

2015-2016

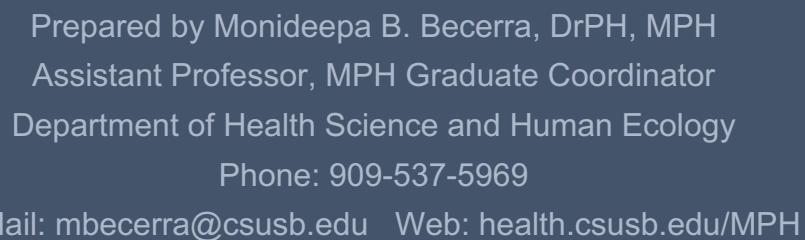


Table of Contents

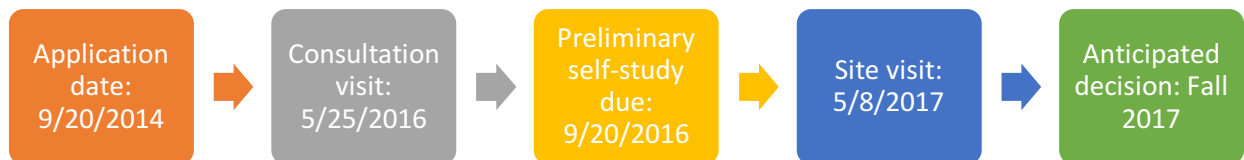
TABLE OF CONTENTS	2
<u>A. SYNOPSIS</u>	4
<u>B. 2015-2016 MPH PROGRAM UPDATES</u>	5
<u>C. PROGRAM MISSION, VISION, AND VALUES</u>	6
MISSION	6
VISION	6
VALUES	6
<u>D. PROGRAM GOALS AND OBJECTIVES</u>	7
GOALS, OBJECTIVES, DATA SOURCE AND RESPONSIBLE PARTIES	7
INSTRUCTIONAL GOALS AND OBJECTIVES	7
RESEARCH GOALS AND OBJECTIVES	8
SERVICE GOALS AND OBJECTIVES	8
INFRASTRUCTURE GOALS AND OBJECTIVES	9
COMMENTARY	9
<u>E. PROGRAM CURRICULUM</u>	11
2015-2016 MPH REQUIREMENTS	11
COMMENTARY	12
<u>F. PUBLIC HEALTH COMPETENCIES AND STUDENT LEARNING OUTCOMES</u>	13
CORE COMPETENCIES	13
CONCENTRATION COMPETENCIES	14
<u>G. PRACTICE EXPERIENCE</u>	19
COMMENTARY	20
<u>H. CULMINATING EXPERIENCE</u>	21
COMMENTARY	21
<u>I. STUDENT SATISFACTION SURVEY RESULTS</u>	22
PLAN	22
RESULTS	22

COMMENTARY	22
<u>J. <u>STUDENT ENROLLMENT AND ALUMNI ASSESSMENT</u></u>	<u>23</u>
COMMENTARY	24
<u>K. <u>RECOMMENDATIONS FOR 2016-2017</u></u>	<u>25</u>
<u>L. <u>SUMMER 2016 ACTIVITIES TO ADDRESS RECOMMENDATIONS</u></u>	<u>26</u>

A. Synopsis

The Master of Public Health (MPH) program, with concentration in Community Health Education (here in referred to as MPH), is housed in the Department of Health Science and Human Ecology (HSCI), College of Natural Sciences, at California State University, San Bernardino. The two-year MPH program is the choice for those public health professionals seeking to advance to management levels in the design, implementation, and administration of population health initiatives at public health agencies.

The MPH program, in conjunction with the Bachelor of Science in Health Science, with concentration in Public Health Education (here in referred to as PHE), began its Council of Public Health Education (CEPH) accreditation process during Summer 2015. The current graduate coordinator for the MPH program (Dr. M. B. Becerra) began the accreditation process for the unit (MPH and PHE) by attending the CEPH workshop in July 2015 in Washington, D.C. The HSCI interim chair (Dr. D. Chen-Maynard), in consultation with department faculty set the consultation visit for May 25, 2016. The accreditation self-study team consists of MPH graduate coordinator (Dr. M. B. Becerra, as the chair of the committee) the assessment coordinator (Ms. A. Olney, as the coordinator), and two student interns from the MPH program (Ms. Autumn Jansen and Ms. Connie Marmolejo, as student coordinators). Following is the tentative timeline for the accreditation process.



The purpose of this annual report is to provide the HSCI department a comprehensive evaluation of the MPH program. This report serves as the evaluation tool for the accreditation self-study (Objectives 6.2-6.4). It should be noted that the coordinator's report is required to provide separate reports for PHE and MPH, and as such, this report is only pertaining to information for the MPH program.

This report will be submitted to: HSCI Department Chair, HSCI Department Faculty Members, The Office of Graduate Studies, and CEPH.

B. 2015-2016 MPH Program Updates

- ✓ MPH and PHE joint CEPH accreditation self-study was begun by MPH Program coordinator and HSCI Assessment Coordinator in August 2015.
- ✓ MPH external advisory board was established.
- ✓ CEPH consultation visit occurred on May 25, 2016. Results can be obtained from Dr. Becerra.
- ✓ Program goals and objectives were updated (see Section D) to separate PHE and MPH, when needed, and also based on CEPH consultation visit recommendations (e.g. research methods course, internship, culminating experience, surveys, etc.)
- ✓ Student satisfaction survey and exit surveys were developed and implemented.
- ✓ Alumni survey was updated.
- ✓ Due to low alumni feedback, social media outreach was implemented to receive alumni feedback.
- ✓ The student learning outcomes (SLOs) from the previous academic years were deemed to be course-evaluation and not program-specific based on both CEPH guidelines as well as CNS assessment coordinator's (Dr. D. Fischman) feedback. MPH SLOs were updated and approved by the HSCI department. SLOs now reflect CEPH competencies (see Section F).
- ✓ MPH culminating experience, as required by CEPH as a distinct requirement from the internship, was deemed lacking based on both internal evaluation as well as the CEPH consultation visit. As such, MPH culminating experience was implemented. This experience now includes: granting writing course, update content for the research methodology course, and e-portfolio. These additions were based on evaluation of other CEPH-accredited MPH programs, particularly at other CSU campuses.
- ✓ MPH program curriculum (see Section E) updates were proposed to HSCI department in Fall 2015, and upon approval, the proposed program changes were submitted to College Curriculum Review Committee on May 9, 2016.
- ✓ CEPH requires a practice experience (internship) and it cannot be substituted by other means. This was updated on the MPH curriculum.
- ✓ The MPH graduate coordinator developed and implemented the annual MPH Graduate Student Handbook for Fall 2015 admitted cohort, which is subject to modification each academic year.
- ✓ The MPH program's low enrollment was addressed by developing a marketing plan. The MPH graduate coordinator developed a quarterly newsletter, marketing flyers, workshops, information sessions, as well as a social media campaign. The result was a significant increase in applicants (see Section I).
- ✓ MPH student Blackboard page was developed and implemented to provide students information on opportunities, coursework, advising, as well as a site for submission of documents related to the internship and culminating experience.
- ✓ MPH and PHE (unit of accreditation) preliminary self-study was submitted to CEPH on September 20, 2016. As mandated, the narrative is publically available at:
<http://health.csusb.edu>

C. Program Mission, Vision, and Values

Mission

Develop public health professionals who are prepared to assume leadership roles in population-based settings in order to promote, preserve, and restore health of local and global communities as a result of working to reduce health disparities and generate health equity.

Vision

Our vision is to serve as a community resource for promoting public health and to be recognized as a leader in creating health equity and social justice through health education and promotion programs and services in our diverse communities.

Values

Our values serve as a guide in the work we do in the pursuit of effectiveness and excellence in the work of public health. We value:

Diversity. A respect for all people in global and local communities and to appreciate diverse cultures' perspectives, and beliefs as we promote population health and reduction of health disparities.

Equity. Fairness and social justice in addressing population health.

Interdisciplinary Collaboration. Using an ecological framework and reasoned debate in collaborative approaches across disciplines to advance scientific knowledge, and improve population health.

Student-Centered Learning. A dynamic learning community that fosters engaged learning where students have a voice in the process of their education including practical opportunities for problem solving.

Advocacy. Actions to achieve equitable access to public health, health resources, and public policies.

Innovation. Innovative approaches to educate and inspire faculty and students in teaching, learning, and addressing public health matters.

Professionalism. Honesty and mutual respect in teaching, learning, and public service as we engage students in activities to advance a sense of the profession as they assume duties and responsibilities in public health.

Scholarship. Engagement by faculty and students in methods that foster comprehension of the extent of current public health knowledge and the role of research to contribute to future public health knowledge and solutions.

D. Program Goals and Objectives

Goals, objectives, data source and responsible parties

The following program goals and objectives were developed for the PHE and MPH programs as a unit of accreditation. As such, objectives not relevant to MPH have been noted. The table also shows source of data for each objective, as well as responsible parties to ensure timely data collection and/or dissemination.

Instructional Goals and Objectives

Goal 1: Design, implement, and evaluate a competency and practice-based program.

Objective 1.1: The program faculty will review the mission, goals, objectives, and program competencies at a minimum of every three years.

Objective 1.2: The program coordinators will review the course offerings and syllabi at a minimum of once every year.

Objective 1.3: At least 80% of required program courses will incorporate written or oral communication.

Objective 1.4: All program courses will be evaluated for student learning outcomes in a period of three years.

Objective 1.5: At least 70% of the program students will complete a student satisfaction survey each academic year.

Objective 1.6: At least 70% of the program students taking the exit survey will report satisfaction with the program.

Objective 1.7: An Alumni survey will be available to all alumni, accessible through the department website.

Goal 2: Ensure all program students are prepared to assume public health related jobs.

Objective 2.1: 100% of the program students will complete 120 hours of internship at a pre-approved training site to demonstrate application of competencies.

Objective 2.2: 100% of the program students will complete a pre-field experience to develop competencies in workforce requirements.

Objective 2.3: 100% of the program students will complete an e-portfolio to demonstrate skills in public health competencies.

Objective 2.4: The program will hold quarterly advising and/or information sessions on academic and career counseling for program students.

Goal 3: Sustain an environment of academic rigor through its faculty and student body.

Objective 3.1: 100% of primary faculty will have a doctorate degree in Public Health, or closely related field.

Objective 3.2: At least 70% of program faculty will have at least 1 year of professional job experience.

Objective 3.3: The average grade point average (GPA) of admitted MPH students will be at least 3.0.

Objective 3.4: The average last 90-quarter unit GPA of admitted MPH students will be at least 3.0.

Objective 3.5: All MPH students must obtain a B- or higher in each program coursework.

Objective 3.6: All undergraduate students must obtain a grade of C or higher in all major coursework.
Objective 3.7: All graduate students must obtain a grade point average of 3.0 or higher in the program.

Research Goals and Objectives

Goal 4: Prepare students to conduct ethically based public health research.

Objective 4.1: 100% of program students will take a research methodology class that includes a research paper, or protocol development.

Objective 4.2: 100% of program students enrolled in research methodology courses will have Institutional Review Board (IRB) training.

Objective 4.3: At least 50% of primary faculty will be involved in student-led research projects.

Objective 4.4: At least one student from the program will get departmental honors each year.

Goal 5: Foster an environment for faculty exploration of public health research.

Objective 5.1: 100% of faculty involved in research will have Institutional Review Board (IRB) training.

Objective 5.2: At least 50% of the program's primary faculty will participate in research or scholarly activities either directly or in consultation with local, regional, state, national, and/or organizations related to public health issues.

Objective 5.3: At least 50% of the program's primary faculty will have a peer-reviewed publication or presentation of research or scholarly activity in a three-year period.

Service Goals and Objectives

Goal 6: Strengthen relationships between the program faculty, students, and public health workforce in the service area.

Objective 6.1: At least one networking event will be held each academic year for program students.

Objective 6.2: Convene and sustain an MPH External Advisory Board consisting of workforce stakeholders.

Objective 6.3: Conduct needs assessment of the public health workforce every three years.

Objective 6.4: Provide at least one workforce training opportunity every year.

Goal 7: Promote the active involvement of faculty and students in serving the community at-large.

Objective 7.1: At least 50% of the program's primary faculty will be involved in community service related activity through coursework, organizations, or regional initiatives.

Objective 7.2: Eta Sigma Gamma, the honorary society, will conduct at least three community service activities each academic year.

Infrastructure Goals and Objectives

Goal 8: The program will have the fiscal and infrastructure resources needed to sustain itself.

Objective 8.1: At least three primary faculty (50% FTE or more) will be available for the program.

Objective 8.2: The student-faculty ratio (based on total faculty FTE) will be 35 or less.

Objective 8.3: 100% of program faculty will have access to office, computer, and printing facilities.

Objective 8.4: The MPH program coordinator will have one course reassigned time (4 quarter units) each academic year.

Objective 8.5: The assessment coordinator will have at least 2 quarter units reassigned time each quarter.

Objective 8.6: The department will provide at least three study rooms for program students.

Objective 8.7: The program will have a computer lab with at least 25 desktop computers for coursework using software.

Objective 8.8: The program will have laboratory space to sustain at least 24 students per lab for HSCI 120 (Health and Society: An Ecological Approach).

Objective 8.9: At least 1/3rd of the department budget will be allocated to the public health program (PHE and MPH).

Goal 9: The program will promote and sustain diversity to reflect the service area population and needs.

Objective 9.1: At least 50% of the program faculty and staff appointments will reflect the diversity of the surrounding service area.

Objective 9.2: At least 50% of the program students will reflect the diversity of the surrounding service area.

Objective 9.3: At least 50% of the program students will be first generation college students.

Objective 9.4: The program will offer at least two courses that incorporate cultural competency coursework.

Commentary

Due to PHE and MPH being a cumulative unit of accreditation, some of the goals/objectives are for both programs combined. When appropriate, MPH vs PHE distinctions have been made.

Program review: Program coordinators, in collaboration with the assessment coordinator, review student learning outcomes (SLOs) for each required course and make recommendations to the faculty, when needed, for the next year (1.4, 2.1, 2.2, 2.3, 9.4). At the beginning of each academic year, program and assessment coordinators review previous academic year fieldwork reports for undergraduate and graduate students to assess demonstration of public health competencies (1.3). Moreover, the program coordinators review syllabi for each course annually and provide recommendations for the next year (1.2).

To ensure students are able to provide feedback on the program, they complete an annual student satisfaction survey (1.5). For undergraduate students, the Principles of Epidemiology course (HSCI

451) conducts a student satisfaction survey

(http://csusb.az1.qualtrics.com/SE/?SID=SV_9NU6M5QhPoY5tBz)

to capture a large portion of students. For graduate students, the survey is disseminated once per year. In addition, the MPH program coordinator holds at least one student networking event each academic year, during which students can not only provide feedback on course content, program objectives, and learning outcomes (2.4), but also gain networking with health professionals in the field for internship and employment opportunities (6.1, 6.2). Program coordinators also conduct an annual evaluation of department resources, such as student-faculty ratio, laboratory space, etc., to ensure sustainability of the program (8.1-8.9).

Faculty and student review: The program coordinators evaluate faculty *curriculum vitae* to ensure the background of each faculty member's academic and professional experiences can provide students practice-based experience in courses (3.1, 3.2). Student academic preparation and rigor are also evaluated through a minimum grade point average and course grade requirements (3.3-3.7). To ensure the community and professional engagement of faculty and students, program and assessment coordinators conduct an annual review of faculty CV and other institutional data (7.1). Furthermore, the program and assessment coordinators review program collaborations with community organizations, professional workshops, and other services provided by the program to the workforce (6.3, 6.4). The program coordinators also review Eta Sigma Gamma's annual report (7.2), and results will help direct next year's programs. The program and assessment coordinators, in order to assess faculty and student research involvement, also review faculty *curriculum vitae*, institutional data reports on graduation, and courses (4.1-4.4, 5.1-5.3). Finally, in order to ensure the program composition reflects the service area demographics, program and assessment coordinators also conduct an annual review of institutional data (9.1-9.3).

External review: The program coordinators, in collaboration with department faculty, chair, assessment coordinator, and input from external advisory board members review the mission, goals, objectives, and program competencies every three years (1.1). In Fall 2015 an external advisory board was re-established, and the MPH program coordinator held the annual meeting with such stakeholders to review program goals and objectives (6.2). CSUSB's current campus accreditation with the Western Association of Schools and Colleges (WASC) is through 2021. Program and assessment coordinators review the exit survey (1.6), alumni survey (1.7), and employer survey, to evaluate the impact of the program on the workforce. In addition, program and assessment coordinators review feedback on workshops and training sessions provided to the public health workforce.

Communication of results: The program coordinators report program updates to the department faculty and hold quarterly meetings with the assessment coordinator. The program coordinators also compile an annual report (one for undergraduate and one for graduate) to provide the department faculty updates on student enrollment, achievements, and/or other program-related compliances and updates. These reports are available to students and other stakeholders on the department website and program-specific Blackboard pages. In addition, the MPH program coordinator, as the marketing coordinator of the program, also publishes a quarterly newsletter to communicate student perception of workforce impact, which are disseminated through the department website and Blackboard pages.

E. Program Curriculum

2015-2016 MPH requirements

Public Health Core (20)

HSCI 610	Social and Behavioral Influences on Public Health	4
HSCI 611	Public Health System Organization and Delivery	4
HSCI 612	Public Health Statistics	4
HSCI 616	Environmental and Occupational Health	4
HSCI 617	Epidemiology	4

Required Courses (36)

HSCI 602	Management, Organization and Planning	4
HSCI 607	Cross Cultural Aspects of Health	4
HSCI 608	Health Research Methods	4
HSCI 614	Health Education Practice	4
HSCI 665	Strategic Planning and Evaluation	4
HSCI 675	Health Services Administration Leadership, Team and Quality Development	4
HSCI 685	Health Services Administration Capstone Seminar	4
HSCI 689D	Field Experience	4

Electives may include:

COMM 560	Health Communication	4
HSCI 530	Food-Borne Illnesses and Their Prevention	
HSCI 531	Bioterrorism	
HSCI 557	Hazardous Material Control	
HSCI 558	Management of Water Quality	
HSCI 603	Health Economics and Financial Systems	
HSCI 635	Communication and Human Relations in Health Services	

Others as approved by the MPH graduate coordinator.

Total Units 56

A minimum of 56-quarter units must be taken and passed with a minimum of a B- grade to meet the requirements for the MPH degree, in addition to the requirements stated below. Students are expected to maintain an overall grade point average (GPA) of 3.0. Effective Fall 2016, the proposed minimum grade of B has been submitted. This has been approved by the College Committee and will be considered for final approval by the Faculty Senate in 2016-2017.

Additional degree requirements for the MPH program include:

- Practice experience: Completion of the professional field experience of 120 hours. In exceptional cases, as approved by the MPH graduate coordinator, passing the comprehensive examination can be utilized to meet the practical skill experience requirement.
- Culminating experience: Students complete courses in grant writing and research methodology, in addition to a graduate portfolio.
- Graduation writing requirement: The graduation writing requirement is met by completing the writing requirement for HSCI 608: Research Methods course.

Commentary

Based on feedback from students and preceptors, and CEPH guidelines, the following items were identified as lacking in the MPH program: grant writing, public health biology or nutrition courses, and health behavior courses. As a result, the following required classes been proposed as additions to the program: Principles of Public Health Nutrition (HSCI 663, 4 units), HSCI 613 Principles of Health Behavior (4 units), HSCI 660D (4 units, Advanced Topics in Health Science and Human Ecology), and HSCI 609 Grant Writing for Health Science (4 units).

The following courses were proposed to be deleted from the MPH program based on either repeating similar content to other existing courses or not meeting any accreditation guidelines: Management, Organization, and Planning (HSCI 602, 4 units), Health Service Administration Leadership Team and Quality Development (HSCI 675), Health Service Capstone course (HSCI 685, 4 units), and Strategic Planning and Evaluation (HSCI 665, 4 units).

In addition, the practical experience required by CEPH was modified with updated field plan and evaluation reports, in addition to student, preceptor, and site evaluations. The evaluation report was modified to meet CEPH culminating experience guidelines. The total number of units remained unchanged. Following is the proposed coursework (approved by Department in Winter 2016 and proceeded to College curriculum approval in Spring 2016).

Public Health Core (20)

HSCI 610	Social and Behavioral Influences on Public Health	4
HSCI 611	Public Health System Organization and Delivery	4
HSCI 612	Public Health Statistics	4
HSCI 616	Environmental and Occupational Health	4
HSCI 617	Epidemiology	4

Required Courses (36)

HSCI 609	Grant Writing for Health Sciences (new proposed course)	4
HSCI 607	Cross Cultural Aspects of Health	4
HSCI 608	Health Research Methods	4
HSCI 613	Health Behavior	4
HSCI 614	Health Education Practice	4
HSCI 660D	Special Topics in Health Science	4
HSCI 663	Public Health Nutrition	4
HSCI 689D	Field Experience	4
Electives		4
Total Units		56

F. Public Health Competencies and Student Learning Outcomes

The 2015-2016 MPH program learning competencies and student learning outcomes (SLOs) are as follows. In Fall 2015, no course assessment was conducted due to pending vote by department. The SLOs were adopted in Winter 2016 and the assessment plan was implemented. In addition, courses where key competencies are primary versus reinforced are included.

Core Competencies

Core Competencies	Core Courses	Concentration Courses
1. Describe a population health problem in terms of magnitude, person, time, and place.	617	608, 663, 689
2. Use information techniques (e.g. bibliography, database management, graphical, and statistical software) to retrieve, analyze, summarize, and present population health data to a variety of audiences.	612, 611	608, 609, 689
3. Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.	610, 616, 617	607, 613
4. Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.	611, 616	663
5. Analyze and apply public health ethics in practice.	617	607, 608
6. Demonstrate oral and written public health communication skills for both professional and lay people.	610, 611, 612, 617, 616	607, 608, 609, 613, 614, 663, 689
7. Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.	611, 612, 617	607, 608, 663

All courses are listed under HSCI. HSIC 609 may be offered under another name until Faculty Senate approval of the number.

Concentration Competencies

Core Competencies	Core Courses	Concentration Courses
1. Demonstrate an understanding of history, power, privilege, and structural inequity in health education.	610	607
2. Demonstrate an understanding of the principles of management, budgeting, and leadership.		609, 614
3. Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.		613, 614, 663, 689
4. Critically analyze health behavior theories for evidence-based recommendations.		613, 614, 663
5. Integrate analytic reasoning (quantitative and qualitative) and principles of organizational behavior and health equity to address questions in community health education.	612	609, 689

All courses are listed under HSCI. HSIC 609 may be offered under another name until Faculty Senate approval of the number.

Core competencies for MPH P=Primary, R=Reinforcing		HSCI 610: Social and Behavioral Influences on Public Health	HSCI 611: Public Health System Organization and Delivery	HSCI 612: Public Health Statistics	HSCI 616: Environmental and Occupational Health	HSCI 617: Epidemiology
Describe a population health problem in terms of magnitude, person, time, and place. Use information techniques (e.g. bibliography, database management, graphical, and statistical software) to retrieve, analyze, summarize, and present population health data to a variety of audience.			P	P		P
Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.	P				P	R
Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.			P		R	
Analyze and apply public health ethics in practice.						P
Demonstrate oral and written public health communication skills for both professional and lay people.	P		P	R	R	R
Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.			P	P		R

Core competencies for MPH P=Primary, R=Reinforcing	HSCI 607: Cross Cultural Aspects of Health	HSCI 608: Health Research Methods	HSCI 609: Grant Writing for Health Sciences	HSCI 613: Principles of Health Behavior	HSCI 614: Health Education Practice	HSCI 663: Principles of Public Health Nutrition	HSCI 689: Field Experience
Describe a population health problem in terms of magnitude, person, time, and place.		R				R	R
Use information techniques (e.g. bibliography, database management, graphical, and statistical software) to retrieve, analyze, summarize, and present population health data to a variety of audiences.		R	R				R
Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.	P			R			
Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.						R	
Analyze and apply public health ethics in practice.	P	R					
Demonstrate oral and written public health communication skills for both professional and lay people.	P	P	P	R	R	R	R
Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.	P	R				R	

Concentration competencies for MPH P=Primary, R=Reinforcing	HSCI 610: Social and Behavioral Influences on Public Health	HSCI 611: Public Health System Organization and Delivery	HSCI 612: Public Health Statistics	HSCI 616: Environmental and Occupational Health	HSCI 617: Epidemiology
Demonstrate an understanding of history, power, privilege, and structural inequity in health education.	P				
Demonstrate an understanding of the principles of management, budgeting, and leadership.					
Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.					
Critically analyze health behavior theories for evidence-based recommendations.					
Integrate analytic reasoning (quantitative and qualitative) and principals of organizational behavior and health equity to address questions in community health education.			P		

Concentration competencies for MPH P=Primary, R=Reinforcing	HSCI 607: Cross Cultural Aspects of Health	HSCI 608: Health Research Methods	HSCI 609: Grant Writing for Health Sciences	HSCI 613: Principles of Health Behavior	HSCI 614: Health Education Practice	HSCI 663: Principles of Public Health Nutrition	HSCI 689: Field Experience
Demonstrate an understanding of history, power, privilege, and structural inequity in health education.	P						
Demonstrate an understanding of the principles of management, budgeting, and leadership.			P		P	R	
Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.				P	R	R	R
Critically analyze health behavior theories for evidence-based recommendations.					P	R	
Integrate analytic reasoning (quantitative and qualitative) and principals of organizational behavior and health equity to address questions in community health education.			P				R

G. Practice Experience

In 2015-2016 a comprehensive guide to the practice experience was developed and disseminated to all students through the MPH Blackboard Page and MPH Handbook (can be obtained from MPH coordinator). Below are the updated requirements for practical experience, in compliance with program competencies.

Selection of sites.

A student, in consultation with the graduate coordinator, may select a public health site for the practical experience. A list of agencies is provided on the Blackboard MPH graduate page. Students are also encouraged to set up informational interviews with members of the Graduate External Advisory Board. In the majority of cases, the site of the practical experience should be located in the San Bernardino and Riverside Counties with exceptions allowed upon consultation with the graduate coordinator. A student must develop a field plan in collaboration with the preceptor. The graduate coordinator approves the final site selection. Once approved, the Department office sends a letter to the site for the preceptor's signature. That signed letter must be on file prior to the start of the practical experience hours.

Methods of approving preceptors.

Preceptors must have at least a managerial position in order to provide supervision to students. If a student is to select his/her work site for the practical experience, the line of supervision must be distinct from that of the student's work. The graduate coordinator approves the preceptor based on preceptor degree, position, and experience in supervising interns.

Opportunities for orientation and support for preceptors.

Prior to academic year 2015-2016, an informal orientation was conducted with preceptors, primarily due to a long-standing relationship with such individuals. Effective 2015-2016, however, in order to formalize such an orientation, the graduate coordinator provides each preceptor a one-page summary of the expectations and to ensure effective supervision of the student intern. In addition, the Department provides a written memo to the preceptor. When needed, in-person and/or phone consultations are provided.

Approaches for faculty supervision of students.

The graduate coordinator supervises students during the length of the practical experience. The graduate coordinator consults with the students to ensure completion of mid-quarter evaluations, field plan reports, and bi-weekly logs, as well as the information consultation with the students to ensure consistency in internship performances. All students enroll in HSCI 689D: Field Experience (4 units) with the graduate coordinator listed as the instructor of the course.

Means of evaluating student performance.

The graduate coordinator conducts both formative and summative evaluations.

Bi-weekly logs: provides a list and description of activities conducted by the student at the site of the internship.

Mid-quarter and end-of-quarter site evaluations: students conduct an evaluation of the internship site and their perception of training, mentorship, and preparation for the field.

Mid-quarter and end-of-quarter intern evaluations: preceptors conduct an evaluation of student's ability to complete tasks, competencies, among additional factors. Preceptors are encouraged to discuss the findings with the interns.

Evaluation report: students write a final evaluation report, which includes a service area needs assessment, in addition to formative and summative evaluation of tasks.

Means of evaluating practice placement sites and preceptor qualifications.

The MPH graduate coordinator reviews all preceptor qualifications. Preceptors must hold a managerial or supervisory position at the worksite. The site should be a public health-related field, such as agencies, non-profits, and county public health departments. Student evaluations of the site and experience are reviewed by the MPH graduate coordinator.

Commentary

The major strength of the program is the department faculty's relationship with the community resources; and thus the placement of students for internship sites. The majority of the practical experience sites aim to serve the underrepresented minority populations in the Inland Empire, and in turn, provide students with a comprehensive experience in serving a multi-cultural and diverse population. In addition, several of our adjunct faculty, who work at local non-profits or the County Public Health Department, have provided service and practical experience opportunities for program students. For example, Devin Arias, MPH (Community Manager at American Lung Association, Inland Empire) has served as a preceptor in Spring 2016 for undergraduate public health students.

A weakness in the practical experience is the inability of the program to offer external internship sites during the academic term. Students who are interested in pursuing internships outside of the geographical area of Inland Empire cannot enroll in courses, as the majority of courses are offered in-person (not online).

In Fall 2015, the 2015-2016 MPH coordinator began to develop an advisory board to provide input on potential sites of internship, skills needed for internship, etc. to provide students points of contact in the professional field. During the university's quarter to semester conversion, the feasibility of online courses may be discussed. This in turn could provide students the flexibility of online courses while doing an internship at a distant location.

H. Culminating Experience

Each student in the MPH program must complete the culminating experience requirement. This requirement is met by completing courses in grant writing (currently offered as HSCI 685), research methodology (HSCI 608), and a graduate portfolio.

The purpose of the culminating experience is to:

- Demonstrate how students synthesize and integrate knowledge and skills acquired from their coursework.
- Illustrate how students apply theories in community health education to provide evidence-based recommendations for a public health problem.
- Provide students a means to quantify public health competencies and showcase learned skills in community health education.
- To serve as an assessment tool for the Department in order to evaluate student achievement and proficiency in core competencies.

The graduate research methodology course (HSCI 608) requires a final paper demonstrating integration of at least three of the five core competencies of the MPH program: (1) biostatistics, (2) environmental health, (3) epidemiology, (4) social and behavioral health, and (5) health policy and administration.

The grant writing course currently offered as HSCI 685 with a name change expected to HSCI 609 in 2016-2017, requires a grant proposal that details a new service delivery approach/program or a new intervention method to address particular service needs of a target population.

Starting with the academic cohort admitted in Fall 2015, students create a graduate portfolio, which demonstrates their ability to integrate and apply public health competencies. The portfolio is built throughout various courses and is evaluated by the MPH program coordinator in the last academic quarter of student enrollment.

Commentary

For the academic year 2014-2015 the culminating experience was a research protocol development. While that utilized the majority of the public health competencies, the students and graduate external advisory board members expressed interest in grant writing skill development. As such, the content for HSCI 685 (Health Services Administration Capstone) was updated to meet such a need for the MPH students (in addition to the MSHSA program in the department). Student feedback during the mid-year orientation also showed interest in developing a portfolio, and as such, starting in the academic year 2015, a graduate student portfolio was implemented that highlighted students' marketable skills in public health competencies. This re-design and update of the culminating experience also allowed the program coordinator to evaluate student learning experiences through a multitude of mechanisms as well as through both individual and group work. The addition of the graduate portfolio will need further evaluation as to whether it is effective in assessing students' competencies across the program. The grant writing course is currently taught by a part-time faculty, Tom Hernandez, who is currently a well-established public health professional with significant grant writing experience.

I. Student Satisfaction Survey Results

Plan

The student satisfaction survey was developed on Fall 2015 and disseminated through MPH Blackboard page. Students were asked to volunteer to take the survey.

Results

- ✓ 75% of respondents reported Satisfied or Very Satisfied with:
 - Quality of academic experience
 - Quality of out-of-class experiences
 - Sense of belonging to the program
 - Program orientation
 - Quality of teaching
 - Content matter of the classes
 - Quality of facilities
 - Inclusion of diversity/multicultural perspective in classes
 - Opportunity for independent research
 - Opportunity for service learning or internship experiences
 - Faculty access outside of classroom
 - Use of technology in classes
 - Opportunity for professional growth
 - Advising
- ✓ 25% of respondents did not provide an answer to the above items.
- ✓ 25% of the respondents reported meeting with faculty for academic research 1-2 times, 50% 0 times, while 25% was non-response.

The complete results of the survey can be obtained from the assessment coordinator.

Commentary

Despite students reporting satisfaction with research and service learning opportunities, the majority reported little interaction with Department faculty on such activities. A major recommendation would be to increase student-faculty interaction to improve the percentage of students who work with Department faculty on academic research and/or service learning opportunities. Overall, the students are satisfied with the program, though the limitations posed by survey glitches provide a limited scope of assessment. For the next academic year, Qualtrics surveys will be utilized.

J. Student Enrollment and Alumni Assessment

Due to low enrollment in previous academic years, the MPH coordinator developed several marketing initiatives, including a social media campaign, flyers, information sessions, and posters. In addition, several department faculty members actively recruited students to the program. This resulted in increased application and enrollment.

	2014-2015	2015-2016	2016-2017
Applicants	19	36	56
Accepted	12	17	35
Enrolled	5	6	27

MPH Student Demographics

Characteristics		2014-2015		2015-2016	
		Count	%	Count	%
Race/Ethnicity	African American	3	23.1%	1	10.0%
	Asian	0	0.0%	0	0.0%
	Hawaiian/PI	0	0.0%	0	0.0%
	Hispanic/Latino	3	23.1%	3	30.0%
	Native American	0	0.0%	0	0.0%
	Nonresident	1	7.7%	1	10.0%
	Multi-race	2	15.4%	0	0.0%
	Unknown	0	0.0%	0	0.0%
	White	4	30.8%	5	50.0%
Sex	Female	11	84.6%	9	90.0%
	Male	2	15.4%	1	10.0%
First Generation Status (Parents with no BA degree)	Yes	7	58.3%	7	70.0%
	No	5	41.7%	3	30.0%

Note. 2016-2017 data will be released in the next annual report.

Alumni Employment Status

	Graduation year 2013/2014	Graduation year 2014/2015
Employed	5	6
Continuing education/training (not employed)	3	
Actively seeking employment		
Not seeking employment (not employed and not continuing education/training, by choice)		1
Unknown	1	1
Total	9	8

Number of graduates: 2014 = 9, 2015 = 8, 2016 = will be released in next report.

Source of information: direct communication with alumni or social media outreach.

Alumni feedback demonstrates that the program requirement of practice experience (internship) has allowed them the opportunity to gain experience in the field and the program course content allowed for growth in evidence-based practice. In addition, alumni mentioned the practice in public speaking, which was part of nearly all classes, helped with improving skills for job placement. Alumni have also stated that the program has enabled growth in other fields of public health and skills learned during the program have been used regularly at site of internship and/or job. Alumni expressed availability of faculty for mentoring as a major strength.

Limited contact was made by employers in the past. Since Fall 2015, however, one-on-one interviews with employers of alumni have shown the following strengths and scopes of improvement. Major strengths identified among alumni include: organization, time management and ability to work with large groups of individuals. On the other hand, identified weaknesses were: more experience in teaching, critical thinking skills, and addressing work-life balance.

Commentary

Prior to the academic year 2015-2016, the primary means of collecting information was through an online survey that was made available on the department website; this resulted in fairly low response rates. To address these low response rates, the assessment coordinator and graduate coordinator reached out to alumni through social media to better evaluate employment status.

Upon consultation with alumni, it was evident that students no longer checked their CSUSB email address and therefore were not aware of any emails related to surveys. Starting in Spring 2016, students' alternate email addresses were collected when they were enrolled in the internship course (HSCI 689 for graduate students). Students are now informed that they will be receiving an email one year after graduation regarding taking the survey.

Furthermore, the alumni survey was only conducted using a quantitative assessment (survey) that was posted on the HSCI department website. Due to the low response rate, effective Fall 2015, we added one-on-one interviews with alumni, in addition to having the survey available on the website. Starting Fall 2015, alumni were also sent out emails to remind them of the survey posted on the department website. The MPH coordinator and the assessment coordinator also conduct one-on-one interviews with employers (upon approval from alumni).

Qualitative questions for employers include the following:

How long has _____ worked for your organization?

What is the current nature and primary responsibilities of _____'s job?

What would you say _____'s strengths are?

How well would you say the program has prepared _____ for the current job and responsibilities?

What would be a skill (skills) you would have preferred _____ to have learned during the program that would have been valuable at the current job?

Alumni survey link: https://csusb.az1.qualtrics.com/jfe/form/SV_8GGEgpcN1uPzIYI

K. Recommendations for 2016-2017

1. Update MPH Graduate Student Handbook prior to start of Fall 2016.
2. Student feedback demonstrated the need for orientation. As a result, implement Fall orientation and a review session to ensure timely submission of advancement to candidacy forms (Spring).
3. Incorporate boot camp to address the educational background of students.
4. Incorporate IRB training, as recommended by Dr. T. Coleman.
5. Require program surveys as part of graduation requirements to ensure high response rates.
6. Evaluate efficacy of proposed culminating experience and make updates, when needed.
7. Increase count of primary faculty in the program who teach MPH courses.
8. Increase research and service activities among MPH students.
9. Lack of workshops for public health profession was an identified non-compliant area in the self-study. Workshops need to be established in order to be compliant.
10. Conduct more one-on-one interviews with alumni and employers to receive feedback.
11. Ensure timely submission of final self-study.

L. Summer 2016 Activities to Address Recommendations

1. Update MPH Graduate Student Handbook prior to start of Fall 2016.
 - a. MPH Graduate Student Handbook was updated prior to start of Fall 2016. The handbook can be obtained from the MPH coordinator.
2. Student feedback demonstrated the need for orientation. As a result, implement Fall orientation and a review session to ensure timely submission of advanced to candidacy forms (Spring).
 - a. Fall 2016 orientation and Spring 2017 workshop were implemented.
3. Incorporate boot camp to address the educational background of students.
 - a. Pre-program survey was developed to assess student background and preparation.
 - b. Boot camp for epidemiology and biostatistics were incorporated in HSCI 617 and HSCI 612, respectively.
4. Incorporate IRB training, as recommended by Dr. T. Coleman.
 - a. Graduation requirements were updated to incorporate IRB training.
5. Require program surveys as part of graduation requirements to ensure high response rates.
 - a. Program surveys were incorporated for HSCI 611 (pre-program survey), HSCI 612 (student satisfaction survey), and HSCI 608 (exit-survey).
6. Evaluate efficacy of proposed culminating experience and make updates, when needed.
 - a. No activities yet.
7. Increase count of primary faculty in the program who teach MPH courses.
 - a. Reached out to Dr. Angie Otiniano Verissimo and Dr. Nicole Henley for teaching HSCI 607 and HSCI 660D, respectively.
8. Increase research and service activities among MPH students.
 - a. Developed Fall 2016 survey among students to evaluate interest in such activities.
9. Lack of workshops for public health profession was an identified non-compliant area in the self-study. Workshops need to be established in order to be compliant.
 - a. Completed one data visualization workshop with the American Lung Association.
10. Conduct more one-on-one interviews with alumni and employers to receive feedback.
 - a. Conducted five interviews.
11. Ensure timely submission of final self-study.
 - a. No activities yet.