School of Medicine and Public Health

UNIVERSITY OF WISCONSIN–MADISON

University of Wisconsin–Madison
School of Medicine and Public Health
Master of Public Health Program

CEPH Self-Study

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Abbreviations and Acronyms

A	AHEC	Area Health Education Center
	APEX	Applied Practice Experience
	APHA	American Public Health Association
	APTR	Association for Prevention Teaching and Research
	ASPPH	Association of Schools and Programs of Public Health
B	BIPOC	Black Indigenous People of Color
	BSN	Bachelor of Science-Nursing
C	CDC	Centers for Disease and Control Prevention
	CEPH	Council on Education for Public Health
	CHES/MCHES	Certified Health Education Specialist/Master Certified Health Education Specialist
	CHW	Community Health Worker
	CIPE	UW Center for Interprofessional Practice and Education
	CITI	Collaborative Institutional Training Initiative
	CPH	Certified in Public Health
	CPP	UW Center for Patient Partnerships
	CSTE	Council for State and Territorial Epidemiologist
	CTSA	NIH-Clinical Translational Sciences Award
D	DEI	Diversity, Equity, and Inclusion
	DHS	Wisconsin Department of Health Services
	DoIT	Division of Information Technology
	DPH	Wisconsin Division of Public Health
	DPT	Doctor of Physical Therapy
	DVM	Doctor of Veterinary Medicine
E	EPI	Epidemiology
	ERF	Electronic Resource File
F	F & A	Facilities and Administration
H	HLC	Higher Learning Commission of the North Central Association of Colleges and Schools
	HSLC	Health Sciences Learning Center
I	ICEP	Interprofessional Continuing Education Partnership
	ICTR	Institute for Clinical Translational Research
	ICTR-CAP	Community Academic Partnership Program
	ILE	Integrative Learning Experience
	IRB	Institutional Review Board
	ISEE	International Society of Environmental Epidemiology
	ISIAQ	International Society of Indoor Air Quality and Climate
	ISS	International Student Services
J	JD	Juris Doctor (Law degree)
L	LCME	Liaison Committee on Medical Education
	LHD	Local Health Department
M	MATCH	Mobilizing Action Toward Community Health
	MCW	Medical College of Wisconsin
	MGCS	Master of Genetic Counseling Studies
	MD	Doctor of Medicine

	MHD	City of Milwaukee Health Department
	MPA	Master of Public Affairs
	MPAS	Master of Physician Assistant Studies
	MPH	Master of Public Health
	MPHSO	Master of Public Health Student Organization
N	NACHP	UW Native American Center for Health Professions
	NACCHO	National Association of County and City Health Officials
	NACES	National Association of Credential Evaluation Services
	NBPHE	National Board of Public Health Examiners
O	OMA	Office of Minority Affairs
P	PA	Physician Assistant
	PH	Public Health
	PharmD	Doctor of Pharmacy
	PHET	Community-Based Public Health Education and Training
	PHI	Public Health Institute
	PHS	Department of Population Health Sciences
	PHTC	Public Health Training Center
	PMR	Preventive Medicine Residency Program
	PoD	MD Public Health Path of Distinction
	PUBLHLTH	Public Health Subject Listing
R	RfP	Request for Partnerships
	RUSCH	Rural and Urban Scholars in Community Health
S	SHOW	Survey of the Health of Wisconsin
	SMPH	School of Medicine and Public Health
	SOC	Students of Color
T	TOEFL	Test of English as Foreign Language
	TOP	Target Opportunity Program
	TRIUMPH	Training in Urban Medicine and Public Health
U	UW–Madison	University of Wisconsin Madison
	URM	Under-represented Minority
V	VCRGE	Vice Chancellor for Research and Graduate Education
W	WARF	Wisconsin Alumni Research Foundation
	WARM	Wisconsin Academy of Rural Medicine
	WiCPHET	Wisconsin Center for Public Health Education and Training
	WISELI	Women in Science & Engineering Leadership Institute
	WPP	Wisconsin Partnership Program

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.)

In July 1848, Wisconsin's first governor approved the University of Wisconsin–Madison (UW–Madison) through the Incorporation Act and invested its government in a board of regents. The UW–Madison is a public land-grant institution.

The Master of Public Health (MPH) program is administratively housed in the School of Medicine and Public Health (SMPH) within the Academic Affairs unit. SMPH was established in 1907 as the College of Medicine. In 2005, the school became SMPH to reflect its broader mission to meet the public health needs of the state of Wisconsin and beyond.

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

There are 20 schools and colleges within the UW–Madison, offering over 225 undergraduate/bachelor's degrees, 157 master's degrees, 102 doctoral degrees, and 11 professional degrees, including the Master of Public Health program. In 2019, the UW–Madison awarded 7131 bachelor's degrees, 2,314 master's degrees, and 1,468 doctoral degrees. The Schools and Colleges are:

- College of Agricultural and Life Sciences
- School of Business
- School of Computer, Data, and Information Sciences
- School of Education
- College of Engineering
- Graduate School
- School of Human Ecology
- School of Journalism and Mass Communication
- Information School
- Law School
- College of Letters and Science
- **School of Medicine and Public Health**
- Mead Witter School of Music
- Nelson Institute for Environmental Studies
- School of Nursing
- School of Pharmacy
- Robert M. LaFollette School of Public Affairs
- Sandra Rosenbaum School of Social Work
- School of Veterinary Medicine
- UW-Madison Languages

c. number of university faculty, staff, and students

The total enrollment for Fall 2020 was 45,540 students with 31,650 undergraduate students, 9,311 graduate students (masters and doctoral), 2,644 professional students, and 1,935 special students. The UW-–Madison employs 23,917 faculty and staff.

d. brief statement of distinguishing university facts and characteristics

The UW–Madison has consistently been ranked among the top public universities in the United States by *US News & World Report*; most recently ranked 13th in 2020. The US Department of Education's College Affordability and Transparency Center has developed a scorecard for the value of universities,

documenting UW–Madison's standing as a "good value" school among its peer institutions. In addition, the UW–Madison is also noted for its high research output and top production of Peace Corps volunteers.

In 2005, the medical school pursued the visionary idea that there is much to be gained by bringing together the disciplines and cultures of medicine and public health to address issues of health and health care in Wisconsin, the nation, and the world. That year, the UW System Board of Regents approved a proposal to change the name of the school to the UW School of Medicine and Public Health, with the understanding that it would be the first school in the nation to fully integrate medicine and public health. The SMPH has enhanced its emphasis on public health in each of its primary missions. The SMPH has developed robust programs of public health research, community engagement, and training in public health and in the curricula of health care professional training programs, furthering the school's commitment to the Wisconsin Idea and interprofessional education.

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

The UW–Madison has been accredited by the Higher Learning Commission (HLC) since 1913. Every ten years, HLC conducts a comprehensive review of the university to reaffirm accreditation. UW–Madison's last comprehensive review site visit was March 25–26, 2019. In June 2019, UW–Madison received notice of reaffirmation of accreditation, with the next comprehensive review scheduled for academic year 2028-29.

The University posts a Statement of Affiliation Status Report on its website. A full list of UW–Madison's accreditors is included in the ERF.

Accredited programs offered by the SMPH and their accrediting bodies are as follows:

- Doctor or Medicine; Liaison Committee on Medical Education
- Doctor of Physical Therapy; Commission on Accreditation in Physical Therapy Education
- Graduate Medical Education; Accreditation Council for Graduate Medical Education
- Continuing Medical Education; Accreditation Council for Continuing Medical Education
- Master of Genetic Counseling Studies; Accreditation Council for Genetic Counseling
- Master of Physician Assistant Studies; Accreditation Review Commission on Education for the Physician Assistant, Inc.

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

The UW–Madison MPH program was developed in 2005 to foster the expansion and enhancement of a competent public health workforce to advance the well-being of the citizens of Wisconsin and persons beyond state borders. The development of the MPH program coincided with the transformation of the school of medicine to the School of Medicine and Public Health. The MPH program has been accredited by the Council on Education for Public Health (CEPH) since 2009.

The MPH program embraces an interprofessional educational philosophy and serves as a bridge for the diverse schools and departments of the UW–Madison campus with faculty and students from disciplines such as medicine, pharmacy, veterinary medicine, law, public affairs, and nursing. With these partnerships comes a breadth of dual degree educational opportunities that allow students from other professional degree programs to step-out of their home programs to gain public health training. With a focus on service learning, the MPH program builds on the "Wisconsin Idea," a century-old aspiration that the benefits of the university extend not only to Wisconsin's residents but beyond the state borders. The MPH program integrates public health practitioners and contemporary public health issues facing Wisconsin's communities into its teaching, research, and service activities. Close connections with the community through the Wisconsin Department of Health Services, Public Health Madison Dane County, and other health care and not-for-profit agencies enable students to apply their skills in real-world

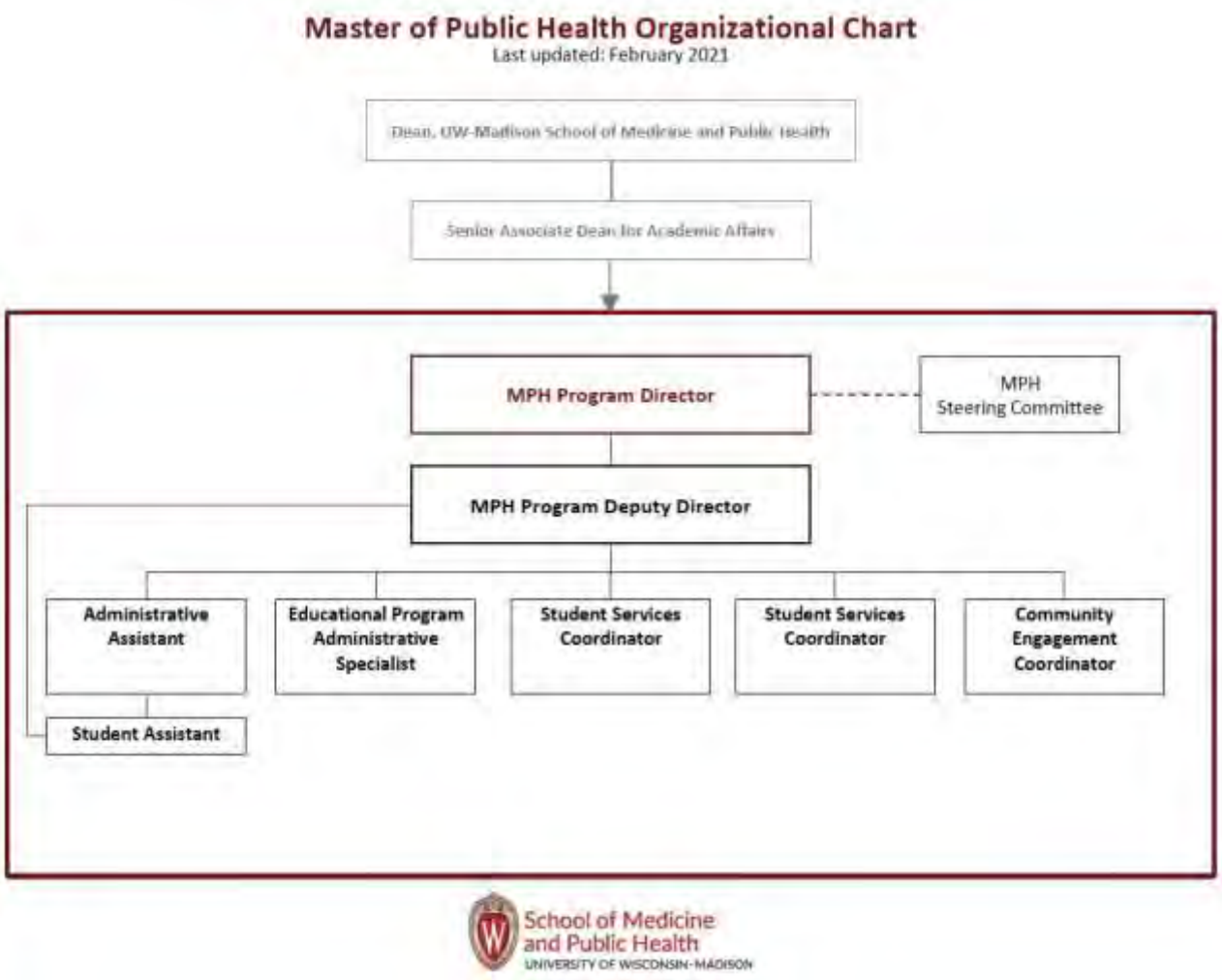
settings. Graduates of the MPH program gain knowledge, skills, and insights that are responsive to the core functions of public health**.**

The MPH faculty program director has an appointment in the Department of Population Health Sciences, which is part of the SMPH. Program faculty are drawn from throughout the university and a set of interdisciplinary program committees govern the program. Faculty teaching in the program courses are selected based on their expertise and commitment to teaching. Instructional faculty are compensated through the MPH program's budget and receive evaluation and mentoring in their home departments with monitoring and guidance by the program's faculty director and curriculum committee. Program staff are part of Academic Affairs in the SMPH.

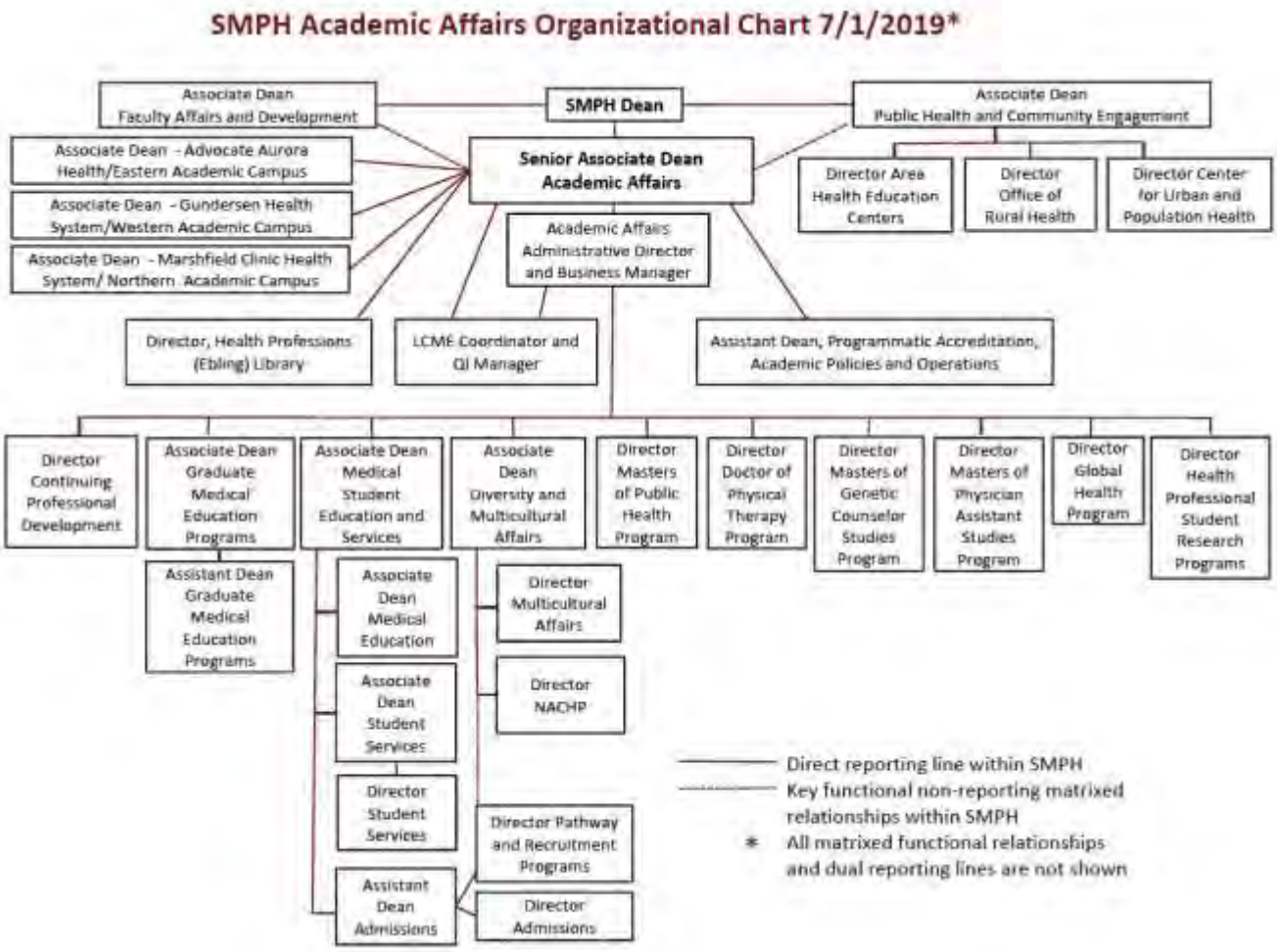
2) Organizational charts that clearly depict the following related to the program:

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

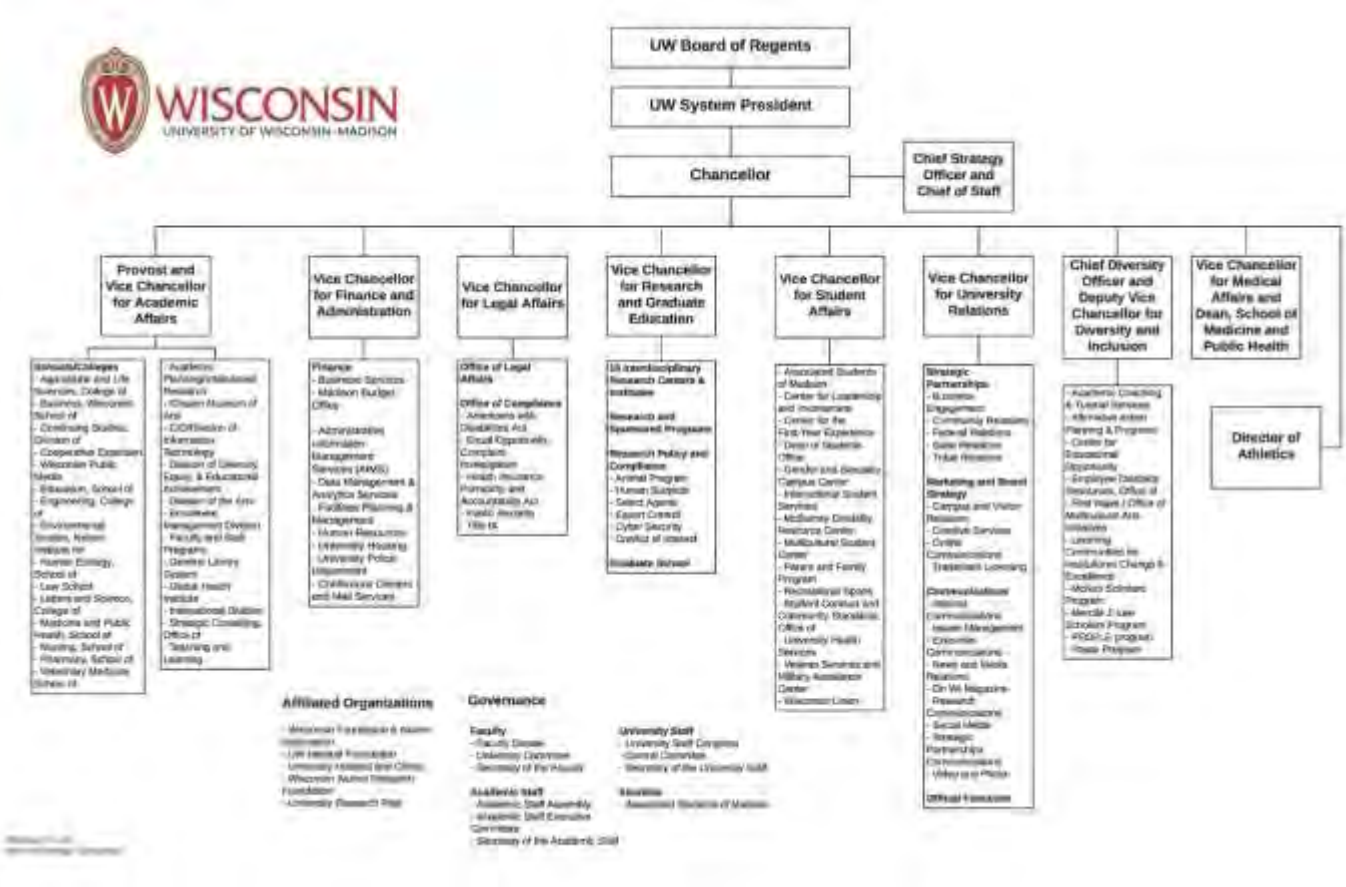
The MPH program's internal organizational chart is depicted below. In addition, a copy of the internal organization chart can be found in the ERF.



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



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)



3) An instructional matrix presenting all 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-1 | Instructional Matrix - Degrees and Concentrations							
Master's Degrees		**Academic**	**Professional**	**Categorized as public health**	**Campus based**	**Executive**	**Distance based**
Generalist Program			MPH	X	MPH		
Joint Degrees (Dual Degrees, Combined Degree Programs, Concurrent Degrees)							
2nd Degree Area	**Public Health Concentration**						
Nursing	Generalist		BSN-MPH	X	BSN-MPH		
Law	Generalist		JD-MPH	X	JD-MPH		
Medicine	Generalist		MD-MPH	X	MD-MPH		
Public Affairs	Generalist		MPA-MPH	X	MPA-MPH		
Physician Assistant	Generalist		MPAS-MPH	X	MPAS-MPH		
Physical Therapy	Generalist		DPT-MPH	X	DPT-MPH		
Veterinary Medicine	Generalist		DVM-MPH	X	DVM-MPH		

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

Table Intro-2 | Enrollment Data by Degree Program		
Degree		**Current Enrollment**
Master's		
	MPH*	135

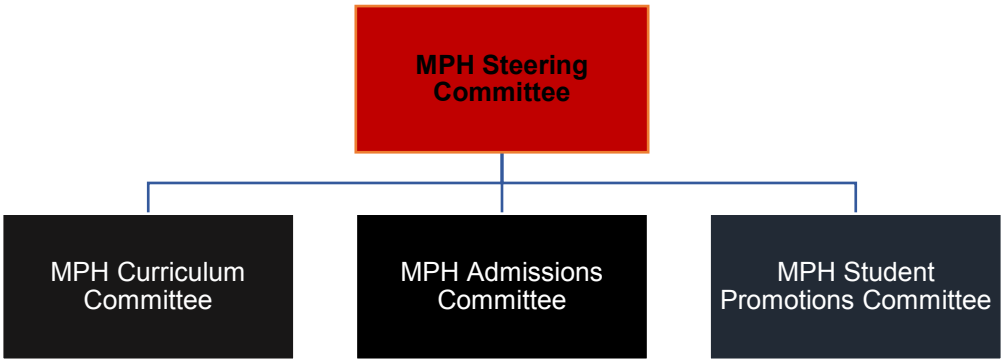
A1. Organization and Administrative Processes

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 MPH program's administrative leadership team consists of Faculty Director Ajay Sethi and Deputy Director Barbara Duerst, who meet weekly to review and discuss program operations and administration, and Elizabeth Petty, Senior Associate Dean of Academic Affairs, who Sethi and Duerst meet with monthly.

The MPH Steering Committee is the program's primary executive leadership committee and is chaired by the faculty director. Three additional committees are involved, as shown above: the MPH Curriculum Committee, the MPH Admissions Committee, and MPH Student Promotions Committee (SPC). The Curriculum Committee is charged with establishing academic policies related to curriculum and education. The Curriculum Committee consists of many of the instructional faculty members and executes the Steering Committee's strategic directions through curricular decision-making. The Admissions Committee is charged with admitting a qualified cohort of students who meet the stated admission criteria of the MPH program and bring diverse interests and strengths to the program, and the SPC monitors student performance and promotion.

Following is a description of the MPH program's standing committees and their members:

MPH Steering Committee: The MPH Steering Committee works closely with the MPH faculty director, who chairs the committee, to determine strategic direction and resource allocation for the program, The Steering Committee annually reviews and officially approves the members of the program's standing committees and makes suggestions for additions or enhancements to membership. The Committee also sets the target class size each year, reviews and approves the annual report, reviews and approves the strategic plan, reviews and approves the program's mission, vision, and values, and approves the initiation of dual degrees. The MPH program's administrative leadership regularly shares information about actions taken by the Curriculum Committee, Admissions Committee, and SPC with the Steering Committee and vice versa to provide a feedback loop to ensure that the curriculum is meeting the overall program's mission and vision and attains the goals of the strategic direction of the program.

This executive level committee, consisting of deans, directors and senior level faculty members from the SMPH, dual degrees and other partnering programs, meets approximately four times during the academic year from September to May. The MPH Steering Committee members are nominated by schools/departments that contribute to the educational mission of the program and serve three-year terms. Since this committee provides oversight at the policymaking level it has been intentionally comprised of experienced high-level leaders and faculty members from the program's constituents to ensure the program's diversity in terms of disciplinary perspectives and professions, including SMPH leadership, representatives from the schools/colleges involved with the MPH program's dual degrees, and community-academic partners, to emphasize the commitment to interprofessional public health education and practice. These leaders have a vested interest in the mission of the MPH program based on their commitment to the success of the dual degree programs and engagement with the community. While these individuals do not teach in the program, several regularly serve as faculty advisors for MPH students.

Representation from SMPH currently includes the associate dean for public health and community engagement, the senior associate dean for academic affairs, the chair of the Department of Population Health Sciences, a senior faculty member from the Department of Biostatistics and Medical Informatics, the associate director of the Population Health Institute, and the director of the SMPH Global Health Office. UW–Madison Schools and programs that partner with the MPH program for dual degrees are also represented on the committee, including the School of Nursing, School of Pharmacy, School of Veterinary Medicine, and the La Follette School of Public Affairs. The state veterinarian from the Wisconsin Department of Health Services, the associate dean at the SMPH Advocate Aurora Health/Eastern Academic Campus, and the director of the Wisconsin State Laboratory of Hygiene represent the strong community-academic partnerships that are central to the MPH program's mission. Additional members from other schools or colleges may be added as these entities become more involved in the MPH program.

A student from the MPH program, chosen by the MPH Student Organization (MPHSO) serves as an *ex officio* voting member for up to a two-year term. The Committee is staffed by the MPH deputy director. MPH Steering Committee members, affiliations, and terms are listed below.

Table A1-1a | MPH Steering Committee Membership

Members (Voting)	Departmental/Organizational Affiliation	Term
Mary Hayney*	Professor, School of Pharmacy	Term Expires 8/2024
Wajiha Akhttar	Associate Director, Population Health Institute	Term Expires 8/2024
Doerte Doepferr*	Professor, School of Veterinary Medicine	Term Expires 8/2024
James Conway*	Director, SMPH Office of Global Health	Term Expires 8/2022
Jamie Schauer	Director, State Laboratory of Hygiene	Term Expires 8/2022
Sue Kaletka*	Director of Public Health, Master of Physician Assistant Science	Term Expires 8/2022
Susan Zahner*	Associate Dean for Academic Affairs, School of Nursing	Term Expires 8/2023
Ron Gangnon*	Faculty, Biostatistics and Medical Informatics	Term Expires 8/2023
Rachel Klos	State Veterinarian, Wisconsin Division of Public Health	Term Expires 8/2023
Jake Bidwell	Associate Dean, Advocate Aurora – SMPH Milwaukee Campus	Term Expires 8/2024
Christine Piette Durrance	Professor, LaFollette School of Public Affairs	Term Expires 8/2024
Ex-Officio Member (Voting)	**Departmental/Organizational Affiliation**	**Term**
Ajay Sethi (Chair)*	MPH Faculty Director, Professor, Department of Population Health Sciences	
Jon Temte*	Associate Dean for Public Health and Community Engagement	
Elizabeth Petty	Senior Associate Dean for Academic Affairs	
Maureen Durkin	Chair, Department of Population Health Sciences	
Barbara Duerst*	Deputy Director, MPH Program	

Student Member (Voting)	Departmental/Organizational Affiliation	Term
Kayla Carlin	Student (1-2-year term)	Term Expires 5/2022

*denotes those who regularly serve as primary or secondary faculty advisors for MPH students

The MPH Curriculum Committee: The Curriculum Committee has the final authority for the program's curriculum. The committee meets monthly throughout the academic year, September through May. The committee plays an integral role in the oversight and the strategic direction of the program's curriculum through the creation and approval of changes to the core courses of the MPH program, approval of elective courses, review of student requests for transfer credit, substitution, or waiver, implementation of changes to degree requirements and development of procedures and progress of the applied practice experience (APEX) and integrative learning experience (ILE). A major responsibility of the MPH Curriculum Committee is the evaluation of the program's required courses and their instruction, each of which undergoes a comprehensive annual review.

Members of the Curriculum Committee are drawn from MPH core course directors, faculty advisors, representatives from MPH dual degree programs, and other faculty members involved in teaching and mentoring of the MPH students. Curriculum Committee members serve on the committee for a term of three years. Two students, a dual degree student and an MPH-exclusive student, serve on the committee. The chair of the Curriculum Committee is chosen by the members of the committee and serves a two-year term.

The Curriculum Committee meets monthly during the academic year and is staffed by the student services coordinator. Members of the MPH Curriculum Committee, their affiliations, and terms appear in the list below.

Table A1-1a MPH Curriculum Committee Membership		
Members (Voting)	**Departmental/Organizational Affiliation**	**Term**
Kristen Malecki (Chair) *	Department of Population Health Sciences- Instructor for Core Course PUBLHLTH 783 *-2019, 2020; Course instructor for PUBLHLTH 793 - 2022	Term Expires 5/2021
Tom Oliver (Co-Chair*	Department of Population Health Sciences - Core Course Instructor for PUBLHLTH 792	Term Expires 5/2021
Joel Hill *	Physician Assistant Program	Term Expires 5/2021
Warren Rose*	School of Pharmacy - Instructor in PUBLHLHT 781	Term Expires 5/2022
Jeff Hartman*	Doctor of Physical Therapy Program	Term Expires 5/2022
Sara Lindberg*	UW–Madison Population Health Institute - Core Course Instructor for PUBLHLTH 786	Term Expires 5/2022
Traci DeSalvo	Wisconsin Division of Public Health	Term Expires 5/2023
Chris Olsen*	SMPH Office of Global Health	Term Expires 5/2023
Sweta Shrestha*	Population Health Institute/Fellowship Program	Term Expires 5/2023
Parvathy Pillai*	SMPH Office of Medical Education - Core Course Instructor for PUBLHLTH 782	Term Expires 5/2023
Liz Bush*	Wisconsin AHEC - Course Director for PUBLHLTH 781	Term Expires 5/2023
Kelli Jones*	School of Nursing	Term Expires 5/2024
Ex-Officio Member (Voting)	**Departmental/Organizational Affiliation**	**Term**
Ajay Sethi*	MPH Faculty Director	
Barbara Duerst (Co-Chair) *	MPH Deputy Director - Core Course Instructor for PUBLHLTH 780	
Student Member (1-2-year term; NV)	**Departmental/Organizational Affiliation**	**Term**
Stef Bugasch Scopoline	MPH Exclusive Student	
Umaima Mohammed Saed	MPH Dual Degree Student	
Staff	**Departmental/Organizational Affiliation**	**Term**
Kate Beardmore	Student Services Coordinator (MPH Exclusive)	

*denotes those who regularly serve as primary or secondary faculty advisors for MPH students

The Admissions Committee: The Admissions Committee is charged with admitting a qualified cohort of students who meet the admission criteria, approved by the MPH Steering Committee, and bring diverse interests and strengths to the program. The Committee also makes decisions regarding admitted applicant requests to defer admission.

Members of the Admissions Committee are approved by the Steering Committee and serve three-year terms with a turnover of one-third of the membership each year. The chair of the Committee is selected by the Steering Committee and serves a one-year term but may serve additional terms. The Admissions Committee meets 2-3 times each year during the admissions process, typically from January - March. The MPH program's administrative assistant staffs the committee. Members of the MPH Admissions Committee and their affiliations and terms appear in the list below.

Table A1-1c | Admissions Committee		
Faculty Members (Voting)	**Departmental/Organizational Affiliation**	**Term**
Mary Hayney (Chair)*	School of Pharmacy -Instructor PUBLHLTH 781	Term Expires 8/2022
Dipesh Navsaria (Co-Chair)*	MD/MPH Director, SMPH – Instructor PUBLHLTH 777	Term Expires 8/2022
Allen Bateman	State Lab of Hygiene	Term Expires 8/2021
Melissa Metoxen*	UW–Madison Native American Center for Health Professions (NACHP)	Ex-Officio Voting Member; no expiration
Leonelo Bautista*	Department of Population Health	Term Expires 8/2022
Amy Schubert*	Doctor or Physical Therapy	Term Expires 8/2022
Paula Tran Inzeo*	Population Health Institute	Term Expires 8/2023
Matt Walsh*	MPH Program/SHOW – Core Course Director for PUBLHLTH 783 and PUBLHLTH 784	Term Expires 8/2023
Shelly Shaw	Department of Family Medicine and Community Health, SMPH	Term Expires 8/2024
Gail Chodron*	MCH-LEND, Waisman Center	Term Expires 8/2024
Ex-Officio Member (Non-voting)	**Departmental/Organizational Affiliation**	**Term**
Ajay Sethi*	MPH Faculty Director	
Terrie Howe	Administrative Assistant/Admissions Coordinator	

*denotes those who regularly serve as primary or secondary faculty advisors for MPH students

Student Promotions Committee (SPC): The SPC is responsible for advising the MPH program when at risk students have challenges in making progress in the professional curriculum. This is accomplished by meeting as necessary to:

- Monitor and evaluate current academic progression guidelines that were approved through formal policy endorsement by the MPH Steering Committee and adopted by the MPH faculty through discussion and consensus at semi-annual MPH faculty meetings,
- Report results to faculty and staff with recommendations for modifications as appropriate,
- Recommend remedial action or termination of students who fail to maintain a satisfactory progress; and
- Act on petitions from students regarding academic status, individual adjustments to curricular requirements, and petitions from students who were dismissed from the program and request readmission.

Members of the SPC may include Steering Committee members or other faculty, or staff selected by the Steering Committee. To, provide a more objective approach to decision-making, committee members are typically those who do not teach a core course or serve in a primary faculty advising role. Members serve a three-year term with membership reviewed annually by the Steering Committee. The senior associate dean

for academic affairs of the SMPH serves as an *ex officio*, non-voting member of the committee. The student services coordinator staffs the committee. Members of the SPC, their affiliations/roles, and term expiration dates appear below.

Table A1-1d | SPC Committee		
Faculty Members (Voting)	**Departmental/Organizational Affiliation**	**Term**
Tom Oliver (Chair)	Professor, Department of Population Health Sciences	Term Expires 8/2022
Mark Wegner	Medical Director, Division of Public Health	Term Expires 8/2022
Manuel Santiago	Director, SMPH Office of Minority Health	Term Expires 8/2023
Corinne Engelman	Professor, Department of Population Health Sciences	Term Expires 8/2023
Tiffany Green	Assistant Professor, Department of Population Health Sciences	Term Expires 8/2023
Ex-Officio Member (Non-voting)	**Departmental/Organizational Affiliation**	**Term**
Elizabeth Petty	Senior Associate Dean for Academic Affairs	
Mindy Schreiner	Student Services Coordinator (Dual Degree Students)	

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 MPH program's administrative leadership team consists of Ajay Sethi, faculty director and Barbara Duerst, deputy director. The faculty director reports to Elizabeth Petty, senior associate dean of academic affairs in the SMPH. The MPH program is governed by the policies of the MPH Steering Committee. The Steering Committee serves as the approving body for policies and oversight for the strategic direction of the program. The senior associate dean for academic affairs has overall responsibility for the MPH program with responsibility for the day-to-day activities delegated to the MPH faculty director, deputy director, and staff, as well as the specific committees of the MPH program.

Coordination of general program policy development and planning is the direct responsibility of program administration and leadership. Policy development can come about in several ways. First, through meetings held four to six times throughout the academic year, Steering Committee members may identify an issue or concern. The Committee either develops and implements the policy change or delegates another committee to delve deeper into the issue and recommend a policy response. Students, faculty members, or the MPH program's administrative leadership or staff members may note an issue or concern and brings a policy recommendation to the Steering Committee. In other instances, another active committee brings forth a policy recommendation for review and approval by the Steering Committee. Prospective policies and plans are shared with the appropriate committees beyond the MPH Steering Committee to enhance further discussion and garner input by faculty, students, and staff.

The annual report that incorporates program evaluation from student listening sessions, exit interviews, the self-study, and other ad hoc program assessment evaluation and analysis of the program is reviewed and acted upon by the MPH Steering Committee and other pertinent committees as necessary.

a. degree requirements

The MPH Steering Committee oversees degree requirements. The Curriculum Committee recommends changes for approval by the Steering Committee and implementation by the MPH program staff. The MPH faculty director ultimately certifies that MPH degree-seeking students have met all criteria of the program and are qualified to graduate, based on a review by the MPH program's student services coordinators and other staff. The SPC is involved only for at-risk students. This determination is made after a thorough audit of student transcripts and review of results of the ILE.

b. curriculum design

Curriculum design and development are under the auspices of the MPH program's Curriculum Committee. The MPH program's administrative leadership continually reviews data from the program to make determinations about gaps, duplication, student concerns, employer needs, or other considerations and presents these issues to the Committee. The Committee reviews the data and decides about course and curricular enhancements or duplication. The Curriculum Committee reviews all new courses and curricular improvements as well as existing courses that may be included as an elective course.

All student course evaluation and faculty responses are reviewed and acted upon by the Curriculum Committee. At the end of each semester or session, the Curriculum Committee invites the core course faculty to share their student evaluations and provide a written response that describes ways in which the feedback will be addressed or rationale for the way in which the curriculum was developed and implemented in the course. Committee members provide input and advice on ways to enhance content and to make certain that the MPH curriculum is comprehensive and complete. The review process provides a constructive way to address student evaluation, enhance instruction, and adjust the curriculum as needed.

From 2016 – 2018, a small ad hoc workgroup, appointed by the Steering Committee with oversight by the Curriculum Committee, worked to revise the MPH program's curriculum to meet CEPH's 2016 criteria. The workgroup met twice monthly over an 18-month period and then less frequently until the program's transformed curriculum was certified by CEPH. The workgroup regularly reported to and sought approval from the Curriculum Committee. The workgroup disbanded following successful implementation of the curriculum transformation.

c. student assessment policies and processes

The UW–Madison has an institution-wide assessment plan that provides a framework for student learning assessment. Student learning assessment includes 1) defining clear, measurable learning goals, 2) ensuring that students engage in sufficient learning experiences to achieve these goals, 3) gathering evidence to determine how well student learning matches programmatic expectations, and 4) using the results to validate or improve learning.

Within the MPH program, the deputy director is responsible for reviewing core course materials to assure that student assessment is provided consistently across courses. To ensure the quality of students' experience, the program engages in ongoing, systematic, and integrated efforts to better understand and improve student learning at core course faculty meetings. All required courses use the same A-F grading scale. Learning outcomes, grading rubrics, and type and breadth of student feedback from each course are reviewed by MPH Curriculum Committee as well as the SMPH Educational Policy and Curriculum Committee and the UW-Madison Academic Planning Committee as courses and syllabi are developed. Courses, instruction, and student outcomes are evaluated each semester by the MPH Curriculum Committee. The MPH Community Advisory Committee provides feedback and advice regarding student and graduate performance in the field.

Student self-assessment through APEX student evaluation, portfolio review, exit survey, and alumni survey is summarized and shared with the Curriculum, Steering, and Community Advisory committees.

d. admissions policies and/or decisions

The Admissions Committee reviews the admissions policies and regularly approves and makes recommendations for policy changes to the Steering Committee. Each fall, the MPH faculty director presents data to the Steering Committee about trends in admissions, current course availability, and other factors. The Steering Committee members review the data and determine the class size for the next academic year. The MPH faculty director and student services coordinators work in coordination with the Admissions Committee to ensure that the MPH applicants meet the established criteria for admission to the program. The Admissions Committee is responsible for the selection of a diverse and qualified group of students for admission. Based on an objective review of the MPH program's five criteria, the Admission Committee provides a recommendation for admission to the MPH faculty director. The faculty director makes the final determination for admission to the program.

e. faculty recruitment and promotion

The UW–Madison has policies and procedures governing faculty recruitment and appointments. The SMPH provides additional resources for faculty recruitment, appointments and promotions, policies and procedures, benefits, services, support programs, research, and education programs and resources. Within the SMPH, departmental executive committees are responsible for faculty recruitment and the selection of individuals to whom appointments may be offered. Whereas this process applies to tenure-track faculty, it is the responsibility of the MPH faculty director to recruit and retain individuals for volunteer appointments as MPH program faculty. Faculty outside of the SMPH as well as key leaders in the public health community who serve as MPH program faculty, are recognized for their contributions to teaching and mentoring. Each year community practitioners and new university faculty are nominated by the Steering Committee for appointment as affiliate faculty

As with recruitment of faculty, retention, promotion, and tenure are governed by UW–Madison policies. Information about the tenure process can be found on the Secretary of the Faculty website.

The MPH faculty director and members of the MPH Steering Committee frequently provide input through letters of support and endorsement of faculty tenure candidates who contribute substantially to the MPH program through their service, teaching, or research.

f. research and service activities

Faculty research and service expectations are dictated by the faculty members' home department and the University. MPH program faculty members are expected to participate in public health teaching, research, and service, and this is addressed in the MPH program faculty meetings held each semester during the academic year.

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 rights and responsibilities of MPH program faculty and staff are governed by the University's Faculty Policies and Procedures and Academic Staff Policies and Procedures found on the University's Website. SMPH's bylaws are available on the school's internet page.

The charge for each of the MPH program's committees include a description of student involvement in governance.

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

The UW–Madison espouses the concept of shared governance, which gives representation to academic staff, university staff, faculty, and students to take part in making significant decisions concerning the operation of the university. There are many opportunities to participate, either by serving on one of the university's shared governance bodies, an SMPH committee, or by offering input to representatives. Participation in short and longer-term opportunities ranges from search committee membership to board service. Some who participate serve for many years, while others opt to serve for shorter periods of time. Participating in shared governance is an opportunity for people across campus to come together to share ideas, make a difference and gain professional experience. Each governance group has its own procedures for electing or appointing members to various opportunities. At the institutional level, the Secretary of the Faculty facilitates and tracks the administration of faculty committees. A list of the shared governance committees and recent annual reports are available on the Secretary of the Faculty's website.

Several SMPH committees include student, faculty and/or academic staff members elected by their peers, including the Academic Planning Council, which reviews and approves creation of or changes to academic programs and the policies and procedures related to the SMPH academic mission. Annually, an electronic call for nominations is sent to relevant stakeholders for committees with faculty or academic staff vacancies.

The call for nominations provides a brief description of each committee with one or more vacancies, the type of representative sought, length of term, and meeting responsibilities. Stakeholders from diverse backgrounds and levels of experience are encouraged to self-nominate or to nominate others (with their consent) for committee service. Following the nomination period, an electronic announcement of open committee elections is sent to relevant stakeholders. Ballots are cast online during a two-week election window. New committee members are announced via email newsletter shortly thereafter.

The SMPH bylaws contain information about these committees. A list of SMPH committees and councils are included on the SMPH's Intranet.

Most MPH program core course faculty members serve on SMPH or UW–Madison committees as evidenced by the table below. Two core course faculty are not listed on the table because they are currently not serving on any SMPH or UW committees.

Table A1-4 | Membership of UW–Madison MPH Core Course Faculty on University Committees (2018-2021)

Faculty Member	SMPH Committees (Beyond MPH Committees)	University Committees
Bush, Elizabeth	Educational Leadership Teams	• MD Program Admissions Committee • First Generation Connect • Wisconsin AHEC Advisory Committee • UW Center for Interprofessional Practice and Education Advisory Committee
Davis, Sarah		• JD-MPH Advisory Committee • UW Health Accountable Care Board
Duerst, Barbara	• Administrative Leadership Team • Educational Leadership Team • MPAS-MPH Advisory Committee	• UW Center for Interprofessional Practice and Education Steering Committee • Interprofessional Continuing Education Partnership (ICEP) Advisory Council • Morgridge Center for Public Service, Board of Advisors • UW Interprofessional Education Professional Development Task Force
Hayney, Mary		• Graduate Program in Clinical Investigation Admissions Committee • School of Pharmacy, Academic Planning Council • School of Pharmacy, Admissions Committee • University Biological/Medical Sciences Area Review Committee • University of Wisconsin Institute for Clinical and Translational Research
Jackson, Tarakee		• Center for Interprofessional Practice and Education, Scholarship Subcommittee
Johnson, Sheri	• Department of Population Health Sciences, Seminar Planning Committee	• UniverCity Alliance

	• Survey of Health of Wisconsin (SHOW) Scientific Advisory Board • TRIUMPH Program Advisory Committee	• UW–Madison Search Committee for Chief Diversity Officer/Associate Vice Chancellor
Lindberg, Sara	• Health Disparities Research Scholars Program Advisory Board • SHOW Scientific Advisory Board	
Malecki, Kristen	• Department of Population Health Sciences, Admissions Committee	• Campus Climate and Diversity Committee • Faculty Senate • VCRGE Social Sciences Fall Competition Committee
Navsaria, Dipesh	• Ebling Library for the Health Sciences Library Advisory Committee • MPAS-MPH Advisory Committee • Teaching Professor Track Committee	
Oliver, Thomas	• Department of Population Health Sciences, ad hoc committee on revisions to curriculum for MS and PhD in health services research track • Department of Population Health Sciences, Curriculum Committee • Population Health Institute Executive Committee • Tenure Track Promotions Committee	• Faculty Senate (Alternate) • JD-MPH Advisory Committee • La Follette School of Public Affairs Search committee for faculty position in reproductive health and public policy
Pillai, Parvathy	• Diversity Inclusion Advocate • Medical Student Research Committee • MD Program Curriculum and Assessment Committee	
Remington, Patrick		• Morgridge Center for Public Service, Campus Advisory Council
Rose, Warren		• School of Pharmacy Curriculum Committee • School of Pharmacy, Search committee for Pharmacy Practice faculty member
Sethi, Ajay	• Advisory Board, Wisconsin Real-time Emergency Department Surveillance and Responsive Training (WIRED-RT), funded by the Wisconsin Partnership Program • COVID-19 Modeling Team for UW Health Incident Command • Department of Population Health Sciences, Admissions Committee • Department of Population Health Sciences, Graduate Program Steering Committee • Department of Population Health Sciences, Post-Tenure Review Committee • Department of Population Health Sciences, Seminar Planning Committee • Search Committee for Chair of Medical Microbiology and Immunology • Teacher Track Appointment and Promotion Committee	• COVID-19 Modeling Group Oversight Committee • COVID-19 Testing Committee • COVID-19 Messaging Group • Global Health Institute Advisory Committee • Health Care Advisory Committee • University Health Services, Data and Communications Team • University Health Services, Public Health and Policy Recommendation Committee
Temte, Jonathan	• Deans Leadership Team • Educational Leadership Team	• Chancellor's COVID-19 Operational Status Group • COVID-19 Testing Committee

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

The MPH program faculty meet at least twice per academic year, at the beginning of the Fall and Spring semesters. Meeting agendas typically include programmatic and procedural updates as well as time for discussion and interaction. Agendas, meeting materials, and meeting notes are included in the ERF.

At the School level, the SMPH holds All Faculty and Staff Meetings three times each academic year, structured as town halls. The topics discussed at these meetings are broadly relevant to faculty and staff alike and relate to various aspects of the school's mission. Meeting agendas include updates from Dean Golden and other administrative leaders, information about the school's goals, participation in question-and-answer, and community building. Meeting agendas and past meeting materials are available on the SMPH Intranet.

Other opportunities for full-time and part-time faculty to interact include annual events such as the All-School Party, Ice Cream Social, Medical Education Day, student research symposia and poster presentations, and graduation events.

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

Strengths: Faculty engagement in program development and governance; collaborative process of curriculum development as demonstrated by recent curriculum transformation; strong connections with local and statewide public health agencies and NGOs; broad representation from across campus and the community on standing committees; student participation on committees.

Weaknesses: None noted.

Plans for Improvement: Potential opportunities exist to build relationships with several new undergraduate public or community health programs (Health Promotion and Health Equity and Planetary Health) at UW-Madison and other University of Wisconsin System schools.

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

Not applicable

A3. Student Engagement

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

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

The MPH program includes formal representation by students on three of its committees: The MPH Steering Committee, the Curriculum Committee, and the Community Advisory Committee. Students on these committees serve in an *ex officio* capacity for a one- or two-year term. Students wishing to serve on an MPH program committee are nominated by the MPHSO and are approved by the MPH Steering Committee.

The MPHSO formed in 2006 to enhance student involvement in departmental, academic, and administrative affairs, as well as policymaking; facilitate networking among students; and provide leadership opportunities through service on departmental committees. In addition, the MPHSO assists in the planning of student-led research activities, social events, and community service. During each fall semester, the MPHSO chooses one representative to the Steering Committee, one to two representatives to the Community Advisory Committees, and two representatives to the Curriculum Committee, one MPH exclusive student, and one dual-degree student. Student committee members provide input and feedback on behalf of their peers, committee, and in turn, communicate important programmatic information to the rest of the student body. Student representatives also participate in the annual evaluation of the MPH program through course evaluations, programmatic feedback surveys, and exit interviews.

Table A3-1a | MPH Steering Committee Student Representatives	
Academic Year 2021-2022	Kayla Carlin, MPH Exclusive Student
Academic Year 2020-2021	Korina Hendricks, MPH Exclusive Student
Academic Year 2019-2020	Jordan Minick, MPH Exclusive Student
Academic Year 2018-2019	Annette Ruth, MPH Exclusive Student

Table A3-1b | MPH Curriculum Committee Student Representatives		
	MPH Exclusive Student Rep	MPH Dual Degree Rep
Academic Year 2021-2022	Stef Bugasch Scopoline	Umaima Mohammed Saed
Academic Year 2020-2021	Taylor Seale	Aimee' Wattiux, MD – MPH
Academic Year 2019-2020	CJ Humes	Amanda Yang, PharmD-MPH
Academic Year 2018-2019	Rebecca Green	Abigail Cook, MS – MPH

Table A3-1c | MPH Community Advisory Committee Student Representatives	
Academic Year 2021-2022	TBD
Academic Year 2020-2021	William Atkinson
Academic Year 2019-2020	Kelly Hackett and Cara D'Amico
Academic Year 2018-2019	Katie Brow and Allison Giebel

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

Strengths: Strong student representation on major MPH standing committees.

Weaknesses: None noted.

Plans for Improvement: None noted.

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.

Review and revision of the MPH program's vision, mission, and values and related components are ongoing tasks within the MPH program; key individuals involved in their development or refinement include the faculty director and deputy director of the MPH program, members of the MPH Steering Committee, administrative leaders from the SMPH, interprofessional representatives within the UW–Madison, community-based public health practitioners, and students.

Developed at the inception of the MPH program, the original mission statement was developed by the MPH Steering Committee, the principal oversight committee for the MPH program, from the mission statements of the Wisconsin Partnership Initiative (the initial funder of the MPH program) and the SMPH using the guiding principle of the Wisconsin Idea. The Wisconsin Idea signifies a general principle that education should influence people's lives beyond the boundaries of the classroom. The MPH Steering Committee made its first major revision in 2008 following a year-long assessment and planning process. A second major revision of the mission statement occurred in 2013. The current iteration of the mission, vision, and values statements was finalized and approved in June 2020.

The impetus for the most recent revision came from a strategic planning process in 2019-2020 and from ongoing and cumulative input by stakeholders such as community partners, preceptors, and faculty members both from within the SMPH and the many affiliated faculty members outside of the SMPH from whom the MPH program gains so much of its rich content diversity and expertise. The process was an iterative one, relying initially on refinement of previous MPH program goals and objectives, review, and adaptation of statements from other MPH programs around the country, and the "feed-forward" provided by the program's stakeholders. These iterations were examined for "fit" to the MPH program by members of the MPH Steering Committee through meetings and electronic communication in between meetings. The mission statement, vision statement, and values were made available to the board of the MPHSO, to the MPH program faculty members who teach in or have other significant affiliation with the MPH program, and to the community advisory committee members for their recommendations or approval. Following incorporation of feedback into written draft statements, the modified entities were examined and discussed at two meetings of the MPH Steering Committee and refined until consensus was reached that they were relevant, responsive to current and emerging public health issues, and implied a realistic level of challenge. The vision, mission, and values are presented below.

Vision: Public health professionals optimizing population health and advancing social justice.

Mission: To build a high-quality and diverse public health workforce through excellence and inclusivity in interprofessional education, professional development, research, and community engagement.

Values: Faculty and students affiliated with the Master of Public Health Program at the UW–Madison School of Medicine and Public Health value **EVIDENCE**; **LEARNING** through teaching and shared and interactive experiences; **SERVICE** through contributions to university, community, and professional settings; **DISCOVERY** through interprofessional research; a healthy and supportive **ENVIRONMENT** that cultivates professional development of its faculty, staff, and students; and **DIVERSITY** through inclusiveness and

respect for individuals and groups of diverse backgrounds, interests, cultures, and practices, grounded in **HUMAN RIGHTS**. Moreover, they demonstrate a **COMMITMENT** to social and environmental justice, health equity, practice that is filled with the highest professional ethics, and optimizing health, especially for those most impacted by unfair policy and practice.

The goals and objectives for the MPH program were developed by the MPH Program Steering Committee. Subsequent reassessments and revisions are completed through representation within the MPH committee structure, which includes faculty, staff, and students. Programmatic goals are provided below.

- ***LEARNING:*** *Advance a teaching-learning community that leverages its interprofessional focus and nurtures leadership, professional development, community engagement, and ethical practice for faculty and students to help build and maintain a competent, professionally-prepared public health workforce locally, nationally, globally. (Goal 1)*

- ***COMMUNITY ENGAGEMENT & SERVICE****: Engage in service and partnerships with the University, the profession, and the world community. (Goal 2)*

- ***DIVERSITY:*** *Engage diverse faculty, staff, and students to work toward health equity and social justice, without discrimination, for the people of Wisconsin, the nation, and in the world community. (Goal 3)*

- ***ENVIRONMENT:*** *Enhance the MPH program's overall capacity to build and sustain the public health workforce by providing an environment that facilitates faculty, staff, and student success. (Goal 4)*

- ***EVIDENCE & DISCOVERY:*** *Create and disseminate new knowledge through interprofessional initiatives to inform public health practice applying the highest professional and ethical standards. (Goal 5)*

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

As part of the self-study process, the MPH program leaders and stakeholders developed a five-year strategic plan in Fall 2019. Participants comprised members of the MPH Steering Committee, Curriculum Committee, Community Advisory Committee, MPHSO, and other key stakeholders. The group identified five strategic goals and then discussed the relevant strengths, opportunities, weaknesses, and threats. The five strategic goals were:

1. Invest in faculty and staff
2. Prepare professionals to tackle emerging public health issues and serve a wide range of partners
3. Enhance the learning environment through innovation
4. Promote the MPH program
5. Engage new stakeholders and partners in Wisconsin

The strategic goals are consistent with the MPH program's programmatic goals and objectives. Programmatic benchmarks were adjusted to incorporate and provide emphasis on the strategic directions.

For each goal, the program identified strategies and actions to ensure it is achieved within a defined timeframe, including several short-term initiatives. The strategic plan is a living document, and new strategic initiatives may be added as needed.

The final strategic planning document was approved by the MPH Steering Committee at its June 2020 meeting. The 2019-24 Strategic Planning Document is available in the ERF.

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

Strengths: The guiding philosophy of the "Wisconsin Idea" fosters relevance between the program's mission and the needs of the people of Wisconsin and beyond. The interprofessional nature of the program and the representativeness of its leadership guarantee a broad base of opinions and viewpoints in the creation of

programmatic values and goals. The strong connection with Wisconsin's public health practice community is reflected in the MPH program's commitment to service, education, and the development of a new generation of leaders in public health.

Weaknesses: While the number of core course faculty has increased in the past few years, the faculty remains relatively small. The MPH program must rely on a large and diverse set of university- and community-based faculty to carry out the professional preparation aspect of its overall mission. The broad base from which it draws brings a diverse set of backgrounds and skills, although it is acknowledged that the "day-to-day" commitment of many of the broader MPH program faculty exists largely outside the control and financial support of the MPH program.

Plans for Improvement: Given the current economic challenges in higher education, recruitment of faculty members entirely dedicated to the MPH program is unlikely in the foreseeable future.

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. See Template B2-1.

Table B2-1 | Students in Master of Public Health Degree, by Cohorts Entering Between 2015-16 and 2019-20						
Maximum Time to Graduate: 5 years						
	Cohort of Students	2015-16	2016-17	2017-18	2018-19	2019-20
2015-16	# Students entered	50				
	# Students withdrew, dropped, etc.	2				
	# Students graduated	2				
	Cumulative graduation rate	4%				
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	46	58			
	# Students withdrew, dropped, etc.	0	0			
	# Students graduated	23	4			
	Cumulative graduation rate	50%	7%			
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	23	54	45		
	# Students withdrew, dropped, etc.	0	0	2		
	# Students graduated	14	20	3		
	Cumulative graduation rate	78%	41%	6.70%		

2018-2019	# Students continuing at beginning of this school year (or # entering for newest cohort)	9	34	42	54	
	# Students withdrew, dropped, etc.	0	0	0	2	
	# Students graduated	4	12	29	4	
	Cumulative graduation rate	86%	62%	76%	7.40%	
2019-2020	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	26	11	48	48
	# Students withdrew, dropped, etc.	4	0	0	0	1
	# Students graduated	0	2	4	32	0
	Cumulative graduation rate	86%	66%	80%	66.70%	0%

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

N/A

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.

Students in the MPH program must complete all degree requirements for graduation within a five-year period. The time begins when the student matriculates into the program and ends when the university confers the degree. The program consistently meets or exceeds the goal for an 80% graduation rate within the five-years-to-graduation requirement. Generally, approximately 70-80% of students graduate within two years. While it appears that the 2016-2017 cohort is an outlier in this sense, it is easily explained. In 2016 the SMPH admitted more medical students than they had capacity. Several of their applicants had indicated an interest in completing the MD-MPH dual degree, which utilizes a step-out model between the third and fourth year of medical school. The SMPH leadership asked the MPH program leadership to consider 25 MD-MPH applicants in the admissions process and if admitted, to allow them to begin the MPH program with the 2016 cohort rather than beginning the required coursework later. The MPH program admitted 17 students into the 2016 cohort. Although a few of these students have since graduated, most of them completed their MPH degree at the same time they finished their MD degree in the Spring of 2021.

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

Strengths: The MPH program consistently reaches a target graduation rate of 80% or greater.

Weaknesses: None noted.

Plans for Improvement: None noted.

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 for each degree.

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

Table B3-1 | Post-Graduation Outcomes for MPH Students

Post-Graduation Outcomes	2017-18 Number and percentage	2018-19 Number and percentage	2019-2020 Number and percentage
Employed	34, 84%	45, 86.5%	30, 75%
Continuing education/training (not employed)	7, 16%	4, 7.7%	3, 7.5%
Not seeking employment or not seeking additional education by choice	0, 0%	0, 0%	1, 2.5%
Actively seeking employment or enrollment in further education	0, 0%	0, 0%	1, 2.5%
Unknown	0, 0%	3, 5.8%	5, 12.5%
Total graduates (known + unknown)	41, 100%	52, 100%	40, 100%

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.

Data related to post-graduation outcomes is collected through the exit survey completed by students upon graduation from the MPH program and through the Alumni survey completed one-year post-graduation. In addition, many graduates keep in touch with faculty members and staff and thus enables the program to ascertain information about them through other sources if they do not complete programmatic surveys. Sources such as LinkedIn and other social media sources provide connections to alumni.

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

Strengths: The MPH program consistently meets or exceeds the CEPH target of 80% for post-graduate outcomes. Graduates report being employed at a public health or healthcare system setting one-year post-graduation. Because of the variety of dual degrees that require ongoing training post-graduation, there are a significant number of graduates who continue their educational endeavors.

Weaknesses: None noted.

Plans for Improvement: None noted.

B4. Alumni Perceptions of Curricular Effectiveness

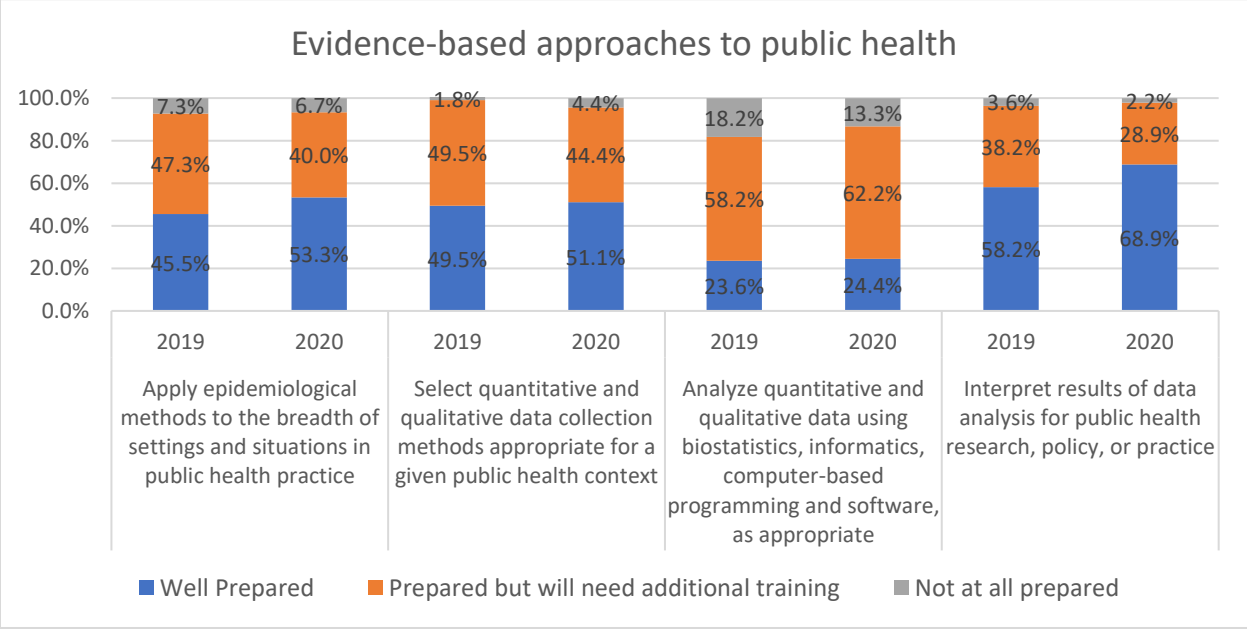
For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

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.

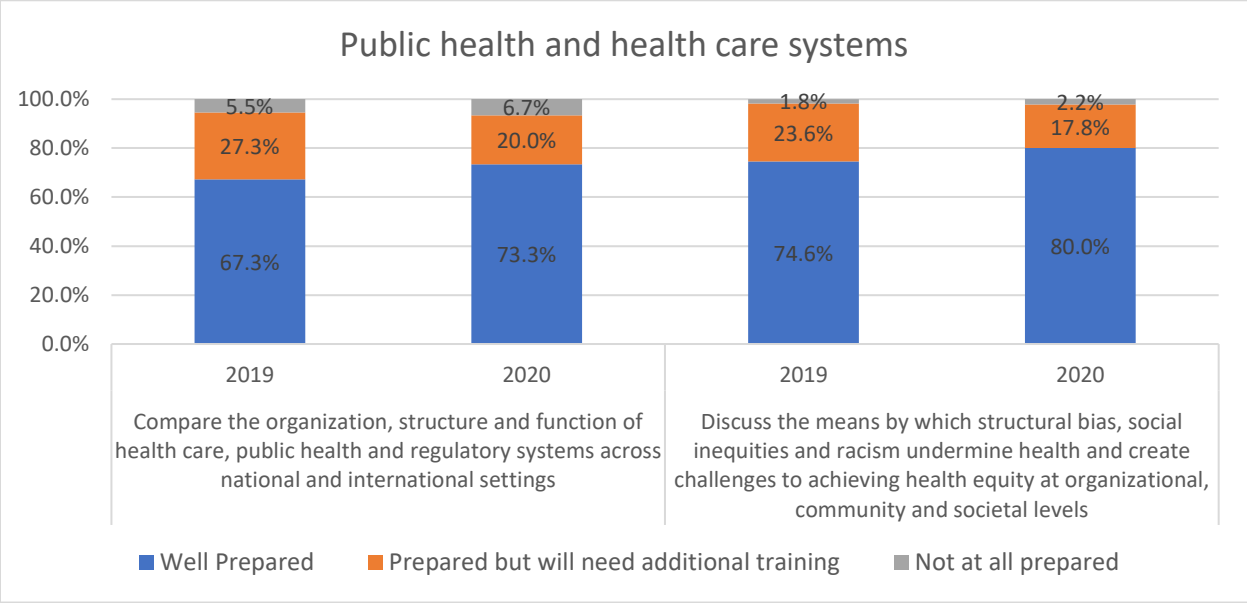
The MPH program surveys alumni one, three, and five years post-graduation via an emailed survey sent annually in the Fall. The survey instrument was amended in 2019 to align with the program's updated curriculum and the MPH Foundational Competencies. In the most recent surveys, alumni reported they were "well prepared" or "prepared but will need additional training" in all 22 competencies (70% or more per competency). The percentage of those who responded "not prepared at all" decreased or remained the same for most competencies. In 2019 the alumni survey was sent to 95 alumni, with 61 respondents for a 64% response rate. The 2020 alumni survey was disseminated to 104 alumni with 45 respondents for a 43% response rate. A summary and comparison of some of the key findings are included below.

<u>Evidence-based Approaches to Public Health</u>
Comparing the 2019 alumni survey to the 2020 alumni survey, the largest change was with respect to respondents self-perceived ability to "interpret results of data analysis for public health research or practice." Of the alumni in 2020, 68.9% self-assessed they were well prepared and 28.9% "prepared but will need additional training" in this competency, up from 58.2% and 38.2%, respectively. Only 2.2% responded they were "not at all prepared." The three other competencies within this domain did not have significant changes from year to year.



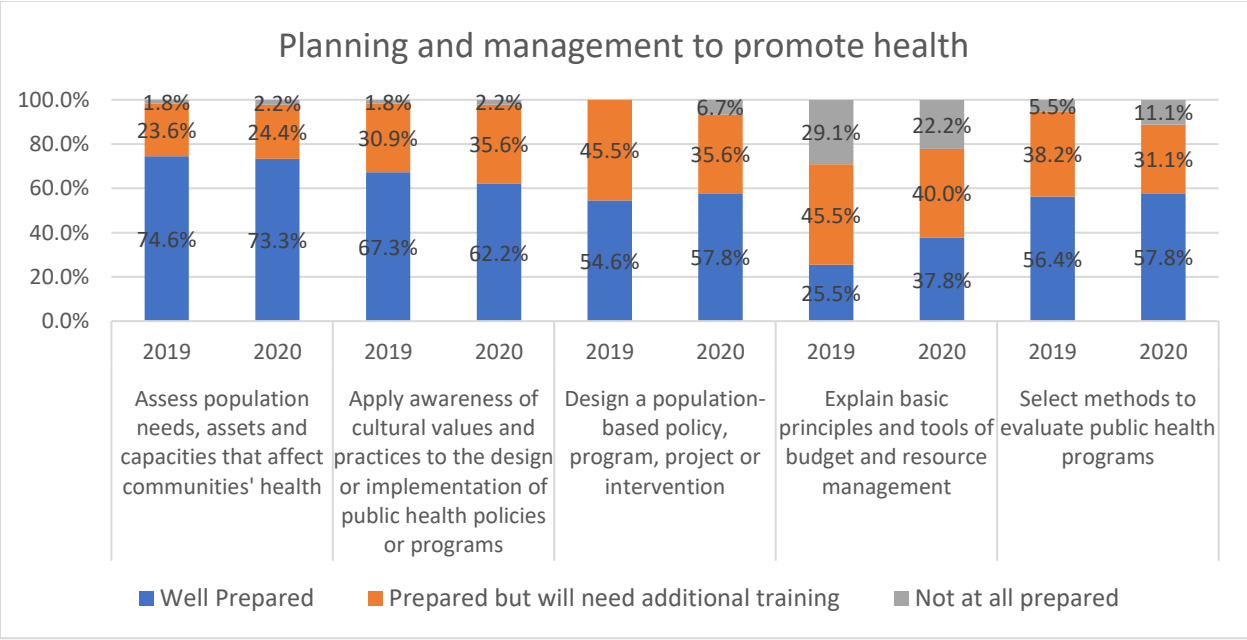
Public Health and Health Care Systems

Alumni report being prepared for the competencies related to the Public Health and Health Care Systems domain.



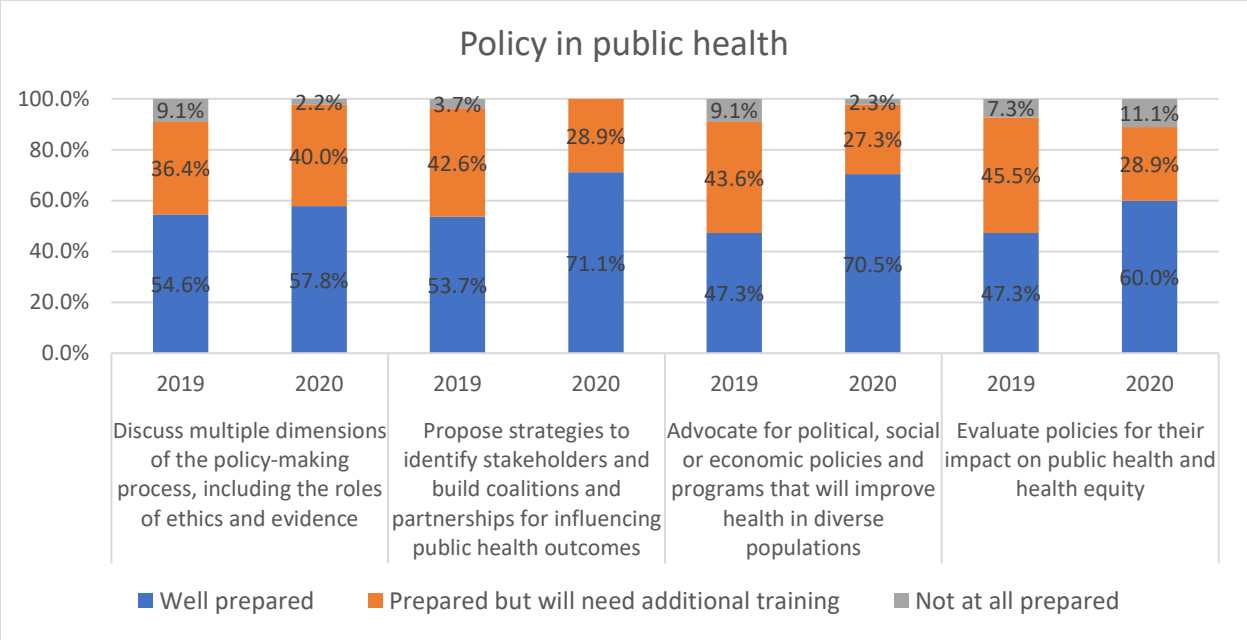
Planning and Management to Promote Public Health

Overall, alumni reported that they were well-prepared for the competencies related to the Planning and Management to Promote Public Health domain. The competency "explain basic principles and tools of budget and resource management" saw the greatest increase in alumni self-assessment from 25.5% "well prepared" in 2019 to 37.8% in 2020.



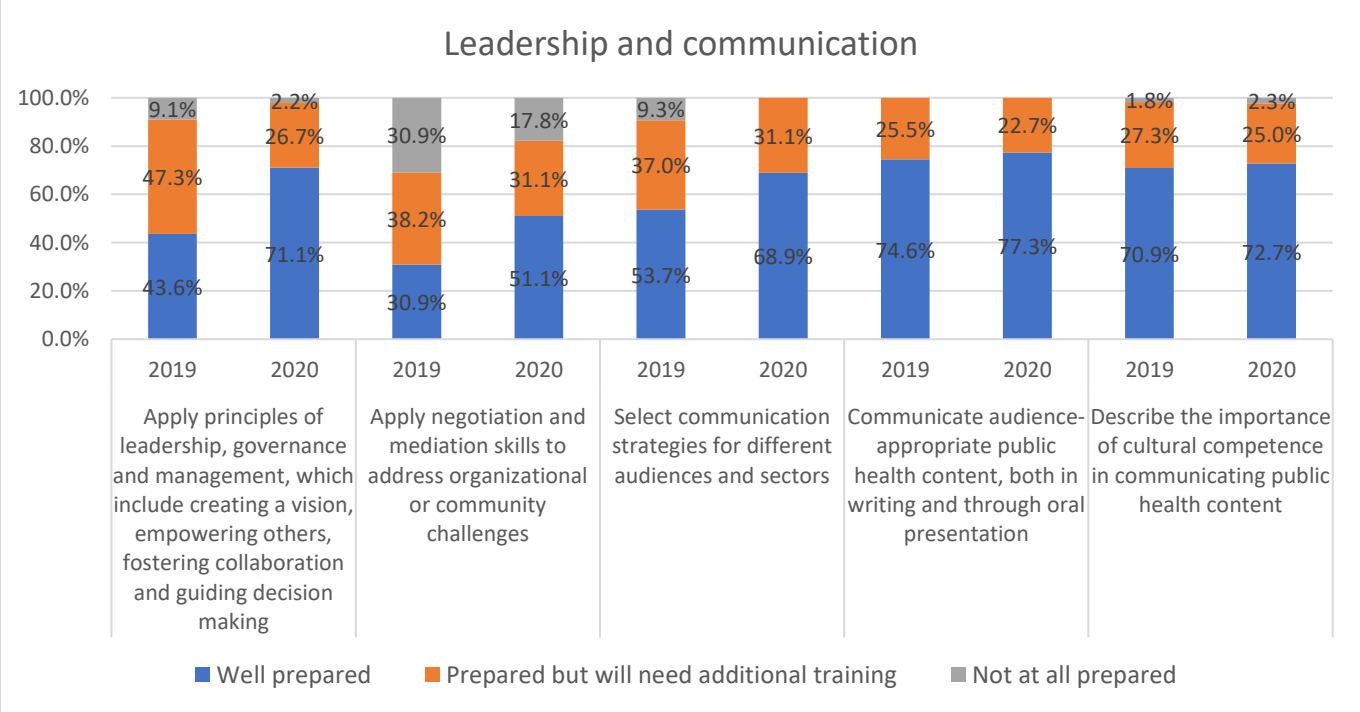
Policy in Public Health

Alumni's self-assessment of their competencies within the domain of Policy in Public Health increased from 2019 to 2020. The competency, "propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes," saw the greatest increase in overall preparedness from year to year with 100% of respondents in 2020 self-assessing as “well prepared” or “prepared but will need additional training.”



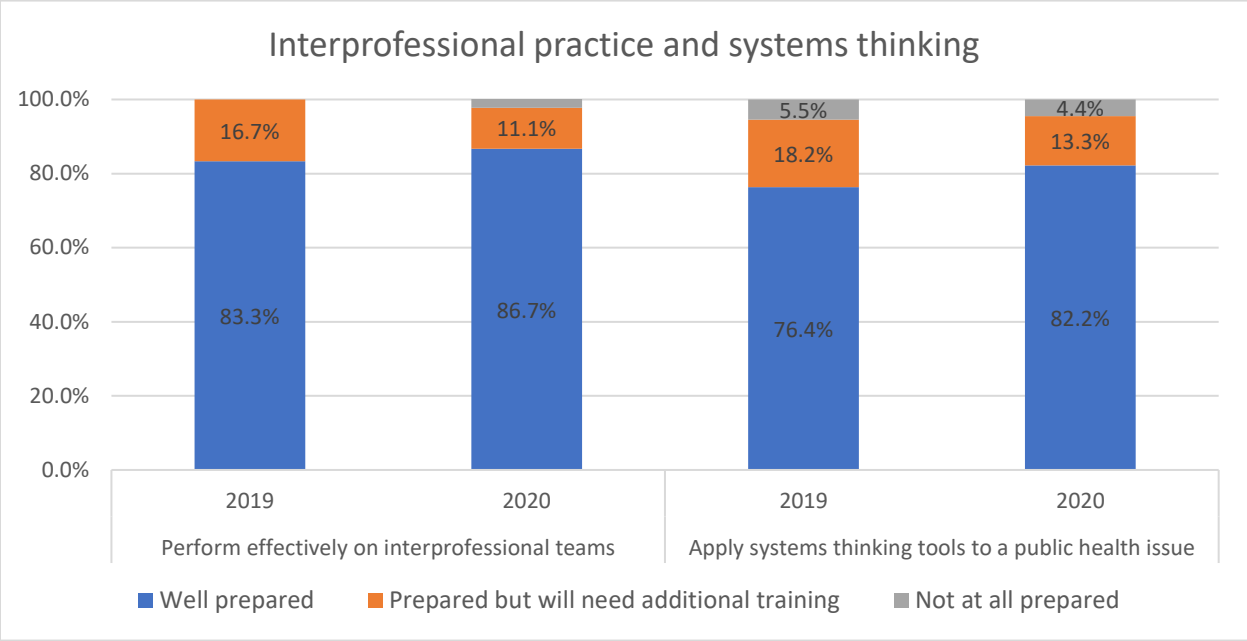
Leadership and Communication

Self-assessed competencies in the Leadership and Communications domains showed an increase in the "well prepared" categories from 2019 to 2020. Alumni in 2020 reported the largest increase in overall preparedness in the competency of "apply principles of leadership, governance, and management." from 43.6% self-assessed "well prepared" in 2019 to 71.1% in 2020, a 23.2 percentage point difference. In both years, 100% of alumni self-assessed preparedness to "communicate audience-appropriate public health content, both in writing and through oral presentation."



Interprofessional Practice and Systems Thinking

Alumni report being prepared for the competencies related to the Interprofessional Practice and Systems Thinking domains.



The MPH program, with the assistance of many of the program's constituents reviewed and modified the program's concentration competencies. These concentration competencies were improved late in 2019 and thus they were not included in the 2019 Alumni Survey. These competencies were included, however, in the 2020 Alumni Survey and will be included in subsequent surveys. Overall, alumni reported being well-prepared or prepared with a need for additional training in all five concentration competencies. Results from the 2020 alumni survey are included in the table below:

Table B4-1 | Alumni Perceptions of UW-Madison Concentration Competency Attainment (N = 45)

Concentration Competency	Well Prepared	Prepared but will need additional training	Not prepared at all
Utilize a global health perspective to confront the root causes of less than optimal health and promote wellness for all communities.	58%	36%	7%
Engage theory and evidence-based methods to lead multidisciplinary and professional public health practice and research.	73%	25%	2%
Employ a socio-ecological model to analyze dynamic interactions among human and social systems.	69%	27%	4%
Identify strengths and limitations of current public health models and approaches and design innovative solutions for today's public health challenges.	67%	33%	0%
Practice public health with honesty and integrity using a respectful and collaborative approach that responds to the needs of the communities we serve.	93%	7%	0%

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

The MPH program surveys alumni one, three, and five years post-graduation on an annual basis in the fall using Qualtrics, a survey system used by the UW–Madison. Surveys are emailed to alumni using the emails collected during the graduation/ exit questionnaire. Follow-up email reminders and the survey link are sent. Full alumni survey reports from 2019 and 2020 related to most recent alumni surveys are included in the ERF.

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

Strengths: The MPH program has an ongoing, comprehensive process for assessing alumni perceptions of curricular effectiveness. Overall, alumni believe they are prepared to execute the MPH Foundational Competencies within the public health workforce. Nevertheless, the MPH program anticipates that most new graduates benefit from additional on-the-job training. Increases in self-report of preparedness to perform competencies may be due to the addition of new required courses within the MPH program's curriculum. The alumni assessment provides the program with insights as to additional areas of focus to enhance the curriculum.

Weaknesses: Current results of the alumni survey are reported in the aggregate rather than stratified by cohort.

Plans for Improvement: Explore additional ways to analyze and stratify data by cohorts to allow for beneficial comparisons by 2022.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's 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. See Template B5-1.

The MPH program seeks to advance the field of public health through teaching, engagement, service, and discovery and to promote student, faculty, and staff success. A team of MPH program staff, including the deputy director, the community engagement coordinator, the MPH exclusive student services coordinator and the educational administrative specialist are responsible for collecting and reporting annual evaluation measures. The deputy director oversees the compilation of the data and is responsible for monitoring progress against all objectives, identification of data systems, and capture of specific, relevant pieces of information. The faculty director engages in review of the data and shares information with appropriate MPH committees.

The program's evaluation plan employs a multi-faceted approach, including: the collection and analysis of student programmatic surveys, exit surveys, alumni surveys, and employer/agency surveys; listening sessions, interaction, and discussion with faculty, staff, student, and community stakeholders; and other activities. Most of the data from faculty are collected through self-report, either through faculty home department annual activity report, an example of which can be found in the ERF, or through direct questions by the MPH program. Findings of all evaluations are presented to the appropriate MPH committee in a timely fashion and summarized in an annual report that is presented to the MPH Steering Committee and published and disseminated each December.

Programmatic goals, specific evaluation measures, data collection methods, and individuals or committees with responsibility for review are included in Template B5-1.

Table B5-1 | Program Evaluation Plan

Learning Goal Statement: Advance a teaching-learning community that leverages its interprofessional focus and nurtures leadership, professional development, community engagement, and ethical practice for faculty and students to build and maintain a competent, professionally-prepared public health workforce locally, nationally, globally

Evaluation measures	Data source(s), data analysis, and data presentation for decision making	Responsibility for review
Number of interprofessional collaborations across disciplines for teaching (e.g., co-instructors, co-sponsorship of courses, dual-degree programs, etc.)	Self-report from MPH faculty members through departmental annual activities report or via asking them directly, discussion at core course faculty meetings, guest lecture/speaker spreadsheet, review of core course syllabi by MPH staff	Core Course Faculty, Curriculum Committee; Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number and diversity of community collaborators for teaching	Self-report from MPH faculty members through departmental annual activities report or via asking them directly, discussion at core course faculty meetings, guest lecture/speaker spreadsheet, review of core course syllabi by MPH staff	Core Course Faculty, Curriculum Committee; Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator

Number of new elective courses available for MPH students annually	Schedule of Courses, New Course Proposals, Lumen System	Staff Review, Curriculum Committee

Table B5-1 Continued | Program Evaluation Plan		
Evaluation measures	**Data source(s), data analysis, and data presentation for decision making**	**Responsibility for review**
Number of student applied practice experiences in "elite" leadership settings such as public health-related professional organizations, legislative settings, or similar leadership venues that advocate for public health or influence policy creation and adoption.	Review of Applied Practice Learning Agreements, Report from MPH student Database, Portfolios, ILE Written Products	Community Engagement Coordinator; Curriculum Committee
Number of courses that incorporate service-learning or community-based projects and/or use state-of-the-art public health tools	Instructor self-report and discussion and notes from core course faculty meetings, syllabus review by MPH staff	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of professional development opportunities provided by the MPH program or in which faculty participated per academic	MPH program event tracking, faculty activity reports, faculty CVs	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Mean, range, and median for course satisfaction on core course evaluations	Course Evaluation Review	Curriculum Committee
Mean, range, and median for instructor satisfaction on core course evaluations	Course Evaluation Review	Curriculum Committee
Percentage of MPH graduates in public health workforce one-year post-graduation	Exit Survey, Alumni Survey, Annual Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Curriculum Committee, Steering Committee
Percentage of MPH graduates in Wisconsin public health workforce one - year post-graduation	Exit Survey, Alumni Survey, Annual Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Curriculum Committee, Steering Committee
Percentage of MPH graduates continuing their education one-year post-graduation	Exit Survey, Alumni Survey, Annual Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator Curriculum Committee, Steering Committee

Table B5-1 Continued | Program Evaluation Plan		
Evaluation measures	**Data source(s), data analysis, and data presentation for decision making**	**Responsibility for review**
Percentage of students who report attainment of competencies at a high level on Exit Survey	Exit Survey, Annual Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Curriculum Committee, Steering Committee
Percentage of students who report attainment of competencies at a high level on Alumni Survey	Alumni Survey, Annual Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of MPH program-sponsored professional and workforce development programs	MPH Program Fliers, Weekly Update, other promotional materials	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of continuing education and workforce development programs in which MPH public health program faculty participate.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly, Faculty CV, Annual Activity Report	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Community Engagement and Service Goal Statement: Engage in service and partnerships with the University, the profession, and the world community.		
Number of MPH program faculty members on a SMPH or UW–Madison committee or task force.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly, Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of MPH program core faculty members participating in activities including, but not limited to, a committee or board at the local, national, and/or global community level.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator

Table B5-1 Continued | Program Evaluation Plan		
Evaluation measures	**Data source(s), data analysis, and data presentation for decision making**	**Responsibility for review**
Number of MPH core course faculty members participating on a review panel or study section for a government agency that presents grant awards, a review panel that recommends fellowships or scholarships to students awarded by professional organizations, a member of a scientific advisory board for a professional or governmental organization or a committee or board whose actions influence discovery, policy, or practice.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly; Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Proportion of MPH program core faculty members serving as the academic partner in a community-academic initiative for research, program development, or policy change for population health improvement	Self-report from MPH faculty members through departmental annual activities report or via asking them directly; Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of service activities completed by the MPH Student Organization (MPHSO) per academic year	Report by MPHSO	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of students participating in MPHSO service activities per academic year	Report by MPHSO	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Diversity Goal Statement: Engage diverse faculty, staff, and students to work toward health equity and social justice, without discrimination, for the people of Wisconsin, the nation, and in the world community.		
Actual race / ethnicity composition of MPH program affiliated faculty	Self-reported into Human Resources' online system via automated onboarding process	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator

Actual race/ethnicity composition of MPH program-affiliated staff members	Self-reported into Human Resources' online system via automated onboarding process	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Actual race/ethnicity of MPH program degree-seeking students	Self-report on application data and upon matriculation. Data are stored in MPH database	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Admissions Committee, Steering Committee
Table B5-1 Continued | Program Evaluation Plan		
Evaluation measures	**Data source(s), data analysis, and data presentation for decision making**	**Responsibility for review**
Number of MPH degree seeking students from rural backgrounds	Reported on application and matriculation data and stored in MPH database	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of MPH degree seeking students from disadvantaged backgrounds	Reported on application and matriculation data and stored in MPH database	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Proportion of students that are engaged and contribute to the mission of the MPH program by participating in the work of University centers and institutes.	Review of Applied Practice Learning Agreements by Community Engagement Coordinator, MPH Database, ILE Written Products, and Portfolio Review	Community Engagement Coordinator Review, Curriculum Committee, Steering Committee
Actual course content re: racism and equity and assessment specifically noted in each syllabus	Faculty self-report on racism/equity content spread sheet, discussion at core course faculty meetings, review of core course syllabi	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Environment Goal Statement: Enhance the MPH program's overall capacity to build and sustain the public health workforce by providing an environment that facilitates faculty, staff, and student success.		
Identification of at least three specific initiatives to identify the achievements and foster pride and recognition of faculty, students, and staff.	Program announcements, weekly update, and social media posts re: PH Program Faculty/Instructor of the Year Award, Patrick Remington Distinguished Capstone Paper Award, Delta Omega Chapter	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Implementation of specific and targeted initiatives that enable professional development and advancement for faculty, students, and staff respectively.	Program announcements, weekly update, and social media posts re: Student Travel Grants, scholarships, awards	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Steering Committee

Targeted fundraising initiatives specifically for the MPH program and its alumni.	Networking events, alumni newsletter, materials used at public health conferences; social media posts	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number of alumni as field site preceptors/supervisor.	Community Engagement Coordinator report, Alumni Survey, MPH Database	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Table B5-1 Continued | Program Evaluation Plan		
Evaluation measures	**Data source(s), data analysis, and data presentation for decision making**	**Responsibility for review**
Establishment of an alumni society of the MPH program.	MPH program social media, Delta Omega social media, alumni listserv, alumni survey, alumni newsletter	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Curriculum Committee, Community Advisory Committee, Steering Committee
Number of local events (e.g., Alumni Day, Homecoming, etc.) to host alumni.	MPH Program Fliers, Weekly Update, other promotional materials	Curriculum Committee
Number of student recruitment mechanisms using local alumni in strategic sites inside and outside of Wisconsin.	Recruitment Coordinator report	Admissions Committee
Number and dollar amount participation of alumni in annual giving to the MPH program.	UW Foundation quarterly report	, Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator Steering Committee
Evidence and Discovery Goal Statement: Create and disseminate new knowledge through interprofessional initiatives to inform public health practice applying the highest professional and ethical standards		
Number of faculty producing and disseminating policy briefs or white papers, providing testimony to federal, state, or community panels on actions for improvement of public health practice, and disseminating "toolkits" and other products for implementation-adoption at the community level	Self-report from MPH faculty members through departmental annual activities report or via asking them directly Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Steering Committee

Total number of manuscripts/year published in professional journals, books, and book chapters.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly Faculty self-report on CV	Staff Review, Steering Committee

Table B5-1 Continued | Program Evaluation Plan

Evaluation measures	Data source(s), data analysis, and data presentation for decision making	Responsibility for review
Total number of peer-reviewed and invited presentation, including posters s at national or international professional meetings and conferences, annually	Self-report from MPH faculty members through departmental annual activities report or via asking them directly Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Expenditures from federal and other extramural funds.	Self-report from MPH faculty members through departmental annual activities report or via asking them directly Faculty self-report on CV	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator
Number and type of faculty student research collaborations	Faculty CV review, Student Portfolio documentation	, Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator Curriculum Committee, Steering Committee
Number of manuscripts, presentations, and practice-related products	Faculty CV review, Student Portfolio documentation	Staff team review by MPH faculty director, deputy director, MPH exclusive student services coordinator, Curriculum Committee, Steering Committee

The faculty activity report is mentioned several times in the chart above. The faculty activity report is completed and reviewed annually at the departmental level. A copy of the activity report that is completed by the faculty from the Department of Population Health Sciences can be found in the ERF and can be found in the Core Courses folder within the Faculty CV folder.

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.

The MPH program uses data and evidence to make impactful decisions about the program and curriculum design, methods, and modes of academic instruction, advising, and student recruitment and retention. In Fall 2019, a transformed curriculum based on the MPH Foundational Competencies was fully implemented and with it a targeted focus on public health practice, community engagement, health equity, and social justice. The programmatic transformation and the 2019-20 strategic planning process provided an opportunity to reexamine and update the program's goals, objectives, and the data collected to provide evidence that the MPH program is advancing the field of public health and promoting student success.

Comments, evaluation, feedback, and other quantitative and qualitative data are collected from a variety of sources to gauge the success in achieving the program's mission, goals, and objectives. The program thoughtfully relies as much as possible on existing data sources and data collection methods. Historically, feedback is first reviewed by the MPH program's faculty director and deputy director, discussed at one of the regularly scheduled staff meetings, and then assigned to the appropriate committee for detailed examination. This process occurs at least annually, although expedited action for situations requiring greater

urgency is possible. If programmatic or policy changes are deemed necessary, the MPH program staff creates a plan for the change in policy or procedure, and the proposed change is presented to the appropriate committee(s) for review and action and subsequently shared with the MPH Steering Committee. Once it is approved, the MPH program enacts the change in process and policy. The committee process is a time-honored approach to faculty governance at the University of Wisconsin-Madison that offers both opportunity and inclusiveness.

Students are encouraged, as well as mentored, to participate in the preparation of written products generated by faculty research and service activity. Most of these products are identifiable through faculty annual reports and CVs, which can be found in the ERF. The numerous centers, institutes, and sponsored projects in which MPH students may work further enable this creation of scholarly products. Thus, center reports are a further source of this information.

Because the APEX is an intimately integrated feature of the MPH program, usually coordinated with the ILE, the identification of high profile or "elite" settings, such as the CDC, is already monitored. These settings and corresponding reports are presented annually during the Graduation Poster Session and the annual report.

MPH program faculty members are engaged formally and informally in continuing education and workforce development initiatives. The activities are tracked through self-report through annual reporting mechanisms, and CV updates. It remains challenging to track because often their primary role may be in another discipline. However, a greater awareness of this faculty role has been created for core faculty members, and a performance expectation communicated.

The deployment of MPH program core faculty members on an SMPH or UW–Madison committee or task force is captured through three existing mechanisms: (1) the faculty annual activity reports; (2) the faculty annual assignment that is determined by the head of the faculty member's academic unit; and (3) the minutes of standing and *ad hoc* committees and task forces that are distributed electronically or posted online.

Tracking and monitoring the deployment of faculty members in editorial positions with respect to the professional literature, in leadership positions in local, state, national, or international organizations, or in highly placed boards, review committees, or expert panels is captured in faculty annual activities reports and occasionally reported in such publications as *Quarterly*, the magazine for alumni, friends, faculty, and students at the SMPH.

Faculty members' production of scholarly publications, scholarly presentations, white papers, and invited speeches is provided through an existing mechanism, the annual faculty report. Consequently, the capturing of a baseline figure and tracking is readily part of the MPH program's performance procedures.

The scope, nature, funding level, and source for all grants and contracts are monitored routinely as part of the MPH program's operation. Much of this monitoring occurs outside of the MPH program's host unit but is readily available.

The MPH program keeps a detailed record of APEX site supervisors, preceptors, and student mentors. The identification of alumni to serve in mentoring MPH students continues to grow. From increasing contact with the alumni by the MPH program leadership and staff along with the implementation of a bi-annual alumni newsletter, the establishment of a formal alumni group and coordinating activities are expected to follow.

Having a diverse faculty and student body is a challenge for a program that resides in a state that has smaller ethnic and racial minorities than many other states. The MPH program is committed to tracking the representativeness of its student body, faculty, and staff versus the campus, the community, the state, and the nation. Human Resources personnel approve and monitor faculty recruitment procedures to enhance the likelihood of attracting a diverse candidate pool.

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 electronic resource file contains documentation of the various meetings and forums at which these evaluation methods and measures were discussed. An example of the annual faculty activity report is also included in the ERF.

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

Strengths: As a result of ongoing assessment and planning and the feedback from the MPH program's constituents, the MPH program has a strong system for feedback and evaluation. The evaluation process affords an opportunity for active participation by a wide array of the program's stakeholders. The monitoring process has allowed the MPH program to recognize its assets. As a result of the self-study process, several objectives were added, and new indicators/metrics were identified to be tracked over the next several years.

Weaknesses: The MPH program has suffered from low participation rates on some recent surveys and listening sessions.

Plans for Improvement: The MPH program will continue to evolve its tracking and monitoring mechanisms, arriving eventually at a set of indicators to which it can respond in a manner that will enhance current strengths and expand its utility to its stakeholder groups. As a result of the self-study, the faculty director and deputy director are planning to create an additional standing committee, the MPH Strategic Initiative and Accreditation committee that will be constituted in the Fall 2021 and begin meeting on a monthly basis beginning January 2022. The committee will review and update progress on data collection methods and progress on meeting goals and objectives by going through one-two criteria per month.

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.

Over the past three years, the MPH program has used data to improve processes and public health outcomes. Direct feedback from students has helped shape the structure and delivery of the curriculum to facilitate student learning and address changing student needs. Following are several examples of how the systematic approach to evaluation has been implemented to improve MPH program performance.

Example 1: POP HLTH 784 – Public Health Surveillance and Analytics to PUBLHLTH 784 – Quantitative Approaches to Public Health Practice II. When the MPH Program transformed the curriculum, there was a great deal of discussion about using an existing course as the basis for the second in a series of Epidemiology/Biostatistics courses in the planned curriculum or creating a new course. The MPH program's leadership, the Curriculum Transformation Taskforce, and the Curriculum Committees for both the Population Health Sciences Department and the MPH program engaged in lengthy conversations with the current course instructors with respect to: modify the existing course, adding additional content, and modifying assessments and teaching methods to address the curricular needs of the transformed curriculum and the educational needs of the students in the MPH program. As a result of the deliberations, the course title was changed from "Monitoring Population Health" to "Public Health Surveillance and Analytics," and the course was included among the required core courses as the second of the two required Epidemiology/ Biostatistics courses to be taught for the first time in Spring 2020. With data collected from the 2020 programmatic feedback survey and the Spring 2020 listening sessions, it became clear that there was dissatisfaction with the course content, the teaching methods, and the assessment. During the annual core course evaluation process during the MPH Curriculum Committee meetings, additional concerns were discussed about using the existing course rather than creating a new course that more completely addresses the curricular and competency needs. Based on student, faculty, and committee feedback, the MPH program leadership chose to develop a new course that better addresses the MPH Foundational Competencies, builds upon the competencies and content from the initial Epidemiology/Biostatistics course in the series, incorporates public health applications and case studies from current public health practice, and is delivered in a manner that is more conducive to student learning. The resulting new course, "Quantitative Approaches to Public Health Practice II" was approved by the University and is being taught for the first time during the Spring 2021 semester. Improvement in satisfaction with the course and the instructor is anticipated within the next set of evaluations.

Example 2: Full-Time Community Engagement Coordinator. As the MPH program grew, the program expanded its staff to include a community engagement coordinator whose responsibility it is to engage with the community and shepherd the students through the APEX and ILE processes. The position was originally shared with a grant project within SMPH, and thus the position dedicated 0.50 FTE towards the duties within the MPH program. Data gathered through the programmatic feedback survey and listening sessions indicated that students desired expanded guidance through the development of their community-based experiences, including but not limited to preceptor selection, experience planning, and IRB preparation. In addition, the Community Advisory Committee provided feedback that the program should expand the types of APEX sites and the regions in which they are located. It was also addressed during the SWOT analysis completed during the strategic planning process. Based on data collected from the students, feedback from a wide range of program constituents, and a conversation with the current community engagement coordinator, the MPH program faculty director and deputy director sought approval to increase the position from 0.5 FTE to 1.0 FTE. Due to a staff transition, in late February 2020 and with approval by the SMPH, the MPH program hired a full-time community engagement coordinator in August 2020. Satisfaction with APEX preparation and expanded APEX sites is expected within the next academic year.

Example 3: Written Product Rubric. A major mechanism for feedback about the program and its components is interactions with faculty and stakeholders through meetings such as the semi-annual MPH program faculty and Community Advisory Committee meetings. Agendas are structured to include opportunities to gather input and feedback regarding educational processes. Feedback from MPH program faculty regarding the challenges of adequately assessing MPH students' ILE written products became a point of discussion during several meetings. As a result, the MPH community engagement coordinator and deputy director convened a work group consisting of several veteran faculty advisors who had served on many committees as well as a recent alumna to develop a rubric for the ILE written product. The rubric was shared with the MPH program faculty for their input and review and was adopted by the program for use beginning in Fall 2019. Initial feedback from faculty and preceptors, who also use it, have noted that it is helpful and provides a framework for assessing the wide variety of products that are produced. It has recently been revised again based on feedback from the initial review of the self-study by CEPH.

Example 4: Curricular Focus on Determinants of Health and Health Equity. Conversations with the Community Advisory Committee members and leadership and staff from the Population Health Service Fellowship program provided feedback that MPH students lacked the ability to elucidate the connections between determinants of health and health equity. Further, data was collected during the stakeholder portion of the preceptor/employee survey indicating that some employers felt graduates were lacking in this area. In response, the Curricular Transformation Workgroup included a focus on determinants of health and health equity through the curriculum during the curriculum transformation process. A new course, Determinants of Health and Health Equity, was added in 2019. By strategically placing the course in the first semester, students' understanding of health determinants and health equity informs their learning throughout the program. In addition, these core themes of public health are a thread in the curriculum, with topic-specific content in most subsequent courses designed to build from the lessons of Determinants of Health and Health Equity. For example, the second year required course formerly the Culminating Seminar, now focuses on social justice and equity, providing an opportunity for students to apply their knowledge from the previous year. As a result, many students now use an equity framework to develop and execute their applied practice experiences.

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

Strengths: The MPH program has a comprehensive infrastructure in place to inform day-to-day operations as well as strategic initiatives. The program utilizes a variety of quantitative and qualitative data sources to make informed decisions to improve the program.

Weaknesses: None noted.

Plans for Improvement: As a result of the self-study, the faculty director and deputy director are planning to create an additional standing committee, the MPH Strategic Initiative and Accreditation committee that will be constituted in the Fall 2021 and begin meeting on a monthly basis beginning January 2022. The committee will review and update progress on data collection methods and progress on meeting goals and objectives by going through one-two criteria per month.

C1. Fiscal Resources

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

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

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

Funding from the core MPH budget supports the faculty and staff who teach the 13 required core courses and seminars in the MPH curriculum. For the current academic year, eight courses are led by MPH department staff, with the other five courses taught by faculty homed in other UW–Madison departments. The MPH program provides $4,000 per credit hour that is used by their respective departments towards salary and fringe benefits for the faculty/staff who teach the courses.

The budget for the 2020-21 academic year includes $250,000 for MPH faculty and academic leadership staff, $56,000 for additional instructors, and $75,000 for teaching assistants. The budgeted $381,000/year does not include the significant financial contributions of the secondary MPH program faculty or the contributions from community-based faculty and preceptors.

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.

The MPH program is organizationally homed in the SMPH Office of Academic Affairs. When MPH leadership identifies the need for additional faculty or staff, a proposal is brought to the senior associate dean for academic affairs for approval and endorsement.

If the position is a direct hire by the MPH program, it must first be approved by the SMPH position control committee before posting. Approval requires documentation of need and source(s) of funding for any new position.

If the additional position will be faculty time purchased from another UW–Madison department, the final approval comes with operational budget approval.

c) Describe how the program funds the following:

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

Core support for the MPH program is provided by the SMPH. The MPH operating budget provides support for the infrastructure of the MPH program – primarily for personnel and instructional costs – which are dedicated to the program. Operational costs for the program are encompassed in four major categories: Payroll, Services and Supplies, Professional Development and Travel, and Financial Assistance.

Table B.1. c) a. Operational Costs	
Categories	**Components included within Category**
Payroll	Teaching related-salary and fringe benefits for Faculty, staff, and graduate assistant, MPH program staff salary and fringe benefits

Services and Supplies	IT support, Telephone and voicemail services, expenses related to meetings, i.e., materials and refreshments, office supplies, computer supplies
Professional Development and Travel	Meeting and continuing education and professional development registration expenses, travel expenses related to continuing education and meetings or conferences, Registration and travel expenses related to student recruitment, travel expenses related to APEX site visits
Financial Assistance	Scholarships and educational support for students

Additional administrative support for human resources, fiscal, student support services, and diversity support and programming are provided through the larger Academic Affairs and SMPH budgets.

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

MPH program students benefit from the proceeds of six UW Foundation funds and trusts whose purposes include but are not limited to scholarship and activity support of MPH and MD-MPH students. The current spendable balance in these funds stands at $480,000.

Fund Name	Fund Description
Dean's Scholarship Fund	This Fund is being established at the request of Dean Robert N. Golden to provide need-based scholarship support to students in any of the School of Medicine and Public Health's academic programs. Scholarship recipients will be drawn from accepted applicants in each of the academic programs. Recipients will be selected by the School of Medicine and Public Health Scholarship Committee (or its successor or designee). The scholarship recipient will be recognized at an appropriate University of Wisconsin-Madison School of
Master of Public Health Student Support Fund	The purpose of this Fund is to provide support for currently enrolled students in the Master of Health program. The Dean of the School of Medicine and Public Health and the Deputy Director of the Master of Public Health program shall
MD/MPH Dual Degree Program Student Support Fund	This purpose of this Fund is to provide financial support for qualified students enrolled in the MD/MPH program. The Dean of the School of Medicine and Public Health and the MD/MPH
MPH Program Fund	The School of Medicine and Public Health (SMPH) wishes to establish this fund to support activities associated with the Master of Public Health (MPH) program within the UW SMPH. The Deputy Director of the MPH Program and the Dean of the School of Medicine and Public Health have the authority to spend from this fund for the fund's stated purpose. Note: In August 2018 administration of this fund moved from Population
Shapiro-Farrell MD and MPH Scholarship Fund	This fund was created by the Herman and Gwen Shapiro Foundation in honor of the leadership and Deanship of Dr. Philip Farrell. This annual Scholarship shall be provided to one or more qualified students enrolled in the MD/MPH program at SMPH. Recipients will be selected in accordance with SMPH policies and procedures.
SAMUEL G. PERLSON MEDICAL SCHOLARSHIP FUND	Account to support scholarships in the Medical School in honor of Dr. Samuel G. Perlson.

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

Travel, conference registration, and other professional development expenses for faculty whose appointment is within the MPH program are supported in the MPH operating budget. Supplemental faculty and instructors' professional development expenses are covered by their home department.

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

On an annual basis, the MPH faculty director and deputy director prepare and present an operating budget to the senior associate dean for academic affairs, and negotiations ensue. The MPH budget is then presented as a component of the overall SMPH Academic Affairs budget to the senior associate dean for finance for the upcoming fiscal year. Following the determination of the final budget, the MPH faculty director receives notification of the final operating budget to begin on July 1.

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.

The structure at UW-Madison is unique in that tuition and fees provided by students is not directly captured by the institution and thus student tuition and fees are not captured by the MPH program. Instead, the SMPH allocates university funds – tuition and state General Purpose Revenue support – to the MPH program. This dollar figure has been in the range of $457,479 to $460,119 for the past three years. This is direct funding that is provided for the operation of the MPH program, such as faculty and staff salaries and benefits, operations, and travel. Funding for SMPH departments includes a Mission Aligned Management Allocation (MAMA) contribution, which recognizes academic activity provided, including rewarding a program financially for demonstrated growth.

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.

The MPH budget does not include grants, contracts, indirect cost recovery or taxes, or levies, as these funds do not directly accrue to the MPH budget.

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

Not applicable

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

The MPH program is part of the Academic Affairs unit of the SMPH. The Academic Affairs annual budget exceeds $30 million, enabling investment in program expansion where supported through reserves. Furthermore, after allocations to campus, school, and Academic Affairs, increases in MPH student tuition are reserved and directed to MPH program improvements that directly benefit students. As anticipated, the program's budget increased substantially during FY2019 due the change in curriculum in 2019 and the increased FTE for the community engagement coordinator position in 2020. The Academic Affairs unit expects long term budget neutral transactions, but it was anticipated that the program could exceed the budget in FY2019 as the program transitioned to Academic Affairs, and in FY2020 and FY2021 when the program implemented the revised curriculum. The FY2022 budget accurately encompasses the MPH program's growth.

MPH Program Financial Statements

Depts: '538540', 530377

Curriculum Change

	Population Health				Academic Affairs		
	2015	2016	2017	2018	2019	2020	Budget 2021
Source of Funds							
School Budget	463,437	445,690	482,288	451,790	447,634	591,094	719,765
Foundation Funds Transferred	15,245	13,000	13,050		40,000	1,000	25,000
Total Funds	**478,682**	**458,690**	**495,338**	**451,790**	**487,634**	**592,094**	**744,765**
Expenses							
Total Payroll Expenses	360,668	370,555	409,653	408,201	515,692	645,715	673,760
Faculty and Academic	*230,143*	*214,557*	*223,794*	*212,563*	*291,826*	*369,457*	*368,849*
Graduate Assistants	*19,121*	*6,718*	*23,764*	*36,941*	*44,220*	*78,996*	*74,825*
Classified Salaries	*28,119*	*36,298*	*41,270*	*45,344*	*33,195*	*25,415*	*66,718*
Student Salaries	*6,992*	*13,825*	*5,280*	*9,909*	*8,495*	*6,788*	
Fringe Benefits	*76,293*	*99,157*	*115,546*	*103,443*	*137,956*	*165,060*	*163,368*
Services & Supplies	52,367	46,932	38,760	50,894	29,582	24,705	36,526
Professional Development and Travel	9,984	10,737	6,892	7,385	1,891	7,779	9,480
Financial Assistance	32,716	30,721	15,000	21,288	20,250	15,250	25,000
TOTAL Expenses	**455,734**	**458,946**	**470,304**	**487,768**	**567,415**	**693,449**	**744,766**

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: The MPH program's position as part of the SMPH provides strength in terms of shared resources and support and creates prominence within a large university. Overall, the school's financial management approach provides stability, protecting programs from annual variations while recognizing and rewarding growth. Building integration between the practice of medicine and public health has been a priority for SMPH, and the MPH program has benefitted.

Weaknesses: Challenge related to competing with other SMPH programs and initiatives for resources.

Plans for Improvement: None noted.

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 | Adequacy of the Program's Instructional Faculty

	FIRST DEGREE LEVEL			SECOND DEGREE LEVEL	THIRD DEGREE LEVEL	ADDITIONAL FACULTY+
CONCENTRATION	**PIF 1***	**PIF 2***	**FACULTY 3^**	**PIF 4***	**PIF 5***	
Generalist	Ajay Sethi	Thomas Oliver	Kristen Malecki	N/A	N/A	PIF: 1.5 Non-PIF: 10
MPH	1.0 FTE	1.0 FTE	1.0 FTE			
TOTALS:	Named PIF	3, (3.0 FTE)				
	Total PIF	5, (4.5 FTE)				
	Non-PIF	10, (3.05 FTE)				

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.

In the MPH program calculating FTE for primary and non-primary instructional faculty is based on contributions to formal group instruction, individual instruction, academic advising, graduate research, clinical instruction, and other instructional activity. Service and research that directly serves and/or benefits the MPH program is also included in the calculation.

The method used for calculating FTE for faculty **teaching** is calculated by counting total number of credit hours/course + 4 hours prep time for each unrepeated hour. Scholarship that contributes to the body of knowledge of public and/or population health accounts for the **research** portion of the FTE for PIF and Non-PIF. Maintenance of expertise and individual or group mentoring of public health student research is incorporated into the hours allocated for each contact hour of research. Workload allocations for scholarship are based on individual faculty activity and development trajectory. A minimum of 5% time is allocated for faculty members to participate on program committees. **Service** percentages are increased for additional program, department, SMPH or institutional committees. Service allocations are also higher for faculty who engage in activities such as Global Health, dual degree activities, and interprofessional education. **Advising** also contributes to the FTE calculation for the PIF and Non-PIF contributions to the MPH program. The calculation is based on the number of MPH student advisees/faculty member. This number is retrieved annually on 9/1.

Calculations for determining FTE for each faculty member, both PIF and Non-PIF can be found in the ERF.

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

All PIF have full-time appointments to the University of Wisconsin-Madison. Their contributions to the MPH program are outlined in the table below. Similar information on the Non-PIF can be found in the ERF.

Table C2-3 | Primary Instructional Faculty

Instructor	FTE	Courses Taught and Program Responsibilities
Johnson	0.5	Teaches required course PUBLHLTH 793, serves as frequent guest lecturer in other PH courses and in campus-wide educational events, provides link to work of UW–Madison, Population Health Institute, mentors students in projects related to health equity, serves on MPH Steering Committee
Malecki	1.0	Developed and taught PUBLHLTH 783, serves as frequent guest lecturer in other PH courses, will teach PUBLHLTH 793 in 2022. Co-Chairs MPH Curriculum Committee, Directs SHOW and Center for Urban Population Health, advises, and mentors MPH students, advises Community Engagement Coordinator on state governmental health partnerships
Oliver	1.0	Teaches required course PUBLHLTH 792; teaches highly subscribed elective POP HLTH 915, serves as frequent guest lecturer in other PH courses, co-chairs MPH Curriculum Committee, chairs Promotions Committee, serves as faculty advisor to MPH students, mentors MPH students related to population and public health policy
Sethi	1.0	Teaches two highly subscribed elective courses within the MPH program, POP HLTH 803 and POP HLTH 721 and required course taken by the PMR-MPH students (POP HLTH 797) and serves as frequent guest lecturer in other PH courses. Serves as MPH faculty director, serves as MPH program's liaison to SMPH and University, Chairs MPH Steering Committee, serves on MPH Curriculum Committee, oversees admissions process, advises and mentors MPH students on epidemiology and ID. Served as infectious disease expert for university and statewide community during pandemic.
Walsh	1.0	Teaches required courses PUBLHLTH 783, PUBLHLTH 784; mentors and facilitates student practice and research through Survey of the Health of Wisconsin (SHOW), serves on MPH Admissions Committee

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

Table C2-2a | General Advising & Career Counseling			
Degree level	**Average**	**Min**	**Max**
Master's	4	1	6

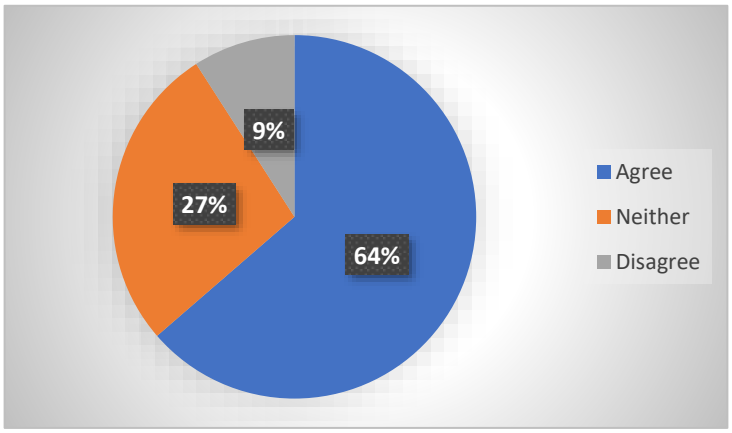
Table C2-2b | Advising in MPH Integrative Experience		
Average	**Min**	**Max**
2	1	7

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

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

Students are asked about class size and its relation to quality of learning through a programmatic survey that is provided via email annually during the Spring semester. Results of the most recent survey were as follows:

Q: Class size is conducive to learning.
Spring 2020; N = 30



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

Table C2-5 | Student Satisfaction with Availability of Faculty 2019-2021

	2019 (N = 47)	**2020** (N = 30)	**2021** (N = 22)
MPH Faculty are accessible to me.			
Agree	94.5%	85.7%	95.5%
Neither Agree nor Disagree	5.5%	10.7%	4.6%
Disagree	-	3.6 %	-
MPH Faculty are willing to assist me.			
Agree	97.9%	85.7%	100%
Neither Agree nor Disagree	-	10.7%	-
Disagree	2.1%	3.6 %	-

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

The MPH program collects qualitative data on student perceptions of class size and availability of faculty in a listening session facilitated by the MPH faculty director at the end of the Fall semester and through a programmatic survey that is collected during each Spring semester. The programmatic survey is often followed by a series of listening sessions, in which the facilitator delves more deeply into student responses from the survey. Following are some of the student perceptions related to class size and quality of faculty interactions.

Class size:
As the MPH program implemented the transformed curriculum based on the 2016 CEPH criteria, the faculty have made a concerted effort to move from lectures to a more integrated and active learning teaching strategy. With 40-50 students per class, managing small groups and active learning can be challenging. During listening sessions in the Fall of 2019, students expressed concerns regarding class size that related to some of the challenges that faculty experienced and/or expressed about the changes in teaching format. Overall, the consensus is that they are learning with the current class sizes. General perceptions about class

size has improved over the past year as faculty have become more skilled at providing interactive teaching. One quote sums up the feelings of many of the students:

"There are enough students to be brokering up into different groups from class to class during the first year. This allows for students to work with different individuals in each class, gaining experience in teamwork. Additionally, the class size is not so large that instructors are unable to know each student by name. By the second year, students are enrolling in more niche areas, and are enrolled in courses with closer to 20 students, allowing for more individualized instruction."

Quality of Faculty Interactions:
Generally, students report that they are satisfied with the level and quality of faculty interactions. Some quotes from recent listening sessions and surveys are included below and provide evidence of their satisfaction.

> *"I am extremely happy with the faculty and staff of the MPH program."*
>
> *"So far, I really can't sing the praises enough of Ajay, Barb, Ryan Zea, Kristen Malecki, Sarah Davis and Sarah Lindberg. They have been particularly concise, available, helpful, and encouraging."*
>
> *"The faculty is really outstanding. Each professor is clearly passionate about their work and happy to share and work with students. It's created an environment that is supportive, enthusiastic, and inspiring to me as a first-year grad student and future professional."*

Programmatic reports for the past three years, as well as summaries of each of the listening sessions completed in the past three years, are included in the ERF.

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

Strengths: MPH students are generally satisfied with the quality of faculty and staff interactions, instructional methods, and overall teaching. Most students feel that class size is conducive to learning.

Weaknesses: There has been expressed concern by some faculty and students regarding the size of classes for interactive teaching capacity and individual assessment.

Plans for Improvement: As cohort sizes grow, consider adding more sections and offering required/core courses more than once/year.

C3. Staff and Other Personnel Resources

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

1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

Table C3-1 | Staff Support

Role/function	FTE
Deputy Director	1.0
Community Engagement Coordinator	1.0
Student Services Coordinator* (MPH Exclusive Students)	0.5
Student Services Coordinator (MPH Dual Degree Students)	0.6
Administrative Assistant*	0.6
Educational Program Administrative Specialist	0.15
Student Hourly Worker	0.3
Instructional Designer *	0.1

*Denotes staff that are shared with other units

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

The MPH program staff consists of eight employees and a total of 6.25 FTE. Three of the current staff members are shared with other units. For example, the administrative assistant is a full-time employee, but 40% of the position is dedicated to the SMPH Department of Population Health Sciences to support its two graduate programs. The MPH exclusive student services coordinator is employed by the MPH program at 0.5 FTE and works in a complementary position with the SMPH's Medical Education Office as a student services coordinator. The MPH program supports 10% of an instructional designer from the Master of Physician Assistant Studies (MPAS) program to assist faculty in course design and administration. The remainder of this full-time position is supported through the MPAS program.

In addition to the MPH-supported staff included in the template, SMPH Academic Affairs personnel provide administrative and programmatic support. For example, the unit's administrative director provides oversight and ongoing input on the program's budget, other personnel provide HR, business, and financial related services for staff and the program, and the assistant dean of academic accreditation, policies, and operations and staff provide guidance on compliance activities and reviews and negotiates affiliation agreements for APEX.

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

Data on student satisfaction with program staff support is collected in the MPH program's annual programmatic survey and listening sessions. These data support decision-making about staff sufficiency and related resources. Past surveys and qualitative data, as well as feedback from the MPH community engagement coordinator, indicated that students felt that there were deficiencies related to APEX and ILE preparation. In the 2019 programmatic feedback survey, a larger than anticipated percentage of students indicated that they were dissatisfied with the amount of advising they received on the APEX/ILE. In addition, more assistance with IRB-related issues has been identified as an area of need. During the 2019-20 strategic planning process, increasing the FTE of the community engagement coordinator position, which had been at 0.5 FTE, was identified as a priority. Due to staff transition in 2020, the MPH program was able to hire a 1.0 FTE community engagement coordinator in August 2020. It is anticipated that satisfaction with APEX and ILE preparation and navigation will improve.

Four statements on the annual programmatic survey reflect an indication of the sufficiency of MPH program staff. Students respond to the statements by indicating that they agree, disagree or are neutral to the statements. Student responses related to staff sufficiency for the past three surveys are presented below. A decrease in satisfaction with accuracy in advising was noted in the 2020 survey. The decrease in satisfaction reflects some of the challenges and confusion related to the new requirements of the transformed MPH curriculum. Advising materials have been updated, staff has been trained, and satisfaction has increased in 2021.

Table C3-3 | Student Satisfaction with Staff Sufficiency 2019-2021			
MPH program staff are accessible to me.			
	2019 (N = 47)	**2020** (N = 30)	**2021** (N = 22)
Agree	91.5%	89.7%	95.5%
Neither Agree nor Disagree	8.5%	6.9%	4.6%
Disagree	-	3.5 %	-
MPH program staff provide accurate advising			
Agree	85.1%	62%	100%
Neither Agree nor Disagree	8.5%	31%	-
Disagree	6.4%	6.9 %	-
MPH Program staff are willing to assist me			
Agree	97.9%	96.6%	100%
Neither Agree nor Disagree	-	-	-
Disagree	2.3%	3.5%	-
MPH Program staff respond to my requests in a timely fashion			
Agree	91.5%	86.2%	100%
Neither Agree nor Disagree	8.5%	13.8%	-
Disagree	-	-	-

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

Strengths: The MPH program has outstanding staff and other personnel resources to fulfill the mission of the program and to meet the needs of the students and faculty. The FTE of the community engagement coordinator was increased due to feedback from students, faculty, and the person previously in the role.

Weaknesses: The curricular transformation in the 2019-2020 academic year resulted in student perception of inaccurate advising. Steps have been taken, including staff training and enhanced advising materials, to prevent future confusion.

Plans for Improvement: With the implementation of relatively new curriculum and programmatic requirements, the program will continue to monitor student satisfaction and update and enhance processes and corresponding materials.

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 office space

Most of the MPH Primary Instructional Faculty (PIF) have appointments in the SMPH. The SMPH dean is responsible for the allocation of faculty office space and is accountable to the UW–Madison chancellor and Board of Regents for effective, efficient use of space. At the dean's discretion, space is allocated to chairs or directors for space assignment at the department, center, institute, or program level. Faculty space allocations are considered in the context of the strategic priorities of the SMPH, space available to SMPH, and sufficiency to achieve department, center, institute, or program missions.

Primary work area/office space assignments are limited to one per person. If an individual works in multiple locations, a primary work area assignment is identified, and "touch down" or "shared" space(s) are identified in the alternate work location(s).

The majority of the PIF members have office space in the Wisconsin Alumni Research Foundation (WARF) building. Faculty use their office space for office hours and other individual student meetings, work, and research. The MPH faculty director's office is located on the 6th Floor of the WARF building.

Staff office space

The MPH program is primarily housed within six offices on the 7th floor of the WARF building. These offices provide workspace for the MPH deputy director, the community engagement coordinator, the student services coordinators, the educational program administrative specialist, the administrative assistant, and the student hourly support personnel. The office in which the administrative assistant and student hourly are located is also used by the MPH students and teaching assistants for some of the core courses if they need the use of a computer, printer, or telephone during regular business hours. The educational program administrative specialist's workspace also includes the program's paper files and a table and chairs. MPH staff check-ins are frequently held in this room.

Since students primarily take classes in the HSLC, the MPH program uses office space in that building for staff members to be able to be more accessible to students. The community engagement coordinator, deputy director, and the student services coordinators hold regular office hours in the shared office. During the past year, in-person office hours were put on hold due to the pandemic, but it is anticipated that in-person office hours in the HSLC will resume during the 2021-22 academic year. A list of the offices and conference rooms in WARF available for use by the MPH program is available in the ERF.

Classrooms

Most instructional space for the MPH program is in the HSLC. The HSLC opened in June 2004 and is one of the nation's premier facilities of its type. It is the site of classroom instruction and clinical skills training for the SMPH and UW School of Nursing. It also houses the Ebling Library as well as academic and administrative offices.

There are almost 30 classrooms, seminar rooms, and lecture halls to choose from in the HSLC. Classroom capacity in these rooms range from an 8-10-person seminar room to a 30-person classroom to a 180-person lecture hall. Classrooms are equipped with state-of-the-art audio-visual technology, including videoconference and webinar connections. Classroom technology is supported by a team of Classroom and AV Services support staff.

In 2017-18, the SMPH remodeled the third floor of the HSLC to create the Integrative Learning Center, and better facilitate interactive learning. The Integrative Learning Center offers a flexible learning space comprising four quadrants, each with its own A/V system, tabling, and chairs that may be reconfigured to accommodate anywhere from 64 to 320 participants.

HSLC information, including hours of operation, classroom sizes, and room availability is found on the website.

The seventh floor of the WARF building also has a classroom with the capacity for 25 students and a student commons area where students may study or complete small group work. There is an additional classroom/conference room that has capacity for 20 students on the fifth floor. Both classrooms are equipped with built-in projection capabilities and projection screens.

A list of the classrooms and conference rooms available to the MPH program can be found in the ERF.

Shared student space

Classes and activities for MPH students are held primarily in the HSLC, which is a shared space for all educational, library, and extra-curricular activities for the students in the SMPH, including MD, physician assistant, and genetic counseling students. Students have access to a student-only lounge for studying, relaxing, and connecting with friends. The lounge includes a kitchen and has a microwave, refrigerator, table, and limited seating. Students can use it for lunches and small group meetings. There is also a small kitchen area available to students on the third floor of the HSLC that includes a microwave and refrigerator.

MPH students may also reserve study rooms near the library. For larger meetings, students can reserve conference rooms in HSLC, WARF, or the Ebling Library. In addition, students can use study desks and tables located throughout the HSLC atrium and Ebling Library, which are available on a first-come, first-served basis.

MPH students have access to a special use lounge/lactation room in the HSLC. The lactation room provides private space where lactating mothers are welcome to pump or nurse. The space is equipped with comfortable couches separated by curtains for privacy, a small table, sink, outlets, cabinets, microwave, refrigerator and lockers provided for storage of breastmilk and pumps.

MPH students can obtain lockers in the School of Pharmacy by completing a request form. The School of Pharmacy is located adjacent to the WARF building and is connected by walkway to the HSLC.

Laboratories, if applicable to public health degree program offering

Not applicable

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

Based on student feedback collected through annual listening sessions, MPH students desire an increased space/presence in the HSLC. MPH students have experienced challenges to gaining after-hours access to the HSLC, Ebling Library, and silent study rooms. MPH administrative staff request blanket access for all students at the beginning of the academic year, but some students have continued to face barriers accessing the space.

There are perceived disparities in access to space as well. Medical students have access to general HSLC spaces, silent study rooms, and the lounge, as well as several house rooms and specially reserved space that is only accessible to them. An ongoing request from MPH students is to have one assigned MPH room to be used as meeting, lounge, and mentor space.

Overall, MPH students desire access to the HSLC building and rooms at all times and a dedicated space in the HSLC for MPH program purposes. One quote seems to sum up how some students feel about the ability to access space in the HSLC.

"I would agree that I feel that the MPH faculty are accessible and listen to our feedback, however, I do not feel the same when I am taking classes in the HSLC. We are seen as the bottom of the list and our insight is not valued."

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

Strengths: Faculty and staff have adequate office and meeting space in the WARF and HSLC. Students have near state-of-the-art classroom and meeting room space with vast audiovisual capability.

Weaknesses: Students perceive disparities in accessibility of designated classroom and meeting space in the HSLC.

Plans for Improvement: 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:

Ebling Library, located within the HSLC, is the primary health sciences library on campus, serving the SMPH as well as the School of Nursing, the School of Pharmacy, UW Health, and the departments of Occupational Therapy and Kinesiology. Health sciences faculty, staff, and learners have 24/7 access to the library via their WiscCard, with reference service available 8:00 a.m. – 4:00 p.m., Monday through Saturday.

Ebling library's staff of 17, including the director and associate director, oversee all administrative functions of the library and provide reference and research services, group and individual library instruction, and liaison services with subject matter expertise specifically tailored to the health sciences.

As a library of the UW–Madison, all Ebling Library users have access to online databases, journals, and books selected and purchased by the Council of University of Wisconsin Libraries (CUWL). CUWL members include all the public state universities and colleges. In addition, all UW–Madison libraries have access to shared resources of the Big Ten Academic Alliance, a collaboration among research universities. A UW–Madison NetID is required for authentication. All patrons with a campus NetID (e.g., students, faculty, staff, and volunteers) have access to the electronic and print resources of any of the UW–Madison campus libraries.

Ebling Library has reported total current journal subscriptions of 1,312 titles, which are reviewed and renewed annually. In addition, several journal subscriptions are selected and purchased from funds outside of Ebling Library. The SMPH estimates that an additional 2,352 medical and health journal titles are purchased by other campus libraries or outside library groups and made available to students and faculty. For example, the New England Journal of Medicine (NEJM) is not included in the 1,312 titles reported since that subscription is selected and paid for by CUWL. However, because the NEJM subscription is made via CUWL, it is available to all UW System libraries, students, faculty, and staff across the state.

Ebling Library provides a list of 3,664 available online journals in the subject area of medicine and health on its homepage. The library has also invested in several journal packages, such as ClinicalKey and CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature), that provide users with access to many thousands more journals. However, the content of these packages can change at any time by the vendor, and access may not encompass the range from the first volume to the current volume. The estimate of available journals across the entire campus and covering multiple subject areas is more than 160,000 titles.

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

No specific software is required for instructional programs. However, all students are provided free access to certain software through the Campus Software Library. This includes Microsoft Office Suite, Adobe Creative Cloud, and a variety of applications for research, web-conferencing, security, and digital presentations.

The school has over twenty classrooms with computer workstations accessible to students. Additionally, 89 desktop workstations are available in the Ebling Library in the Health Sciences Learning Center, with many more located at other libraries on campus. Forty laptops, five iPads, and a variety of AV equipment is available for students to check out from the library, including cables and adaptors. The campus has a wireless network that reaches all classrooms and study spaces. Additionally, classrooms are fully wired with sufficient outlets to allow computer use.

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

Upon hire, faculty are assigned a laptop or desktop computer (macOS or Windows) as needed for their duties. Computers are pre-loaded with standard software for productivity, and faculty may request additional software if required. UW-Madison provides no-charge software through the Campus Software Library. Examples of software for productivity includes Adobe, Cisco Webex, Teams, Microsoft suite, SmartDraw, and Solidworks. Examples of software for research includes Autodesk, JMP, Mathmatica, SAS, SPSS from IBM, STATA, and QSR-NVivo. Examples of software for security includes Symantec and Microsoft Defender. Computers are replaced every five years. In the event of technical issues necessitating extended repair, loaner devices are available. Faculty may also use personal devices for work, though they must meet security standards, and available IT support is more limited.

Technical assistance available for students and faculty:

The school features a robust roster of over 40 IT professionals to assist students and faculty across its three key units: Academic Information Systems, Shared Services IT, and Cybersecurity/HIPAA security. These individuals aid and expertise with respect to application support and development, educational technology, infrastructure, network and cybersecurity, classroom AV, academic and administrative analytics, and desktop support. Additionally, students and faculty can obtain near-immediate IT assistance via the UW–Madison Information Technology VIP Helpdesk for basic IT and computing issues. A Shared Services IT Quick Guide, available on the school's intranet, provides faculty and staff with clear guidance for where to obtain the help they need: https://it.med.wisc.edu/wp-content/uploads/2019/12/SMPH-Shared-Services-IT-Quick-Guide.pdf

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

Information and technology resources are sufficient at the school. The adequacy of library and information technology resources that support the school's educational programs is assessed in a variety of ways. Regular student surveys are conducted, and specific surveys measure the satisfaction with library and technology services, which students consistently rank as above 90% satisfied/very satisfied. The IT academic information systems unit also receives input from various student leadership groups to get feedback on current technology and help with planning for future technology upgrades. Furthermore, the academic information systems unit attends faculty committee meetings, and small groups focused on the educational mission of the school to gather feedback about the variety of technology provided. The faculty and staff that work in administration of each of the health professions programs also inform and assess the technology resources in partnership with academic IT.

In addition to these internal methods of assessment, the academic information systems unit also regularly monitors trends in IT among other academic medical centers. Members of the team attend national meetings like the Association of American Medical Colleges Group on Information Resources to learn about and explore opportunities to bring new technologies to the campus. The school is also a member of the MedBiquitous Consortium that seeks to develop and promote technology standards for health professions education.

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

Strengths: MPH students, faculty, and staff have access to one of the largest library holdings in the country. Students have access to the university's vast audiovisual capabilities.

Weaknesses: None noted.

Plans for Improvement: None noted.

D1. MPH & DrPH Foundational Public Health Knowledge

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

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

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

Table D1-1 | Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)

Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy, and values	All incoming students complete an online, asynchronous course based on the course **POP HLTH 370: Introduction to Public Health: Local to Global Perspectives.** Students are exempt from taking the course if they meet the following: A BA or BS in public health from a CEPH accredited undergraduate program; Completion of POP HLTH 370 with the grade of a "B" or above, taken within the last five years as an undergraduate or special student at the University of Wisconsin-Madison, or equivalent; Passing a written test and receiving a score of 80% or more (using a pre/post-test model). **PUBLHLTH 780: Evidence-Based Decision-making** **PUBLHLTH 782: Determinants of Health and Health Equity: A Systems Approach** **PUBLHLTH 785: Public Health and Healthcare Systems** **PUBHLTH 790: Public Health and Social Justice** **PUBLHLTH 792: Public Health Policy** **PUBLHLTH 793: Public Health Leadership**
2. Identify the core functions of public health and the 10 Essential Services	All incoming students complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 780: Evidence-based Decision-making** **PUBLHLTH 785: Public Health and Healthcare Systems**
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	All incoming students complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 780: Evidence-based Decision-making** **PUBLHLTH 783: Quantitative Approaches to Public Health I** **PUBHLTH 790: Public Health and Social Justice**
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	All incoming students complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1.

Table D1-1 Contin'd | Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 783: Quantitative Approaches to Public Health I**
6. Explain the critical importance of evidence in advancing public health knowledge	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 780: Evidence-based Decision-making** **PUBLHLTH 783: Quantitative Approaches to Public Health I** **PUBLHLTH 792: Public Health Policy**
7. Explain effects of environmental factors on a population's health	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 782: Determinants of Health and Health Equity: A Systems Approach**
8. Explain biological and genetic factors that affect a population's health	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1.
9. Explain behavioral and psychological factors that affect a population's health	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBHLTH 790: Public Health and Social Justice**
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1. **PUBLHLTH 782: Determinants of Health and Health Equity: A Systems Approach** **PUBHLTH 790: Public Health and Social Justice** **PUBLHLTH 792: Public Health Policy** **PUBLHLTH 793: Public Health Leadership**
11. Explain how globalization affects global burdens of disease	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1.
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	All incoming students will complete an online, asynchronous version of a course based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives unless they are exempt by criteria listed in D1-1.1.

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 pre-requisites, as applicable.

Upon matriculation into the MPH program, students must complete an online, asynchronous Public Health Foundational Knowledge course that is based on POP HLTH 370: Introduction to Public Health: Local to Global Perspectives. The course is available over a two-month period and is offered as a non-credit, free pre-requisite to beginning the MPH program. The online, asynchronous format of the course provides students with the ability to work at an individualized pace, allowing students to complete the course when it fits their schedules. As noted above in table D1-1.1, students are exempt from the course if they meet the criteria listed. Students are exempt from taking the MPH program's Foundational Knowledge course if they have completed a BA or BS in public health from a CEPH accredited program, have taken the POP HLTH 370 course for credit as a UW-Madison undergraduate student, or have taken an equivalent course at another institution, as deemed as a substitution by the MPH Curriculum Committee. Approximately 50% of the matriculating students take the online course.

Students in the foundational knowledge course must pass a final exam and receive a passing score of 80% or above. The final exam is offered face-to-face at two different times, one month and one week before the start of classes. Several optional practice quizzes are available throughout the course to help prepare students for the final exam.

Based on a review of the POP HLTH 370 course and its content by the MPH Curriculum Committee in 2018, in consultation with Professor Patrick Remington, who originally developed and currently teaches the course, the course adequately provides MPH students with a robust grounding in the 12 foundational knowledge competencies. Given this, it was approved.

Students who feel that they have taken an equivalent course from another institution provide a syllabus for review and approval for a formal exemption by the MPH Curriculum Committee.

Review and repetition of important concepts are key to successful learning. Almost all the subsequent MPH program's required courses include and reinforce foundational knowledge as listed in table D1-1. Each core course syllabi lists the foundational knowledge to be addressed in the course.

Syllabi for the POP HLTH 370 course, the MPH courses that address foundational knowledge, samples of course materials, and the final exam for the MPH Public Health Foundational Knowledge Course can be found in the ERF.

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

Strengths: The MPH program's Public Heath Foundational Knowledge course is provided asynchronously, online for free prior to the start of the Fall semester, providing students with the flexibility to master the content, pass the exam, and begin the MPH curriculum with a grounding in public health knowledge.

Weaknesses: Because the course is not offered for credit or a grade, some students may not hold themselves accountable to complete the required material or take the requirement seriously. Some students have simply opted to attempt to pass the exam.

Plans for Improvement: Augmenting the course with additional assignments, such as requiring formative or summative quizzes, adding synchronous or asynchronous discussions, or reflections, should increase student engagement with the course materials and provide a stronger foundation for all students in the course. These plans will be implemented for the Fall 2022 cohort.

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 | Requirements for MPH Generalist Degree

Course number	Course name	Credits (if applicable)
PUBLHLTH 780	Evidence-based Decision-making	3 credits
PUBLHLTH 781	Communicating Public Health Effectively I (Seminar)	1 credit
PUBLHLTH 782	Determinants of Health and Health Equity: A Systems Approach	3 credits
PUBLHLTH 783	Quantitative Approaches to Public Health I	4 credits
PUBLHLTH 784	Quantitative Methods for Public Health Practice II	3 credits
PUBLHLTH 785	Public Health and Healthcare Systems	3 credits
PUBLHLTH 786	Planning and Management to Promote Health	3 credits
PUBLHLTH 787	MPH Applied Practice Experience Seminar	1 credit
PUBLHLTH 788	MPH Applied Practice Experience	6 credits
PUBLHLTH 790	Social Justice and Public Health: Tools and Models	2 credits
PUBLHLTH 791	Communicating Public Health Effectively II	2 credits
PUBLHLTH 792	Public Health Policy and Politics	3 credits
PUBLHLTH 793	Public Health Leadership	2 credits
	Public Health Electives	5-6 credits

Degree requirements for the UW–Madison MPH Program are outlined on the MPH Website and in the Student Handbook found in the ERF.

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.

Select assessments for each MPH foundational competency in the MPH program's core courses are highlighted below, although there are other assessments that also address these competencies. Full prompts, directions to the students, or descriptions of each of the assessments included in the matrix can be

found in the ERF in the Core Courses folder, D2 Foundational Competencies folder. A document is included in the ERF that described the faculty member assesses individual students' competency attainment in group projects. That document can be found in the ERF in the Core Courses folder, Individual Competency Assessment for Group Projects folder.

Table D2-2 | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	**PUBLHLTH 783:** Quantitative Approaches to Public Health I	**Laboratories/Case Studies 2, 3 & 6**: Students participate in case studies that provide hands on practice in applying principles of epidemiology and biostatistics in multiple settings relevant to the practice of applied public health (e.g. hospital, community, surveillance/population based observational).Laboratory 2 focuses on sleep apnea, Laboratory 3 focuses on an outbreak investigation and Laboratory 6 focuses on screening characteristics to detect HIV modified from the CDC.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	**PUBLHLTH 783**: Quantitative Approaches to Public Health I (select quantitative data collection methods0 PUBLHLTH 780: Evidence-based Decision-Making (select both qualitative and quantitative data collection methods)	**PUBLHLTH 783: Homework #2 & #4:** Homework #2: students find child protective services data from the Wisconsin Department of Children and Services and describe the data over different time points. Homework #4, students describe and compare measures of disease association and pull COVID-19 data from specific Wisconsin Counties. **PUBLHLTH 780:** Evidence-based Public Health Final Project: Students work with a community to design a population-based program, project or policy. Students select quantitative and qualitative data for review and recommendation for determining priorities and ongoing assessment and evaluation during the implementation phase of the project.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	**PUBLHLTH 784:** Quantitative Approaches to Public Health II (focuses on quantitative data analysis) **PUBLHLTH 790:** Public Health and Social Justice **(**focuses on qualitative data analysis)	**PUBLHLTH 784: Independent Analysis of Public Health Data:** This is assessed in a project that runs throughout the semester. Students select specific topics of interest and use the Survey of the Health of Wisconsin data to complete an applied data analysis project. Students are required to use SAS software and produce a series of analytic tables that may serve as a possible template for independent analysis of Public Health data **PUBLHLTH 790:** Qualitative Data Analysis Project: Students will develop a paper the highlights the data sources, methods, results, conclusions, and interpretations, and final themes of the results of a community conversation. They use LVN analysis tools and MAXQDA to analyze the qualitative data. Instructions for the report can be found on page 9 of the course syllabus.
4. Interpret results of data analysis for public health research, policy, or practice	**PUBLHLTH 783:** Quantitative Approaches to Public Health I (research) **PUBLHLTH 784**: Quantitative Approaches to Public Health II (practice) **PUBLHLTH 785**: Public Health and Health Care Systems (policy)	**PUBLHLTH 783: Homework #11:** Students assess and interpret findings of existing trial data on the SARS-COV2-mRNA vaccine trials. **PUBLHLTH 784: Final Project Parts I, II, and III:** Students are assessed through the Discussion and Conclusion from the semester long analytic project. Homework #8 focuses on evaluating and synthesizing literature and describing the various forms of potential selection and information biases. **PUBLHLTH 785: Systems Analysis and Change Paper:** Students use secondary research, grey literature, and systems mapping to characterize key components of system(s) and interpret results of data analysis with peers.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
Public Health and Health Care Systems		
5.Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	**PUBLHLTH 785:** Public Health and Healthcare Systems	**PUBLHLTH 785: Midterm Exam:** Students will compare and contract the organization, structure, and function of two state Medicaid programs and/or the US healthcare system with international healthcare systems and outcomes.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	**PUBLHLTH 782**: Determinants of Health and Health Equity: A Systems Approach **PUBLHLTH 790:** Public Health Social Justice: Tools and Models	**PUBLHLTH 782: The Water of System Change and Covid Assignment:** Students omto examine a COVID-19 related health inequity and then work upstream to consider stakeholders, as well as policies, programs, resources flows, power dynamics, relationships and mental models/biases that have led to and maintained this inequity. **PUBLHLTH 790: Online Social Justice Discussion:** Students provide evidence of their understanding of structural bias, social inequities, and racism concepts and competencies mastered through the MPH curriculum.
Planning and Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	**PUBLHLTH 786:** Planning and Management to Promote Health **PUBLHLTH 780**: Evidence-based Decision-making	**PUBLHLTH 786**: **Community Assessment Assignment**: Student groups complete a group project to assess a communities' needs, assets, and capacities. The assessment is used as part of the final grant writing assignment in the course. **PUBLHTH 780**: **Final Exam, Q# 1**. Given a hypothetical situation, students use the social ecological model to identify questions and data that will be used to assess the needs, assets, and capacities of a specific population.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	**PUBLHLTH 792:** Public Health Policy	**PUBLHLTH 792: Blog Post Assignments 1 & 6:** Students apply cultural values and practices in designing policy and programs related to vaccine waivers upon school entrance in Blog post 1 and apply awareness of the difficulties of implementing international policies and programs to stop the most recent outbreak of Ebola, considering cultural and religious beliefs about burial practices in Blog post 6. Blog post assignments can be found on pp. 5-7 in the Syllabus (found in ERF)
9. Design a population-based policy, program, project, or intervention	**PUBLHLTH 780:** Evidence-based Decision-making	**PUBLHLTH 780: Evidence-based Public Health Final Project:** Students work with a community to design a population-based program, project, or policy. The project culminates in a presentation and a written paper for the community.
10. Explain basic principles and tools of budget and resource management	**PUBLHLTH 786**: Planning and Management to Promote Health	**PUBLHLTH 786: Week 6 Homework Assignment:** Students create a one-year budget and budget justification.
11. Select methods to evaluate public health programs	**PUBLHLTH 780:** Evidence-based Decision-making **PUBLHLTH 786:** Planning and Management to Promote Health	**PUBLHLTH 780: Evidence-based Public Health Final Project**: Students work with a community to design a population-based program, project, or policy. The final project includes a plan for evaluating the proposed program or policy where students select evaluation methods. **PUBLHLTH 786: Evaluation Project:** Student groups develop an evaluation of a public health program or issue in which they select evaluation methods that are appropriate to the population or community. The evaluation assignment contributes to the final grant writing assignment.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	**PUBLHLTH 792:** Public Health Policy	**PUBLHLTH 792: Strategy Memos:** The strategy memos are intended to develop skills in 1) applying key concepts and analytical frameworks to real world health policy issues; 2) identifying the most important characteristics of issues, the political environment, and institutional processes that serve as opportunities or barriers to policy and systems change; and 3) communicating clear steps to advance proposals to address important public health problems. **PUBLHLTH 792: Group Case Study Project:** The major assignment for the course is an in-depth case study of health policy development. Students apply important concepts and analytical frameworks to explain the course of action on a prominent issue in public health. Each group writes a 15-20-page paper and makes an in-class presentation on the background of their issue and their major findings.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	**PUBLHLTH 780**: Evidence-based Decision-making	**PUBLHLTH 780: Final Exam, Question #: 4**: Students answer questions intended to evaluate their knowledge and comprehension of concepts and theories covered during the course. Through these answers, students will propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	**PUBLHLTH 791:** Communicating Public Health Effectively 2	**Letter to the Editor Blog Assignment**: Each student will write their own letter to the editor in support of or opposing a policy or program. **Oral and Written Testimony**: Students will develop a three-minute oral testimony (approximately 500 words) advocating for evidence-based program or policy.
15. Evaluate policies for their impact on public health and health equity	**PUBLHLTH 792:** Public Health Policy **PUBLHLTH 785:** Public Health and Healthcare Systems	**PUBLHLTH 792: Group Case Study Project:** Students evaluate policies for their impact on public health and health equity. Students write a 15 – 20-page group paper that addresses eight research questions. **PUBLHTH 785: Health Insurance Policy Review:** Students obtain, review, and evaluate a health insurance policy and analyze how health care services are paid for in the U.S., health care insurance costs, and how insurance may influence the health care people receive. The assignment has two components: (1) narrative questions and (2) a comparative grid.
Leadership		
16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making	**PUBLHLTH 793**: Public Health Leadership	**PUBLHLTH 793: Leading Through Adversity Assignment:** Students research real-life examples of leaders facing internal or external challenges to their organization's effectiveness. They apply principles of leadership, governance, and management to critique how leaders performed and how we can strengthen effective leadership for population health improvement.
17. Apply negotiation and mediation skills to address organizational or community challenges	**PUBLHLTH 780**: Evidence Based Decision-making **PUBLHLTH 793**: Public Health Leadership	**PUBLHLTH 793**: **Leading Through Adversity Assignment:** Students research real-life examples of leaders facing internal or external challenges to their organization's effectiveness. Students critique the mediation/negotiation skills of the leader and discuss how learning from this example can strengthen effective leadership for population health improvement. **PUBLHLTH 780: Negotiation Case Study:** Students develop a draft email to send to community liaison to set up a time to address and resolve conflict.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
Communication		
18. Select communication strategies for different audiences and sectors	**PUBLHLTH 791:** Communicating Public Health Effectively 2	**PUBLHLTH 791: Communication Plan**: Students develop a communication plan based on a specific public health issue or policy chosen by the student. The plan includes objectives, target audience, key messages, communication methods, a timeline, budget, implementation plan and evaluation plan. **Social Media Assignments:** Students obtain a Twitter account and post a Tweet once a week during the semester, advocating for evidence-based programs or policies. Students work in groups to create and execute a social media campaign addressing a public health issue. **Press Release:** Student prepare a press release pertaining to a contemporary public health issue or concern and present these to working print journalists.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	**PUBLHLTH 791:** Communicating Public Health Effectively II	**Written and Oral Testimony:** Students develop written testimony (approximately 500 words) and delivers a three-minute oral testimony to be delivered in a mock public health hearing, advocating for evidence-based program or policy. **Infographic Assignment:** Students develops an infographic to communicate a public health message in a clear, concise, visual format. **Radio and TV Communications:** Students prepare and present mock radio and TV interviews and are interviewed by experienced journalists.

Table D2-2 Contin'd | Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
20. Describe the importance of cultural competence in communicating public health content	**PUBLHLTH 791**: Communicating Public Health Effectively II **PUBLHTLH 793:** Public Health Leadership	**PUBLHLTH 791: Final Paper**: Students submit a final paper that compares three communication strategies to reach diverse audiences and considers cultural competence. **PUBLHLTH 793: Exemplifying Cultural Humility in Leadership Assignment**: Students complete a written assignment in which they provide the basis of development of cultural competency in leadership and describe personal steps to becoming culturally competent public health leaders.
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	**PUBLHLTH 781**: Communicating Public Health Effectively I	**PUBLHLTH 781: Interprofessional Reflection:** Students participate in interprofessional experience with other health professions students (Nursing, PA, Social Work, OT, Genetic Counseling). Students write a reflection about how the lessons they learned will be incorporated into practice to perform effectively on interprofessional teams.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	**PUBLHLTH 790**: Public Health Social Justice: Tools and Models' **PUBLHLTH 785:** Public Health and Healthcare Systems	**PUBLHLTH 790: Systems Thinking Paper:** Students use the stock and flow diagram approach to identify points of leverage within existing systems and propose strategies to improve population outcomes relating to an assigned issue, resulting in a final paper. Instructions can be found on pages 7- 9 of the course syllabus. **PUBLHLTH 785: Systems Analysis and Change Project:** Students complete a detailed systems analysis, identifying data to help define the problem, clearly delineate boundaries of the system, systems components, feedback loops, and equity considerations. Students build on the analysis to recommend at least three evidence-based and/or promising strategies for improvement.

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 required courses can be found in the ERF. Additional materials related to Template D2-1 can be found in the ERF in the D2 Foundational Competency folder within the Core Courses folder. Supporting documentation is included by competency and includes detailed instructions for assignments and assessments, supporting content in some cases, and discussion of the way in which individual group members are assessed in group work.

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

Strengths: The MPH program has developed a coordinated, comprehensive curriculum with wide-ranging coverage of the MPH foundational competencies, including meaningful assessments and evaluations to ensure that students attain competency.

Weaknesses: None noted.

Plans for Improvement: None.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level 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.

Select assessments for each UW–Madison program-specific concentration competency in the MPH program's core courses are highlighted below, although there are other assessments that also address these competencies. Full prompts, directions to the students, or descriptions of each of the assessments included in the matrix can be found in the ERF in the Core Courses folder, D4 Concentration Competencies folder. A document is included in the ERF that described the faculty member assesses individual students' competency attainment in group projects. That document can be found in the ERF in the Core Courses folder, Individual Competency Assessment for Group Projects folder.

Table D4-1 | Assessment of Competencies for UW–Madison Program Specific/Concentration Competencies

Competency	Course number(s) and name(s)	Specific assessment opportunity
1. Utilize a global health perspective to confront the root causes of less than optimal health and promote wellness for all communities	**PUBLHLTH 785: Public Health Social Justice: Tools and Models**	**PUBLHLTH 785: Systems Analysis Project:** Students chose a less than optimal public health problem or policy as an example and determine the root causes of the issue and make recommendations to improve the health and well-being of the population.
2. Engage theory and evidence-based methods to lead multidisciplinary and professional public health practice and research.	**PUBLHLTH 786: Planning and Management to Promote Health** (provides evidence of engaging in the use of theory) **PUBLHLTH 792: Public Health Policy** (provides evidence of using evidence-based methods lead practice, policy, and research initiatives)	**PUBLHLTH 786: Theory of Change Assignment:** Students create a visual that illustrates their personal, individual understanding of the issue they are addressing using theory of change. **PUBLHLTH 792: Strategy Memos:** The strategy memos are intended to develop skills in 1) applying key concepts and analytical frameworks to real world health policy issues; 2) identifying the most important characteristics of issues, the political environment, and institutional processes that serve as opportunities or barriers to policy and systems change; and 3) communicating clear steps to advance proposals to address important public health problems. See also justification for definition of multidisciplinary and professional practice within this competency in the ERF.

Table D4-1 Continued | Assessment of Competencies for UW–Madison Program Specific/Concentration Competencies		
Competency	**Course number(s) and name(s)**	**Specific assessment opportunity**
3. Employ a socio-ecological model to analyze dynamic interactions among human and social systems	**PUBLHLTH 782: Determinants of Health and Health Equity: A Systems Approach**	**PUBLHLTH 782: Influence of Community on Health Reflection:** Students employ the social-ecological model as a framework to provide their own definition of community, reflect on what community has most shaped their health, past, present and future, consider how they define membership within their community, and describe the key considerations that someone working with the community should know about the communities.
4. Identify strengths and limitations of current public health models and approaches and design innovative solutions for today's public health challenges.	**PUBLHLTH 782: Determinants of Health and Health Equity: A Systems Approach**	**PUBLHLTH 782: The Water of System Change and Covid Assignment:** Students to examine a COVID-19 related health inequity and then work upstream to consider stakeholders, as well as policies, programs, resources flows, power dynamics, relationships and mental models/biases that have led to and maintained this inequity and develop personal and systems level strategies. . **Key Strengths and Takeaways Assignment:** Students reflect on key takeaways based on the community-expert's/representative's lecture, regarding assets within the community, structural barriers (including structural discrimination) to health equity within the communities, and public health strategies to promote health equity within the community
5. Practice public health with honesty and integrity using a respectful and collaborative approach that responds to the needs of the communities we serve.	**PUBLHLTH 787: MPH Applied Practice Experience Seminar**	**PUBLHLTH 787: Community Engagement Memo:** Students develop a plan for community engagement during their APEX that addresses the needs and assets of the community with honesty and integrity in a respectful manner.

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

Not applicable.

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

Syllabi for the courses that address and assess the UW–Madison specific concentration competencies can be found in the ERF.

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

Strengths: The UW–Madison program-specific concentration competencies were developed to encompass the philosophies, values, mission, and vision of the MPH program as well as the university's broader philosophy of the Wisconsin Idea. At a minimum, at least one of the concentration competencies is addressed in each of the core courses.

Weaknesses: Competency assessment through the portfolio has only recently begun with the 2019 student cohort, and thus additional data regarding competency attainment is needed.

Plans for Improvement: The program will continue to monitor competency attainment through student ILE, and portfolio review and adjustments to the curriculum will be made as necessary.

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.

The MPH Curriculum Transformation Sub-Committee, operational from 2016 to 2019, was an *ad hoc* task forces of the MPH Curriculum Committee that developed recommendations for the Applied Practice Experience (APEX) competency requirement. Recommendations were based on a review of the CEPH requirements for the APEX, data from the program's fieldwork summary reports for the past five years, consultation with preceptors, and members of the MPH program's Community Advisory Committee on important skills needed to practice in public health. The recommendation was reviewed and approved by the MPH Curriculum Committee and was fully implemented in the 2019-20 academic year.

All MPH students complete a 240 hour, six-credit APEX in a community-based public health setting, during which students apply skills and knowledge from didactic courses to attain at least five competencies aligned with students' educational and professional goals. All students are required to address competencies within the domains of Communication, Interprofessional Practice, and Systems Thinking during their APEX.

In addition to the three required domains/competencies, students, with the assistance of their faculty advisor(s) and preceptor, select two additional competencies from the remaining foundational domains and competencies or from the five UW–Madison specific concentration competencies. Dual degree students are also required to choose from the MPH foundational competencies and UW-Madison specific concentration competencies for their remaining competencies.

Students begin planning for their APEX during the first semester of the MPH program by discussing their career and educational goals with their faculty advisor. Faculty advisors may suggest exploration of possible community organizations that may be well suited for the student or may provide introductions to potential preceptors. Students also receive basic information about the APEX requirement at orientation and through regular communication with the community engagement coordinator in some of the required courses and through regular emails highlighting APEX opportunities. The community engagement coordinator maintains an APEX Opportunity List on the MPH program's website. Students are encouraged to explore their interests by reviewing the opportunities.

During the first eight weeks of the second semester in the MPH program, students take PUBLHLTH 787: MPH Applied Practice Experience Seminar, which is the 1-credit, required APEX preparatory seminar. During the seminar, the students complete assignments that contribute to the planning and development of their APEX. They develop a goal statement for their APEX in the form of an audio elevator pitch, a memo outlining how they will engage with the community during their APEX, complete HIPAA and IRB training, write an overview summary of their planned APEX, discuss ways in which they will engage within their organization and community in a culturally congruent manner, and identify a second faculty advisor. During the seminar, students also develop a competency matrix that identifies the five competencies they intend to address and attain, the activities that will help them to attain the competencies, two products or deliverables

for each domain/competency, and the timeline for completion of the products. The final assignment and culmination of the APEX seminar is the completion of the Applied Practice Experience Learning Agreement or ALA. The ALA includes the contact information for the student, preceptor, and two faculty advisors, a summary/overview of their APEX plans with identification of their ILE written product, their competency matrix, information regarding whether their project will require IRB review, and signatures of approval and agreement by the student, the preceptor, and the faculty advisors. In addition to review and approval of the plans encompassed in the ALA by the student's faculty advisors and preceptor(s), the entire planning process is guided and reviewed by the MPH program's community engagement coordinator.

Once students have a signed and completed ALA and have completed the PUBLHLTH 787 prep course, they are ready to begin working on APEX and logging hours. Students use a time log that is signed by the preceptor to verify that they have spent a minimum of 240 hours.

During the APEX students complete their competency products and reflections, which are submitted for review by the community engagement coordinator in the course learning management system, Canvas. The coordinator provides feedback for enhancement and improvements. The products are also reviewed by the preceptors. In addition to submitting the products in Canvas, the students add their products to their portfolios, which are stored in a cloud-based Box folder and are shared and regularly reviewed by their faculty advisors. Students provide regular APEX updates to their faculty advisors. In addition to reviewing the competency products and deliverables from the APEX as they are submitted, the faculty advisors convene towards graduation to complete a comprehensive review of the entire portfolio, including the APEX products and final written product that is affiliated with the APEX near graduation.

APEX related planning tools include the competency table template and the ALA. These tools can be found in the ERF.

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

MPH student materials related to the APEX are provided in the ERF and include the following:
PUBLHLTH 787: MPH Applied Practice Experience Seminar Syllabus, PUBLHLTH 788: MPH Applied Practice Experience Syllabus, MPH APEX/ILE Handbook, course content from the APEX Canvas site, and the APEX checklist.

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

Practice-related materials, including Template D5-1 for five MPH exclusive students, is included in the ERF

Practice-related materials, including Template D5-1 for the following dual degree students, are included in the ERF:
MD-MPH
BS Nursing to MPH Advanced Degree Option
PharmD-MPH
MPA-MPH (LaFollette School of Public Affairs)
DVM-MPH

The MPH program's curriculum, based on CEPH's 2016 curriculum, was fully implemented in the 2019-20 academic year, and thus at the time of the final self-study submission, samples for some of the dual degree students are not yet available. Because of the sequence of coursework for the physical therapy and physician assistant programs, DPT-MPH and MPAS-MPH dual degree students have not yet begun their APEX at the time of submission.

The program's only JD-MPH student is currently in the process of completing her APEX and will not have final competency products completed until December 2021.

During the implementation of the transformed MPH curriculum, students were choosing to focus on competency domains, rather than on individual competencies. This has been remedied for the incoming 2021 cohort and going forward, all MPH students will focus on five public health competencies during their APEX, either from the MPH Foundational Competencies or from the UW-Madison MPH Program-specific concentration competencies.

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

Strengths: An extensive collaborative planning process and monitoring and assessment process guarantee a highly beneficial practice-based learning experience for the MPH students.

Weaknesses: While MPH students report a high level of interprofessional engagement and practice during their APEX experiences, the program has been challenged to identify appropriate products that provide evidence of such collaboration in the community.

Plans for Improvement: The MPH program continues to monitor planning and assessment processes related to the APEX and will continue to make additional modifications as needed. The program will continue to gather examples from past students and other accredited programs to enhance student reporting on the interprofessional practice competency.

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.

Table D7-1 | MPH Integrative Learning Experience for UW–Madison Generalist Degree/Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
High Quality Written Product (required for all students)	Students self-identify competencies and plans for written product in the APEX proposal stage; advisors, preceptor, and community engagement coordinator approves the proposal and identified competencies; two faculty advisors and preceptor (optional) use a rubric to assess the student's ability to appropriately integrate and synthesize competencies within a product created for the community organization they worked with during their APEX. The rubric is meant to assess all types of written products, although, it more closely aligns with the evaluation of a research project. The rubric has been revised to include a category related to competency attainment and to add an element for review of visual elements.
Graduation Poster Session (required for all students)	Students create a poster summarizing the work they completed during their APEX and present it at a graduation poster session held in May of each year. Faculty advisors assess and evaluate the poster as part of the portfolio review using a rubric.
Portfolio Review (required for all students)	Students develop and maintain an ongoing portfolio from orientation to graduation. Contents include example product from didactic courses, the APEX, volunteer and job-related experiences, and other pertinent materials that provide evidence of competency attainment and professional growth within the 8 MPH Foundational Competency Domains and the 5 MPH Concentration Competencies. The portfolio includes a minimum of 3 products from each domain and concentration competencies. Going forward, starting with the 2021 matriculation class, students will provide 2 products per MPH Foundational and Concentration Competency. Faculty advisors provide guidance and feedback in regular meetings throughout the student's educational journey. The portfolio is reviewed by two faculty advisors during a meeting near graduation that includes student self-reflection and assessment using a portfolio evaluation tool.

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

The Integrative Learning Experience (ILE) demonstrates the synthesis of all MPH Program Competencies developed throughout the MPH program. The ILE is completed at or near the end of the program of study and represents the culmination of the MPH student's educational endeavors. The ILE consists of three components:

1. A written product developed for the student's APEX placement
2. Participation in a graduation poster session
3. A formal review of the student's entire portfolio.

Students plan the written product as part of APEX preparation. Faculty advisors, preceptor, and the community engagement coordinator are consulted along the way to assure that the proposal and identified

competencies are consistent with the focus of the APEX, will benefit the community, provide a high-quality culmination of their work, and provide evidence of synthesis of knowledge and competency attainment. During the APEX, the students attain competency of at least three foundational competencies from the domains of communication, interprofessional practice, and systems thinking, plus two additional competencies chosen from the remaining MPH Foundational the Competencies or the program's own concentration competencies.

Throughout the APEX, the students provide timely updates on progress on the written product, provide drafts, and seek feedback from the faculty advisors and the preceptor. The written product is reviewed and assessed for the demonstration of quality, knowledge and skill attainment, and synthesis of knowledge and theory to practice by two faculty advisors and the preceptor (optional). The faculty advisors use a rubric to assess the student's ability to appropriately integrate and synthesize competencies within a product created for the community organization they worked with during their APEX. The rubric is meant to encompass all types of written products, although, it contains many of the elements of a research paper which were deemed to be important by MPH program faculty and are considered to be standard components for most high quality work (i.e., background information, literature review, discussion, recommendations). The rubric has been revised to include a category related to competency attainment and to add an element for review of visual aspects of the presentation, since many students are including visuals and graphics in their written products.

The two faculty members review and provide feedback to the student on the written product through an iterative process that takes place before the final review. The final review takes place at a meeting with the student, two faculty members and preceptor (optional). The meeting includes a thorough discussion of the written product, section by section. Following the discussion with the student, the faculty advisors confer to complete the ILE Written Product Rubric shared with the student. Faculty advisors determine whether the student's product is deemed satisfactory based on meeting/exceeding the criteria in the rubric and then reviews next steps, should there be edits or changes needed to the paper.

A graduation poster session is held annually at the end of the Spring semester, near graduation week. The poster is based on the student's APEX or another research-related project, with guidance from the APEX preceptor, the community engagement coordinator, and the faculty advisors. The poster becomes part of the student's portfolio and is reviewed and evaluated as part of the portfolio process. A rubric is available for use to review the poster.

All MPH students are required to develop a portfolio that provides examples of their work and accomplishments during the program. The portfolio is used to document professional development and assess educational outcomes and attainment of public health competencies. In the MPH program, the portfolio serves three main purposes:

- To demonstrate progress toward public health competencies over time.
- To equip you with products (i.e. resume, professional mission statement and goals, exceptional work samples) relevant to career development and job searches.
- To enhance relationships with faculty advisor(s) by discussing career and educational goals.

The portfolio contains three sections: Professional Goals, MPH Competencies, and Integrative Learning Experience. The competencies section contains a folder for each of the eight MPH Foundational Domains and a folder for the five MPH program specific concentration competencies. The students are required to have at least two products for each of the competencies addressed in the MPH program, i.e., 22 MPH foundational competencies and 5 concentration competencies, for a total of 54 products. The products come from didactic courses, the APEX, volunteer and service opportunities and other pertinent experiences. These products can be used to provide evidence of competency attainment in more than one category.

A student's portfolio, having been added to throughout the MPH program by students and faculty advisors to document student progress in competency attainment, is reviewed throughout the time in the program during check-in meetings each semester and in a meeting held during the final semester of the MPH program. Two faculty members review and evaluate the final portfolio and assess whether it provides sufficient evidence that the student has attained competence and is ready for public health practice, using a portfolio review tool.

The student and two faculty members meet to discuss and review the completed portfolio as a required component of the ILE and graduation.

Portfolio assessment by faculty members has two components: first, Student Self-Reflection and second, Faculty Evaluation of the Portfolio. The student facilitates a self-reflection discussion regarding their mastery of the program's public health competencies. The student provides a high-level overview of the knowledge and skills they gained through their educational journey in the MPH program, describes the extent to which they met their overall individual learning goals, and shares at least two examples of community engagement during the educational program and at least three lessons learned from working at the community level. The student highlights at least two products/outcomes from a minimum of three domains of their choosing and explains how mastery of these competencies have assisted them in preparing to reach career goals and/or affords them opportunities for future public health practice.

The faculty advisors deem whether the portfolio is satisfactory based on the presentation by the student and a review of the full portfolio using the Portfolio Evaluation Tool. Faculty evaluation may be supplemented with assessments from other qualified individuals such as preceptors or community-based experts.

The Portfolio Evaluation Tool includes a list of each of the eight MPH Foundational Competency domains, with the competencies below and the five MPH program concentration competencies. Each student must have at least two products for each of the competencies that the faculty members believe, based on their knowledge, expertise, and experience, provide evidence that the student has achieved a satisfactory level of mastery to practice public health at an entry-level or higher. If the products are from a didactic course, the student must have received a grade of "B" or above on the product or documentation. The Portfolio Evaluation Tool has been updated for implementation beginning in the 2021 academic year.

Students lacking products or outcomes in any of the domains are required to produce or further document their work through a mutually agreed-upon plan made between the student and the two faculty advisors. Failure to satisfactorily provide evidence of meeting minimum standards in each of the domains/competencies will delay graduation.

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

Materials for students related to the ILE are included in the ERF and include the following:
PUBLHLTH 788: MPH Applied Practice Experience Syllabus
MPH APEX/ILE Handbook
Portfolio Guide
ILE Checklist

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

Materials developed for the faculty related to documentation of the ILE are included in the ERF:

- Preceptor Guide
- Faculty Advisor Guide
- ILE Checklist
- Portfolio Evaluation Tool
- ILE Written Product Evaluation Rubric

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 MPH curriculum was revised and fully implemented with the 2019 cohort, and thus five examples of ILE graded written products can be found in the ERF.

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

Strengths: The MPH program has set high standards for the ILE. The combination of a high-quality written product, a professional poster presentation, and a portfolio review that requires student self-reflection as well as ongoing faculty review and final assessment assure that the ILE goes well beyond a simple academic exercise to provide long-term impact on students' professional development and competency attainment.

Weaknesses: The implementation of the ILE assessment process is relatively new within the MPH program, and in the process of executing the new system, there have been some challenges, including lack of uniform interpretation of guidance by both students and faculty advisors. Currently students are keeping portfolio documentation in a Box folder that they make available to their faculty advisors. A comprehensive portfolio software package is needed to track student data more efficiently and effectively.

Plans for Improvement: Program staff will continue to enhance student and faculty instructions on the ILE processes, including, specifically guidance on the portfolio development and assessment that provides additional step-by-step instruction for review, more detailed checklists, and additional examples of portfolio contents. Progress has been made in updating and enhancing process on the guidelines and instructions for students in the incoming 2021 cohort.

D8. DrPH Integrative Learning Experience

Not applicable

D9. Public Health Bachelor's Degree General Curriculum

Not applicable

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable

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 program has one generalist degree option and requires a minimum of 42 credits to complete the degree: thirty-one credits of didactic core courses and seminars, 6 credits of APEX, and 5-6 credits of electives.

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

One credit hour is defined as one hour (i.e., 50 minutes) of classroom or direct faculty/qualified instructor instruction and a minimum of two hours of out-of-class student work for each credit hour each week for approximately fifteen weeks. Alternatively, a credit hour is defined as the learning that takes place in at least 45 hours of learning activities (i.e., lectures or class meetings, in-person or online, laboratories, examinations, presentations, tutorials, preparation, reading, studying, hands-on experiences, and other learning activities. This equates to 45-50 hours per credit over approximately 15 weeks.

D15. DrPH Program Length

Not applicable

D16. Bachelor's Degree Program Length

Not applicable

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.

Table E1-1 | Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Sheri Johnson	Associate Professor (CHS)	Non-Tenure Track	PhD	Boston University	Clinical Psychology	Generalist
Kristen Malecki	Associate Professor; tenure track	Tenure Track	PhD, MPH	Johns Hopkins	Epidemiology, Public Health, Environmental Health	Generalist
Thomas Oliver	Professor	Tenure Track	PhD, MHA	Duke; University of North Carolina at Chapel Hill; University of California	Political Science; Health Policy	Generalist
Ajay Sethi	Associate Professor	Tenure Track	PhD, MHS	Johns Hopkins	Microbiology; Infectious Disease Epidemiology	Generalist
Matthew Walsh	Instructor	Non-Tenure Track	PhD, MPH	UW–Madison; Rollins School of Public Health, Emory	Epidemiology; Public Health	Generalist

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.

Table E1-2 | Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Elizabeth Bush	Director; Unspecified Academic Staff, non-tenure track	Director, Wisconsin Area Health Education Center, SMPH	0.25 FTE	MS, MA	Binghamton University; University of New Mexico	Biomedical Anthropology; Secondary Education	General
Sarah Davis	Clinical Professor, non-tenure track	Co-Director, Center for Patient Partnerships	0.4 FTE	JD, MPA	UW-Madison	Law; Public Policy	General
Mark Edgar	Lecturer, Non-tenure track	Lecturer, MPH Program	0.25	PhD, MPH	St. Louis University School of Public Health; University of Illinois Springfield	Public health, epidemiology, public health social justice	General
Mary Hayney	Professor (CHS); non-tenure track	Professor, School of Pharmacy	0.25 FTE	PharmD, MPH	University of Minnesota; University of Wisconsin-Madison	Pharmacy, Public Health	General
Sara Lindberg	Assistant Professor, CHS, Non-tenure track	Evaluation Research Director, Population Health Institute	0.4	PhD, MS	University of Wisconsin-Madison	Developmental Psychology; Population Health Sciences	General
Dipesh Navsaria	Associate Professor (CHS); non-tenure track	Associate Professor, Department of Pediatrics; Medical Director, Physician Assistant Program, SMPH	0.3 FTE	MD, MPH, MSLIS	University of Illinois College of Medicine, Urbana; George Washington University Physician Assistant Studies Program	Medicine, Public Health, Library Science	General
Parvathy Pillai	Clinical Assistant Professor; non-tenure track	Assistant Prof. (CHS), Department of Population Health Sciences, SMPH	0.4 FTE	MD, MPH	Northeastern Ohio University School of Medicine; University of Michigan	Medicine, Public Health	General

Table E1-2 continued | Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Patrick Remington	Professor; tenure track	Professor Emeritus, Department of Population Health Sciences, Director, UW-Madison Preventive Medicine Residency	0.3 FTE	MD, MPH	UW–Madison; University of Minnesota	Medicine, public health, communication, risk communication, chronic disease epidemiology	General
Warren Rose	Associate Professor; tenure track	Associate Professor, School of Pharmacy	0.25 FTE	PharmD, MPH	Butler University; University of Wisconsin-Madison	Pharmacy, Public Health	General
Jonathan Temte	Professor (CHS); non-tenure track	Associate Dean for Public Health and Community Engagement, SMPH	0.25 FTE	MS, PhD, MD	Oregon State University; University of Wisconsin-Madison	Biological Oceanography, Zoology, Medicine	General

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

All PIF and Non-PIF CVs are in the ERF.

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

The curriculum for the UW–Madison MPH program requires ten didactic courses, two seminar-type courses, and a practical experience course. Five full-time faculty members who have extensive teaching roles within the MPH program have been identified as the primary instructional faculty (PIF). Seminar instructors and the instructor for a required course for the clinical dual degree students are included in the non-PIF category. FTE for the PIF and Non-PIF for academic year 2020-21 were calculated based on the amount of teaching, service, and research that directly benefits and serves the MPH program.

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

Strengths: The MPH PIF members are exceptionally well-qualified by professional preparation and experience to teach, advise, and share research opportunities with MPH students. The Non-PIF members enhance the faculty complement and bring vast experience, expertise, and practical application to the students.

Weaknesses: As the MPH program expands its curriculum and grows, additional resources are needed to expand the faculty.

Plans for Improvement: As resources are available, the MPH program will recruit additional PIF and non-PIF faculty to address diversity and programmatic area needs identified through the self-study process and other quality improvement efforts.

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.

The MPH program provides a unique educational experience that focuses on the application of public health principles in practice. Students have the advantage of learning from people who are experienced public health practitioners and not just academicians. MPH faculty categorized within the following three key definitions.

MPH Program Faculty: MPH program faculty come from across the health sciences and UW–Madison campus, representing the interprofessional nature of the program and contributing substantively to the MPH program through teaching, mentoring, and service. The MPH program faculty are defined as those who teach in required MPH courses or highly subscribed electives, serve on MPH committees, and/or contribute substantively to the program by mentoring MPH students, serving as primary and secondary faculty advisors for MPH students, and participating in the program's events and activities.

MPH Community Faculty: Members of the Wisconsin public health workforce who serve as preceptors, guest lecturers, and small group leaders may be appointed as MPH community faculty. MPH community faculty may be given a zero-dollar/zero-percent honorary appointment with the university as a preceptor, honorary associate, or honorary fellow.

Preceptors oversee students' APEX work on-site and may serve as a reviewer for the ILE. They are employees of the APEX host site. Preceptors provide guidance and feedback regarding student performance. As necessary, they consult with the community engagement coordinator regarding problems and questions that may arise during the experience. At the end of the APEX, the preceptor completes an evaluation of the student's work. Preceptors are selected by the students with advice from their faculty advisors and MPH staff advisor and are reviewed by the community engagement coordinator of the MPH program. New preceptors are approved as a consent agenda item by the MPH Curriculum Committee and then forwarded to the SMPH Dean's Leadership Team for final approval and appointment.

MPH Affiliate Faculty: Numerous UW–Madison faculty and academic staff contribute to the program by mentoring MPH students and/or serving as guest lecturers and discussion group leaders in MPH core courses. These faculty members are known as MPH affiliate faculty. MPH affiliate faculty are less substantively involved in the program than MPH program faculty.

The faculty who teach the required courses are considered the program's core course faculty. Many of the MPH program faculty and core course faculty have experience in state, county, and/or community public health agencies and actively contribute their real-world knowledge to the classroom environment. For example, Remington and Pillai served as EIS officers with the CDC and worked in state health departments prior to joining the University. Duerst was a health officer in a rural health department and Edgar was the Director of Policy and Practice at a local health department prior to joining the MPH program. Malecki worked as an epidemiologist at the Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health prior to being appointed as a University of Wisconsin-Madison faculty member.

In addition, current community practitioners, MPH program faculty and affiliates serve as guest lecturers, discussion group leaders, and preceptors and may receive a zero-dollar honorary appointment. A table that includes a list of guest lecturers, their practice experiences, and the topics they present to the students during the 2020-2021 academic year by required MPH course is included in the ERF. Some of the required courses do not include external guest speakers (e.g., PUBLHLTH 781, 784, 787, 788, 792).

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

Strengths: MPH program faculty, affiliate faculty, and community faculty bring a wealth of experience and knowledge to bear on MPH students' didactic learning and practical experiences. Student APEX experiences are developed in collaboration with faculty advisors, community faculty, and public health staff members resulting in a rich and comprehensive experience for students that is enhanced by faculty involvement.

Weaknesses: The delineation between MPH program faculty and faculty affiliates, while clear in definition is often confusing for faculty, students, and staff in practice. Currently, affiliate faculty are not included in the faculty listserv and semi-annual MPH faculty meetings.

Plans for Improvement: Plans are in process to review and address the communication deficits within the affiliate faculty category and to include them in the faculty listserv and future meetings.

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.

The MPH program's faculty maintain their currency in their areas of instructional responsibility in a variety of ways, including through participating in conferences, serving on editorial boards, reviewing manuscripts, and conducting and participating in scholarly activities. Resources for participating and presenting at meetings and conferences on the local, state, national, and global level are available through faculty members' home departments. Since scholarly activities are a function of promotion within the university, most instructional faculty members have a well-defined, ongoing scholarly agenda that reflects contributions to:

- Development or creation of new knowledge,
- Critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained within different disciplines or fields of study,
- Application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community,
- Development of critically reflective knowledge about teaching and learning,
- Identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Example 1: Participating or presenting at conferences and association meetings: Many of the MPH program's instructional faculty regularly attend conference and association meetings to maintain currency. For example, many of the instructional faculty regularly attend the American Public Health Association (APHA) Annual meeting. Remington, Duerst, Malecki, Pillai, Walsh, and Edgar have presented and/or attended in the past five years. Other national conferences that faculty attended or have regularly attended in the past three years include:

Pillai - AAMC's Learn Serve Lead, and Central Group on Educational Affairs conferences
Lindberg - American Evaluation Association, Milwaukee Evaluation, Minnesota Evaluation Studies Institute
Oliver - Meeting convened by Nuffield Trust in London on transatlantic learning for health and health systems, discussant at 2020 meeting of European Health Policy Group

Wisconsin's Public Health Association (WPHA) holds two conferences that share applications of findings generated through scholarship: the WPHA Annual Conference and the Public Health in Practice Conference. Remington, Sethi, Duerst, Pillai, Malecki, Walsh, Lindberg, Bush, Edgar, and Johnson regularly attend and share their knowledge in presentations and poster sessions. Oliver and Duerst have both presented at the conferences in the past three years.

In addition to international, national, state, and regional workshops and trainings, local sessions provided through community academic partners also enhance instructional faculty currency. Some highlights include:

Edgar has attended the following workshops and seminars in the past two years:

- Transforming Narratives to Create Racial and Health Equities Seminar
- Reentry- Understanding the Court Process- Nehemiah Foundation
- Declaring Racism a Public Health Crisis- Community Health Rankings and Roadmaps
- Decolonizing Care in Population Health
- Racism Declaration Community of Practice

Lindberg regularly attends webinars re: topics germane to her practice sponsored by NIH, CDC, NNPHI, AEA, FSG.

Pillai also regularly attends local/regional meetings around topics of health equity.

Example 2: Serving on editorial boards and reviewing manuscripts and grants: At least two instructional faculty members serve on editorial boards and regularly review manuscripts. Oliver regularly reviews manuscripts for the Journal of Health Politics, Law, Policy and Law, Health Affairs, Journal of Policy History, British Medical Journal and the Wisconsin Medical Journal. Remington is associate editor for American Journal of Preventive Medicine, serves on the board of the CDC's MMWR, and the Wisconsin Alumni Quarterly.

Example 3: Contributing through thought leadership: Instructional faculty participate in scholarship through their participation on national scholarly commissions and committees. For example, Johnson has been appointed and has served on the National Academies Roundtable on Population Health and contributed to Leading Health Indicators Committee and the American Cancer Society Health Equity Advisory Council. At the state level, she has contributed to the Governor's Climate Change Task Force and the Milwaukee County Behavioral Health Board.

Example 4: Conducting and participating in scholarly activities such as grantsmanship and published work in peer-reviewed journals. Some examples of faculty scholarship that provide evidence of ensuring currency in their areas of instruction are as follows:

- Pandhi, N., Jacobson, N., Crowder, M., Quanbeck, Q., Hass, M., and **Davis, S**. Engaging Patients in Primary Care Quality Improvement Initiatives: Facilitators and Barriers. *American Journal of Medical Quality,* April 2019
- Martinez-Bianchi V, Frank B, Edgoose J, Michener L, Rodriguez M, Gottlieb L, Reddick B, Kelly C, Yu K, Davis S., Carr J, Lee JW, Smith KL, New RD. Addressing Family Medicine's Capacity to Improve Health Equity through Collaboration, Accountability and Coalition-Building. Fam Med. 2019;51(2):198-203.
- Martino, S.C., Grob, R., **Davis, S.,** Parker, A.M., Finucane, M.L., Cerully, J.L., Rybowski, L., Shaller, D., and Schlesinger, M. Choosing Doctors Wisely: Can Decision Navigators Enhance Patients' Selection of Clinicians? *Medical Care Research and Review*, 2019 *76*(5), 572-596
- **Pillai P,** Patz, J, Seibert C. Letter to the Editor: Climate Change and Environmental Health Must Be Integrated Into Medical Education. Academic Medicine. Accepted for Publication. 2021.
- **Pillai P,** Bagwell S, Orman J, Beamsley M. Health Advocacy Learning Activities for Medical Students in Clinical Clerkship Training: Why We're Changing Our Model. Academic Medicine. Accepted for Publication. 2021.

For additional examples of faculty grants and published work, see faculty CV's in the ERF.

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.

The program monitors the quality of faculty instruction through student evaluations, listening sessions, and self-assessment reports to the MPH Curriculum Committee. Students are encouraged to comment on the quality of teaching and perceived knowledge of the instructor. Confidential feedback is welcomed by program leadership through online evaluation, emails, and individual appointments. The MPH Curriculum Committee further evaluates faculty teaching by reviewing student course evaluations. Based on the student evaluations, the MPH Curriculum Committee invites faculty to respond to student concerns and address the strengths and weaknesses of their course and make recommendations for improvements. The committee also reviews course syllabi to determine whether public health competencies are being met. Departmental executive committees utilize the course evaluations in faculty review for promotion to tenure.

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.

The MPH program's core course faculty (PIF and non-PIF) take advantage of opportunities throughout campus to continually improve instructional roles. The UW–Madison has a rich collection of resources for instructional faculty and staff through the Office of the Vice Provost for Teaching and Learning. In collaboration with deans and other academic leaders across campus, the vice provost for teaching and learning leads campus-wide activity and academic enrichment in:

- Educational innovation
- Teaching professional development
- Student digital ecosystem
- Student learning assessment
- Wisconsin Experience

Example 1: The Discussion Project: The Discussion Project is a professional development series aimed to strengthen campus-wide capacity to create a welcoming, engaging and academically rigorous classroom environments in which students experience productive classroom discussions on important issues and topics. Offered several times during the academic year and summer, Faculty Director Dr. Sethi completed the training in Fall 2019, and Dr. Navsaria completed the training in Spring 2021. Dr. Sethi has since shared tools and techniques he learned with other MPH core course faculty during the monthly meetings.

Example 2: Teach On-line@UW and Blend@UW: The Division of Information Technology offers two ongoing opportunities, Teach On-line@UW learning community and Blend@UW. The Teach On-line@UW affords instructors the opportunity to collaborate with UW–Madison instructors and instructional designers through online modules and face-to-face sessions focused on designing and teaching online courses. The training helps faculty to explore and implement research-based online course design and teaching best practices. The learning community includes two courses: "Plan & Design" and "Facilitation & Management." Faculty can participate in one or both. Faculty who successfully complete the courses receive an achievement letter to their dean and department chair as well as a digital certificate.

Dr. Edgar has been an instructor in the Teach On-line@UW course. MPH program teaching staff members Ms. Duerst, Dr. Pillai, and Dr. Oliver, have completed the full Teach On-line@UW course, and Dr. Walsh, Dr. Johnson, Dr. Malecki, and Dr. Sethi have completed parts of the training or shortened versions of the training. Ms. Jackson began the series in Summer 2021. While the MPH program does not deliver its curriculum fully online, the principles included throughout the course are useful in improving and enhancing the MPH curriculum.

Blend@UW supports the Educational Innovation Initiative by helping faculty, and instructional staff design blended courses that foster deeper, more active learning for students. Week-long series of half-day sessions are offered between semesters. These intensive series are an ideal way to gain the knowledge, skills, and peer support necessary for applying the blended learning methodology to courses. Dr. Pillai, Dr. Hayney, Dr. Oliver, and Dr. Lindberg have completed the Blend@UW series.

Example 3: Teaching Inclusively and Equitably: Several of the core course faculty have completed courses that focus on teaching inclusively and equitably. Ms. Duerst, Dr. Johnson, and Dr. Lindberg participated in training and workshops in academic year 2020-21. Ms. Duerst and Dr. Bush participated in a land acknowledgment workshop in Spring 2021.

Example 4: The Teaching and Learning Symposium: The annual Teaching and Learning Symposium provides an opportunity for the UW–Madison teaching and learning community to share best practices, celebrate accomplishments, and discuss new learning and teaching practices and theories in a forum dedicated to enriching the student learning experience. Core course faculty consistently take advantage of these offerings.

The 2021 Teaching and Learning Symposium series builds on this rich tradition by providing an opportunity to reflect on the UW–Madison's enduring values, discuss challenges and opportunities, and share innovations through the use of active and inclusive teaching practices that foster a learning environment that values students' life experiences, promotes deeper learning and inspires critical inquiry. MPH core course faculty are encouraged to attend.

Example 5: External Offerings: Several of the core course faculty members take advantage of workshops and training to enhance teaching from national organizations. Some examples include conferences offered by the Association for Prevention, Teaching and Research, the American Evaluation Association, and the AAMC.

In January 2015, the SMPH's Office of Continuing Professional Development, School of Nursing Continuing Education in Nursing Program, and the School of Pharmacy Division of Pharmacy Professional Development began a partnership to expand professional development opportunities that focus on interprofessional collaboration and teamwork. The resulting Interprofessional Continuing Education Partnership (ICEP) was awarded joint accreditation for continuing professional education in 2016, which is a new distinction from the three global leaders in healthcare continuing education accreditation: the Accreditation Council for Continuing Medical Education, the Accreditation Council for Pharmacy Education, and the American Nurses Credentialing Center. ICEP's mission is to provide exemplary and innovative accredited interprofessional continuing education that improves healthcare team performance leading to healthy patients and communities. While typically clinical in nature, ICEP offers ongoing training on preceptorship and teaching techniques that benefit public health faculty in their ongoing focus of improving teaching and learning for MPH students. ICEP provides a listing of upcoming continuing education events on its website.

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

Instructional effectiveness plays a role in tenure track and clinical faculty promotion. Summaries of past teaching evaluations and peer review of teaching, including direct observation of classroom, clinical, or other teaching environment, are an integral part of promotional review packages. To be promoted, the faculty candidate must have a record of effective teaching. The baseline requirement for teaching in a discipline is mastery of subject matter, including evidence of scholarly breadth and depth.

Effective teaching requires that the professor have the ability and willingness to communicate knowledge of the subject matter to students. Primary evidence of such includes classroom and research advising activities that relate directly to the candidate's recognized field of professional expertise. The candidate's success in communication, organization of material, interest in teaching and research advising, and stimulation of student learning is provided in the promotion documentation. A meaningful evaluation of the candidate's teaching requires the availability of credible evidence obtained by peer review and through student evaluations. To document significant accomplishment or excellence in teaching, the faculty member's home department is required to provide evaluation based on peer review of the candidate's teaching activities covering the probationary period. The exact format of the peer-review process is at the discretion of the department. However, some component of peer-review, such as classroom observation, is expected.

A summary of student evaluations is included for all courses taught, in all departments or programs in which the candidate teaches. Particular attention is paid to evidence of continuing development in the candidate's teaching, and of systematic and significant improvement when the candidate's performance has been weak. Student evaluations and peer review of teaching are supplemented by evidence of instructor effectiveness that goes beyond the quantitative summary.

To collect student perceptions of faculty teaching effectiveness, the UW–Madison uses AEFIS, a cloud-based assessment management system that facilitates the collection and application of learning assessment data. In the final few weeks of each teaching and learning opportunity, the program provides an opportunity for students to evaluate the course and course instructor through an online survey through AEFIS. The survey uses a likert-type scale to solicit responses from students related to overall satisfaction with the course and instructor as well as the following criteria:

- The course excited me about the subject matter.
- The course was well-organized.
- Objectives of the course were identified for students.

- From course materials (including lectures), I knew what was expected of me to succeed in this course.
- Difficult concepts were explained in helpful ways.
- Time was used effectively in scheduled course activities.
- Students' questions were welcomed by instructor(s).
- Help was available if I had difficulty with course materials.
- The relevance of the course material was made clear.
- The course environment was respectful of individual differences.
- The objectives of the course were met.
- I would recommend this course to other students in the field.
- I learned a lot in this course.

In addition to providing quantitative data specific to each course, students also have the opportunity to provide narrative regarding their thoughts regarding what they liked best about the course, how could the course be improved, and any additional comments about the course.

The students typically have two- three weeks to complete the evaluations, with email reminders sent throughout the period to increase the likelihood of evaluation completion. Once the survey closes, faculty members receive an email notification that their evaluations are ready for review. Faculty sign into a dashboard to retrieve their documentation. In addition to each faculty reviewing their own evaluations and their home department summary and review, the MPH program has a process for review, discussion, and action related to evaluation through the MPH Curriculum Committee.

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.

Indicator 1: Faculty participation in training programs
The MPH program monitors faculty participation in university-based training programs that support continuous improvement in faculty's instructional roles by collecting the number of faculty participating in training per year. The UW–Madison offers many training opportunities each year. Types of training are described in E3.3 above.

Table E3-5a | Faculty Participants in UW–Madison Teaching/Learning Training by Year

	Target	2018	2019	2020	2021
Participants in UW–Madison Teaching/Learning Training Programs	5	3	4	4	6

In addition, the MPH program monitors faculty participation in ongoing scholarship related to maintaining faculty currency by monitoring attendance and participation in national, state, regional, and conferences and training opportunities, participation on editorial boards and as manuscript and/or grant reviewers, participation in state or national thought leadership, and scholarly presentations and publications as described in section E3.1 above.

Indicator 2: Student satisfaction
At the end of each course, students are asked to complete an evaluation of the course and the instructor. The program sets a goal that at least 75% of students rank course satisfaction and instructor satisfaction with a ranking of "5" or better on a 7-point Likert scale for core courses. The program collects the mean, range, and median for course satisfaction on core course evaluations and the mean, range, and median for instructor satisfaction on core course evaluations. Instructors are invited to the MPH Curriculum Committee meetings following the semester to discuss the student evaluations and plans for improvements in future iterations of the course based on the evaluations and committee discussions. Results since curriculum transformation are included below:

Table E3-5b | Student Satisfaction with Required MPH Courses 2019-21						
	Target	**Spring 2019**	**Fall 2019**	**Spring 2020**	**Fall 2020**	**Spring 2021**
Student satisfaction with course	5.0	4.78/4.61-4.97/4.79	5.23/3.50 – 6.57/4.83	5.95/4.0 – 6.54/5.60	5.19/3.45-7.0/5.59	In progress
Student satisfaction with instructor	5.0	5.73/5.48-6.0/5.74	5.75/3.00-7.00/5.51	6.59/5.0-7.0/6.60	5.62/3.82-7.0/5.96	In progress

Indicator 3: Interprofessional and community collaborations
Since full implementation of the transformed curriculum in Fall 2019, the MPH program has strived to increase its interprofessional and community collaborations for teaching. In Fall 2020, the MPH program began to systematically collect information on guest speakers, making specific notes of teaching collaborators from diverse communities or communities of color or rural areas and those who come from the practice community. Interprofessional collaborations have been mixed. The MPH program plans to develop a new dual degree with the Masters of Genetic Counseling Studies (MGSC) program in 2021.
Indicators and data collected since Spring 2019 are included in the table below:

Table E3-5c | Interprofessional and Community Collaborations in Required Courses 2019 – 2021						
	Target	**Spring 2019**	**Fall 2019**	**Spring 2020**	**Fall 2020**	**Spring 2021**
Number of interprofessional collaborations across disciplines for teaching (e.g., co-instructors, co-sponsorship of courses, dual-degree programs, etc.)	**5**	2	5	1	4	3
Number of community collaborators from diverse and priority communities teaching by semester	**5**	4	5	3	5	4
Number of community collaborators from rural communities for teaching by semester	**5**	0	3	1	3	0

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

Strengths: PIF and Non-PIF faculty engage in many opportunities to improve and expand teaching methods and student engagement and to maintain currency. The MPH program has developed and implemented a long-standing quality improvement process to ensure that courses are meeting the needs of students and the curriculum.

Weaknesses: Less interprofessional collaborations via co-teaching and guest speakers from diverse communities than anticipated.

Plans for Improvement: The program will continue to strengthen partnerships and seek opportunities for faculty to engage in UW–Madison teaching and learning opportunities to expand teaching and keep current with cutting-edge methods and evidence-based pedagogy. Core course faculty will seek additional guests and co-instructors from diverse and rural communities and interprofessional backgrounds by enhancing relationships with the UW Center for Interprofessional Practice and Education, the WARM program, members of the Community Advisory Committee, and others.

E4. Faculty Scholarship

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

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

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

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

UW–Madison ranks as one of the most prolific research universities in the world. Driven by a desire to explore new worlds and to apply new ideas to real-world problems, research at UW–Madison is not conducted only by faculty, staff, and graduate students. Undergraduate research opportunities also are fostered, making research a truly campus-wide enterprise. Supporting this strong tradition of research, faculty members in the university are expected to support a portion of their salary through extramural research funding. In addition, tenure-track faculty across the health science and UW–Madison campus are expected to have a nationally recognized research record to be promoted to associate and full professor. According to Academic Analytics, 2019,

- UW-Madison Faculty published more than 19,011 articles in peer reviewed journals; approx. 8/faculty
- Their publications were cited more than 400,000 in other peer reviewed articles
- UW-Madison Faculty have published more than 1,175 books
- UW-Madison Faculty have received more than 2,600 honorific awards

Scholarly productivity is a cornerstone of the work done by all faculty at in the SMPH. Faculty scholarship ensures that faculty contribute to the latest scientific and educational advances. As a result, they can offer the highest quality education and research opportunities to students. There are three faculty tracks at UWSMPH: the traditional Tenure track, the Clinical Health Sciences (CHS) track, and the Clinician-Teacher (CT) track.

Excellence in scholarship and a high level of scholarly productivity is required for promotion in the CHS and Tenure tracks.

On the Tenure track, promotion to associate professor requires a national reputation in a primary area of scholarship and a secondary area of accomplishment in the following areas: research, teaching, service, or outreach. Promotion to professor requires a history of sustained scholarly productivity as well as national or international recognition in one's area of excellence (research, teaching, or academic leadership and program development integrating scholarship), as well as significant accomplishment in a second area.

Promotion on the CHS track requires a scholarly approach and productivity, as well as an external reputation in two of the following four areas: clinical work, teaching, leadership, and/or research. Documented involvement in longstanding scholarly activities is an eligibility requirement for promotion to professor.

The CT track emphasizes excellence in clinical practice with respect to promotion, although teaching in conjunction with clinical responsibilities is an important role for most CT track faculty.

Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to the development or creation of new knowledge, the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, the development of critically reflective knowledge about teaching and learning, or the identification and resolution of pressing social, civic, and ethical problems

through the scholarship of engagement. Faculty scholarly agendas are diverse, reflecting those areas addressed in the program's mission and outcomes to produce generalist public health practitioners who are able to provide evidence-based services in an empathetic, professional manner, and who have the foundation to practice public health in a variety of settings. In addition, expected outcomes also address ability to engage in interdisciplinary collaboration, implement health promotion initiatives and serve communities. Faculty scholarly agendas cover areas of epidemiology, public health practice, health services research, public health law, consumer advocacy, health equity, and social justice.

Neither the university nor the SMPH require a specific FTE for faculty to focus on the research agenda. Rather each department sets forth expectations for research funding for faculty salary. These expectations vary by department. For most core faculty in the Population Health Sciences Department, for example, the expectation is that faculty bring in approximately 55% - 65% of that salary through extramural funds. Tt appears that tenure track and CHS faculty are devoting 40-50% of their FTE towards their scholarly work on average. This information was taken using the data collected for the MPH faculty contribution calculation worksheet.

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

MPH faculty scholarship is supported and enhanced by multiple programs and seed funding within SMPH and the UW–Madison campus.

Support from the UW–Madison Office of the Vice Chancellor for Research and Graduate Education: The Office of the Vice Chancellor for Research and Graduate Education (OVCRGE) provides generous financial and core facilities support to faculty in order to advance their research programs, secure and maintain training grant support of research trainees, and sustain faculty laboratories during gaps in extramural funding

Matching Grants: The OVCRGE annually allocates $5 million in matching funds to increase the competitiveness of faculty efforts in obtaining extramural funding to enhance UW research infrastructure, to develop larger scale research and research training programs, or to invigorate their scholarship through off-campus faculty fellowships.

- ***Research Instrumentation and Infrastructure Grants:*** OVCRGE provides up to 20% of the total cost of the instrumentation, up to $750,000 per project.
- ***Multi-Investigator Research Projects:*** OVCRGE provides matching funds equivalent to 10% of first-year direct costs, up to $100,000, for each year of a new P01 or U01 or equivalent grants.
- ***Research Training Grants:*** OVCRGE provides flexible funding for training-related costs equal to 2.5% of first-year direct costs for each year of a new NIH T32 award or equivalent pre- or postdoctoral training grants from other agencies.
- ***Research Center Grants:*** To increase the competitiveness of applications for such grants, such as NIH P30, P50, U19 or U54 grants, the OVCRGE provides flexible funds of up to 10% of the first-year direct costs, to a limit of $250,000, for each year of a new center grant award. Multi-disciplinary research center grants are a particular campus/UWSMPH emphasis, as these grants bring together researchers and trainees from across campus to pursue common goals related to a particular research problem.

Funds for New Research Directions: The OVCRGE invests strategically in highly innovative research proposals to initiate new research directions.

- ***UW2020:*** The goal of UW2020 (~ $5.5 million annually, average award $300,000) is to stimulate highly innovative and groundbreaking research. The initiative funds high-risk, high-impact research that has the potential to transform a field of study, as well as projects requiring significant development prior to the submission of applications for external funding.
- ***Fall Research Competition:*** The main goal of the competition is to make investments (~$2.5 million and ~50 awards annually in the biological sciences) that lead to continued external funding. Faculty are encouraged to submit proposals for backup support for external grant applications. Funding may also be requested for pilot studies to initiate new research directions, with the goal of obtaining preliminary data to increase the likelihood of competitive extramural support.
- ***SEED Program:*** The State Economic Engagement and Development (SEED) Research Program (three to five awards annually, average award $150,000) allows UW–Madison faculty and academic staff to engage in innovative research, generate additional private- and public-sector support for their research programs, and promote technology transfer between the university and industry. Successful proposals

focus on research that is technically innovative, of interest to a broad economic sector, and has a high potential for near-term benefit to industrial and economic development in Wisconsin.

- ***Bridge to Future Programs:*** The OVCRGE Bridge to Future Programs ($4 million total available until expended, average award $125,000–150,000) are designed to provide bridge support to projects that have a sustained record of campus-wide impact and that experience a gap in funding. Although these programs emphasize multi-investigator projects, individual investigator applications are considered when such projects have campus-wide impact and high promise for garnering subsequent external support.

Campus Scientific Core Facilities: In 2016, the Office of Campus Research Cores was created within the OVCRGE to provided administrative support and coordination for the numerous core research facilities across the UW–Madison campus. Examples are cores dedicated to optical and representational imaging, generation of animal models of human disease, "omics" technologies, tissue repositories, as well as data acquisition, management, and analytics. The missions of the office are: to provide readily accessible information on campus cores through a central web portal; to ensure that campus core facilities have the capabilities and capacity to serve all who need core services; to define processes to facilitate local decision-making concerning phases of the core life cycle, i.e., creation, operation, and decommissioning; and to provide technology platforms for achieving scientific synergy through collaboration.

Support from the Senior Associate Dean for Basic Research, Biotechnology, and Graduate Studies in the SMPH: With regard to faculty research and scholarship, the Office of the Senior Associate Dean for Basic Research, Biotechnology, and Graduate Studies provides oversight for SMPH scientific core facilities as well as support for: research administration; graduate programs; postdoctoral trainees; the Wisconsin Partnership Program and the Office of Industry Engagement. The office offers resources and direct assistance with identifying funding opportunities, building budgets, developing, and submitting grant proposals, and processing a variety of research-related contracts and agreements. This office works closely with the OVCRGE and with relevant centers and research institutes across the UW–Madison campus to enable and financially support collaborations and team science within SMPH and across campus.

In collaboration with the OVCRGE, the SMPH Office of the Senior Associate Dean for Basic Research, Biotechnology, and Graduate Studies provides funding for faculty start-up packages and retentions, as well as matching funds for instrumentation grants and bridging funds to support faculty research programs that experience gaps in extramural research funding.

The school is also deeply committed to supporting faculty as they develop grant applications to federal agencies and private foundations. Expert grant writers in the office not only provide boilerplate text and editing of scientific and budgetary content but also serve as "project managers" for preparing entire proposals. Support includes ensuring that grant eligibility requirements are met, managing work assignments in preparing R01, P01, or equivalent grants, setting deadlines for work completion, and ensuring that all elements of the application are completed.

Support from the Wisconsin Partnership Program (WPP): The has provided substantive funding for SMPH research as well as educational and community engagement programs. The WPP has also been the catalyst for developing the school's groundbreaking organizational model that integrates public health and medicine into each of its missions. Funding from the WPP continues to support a remarkable array of investments in health improvement; building community-academic partnerships, training medical students to become public health-oriented physicians, and exploring the full range of biological, social, and economic factors determining health and disease.

The WPP administers five competitive grant programs — two community grants and three faculty grant programs —each with a unique focus on improving the health of the people of Wisconsin. Regarding faculty grants, the Collaborative Health Sciences Program provides up to $500,000 over three years to support novel ideas and new approaches to interdisciplinary research or education benefitting Wisconsin residents. The New Investigator Program provides up to $100,000 over two years to support innovative research and/or education projects that address Wisconsin's health issues. And the Partnership Education and Research Opportunity Grants provide pilot funds of $50,000 to $100,000 over two years to support high-risk, high potential impact research and education projects aimed at benefitting the health of Wisconsin residents. In the 15 years since its inception, the WPP has awarded over $194 million to SMPH faculty and to communities to address projects across the continuum of its research, education, and public health

missions. Each year the WPP continues to allocate $15 million across its education and research portfolios.

Support from the UW Institute for Clinical and Translational Research (ICTR):
ICTR provides valuable resources to SMPH faculty through programs focused on research, advanced degree programs, and community engagement The research and educational programs championed by ICTR 1) have helped focus on health maintenance and preventive care since SMPH's transformation into a school of medicine and public health. The rich translational research culture within ICTR has fostered the development of new collaborative relationships across the UW–Madison campus and the state. Using funds from the school's NIH Clinical and Translational Science Award grant — and matching funds allocated annually by the WPP, UW research centers, SMPH and other UW schools and colleges, as well as the Office of the Chancellor, ICTR provides significant support to research and educational programs within SMPH, the UW–Madison campus, and diverse communities across the state.

Support from the SMPH Associate Dean for Faculty Affairs and Development: SMPH is committed to creating programs and providing resources for faculty and staff to develop their abilities in research, education, clinical activities, and leadership. The Office of the Associate Dean for Faculty Affairs and Development develops and coordinates programming in all these areas, as well as faculty advancement (e.g., career and professional development and promotion). Examples of programming include "Career Paths 101: Planning for Promotion," and "Career Paths 201: Taking Charge of Your Career: Time Management and Work-Life Balance."

Support from SMPH Departments: Departments provide direct support to faculty for research and teaching initiatives by allocating research and development (R&D) funds. Clinical departments accrue R&D funds through an annual disbursement from UW Health, which provides 2.5% of clinical revenues generated by the department. Basic science departments accrue funds due to an excess of income over expenses (which occurs in most years), plus a 2016 Dean's Office allocation of discretionary funds of between $1 million and $3 million to fund new research and teaching programs and to contribute to faculty recruitments and retentions. Larger clinical and basic science departments appoint a vice chair for research. This vice chair plays a key role in fund allocation decisions and may chair a department research committee to evaluate applications for departmental R&D funds. In smaller departments, such decisions usually rest with the department chair, usually via consultation with colleagues inside or outside of the department (and who have expertise in the content area related to the application).

All faculty are reviewed annually by the department chair (or designee), who also offers advice regarding career development. In addition to these annual reviews, each probationary faculty member has an assigned three- to five-member mentoring committee that includes one or more members of the department's executive committee (the committee is composed entirely of tenured faculty). These senior faculty provide annual guidance and mentoring on issues related to career and professional development, assigned teaching, and research program development. The mentoring committee is also available to the faculty member for advice when issues arise between the required annual meetings. In addition, members of the mentoring committee may provide advice on an ad hoc basis regarding operational issues such preparing grant applications. Documentation related to the meetings of the mentoring and post-promotion committees must be submitted annually to the SMPH Office of Human Resources.

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.

The MPH program faculty and staff are actively involved in a broad range of public health research. As an interprofessional program, the MPH program draws upon faculty from across the health sciences and UW–Madison campus. The core strength of the MPH program research is in the following areas:

Epidemiology: Faculty members in the Department of Population Health Sciences have a nationally recognized track record in epidemiologic research. The Department grants an MS-PhD degree in Population Health and an MS-PhD in Epidemiology. A majority of the 27 members of the faculty conduct epidemiologic research, with strengths in cancer, cardiovascular disease, diabetes, aging, and sleep. Methods employed involve developing and maintaining long-term cohort studies, disease registries, population surveys, and retrospective analyses of large observational databases.

The Department of Population Health Sciences is the home department for the Survey of the Health of Wisconsin Project or SHOW. SHOW is the first statewide research survey of its kind to measure information on critical health conditions in Wisconsin. Findings from SHOW present a comprehensive picture of the health of Wisconsin residents, helping to identify needs and to target resources where they are most needed. SHOW is funded by the Wisconsin Partnership Program and is under the direction of Kristen Malecki, Ph.D., MPH, and her team at the SMPH.

Maternal and Child Health: The University of Wisconsin-Madison Prevention Research Center (UWPRC) is a University Center and one of 25 Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the UWPRC is to improve the health of low-income women, infants, and families by conducting high-quality applied health promotion and disease prevention research with a focus on achieving health equity. The UWPRC engages multidisciplinary campus researchers, public health practitioners, community-based and governmental organizations, and families. The UWPRC has been under the direction of Deborah Ehrenthal, MD, MPH, and her team at the SMPH. She has recently left the University and a search is underway for her replacement.

Health Policy and Services: Faculty members in the Department of Population Health Sciences and La Follette School of Public Affairs have a robust program in health services and health policy research. Faculty and their research staff work to advance methods in health economics, population health evaluation, and statistical analyses. In 2007, the UW received an NIH-Clinical Translational Sciences Award (CTSA) and established the Institute for Clinical Translational Research (ICTR). One major component of this Center, the Community-Academic Partnership Program (ICTR-CAP), led by Maureen Smith, MD, MPH, Ph.D., supports faculty, staff, and students interested in conducting Type II and community-based research.

Environmental Health: Faculty members in the Department and their colleagues in the Gaylord Nelson Institute for Environmental Studies have a nationally recognized research program in environmental studies. The Institute fosters the development of integrated systems of thought and analysis involving concepts and methodologies in the humanities and the social and natural sciences. The faculty examines ways to define, analyze, solve, and prevent environmentally important problems through interdisciplinary research and scholarship.

Social and Behavioral Sciences: Faculty from a few UW Schools and Departments, including the School of Nursing, SMPH, and the College of Letters and Science, engage in social and behavioral science research. Much of this research focuses on prevention and is coordinated through the Prevention Sciences Graduate Certificate Program.

Example 1: PUBLHLTH 781: The required PUBLHLTH 781: Communicating Public Health Effectively I course was designed for faculty to share their research and scholarly activities with students as they begin the MPH program. Students learn about faculty research in a variety of contexts. During the Fall 2020 semester, faculty who were doing research related to influenza and SARS-CoV-2 shared examples of their work.

ORegon CHild Absenteeism due to Respiratory Disease Study (ORCHARDS) provides a window on how respiratory viruses (e.g., influenza, SARS-CoV-2) affect school populations; Dr. Temte has been able to bring examples of his research findings into teaching in PUBLHLTH 781.

Dr. Mary Hayney's research on vaccine uptake and readiness was a frequent point of discussion in PUBLHLTH 781, particularly as SARS-CoV-2 vaccines were being studied for future use. Dr. Hayney provided information on her research as she modeled for students how to complete a 10-minute talk.

Dr. Warren Rose's research expertise is related to antimicrobial science and antibiotic stewardship. He highlighted his research with students when he provided an example of developing a poster, one of the components of the course.

Example 2: SHOW: Dr. Kristen Malecki is the Director of Survey of the Health of Wisconsin (SHOW), a large population-based research infrastructure. Professor Matt Walsh also has an appointment with SHOW. Data from the project is used in-class assignments in PUBLHLTH 783: Quantitative Approaches to Public Health and PUBLHLTH 784: Quantitative Approaches to Public Health II. The faculty members share

principles of study design, questionnaire development and exposure assessments that are all drawn from their personal experiences. They used a new COVID-19 Impact Survey to guide numerous discussions in both courses. Prior to being faculty, Dr. Malecki was an epidemiologist through the Council for State and Territorial Epidemiology and at the Wisconsin Department of Health Services. Those experiences also shape the teaching of surveillance components in MPH courses and provide connections to state and local health.

Example 3: PUBLHLTH 786: A core learning objective in PUBLHLTH 786: Planning and Management to Promote Health is to teach students to write a grant. Dr. Lindberg shows students dozens of examples of grants she has written, walks them through the process in detail from idea to partnership formation to funder selection, and all the way through the planning, writing, and budgeting process, giving examples from her own research and evaluation collaborations.

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

The MPH program was developed to engage MPH students in research with public health program faculty and community faculty and is dedicated to involving students in public health research. MPH students are involved in research in several ways. First, nearly all students conduct some type of research (including program evaluation, quality improvement projects, formative assessment, and descriptive analysis) as part of their APEX and ILE. Students work closely with their faculty in completion of a research project, which may result in a presentation or publication. Second, faculty members may involve students in their research projects as research or project assistants. Approximately 20% of the MPH students have funded research or project assistant positions at the UW–Madison.

Example 1: SHOW: The Survey of the Health of Wisconsin (SHOW), directed by MPH core course faculty Malecki and Walsh, provides opportunities for quantitative-focused projects that connect students to issues and problems identified by statewide health department staff. For example, a 2021 MPH graduate completed her APEX project working with individuals in a SHOW project to analyze carbon monoxide surveillance data not available to any other state health department in the country. The student used research data, worked with state health department partners, and created a product to track gaps in carbon monoxide testing awareness and use in homes across the state of Wisconsin. In addition, SHOW employs MPH students to analyze the data and work with community partners, including the Wisconsin Department of Health Services and local health departments, to disseminate data.

Example 2: The Population Health Institute: As the director of the Population Health Institute's Evaluation Program, Core Course Faculty Member Dr. Lindberg has mentored numerous students on APEX projects linked to her team's ongoing evaluations. Her team also hires MPH students as graduate and research assistants in support of this work.

Example 3: Community Engagement and Faculty Development: Dr. Pillai conducts research and quality improvement projects that address educational needs of medical students and faculty members related to community engagement. MD-MPH students have worked with her on this ongoing scholarship, which has resulted in at least one publication for a student. Currently an MD-MPH student is assisting her with a project that focuses on community engagement faculty development.

As part of the required MPH APEX Seminar (PUBLHLTH: 787), MPH students receive training on human subject research protections and the Institutional Review Board (IRB) and complete the Collaborative Institutional Training Initiative basic training in the protection of human research subjects if their projects require IRB review. Some of the student projects require submission through one of the UW–Madison's three IRBs.

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

At the University of Wisconsin – Madison, the granting of faculty advancement and/or tenure is based on evidence in three areas, research being one of these: (1) teaching excellence; (2) a record of professional creativity, such as research or other accomplishments appropriate to the discipline; and (3) service to the university, to the faculty member's profession, or professional service to the public. According to the

Guidelines for Recommendations for Promotion or Appointment to Tenure Rank, faculty advancement requires proof of excellence in past performance, especially during the probationary period, and convincing evidence that a high level of performance will continue. To achieve promotion a candidate must demonstrate an ability to generate new knowledge or develop new approaches to problem-solving and/or teaching that indicates creativity and has substantial impact on the intended audience; effectively communicate scholarly information orally and in written form to students, colleagues, and the public, and enhance the scholarly environment of the university community. Excellence or significant accomplishments in research are defined as follows:

> "The candidate must have developed an original research program of high quality which is making a continuing and substantial contribution to science. The development of one or more, independent, coherent, and significant lines of research is important. Significant accomplishment in research is similar to the case for excellence but the body of work or the size of the research enterprise may be less extensive."

As noted in the above criteria, research and/or scholarly activities are an important aspect of faculty advancement.

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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.

Table E4-6 | Outcome Measures for Faculty Research and Scholarly Activities

Outcome Measure	Target	2019	2020	2021
1. Number of faculty producing and disseminating policy briefs or white papers, providing testimony to federal, state, or community panels on actions for improvement of public health practice, and disseminating "toolkits" and other products for implementation-adoption at the community level	80%	5/16	6/16	In progress
2. Number of manuscripts published in professional journals (peer-reviewed and invited publications), books (authored or edited works), and book chapters by PIF and Non-PIF annually	10/year	47	61	8
3. Number of peer-reviewed and invited presentations, including posters, at national or international professional meetings and conferences by PIF and Non-PIF annually	10/year	42	37	17
4. Expenditures from federal and non-federal extramural funding sources by PIF and Non-PIF annually	$10,000,000/year	$15,372,330	$11,676,122	$14,882,869

5. Number of manuscripts, presentations and practice related products between students and faculty annually	5	3	4	4

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

Strengths: The MPH program's faculty members are highly qualified and productive in the generation of extramural funding, peer-reviewed publications, and the creation of other products that help to define a scholarly environment. The resulting products bring the MPH program a wide array of expert knowledge and skills.

Weaknesses: Collecting data on faculty scholarship continues to be a challenge for the MPH program. Target for faculty/student publications has not been met at this time.

Plans for Improvement: The MPH program is working with others in SMPH academic affairs units to develop a system to collect and analyze data on faculty scholarship more easily. At the time of this submission, these efforts are ongoing. MPH leadership will continue to promote an increase in the faculty production of community-based products and publications from student/faculty collaborations and to develop a method to accurately capture them. The program's goal is to have this system in place by the end of the 2021-2022 academic year.

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 expectation

The "Wisconsin Idea" is the principle that education should influence and improve people's lives beyond the university classroom. This concept was first articulated by University of Wisconsin President Charles Van Hise in 1904 and is still widely endorsed by members of the university community. One of the university's primary goals is to provide a learning environment in which faculty, staff, and students can discover, examine critically, preserve and transmit the knowledge, wisdom, and values that will help ensure the survival of this and future generations and improve the quality of life for all. The university seeks to help students to develop an understanding and appreciation for the complex cultural and physical worlds in which they live and to realize their highest potential of intellectual, physical, and human development. The MPH program embraces the Wisconsin Idea and expects both students and faculty to participate in service as explicitly outlined in the program's mission, vision, and values. This includes participating on community-based committees, providing collaboration and consultation to community and other external partners, giving technical assistance, and sharing professional knowledge and skills. The MPH program recommends that faculty engaging with the program allocate a minimum of 5% time to participate in extramural service activities. This is consistent with expectations of other health professions programs within the SMPH.

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

The UW–Madison supports several initiatives that promote extramural service activities for faculty and staff. Community Relations serves as the primary liaison between the university and community, actively participating on many local committees and maintaining close relationships with city and county offices. Community Relations connects UW experts to community members, collaborates on local events, and shares university space, programming, and resources by being an intentional partner.

The Morgridge Center for Public Service connects UW–Madison students, staff, and faculty to local and global communities to build partnerships and solve critical issues through service and learning. The Morgridge Center was founded in 1996 with the generous support of alumni John and Tashia Morgridge. In the spirit of the Wisconsin Idea, the Morgridge Center builds reciprocal relationships with community partners and strong citizens among the student population.

UniverCity Alliance connects education, service, and research activities across UW–Madison with cities, furthering the practice of sustainability. UniverCity Year accepts proposals from Wisconsin local governments to partner with UW–Madison faculty, staff, and students for three academic years.
Projects address a wide range of issues. Past projects have addressed concerns around sustainability, economic development, education, social services, health, housing, and more.

Service and outreach by faculty and staff promotes the university's interest in having a broad range of perspectives represented on important committees, engaging in governance, and taking on roles to support the university as an inclusive institution. The Office of the Vice Provost for Faculty and Staff Affairs provides the Exceptional Service Support Program, which acknowledges and supports faculty members, especially women and those from historically underrepresented groups, who are sometimes asked to service roles disproportionate to those of other faculty. The program seeks to address unintended consequences of

exceptional service through funding support for r*elease time from teaching* in the amount of $8,000-10,000. The program is open to assistant and associate professors.

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

Example 1: PUBLHLTH 780: Evidence-based Decision-making: Students engage in service-learning projects with governmental, health system, and non-profit public health agencies through MPH Deputy Director Duerst's long-standing relationships and service to the public health community in southern Wisconsin. She has collaborated on many projects that have focused on community needs assessment and community health improvement planning to address complex issues such as food insecurity and AODA issues. She brings her practical knowledge and expertise to the classroom and mentors students and communities in the development of evidence-based programmatic and policy options for their communities. Through her course, the MPH program and its students have impacted over 60 community-based projects.

Example 2: PUBLHLTH 790: Public Health Social Justice: Tools and Models: Dr. Edgar capitalizes on his extramural service to Council on Linkages Core Competencies Committee and as a facilitator with Local Voices Network (LVN) by discussing and dissecting the revision process with students, particularly as it relates to the revision of the Cultural Competency domain of the competency set and by arranging for students to receive LVN facilitator training and arranging opportunities for students to conduct community conversations.

Example 3: PUBLHLTH 786: Planning and Management to Promote Health: Dr. Lindberg's service to the United Way of Dane County's (UWDC) Healthy Community Solutions Team is giving her insight into another funder's grantmaking process. She brings this perspective into the classroom in PUBLHLTH 786: Planning and Management to Promote Health to share insights with students about how decisions are made across different types of public/private organizations and foundations. The UWDC work is really focused on helping the organization clarify its theory of change and develop performance measures that align. In the process, she is becoming acquainted with community agencies and programs that do not currently have strong capacity for internal evaluation and grant writing. In developing these relationships, she is also considering incorporating community-service learning into future semesters of PUBLHLTH 786, with the mutual goal of building these capacities within students and the organizations.

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

There are several centers and programs within the UW Madison and the SMPH that provide opportunities for service activities for MPH students, staff, and faculty members.

Example 1: The Population Health Institute: Perhaps the best example of service that builds upon the research and teaching mission of the MPH program is the UW Population Health Institute. The institute, directed by Sheri Johnson, Ph.D., one of the MPH program's core course faculty members, is the focal point for applied public health and health policy within the university, as well as a bridge to public health and health policy practitioners in the state. The Institute's service mission is to:

- Address a broad range of real-world problems of importance to government, business, providers, and the public.
- Catalyze partnerships of inquiry between researchers and users of research and break down barriers between the academic community and public and private policymakers.
- Provide leadership for the development of interdisciplinary public health and health policy research at UW–Madison and other academic settings in the state.
- Provide outreach continuing education to practitioners and opportunities for applied learning for graduate and medical students.
- Make useful contributions to public health and health policy decisions that improve the health of the public in Wisconsin.
- Maintain high standards for relevance, rigor, and objectivity.

The institute serves as a focal point for public health and health policy within the SMPH by bringing together faculty, staff, and students in the MPH program interested in applying their skills and experience to answer "real-world" questions. It also serves as the bridge to public health and health policy practitioners in the state through an active citizen board, frequent issue briefs and reports, and periodic conferences and educational programs.

The two cross-cutting themes directly support the service activities of the MPH program. These include:

- Service Learning for Students: Serves as a population health "laboratory" for learning, where students apply their skills to real-world issues.
- Community Partnerships: Through an active community advisory board, the Institute fosters strong partnerships between the UW and population health practitioners and policymakers.

Dr. Johnson and her team have engaged and mentored many students working with PHI service-related projects. Three examples from 2020 - 2021 include:

- *From Punishment to Restoration: connections between Criminal Justice and Public Health*
    - An MPH student developed and implemented response to needs identified in readiness assessment that was focused on public health engagement in criminal justice. This included:
        - Documentation of (case studies) collaborations between public health /criminal justice /health systems
        - Assistance in the development of a WPHA subcommittee on criminal justice
        - Creation of a brief on public health engagement in criminal justice

- *Healthiest State Network: Building health equity priority workgroups across the state*
    - An MPH student supported workgroup sustainability by establishing consistent process documentation and communication guidelines for workgroup infrastructure as well as planning and facilitation of visioning exercises across health equity priority workgroups:
        - Centering the Voices of Those Most Impacted Workgroup
        - Health Equity Narrative Workgroup
        - Healthy Equity Policy Agenda Workgroup

- *Refugee Health Resources for Case Managers and Community Health Workers*
    - An MPH student conducted a review current insurance policy that covers refugees to identify covered services, out-of-pocket costs, and limitations of the current coverage. Based on the analysis, she created a resource guide for refugees in Wisconsin to ease their navigation of the US healthcare system. In addition, the student reviewed and developed recommendations for evidence-based sustainable funding avenues for community health workers.

Example 2: The Center for Patient Partnerships (CPP): CPP is another center on the UW–Madison campus, co-directed by MPH core course faculty Sarah Davis, that provides students with the opportunity to engage with faculty in service that combines patient advocacy, health systems, and experiential learning to boost marketable skills. Through Ms. Davis and her team, MPH students engage in providing free advocacy services for patients navigating the health care system, learn how to navigate legal and policy systems, identifying issues where they can advocate for change at a broader level, and learn first-hand about diverse patient experiences, using findings to promote patient-centered care. Davis incorporates experiences from CPP into her teaching. Students engage further in-patient advocacy and policy development through a 12-credit certificate program that enhances the MPH curriculum, and students can engage in work with the center as part of their APEX.

Example 3: The SMPH Office of Global Health: The SMPH Office of Global Health has a long history of leadership in global health on the UW-Madison campus and around the world. The SMPH office is dedicated to working closely with the health professional programs in the SMPH, nursing, pharmacy, and veterinary medicine. It is the focal point for graduate and professional global health experiences, from the certificate program to interdisciplinary field courses, service-learning opportunities, international clerkships, and a medical Spanish course. The SMPH office works closely with the campus-wide Global Health Institute to

organize and promote global health education, research and outreach opportunities, including the annual Global Health Symposium. In any given year, three – five MPH students engage with faculty and staff who are providing extramural service through the SMPH Office of Global Health. Unfortunately, due to the pandemic, international travel has been put on hold for the past two years.

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.

Table E5-5 | Outcome Measures for Faculty Service Activities

Meaningful Indicator	Target	2019	2020	2021
1. Number of MPH program faculty members on a UW-SMPH or UW–Madison committee or task force	100%	88%	88%	88%
2. Number of MPH program core faculty members participating in activities including, but not limited to, a committee or board at the local, national, and/or global community level.	5	15	15	15
3. Number of MPH core course faculty members participating on a review panel or study section for a government agency that presents grant awards, a review panel that recommends fellowships or scholarships to students awarded by professional organizations, a member of a scientific advisory board for a professional or governmental organization or a committee or board whose actions influence discovery, policy, or practice.	7	7	8	7
4. Proportion of MPH program core faculty members serving as the academic partner in a community-academic initiative for research, program development, or policy change for population health improvement	80%	2/16	4/16	In progress

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

Service is one of the three components taken into consideration for faculty advancement. Tenure appointments are governed by Chapter 4, "The Faculty Divisions" (particularly 4.20) and Chapter 7, "Faculty Appointments" (particularly 7.14 and 7.15) of the Faculty Policies and Procedures; and the procedures of the relevant school or college. There are four faculty divisions, each governed by a divisional committee and each having developed a unique statement regarding criteria and evidence for recommendations regarding faculty promotions. The divisions are: Arts and Humanities, Biological Sciences, Social Sciences, and Physical Sciences.

The SMPH places emphasis on community and professional service through outreach and service in the promotion process. Service or outreach contributions to the SMPH, UW Health, University, and beyond can be included as a basis for promotion when research or teaching accomplishment is the primary area. Service activities fall into three general categories: public, university, and professional. The candidate must provide evidence of the impact of the candidate's contributions to outreach and service within the University and

beyond the campus and be documented by recognized leaders in outreach outside the department, school, and UW–Madison. A key component for excellence in outreach is the dissemination of information derived from scholarly inquiry for the benefit of the targeted population.

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

Strengths: MPH faculty are engaged in impactful outreach and service in the practice community and the broader campus community, providing many opportunities for student engagement through teaching and practice experiences.

Weaknesses: The MPH program has missed targets on serving as community-academic partners on local projects and the number of faculty engaged in UW or SMPH service on committees. Some of the core course faculty have more limited appointments that do not allow time for this type of service.

Plans for Improvement: Continue to seek partnerships and collaborative opportunities to provide service and outreach.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, 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 (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

The MPH Community Advisory Committee provides advice and guidance to the MPH program faculty director and deputy director with a focus on the relationship with and the coordination of efforts between the MPH program and the public health community. The Community Advisory Committee is broadly representative of state and local governmental public health and private-sector public health partners as well as representatives from offices, programs, departments, and institutes on campus with an interest in public health-related issues. Committee membership also includes a current MPH student, program alumni, and those who have served with distinction as preceptors.

Table F1-1 | Community Advisory Committee Members, Affiliations and Roles 2020-21

Name/Title	Agency	Community Sector
Tim Barthelow, MD, Chair Vice President/Chief Medical Officer	WEA Trust/NeuGen	Business/industry
George Kroeninger, MPH, CHES Co-chair Chief Academic Officer	University of Wisconsin Extension	Education
Evelyn Cruz Director for Program Planning & Evaluation	Centro Hispano of Dane County	Social services
Danielle Yancey, MS Director	UW–Madison Native American Center for Health Professionals	Education
Lori Bue, MPH Director of Product Development	QuadMed Employer Onsite Health and Wellness Centers	Healthcare
Eric Krawczyk, MPH, MCHES Community/Public Health Officer	Oneida Comprehensive Health Division.	Public Health
Melissa Lemke, MA Program Manager	TRIUMPH Program	Education
Erin Aagesen, MS, MPH Communications Specialist	University of Wisconsin Extension, FoodWIse	Public Health
Christie Reese Health Workforce Coordinator	Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment	Public Health
Melody Bockenfeld, RN, MPH Outreach Program Manager	SMPH Obstetrics & Gynecology Department,	Healthcare
Courtney Saxler, MPH Program Officer	SMPH Wisconsin Partnership Program	Funding
Salma Abadin, MPH Action Researcher and Evaluator	SMPH Population Health Institute	Population Health
Amy Olejniczak, MS, MPH Associate Director	Wisconsin Alliance for Women's Health	Social Services
Nicole Thill, MPH Executive Director	North Central Wisconsin Area Health Education Center	Education

Table F1-1 Continued | Community Advisory Committee Members, Affiliations and Roles 2020-21		
Name/Title	**Agency**	**Community Sector**
Debbie Siegenthaler, RN, MSN Director/Health Officer	Iowa County Health Department	Public health
Mai Zong Vue, MSSW Intercultural Program Coordinator	Hmong Institute	Social Services
Aaron G. Perry President & CEO	Rebalanced-Life Wellness Association	Social Services
Carl Meyer, MPH Director, Community Health	Public Health Madison and Dane County	Public Health
Will Atkinson	MPH Student Representative	Education

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 MPH program utilizes the voice of the Community Advisory Committee to analyze the effectiveness of program graduates in public health practice. Many members of the Community Advisory Committee are graduates or employers of graduates. Discussions about graduates' skills and abilities to perform at an optimal level is a frequent agenda item. While employers praise the training graduates received, they also provide helpful recommendations for improving the program. Their recommendations were directly incorporated into the curriculum transformation that began full implementation in the 2019-20 academic year. The revised curriculum features increased skills building in grant-writing and program evaluation, tailoring written communications and presentations to include technical and senior management audiences and practical data/database management.

Employer feedback has been collected through surveys and stakeholder interviews and indicates that the program produces high-quality graduates who are well prepared for success across public health employment settings. However, additional-curricular content on grant-writing, evaluation, and data analysis/management remains a recommendation. As part of its ongoing quality improvement process, the program continues to monitor employer perceptions and considers curricular adjustments at regular intervals.

Alumni are regularly surveyed about their perceptions of the content and currency of the program's curriculum and its relevance to current practice and future directions through an electronic survey that they receive at one, three, and five years post-graduation. Recent alumni survey results indicate similar themes as those collected from the Community Advisory Committee and employers. Since the last self-study, the MPH program has enhanced its engagement with former students.

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 external partners were integral to the development of the mission, vision, and values, which were amended and approved in June 2020 as part of the program's most recent strategic planning process. The MPH program Steering Committee, which oversaw review and revision of the mission, vision, and values statements, solicited input from members of the Community Advisory Committee and incorporated members' feedback in identifying priorities and fine-tuning preliminary drafts.

b) Development of the self-study document

The MPH program embarked on the self-study process during the 2019-20 academic year with a strategic planning retreat attended by members of the MPH committees, course instructors, students, and other stakeholders, including representatives from external partners. MPH program staff provided regular updates about the self-study process to the MPH program's constituents, including the Community Advisory Committee, and asked for input into the review process and final report. After the document was completed, the Steering Committee provided an assessment of the extent to which each criterion was met, along with input about the MPH program's strengths, weaknesses, and plans.

c) Assessment of changing practice and research needs

The Community Advisory Committee provides information critical to gauging the pulse of changing practice and research needs in the community the school serves. Discussion topics with this important committee over the past three years have included the skills needed for contemporary public health practice, content for student professional development, and the components of successful academic-community partnerships.

The MPH program is an organizational member of the Wisconsin Public Health Association (WPHA). Through annual conferences and regional meetings, membership affords the program faculty and staff additional opportunities to engage with public health practitioners regarding their practice and research needs, gain knowledge regarding established cutting-edge public health practices. Through WPHA membership, faculty and staff can engage with various subgroups, known as sections. Sections focus on programmatic areas such as climate health, community health workers, public health nursing, racism and equity, early career professionals, oral health, maternal health, and health promotion. The program's staff have engaged in the early career professionals' section, and the deputy director currently serves on the Public Health in Practice conference planning committee.

The UW–Madison partners with several of the other MPH schools and programs in the state to provide ongoing assessment and the development of training opportunities to address public health workforce needs. This partnership included a collaborative qualitative, and quantitative methods needs assessment in 2018. Although the assessment focused on training and workforce development needs, the results provided valuable information on changing practice and research needs.

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

The MPH program collects data about graduates' abilities to perform competencies from employers through an annual survey, stakeholder interviews, and discussions at the MPH program's Community Advisory Committee meetings. The survey response rate was relatively low and was therefore supplemented with stakeholder interviews with select employers. Employers are selected for interviews based on graduates reporting their current employer on the annual alumni survey. In 2019 seven key employers were interviewed by a team of MPH students. In 2020, the community engagement coordinator and another staff member facilitated a discussion using the same question set as the key informant interviews at the October Community Advisory Committee meeting. The community engagement coordinator and the MPH exclusive student services coordinator are completing additional employer stakeholder interviews in Spring 2021. Results will be included in the final self-study submission.

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

Agendas and notes from Community Advisory Committee meetings from the past three years, Alumni survey results, and Employer survey and stakeholder interview results are included in the ERF.

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

Strengths: There is robust involvement from a diverse group of external stakeholders in programmatic assessment and evaluation.

Weaknesses: Improvement in survey response rates is needed.

Plans for Improvement: Program staff are exploring options for ways to expand response rates for surveys and incorporating other methods beyond surveys to engage stakeholders in assessment and evaluation. The MPH program is considering increasing Community Advisor Committee meetings to three-four meetings/year rather than two.

F2. Student Involvement in Community and Professional Service

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

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

Many applied student learning activities provide service to the community. Several of the MPH program's required first-year courses include content, lessons, or modules on service, community engagement, and the importance of professional development.

Community Engagement: Community engagement is a core concept in PUBLHLTH 780: Evidence-based Decision-making, PUBLHLTH 782: Determinants of Health and Health Equity, and PUBLHLTH 787: MPH Applied Practice Seminar. For example, in PUBLHLTH 780, small groups of students work with state and local public health organizations to help address contemporary public health issues. Several of the project developed collaboratively during this class have been implemented and are impacting populations on a local and state level. In PUBLHLTH 787, the students complete a module on the importance of community engagement and develop a memo to their preceptor about how they will engage with the community.

Service: Most of the service provided to communities through the MPH program occurs in an environment of service-learning and the APEX. Core courses prepare students for a life-long role of service to the communities in which they practice, and the APEX incorporates collaborative efforts to engage with governmental and non-governmental organizations in service to the broader community.

Students are also introduced to community engagement and service activities through extracurricular activities. The MPH Student Organization (MPHSO) promotes a variety of opportunities through their meetings, monthly newsletter, and student listserv. The MPHSO provides organized opportunities to volunteer (e.g., Day of Service), speakers, and community social and networking events (e.g., Department of Health Services Info Session, Monthly MPH Community Connection Zoom Call to engage with program Alumni), and opportunities to engage with the community informally. The MPH program's MPH exclusive student services coordinator serves as a liaison to the MPHSO and attends all meetings. As liaison, she advises the organization on service-related activities and collaborates on the development of events with the MPH program.

Professional Development: Students are encouraged to participate in Population Health Seminars on Mondays during the academic year. The seminars are introduced during orientation, highlighted in the student handbook, and are shared through weekly emails. These seminars provide opportunities for students to meet faculty from across campus and to learn about innovative and ongoing community-based public health research and practice activities. Students are invited to or required through course work to participate in Interprofessional Practice and Education (IPE) training events regularly each year. These training events cover a wide range of topics (e.g., intimate partner violence, autism, Stop the Bleed, Down syndrome, opioid addiction) and incorporate students from multiple health professions programs in addition to MPH students, including physician assistant, medical, undergraduate, and graduate nursing, pharmacy, physical therapy, occupational therapy, and social work students.

Each Monday during the academic year, students receive an email from a member of the MPH staff that provides a connection to the faculty and staff and highlights a few of the many available educational and professional development opportunities. These include professional development activities through the university's Global Health Institute, the Department of Health Services, the Wisconsin Public Health Association, and many more.

Data about students' perceptions regarding personal and professional development is collected through listening sessions and the annual programmatic feedback survey. When asked whether the MPH program promotes students' personal and professional development, over 75% agreed in the 2020 survey and 100%

in 2021. Most students reported that they were made aware of events to enhance their educational experiences by the MPH program; approximately 80% in 2019, almost 60% in 2020, and 91% in 2021.

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

Annual Day of Service: The MPHSO and MPH staff collaborate to organize an annual Day of Service at the Lakeshore Nature Preserve in Madison, Wisconsin, to build community and provide service. The event is attended by students, faculty, and staff as they work together to clear pathways on the lakeshore, remove noxious weeds, and cut brush. The day of service has been held annually, the day after the MPH program's in-person orientation since 2017. Unfortunately, due to the Covid-19 pandemic, the 2020 day of service was canceled. The most recent day of service was held on August 28, 2019.

Stop the Bleed: Stop the Bleed is a national campaign to train, equip, and empower citizens to help in a traumatic bleeding emergency. MPH students participated in an interprofessional training event with 284 first-year medical, physician assistant, public health, genetic counseling, and physical therapy students on September 23, 2019. Students were assigned to an interprofessional team of 8-10 students/table. Forty volunteer physician assistants, nurses, community EMTs, residents, and physicians co-facilitated. Students participated in an introductory activity, the Stop the Bleed curriculum, which includes learning to apply direct pressure, packing wounds and applying tourniquets, and then a debrief. All participants received a certificate of completion. Several students followed up to become facilitators/instructors for the Stop the Bleed campaign.

Interprofessional Equity and Diversity Lunch and Learn (2020-2022)**:** Leaders from UW–Madison's health sciences community develop a series of free workshops and conversations focused on topics related to equity, diversity, and inclusion that deeply impact healthcare work and practice. Series topics are included below. MPH students are encouraged to attend to enhance their knowledge and skills in addressing health equity. The sessions are offered between class times when it is convenient to participate.
2020-2021 Academic Year Series – Decolonizing Healthcare
Sessions: Decolonizing Healthcare: An Overview, Decolonizing Mental Healthcare; Decolonizing Care in Treatment, Decolonizing Care in Health Research, Decolonizing Care in Population Health; Decolonizing Care in Health Equity
Spring 2020 Series - Mental Health in Diverse Communities
Sessions: Self-care in Healthcare, Impact of Race-based stress, and health, and Supporting students with physical/mental health disabilities.
Fall 2019 Series – Bias in Healthcare
Sessions: Go Big Read: Let's Eat! Food and Health, and Rural Health Equity

MPH Community Connection: A slightly less formal professional development opportunity has emerged within the MPH program as a necessity of pandemic restrictions. The MPH Community Connection was developed to bring MPH students, faculty, and staff together in an informal Zoom setting to connect, network, and discuss pertinent programmatic and community issues. It has developed into an opportunity for students to connect with alumni, to hear about their career trajectories, and to obtain career advice and tips. A Fall 2020 session featured five recent graduates who are working in a variety of public health settings, including fellowships, state and local governmental public health, healthcare system, and private non-profit. The Spring will focus on alumni who work at federal public health institutions and include a conversation with an alumna who has recently run for state office and an alumna who has worked in multiple settings focusing on health policy.

Other Service Opportunities through the MPHSO: The MPHSO sponsors a few service-related activities in partnership with community organizations throughout the academic year. During the past academic year, due to the pandemic, students were unable to participate due to program policies to keep students safe and/or low numbers due to virtual experiences. Following is a list of MPHSO-sponsored service activities and the number of participants during the 2020-2021 academic year.

Veterans Experiencing Homelessness Stand Down Event
Oct. 10, 2020

9:00am-12:00pm
1 student

Thanksgiving Basket Packing
Goodman Community Center
Nov 22, 2020
11:15am-2:30pm
3 students

Food Care box packing
The Hmong Institute
April 9, 2020
9:00am-12:00pm
3 students

MPHSO Virtual Blood Drive
Spring Semester 2021
6 students

Plant Sale Volunteering
Arboretum Native Plant sale
May 2021
2 students

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

Strengths: MPH students are afforded many opportunities to become involved in professional development, service, and community engagement through didactic courses, volunteer opportunities, and ongoing professional development and educational offerings.

Weaknesses: While the MPH program staff and MPHSO share a plethora of opportunities to provide service and engage with communities, as well as enhance personal, professional skills and knowledge, the information may get lost through numerous email communications and social media posts. Despite targeted communication through weekly staff emails and a monthly MPHSO newsletter, there is still a perception among some students that there could be more promotion of personal and professional development opportunities.

Plans for Improvement: Progress is being made by collecting information from other health professions programs to determine best practices for communicating service and community engagement opportunities for students, faculty and staff, including the exploration of a calendaring system or other methods to communicate important professional development and service opportunities to students and faculty that does not overwhelm the current email and social media systems.

F3. Assessment of the 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.

In response to CEPH's accreditation criteria, faculty and staff from Zilber School of Public Health, University of Wisconsin–Milwaukee; Medical College of Wisconsin, Master of Public Health Program; University of Wisconsin–LaCrosse, Department of Health Education and Health Promotion; Carroll University, Undergraduate Public Health Program; the Wisconsin Public Health Association (WPHA) and Wisconsin Association of Local Health Departments and Boards (WALHDAB); and the University of Wisconsin–Madison, MPH program joined together in 2017 to form the Wisconsin Center for Public Health Education and Training Program (WiCPHET) Academic Programs Council to assess the workforce development needs of Wisconsin's public health practice community and develop training opportunities for the public health workforce.

WiCPHET has chosen members of the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and the Wisconsin Public Health Association (WPHA) as the communities of interest. The WALHDAB and WPHA organizations were targeted because of their broad representation of public health practitioners in Wisconsin, including governmental and non-governmental public health workers, as well as practitioners in the early part of their careers to those in state-wide leadership positions. The membership of these organizations has broad representation from across the state.

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.

The WiCPHET Academic Council plans to complete a workforce assessment every other year. The group began its initial assessment in 2018, to be completed again in 2020, though this was postponed due to the pandemic. Considering continued pandemic precautions, the group adjusted plans to include an assessment survey rather than the in-person process described below. The assessment survey was delayed until Spring 2021.

From February to August 2018, the WiCPHET Academic Programs Council participated in a process to assess the workforce development needs of the Wisconsin public health practice community through a series of conversations using a modified nominal group technique, with the WALHDAB and WPHA Board of Directors, the Wisconsin Public Health Council, the WPHA Early Career Professionals, and WPHA Practice Professionals.

WiCPHET Academic Council members attended regular meetings of the target organizations facilitated discussions that typically included the following questions:

1. Based on the realm of your public health practice, what do you see as the top continuing educational needs of the public health workforce?
2. How do you think these needs can/should be addressed?
3. What are the barriers or impediments to obtaining continuing education?
4. What are the actual or potential resources needed to facilitate continuing education?

Responses from each meeting were compiled, and initial results were provided to the participant groups in a written document.

Organization	Date of Meeting	Number in Attendance
WALHDAB Board Meeting	April 13, 2018	15
WPHA Board Meeting	April 20, 2018	10
WPHA Early Career Professionals	May 22, 2018	21

Wisconsin Public Health Council	June 1, 2018	13
WPHA Public Health Practice Participants	July 31, 2018	25
Total		**84**

During the months of September and October 2018, the results from all sessions were compiled. The priority domains were determined based on a weighted rank. The results of the weighted rank are as follows:

Weighted RANK
Leadership (35.5)
Evidence-based approaches to Public Health (32)
Communication (30.5)
Systems Thinking (27.5)
Planning and Management to Promote Health (26.5)
Other (22)
Policy in Public Health (19)
PH and HC Systems (18.5)
Interprofessional Practice (13.5)

The results were used to determine the educational programming that will be provided by the WiCPHET Academic Council. The Council plans to co-sponsor and provide at least one workforce development training annually in conjunction with WPHA and WALHDAB. The full report can be found in the self-study electronic resource file.

Leadership: Overall, participants expressed the need to provide education, training, and mentorship to public health practitioners early in their careers to help to grow the next generation of public health leaders. Specifically, several groups identified change leadership, change management, and strategic planning as key areas for growth. Participants also identified key groups within the public health practice community needing specific, focused training. These groups include women in leadership, racially and ethnically diverse leaders, community-based leaders, and young leaders.
Other specific topics mentioned included negotiation and collaboration, being politically savvy, influencing without direct authority, and facilitation skills.

Evidence-based Approaches to Public Health: Participants expressed a need for understanding the basics of evidence-based approaches to public health, including the background for evidence-based public health (EBPH), assessing community readiness for EBPH, applying EBPH, and communicating EBPH to community/lay audiences. The need for additional skills in basic epidemiology and data analysis were also mentioned, as well as for understanding theory-based model-driven approaches to public health practice. Trauma-informed care was also mentioned as an emerging issue.

Communication: The responses for the communication domain were quite broad across the participants. One major theme was the need for development in data analysis and communication to a variety of audiences, including policymakers, the public, those with low health literacy, and those who speak languages other than English. The need for increased skills in marketing and messaging was also noted by several participants. Specific topics related to this theme included developing strategic communication, providing uniform definitions, simplifying messages, media training, and declaring values in messaging. One group expressed the need for the development of materials for citizens and boards related to public health basics.

Systems-Thinking: There were a wide array of responses by participants when discussing the domain of systems thinking. One general theme was the need to align priorities across systems, including consensus on the meaning of population health, improved understanding of the local public health system, and infusion of systems thinking into daily practice. Addressing social determinants of health in the existing public health system structure and health equity were also key themes. At least two groups mentioned the need for training in systems thinking to keep public health staff current as well as ongoing modernization and adaptability in public health.

Planning and Management to Promote Health: Participants expressed the need for enhanced skills in the community health improvement process, including the planning process, methods, tools, and analysis and

interpretation. Community engagement and cultural competency were also identified as key needs within the planning and management to promote health domain. Finally, an array of project management skills were identified as areas for potential training opportunities, including applying quality improvement and performance measures, analyzing big data, grant writing, and financial training.

Delivery of Continuing Education: Participants provided many useful recommendations for the ways in which continuing professional development should be provided. These included:

1. Local and regional opportunities for ongoing education
2. Peer-to-peer learning to deliver content
3. Archiving trainings via webcasts
4. Developing communities of practice

Barriers to Obtaining Continuing Education: Across all groups, time and money were cited as the major barriers to obtaining continuing education. Public health organizations in Wisconsin and across the country and under-funded and understaffed. Therefore, organizational leaders find it difficult to find the resources to support travel and time away from the office to attend trainings.

Resources Needed to Obtain Continuing Education: Again, there were a wide array of ideas and suggestions to enhance continuing professional education for the public health workforce through the enhancement of resources. One suggestion was for the educational programs in the state to provide sponsorship for public health practitioners to attend ongoing training and education. Suggested funding opportunities included grants, scholarships, and other forms of financial support. Online training seemed to be a preferred method, especially for those in rural areas. Improving internet access to rural areas was also a general theme.

In early 2021, WiCPHET used an on-line assessment tool to complete an assessment of Wisconsin's public health workforce. While the methods differed, the framework, using the MPH foundational competencies was similar. Respondents were asked to identify the top three educational needs of Wisconsin's public health workforce. The responses were analyzed in two ways, first, by identifying the top three competencies that were identified as needs in the survey. They were:

#18. Select communication strategies for different audiences and sectors (32)
#6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to enhancing health equity at organizational, community, and societal levels. (29)
#8. Apply awareness of cultural values ad practices to the design or implementation of public health policies or programs. (23)

Second, the number of votes for each of the competencies within the domain were totaled to identify a ranking of the competency domains. These results were as follows:

Planning and Management to Promote Health (56)
Communication (51)
Evidence-based Approaches to Public Health (39)
Public Health and Healthcare Systems (36)
Policy in Public Health (30)
Leadership (9)
Systems Thinking (5)
Interprofessional Practice (4)

The ranking of competency domains allows for comparison to the previous assessment. The survey was completed by 133 individuals. It was distributed via a variety of newsletters and listservs including WPHA, local and tribal health departments, community health workers, and early public health professionals, thus it is not possible to calculate the response rate. In addition, the questions related to demographics were inadvertently left off the survey and were not collected at this time.

The results of the 2021 survey can be found in the ERF.

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

Strengths: Workforce assessment is completed regularly through a strong collaborative effort that includes academic partners and professional organizations.

Weaknesses: None noted.

Plans for Improvement: The MPH program will continue to collaborate with academic partners across the state and refine and expand assessment processes post-pandemic.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities 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.

In 2018, members of the WiCPHET Academic Programs Council assessed the continuing educational needs of the Wisconsin public health practitioner workforce. Through a series of modified nominal group technique processes, colleagues collected information from members of the Wisconsin Public Health Association (WPHA), the Wisconsin Association of Local Health Departments and Boards (WALHDAB), and the Public Health Council about their educational needs and preferred methods of delivery.

Overall, participants expressed the need to provide education, training, and mentorship to public health practitioners early in their careers to help to grow the next generation of public health leaders. Specifically, several groups identified change leadership and change management as key areas for growth.

The WiCPHET members reviewed and discussed the results of the assessment process, looked carefully at the areas in which participants provided input on need, consulted with faculty at their respective institutions, and ultimately chose to use the Public Health 3.0 and the role of the Chief Community Health Strategist as a framework for developing and implementing professional development activities for the public health workforce that relate to change leadership and change management, the domain that received the highest ranking in the 2018 assessment process.

Based on the assessment and the framework, the WiCPHET group developed a four-part series implemented in 2019 titled Strategies for Wisconsin Public Health Workforce.

Follow-up to the 2021 assessment survey resulted in a series of presentations by the WiCPHET team at the Public Health Practice Conference sponsored by WPHA and held virtually August 10 -11, 2021 that focused on data collection, analysis, and communication of results using the public health 3.0 and the role of the Chief Community Health Strategist as a framework.

The process to collaborate on professional development is truly an iterative process. The WiCPHET group meets regularly to plan and execute the training activities, including developing content, creating case studies and scenarios, reviewing interview protocols and talking points, and providing background materials to share with learners. Sometimes rather than the entire group of WiCPHET participants, a smaller group of two to three will work on a specific aspect of the programming and then bring it back for the full group for input and feedback. Some of the review is completed via email and some is completed during virtual meetings held approximately monthly. Faculty members at each of the institutions involved in the WiCPHET are also consulted for input or for consensus on approach. For example, the plans for the development and implementation of the activities of WiCPHET is shared and discussed with the MPH Steering Committee to garner their feedback on the materials.

In addition to the development and implementation of professional development activities by the WiCPHET, MPH faculty members regularly engage in planning and presenting educational programming for the public health workforce.

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 (ie, individuals who are not faculty or students at the institution that houses the program).

Example 1: Strategies for Wisconsin Public Health Workforce: WiCPHET developed and implemented a series of workforce trainings for public health professionals during 2019-20 called Strategies for Wisconsin Public Health Workforce. The series began with a Needs and Strategies for Wisconsin Public Health Workforce Webinar that was presented on April 11, 2019. The purpose of the statewide webinar was to:

- Share the results of the 2018 assessment process
- Introduce/kick-off plans for leadership education through August 2019, to include podcast and keynote session at 2019 Public Health Practice Conference
- Invite nominations/abstracts for Wisconsin Leadership Stories

The members of WiCPHET presented the information, and the webinar was moderated by the Wisconsin Public Health Association president. There were 79 participants in the webinar. The PPT presentation and notes are included in the ERF.

The second training within the series was a breakout session at the Building Bridges Public Health Conference on May 22, 2019. The session, Strategies for Wisconsin Public Health Workforce: Do You Have What it Takes to be a Chief Health Strategist? featured three of the WiCPHET members as they introduced Public Health 3.0 and the role of the Chief Community Health Strategist and shared the seven key practices that are proposed for future public health practice success. The interactive session (1) introduced the concept of Chief Community Health Strategist as envisioned by Public Health 3.0; (2) identified the NACCHO competencies that are recommended for proficiency as a Chief Community Health Strategist and the assessment tool to measure proficiency; and (3) conducted an interactive sharing session on several of the Chief Community Health Strategist competencies engaging in discussion with the audience on how organizations have (or intend to) developed skills, tools, and methodologies to function as a Chief Community Health Strategist in their communities. There were 71 attendees at this breakout session.

Using the seven key practices for the Chief Community Health Strategist as a framework for sharing the stories of leaders from the Wisconsin public health community, WiCPHET launched Strategies for Wisconsin Public Health Workforce Series: Elevating your Leadership Skills Podcast that includes eight episodes, each one featuring the leadership story of an individual who is an exemplar of one of the key practices (7) and an introduction to the podcast. Podcast leadership stories represent the diversity of the public health practitioner community, are interprofessional, and go beyond the boundaries of traditional public health practice. Podcasts dropped approximately every two weeks between June 2019 and the Public Health in Practice Conference in August 2019. The podcasts are available through the WiCPHET website and on iTunes. UW–Madison MPH program staff helped attendees at the May, and August WPHA conferences subscribe to the podcast at their booth.

The 2019 series culminated in the keynote session at the Public Health in Practice Conference on August 7, 2019. The speaker, co-sponsored by WiCPHET, was introduced by one of the WiCPHET members. The presentation, Gathering Around the Table to Improve the Health of Our Communities in the Public Health 3.0 Era, was presented by Joan Theurer, RN, MSN, Health Officer of the Marathon Community Health Department. There were 124 participants who attended the session. The PPT presentation from the keynote is included in the ERF.

WiCPHET members gathered in February 2020 to debrief and plan the next assessment process and a 2020 series focusing on change leadership. The group was planning a three-hour pre-conference workshop in May 2020 when the pandemic caused a cancellation of the 2020 conferences and workshops. The WiCPHET team has regrouped and is currently completing an assessment process, which will inform next steps. A virtual workshop is being planned for Summer 2021, along with Season 2 of the podcast. Updated information will be included in the final self-study.

Example 2 Self-paced Asynchronous Educational Modules: In addition to the series, the UW–Madison MPH program has been instrumental in the development of enduring modular content on key public health concepts. Shared on the WiCPHET website and offered free of charge, the following modules are available:

Health Equity Series is a series of modules geared for people already working in public health, as well as students seeking additional public health content. The first module begins with an introduction to health equity. It discusses how health is more than just sickness or its absence and that health inequities are more than just differences in health outcomes. The second module explores the relationship between health and power, considering what it means to suggest that “the root cause of health inequity is powerlessness.” The third module discusses ideas for operationalizing health equity in practice and specifically looks at opportunities to expand the definition of health, strategically use data, assess, and influence the policy context, and strengthen community capacity to act on health inequities. Reflection points are included

throughout the modules to encourage participants to consider how to integrate concepts and resources into their own work.

One Health Module was created and narrated by MPH alumna Janice Valenzuela, DVM, MPH. The One Health Module recognizes the connections between the health of humans, animals, and the environment promotes more fully collaborative ways of thinking about problems and their solutions and allows us to take a more integrated systems-based approach to achieving health for all. Learners gain knowledge about the value of using a One Health model to address complex public health issues, hear about local examples of One Health, and gain information about resources and tools to enhance their own work.

Social Justice Series includes modules that were drawn from multiple sources and were originally developed for a fully online course in "Social Justice in Public Health," offered to University of Wisconsin students interested in earning an MPH degree. These materials include interviews and highly relevant discussions with public health experts in the field, as well as excerpts from several online "mini-lectures" that were originally offered as part of the course. Dr. Alice Yan and Dr. Renee Walker—from the UW-Milwaukee Zilber School of Public Health—narrated the presentations and have taught the online course. Additional resources are also provided, which include a video segment from the "Unnatural Causes" documentary series, which were aired originally in 2008. Several selected readings and reports are also provided.

Example 3: Public Health Practice in the 21st Century – Parts 1 and 2: The WiCPHET presented a two-part series that focused on building capacity for a public health organization to become a proficient chief health strategist. Part 1 focused on the collection of data using an equity lens. The session used a community food insecurity scenario as the focal point. After a brief didactic presentation on data in the context of a chief health strategist and an introduction to the scenario, attendees moved to virtual rooms to discuss and share how the organization in the scenario is building data capacity, identifying both barriers and successes. Attendees reconvened for a facilitated discussion to identify successful approaches to building data capacity within their organizations. Part 2 used the same scenario and format and focused on communicating data using an equity frame. There were 34 attendees in the two sessions.

Example 4: Hot Topics in Public Health Symposium Series: The series was created in Spring 2020 and is facilitated by Associate Dean for Public Health and instructional faculty member, Jonathan Temte, MD. Several MPH faculty members serve on the planning committee, providing input into the topics and content as well as presenting at these events. MPH faculty members participating in the planning include the MPH faculty director and deputy director, Remington, Johnson, and Pillai. Symposia provide an opportunity for the campus community and the public health workforce to learn about how public health leaders are addressing contemporary public health issues. Each symposium includes an interprofessional panel of experts and has included MPH faculty members and alumni. Topics have included: Responding to the Coronavirus, Gun Violence, Corona Virus Update, and Climate Change.

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

Strengths: The program provides and engages in a variety of high-quality professional and workforce development offerings. Partnerships with other public health institutions in Wisconsin are a benefit.

Weaknesses: Analytics on WiCPHET website were lost when the site was recently moved to a new host. The program is now receiving data on participation, specifically on online workforce modules, and will be able to continue to report utilization of the program's resources in the future.

Plans for Improvement: The MPH program will continue to collaborate with academic partners across the state to assess and provide training for workforce and professional development, refining its assessment techniques and expanding its training and educational offerings.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

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

The MPH program's priority under-represented populations include racial and ethnically diverse students, faculty, and staff, students from disadvantaged backgrounds, and students from rural areas, particularly rural Wisconsin. Regarding racially and ethnically diverse students, the program utilizes the phrase "Students of Color (SOC)" to intentionally recruit and retain students who may identify as Black, African-American, Asian, South Asian, Middle Eastern, Pacific Islander, Latinx, Chicanx, Native American, and multiracial. The program further prioritizes students from specific racial/ethnic groups that have historically been disadvantaged in higher education. These groups are African American/Black, Hispanic/Latinx, American Indian, and Southeast Asian (Asians and their descendants who came to the United States after the end of the Vietnam War from Laos, Cambodia, Vietnam, and Thailand) who are defined by Wisconsin Statute and typically referred to as targeted minorities. Specifically, for student recruitment, these targeted populations are also priorities for the other SMPH health professions program and the university. The prioritization of rural applicants came directly from a discussion within the Community Advisory Committee several years ago, where members discussed their perceptions of the need for more qualified public health practitioners in rural Wisconsin.

The MPH program strives to fulfill its mission to develop a workforce that reflects the racial, ethnic, socio-economic, sexual orientation, geographic and cultural diversity of the Wisconsin, national, and global population.

Discussions about the program's recruitment and retention priorities are regular meeting agenda items for the Steering, Admissions, and Community Advisory Committees and have been encompassed within more recent discussions about the revision of the program's mission, vision, and values and the development of new strategic goals during 2019-20 meetings.

The MPH program implemented a plan to increase the recruitment, retention, and support of a diverse student body in 2006. The initial plan was developed by an MPH staff member with input from the Admissions, Community Advisory, and Steering Committees and the MPH program staff. Since its inception, the plan is reviewed and revised annually by the student services coordinator, who is responsible for recruitment, with input from program leadership and collaboration with colleagues in SMPH who are responsible for recruitment and retention-related activities. Keeping in mind the program's strategic and diversity-related goals, the student services coordinator seeks new partnerships and cutting-edge tools and methods for recruitment and retention.

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 MPH program has identified two overarching goals and several objectives that focus on increasing the representation and supporting the ongoing success of priority populations. The goals align with SMPH campus goals for increasing representation of priority populations. These goals and objectives were developed because of the last self-study and have been re-examined periodically by program leadership and governance committees. The goals and objectives are as follows:

Diversity: *Engage diverse faculty, staff, and students to work toward health equity and social justice, without discrimination, for the people of Wisconsin, the nation, and in the world community. (Goal 3)*

Objective 1: Increase the number of MPH program faculty that identify as members of underrepresented racial or ethnic minority groups.

Objective 2: Increase the number of MPH program-affiliated staff members that identify as members of an underrepresented racial or ethnic minority groups.

Objective 3: Increase the census of MPH program degree-seeking students that identify as members of underrepresented racial or ethnic minority group, from a rural community, or disadvantaged background.

Objective 4: 80% of MPH students will be engaged in one or more research, teaching and/or training initiatives that address an area of health equity or justice in a population defined by race/ethnicity, gender, age, socio-economic status, or community.

Objective 5: 80% MPH Program required courses will include a health equity and/or cultural competency component and associated assessment.

Environment: *Enhance the MPH program's overall capacity to build and sustain the public health workforce by providing an environment that facilitates faculty, staff, and student success. (Goal 4)*

Objective 1: The MPH program will recognize and support the professional development of faculty, staff and students through recurring, institutionalized mechanisms.

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.

Actions and strategies for the goal and objectives related to recruitment and retention of a racially and ethnically diverse student body, faculty, and staff within the program's priority under-represented populations are included in the table below:

Table G1-3 | Actions and Strategies to Advance Recruitment and Retention of Underrepresented Students, Faculty, and Staff

Goal 1: The MPH Program will promote inclusive excellence by engaging diverse faculty, staff, and students to work toward health equity and social justice, without discrimination, in the world community.		
Objectives	**Indicators**	**Activities**
Objective 1: Increase the number of MPH program faculty that identify as members of underrepresented racial or ethnic minority groups	Actual race/ethnicity composition of MPH Public Health Program Faculty	• Engage with SMPH Centennial Scholars and other similar organizations on campus to recruit Public Health Program faculty and to increase involvement with the MPH Program. • Support University, School, and Departmental Search Committee efforts to recruit and appoint diverse faculty candidates to be involved in the MPH Program's education, research, and service.

Objective 2: Increase the number of MPH program-affiliated staff members that identify as members of an underrepresented racial or ethnic minority groups	Actual race/ethnicity composition of MPH program-affiliated staff members	• Use electronic job posting services targeted at diverse groups, such as minority caucuses of specific disciplines. • Make personal contacts with minorities and women at professional conferences and invite them to apply. • Contact colleagues at other institutions to seek nominations of students nearing graduation, recipients of fellowships and awards, or others interested in moving laterally, making sure to request inclusion of qualified women and minorities. • Place announcements in newspapers, journals, and publications aimed specifically at under-represented groups. • Send announcements and request nominations from departments in Historically Black Colleges and Universities and Hispanic, American Indian, and Asian serving institutions. • Consult with faculty/staff of color and women already on campus on outreach strategies. • Follow up with nominees and applicants by telephone or email to send a strong message of openness and welcome.
Objective 3: Increase the census of MPH program degree-seeking students that identify as members of underrepresented racial or ethnic minority group, from a rural community, or disadvantaged background.	Actual race / ethnicity of MPH program degree-seeking students.	• Engage in outreach efforts nationally, around the state, and on campus by attending graduate and health professions fairs in the state and around the Midwest, on-campus information sessions, meetings with community public health practitioners, and exhibits at state and national public health meetings. • Develop relationships with programs known to have higher proportions of underrepresented minorities such as McNair Scholars. • Collaborate with schools and colleges known to have higher proportions of underrepresented minorities such as Beloit College, UW-Milwaukee, and others. • Participate in pipeline programs which engage students from rural and urban/inner-city colleges. • Include section on all print materials promoting the program that “diversity matters.” • Facilitate outreach and interest in public health by involvement with the SMPH Public Health Interest Group and work towards the development of additional student organizations across campus. • Increase relationships with marketing resources in the SMPH and other dual degree partners in the University to promote MPH Program (i.e., mini medical school, host high school students from inner city Milwaukee and Chicago). • Develop partnerships for recruitment with Cross College Advising, L&S Advising Center, Health Professions programs, Division of Continuing Studies, and other campus agencies. • Hold events in venues outside of Madison (i.e., on UW-Milwaukee campus) to target diverse students • Increase accessibility and point of contact for diverse and underrepresented students interested in MPH program.

		• Provide individualized follow up to prospective students through face to face meetings, phone, email, and mail. • Facilitate student use of diversity resources across campus. • Nurture relationships with AHEC and other pipeline programs to work with diverse candidates longitudinally. • Collaborate with UW Foundation and SMPH to seek out resources for academic and minority scholarships for MPH students. • Create and implement an interactive website with online information requests, digital public health media, online application, virtual MPH student materials. • Collaboratively work with the MS/PhD Population Health program towards recruitment goals.

Public Health Program Faculty Diversity (Goal 1; Objective 1): The MPH program has met Goal 1, Objective 1. Since the MPH program's last accreditation, diversity among the MPH program's faculty members has increased. **Currently 18% of the MPH program faculty members represent the program's priority populations.**

It is important to note that the MPH program is not directly responsible for the recruitment of faculty to the university. Each school or department is responsible for faculty recruitment. For example, in the SMPH, Department of Population Health Sciences, the department where the MPH program's faculty director and several of the PIF are affiliated, the Executive Committee is responsible for faculty recruitment and the selection of individuals to whom appointments may be offered. Per university and SMPH policy, diversity is a factor. The MPH faculty director provides input to the department chair regarding faculty recruitment where instructional areas intersect.

Each fall semester, the Women in Science and Engineering Leadership Institute (WISELI) provides a workshop for faculty search committees. This workshop aims to help faculty conduct effective searches and to recruit and hire excellent and diverse faculty. The workshop provides information, advice, and strategies about recruiting a high-quality pool of diverse candidates, understanding the role of unconscious bias on evaluation of candidates, developing, and implementing a successful interview process, and successfully hiring a candidate. The MPH faculty director and deputy director have attended the workshop to enhance their skills for participating in departmental searches and for staff recruitment.

The Target of Opportunity Program (TOP), begun in 2018, has made significant strides in recruiting faculty from underrepresented groups. A component of the broader Faculty Diversity Initiative, it provides departments with increased financial support from the central administration to pursue and hire outstanding individuals. So far 58 recruitment proposals have been approved. Ten faculty supported by TOP funding arrived in 2019–20; 12 more were hired for 2020–21, and 16 recruitments are in progress.

The SMPH Centennial Scholars Program supports development of faculty whose diversity enhances the quality of education and research and who may serve as visible and available role models for students and trainees, especially those from underrepresented groups. The Centennial Scholars Program is designed to support departments in hiring and developing diverse faculty from groups who experience health disparities in Wisconsin. The Centennial Scholars Program provides financial support for three years, distributed to the scholar's department to support the scholar's research or other scholarly activities.

As part of the SMPH's diversity initiatives, the Department of Population Health Sciences has increased the number of faculty members hired who are from underrepresented populations by six faculty members.

- African American or Black - 4
- Asian - 1
- Hispanic/Latino - 1

While the MPH program is not responsible for hiring faculty, it is the responsibility of the program's faculty director to recruit and retain faculty for volunteer appointments as MPH program faculty. Faculty in the SMPH and across campus, as well as key leaders in the public health community who serve as public health community practitioners and new university faculty, are nominated to the Steering Committee for appointment as MPH program faculty.

Staff Diversity (Goal 1; Objective 2): The MPH program has met Goal 1: Objective 2 and will strive to continue to increase diversity of staff members as position vacancies occur and new positions are developed. The MPH program's staff is small, and turnover is relatively uncommon. Most of the staff members have been in their positions for more than three years. The most recent staff recruitment was for the MPH community engagement coordinator in Spring/Summer 2020. The MPH program worked collaboratively with SMPH Human Resources to expand the outreach and recruitment pool. Partners from Native American Center for Health Professions (NACHP), the SMPH Office of Multicultural Affairs, and an alumna from a diverse background participated on the interview panel. Student representatives, some from priority under-represented populations, were also consulted during the hiring process.

Student Diversity (Goal1; Objective 3): The MPH program works closely with a number of campus organizations and programs within the SMPH that are dedicated to connecting underrepresented students to grow academically, personally, and professionally while gaining opportunities that lead to careers in the health professions.

The MPH Program has strong collaborative relationships with staff members in SMPH programs that share in the goal to recruit and retain a diverse student population. The SMPH's Office of Multicultural Affairs strives to promote a climate that embraces diversity and supports professional development for all students by coordinating and developing programs and activities for pre-college, undergraduate, and health professional students, collaborating with undergraduate programs and advisors both locally and nation-wide, pre-health organizations, internally within the SMPH's offices of MD Admissions, Student Services and Medical Scientist Training Program; and the SMPH health professions programs.

The Office of Multicultural Affairs holds an annual Pre-Health Career Day, which is an opportunity for undergraduate students to learn more about SMPH academic offerings, admissions requirements, financial aid, and a series of workshops on personal statements, mock interviews, and clinical skills. Participants at the event come from ten different institutions across the state. The MPH program has benefitted from this pathway program which has enhanced the ability to develop long-term relationships with potential applicants.

The MD Pathway Programs and Recruitment, a program within the SMPH's MD Admissions, provides a pathway for students seeking the dual degree, MD-MPH. The director of the MD Pathway Programs and Recruitment develops relationships with SOC not only on the UW–Madison campus but across the country through partnerships with Historically Black College and Universities (HBCU) and other institutions with diverse student populations. The Director connects with prospective MD and MD-MPH students during their undergraduate careers and remains in contact until the student graduates and is ready to apply to one of the health professions programs, answering questions, providing advice, and guiding them through the admissions processes. This strong relationship has led to much greater awareness of the MPH and the MD-MPH dual degree among SOC and has increased connections with several prospective students that are interested in pursuing the MD-MPH dual degree.

The MPH program partners with four additional programs dedicated to creating a diverse student body and opportunities to practice in underserved areas. Collaboration with these programs has resulted in the recruitment and retention of both MPH exclusive and dual degree MPH students. These programs include:

Rural and Urban Scholars in Community Health (RUSCH) identifies undergraduate students at three UW System institutions and an HBCU (Spelman College) with an interest in practicing medicine in underserved urban and rural areas.

Wisconsin Academy for Rural Medicine (WARM) attracts student that represent rural Wisconsin, increasing the number of Native American, Hmong, and Spanish speakers who have an interest in rural health.

Training in Urban Medicine and Public Health (TRIUMPH) focuses on recruiting and training physicians to serve in urban settings.

Native American Center for Health Professions (NACHP) focuses on enhancing the recruitment of Native students to UW–Madison health professional programs. NACHP works with current and prospective students to create opportunities for growth, professional development, mentorship, research, and support. NACHP staff connect prospective students interested in public health to MPH staff to provide one-on-one guidance and support during the application process and throughout the duration of their time in the MPH program. NACHP offers ongoing support and access to a community of practice to students in the health professions.

With the ongoing relationships with the SMPH programs described above, the MPH program recruited and matriculated one student through RUSCH and four through TRIUMPH in 2018, two TRIUMPH students in 2019, and one student through NACHP in 2021. While these results are promising, there is room for growth in expanding participation from these student groups in the future.

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.

Actions and strategies for the goal and objectives related to maintaining a culturally congruent environment are included in the table below:

Table G1-4 | Actions and Strategies to Maintain a Culturally Congruent Environment

Goal 1: The MPH Program will promote inclusive excellence by engaging diverse faculty, staff, and students to work toward health equity and social justice, without discrimination, in the world community.		
Objectives	**Indicators**	**Activities**
Objective 4: At least 80% of MPH students will be engaged in one or more research, teaching, and/or training initiatives that address an area of health equity or justice in a population defined by race/ethnicity, gender, age, socio-economic status, geography, or community.	Proportion of students engaged in initiatives that address areas of health equity or justice	• Continue efforts to engage and involve the public health community with the MPH program. • Continue partnerships with public health agencies and organizations such as the Division of Public Health, Milwaukee County Health Department, and the Wisconsin Public Health Association. • Develop an alumni network and methods to stay in touch with graduating students.
Objective 5: 80% MPH Program required courses will include a health equity and/or cultural competency component and associated assessment.	Actual course content and assessment specifically noted in each syllabus	• Discuss overall course content and curriculum during monthly core course faculty meeting to coordinate content • Map content health equity/cultural competency content • Discuss gaps and duplication at core course faculty meetings • Attend training to enhance curriculum and teaching and learning • Share information with instructions faculty
Goal 2: The MPH Program will enhance its overall capacity to build and sustain the public health workforce by providing an environment that facilitates faculty, staff, and student success.		
Objective 1: The MPH Program will recognize and support the professional	Identification of at least three specific	• Enhance the quality of the MPH student experience by providing support services for diverse students.

development of faculty, staff and students through recurring, institutionalized mechanisms.	initiatives to identify the achievements of faculty, students, and staff. Implementation of specific and targeted initiatives that enable professional development and advancement for faculty, students, and staff respectively. Adoption of initiatives that foster pride and recognition among faculty, staff, and students.	• Hold annual events to provide networking and community building opportunities for MPH students (Orientation, Public Health Symposia, and MPH Core Day). • Institute a day of service for students, faculty and staff that helps to develop a relationship with underserved communities. • Provide faculty advising training sessions for new and current advisors. • Utilize seminars, annual events, and after-hours get-togethers to build community among students, faculty and staff affiliated with the MPH program. • Provide opportunities and access to resources for students to learn or enhance their professional development skills. • Enhance student's knowledge of the SMPH Career Center and resources. • Add distance education components to classroom courses to increase educational access to MPH curriculum. • Cultivate a positive image.

The UW System, University of Wisconsin–Madison, SMPH, and MPH program have the common goal of creating an environment where all learners, staff, and faculty feel valued, included, and empowered. Creating an inclusive environment includes recruiting and retaining professionals who model skills including professionalism, compassion, respect, altruism, civility, and empathy, providing safe and respectful classrooms and interactive spaces that foster professional development, engaging respectfully with the broader public health community, and building community among students, staff, faculty, alumni, and the public health community.

University-level Initiatives: For more than 30 years, the University of Wisconsin-Madison has made issues of diversity, equity, and inclusion a high-level priority of institutional life. While much work remains to create an environment that is inclusive and excellent for all, progress toward this goal is happening daily. In 2008 the UW System introduced "Inclusive Excellence," a model meant to guide the day-to-day work and policy of each campus through an iterative process, responsive to each institution's individual "mission, culture, identity, and demographics." According to the UW System, Inclusive Excellence is intended to be "incorporate[d]… into the larger institutional culture [so that] inclusive excellence and diversity more generally will simply become integrated into the larger fabric of the institution" and guide colleges and universities approach to its achieving excellence through deliberate and intentional coordination. A simple search of the UW-Madison website provides evidence of the adoption of these principles and development of DEI initiatives across campus.

UW–Madison is committed to creating a welcoming environment that enables all students, faculty, and staff to thrive. Individuals and groups from across campus have embraced this challenge and devoted significant time and energy to moving the campus forward. These efforts build on the campus Diversity Framework and its implementation plan, R.E.E.L. Change. Every school and college reports on its diversity and inclusion efforts, which include an array of recruitment and retention initiatives, utilization of TOP funding, and a variety of workshops and training opportunities offered at the school/college level.

School of Medicine and Public Health Initiatives: The SMPH seeks to foster a culture of inclusion and respect among employees, learners and the communities served. Through teaching, discovery, and advocacy, the SMPH strives to promote equity in access to quality health care. The SMPH embraces a number of programs and initiatives that epitomize their stated obligation to diversity, equity, and inclusion,

notably in the commitment to create the new position of Chief Diversity and Inclusion Officer. The SMPH is currently recruiting at a national level for this position.

SMPH as a whole, including the MPH program, have embarked on Building Community**,** a call to action to examine the ways in which everyone within the SMPH can build a more inclusive, collegial, and respectful environment. This effort is supported by the leadership and resources needed for success.

The Building Community initiative is overseen by a Steering Committee that is supported by several work teams. One team, the Community Builders Team, consisting of SMPH student learners, is charged with obtaining input and perspectives on current and future Building Community initiatives from learner populations while ensuring that administration is engaging with them in a collaborative manner to promote the shared values of the SMPH. This team consists of student representatives from all health professions programs, including the MPH program, who collaborate with faculty and administration to develop initiatives for infusing Building Community strategic priorities throughout all SMPH learning environments. The MPH student representative on the committee shares updates on the team's work at MPHSO meetings to connect the MPH student body.

The Building Community initiative offers a collection of online resources, organized by areas of competency and skill that are important for building community in the working and learning environment.
Resources to ensure a healthy inclusive climate and a Toolkit for Developing Educators include information that is organized into different topic areas addressing various components of the environment. Some of the resources are brief snippets or "just in time" information, and others offer a deeper dive into more detailed or lengthy resources. The toolkit includes a section on diversity, equity, and inclusion, as well as a section on learner climate. There are many additional resources within the toolkit, with the development of materials related to telehealth in process.

A Presenter's Guide can be found on the Building Community homepage. This guide was written by a group of medical students in fall 2019 and endorsed by the Building Community Steering Committee. It was subsequently revised and re-endorsed for the 2020-21 academic year. It is intended to provide suggestions and examples of how to talk about underrepresented identities in medicine and public health.

The Ebling Library created Diversity, Equity, and Inclusion: A Resource Guide for students, faculty, staff, and community members who would like to learn more about systemic, institutional, and cultural racism, white privilege, and inequities within various disciplines. The resource guide includes articles, media, books, a calendar of events, and other resources to help stakeholders contribute to an inclusive SMPH environment.

The SMPH Office of Continuing Professional Development (OCPD) and a collaborator on UW ICEP developed the UW–Madison ICEP Diversity, Equity, and Inclusion Toolkit for Accredited Continuing Education. The purpose of this toolkit is to provide accredited continuing education planners, authors, and speakers with tools that encourage the thoughtful inclusion of underrepresented groups and content relevant to diversity, equity, and inclusion. The toolkit includes specific tools that can be incorporated during the planning, delivery, and evaluation stages of activity development. A copy of the toolkit is included in the ERF.

In January 2021, the inaugural edition of the SMPH's Shared Guidelines for Professional Conduct was released. This living document provides overarching guidance on the shared responsibility of everyone in SMPH to act with the highest levels of respect, integrity, and accountability, and according to appropriate ethical and legal standards. The Guidelines include overarching guiding principles and behaviors, including:

- Be Accountable: Act with Honesty, Integrity, and Fairness.
- Commit to Respect, Kindness, Compassion, and Altruism.
- Demonstrate Innovation and Excellence.
- Embrace Diversity, Equity, and Inclusion.

In addition to providing overarching guidance to improve the learning and working environment at the SMPH, one in which diversity and inclusion are valued in all aspects, there are many opportunities for students, staff, and faculty to engage in creating and sustaining a culture that rewards skillful behavior that exemplifies professionalism, respect, altruism and empathy in teaching, learning, and work.

SMPH and Academic Affairs offer several workshops for stakeholders to enhance their knowledge and build skills. Examples of Spring 2021 workshops include "Wellness and Self-Compassion" facilitated by Dr. Mariah Quinn and Dr. Amy Zelenski, and "Breaking the Bias Habit" facilitated by Dr. Eve Fine and Dr. Jenn Sheridan of WISELI. MPH staff regularly attend these offerings.

MPH program Initiatives: The MPH program engages with the SMPH's initiatives and engages in several initiatives of its own to create and maintain a culturally competent environment. In May 2018, the Wisconsin Public Health Association (WPHA) passed a resolution declaring that racism is a public health crisis in Wisconsin and committed to taking action. Building on this work, as part of the Wisconsin Healthiest State Initiative, several partner organizations worked together to transfer the WPHA resolution content to a *Racism is a Public Health Crisis Sign-on*. The MPH program and the MPH Student Organization signed on to the declaration to commit to:

- Publicly assert that racism is a public health crisis affecting our entire society. Assess internal policy and procedures to ensure racial equity is a core element of our work.
- Work to create an equity and justice-oriented organization, with staff and/or other stakeholders identifying specific activities to increase diversity and to incorporate anti-racism principles within leadership, staffing, and contracting.
- Incorporate educational efforts to address and dismantle racism, expand understanding of racism, and how racism affects individual and population health.
- Provide tools to engage actively and authentically with communities of color. Advocate for relevant policies that improve health in communities of color, and support local, state, and federal initiatives that advance social justice, while also encouraging individual advocacy to dismantle systematic racism.
- Work to build alliances and partnerships with other appropriate organizations that are confronting racism and encourage partners and/or stakeholders to recognize racism as a public health crisis.
- Allocate adequate financial and human resources to accomplish all selected activities.

As part of the MPH program's commitment to this initiative, the program's leadership, core course faculty, staff, and others created the following Racism and Equity Statement in Summer 2020:

> *The vision and mission of the Master of Public Health (MPH) program at the University of Wisconsin-Madison cannot be fulfilled without declaring that* ***Racism is a Public Health Crisis*** *and embracing our role to reduce systemic racism. Too many Black human beings (George Floyd, Breonna Tayler, Ahmaud Aubrey, Rayshard Brooks, Dontre Hamilton, Tony Robinson, Renisha McBride, and Daunte Wright) have been wrongfully and unjustly killed and had their right to live taken from them. Racism and institutional racism continue to persist and harm our society. In the MPH curriculum, we will teach how racism fuels the inequities that lead to health disparities. We will work with partners to fortify the curriculum and look for learning opportunities outside the classroom to help students, staff, faculty, and the community to come together to tackle this vitally important issue. We will lift the voices of students and help you to gain tools and knowledge to become agents of change. We will create a supportive and safe environment for your educational journey.*

The statement is included in syllabi, course materials, and the MPH Student Handbook. It is shared during orientation, and many faculty members share it with their students by reading it aloud on the first day of classes.

The Anti-Racism Initiative, an initiative created by the students in the Department of Population Health Sciences, convenes a reading and discussion group focusing on issues of race and racism. MPH students and faculty members can engage with others to work towards a culture of anti-racism. The group meets monthly to discuss pertinent articles and books.

Didactic Courses in the MPH program: Several of the required MPH courses convey didactic content, engage students, and assess their abilities to implement programs and policies, and communicate effectively by framing their work with a culturally congruent frame.

MPH Foundational Competency #8: ***Apply awareness of cultural values and practices to the design or implementation of public health policies or programs*** is incorporated and addressed in:

- PUBLHLTH 780 Evidence-Based Decision-Making
- PUBLHLTH 782 Determinants of Health and Health Equity: A Systems Approach
- PUBLHLTH 786 Planning and Management to Promote Health
- PUBLHLTH 787 Applied Practice Experience Seminar
- PUBLHLTH 790: Public Health Social Justice: Tools and Models

MPH Foundational Competency #20: ***Describe the importance of cultural competence in communication public health content*** is incorporated into and addressed through:

- PUBLHLTH 781 Communication Public Health Effectively I
- PUBLHLTH 786 Planning and Management to Promote Health
- PUBLHLTH 787 Applied Practice Experience Seminar
- PUBLHLTH 791 Communicating Public Health Effectively II

Syllabi for these courses can be found in the ERF.

In 2020, the MPH Curriculum Committee in conjunction with program leadership and core course faculty made the decision to modify the previous Culminating Seminar course, which had allowed students to identify solutions and apply public health tools and models to a wide variety of complex public health issues, to permanently focus on the topic of public health social justice. Each week students learn about and experience a complex public health issue related to social justice and apply tools they have used in previous core courses and use new tools to provide policy and programmatic solutions and to communicate health information to others.

Didactic courses are enhanced by guest speakers and lecturers who represent diverse populations and introduce students to concepts of equity, diversity, and cultural competence. The MPH core course faculty group created a shared spreadsheet that allows them to track guest speakers, discuss how guests meet needs in individual courses and impact the curriculum overall, serves as a point of discussion and brainstorming for additional guests and speakers, and prevents duplication.

The MPH core course faculty created a collaborative spreadsheet for the 2020-2021 academic year to share ways in which they have incorporated content and discussions about racism into the required MPH courses. Discussing the ways in which concepts of diversity inclusivity and racism were incorporated into the classroom were also frequent topics of discussion in the faculty's regularly scheduled core course meetings. The core course faculty also created a spreadsheet to share important information about how Covid-19 content was incorporated into the curriculum. Some of the examples of ways in which health equity and cultural competency are as follows:

- In PUBLHLTH 782, students learned about determinants of health and cultural humility by highlighting community initiatives through seven lectures. Topics included equity and cultural humility in rural, LGBTQ+, Hmong, and African American populations and health systems.
- In PUBLHLTH 792, students worked through a case study that incorporated values and ethics regarding vaccine testing on vulnerable populations and how vaccines are distributed.
- In PUBLHLTH 791, students developed health messaging for social media about the corona virus after reading an article from the NYT that cited that up to 40% of the population is operating on misinformation.
- In PUBLHLTH 783, students developed memos to local officials regarding the relationship between disparities and Covid-19. Students analyzed and incorporated data from a variety of county, state, and national data sources to create their memos.

Beyond didactic exposure to cultural competence, students engage in service-learning and apply public health concepts to real public health issues in PUBLHTLH 780 Evidence-Based Decision Making. Small student groups of 2-4 work collaboratively with local and state health departments, community coalitions, and non-profit public health organizations to identify and develop three culturally appropriate program or policies solutions that build on the community's assets and often target diverse communities. Students in the class have worked with over 25 community organizations over the past five years. Several of the student proposals have been funded or implemented.

Practical Experience Opportunities in the MPH program: Students also can complete their Applied Practice Experience (APEX) at a site that exposes them to a diverse environment that is committed to improving the health of underrepresented communities. The MPH program's community engagement coordinator seeks new opportunities where students can engage with diverse populations on a community level and learn from preceptors who represent underserved communities and underrepresented population. Some examples of recent APEX products include stakeholder interviews that inform the development of a culturally appropriate telephone app to help the Hmong population manage Type I Diabetes, outreach messaging for women who lost their health insurance due to Covid-19 that provided information about the special enrollment period at an appropriate educational level while being respectful regarding socio-economic, gender, and racial issues, and a workshop in order to gain more insight on the possible barriers the Latino community faces when it comes to discussing topics surrounding sex.

The MPHSO has also organized events that cater to the needs and issues of underrepresented populations and invite speakers to inform the group on topics focused on health equity, social justice, and diversity.

In sum, the MPH program, faculty, staff, and students engage in a wide variety of activities and strategies to create and maintain a culturally competent environment through curricular requirements, exposure to faculty, staff, preceptors, guest lecturers, and community agencies reflective of the diversity in their communities, and faculty and student scholarship and community engagement activities.

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

The MPH program participates in several events dedicated to increasing interest in the health professions among SOC. These events allow the MPH program to share information on the program, the admissions process, and opportunities to pursue an exclusive or dual degree. The MPH program specifically targets events and creates opportunities to meet with students from diverse populations and backgrounds. These events are held on college campuses with a diverse student body and with campus organizations committed to a culturally inclusive community that is dedicated to the success of underrepresented students. The following table highlights the recruitment events that focus on diversity, the description, and the number of students engaged at these events for the past three academic years. The student services coordinator calculates ROI for each event based on a review of past data to determine which events will be attended in the future.

Table G1-5a | Number of Student Participants at Diversity-focused Recruitment Events				
Event Name	**Description**	**2017-18**	**2018-19**	**2019-20**
Multicultural Career Fair	On campus event to increase URM career opportunities	13	22	20
Beloit College	Class presentation at racially diverse campus	N/A	6	6
McNair Conference	Annual event for URM students	N/A	6	N/A
University of Illinois Health Professions Fair	Annual event at racially diverse campus	15	18	8
UW-Whitewater King Chavez/McNair Scholars	Info session for UW-Whitewater chapter	N/A	4	N/A
UW–Madison Pre-Health Career Day	Annual event for students across WI to learn about health profession programs	45	65	Canceled due to COVID
URM Applicants		**22**	**25**	**27**
Denied URM		**5**	**2**	**0**
Matriculated		**7**	**11**	**15 (anticipated)**

The MPH program monitors the level of diversity by collecting data at the point of admissions and matriculation into the program. Below are tables containing information about self-reported SOC in the MPH program from 2018 to 2020. The number of SOC has been steadily increasing from 15% in 2018 to more than 20% of the total cohort in 2020. The 2021 cohort is still being finalized.

Table G1-5b | Student from Diverse Racial and Ethnic Populations 2018-2020			
	2018	**2019**	**2020**
Black/African American	0	3	5
Asian	5	3	9
Latinx/Chicanx	2	5	2
Native American	1	2	0
White	48	37	30
Unspecified	0	0	0
Total	**53**	**45**	**45**

Note: Students that listed more than one race were counted more than once

In addition to racial and ethnic representation, the MPH program also prioritizes and tracks information about students from rural areas and socioeconomically disadvantaged backgrounds.

Table G1-5c | Students from Rural and Disadvantaged Backgrounds 2018-2020			
	2018	**2019**	**2020**
Rural	4	5	8
Disadvantaged	12	14	9

The MPH program's faculty and staff are committed to modeling skills and behaviors for learners, including professionalism, compassion, respect, altruism, civility, and empathy, and to providing a diverse faculty that can serve as visible and available role models by recruiting public health program faculty and staff from across campus. The table below provides information on the MPH program faculty's race and ethnicity.

Table G1-5d | MPH Program Faculty/Staff from Racially and Ethnically Diverse Populations 2018-2020	
African American/Black	7
Asian	7
Hispanic/Latinx	2
Native American Indian or Alaskan Native or Native Hawaiian/Pacific Islander	0
White	75
Total:	**91**

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

The MPH program collects data from students regarding their perceptions of the program's climate through an annual programmatic survey. Responses from the surveys for the past three years indicate that more than half of the respondents agreed that the program was successful in recruiting a well-qualified and diverse student body. In 2020, a decrease in satisfaction with diversity was noted. Satisfaction with the climate in the MPH program has steadily increased over the past three years.

Table G1-6 | MPH Program Student Perceptions of Climate			
The Program is successful at recruiting and enrolling well-qualified and diverse students.	**2019** (N = 47)	**2020** (N = 30)	**2021** (N=22)
Strongly Agree/Agree	55.32%	50%	91%
Neutral	36.2%	23%	9%
Strongly Disagree/Disagree	9%	27%	-
The MPH faculty, staff, and students, together have developed a climate that promotes my personal and professional development			
Strongly Agree/Agree	76%	81%	96%
Neutral	24%	13%	4%
Strongly Disagree/Disagree	-	6%	-

However, comments from students indicate that improvements are still warranted.

"I think that the MPH program would be more diverse if they were able to be on SOPHAS." ~ 2019

"One area of improvement you see for the MPH Program: Increase in diverse student recruiting" ~ 2019

"The faculty is really outstanding. Each professor is clearly passionate about their work and happy to share and work with students. It's created an environment that is supportive, enthusiastic, and inspiring to me as a first-year grad student and future professional." ~ 2019

"Definitely need to do a better job about recruiting more diverse students and staff." ~ 2020

"Recruitment has well-qualified students, but we lack the diversity of sex, gender and race. We do so much discussion and learning from one another that I think it could be really useful to have more diverse people enrolled, however I am not sure of demographics of who is applying." ~ 2020

"I love that the MPH program has students with diverse educational goals and dual-degree students in a wide variety of areas. I wish that the interprofessional events were more closely related to public health so that our contributions could be valued." - 2020

The SMPH regularly collects faculty and staff insights related to climate regarding diversity and cultural competence. As part of the school's ongoing *Enhancing the Learning and Working Environment* efforts, the SMPH conducted a survey in March 2018 to ascertain confirmation of the school's direction in implementing a plan to continually improve the climate. Data was received from 655 SMPH students, staff members, and faculty. Highlights from the survey results were as follows:

- The School's strategic priorities are on target with 87% rating the culture of wellness and 90% rating professionalism as important.
- Most valuable professionalism strategies are clear expectations, clear accountability for inappropriate behaviors and meaningful reward for exemplary behavior.
- Most valuable strategies for wellness are those which address stress, burnout, mistreatment and work/life balance.
- 21% observed significant or slight improvement in the overall climate, 22% for the climate for women, 25% for LGBTQI persons and 16% for persons of color.

The SMPH is planning to collect additional data on climate in 2022.

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

Strengths: The MPH program, in collaboration with the SMPH, has made great advancements to increase diversity and provide an inclusive environment for teaching and learning since the last self-study. The program is engaging with impactful program and school-wide initiatives that have helped to meet or make progress on meeting diversity and inclusion-related goals and objectives.

Weaknesses: The MPH program's inability to recruit its own faculty is a weakness. Lack of standardized definitions for underrepresented and racially and ethnically diverse populations across the university, school, and programs causes challenges in capturing accurate data. More students are choosing to leave race and ethnicity information off their MPH applications.

Plans for Improvement: It is imperative that the program continues to develop new and innovative ways to address and evaluate diversity within the MPH program. The MPH program will maintain and enhance existing relationships and explore new and different ways to meet diversity and inclusion-related goals and objectives. With the Fall 2021 matriculating class, the MPH program will collect diversity information at the in-person orientation as part of a discussion on DEI. The program also plans to incorporate a DEI discussion and opportunity for capturing data on faculty perceptions on climate at the Fall 2021 MPH Faculty meeting to be held in October.

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.

All students in the MPH program receive academic advising through a variety of means, including one-on-one contact with the student services coordinators, community engagement coordinator, MPH program faculty, and other program staff that are supplemented by email updates and social media posts, orientation, and written materials such as the Student Handbook and the Applied Practice Experience (APEX) and Integrative Learning Experience (ILE) Handbook.

Academic advising is provided by two student services coordinators on the MPH staff who have detailed knowledge of curricular requirements, University policies, and campus resources. While both student services coordinators have knowledge and expertise on the entire MPH program, students are assigned to one of the coordinators based on whether they are seeking an MPH exclusive degree or a dual degree.

Students are strongly encouraged to meet with their assigned student services coordinator prior to beginning their course of study and then every semester thereafter. The student services coordinators assist the students with their program plans, course selection, interpreting academic procedures/policies, and resolving academic or personal issues. They also monitor academic standing, progression through the curriculum, and degree certification.

The MPH exclusive student services coordinator tends to do more one-to-one advising, while the dual degree student services coordinator does a combination of group and individual advising.

Advising by the student services coordinators is enhanced by guidance from two faculty advisors. Each student is assigned a primary faculty advisor upon entry to the program. The primary faculty advisor provides advice about the student's general course of study in the program, suggests elective courses, and helps identify potential topics and projects for the APEX. The primary faculty advisor guides students through the ILE by assessing the written product and evaluating the final portfolio. A second faculty advisory, chosen by the student, co-advises on the APEX and ILE.

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

In the MPH program there is a two-pronged approach to students advising. Students are advised by student services coordinators and they are advised by two faculty members. Student services coordinators are oriented to their roles as advisors through an extensive onboarding process and orientation. The deputy director, who is responsible for supervising the student services coordinators provides detailed materials about the curriculum to the coordinators, including, but not limited to shadowing other student services coordinators in other departments or units, observing student advising sessions by other MPH personnel, sample program plans, becoming familiar with the MPH curriculum through sitting in on MPH courses, and having detailed discussions about the university's resources, the program's policies, and the MPH curriculum. The student services coordinators are required to complete on-line modules related to FERPA, HIPAA, and other important regulatory information that is necessary to be successful in their positions. They also complete a self-review of student policies and handbooks. The university also offers regular meetings for graduate school coordinators and while the materials provided are not specific to the MPH program, they are often generalizable and useful.

Each MPH student is required to have two faculty advisors: a primary faculty advisor and a secondary faculty advisor. Primary faculty advisors are selected based on their involvement with the MPH program, from MPH program faculty, core course instructors, MPH committee members, and those who substantively contribute to the MPH program. It is important for the MPH program to choose primary faculty advisors who are familiar with and have had experience with the MPH program and its requirements. Students are matched to faculty advisors based on common interests and goals gleaned from their application materials. Once the potential matches are identified, the student services coordinators contact the advisors to request permission for the potential match to be finalized. Upon agreement by the faculty advisor, they are sent the student's name and a Faculty Guide, which outlines the advising processes along with a description of the advisor, staff, and student roles and responsibilities. The student services coordinators offer advisor orientation sessions for new advisors and drop-in training sessions for those who may not need the full orientation but are interested in a brief refresher or have a specific question.

While students are assigned a faculty advisor upon admission to the MPH program, they are required to choose a second faculty advisor to assist with the APEX and ILE processes. Students choose their second faculty advisor early in the second semester of the MPH program. Students choose from a list of MPH program faculty and program affiliates and are guided by their primary faculty advisor and the community engagement coordinator. Their choice for their secondary advisor is typically based on their own interests, APEX/ILE plans, and professional goals. Students often choose a secondary faculty advisor based on their content expertise, their special skills or knowledge, or a desire to work with a specific mentor. The Faculty Guide is provided to secondary advisors. Orientation is typically provided by the primary faculty advisor or through a one on one meeting with the community engagement coordinator or one of the student services coordinators. The program staff are currently in the process of developing short videos to supplement the faculty advisor orientation process.

Besides the group and individual advisor orientation sessions, updates to the advising process and opportunities to ask questions are regular agenda items at the semi-annual MPH program faculty meetings. The program also has a faculty listserv that is used to share information and updates.

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

The MPH Student Handbook, APEX/ILE Handbook and sample program plans are included in the ERF. In addition, a copy of the Faculty Guide is also included.

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

The MPH program distributes an annual programmatic survey which asks students about their satisfaction with academic advising. Students are provided with statements about accuracy, accessibility, willingness, and timeliness of information provided by staff advisors and are asked whether they agree, disagree or are neutral to the statement. In 2020 students' perceptions related to accuracy of advising by MPH program staff was relatively low. This is a result of the program's curricular transformation and has been addressed. Student perceptions about academic advising and interaction with MPH program staff for the past three years are included in the table below:

Table H1-4a | Student Satisfaction with Academic Advising from MPH Program Staff Members 2019-2021

	2019 (N = 47)	**2020** (N = 30)	**2021** (N= 22)
MPH program staff provide accurate advising.			
Agree	85%	62%	100%
Neither Agree nor Disagree	9%	31%	-
Disagree	6%	7%	-
MPH program staff are accessible to me.			
Agree	91.5%	89.7%	95.5%
Neither Agree nor Disagree	8.5%	6.9%	4.6%

Disagree	-	3.5%	-
MPH program staff are willing to assist me.			
Agree	97.9%	96.6%	100%
Neither Agree nor Disagree	-	-	-
Disagree	2.3%	3.5%	-
MPH program staff respond to my requests in a timely fashion.			
Agree	91.5%	86.2%	100%
Neither Agree nor Disagree	8.5%	13.8%	-
Disagree	-	-	-

In addition to responding to the statement, students are offered the opportunity to provide commentary regarding the statements. For the past three surveys, students generally provided positive comments about satisfaction with academic advising. A small number of students expressed dissatisfaction with the elective course selection process. Staff is working to improve the process and provide information about available elective courses in an easy, accessible way, including expanding the pool of potential elective courses to include graduate-level courses across the entire campus that focus on public health.

In the annual programmatic survey, the students are also asked about their perceptions about accessibility and willingness of faculty to provide advising and assistance.

Table H1-4b | Student Satisfaction with Academic Advising from Faculty 2019-2021

	2019 (N = 47)	**2020** (N = 30)	**2021** (N= 22)
MPH Faculty are accessible to me.			
Agree	94.5%	85.7%	95.5%
Neither Agree nor Disagree	8.5%	10.7%	4.6%
Disagree	-	3.6 %	-
MPH Faculty are willing to assist me.			
Agree	97.9%	85.7%	100%
Neither Agree nor Disagree	-	10.7%	-
Disagree	2.1%	3.6 %	-

In addition to responding to the statement, students are offered the opportunity to provide commentary regarding the statements. For the past three surveys, students generally provided positive comments about satisfaction with faculty advising, but some expressed concern about accuracy, as evidenced by the comments included below:

> *"The faculty is really outstanding. Each professor is clearly passionate about their work and happy to share and work with students. It's created an environment that is supportive, enthusiastic, and inspiring to me as a first-year grad student and future professional." ~ 2019*

> *"I am very grateful and appreciative of instructor assistance but have been consistently frustrated with advising assistance and administrative communication." ~ 2019*

> *"I am extremely happy with the faculty and staff of the MPH Program." ~2020*

Upon graduation, students are asked to complete an exit survey and are asked about the role of their student services coordinator in their academic well-being. Students are provided with statements regarding advising and asked to agree, disagree, or remain neutral to the statements. Information about the students' perceptions of academic advising is included in the table below. Graduates' satisfaction with academic advising decreased during the 2019-2020 academic year because of the curricular transformation that occurred that year.

Table H1-4c | Graduates' Satisfaction with Academic Advising While in the Program 2019-2021			
The MPH Student Services Advisor promoted my personal and professional development			
	2019 (N = 25)	**2020** (N = 32)	**2021** (N=37)
Agree	100%	63%	81%
Neither Agree nor Disagree	-	31%	13%
Disagree	-	6%	6%

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

Incoming MPH students are required to complete an online, asynchronous orientation approximately one month before the start of the first semester. Orientation includes information on available resources, expectations, introductions to program faculty and staff, an overview of the APEX and ILE, a welcome from the MPH Student Organization (MPHSO), and University-required trainings. To ensure engagement, students are required to complete discussions and quizzes, demonstrating they have reviewed the material. One of the assignments is for students to introduce themselves to their faculty advisors via email and request an initial meeting during the first few weeks of the fall semester. Students have approximately one month to complete the online orientation and assignments before the start of the Fall semester.

An optional, in-person orientation is held the week before the start of the semester. This orientation includes many of the topics covered in the online orientation but allows for face-to-face interactions between students, faculty, and staff. The in-person orientation includes meeting Fall semester core course instructors, meeting with the MPHSO, hearing from alumni, and engaging with the members of their new cohort over lunch. During orientation, students have a professional photo taken for the cohort composite and participate in a campus tour.

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

Strengths: From orientation to degree completion, MPH students have access to a full complement of advising services that include individual and group advising sessions with the student services coordinators and guidance and mentoring by faculty members. Students report they are satisfied with advising and feel they receive accurate information.

The combination of the on-line and in-person orientation prepares students for success in navigating the program and has helped to create a sense of community within the cohort. The online orientation enables the program to share more in-depth information, resources, and videos than is possible with an in-person-only orientation model.

Weaknesses: Student and graduate perceptions of accurate advising decreased in the 2019-2020 academic year (reflected in the 2020 surveys). Students express dissatisfaction with the elective course selection process and communication from the program.

Plans for Improvement: Staff is working to improve the elective course selection process and provide information about available elective courses in an easy, accessible way, including expanding the pool of potential elective courses to include graduate-level courses that focus on public health across the entire UW–Madison campus. As a result, the MPH website includes directions for selection of elective courses, including some examples of highly subscribed electives. The MPHSO, through their mentoring program, has also compiled a list of highly subscribed elective courses that are shared with current students.

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 MPH program's student services coordinators provide comprehensive career development programming, advising, and job and internship placement assistance. Many MPH students choose to participate in multiple internship and leadership opportunities throughout their MPH experience to enhance their marketability and to identify a career path for which they are passionate. In addition to offering advising resources, the MPH program has developed collaborative partnerships with potential employers to connect students to career information and career opportunities, such as the annual information session with the Wisconsin Department of Health Services.

Individual career-counseling appointments are available with many of the MPH program's faculty and staff members who have public health practice experience. Faculty advisors also play a significant role in career advising during their scheduled interactions with students each semester. They assist in connecting students to career networking opportunities and other practice experiences. Faculty advisors are also the main source of guidance on the portfolio. Advisors provide feedback on products and highlight potential opportunities for skill development to further students' specific career paths.

The MPH program encourages MPH students to participate in campus-wide resources and features information about resume workshops and career fair information in email and social media communications. The Writing Center provides personalized meetings and workshops to support students in developing cover letters and resumes, presentations, application assistance for jobs and grants, and personal statements. The Writing Center provides a presentation to the students in PUBLHLTH 781 each Fall semester, as students begin their time in the MPH program. Career fairs are offered annually for all currently enrolled students and alumni who graduated within the past two years.

The MPH program's website has a link to state and national job repositories. Job opportunities are regularly posted on the program's Facebook page, which has 529 followers. Handshake, an online job portal, is available to all UW–Madison students and alumni.

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

The MPH Program's student services coordinators are selected based on their skills, knowledge, and abilities to provide advising services to students in the MPH program, including career advising. There are several ongoing training opportunities for advising through the UW–Madison's Office of Undergraduate Advising. While targeted for those who advise undergraduates, much of the information gleaned from training opportunities provided during each academic year can be generalized to career advising for MPH professional students. In addition to training opportunities, there are several advisor groups, such as the Graduate Programs Advisors, that meet regularly to share current and cutting-edge information and provide

support. Student service coordinators and academic advisors from SMPH's health professions programs also convene to share resources.

Faculty advisors are selected based on their substantial involvement with the MPH program through their teaching, research, and/or service. Most faculty advisors are chosen from the program's MPH faculty members. First-time advisors receive a Faculty Advisor Guide and attend an orientation session that provides a review of roles and responsibilities and tips and techniques for successful advising. Faculty advisors who have previously served in the role are invited to attend group drop-In training sessions devised specifically to provide a refresher and/or programmatic updates. Staff is available to answer questions and provide one on one orientation if necessary.

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.

Wisconsin Department of Health Services Tour and Networking Event: Since Fall 2018, the MPH program has collaborated with leaders and alumni from Wisconsin's state health department to plan and carry out an annual event for students and alumni. Students receive a tour of the Health Department and speak to personnel from several units such as Infectious Disease, Chronic Disease, Environmental Health, Preparedness, and Maternal Child Health. Many of the personnel who speak to the participants about their public health careers are alumni of the MPH program. Following the tour, the MPH program cohosts a social event. The Fall 2020 event was postponed due to the Covid-19 pandemic and was rescheduled virtually for February 24, 2021. The event was expanded to include participation by the Campus Pre-Health Committee.

Table H2-3a | Wisconsin Department of Health Services Tour and Networking Event

Date	MPH Students	Alumni
October 18, 2018	20	5
November 8, 2019	26	5
February 24, 2021	33	2

MPHSO Professional Development: During the past two years, the MPH Student Organization (MPHSO) has incorporated career and professional development into their monthly meetings by inviting alumni and faculty to share their stories of personal career trajectories and critical advice for career development. Guests have included the Program Manager for the Program for Research, Outreach, Therapeutics, and Education for Addictions (November 2019), Environmental Health and the Fellowship with the Alliance of Nurses for a Healthy Environment (December 2019), and Infection Preventionist (March 2020)

MPH Program Community Connection: What began as a networking opportunity for the MPH program faculty and staff to connect during the Covid-19 pandemic has developed into a career advising opportunity for current students and alumni. Held regularly throughout the academic year, the program highlights alumni careers, and important practice-related topics. Feedback from past programmatic feedback surveys helped to inform the topic areas.

Table H1-3b | MPH Program Community Connection

Date	Topic	MPH Students	Alumni
September 12, 2020	Community Engagement	12	-
November 13, 2020	Searching for Jobs Fellowship Opportunities	25	5
February 12, 2021	Federal Public Health Careers	32	4
March 12. 2021	Engaging in communities through elected office	14	1

Delta Omega Induction Ceremony and Reception: Each year, the MPH program hosts a Delta Omega induction ceremony, followed by a networking opportunity for students and alumni. While typically small, the event offers an opportunity to explore public health careers through the stories and experiences of Delta Omega members and alumni. Dates and participants for induction ceremonies for the 2017-2020 honorees are included below. The 2020 induction event was canceled due to the pandemic.

Table H1-3c | Delta Omega Induction Ceremony and Reception			
Date		**MPH Students**	**Alumni**
January 26, 2018	Luncheon honoring 2017 Inductees	2	6
January 28, 2019	Luncheon honoring 2018 Inductees	3	4
November 8, 2019	Luncheon honoring 2019 Inductees	3	6

Wisconsin Public Health Association MPH Alumni Reception: The Wisconsin Public Health Association (WPHA) annual conference is the largest workforce development and networking gathering of public health professionals within the state and is held annually in May. The conference offers a wide array of educational offerings and connections to a variety of career opportunities. In 2019, the MPH program partnered with the Wisconsin Population Health Fellowship Program for an alumni reception held on the first night of the conference. Thirty alumni and four students attended the inaugural event. The MPH program will continue offering similar events when in-person conferences resume, possibly in 2022.

Occasionally, alumni reach out to MPH staff members and are assisted with career advising, such as resume review, interview practice, and employment advice. Two recent examples include alumni who were having difficulties finding and securing their ideal jobs in a public health setting. The MPH program's deputy director advised and coached them through the development of resumes to highlight their strengths, the application process, the interview process, and salary and benefit negotiation.

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.

Student satisfaction and anticipated future directions based on career advising is collected during the MPH program's annual programmatic survey, which provides students with opportunities to provide feedback on components of the educational experience. Two statements on the programmatic feedback survey are used to gauge students' perceptions about career advising, climate, and intention to continue their pursuits of professional development in their future careers. Results from the past three years are included in the table below:

Table H1-4a | Student Satisfaction with Career Advising			
The MPH faculty, staff, and students, together have developed a climate that promotes my personal and professional development	**2019** (N = 47)	**2020** (N = 30)	**2021** (N = 22)
Strongly Agree/Agree	80.9%	75.9%	100%
Neutral	12.8%	24.1%	-
Strongly Disagree/Agree	6.4%	-	-
The MPH program has adequately prepared me for engaging in continuous professional development			
Strongly Agree/Agree	76.6%	70%	95.5%
Neutral	21.3%	20.7%	-
Strongly Disagree/Agree	2.1%	10.3%	4.6%

While student feedback related to career advising and professional development is generally positive, some students have expressed a desire for more resources and services, as evidenced by the following comment from the 2019 programmatic feedback survey:

> *"More talks about career opportunities are needed."*

Such feedback has helped to inform the topic areas of more recent career development offerings.

In addition to collecting student feedback on the annual programmatic survey, the MPH program also collects feedback on career advising on the graduate exit survey. Graduates are asked to indicate the degree to which they agree or disagree with a statement regarding career planning guidance provided by their faculty advisor. Satisfaction regarding some aspects of advising decreased in 2020 because of the curricular transformation.

Table H1-4b | Graduates' Satisfaction with Career Advising While in the Program 2019-2021			
The career planning and guidance provided by my MPH Faculty Advisor met my needs.			
	2019 (N = 25)	**2020** (N = 35)	**2021** (N = 37)
Agree	56%	65.7%	73%
Neither Agree nor Disagree	28%	34.3%	18.9%
Disagree	16%	-	8.1%
***The MPH Student Services Adviser promoted my personal and professional development.**			
Agree	100%	63%	81.1%
Neither Agree nor Disagree	-	31.3%	12.5%
Disagree	-	6.3%	5.4%

*Statement from 2019 differs slightly from 2020 and 2021 statements

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

Strengths: The MPH program provides formal opportunities for career advising through the student services coordinators and faculty advisors and informal opportunities through special events and networking with alumni.

Weaknesses: The MPH program currently does not offer formal career advising to alumni.

Plans for Improvement: Planning for additional opportunities using expanded modes of delivery for career advising is underway and to include health career workshops and employer presentations for both current students and alumni. The program is expanding opportunities to engage with alumni. As a collaboration with the MPHSO, the program will provide opportunities for virtual discussions with alumni who are doing interesting public health work, the first of which is scheduled for the Fall 2021 with an alumna who has worked in public health policy for the past decade. Both students and alumni will be included in this event.

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.

Students are informed of the MPH program's policies and procedures regarding fair and ethical treatment and grievances through the student handbook, orientation materials, course syllabi, and university and program websites. Students in the MPH program follow the SMPH Health Profession Student Grievance Procedure, a policy/procedure that is the same for all health professional students in the SMPH. Student grievance policies include the following:

Health Profession Programs (non-MD) Student Appeals Policy
Professional Standards and Misconduct Policy
Resolution of Student Grievance Policy

In the event of a student complaint or grievance, students are instructed to first attempt to resolve a grievance or complaint informally with the MPH faculty or staff member directly involved in the matter within thirty (30) days of the incident or instance. If the student feels the grievance or complaint was insufficiently addressed, or due to the nature of the grievance, the student may request a review by the MPH faculty director. The student's request for review must be in an email or written letter and include the reasons the student believes they were treated unfairly. The MPH faculty director will attempt to resolve the grievance or complaint through informal mediation with the parties involved. If the grievance has still not been resolved to the student's satisfaction, they may request a formal grievance hearing.

Students who petition for a formal grievance hearing must do so in writing to the MPH program faculty director. Requests for formal grievance hearings must outline the student's basis of the grievance, the person(s) or programs against whom the grievance is filed, the informal resolution efforts made thus far, and the remedy or correction requested. The MPH faculty director reviews the student's written statement for timeliness and completeness and to determine whether grounds for reconsideration have been reasonably established. If grounds for reconsideration have been established, the MPH faculty director notifies the student, and a Grievance Board is convened for a hearing. The Grievance Board is comprised of educational leaders in the SMPH.

The senior associate dean for academic affairs serves as chair of the Grievance Board and does not vote unless the Grievance Board is tied. The chair cannot overrule a majority decision of the Grievance Board. To protect the confidentiality of the parties, the grievance hearing is closed to the public unless otherwise agreed in writing by both parties. The Grievance Board strives to reach consensus on a workable solution with a final determination made by simple majority as a last course of action. If the Grievance Board finds that the student's grievance has merit and that redress is possible, it will direct the MPH program faculty director to implement an appropriate remedy. If the Grievance Board finds that the grievance is without merit, it will so inform the senior associate dean for academic affairs, and the initial decision will stand. The MPH program faculty director notifies the student of the Grievance Board's decision by telephone and/or email within 24 hours of the grievance hearing, followed by a written letter. Details discussed during the grievance hearing, and the outcome are private and are only disclosed as permitted by the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. s. 1232g. Written documentation of the final decision is summarized in minutes for the meeting and is maintained confidentially by the MPH program, with a copy in the student's secure record.

In addition to academic-related grievances and complaints, the SMPH also has a process for students to report harassment or mistreatment considered to be detrimental to the learning environment, and that

facilitates students' acquisition of the knowledge, skills, and professional and collegial attitudes necessary for success. Reports or mistreatment are submitted to the SMPH Student Mistreatment Triage Committee comprised of senior leadership positions in the dean's office who are committed to promoting a positive learning environment. The committee objectively triages and thoroughly investigates the reports. The committee also collects resolution information and informs the student of the outcome.

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.

Within the UW–Madison all educational programs, departments, and schools/colleges have established specific procedures for handling complaints or grievances. Typically, complaints and grievances are resolved informally or through programmatic or school academic grievance processes. They are rarely elevated to the university or campus level.

Incidents of bias or hate affecting a person or group create a hostile campus climate and negatively impacts the quality of the overall educational experience. UW–Madison investigates and responds to reported or observed incidents of bias or hate. Campus community members may report incidents of bias or hate through a reporting form that is accessed through a link on the UW–Madison's web pages. Once submitted, the report goes directly to the Bias Response and Advocacy Coordinator and the Dean of Students Office staff. Information obtained through these reports assist UW–Madison in responding to and tracking incidents of bias or hate.

There are several University resources available to assist students, faculty, and staff to resolve complaints or grievances related to discrimination to assist with resolution through alternative processes. Some of these resources are summarized below:

The Office for Affirmative Action Planning and Programming within the Division of Diversity, Equity, and Educational Achievement coordinates campus compliance with affirmative action and equal opportunity regulations applicable to UW–Madison; provides advice and consultation to all members of the university community and supports the recruitment and retention of a diverse workforce at UW–Madison. Students may contact the Division of Diversity, Equity, and Educational Achievement (DDEA) if they have concerns about discrimination or questions about the rights of individuals under laws and policies prohibiting discrimination and related university procedures. DDEA also provides information about filing complaints alleging discrimination with the UW–Madison Office of Compliance and with external enforcement agencies.

McBurney Disability Resource Center assists students with disability-related questions involving access to University programs or activities.

ADA Coordinator is the source of resolution for individuals who have gone through the appropriate accommodation request process and believe that the university has denied them a reasonable accommodation or an academic adjustment, or believe they have experienced discrimination on the basis of disability that has not been resolved through either DDEA or the McBurney Disability Resource Center.

Title IX Coordinator assures the prohibition of discrimination based on sex in educational programs or activities. The Title IX statute applies to virtually all aspects of campus activities, including employment, student programming, and services provided to the community at large.

Under Title IX, UW–Madison is responsible for taking prompt and effective steps to respond to all reports of sex discrimination, including sexual harassment and sexual violence. As applicable, these steps include stopping the behavior, preventing it from recurring, and addressing its effects. Sexual violence includes physical, sexual acts performed against a person's will or where a person is incapable of giving consent. Acts that fall into the category of sexual violence include rape, sexual assault, sexual battery, and sexual coercion. Dating violence, domestic violence, and stalking typically fall into this category as well.

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.

To date, no formal complaints have been filed**.**

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

Strengths: Policies and procedures for complaints and grievances are clearly delineated and consistent across all health professions programs in the SMPH. They are reviewed and updated regularly. The MPH program, SMPH, and broader campus provide many resources to assist students in resolving their issues and concerns.

Weaknesses: None

Plans for Improvement: No plans for improvement are being considered at this time.

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 (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The MPH program focuses recruitment efforts on dual degree students in interprofessional fields related to public health, recent graduates of undergraduate programs, particularly students who represent diversity, young professionals with an interest in public health who wish to seek a graduate degree, and public health practitioners seeking to enhance their formal education and professional preparation. Recent graduates with degrees in the health sciences have also sought out the MPH program. In keeping with the MPH program's goals to expand diversity in the student body, the program also focuses recruitment efforts to engage with BIPOC interested in public health careers.

With these student populations in mind, the student services coordinators, in collaboration with other program staff and advice from the Community Advisory Committee, devised a recruitment plan and procedures to attract qualified individuals to the program. The program's recruitment activities which include attending graduate and health professions fairs in the state and around the Midwest, on-campus information sessions, meetings with community public health practitioners, and exhibits at state and national public health meetings, provide the program with a highly qualified applicant pool.

Efforts to increase diversity within the student body has resulted in several internal SMPH partnerships that have enhanced the recruitment opportunities for engaging with students of color, rural students, and students from disadvantaged backgrounds. The MPH program has strong collaborative relationships with staff members in SMPH programs that share in the goal to recruit and retain a diverse student population. These partnerships and collaborative efforts include joint participation at recruitment events and initiatives with the Office of Multicultural Affairs, the MD Pathway Programs and Recruitment, the RUSCH scholars' program, the WARM program, the TRIUMPH program and NACHP, as well as occasional collaborations with other health professions programs. In addition, individual meetings are utilized to successfully enhance the size and diversity of the class.

MPH program leadership meets with the Steering Committee each fall to set target enrollment capacity for the incoming class for the upcoming year. The Steering Committee considers students who have deferred admission, part-time students, and availability of resources such as instructors, classrooms, and teaching assistants in determining the maximum number of students who may be accepted. The Steering Committee provides guidelines for the incoming class so that it reflects the goals of the program in relation to its mission and desire for diversity. Recruitment activities are modified because of the enrollment goals. Target enrollment for the 2021 cohort is 60 students.

2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The MPH program's admission policies and procedures on minimum requirements, probation, deferral, and leave of absence are detailed in the admission policy documentation available in the Student Handbook. Admissions policies for the standard application process can be found on the MPH program's website.

The MPH program uses an online application platform that is unique to the program. Most applicants apply through the online application, which includes a place for applicants to submit demographic and academic information, a personal statement, three letters of recommendation, transcripts, and an application fee. Applicants whose native language is not English (or whose undergraduate instruction was not in English) must provide official scores from the Test of English as a Foreign Language (TOEFL) Exam. Foreign-educated applicants must submit official transcripts along with an official credential evaluation of those transcripts by a National Association of Credential Evaluation Services (NACES) member. GRE scores were optional for the

2021 application process. Going forward, GRE scores will not be included as part of the application review process.

The application deadline for admission for the fall cohort is January 15. All application materials are received and processed by the MPH program. MPH program staff members communicate with applicants regarding missing materials. The online application system sends an automatic notification to the applicant when the application is complete.

The Admissions Committee members review and score the applications through the online system. The Admissions Committee provides a fair and objective review of each completed application, evaluating each applicant according to the established admissions criteria. These areas of assessment include academic qualifications, public health experience, letters of recommendation, public health goals, and contributions to a diverse class (including but not limited to race, culture, background experiences, and interests).

Each application is evaluated by two Admissions Committee members. Applicants are scored from 0-7 (for all but diversity) based on the primary and secondary reviewers' assessment of the five key areas and the reviewers' overall recommendation of DENY, ADMIT, or UNDECIDED. Reviewers assess diversity on a scale of 0-5 since this is a category that applicants are unable to control.

The Admissions Committee scores the applications and issues admissions decisions at the final committee meeting held approximately one month after the application deadline. At the meeting, for those applicants where there is concurrence (ADMIT or DENY) from both reviewers, the decisions stand and are not discussed. Applicants with any combination of ADMIT, DENY, or UNDECIDED are discussed since both reviewers did not come to the same conclusion. Each reviewer explains their rationale for their decision based on each of the five application criteria. The reviewers and committee then discuss any concerns and make a final decision. Students are admitted, denied, or placed on the MPH program's ranked waiting list. The Admissions Committee uses principles of balancing to create a class based on diversity criteria with the goal that no one discipline represents more than half of the class. The Admissions Committee then forwards the list to MPH admissions staff. Applicants are informed of the admissions status via letter or email. Applicants who are admitted to the MPH program confirm their acceptance by April 15. Applicants who do not reply to their offer of admission receive follow-up from MPH staff.

If the target class size has not been met, the administrative assistant, student service coordinators, and the MPH program faculty director convene and determine whether to activate the waiting list. The administrative assistant monitors the number of students who accept admission to the program to ensure that the target class size is met, if possible, without compromising the quality of the cohort.

In addition to an online application of admission, an option for some dual degree programs to apply to the MPH program through their home program is also available. Applications received through the home program include the same or similar information required in the MPH application.

DPT-MPH Dual Degree Application Process: Applicants to the Doctor of Physical Therapy (DPT) Program have the option of applying directly to the DPT-MPH Dual Degree Program at the time they apply to the DPT Program. Applicants indicate their plan to apply to DPT-MPH dual degree on the Physical Therapy Centralized Application Service (PTCAS) and submit a personal statement indicating why they are interested in pursuing the dual degree. Only applicants admitted to the DPT program are sent to the MPH Admissions Committee for review. Since the DPT Program guarantees admission notification by the end of December, the MPH Admissions Committee reviews these applications (two reviewers per application) prior to the regularly scheduled admissions meeting and provides the outcome to the DPT Program by the end of December to ensure that DPT applicants receive their results by the end of December. A letter with the DPT-MPH admission decision is sent from the DPT program. The MPH program requires that DPT students confirm their admission by April 15.

MD-MPH Dual Degree Application Process: Applicants to the Doctor of Medicine (MD) Program have the option of applying directly to the MD-MPH Dual Degree Program at the time they apply to the MD Program. These applicants indicate their interest in the MD-MPH Program on the secondary application of their American Medical College Application Service (AMCAS) application. If accepted to the MD Program and the applicant indicated MD-MPH on their secondary application, the applicant submits a supplemental public health essay

as part of their application to the dual degree program. The applicant's AMCAS application and the supplemental public health essay are reviewed as part of the regular MPH admissions review. Since the MD Program accepts applicants beyond the MPH application deadline of January 15, the MPH Admissions committee reviews a second group of applicants by March 15. During this second round, applicants are informed of the admissions status via letter or email by April 1. These applicants confirm their acceptance to the program by May 1. Applicants who do not reply to their offer of admission receive follow-up from MPH staff.

MD students who do not apply through the AMCAS dual degree application process also can apply through the standard MPH application during medical school.

MPAS-MPH Dual Degree Application Process: Applicants to the Master of Physician Assistant Science (MPAS) Program have the option of applying to the MPAS-MPH Dual Degree Program. This application process takes place through the Centralized Application Service for the Physician Assistants (CASPA). PA admissions staff perform their standard review process and narrow down the list of potential dual degree applicants. All the applicants who meet the PA Program's criteria are reviewed by the MPH Admissions Committee. If these applicants are admitted by the MPH Admissions Committee, they may have the opportunity to be interviewed during the MPAS interview process. All MPAS-MPH applicants that are interviewed are interviewed by both MPAS and MPH staff members to ensure applicants are a good fit for both programs. Each year, there is a maximum of five MPAS-MPH students in the cohort. Applicants are notified of their admission by February 15 and must confirm their admission with the MPH program by April 15. Applicants who do not reply to their offer of admission receive follow-up from MPH staff.

PharmD-MPH Dual Degree Application Process: Applicants to the Doctor of Pharmacy (PharmD) Program have the option of applying directly to the PharmD-MPH Dual Degree Program at the time they apply to the PharmD Program. These applicants indicate their interest in the PharmD-MPH Program on their Pharmacy College Application Service (PharmCAS) application for pharmacy school. This application is due by January 1. The PharmCAS application, along with the applicants' personal statement on public health, are reviewed during the standard MPH application review process. After MPH admissions decisions are made, MPH staff notify the Pharmacy Admissions Office of each PharmCAS applicant. The PharmD and MPH program send an admissions letter stating acceptance to each program separately. Admitted applicants must confirm their admission by April 15.

PharmD students who do not apply through the PharmCAS application process also can apply through the standard MPH application during pharmacy school.

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.

The MPH program is committed to providing a high-quality and seamless process to admit a diverse group of highly qualified students with the greatest potential to become leaders in the field of public health. The MPH program uses a holistic review process when reviewing applicants, which contributes to creating a diverse group of students in each cohort. In addition to considering applicants' experience and goals in public health, the GPA serves as an indicator for success in the MPH. The program seeks to maintain an average GPA 3.5 or above on a 4.0 scale per cohort. Annual graduation rates have also continued to indicate that the admissions process is successful at admitting qualified students. The MPH program is committed to evaluating efforts to ensure the recruitment and retention of a high-quality, diverse student body.

Table H4-1 | Outcome Measures Related to Generalist MH Program Success

Outcome Measures	Target	2018	2019	2020
Average GPA	3.5	3.6	3.5	3.5
Graduation Rate	80%	80%	66.7% *	N/A

*Note: Data is incomplete. Graduation rate is calculated at five years, the maximum time allowed to complete the MPH program.

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

Strengths: The standard application process is clear, and the method of selecting students and informing them of their status is transparent. Admissions decision are made by a qualified and experienced group of committee members representing public health academic and practice communities. The application process for dual degree applicants has been expanded and streamlined to make the application process easier for the applicants.

Weaknesses: Matriculating SOC continue to be a challenge due to competition from other programs and schools that can offer more financial support. The MPH program is not a member of ASPPH, and thus does not have access to the SOPHAS application system.

Plans for Improvement: The MPH program continues to proactively explore funding opportunities for admitted SOC and seeks to increase fundraising and partnerships for scholarships. The SMPH health professions programs are investigating ways to collaborate to designate a recruiter to focus on increasing URM applicants.

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.

The MPH program created a flier that provides basic information on the program that is shared widely at recruiting events and with dual degree partners. The flier shares the MPH website address to direct prospective students to more complete information. An example of the flier is included in the ERF.

The MPH program website is housed within the SMPH's main website.

The MPH program operates on the University's Academic calendar.

Admissions policies for the standard application process can be found on the MPH program's website.

Additional admissions procedures for the dual degree applicants can be found under each separate dual degree page.

Grading policies, academic integrity standards, and degree completion requirements are found in the MPH Student Handbook, 2020-2021.