
- Our program monitors a number measures to assess our recruitment, admissions, and student body.

**Weaknesses:**

- Our marketing efforts remain modest, which impacts the visibility of our new BSPH.
- The BSPH measure assessing a student’s community/work experience is challenging to collect and currently the responsibility of advisors.

**Plans:**

- We hope to develop a more robust approach for capturing the prior community/work experience of students entering our BSPH program.

## H5. Publication of Educational Offerings

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

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

### LINKS

General USM Public Health Landing Page

- <https://usm.maine.edu/public-health>

BSPH Degree

- [https://catalog.usm.maine.edu/preview\\_program.php?catoid=3&poid=392&returnto=79](https://catalog.usm.maine.edu/preview_program.php?catoid=3&poid=392&returnto=79)

MPH Degree

- [https://catalog.usm.maine.edu/preview\\_program.php?catoid=7&poid=1333&returnto=273](https://catalog.usm.maine.edu/preview_program.php?catoid=7&poid=1333&returnto=273)

USM Undergraduate and Graduate Catalogs

- <https://usm.maine.edu/course-catalogs>

USM Academic Calendar

- <https://usm.maine.edu/registration-services/academic-calendar>

Admissions Policies and Procedures

- <https://usm.maine.edu/office-of-admissions/policies-and-procedures>

Academic Integrity Standards and Policy

- <https://usm.maine.edu/community-standards-mediation/academic-integrity>

Degree Completion Requirements

- <https://usm.maine.edu/course-catalogs>