June 13, 2022

Salome Mshigeni, PhD, MPH, MPA
Director, Public Health Program
California State University, San Bernardino
Sent via email

Dear Dr. Mshigeni:

The review of your preliminary self-study document has been completed. The preliminary review allows CEPH to offer constructive suggestions about ways in which the document can be improved and made more useful for the reviewers participating in the site visit.

Overall

Reviewers found the self-study and ERF challenging to navigate, and, in many cases, the presentation of information (or absence of required information) interfered with reviewers' ability to accurately assess the program's performance on criteria. In general, the paucity of data and the organization of available information presented significant barriers to review.

Reviewers' concerns were particularly salient in the following areas, which appear to be non-compliant with criteria expectations based on the currently available information:

- Criterion B2 (Evaluation & Quality Improvement)
- Criterion B4 (Post-Graduation Outcomes)
- Criteria D2, D4, D5, and D7 (MPH Curriculum)
- Criterion F1 (Stakeholder Feedback)

The program may be non-compliant with criteria in additional areas, as well; more information would be required. Reviewers will consider the final self-study and ERF, along with on-site discussions, in making judgments about each criterion during the site visit.

The revisions identified below will facilitate the on-site review and should be incorporated into preparation of the final self-study and ERF.

In addition to making the updates noted throughout this letter in the final self-study, the Council also acted to require a half-day, distance-based consultation visit with CEPH staff. The visit will focus on ensuring clarity on all criteria and assuring that the program is able to present clear, accurate information in the final self-study and must occur by July 29, 2022. Please email Mollie Mulvanity by June 30 with several proposed dates and start times that would work for your team for the consultation visit. Additional information on consultation visits, including associated costs, is available on the CEPH website.

Detailed comments

Introduction

1.2.c: Move the CNS organizational chart to 1.b and include a full-size copy in the ERF, as the text is too small to easily read. In 1.c, provide an organizational chart that shows relationships up to the level of the president (e.g., that shows all college deans).

1.3: Delete blank rows and remove asterisks unless the program intends to include its own footnotes.

Criterion A

A1.1: For each committee, indicate which individuals are members of the MPH or undergraduate (PH) faculty complements.

A1.2: For each sub-part, explain how MPH and PH faculty members, other than the coordinators, are involved in decision making.

A1.2.d: Explain how program faculty or staff are involved in undergraduate admissions decisions and/or policies.

A1.2.f: Explain who (committee or individuals) is responsible for setting and monitoring research and service expectations for the program's faculty.

A1.4: Only list committees external to the program/department (i.e., not mentioned in A1.1), and do not include other university roles (e.g., program director, center director) outside of committee service. No descriptions of the committees are needed, and the list can be condensed or presented in table/bullet format.

A1.5: Do part-time faculty attend bi-weekly meetings? Use bold or italics to indicate which employees are full-time and which employees are part-time in the meeting minutes so reviewers can better understand the interactions.

A3.1: Focus this response solely on students' roles in governance and decision making. The following sentence is relevant to this criterion: "All MPH students are also encouraged to join one of the three MPH standing committees: Curriculum, Research, and Marketing, and second year MPH students are encouraged to join the Accreditation and Public Health Professional Development committees." Expand on this sentence with additional specific information about committee service, "including identification of all student members of program committees over the last three years," as required by the documentation request.

All other information currently presented in this criterion relates to student service and professional activities and should be moved to Criterion F2.

Criterion B

B1.1: The vision statement should describe "how the community/world will be different if the program achieves its aims." The current vision statement appears to be more inwardly focused.

B1.1: The university and department guiding statements should be moved to the ERF.

B2.1: Provide Template B2-1 in the self-study body, not the ERF.

Reviewers identified the following specific comments on the template:

- The first column must list a specific measure for each of the program-selected indicators. The current information in the template is too general and does not demonstrate how the program tracks its progress against goals.
    - o The first program-selected measure currently appears as "student feedback." Instead, the program must specify what the program is looking for in student feedback—what information is the program seeking that would provide information about one or more goals? For example:
        - ▪ a measure of "student perceptions of competency attainment," would provide information about goal 1.1
        - ▪ a measure of "student perceptions of workforce preparation" would provide information about goal 1.2
        - ▪ a measure of "preceptor feedback of students' preparation" would provide information about goal 1.2
    - o The second program-selected measure currently appears as "course data." As with above, the program should define *what* course data is of interest to measure progress against various goals.
    - o Provide the specific, chosen measure from the list in each of the rows associated with Criteria E3, E4, and E5. Instead of "Faculty currency & instructional technique measure 1," the template should say "peer/internal reviews of syllabi," since this is the first measure chosen by the program (based on what appears in Criterion E3).

- The second column must list a specific data source and indicate who is responsible for collecting and preparing the data for review.
    - o For example, for the first program-defined measure, instead of "Student survey and faculty feedback during the faculty retreat meeting in August," the program might say "Exit survey questions 1-3. Data compiled by program coordinator annually in June."
    - o For graduation rates, instead of commenting on the substance of the graduation rates, this column should list the data source and say who is responsible for tracking graduation rates (e.g., "Assessment coordinator keeps internal tracking database for undergraduate students; program director pulls institutional data each semester for MPH students.")
        - ▪ Similar comments (need to focus on how data are compiled and tracked, rather than reporting on what the current data show) apply to most other cells in the table.
    - o For the budget table, explain who is responsible for preparing and compiling the budget data, rather than stating that it is provided in the self-study. The same comment applies to many other rows in the template (e.g., those associated with Criteria E3, E4, E5).
    - o For the measure "student perceptions of class size" and "student perceptions of faculty availability," rather than "provided in related section," this column should list the specific data source (name the specific survey) and say who is responsible for compiling the results.
        - ▪ Similar comments (need to list the specific instrument and responsible party rather than referring to another location in the self-study) apply to many other cells in the table.

- The third column should list the group responsible for reviewing and discussing the data. If the faculty discuss the data at the retreat, this information should appear in the third column, not the second column (see, e.g., "Faculty and students' feedback" row).

B2.2: Given the array of data sources presented in the template, reviewers expect to see a much more extensive set of documentation in the ERF. While it is not necessary to present evidence for every line in the template, reviewers must be able to validate that the plan, as a whole, is regularly implemented.

The ERF should present multiple examples of the information that has been compiled and presented to faculty for review and discussion. This requirement should not involve creating new documents; rather, the program should upload the information that is provided for decision making related to many indicators.

B2.3: Remove all of the text that appears above Template B2-2 or incorporate it into the template.

- The first column of the template must be an exact copy of a cell from the first column of Template B2-1. Once Template B2-1 is revised, as indicated above, this should be feasible.
- The second column should describe the finding or data *from the indicator listed in the first column.*

B2.4: Most of the information currently presented here should be incorporated into the ERF for B2.2 (samples of evaluation findings) or into Template B2-2, describing changes made in response to evaluation data. This (optional) documentation request should present the program's self-assessment of its own performance on implementing a systematic, well-documented evaluation process overall, for the program as a whole.

B3.1: Please include graduation data from the 2020-21 cohort for both PH and MPH degree offerings. Also, there appear to be errors in the presentation of graduation rate data for the MPH. I am available to assist you in properly completing this table.

Cumulative graduation rates are calculated every academic year and for every cohort based on the total, cumulative number of graduates divided by the original entering cohort size. For example, if a cohort admits 27 students in a given academic year, the cumulative graduation rate will be calculated in each year based on a denominator of 27, until the cohort reaches the maximum time or all students have graduated or withdrawn.

B4.1: Based on current information, reviewers would likely find the program non-compliant with this criterion's requirements, based on the high levels of unknown outcomes across both degree levels, particularly the undergraduate level (70-80% unknown over the last three years).

B4.2: Focus the discussion on the program's plans to improve the proportion of known outcomes. The program may wish to review information on [CEPH's website](#) about methods for collecting this information. Units that successfully meet this criterion typically do not rely on a single survey at one-year post-graduation.

B5.2: Provide information that allows reviewers to contextualize the response rates and content. To whom was each survey sent (e.g., all graduates in the last five years) and to how many individuals? How often is the survey administered?

Criterion C

C1.1.c.a: Provide the program's definition of "operational costs" and outline examples that fall under that category.

C1.2: Reviewers identified the following comments:
- The description in C1.1.e indicates that tuition and fees are not returned directly to the program. Either adjust the text in that section or move the budget line item associated with tuition and fees to another line item (e.g., university funds).
- Explain what CERF revenue is.
- Explain why the benefits category appears as both a revenue source and an expenditure.
- Provide a footnote that explains the wide fluctuations in budget numbers over the five years reported.
- Delete blank rows in the template.

C2.1: There are only four named PIF in the template (Mshigeni, Padilla, Hernandez, Becerra) and one other PIF indicated in the additional faculty column—this does not match the totals listed below the table. Also, delete CEPH's footnotes below the template.

C2.4: Provide the full Template C2.2; only one section of the template appears in the current self-study document. Delete not applicable rows. Double check the math on averages, given the minimum and maximum presented.

C2.5: Clearly state what survey the program is referring to. Provide additional information on when it was administered and to whom (this information appears to be partially presented in C2.7); provide response rates for undergraduate and MPH students, etc. This information may be added to the ERF.

C3.1: Staff should only be listed as 1.0 FTE if they fully support the public health program, with no responsibility to other programs in the department. Otherwise, the FTE should be reduced to approximate the effort spent on the unit of accreditation. A similar comment applies to the 0.75 ASA—is the full 0.75 FTE to the public health program only? Information in C3.3 suggests that this is not the case.

C3.2: This documentation request seeks to understand whether current staff resources are or are not adequate, not to understand how new staff resources are requested.

C3.3: This documentation request does not ask for a compliance finding (met with commentary). The first paragraph should be moved to C2 or deleted.

Criterion D

D1.1: In most cases, the program should identify one course that provides the clearest and best didactic preparation for each foundational knowledge objective. If different parts of the objective are taught in different courses, include both, but indicate which aspects of the objective are taught in which course.

When didactic preparation was not clear to reviewers, specify the week in which content is taught AND provide supplemental information in the ERF: a printout from your LMS that shows the readings, activities, and/or lectures for the week is helpful when the syllabus does not contain sufficient detail.

In some cases, the objective did not appear to be mapped to an appropriate course in the template, but reviewers believe that they located another location in the curriculum that is better suited. The program should review the reviewers' suggestions and consider revising the template accordingly.

D1. MPH Foundational Knowledge Learning Objectives	Preliminary review notes
1. Explain public health history, philosophy, and values	Reviewers could not identify where in HSCI 6220 or 6240 public health history, philosophy, or values is taught. Reviewers identified that history of epidemiology is taught in week 1 in 6220, but this is not sufficient to fulfil this requirement.
2. Identify the core functions of public health and the 10 Essential Services	No additional notes. Reviewers verified coverage in 6250. See overall note for D1.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	Reviewers did not see where qualitative methods/science is taught in 6220 or 6210. Quantitative methods appear to be covered.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	Reviewers did not see where this information is taught in 6240.

Reviewers noted didactic coverage of mortality and morbidity in 6220, but it is unclear whether students are learning how to calculate mortality and morbidity or are taught what the major causes of mortality and morbidity in the US are (the latter is required to address this knowledge area). |
| 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | Reviewers could not identify where in 6220 or 6240 primary, secondary, and tertiary prevention is taught. |
| 7. Explain effects of environmental factors on a population's health | No additional notes. Reviewers verified coverage in 6230. See overall note for D1. |

D2.1: Provide Template D2-1 in the self-study body.

Template D2-2: In many cases, reviewers could not validate appropriate assessment without additional information. As noted below, the program must provide additional documentation in the ERF: copies of quizzes or exams with specific questions indicated; the full set of instructions provided to students; and/or rubrics used for assessment.

In other cases, marked with two asterisks (**), the competency did not appear to be mapped to an appropriate assessment in the template, but reviewers believe that they may have located another assignment, elsewhere in the curriculum, that may be better suited. The program should review reviewers' suggestions and consider revising the template accordingly.

For all of the other competencies listed below, the assessment provided in the template does not seem to be appropriate OR no assessment was indicated. Refer to the D2 worksheet for guidance, as well as to this letter's appendix, which provides additional examples.

D2. MPH Foundational Skills Competency	Preliminary review notes
1. Apply epidemiological methods to settings and situations in public health practice	No additional notes
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	The data brief seems to be an acceptable assessment of quantitative method selection. Reviewers could not identify didactic coverage or an assessment of **qualitative** data collection methods in 6210.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Quantitative didactic and assessment appear to be appropriate. Reviewers could not identify didactic coverage or an assessment of **qualitative** data analysis in 6210.
4. Interpret results of data analysis for public health research, policy or practice	The data brief in 6210 seems to be an appropriate assessment for this competency.**
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	Without the discussion prompt, reviewers could not verify how students are assessed on this competency.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels	This assessment appears to be mapped to a group journal club discussion. How are individual students assessed? What is the specific discussion prompt? Also, the most recent university bulletin does not list 6330 as a required class. The template should only include classes required of all students.
7. Assess population needs, assets and capacities that affect communities' health	This may be covered and assessed in 6240/6260 final paper, so the program may consider remapping if this is accurate.**
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs	This competency requires students to learn about and apply awareness of cultural values to programs. A quiz may not be sufficient to demonstrate this skill. If the quiz is retained as the assessment, there must be specific questions that relate to this competency.
9. Design a population-based policy, program, project or intervention	This is a very concrete skill. The assessment/product could be a research project, plan for a program, policy statement, etc. A quiz is typically not sufficient to demonstrate this skill. This competency may be covered and assessed in the 6240/6260 final paper, so the program may consider

	remapping if this is accurate **
10. Explain basic principles and tools of budget and resource management	Neither budget nor resource management is mentioned in the provided documentation as a requirement for the assessment. Also, reviewers could not identify where budget and resource management is taught didactically in 6280.
11. Select methods to evaluate public health programs	No additional notes
12. Discuss the policy-making process, including the roles of ethics and evidence	No assessment was mapped to this competency, though didactic preparation was clear.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	See note in competency 6 about 6330.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	See overall note for D2 and include online discussion questions mapped to this competency.
15. Evaluate policies for their impact on public health and health equity	This competency is mapped to a paper, but no description, instructions, or rubric for the paper were provided.
16. Apply leadership and/or management principles to address a relevant issue	Include a specific assessment activity.
17. Apply negotiation and mediation skills to address organizational or community challenges	Reviewers did not see where didactic coverage of negotiation and mediation occurs in 6200. Also, include specific instructions for the activity in the ERF.
18. Select communication strategies for different audiences and sectors	The final paper in 6240 and 6360 would not be sufficient for this competency as the target audience for that paper is "a reader who is in the same professional field as you." This does not assess students on their ability to select different communication strategies for different (i.e., non-peer, non-academic) audiences.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	No information was provided on the assessment of this competency. The self-study maps the assessment to attendance at a council meeting on homelessness. Are students presenting public health information at this meeting? Reviewers could not identify how written or oral presentation of audience-appropriate public health information is assessed in 6280.
20. Describe the importance of cultural competence in communicating public health content	See overall note for D2 and include quiz questions mapped to this competency.
21. Integrate perspectives from other sectors and/or professions to promote and advance population health	Reviewers could not identify where interprofessional practice is covered didactically in 6280. No information was provided on the specific assessment ("grant review panels") mapped to this competency.
22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative	Reviewers could not identify where systems thinking is covered didactically in 6280. No information was provided on the assessment ("final proposal") mapped to this competency. Reviewers could not identify where students are asked to construct a non-narrative example of systems thinking.

D4.1: Do not repeat assessments for multiple competencies (within or among Criteria D2 and D4). A single, complex assignment may assess more than one competency, but each description in the template must be tailored to describe the facet of the assignment (accompanied by specific instructions in the ERF) that addresses the specific competency, since each competency statement must define a distinct skill.

D4. Concentration MPH/DrPH in Public Health	Preliminary review notes
1. Demonstrate an understanding of history, power, privilege, and structural inequity in health education.	Without the discussion prompt, reviewers could not verify how students are assessed on this competency. See note in Criterion D2 about 6330.
2. Demonstrate an understanding of the principles of management, budgeting, and leadership.	How is this a more advanced skill than foundational competencies 10 and 16? This competency is mapped to the same assessment as these two foundational competencies. "Demonstrate an understanding" is not a more advanced skill than "apply" or "explain." If the idea is that students must combine their understanding of foundational competencies 10 and 16 and apply those skills together in a way that differs from their individual applications, we would expect to see an assessment that clearly demonstrates how it builds upon 10 and 16 to culminate in a different skill that is more advanced. Reviewers suggest reviewing the competency to determine whether and how it is sufficiently more advanced than competencies 10 and 16. **Revise if indicated and/or map to a different assignment that better assesses this competency.**
3. Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.	How is this a more advanced skill than foundational competencies 8 and 9? This concentration competency is mapped to the same assessment. It may be more appropriate to focus on the "evaluation" piece of this competency. Developing a full evaluation plan would be sufficiently more advanced than foundational competency 11 (select methods to evaluate public health programs).
4. Critically analyze health behavior theories for evidence-based recommendations.	Without the quizzes, reviewers could not verify how students are assessed on this competency.
5. Integrate analytic reasoning (quantitative and qualitative) and principles of organizational behavior and health equity to address questions in community health education.	Reviewers could not identify an appropriate assessment mapped to this competency. See note in Criterion D2 on 6330.

D5.1: The text that appears in the current self-study draft appears to be copied from a self-study that used a previous criteria set; much of the information is not required here. This documentation request asks the program to describe how it identifies competencies for each student in the applied practice experience. Focus the response on that information first, and include other information in the self-study body only as relevant.

Additionally, the information in the self-study body does not align with the information in the ERF document titled "Practice Experience Fall 2021 Cohort." The file in the ERF suggests that activities other than an internship can be completed to satisfy the APE requirement, but the self-study body describes an internship only.

D5.2: Include in the ERF the full syllabus and/or guidelines, handbook, forms, etc. that guide the experience. No syllabus or instructions to students were provided.

The portfolio rubric provided in the ERF does not appear to relate in any way to this criterion/applied practice experiences; it appears to focus on pulling together artifacts from previous coursework. Include the guidelines or rubric that faculty use to grade the experience.

D5.3: Create a separate folder for each student, and include at least five complete samples, as required. Note that this criterion requires the program to verify that the student addressed at least five competencies through *at least* two work products. More work products may be required to demonstrate all competencies.

Examples of reviewers' comments from the first two samples are as follow, but the same principles apply to all samples:

Sample 1:
- Include the actual products referenced in Template B. The ERF currently includes what appears to be a scholarly paper as Product 1. Instead, the program should include documentation of the work product that corresponds to each competency (column 2 in Template B: in this case, notes or documentation of the multidisciplinary team meetings, data analysis, presentation for undergraduate students, literature review, and documentation of collaboration/leadership).

Sample 2:
- As with above, the ERF must include the actual documents that demonstrate each competency. A letter affirming that a student performed a task is not acceptable evidence. For example, include screenshots and/or reports of social media campaigns, videos, etc. The flyers that are currently presented appear to be appropriate artifacts, but the two flyers provided do not demonstrate attainment of all five competencies identified by the student.

D7.1: The ERF folder D7.1 contained a syllabus and a format guide, not rubrics as indicated in the self-study document.

This section of the self-study body must explain, clearly, how each of the two options is structured around competencies, including how specific competencies are selected by students.

Reviewers note that the text suggests that grant proposals are prepared in groups. Because of the importance of the ILE as a capstone to master's students' work, the description of the "Effort Summary" approach does not appear to ensure that all students are assessed on their ability to synthesize competencies. Based on current information, the program does not appear to comply with the requirement to assess students' competency synthesis for those submitting a group grant proposal.

Information in D7.6 (the paragraph that begins "A second weakness…"), however, suggests that students complete individual grant proposals, which would be more appropriate for this criterion. Resolve this apparent discrepancy.

The descriptions of each experience that currently appear on p. 67 should be moved to D7.2.

D7.2: Remove the sample CHES certificates from the ERF; they are not needed. This documentation request seeks a succinct narrative in the self-study body, with no ERF required.

D7.3: In addition to the current syllabus and thesis format documents, include any handbooks or other detailed instructions provided to students for each experience in the ERF. The information in the hyperlinked documents is very general and not sufficient to document student expectations.

D7.4: This documentation request seeks information on how faculty assess the products for competency synthesis. Indicating who grades the project is only one element of this.

D9.1: For this criterion, the template invites the program to indicate multiple courses that introduce or cover a topic, but the program should be judicious in identifying such courses; if the connection to the domain is not strong, focus on other courses that identify and/or cover the domain.

Reviewers recommend removing the column for "select courses." The presented electives address disparate knowledge and skill sets, and the program should focus on domains addressed in required courses.

Provide an updated syllabus and/or additional information for these courses: 3200, 3207, 3208, 4203, 4204, 3208. Reviewers were unable to glean enough information from what was provided to verify coverage of topics, and in most cases, no weekly schedule with topics and/or required readings were included:

- In many cases, reviewers sought additional information, beyond the syllabus, to validate the competency or learning objective. In these cases, add clearly labeled information to the ERF and refer to it in the template: such material may include the following: printouts from the learning management system such as a weekly course module showing readings, lecture content, and activities
- the set of instructions provided to students for an assignment
- one or more sample questions from a quiz or exam

D9. Bachelor's Degree Public Health Domains	Preliminary review notes
Math/Quantitative Reasoning: Identify and apply the concepts and applications of basic statistics	
1.1 Concepts of basic statistics	Reviewers suggest that the program consider mapping coverage to HSCI 3205.
1.2 Applications of basic statistics	
Science: Address the foundations of biological and life sciences	
2.1 Foundations of biological & life sciences	Reviewers did not see where the foundations of biology and life sciences are covered in any of the select courses. To satisfy this domain, students must take a basic biology/life sciences course (e.g., BIOL 1000 or 2010), a similar course, or a course in public health biology.
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation	
8.1 Introduction to planning concepts & features	No additional notes
8.2 Introduction to assessment concepts & features	Reviewers were unable to verify how these domains are didactically covered and assessed during the field experience course. Provide additional information about how this is covered.

Are these topics covered in 4204: Evaluation in Public Health? The syllabus did not provide enough information for reviewers to verify coverage, but it seems likely that this domain is covered in this course. |
8.3 Introduction to evaluation concepts & features	
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries	
9.1 Characteristics & structures of the U.S. health system	Reviewers were unable to verify how these domains are didactically covered and assessed during the field experience course. Provide
9.2 Comparative health systems	

		additional information about how this is covered.
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences, and responsibilities of the different agencies and branches of government		
10.1	Legal dimensions of health care & public health policy	The D9-1 template does not indicate coverage for many of the domains in Health Policy, Law, Ethics, and Economics. All domains must be covered. Reviewers saw many domains introduced in 3206, and it looks as if students may also be tested on these domains. Review whether health policy domains are only introduced in 3206 or if they are covered, update the template accordingly.
10.2	Ethical dimensions of health care & public health policy	
10.3	Economical dimensions of health care & public health policy	
10.4	Regulatory dimensions of health care & public health policy	
10.5	Governmental agency roles in health care & public health policy	

D12.4: Provide the syllabus, guidebook, or detailed instructions given to students about how to complete both the internship and the honors thesis.

Criterion E

E1.2: The concentrations in Template E1-2 do not match the concentrations presented in Template C2-1. The identification of instructional areas must correspond to the data presented in Template C2-1.

E1.3: Thirteen individuals are listed in the self-study document, but there are 14 CVs in the ERF. Provide a single ERF file for non-PIF (rather than separating into "adjunct" and "tenure" folders) and ensure that the list in the self-study body and the ERF files match exactly.

E2.1: For this criterion, provide examples of guest lecturers from the practice community and adjunct faculty members' full-time employment in non-academic settings. Discuss PIF practice experience only in terms of individuals who formerly held relevant full-time positions outside of academia. Examples of PIF or full-time university faculty who conduct practice-relevant service or scholarship should be moved to Criteria E4 or E5.

E3.1: Move the information that currently appears in E3.3 to this documentation request and move the information currently here to E3.4. Expand the descriptions of both the Student Opinion of Teaching Effectiveness process and the class visitation and review.

E3.2: The program appears to have used the incorrect template and/or documentation requests. This documentation request is as follows: "Describe available university and programmatic support for continuous improvement in teaching practices and student learning. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty." The self-study does not include examples that pertain to specific areas of study. Condense the descriptions of the available resources to focus on the key elements that have been used by, and are relevant to, program faculty.

E3.3: Again, the program appears to have placed the wrong documentation request (and corresponding response) here. This documentation request is as follows: "Describe means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current." The information currently presented here should appear under E3.4.

E3.4: After moving the information from E3.1 to here, summarize the aspects of the RPT process that relate to instructional effectiveness. Summarize how various measures of instructional effectiveness factor into decisions about advancement.

E3.5: For each domain (e.g., "faculty currency") state which indicator the program chose ("peer or internal reviews…" in this case). Summarize the approach and progress over the last three years for each indicator. For example, for this first indicator, how many courses have been reviewed over the last three years? What types of feedback have been provided or what type of changes have been made?

E4.2: Focus this response on how the university and program support faculty on research and scholarly activities; for example, are there university offices that assist with grant submissions? Are there internal funding mechanisms? Is release time available for scholarship? Some of the information in the first three paragraphs of E4.3 and the first paragraph of E4.4 appear to be relevant to this documentation request and should be moved here.

E4.3: Edit and refine this response. Make each example more specific—indicate how many students were involved in each activity, for example, if possible. The second example (Malik) does not mention student roles, specifically. In other examples (Padilla), do not include faculty supervision of MPH ILE projects, since this is relevant to Criterion D7. This response should focus only on student involvement in faculty research.

E4.4: Delete the information on the research methodology coursework and student training in IRB processes. Information on student access to internal funding can be moved to E4.1 or E4.2. Do not repeat information here that also appeared in E4.3 (Mshigeni). Edit the information from Padilla and Becerra to focus only on how the research is integrated into their instruction.

E4.5: Briefly summarize how scholarly productivity is factored into the promotion and tenure process.

E4.6: Template E4-1 is mislabeled. Include specific years in the template. For example, instead of "Year 1", the column can be labeled "Year 2020" or whatever year corresponds to the data below it.

E5.1: Throughout this criterion, note that the focus is on *extramural* service. In all documentation requests, remove information on university committee service, evaluating colleagues' teaching, advisement of students, etc. Describe the program's definition and expectation regarding faculty extramural service activity. Then explain how the program's definition and expectations compare to the university's definition and expectations.

E5.2: Reviewers did not see evidence of how the university and program support extramural service activities. Describe ways in which extramural service is supported by the program and/or the university (e.g., release time, intramural funding, etc.).

E5.3: For Harding, Becerra, Padilla, and Mshigeni, although the self-study gives examples of faculty service, it does not describe how faculty integrate service experiences into their instruction of students. Provide examples of how faculty integrate service experience into instruction.

E5.4: Include indicators in the final self-study. The self-study must describe the approach and progress over the last three years for each indicator.

E5.5: Provide a response to this documentation request in the final self-study: it is applicable to the program.

Criterion F

F1: Provide information in the format requested for each documentation request in the final self-study document. Based on current information, reviewers would likely find this criterion non-compliant, as the program does not appear to comply with any of the criterion's requirements.

F2.1: Why was ESG dismantled? For graduate students, explain *how* students are introduced to service opportunities and encouraged to participate.

F3.1: Did all three activities occur in the last three years? Provide a date for each listed training activity.

<u>Criterion G</u>

G1: The text that immediately follows the bolded criterion language (pp. 127-129) appears to have been copied from a self-study using a previous version of the criteria. Delete this information or incorporate it into the documentation requests for this criterion. After the bolded criterion language, begin with documentation request 1, which currently appears at the bottom of p. 129.

G1.1: Simply name the program's self-defined priority populations for both students and faculty and briefly explain why these groups have been selected. Data should be moved to G1.5.

G1.2: The goals presented in this section must address the specific student and faculty populations defined in documentation request 1. Currently, there are no goals related to the program's self-defined populations in this location, though some information currently in G1.3 appears to address the program's goals for students (but not faculty).

G1.3: Again, some of this text appears to be drawn from a previous version of the criteria and is not responsive to this documentation request; the response must simply state what actions the program takes to advance the program-specific goals for students and faculty populations identified immediately above.

G1.6: This documentation request seeks specific data on student and faculty perceptions of the climate; this information may be garnered through surveys, focus groups or town hall meetings, etc.

<u>Criterion H</u>

H1.1: Who advises undergraduate students after the first two years? Move the information about advisor assignment that is currently presented in H1.2 to this documentation request.

H1.4: Reviewers could not locate data on undergraduate satisfaction with advisors.

H2.2: Explain how advisors are oriented to their roles and responsibilities. For example, are advisors required to take training workshops; are advisors trained by other faculty?

H3: This criterion must address all types of formal grievances, not simply grade grievances.

H4.1: Describe undergraduate recruitment activities, as well.

H4.3: This section was not completed.

H4.2: For this section, briefly summarize the program's MPH admissions policies and procedures. (e.g., GPA requirements, GRE requirements, letters of recommendation, reflective essays, etc.)

<u>Additional pre-site visit preparations</u>

After you have had a chance to review this letter, please email me with some times you are available to discuss your next steps.

We will ask you to develop a detailed agenda for the days that the team will be on campus. A template is available on the CEPH website and you should submit a preliminary agenda draft for review approximately three months before the site visit so that we can return comments. Reviewing drafts in advance can mitigate the need for last minute or on-site agenda changes.

I also encourage you to review <u>CEPH's short video on planning a site visit</u> as you begin making preparations for this important part of the evaluation process.

One month before the visit, you should send the following materials directly to the site visit team:

- a hard copy of your final self-study
- a hard copy of the site visit agenda
- a USB with the following
  - the final self-study
  - the electronic resource file
  - documentation that allows reviewers to verify that the unit solicited third-party comments. See CEPH's Procedures manual for additional information.
  - a schedule of courses offered, with instructor identified, for the last three years
  - a copy, or link to, the official university catalog or bulletin that presents degree offerings
  - a freestanding MS Word document that presents the instructional matrix (Template Intro-1) included in the introduction to the self-study
  - the site visit agenda

Please let me know if I can help you in this next phase of your self-study activities.

Sincerely,

Galvin Jack, MPH
Accreditation Coordinator

Appendix

Criteria D2: MPH Foundational Skills

Samples of competency assessments

Competency 3: Analyze quantitative and *qualitative data* using biostatistics, informatics, computer-based programming and software, as appropriate

- Students must be assessed on both quantitative and qualitative analysis.

Examples of qualitative assessments:

- This assignment asks students to read and analyze a real qualitative transcript of a focus group discussion with key stakeholders of an implementation project. Students analyze this transcript for key barriers and facilitators of the implementation project and link these to potential implementation strategies. Analysis uses Excel.
- Needs assessment assignment requires students to summarize a focus group transcript from a real needs assessment project. Analysis uses Excel.
- You will be analyzing the interview data that you and your small group collected. First you will analyze interviews by hand and then by using the data analysis software program Atlas.ti or NVivo. Analysis steps are described below and culminate in an executive summary.

Competency 8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

- A standard program planning assignment is not sufficient without specific attention to cultural considerations.

Examples of appropriate assessments:

- Through a series of assignments completed over the course of the semester, students develop a proposal for a public health program that addresses a need in a real-world population. As part of the fifth assignment, students are asked to discuss how the intervention or policy program they propose fits with the cultural values and practices of the community they are serving or how they might adjust the intervention/policy program so that it better fits the cultural values or practices of the community.
- Students discuss issues of disease outbreak and investigation, participate in a discussion of cultural norms and the importance of cultural competence. Then students engage in a simulation activity. The online simulator was developed to allow students to introduce an infectious agent (Ebola) and to run different scenarios within the model to identity potential drivers of the Ebola outbreak. These include social inequities, disparities, cultural values, community resources, and factors from the individual to societal levels. Students can see first-hand how these factors play a role in facilitating or stopping an outbreak. Following this session, students develop an intervention plan based on drivers to stop the outbreak. This plan must be culturally competent and must include factors that influence health inequities.
- Health Promotion Demonstration Proposal: Describe the setting, to include the population, culture, and context for which the health education activity will be conducted with the target population, and a rationale for delivering the health education intervention in the selected setting/location/modality/method.
- Critique an existing health policy or program in your local community. Is it response to its target community's culture and context? If so, how? If not, what suggestions/changes would you make and why?

Competency 10: Explain basic principles and tools of budget and resource management

- Writing a supplemental description to individual lines items in a projected budget is insufficient.

Example of an appropriate assessment:

- Students answer a set of guiding open-ended questions on concepts and application about the role of budget and other resource control tools in planning and management throughout a project's life cycle.

Competency 12: Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

Examples of appropriate assessments:

- Health Policy Assignment: Written assignment: Students identify a current public health topic in a specific population that is important to their work. They discuss the multiple dimensions of the policy-making process by answering the following prompts. 1. Provide a brief overview of the topic. 2. Identify a major public health policy that has been enacted in the past 10 years in this topic. Describe the process through which the policy was enacted, including the evidence used to support or contradict the policy and what ethical considerations were a part of the process. 3.Identify a new policy you think should be enacted and present evidence for the proposed policy.
- Exam 2, Question 4. In an essay type format, students respond to a health crisis and describe the steps necessary to get legislation addressing this crisis passed in the House and Senate and approved by the President, including what has to be done to get a bill introduced, and which agency should be tasked with implementing the new law. They describe how they will use current public health evidence to support your "pitch" and also include an explanation of the ethical concept of "environmental justice" and its relevance to this issue.
- Students will make the required readings about policymaking and the legal system in the U.S. and conduct a group reflection activity during the online meeting. Then each student on their own is asked to find a news article that demonstrates the tension between various factors (scientific evidence, ethics, economic, social and political forces) that influence the policymaking process, describe briefly the content of the article and the interplay of factors, reflect on what they learned from their readings and the article and how would that impact their thoughts about the policymaking process.

Competency 16: Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making

- It is insufficient to simply describe leadership principles in an essay or exam, observe these skills in others, or have students self-reflect on their leadership style.

Examples of appropriate assessments:

- Design a health department for a new municipality Including mission, vision, and goals and collaborations.
- Written assignment: Students apply principles of leadership governance and management through a case study of an organization. In a set of structured questions students first complete basic information about the site (vision/mission, governance and finance structure, populations served, how organization sets goals and activities to meet vision/mission (decision making)). Second, students gather information from a leader in

the organization via brief structured interviews (examples: how would you adapt the vision of the organization to meet current pressing public health issues for your target population? What are 1-2 improvements that could be made for empowering employees/volunteers/strategic partners of the site?) Third, the students apply leadership skills in writing about how to guide the organization through change as if they were the new CEO/board director/president (leader) of the organization.

- This assignment asks that you consider what leadership and management will be needed in order to execute your program or intervention you planned in assignment 4. You must consider the following: briefly describe the organizations that you expect to interact with, who within those organizations do you expect to interact with?; how will you approach these organizations and ensure buy-in?; what role will these organizations have in shaping your intervention?; what are your contingency plans to resolve conflict?; what will you do to ensure the work gets done?

Competency 17: Apply negotiation and mediation skills to address organizational or community challenges

Examples of appropriate assessments:

- Students work on two in-class negotiations using "Preparing for Conflict and Negotiation: A Case Study on Perinatal Depression" from the Women's and Children's Health Policy Center. During these sessions students apply negotiation and mediation skills by assuming different roles in negotiations and coming up with workable solutions to intra- and inter-agency budget and priority issues. A written assignment based on the second in-class exercise asks the students: how effective was the negotiation in gaining a workable solution?; how would you characterize the differences in positions among the characters?; how did the negotiations in this round differ from those in the first round?; were the major players able to distinguish the problem from the people?; what could you have done differently to negotiate a better outcome?
- Students critically assess case studies that highlight values/ethics and how to mediate conflict based on real practice-based community and/or organizational challenges.
- This is a synchronous online simulation involving a facilitated negotiation to draft a proposal for an environmental regulation intended to curb exposure to an industrial by-product harmful to health. The exercise is based on a role-play simulation developed by the Program on Negotiation (Harvard Law School). Students play the roles of key stakeholders and facilitator. The simulation takes 90 minutes with large group introduction and debriefing, and small group breakouts conducted using Zoom (LUC video-conferencing platform). Students complete a guided reflection assignment on the negotiation process and leadership role.

Competency 18: Select communication strategies for different audiences and sectors

Examples of appropriate assessments:

- Students provides information on the importance of immunizations as well as the appropriate metrics (i.e., immunization rates) by creating regional and county-specific infographics, brochures, video spots, radio commercials, or story boards (n=8), targeted to a specific audience.
- Students design, write up, and present a theory-driven health communication program or intervention. They identify all targeted audience segments and select communication strategies appropriate for these differing audience segments (and justify selection of communication channels). Examples of communication strategies include video, website, story board, pamphlets, social media campaigns, posters, educational materials, apps etc. Examples of differing audiences segments include: family members, first graders,

teenagers, nursing home residents, small-business staff, local politicians, AA meeting attendees etc.

Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation

- Make sure students are assessed on both oral and written communication. One assessment may be sufficient if it has both requirements.

Examples of appropriate assessments:

- Students design and write up a theory-driven health communication program or intervention. To illustrate this, communication strategy, they create sample products (video, web site, story board, pamphlets, posters, educational materials, apps, etc.). The communication strategy can be also presented as a role play to demonstrate how it might be used in real-world practice, or on TV, radio, or print mediums. Students employ multi-media approaches (i.e., written and oral presentation approaches) that are appropriate to the targeted audiences (consider literacy levels, health access, cultural barriers / facilitators, etc.) and which communicate audience-appropriate public health content.
- Students choose an issue related to social justice, disparities, or social determinants and prepare a letter to the editor indicating why their chosen issue matters to the community and what politicians should do.
- Students choose an infectious disease for which a vaccine is or could become available and prepare communication of the risks for at least two target groups.
- Written and Oral Testimony: Students develop written testimony (approximately 500 words) and delivers a three-minute oral testimony in a mock public health hearing, advocating for evidence-based program or policy.
- Radio and TV communications: students prepare and present mock radio and TV interviews about their issue of choice

Competency 21: Perform effectively on interprofessional teams

- Role-playing in which public health students assume the identity of an individual from another profession or sector to which they do not already belong is not an acceptable substitute.

Examples of appropriate assessments:

- After doing readings in an area of study that will enable success for their project, each student will give an elevator pitch to an expert mentor in the area of study, interact with the mentor in small groups about their project, and integrate perspectives from the expert and readings into their project design. Areas of study will be outside of the public health sector and may include finance, international relations/government, business/NGOs, law, technology, and entrepreneurship.
- Using the same region you identified in 2.1, conduct an interview with a professional employed in a field related to health (think upstream - social determinants, e.g. education, employment, criminal justice, housing) and their experiences serving/working with people living in this region. (Note: interviews with individuals working directly in healthcare will not be accepted. If you have a question about your interviewee meeting this requirement, email the instructor well in advance of the assignment due date.) Write a brief 4-5-page double-spaced paper on their observations regarding social determinants and health in rural (state). The final document should be written in narrative form, not an interview guide. You are able to select the questions posed, however, your interviewee must address their observations regarding rurality, social determinants of health, health and health risks for people living in their region. Your challenge will be to relate their observations to the social determinants of health and health status/care.

- Interprofessional Case Study Written Assignment: As part of an interprofessional team, analyze the case study "Community Savings, or Community Threat? California Policy for Ill and Elderly Inmates." As it relates to interprofessional collaboration on this project, outline principles of mutual respect and shared knowledge, professional roles, interprofessional communication strategies, relationship building, and team dynamics, and then make final recommendations and conclusions that resolve the primary issue posed by the case study

Competency 22: Apply systems thinking tools to a public health issue

- Assessment must be non-narrative.

Examples of appropriate assessments:

- Exam: Question 16 - essay format - requires students to apply systems thinking tools to describe how climate change might impact human health and well-being using at several examples. For one of the examples, *students are required to include a diagram* of the system, feedback loops, and leverage points for attempting to mitigate the problems. See syllabus for details.
- Students use systems thinking tools to describe a "wicked problem" that resists simple policy solutions and demonstrates health disparities. Each student picks a case study (may choose from the *Health Systems Thinking* primer) and describes and presents a causal loop diagram, network analysis, agent-based model, or other tools that could be used to understand the problem and potential levers offering solutions.
- Create an action model/change model schema for the program described in the article. Include arguments for how the components of the action model act as a system to influence the determinants of the change model to produce the outcomes of the program. Identify and explain your strategy to engage stakeholders to develop schemas, relevant to the Participatory Impact Pathways Analysis (PIPA) of systems thinking, to build sustainable programs and systems in vulnerable communities.