Consent Notice

Development of Social Mission Domains and Metrics for Public Health Schools

Thank you for agreeing to participate in this study to develop standardized social mission domains and metrics for how public health schools advance equity and justice. This study has three phases: instrument design, technical expert review and revision, and final selection of domains and metrics for the assessment tool. Your involvement supports phases two and three.

You will be part of a panel of 8-12 university leaders with experience in public health practice, education, and/or research, specifically as it relates to areas adjacent to social mission such as diversity, equity, justice, and community engagement. As a panelist, you will:
- Establish a common definition of social mission in academic public health.
- Reach consensus on social mission domains applicable to public health schools.
- Provide input on potential social mission indicators for the identified domains.

During the focus groups, you will discuss potential domains for inclusion in defining social mission of academic public health. Your feedback will be synthesized and shared back to the panel before finalizing the survey content. Interquartile ranges (IQR) will be used to measure “consensus” among panelists.

Within two weeks of the first focus group, you will be asked to complete a brief survey on the identified domains and IQR results. You will rank the domains by perceived importance and relevance to public health schools and may suggest sample indicators for each domain.

An email detailing the study's purpose and expectations should have been received. Communication will take place via email and two group discussions on Zoom. The two group discussions consist of one 90-minute session to discuss the panel's deliberations and one 60-minute session within two months to finalize feedback on the chosen domains and metrics. Video recording of both sessions may be requested at the beginning of both focus groups with your consent. Recording will not take place if any panelist requests. Any recordings will be transcribed within one week of each focus group and deleted after seven additional days. Recordings would be used only to corroborate notes and verify the accuracy of your contributions. Your individual responses and rankings will remain confidential. Your participation is entirely voluntary and you may withdraw at any time.

If you have any questions about this study, please contact Toyese Oyeyemi at toyese@gwu.edu or 202-440-3582. Please contact GWU IRB for additional study questions, concerns or complaints: by email: ohrirb@gwu.edu or by telephone: 202-994-2715. GWU IRB can also be contacted by mail: GW Office of Human Research. 1922 F Street NW, 4th Floor, Washington, DC 20052.

Researcher Memos: Themes and Quotes

Several speakers emphasized that the social mission is not just an aspirational statement but an ethical imperative. Referencing the *Public Health Code of Ethics*, participants framed the mission as a responsibility to advance health equity, social justice, and liberation, particularly in the face of structural and institutional injustices. This mission must be deeply embedded in educational programs, leadership decisions, and community partnerships — not treated as a peripheral or symbolic effort.

"The work of social mission has to go beyond theory… it's about redistributing power, wealth, and voice."
TJ

Language Matters — But So Do Action and Clarity

The use of terms like "DEI," "stakeholder," "liberation," and "decolonization" was hotly debated, especially under the pressure of political backlash and censorship. While there was general consensus that language shapes power and visibility, several participants warned that constantly shifting language in response to political pressure could dilute or distract from the work itself. The challenge is balancing precision, accessibility, and longevity in how values are named and framed.

"If you change the language, they will just come for the new language. The work must go on."
EI

Genuine Community Partnership Over Transactional Relationships

One of the clearest markers of a strong social mission is whether a school engages in mutual, reciprocal relationships with communities — especially those most affected by health inequities. Participants emphasized moving away from extractive practices ("We need your data," "We need interns") and toward shared governance, accountability, and resource-sharing with community partners.

"If an organization needs something, they should be able to come to us not just the other way around."
EI

Alignment Between Values, Governance, and Strategic Planning

Schools of public health cannot authentically advance social mission if their mission statements, leadership structures, and strategic plans don't reflect that commitment. Multiple speakers raised the importance of transparency in decision-making, equity in representation, and institutional accountability — especially toward marginalized communities and staff who are often excluded.

“If your mission and your social mission are not aligned, your credibility erodes — internally and externally.”
TB

Curriculum and Pedagogy Must Be Transformative and Truth-Telling

Participants stressed the need for decolonized, liberatory, and anti-oppressive pedagogy — grounded in historical truth and political context. Many referenced the outlawing of such curricula and called on schools to resist erasure and censorship, instead committing to critical consciousness and radical education that helps students and faculty understand and dismantle inequities.

“We must be teaching students how to act against oppressive systems not just describe them.”
TJ

Importance of Staff, Students, and Non-Traditional Roles

Social mission efforts often overlook staff, undergraduate students, and those without formal academic titles. Several participants urged that these groups be intentionally included in planning and governance — especially since they often have strong ties to local communities and carry out day-to-day public health work.

“Staff were completely left out of this definition. That’s a huge miss.”
CH

Research Must Be Collaborative, Accountable, and Impact-Oriented

Rather than being extractive, academic research should be co-created with communities, grounded in shared definitions of impact, and committed to implementation and change. Faculty must model ethical research practices that honor both statistical and lived significance.

“Impact isn’t just your p-value — it’s whether the community feels the same change.”
SL

Legal Action as a Tool for Structural Change

In today’s climate, lawsuits and amicus briefs were raised as concrete tools for protecting rights and advancing justice when policy change stalls. Schools of public health, as part of a larger public service ecosystem, should be prepared to engage in legal strategies to protect equity-related work and challenge injustice.

“Legal action is one of the last tools we have to hold the line.”
TJ

DELPHI Panel Focus Group Questions and Script

We understand that you may have many other competing priorities, so we really appreciate your willingness to provide us with feedback on this call. Your participation helps us engage in constructive dialogue with experts about public health schools and social mission.

At this time, we would like to ask to transcribe our conversation so that we may better capture what is being said. The transcription is for research purposes only and will remain confidential—only the research team will have access to identifiable data. Understanding the sensitivity that may exist around your work at this time, we will pay particularly close attention to maintaining confidentiality. As a reminder, this conversation is entirely voluntary and you can excuse yourself at any time. Any and all contributions will remain anonymous beyond this group and the study team.

There will be two facilitators: a primary and secondary facilitator. The primary facilitator will create the bounds of the discussion and will advance and deliver the prompts while the secondary facilitator will take notes and interject with any appropriate context or background knowledge needed.

Narrate: There is a recognition that the past several weeks has brought a shift in the landscape of health equity and social justice work.
Reflect on what social mission may have once meant (as recently as six months ago) and bring your expertise from your years of experience in this space. However, think about this prospectively rather than retrospectively.

Focus Group 1

Discussion Questions and Prompts for Technical Expert Panel:

This set of questions are based on searching for a common definition of social mission as it relates to public health schools, with equity as the driving principle:

Objective 1: Defining Social Mission in Academic Public Health (45 minutes)

1. **Conceptual Understanding**:
    - In your own words, how would you define the term "social mission" within the context of academic public health?
    - What key elements or principles should be included in the definition you were provided to ensure it focuses on the essence of advancing health equity and social justice?
2. **Scope and Impact**:
    - In what ways do you think the social mission of public health schools differs from that of medical or nursing schools?

- How can the social mission of public health schools address the specific health disparities present in the communities they serve?

3. **Institutional Commitment**:
    - What characteristics or practices would indicate a strong commitment to social mission within a public health school?
    - How can mission statements and strategic plans reflect a true commitment to advancing health equity?

Objective 2: Identifying Domains of Social Mission in Academic Public Health (20 minutes)

- **Domain Exploration**:
    - What domains or areas of focus do you believe are essential to advancing health equity through the school of public health?
    - How do these domains align with the core functions of education, research, and practice in public health schools?
- **Comparative Analysis**:
    - How can we adapt the six domains identified in academic medicine (educational programs, community engagement, governance, diversity and inclusion, institutional culture and climate, and research) to fit the context of academic public health?
    - Are there any additional domains specific to public health that should be considered?

Objective 3: Identifying Potential Process Metrics Based on the Identified Domains

6. **Metric Development**:
    - What specific process metrics could be used to assess each identified domain of the social mission in academic public health?
7. **Assessment and Evaluation**:
    - What methods should be used to collect data on these process metrics, and how frequently should this data be reviewed?
    - How can public health schools use these metrics to continuously improve their commitment to health equity?
8. **Peer Learning and Best Practices**: **(10 minutes)**
    - Can you provide examples of schools or programs that are exemplars in advancing their social mission? What practices or policies make them stand out?

Focus Group 2

The purpose of this focus group to follow up on the first group interview to discuss the results of the consensus process and the initially agreed upon domains of interest according to the survey.

The objectives of this group interview are to:

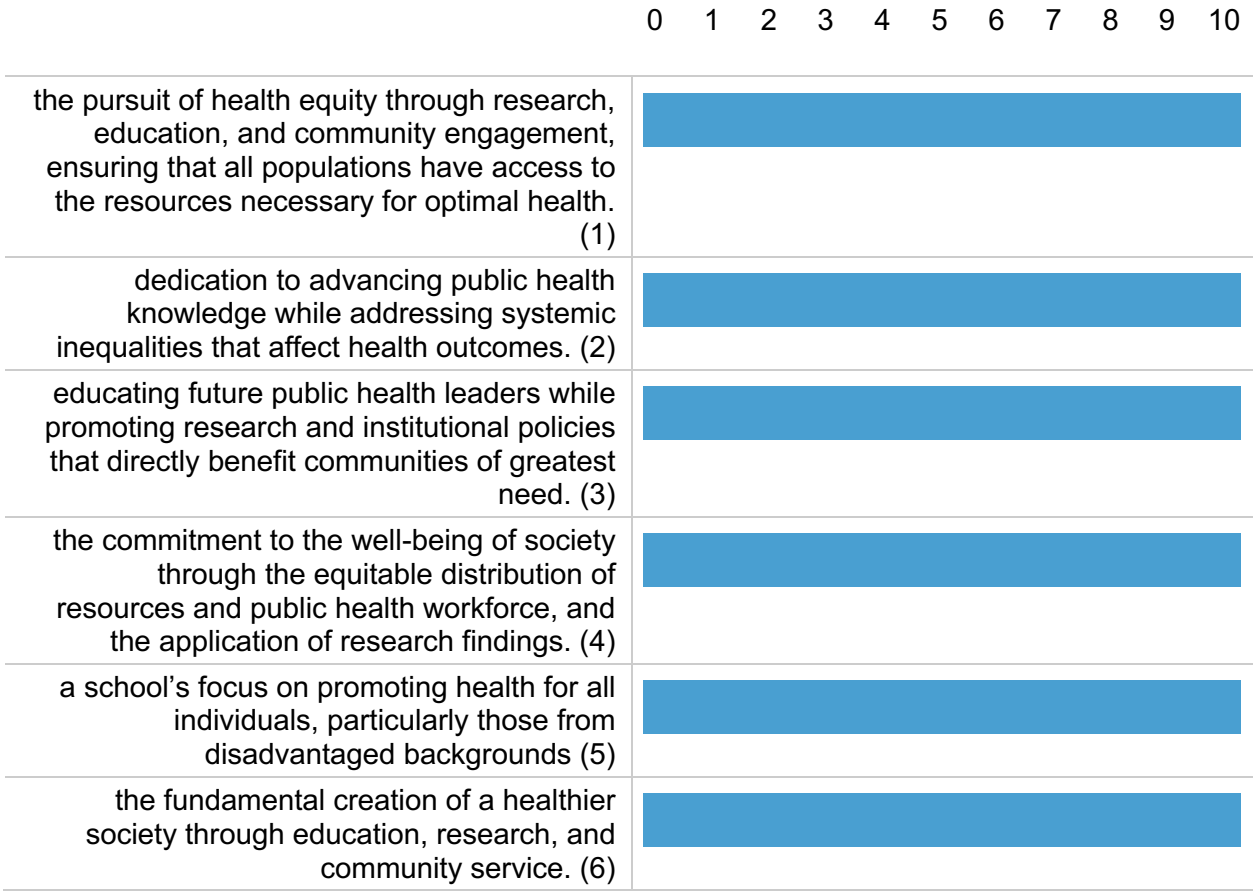
- present final proposed definition of social mission of academic public health
- present final findings and proposed metrics gathered from survey responses
- discuss the final domain consensus
- request sample metrics for presented domains

This discussion will conclude the responsibilities of the technical expert panel. Final findings will be distributed to the panel after defense of the dissertation.

Definition and Domains of Social Mission of Academic Public Health

Start of Block: Default Question Block

Definition The six definitions below were compiled based on the thematic analysis of the focus group discussion. Please read each of the six, then use the slider bar to indicate the extent to which you agree with the definition statement between 0 and 10, with 0 indicating "I wholly disagree with this definition" and 10 indicating "I wholly agree with this definition." Social mission is described as the contribution of health profession schools towards advancing health equity, therefore the social mission of academic public health is:



Domains Consider the combination of two factors: importance and relevance. Using the slider bar, score the following domains between 0 and 10, with 1 indicating "of low or no importance

and relevance" to social mission of academic public health and 10 indicating "of highest importance and relevance" to social mission of academic public health. [optional] In the space next to the domain, you may provide any indicators you would recommend to assess how the domain is operationalized.

	0 1 2 3 4 5 6 7 8 9 10
SCHOOL MISSION ()	
ETHICS AND SOCIAL JUSTICE IN CURRICULUM ()	
PERFORMANCE ASSESSMENT, ACCOUNTABILITY, AND TRANSPARENCY ()	
DIVERSITY OF STUDENTS, FACULTY, AND STAFF ()	
INCLUSIVE LANGUAGE/TERMINOLOGY ()	
BIDIRECTIONAL COMMUNITY ENGAGEMENT ()	
INSTITUTIONAL CULTURE AND CLIMATE ()	
COMMUNITY-CENTERED RESEARCH ()	
LOCAL INVESTMENT AND PROCUREMENT ()	
NEIGHBORHOOD ACCESSIBILITY ()	
SHARED GOVERNANCE ()	
FOUNDATIONAL HEALTH EQUITY PEDAGOGY ()	
INTERDISCIPLINARY LEARNING ()	

Comments Below, add any comments, clarifications, or caveats related to the definition and domains:

Technical Expert Panel | Invitation to Participate

Date

Dear _____

I am writing to share an opportunity to contribute to a doctoral study on the role of public health schools in advancing health equity through their policies and practices. This study is a research study at the George Washington University.

A key component of the study involves a modified Delphi approach to inform the domains of public health to be explored. The approach requires a technical expert panel to support the three aims of the study and corresponding research questions:

- **AIM I: To define "social mission" in academic public health.**
    a. *RQ I: How is social mission defined in the context of schools of public health and their contributions to advancing health equity and social justice?*

- **AIM II: To identify domains of social mission in academic public health.**
    a. *RQ II: What are the domains of relevance that would provide indicators for assessing a public health school's contribution to advancing health equity and social justice?*

- **AIM III: To identify process metrics across identified domains of social mission that assess how schools demonstrate commitment to equity and justice.**
    a. *RQ III: How can schools of public health implement and assess activities (practices, policies, and partnerships) to advance health equity and social justice across the identified domains of social mission?*

I would like to formally invite you to participate on this expert panel as a thought contributor to the study. You would be one of 8-12 national experts in public health education and/or health equity and social justice. Your participation is voluntary and would involve three functions:

- Brief review of existing literature on social mission that will be shared in summary form.
    - *Time commitment (< 60 minutes; March 2025)*
- Contributing your expertise during two focus groups (2 hours for the first; 90 minutes for the second) of 8-12 content experts.
    - *Time commitment (3.5 hours; March 2025)*
- Recommending the final domains of social mission for the study to explore by completing a brief survey.
    - *Time commitment (15 minutes; March/April 2025)*

The expected commitment is about 4.5 hours between March and April 2025.

Your name will not be used, and any personal information will be deidentified. An alternate email is encouraged for study correspondence in order to protect the identity of all respondents.

The findings of the study, titled *Examining the social mission of academic public health: development of domains and novel assessment metrics to advance health equity*, will be illustrated in the form of the dissertation and subsequent manuscript(s). The study fulfills an academic requirement for graduation from the Doctor of Public Health program at George Washington University Milken Institute School of Public Health. Should you accept this invitation, your contribution would be credited in the dissertation and manuscript(s) – and is, of course, incredibly appreciated.

With Gratitude,

Toyese Oyeyemi
Doctoral Candidate c/o 2025
The George Washington University
Milken Institute School of Public Health

Overview

Health equity is a foundational goal in public health. The World Health Organization defines health inequities as “unfair and avoidable differences in health status” and emphasizes addressing social and structural drivers of health outcomes. Braveman and Gruskin (2003) proposed an operational definition of equity as the “absence of systematic disparities in health” between socially advantaged and disadvantaged groups. Healthy People 2030 builds on this by defining equity as “the attainment of the highest level of health for all people,” achieved through efforts to eliminate health disparities and injustices.

The 2008 WHO Commission on the Social Determinants of Health identified social injustice as a root cause of health inequalities, reinforcing the link between poor social policies and disparities in health outcomes. The report outlined a “social gradient” where health systematically worsens with lower socioeconomic status. Subsequent U.S.-based data show racial disparities in coverage, service use, and life expectancy. For example, Black individuals have a life expectancy of 70.8 years compared to 76.4 years for white individuals and 77.7 years for Hispanic individuals. Disparities persist in mortality rates, especially for conditions such as diabetes, liver cirrhosis, and homicide among Black, Hispanic, and American Indian populations.

Multiple studies emphasize the importance of a diverse public health workforce. Research shows that patients are more likely to seek preventive care when served by providers of similar racial or ethnic backgrounds. These findings underscore the role of representative workforce training in public health education.

Structural racism has also emerged as a central public health concern. Since 2020, the CDC and local health authorities have declared racism a public health crisis. Studies on allostatic load show that Black individuals experience higher physiological stress levels than white peers, even after adjusting for poverty. Discrimination has also been linked to increased mental health problems among Asian Americans during the COVID-19 pandemic.

The Public Health Workforce and Equity Frameworks

A 2022 framework by Pittman et al. identifies six domains linking the health workforce to equity: who enters, how they are educated and trained, where they are distributed, whom they serve, how they practice, and under what conditions. Schools of public health directly influence the first two and can affect the remaining through institutional policy and partnerships.

Rotenstein et al. emphasized the need for regular monitoring of metrics related to the composition, promotion, and satisfaction of historically marginalized groups in the health workforce. Despite rising diversity, public health leadership remains disproportionately

white, with 66 percent of executives identifying as white. PH WINS (Public Health Workforce Interests and Needs Survey), the largest survey of public health employees, found that only 70 percent of respondents felt their organizations prioritized diversity and inclusion. The figure was even lower among Black staff.

The 2021 PH WINS survey introduced new domains including health equity, structural racism, and social determinants of equity. However, only 14 percent of governmental public health workers held public health degrees. This gap presents a critical opportunity for schools of public health to drive health equity through improved training, workforce readiness, and leadership development.

Institutional Roles and Societal Impact of Public Health Schools

Beyond training, schools of public health influence equity through research, policy, and community engagement. They function at five levels of the socioecological model:

- **Policy**: Faculty provide evidence to shape legislation and train future policy leaders.
- **Community**: Schools conduct community-based participatory research and co-develop interventions.
- **Institutional**: Partnerships with hospitals and agencies promote inclusive practices and organizational change.
- **Interpersonal**: Curricula emphasize cultural competence and mentorship for underrepresented students.
- **Individual**: Outreach programs and health literacy initiatives empower communities and prepare future changemakers.

The National Academies of Sciences, Engineering, and Medicine (2022) proposed a framework for health professions education organized around education, community, and organization. Schools of public health, given their stated missions and partnerships, are well positioned to implement this holistic model.

Standards, Accreditation, and Regulatory Influence

Accreditation has been an important lever for institutionalizing equity. In 2022, the Public Health Accreditation Board (PHAB) added equity as a foundational capability. PHAB's 2020 strategic plan included a focus on anti-racism, diversity, equity, and inclusion. These additions signal a shift in expectations for public health education and workforce preparation.

CEPH and ASPPH collaborate to guide accreditation standards and institutional practices. ASPPH's Vision 2030 includes goals of inclusive excellence, transformative teaching, and advancing health equity globally. However, a 2023 ASPPH letter to Congress advocating for FY24 public health investments did not include specific funding requests for equity-related initiatives, indicating a gap between stated values and policy action.

Studies of accreditation standards across medical, dental, pharmacy, nursing, and physician assistant education reveal existing efforts to embed social mission goals. A review identified 18 equity-related areas and 79 indicators derived from frameworks on social justice, social accountability, and workforce needs. Yet, public health education still lacks a tailored framework to assess social mission performance.

Toward a Defined and Measurable Social Mission for Public Health

The term “social mission” refers to how schools align education, research, and service with goals of equity and community responsiveness. Research by the Mullan Institute developed metrics to assess medical school outputs such as primary care physician production, racial diversity among graduates, and workforce distribution to underserved areas.

In 2022, a study measured 79 indicators across six domains—educational program, community engagement, governance, diversity and inclusion, institutional culture, and research—in medicine, dentistry, and nursing. Some of these domains are applicable to public health education, as they are not exclusively clinical. Yet, public health lacks a consensus framework or metrics for measuring its own social mission.

Calls have been made for equity-centered, standardized data collection across health professions education. Aligning ASPPH’s Vision 2030 with a measurable social mission framework would support schools in tracking their contributions to health equity more systematically.

As a field with a strong tradition of social justice, public health education is well positioned to lead. Defining and measuring its social mission is essential for accountability, continuous improvement, and achieving population-level equity outcomes.

Defining and Describing the Social Mission of Academic Public Health

The social mission of academic public health encompasses a commitment to improving community health outcomes through education, research, and service. This mission is rooted in the principles of equity, accessibility, and social justice, aiming to address health disparities and promote the well-being of marginalized populations. By fostering collaborations among diverse stakeholders, academic public health institutions seek to translate scientific knowledge into actionable public health strategies.

Final Prospective Definitions:

1. The social mission of academic public health is the pursuit of health equity through research, education, and community engagement, ensuring that all populations have access to the resources necessary for optimal health.

   This mission prioritizes the needs of underserved communities, advocating for policies that address social determinants of health and ultimately seeks to empower individuals and communities to take an active role in their health outcomes.

2. Academic public health's social mission is defined by its dedication to advancing public health knowledge while addressing systemic inequalities that affect health outcomes.

   Through interdisciplinary collaboration and community partnerships, public health institutions strive to implement evidence-based interventions that foster healthier environments. This mission underscores the importance of social responsibility in shaping health policies and practices.

3. The social mission of academic public health is educating future public health leaders while promoting research and institutional policies that directly benefit communities of greatest need.

   This mission emphasizes the importance of integrating community voices into public health initiatives, ensuring that interventions are culturally relevant and effective. By prioritizing social justice, academic public health aims to create a more equitable healthcare landscape.

4. The social mission of academic public health is the commitment to the well-being of society through the equitable distribution of resources and public health workforce, and the application of research findings.

   This mission recognizes the interplay between individual health and broader social factors, advocating for comprehensive strategies that address health disparities. By fostering a culture of inclusivity and collaboration, academic public health institutions aim to enhance population health outcomes.

5. The social mission of academic public health is a school’s focus on promoting health for all individuals, particularly those from disadvantaged backgrounds.

This mission involves conducting research that informs public health practice and policy, with an emphasis on reducing health inequities. Through education and advocacy, academic public health institutions strive to empower communities to improve their health status.

6. The social mission of academic public health is the fundamental creation of a healthier society through education, research, and community service.

   This mission prioritizes the health needs of vulnerable populations, advocating for systemic changes that promote health equity. By engaging in collaborative efforts, academic public health aims to develop sustainable solutions that improve public health outcomes across diverse communities.

Final Proposed Domains:

1. **Empowerment and Training of Practitioners**: A primary aspect of the social mission is to train and empower current and future public health practitioners. This mission emphasizes the necessity of equipping individuals with the knowledge and skills required to address and resolve contemporary public health challenges. By fostering a generation of competent practitioners, the academic public health community aims to create a workforce capable of implementing effective interventions and policies that promote health equity.

2. **Institutional Commitment to the Greater Good**: The social mission can also be defined as a commitment to the greater good of society. This definition underscores the goal of achieving optimal health outcomes for all individuals, thereby contributing to a healthier and more equitable society. It reflects an understanding that public health initiatives should prioritize the well-being of the entire population rather than specific subgroups.

3. **Foundation in Social Justice Principles**: A public health ethos that centers ethical obligations to support equitable distributions of health resources. It emphasizes the importance of health justice and equity, suggesting that public health activities must not exacerbate existing inequities but rather work to dismantle them.

4. **Community Inclusivity and Shareholder Engagement**: Shared governance in school decision-making processes, where all invested parties, including students, community members, practitioners, and academic staff, are actively involved in shaping school policies and practices.

5. **Accountability and Measurable Performance**: The social mission should also encompass a framework for accountability. This includes establishing measurable performance indicators that allow for the assessment of progress towards health equity and social justice goals. Stakeholders emphasized the need for transparency and mechanisms that hold academic institutions accountable for their commitments to advancing the social mission.

6. **Community-Centric Operations**: Finally, the social mission must be defined in terms of its responsiveness to the geographic community in which the academic institution operates. This definition advocates for institutional operations that are driven by the needs and input of the local community, ensuring that academic public health programs are accessible and relevant to the populations they serve. It also highlights the importance of creating a sense of belonging for students and community members, fostering an environment where all voices are heard and valued.

I am writing to share an opportunity to contribute to a doctoral study at the George Washington University (*IRB: NCR245919*) on the **role of public health schools in advancing health equity through their policies and practices**.

A key component of the mixed methods study is a brief survey (**less than 5 minutes**) of field experts in public health and/or public health education to determine:

- A definition of "social mission" in academic public health.
- Categorical domains of "social mission" as it applies to schools of public health.
- Any process metrics that one may use to measure "social mission" in this context.

This survey is the final of three phases; the brief questionnaire is developed from the findings of an anonymous panel of national experts in academic public health in the previous two phases of this doctoral study.

I would like to invite you to participate as a thought contributor to the study by completing this brief survey. You would be one of ~30 invited contributors in public health education and/or health equity and social justice asked to respond. Your participation is voluntary and confidential, and your response is anonymous:

https://qualtricsxmb3fcyy6jp.qualtrics.com/jfe/form/SV_3ryeKINxTQmhPFQ

While scoring, please consider the combination of two factors: **importance** and **relevance**. Please score the following domains from 1 (one) to 10 (ten), with "1" representing the domain you perceive to be the **most important** and **relevance** and "10" representing the domain you perceive to be the **least important** and **relevance**. In the space below the domain, you may provide up to three indicators you would recommend for assessing the how the domain is operationalized.

Please complete the survey at the link above **by 6p ET on Wednesday, June 18th if you choose to participate.** I can be reached by phone or email for any additional information and you can learn more about my background here. Note that your involvement will **not** be made public and all findings of this study support the fulfilment of a doctoral dissertation titled *Examining the social mission of academic public health: development of domains and novel assessment metrics to advance health equity*.

Your time and expertise is greatly appreciated -- thank you in advance for your consideration.

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Responses: 5

The six definitions below were compiled based on the thematic analysis of the focus group discussion. Please read each of the six, then use the slider bar to indicate the extent to which you agree with the definition statement between 0 and 10, with 0 indicating "I wholly disagree with this definition" and 10 indicating "I wholly agree with this definition." Social mission is described as the contribution of health profession schools towards advancing health equity, therefore the social mission of academic public health is: 5

The six definitions below were compiled based on the thematic analysis of t...	Average	Minimum	Maximum	Count
the pursuit of health equity through research, education, and community engagement, ensuring that all populations have access to the resources necessary for optimal health.	7.20	6.00	8.00	5
dedication to advancing public health knowledge while addressing systemic inequalities that affect health outcomes.	7.80	5.00	10.00	5
educating future public health leaders while promoting research and institutional policies that directly benefit communities of greatest need.	7.40	5.00	9.00	5
the commitment to the well-being of society through the equitable distribution of resources and public health workforce, and the application of research findings.	9.40	7.00	10.00	5
a school's focus on promoting health for all individuals, particularly those from disadvantaged backgrounds	6.60	0.00	10.00	5
the fundamental creation of a healthier society through education, research, and community service.	8.00	5.00	10.00	5

Consider the combination of two factors: importance and relevance. Using the slider bar, score the following domains between 0 and 10, with 1 indicating "of low or no importance and relevance" to social mission of academic public health and 10 indicating "of highest importance and relevance" to social mission of academic public health. [optional] In the space next to the domain, you may provide any indicators you would recommend to assess how the domain is operationalized. 5

Consider the combination of two factors: importance and relevance. Using th...	Average	Minimum	Maximum	Count
SCHOOL MISSION	9.40	8.00	10.00	5
ETHICS AND SOCIAL JUSTICE IN CURRICULUM	9.20	8.00	10.00	5
PERFORMANCE ASSESSMENT, ACCOUNTABILITY, AND TRANSPARENCY	8.60	5.00	10.00	5
DIVERSITY OF STUDENTS, FACULTY, AND STAFF	9.80	9.00	10.00	5
INCLUSIVE LANGUAGE/TERMINOLOGY	8.80	6.00	10.00	5
BIDIRECTIONAL COMMUNITY ENGAGEMENT	9.80	9.00	10.00	5

Consider the combination of two factors: importance and relevance. Using th...	Average	Minimum	Maximum	Count
INSTITUTIONAL CULTURE AND CLIMATE	9.40	8.00	10.00	5
COMMUNITY-CENTERED RESEARCH	9.00	7.00	10.00	5
LOCAL INVESTMENT AND PROCUREMENT	8.80	6.00	10.00	5
NEIGHBORHOOD ACCESSIBILITY	8.20	6.00	10.00	5
SHARED GOVERNANCE	7.80	2.00	10.00	5
FOUNDATIONAL HEALTH EQUITY PEDAGOGY	9.20	8.00	10.00	5
INTERDISCIPLINARY LEARNING	8.60	7.00	10.00	5

Below, add any comments, clarifications, or caveats related to the definition and domains: 5

Below, add any comments, clarifications, or caveats related to the definiti...

On the definitions, you may consider the following:
For our pursuit of health equity, it's great that all populations have access to resources, but it's equally important for them to have access to quality services. For example, research shows that racial and ethnic groups, even when given access to resources they do not receive the same quality of care due to the bias of providers and service providers.
I'm all on board with being dedicated to advancing public health knowledge, but we must address inequities, not inequalities. There's a difference, and the language we use matters. Systemic inequities are the root ofhealth disparities.
I would be mindful of the language you are using about community (e.g., communities of need, or disadvantaged backgrounds) because it shapes perceptions, influences attitudes, and has the power to either reinforce or challenge existing biases and inequities. Alternatives for communities of greatest need: underserved communities, disproportionately impacted communities, or limited access to resources.
Regarding the last definition, I appreciate community services, but community-engaged practice is missing. Consider adding community-engaged practice and service.

Section A: Introductory Information

A1. What is the name of your school of public health?
Open Text

A2. If applicable, specify the campus or program this response represents.
Open Text

A3. Which degrees does your school offer?
Multiple Select
☐ MPH
☐ DrPH
☐ PhD
☐ MS/MA in Public Health
☐ Undergraduate Public Health Degrees
☐ Certificate Programs
☐ Other (please specify)

A4. What type of institution is your school based in?
Single Select
○ Public University
○ Private Non-Profit
○ Private For-Profit
○ Other (please specify)

A5. Does your school have a dedicated unit or office focused on health equity or social mission?
Yes/No

A6. Approximately how many students are enrolled in your public health programs?
Numeric Entry

A7. What percentage of your students are enrolled in online or hybrid programs?
Numeric Entry (%)

Domain 1: Empowerment and Training of Practitioners

The following questions are related to your school's Mission-Driven Curriculum & Skills.

B1. Does your school have a mission statement that explicitly references preparing practitioners to advance health equity?
Yes/No

B2. Has your school conducted a recent review of course offerings to assess alignment with this mission?
Yes/No

B3. What proportion of your core curriculum addresses applied public health practice?
Single Select
○ None
○ <25%
○ 25–49%
○ 50–74%
○ 75–100%

B4. Are students required to complete field placements or practica in underserved communities?
Yes/No

B5. Does your school offer formal mentorship programs pairing students with practitioners?
Yes/No

B6. Which of the following methods are used to assess student readiness for practice? *(Select all that apply)*
☐ Capstone projects
☐ Competency assessments
☐ Supervisor evaluations
☐ Portfolio review
☐ Other (please specify)

B7. What percentage of your graduates are employed in governmental or community-based organizations?
Numeric Entry (%)

B8. Does your school support evidence-based learning opportunities grounded in community contexts?
Yes/No

B9. Are alumni offered continuing education programs to maintain practice competencies?
Yes/No

B10. What proportion of faculty have recent applied public health experience?
Single Select
○ None
○ <25%
○ 25–49%
○ 50–74%
○ 75–100%

B11. Does your school track and report employment outcomes disaggregated by sector and population served?
Yes/No

B12. Describe any challenges you face in equipping graduates with practical public health skills.
Open Text

Domain 2: Institutional Commitment to the Greater Good

The following questions are related to your school's Mission, Vision, and Strategy.

C1. Is advancing health equity and the greater good explicitly stated in your mission, vision, or values?
Yes/No

C2. Are these priorities reflected in your strategic plan?
Yes/No

C3. Does senior leadership report on progress annually?
Yes/No

C4. Does your school regularly evaluate how well it fulfills this mission?
Yes/No

C5. Do you assess your policies for their impact on health equity?
Yes/No

C6. Are students and community partners formally engaged in strategic planning?
Yes/No

C7. Does your school dedicate funding to initiatives that improve health equity in your community?
Yes/No

C8. Has your school undertaken public health advocacy aligned with its mission?
Yes/No

C9. Is language in public communications consistently inclusive and mission-aligned?
Yes/No

C10. Does your school have a defined process to review how mission goals are operationalized in curriculum and practice?
Yes/No

C11. Describe any barriers to fully realizing your mission commitment.
Open Text

C12. Which indicators best reflect mission alignment? *(Select all that apply)*
☐ Mission statement inclusion
☐ Course review and alignment
☐ Strategic plan monitoring
☐ Public reporting
☐ Other (please specify)

Domain 3: Foundation in Social Justice Principles

The following questions are related to your school's Equity and Ethics in Public Health.

D1. Are courses in ethics, social justice, or human rights required for graduation?
Yes/No

D2. Does your school provide training on dismantling structural inequities?
Yes/No

D3. Do you track whether teaching content addresses distributive justice and health equity?
Yes/No

D4. Are learning objectives linked to promoting social justice?
Yes/No

D5. Does your school fund research on structural determinants of health?
Yes/No

D6. Are faculty promotions influenced by contributions to social justice?
Yes/No

D7. Are students required to participate in advocacy projects or community engagement?
Yes/No

D8. Are faculty trained in recognizing bias in curriculum and materials?
Yes/No

D9. How does your school measure progress in integrating social justice principles? *(Select all that apply)*
☐ Curriculum review
☐ Faculty evaluations

☐ Student feedback
☐ Community feedback
☐ Other (please specify)

D10. What proportion of curriculum explicitly focuses on systemic determinants of health?
Single Select
○ None
○ <25%
○ 25–49%
○ 50–74%
○ 75–100%

D11. Are climate surveys used to assess whether students feel empowered to address inequities?
Yes/No

D12. Describe any challenges in embedding social justice in education and practice.
Open Text

Domain 4: Diversity, Inclusivity, and Shareholder Engagement

The following questions are related to your school's Representation and Inclusion.

E1. What is the racial/ethnic composition of your student body?
Matrix Table
(Include: Hispanic/Latino, Black/African American, Asian, AIAN, NHPI, White, Other)

E2. Does your admissions process include holistic review to foster diversity?
Yes/No

E3. Does your school have infrastructure supporting community advisory boards?
Yes/No

E4. Are community representatives included on key committees?
Yes/No

E5. Do you track and publish diversity metrics?
Yes/No

E6. Do you compensate community partners engaged in teaching or advising?
Yes/No

E7. Are affinity groups and safe spaces available?
Yes/No

E8. Do faculty development programs address cultural humility and inclusivity?
Yes/No

E9. What percent of leadership positions are held by underrepresented groups?
Numeric Entry (%)

E10. How often does your school assess culture and climate?
Single Select
○ Never
○ Every 3–5 years
○ Every 2 years
○ Annually

E11. How does your school define and measure diversity and inclusion? *(Select all that apply)*
☐ Representation metrics
☐ Climate surveys
☐ Curriculum audits
☐ Other (please specify)

E12. Describe barriers to achieving diversity and inclusivity goals.
Open Text

Domain 5: Accountability, Transparency, and Measurable Performance

The following questions are related to your school's Transparency and Tracking of Impact.

F1. Does your school define and track metrics for health equity goals?
Yes/No

F2. Are these metrics publicly reported?
Yes/No

F3. Are programs assessed for bias and inclusivity?
Yes/No

F4. Are research activities evaluated for their alignment with health equity objectives?
Yes/No

F5. Do annual faculty reviews include social mission contributions?
Yes/No

F6. Are community health needs assessments incorporated into planning?
Yes/No

F7. Does your school publish an annual report on social mission performance?
Yes/No

F8. Do you use community feedback to assess impact?
Yes/No

F9. Are climate and culture surveys conducted and shared transparently?
Yes/No

F10. Are resources allocated to measure and improve accountability indicators?
Yes/No

F11. What percent of institutional spending is directed locally (e.g., local procurement)?
Numeric Entry (%)

F12. Describe challenges in measuring and reporting social mission outcomes.
Open Text

Domain 6: Community-Centric Operations

The following questions are related to your school's Engagement & Responsiveness.

G1. Does your school have a defined community of commitment?
Yes/No

G2. How do you define this community?
Open Text

G3. Is there a formal community advisory board?
Yes/No

G4. Are community partners involved in setting research priorities?
Yes/No

G5. Are community-engaged methods required or incentivized?
Yes/No

G6. Are community-based participatory research (CBPR) projects funded?
Yes/No

G7. Are community partners compensated fairly (financially or otherwise)?
Yes/No

G8. What proportion of projects are led jointly with communities?
Numeric Entry (%)

G9. Do you evaluate the longevity and impact of community-based research?
Yes/No

G10. Are training programs provided for authentic community engagement?
Yes/No

G11. Describe how you assess community satisfaction and outcomes.
Open Text

G12. What barriers limit community-centric operations?
Open Text