MASTER OF PUBLIC HEALTH (MPH) GRADUATE COORDINATOR REPORT

2016-2017

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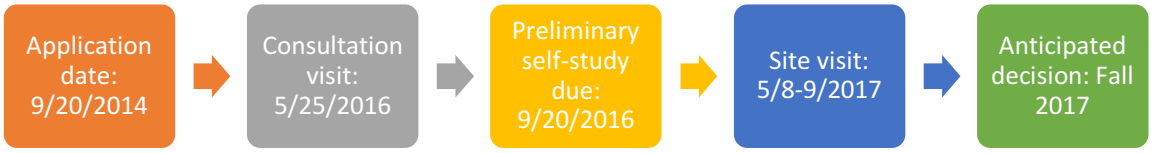
A.Synopsis

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), had Council of Public Health Education (CEPH) accreditation site visit May 8-9, 2017; preliminary results of which are provided in this report. 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 also serves as the evaluation tool for the accreditation self-study. 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 disseminated to stakeholders through HSCI department website.

B.2016-2017 MPH Program Updates

- ✓ Per recommendation of 2015-2016:
  - A Fall 2016 orientation was established for entering cohort. Results of orientation survey were disseminated to students and department. Results are discussed in Section I.
  - Pre-program survey was implemented to assess student entry level knowledge on public health relevant topics and competencies. The results are reported in Section J.
  - Boot camp was established to address: IRB, plagiarism, writing, and Zotero, in addition to preparation for specific courses: Epidemiology and Biostatistics.
  - Student satisfaction survey was incorporated as part of curriculum. Survey results are included in Section K.
  - Student exit survey were incorporated as part of curriculum. Due to low sample size (class cohort graduating in 2016 was 5) the data is not presented in this public document. A summary report can be obtained from MPH coordinator.
  - Count of primary faculty teaching MPH courses were increased with Dr. Verissimo teaching HSCI 607 and HSCI 614, Dr. Henley teaching HSCI 660D, and Dr. Okpala tentatively agreeing to include MPH students in MSHSA courses for elective purposes.
  - The MPH graduate coordinator updated the MPH Graduate Student Handbook for Fall 2017 entering cohort.
- ✓ MPH and PHE joint CEPH accreditation self-study was completed and submitted by April 10, 2017 to CEPH. As mandated, the narrative is publically available at: http://health.csusb.edu
- ✓ MPH and PHE join CEPH accreditation site visit occurred May 8-9, 2017.
- ✓ As per University terminology, student learning outcomes were replaced with program learning outcomes (PLOs) effective Fall 2017 (the PLOs will be available in 2017-2018 report).
- ✓ Upon CEPH site visit and feedback, specific program objectives were updated, which are available in Section D.
- ✓ MPH external advisory board were provided self-study and were assessed for their review of program learning outcomes.
- ✓ MPH new curriculum was approved by faculty senate and details can be found in Section E.
- ✓ MPH program established the Spring workshop to provide expert panel and awards for current and graduating students.
- ✓ Graduate committee and Department Chair agreed to open MPH application for Winter quarter.

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 one student from the program will get departmental honors each year.
Objective 4.4: At least five students from the program will give a research presentation at a regional, state and/or national conference.

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 75% of program's primary faculty will be involved in student-led research projects.
Objective 5.3: At least 50% of program's primary faculty will have a peer-reviewed publication of research or scholarly activity in a three-year period.
Objective 5.4: At least 75% of program's primary faculty will give a research presentation every year.
Objective 5.5: At least 50% of secondary faculty will be involved in student-led research projects.

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. 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. Moreover, the program coordinators review syllabi for each course annually and provide recommendations for the next year.

To ensure students are able to provide feedback on the program, they complete an annual student satisfaction survey. 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, but also gain networking with health professionals in the field for internship and employment opportunities. Program coordinators also conduct an annual evaluation of department resources, such as student-faculty ratio, laboratory space, etc., to ensure sustainability of the program.

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. Student academic preparation and rigor are also evaluated through a minimum grade point average and course grade requirements. 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. Furthermore, the program and assessment coordinators review program collaborations with community organizations, professional workshops, and other services provided by the program to the workforce. The program coordinators also review Eta Sigma Gamma's annual report, 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. 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.

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. 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. 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, alumni survey, 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

A minimum of 56-quarter units must be taken and passed with a minimum of a B- grade (effective Fall 2017 it will be B or higher) 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.

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: completed by Option D of the University requirements.
- Following is the coursework approved by Faculty senate in 2016-2017.
-

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

*Replaced by HSCI 531 as substitution request to Records.

Commentary

HSCI 663 was replaced by HSCI 531 (Bioterrorism) upon evaluation of competencies related to public health biology.

F. Public Health Competencies and Student Learning Outcomes

The 2015-2016 MPH program learning competencies and student learning outcomes (SLOs) were as follows and were kept for 2016-2017. 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. HSCI 609 was offered as HSCI 600 until faculty senate approval.

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. HSCI 609 was offered as HSCI 600 until faculty senate approval.

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.					P
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		
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. This was kept consistent in 2016-2017.

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 (offered as HSCI 600), 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 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. Fall 2016 Orientation Survey

Plan

The student satisfaction survey was developed on Fall 2015 but updated Fall 2016 to incorporate assessment requirement for accreditation. Satisfaction survey was disseminated through Qualtrics.

The MPH orientation for 2016-2018 cohort was held on September 22, 2016, in PS 326.

A total of 27 students attended the orientation (100% attendance rate). The first half of the orientation was MPH and MSHSA combined session, with the following guest speakers:

- Dr. Dimitri Tamalis, Chair of Department of Health Science and Human Ecology, CSUSB.
- Diane Podolske, Director of Office of Community Engagement, CSUSB.
- Natasha Smith, CSUSB Office of Graduate Studies representative.
- Ronald P. Nowosad, FACHE, Director, Program Development and Clinic Operations, San Antonio Regional Hospital.

The second half of the MPH orientation included Maggie Hawkins, Director of Randall Lewis Health Policy Fellowship, as a guest speaker; this was followed by review of MPH program requirements. During the MPH session, two second-year students (2015-2017 cohort) volunteered to speak regarding the program, course expectations, internship opportunities, etc.

Results

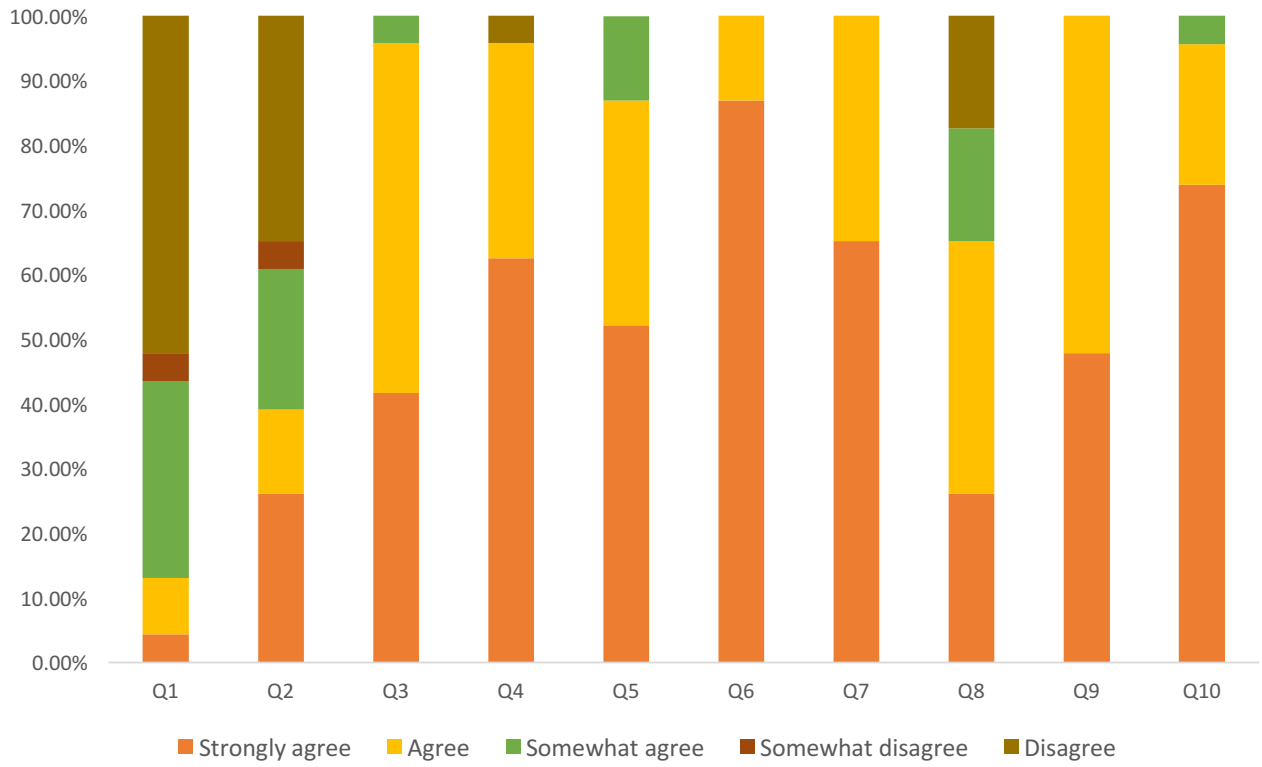
All MPH program students were sent out a survey to obtain feedback on the orientation. A total of 23 students responded (missing value = 4). Results are noted below.

Some major themes noted in the survey are as follows:

- A majority of respondents stated "Strongly Agree" or "Agree" to the orientation being useful in order to start the program (95.8%), answering questions (87.0%), and being well organized (95.8%).
- All respondents stated they felt welcomed, their expectations regarding the orientation were met or exceeded, and the information provided by the guest speakers were useful.
- While 65.2% of the respondents noted "Strongly Agree" or "Agree" to the food being good, 17.4% reported either "Somewhat Agree" or "Disagree."
- Approximately 60% of the students wanted a refresher course.
- Students enjoyed the speakers, though recommended shorter time for some.
- Students enjoyed having second-year students visit, though requested more such visits as well as presentations from other faculty members in the program.
- Request for information on various program course content and expectations was also expressed.
- Students enjoyed meeting their colleagues.

The first set of questions assessed the overall perception of the orientation:

Q1	I wanted the orientation to be longer
Q2	I would want a refresher course on some of the items presented during the orientation
Q3	The orientation was well organized
Q4	I found the orientation useful in order to start the MPH program effectively
Q5	The orientation answered my questions
Q6	I felt welcomed into the MPH program
Q7	My expectations of the orientation were met or were exceeded
Q8	The food at the orientation was good
Q9	I found the information provided by the guest speakers useful
Q10	I'm excited to start the MPH program



No questions had a “Strongly Disagree” response and thus the option was left out of the graphical representation above.

Common reasons for refresher course

Students were asked to identify positive aspects of the orientation. Qualitative assessment highlights the welcoming environment, opportunity to meet colleagues, the value of guest speakers, as well as the discussion of various internship opportunities.

- ✓ Guest speakers and going over MPH requirements.
- ✓ Detailed, Interactive.
- ✓ Everyone was very welcoming .
- ✓ Able to see the different career paths our degree can take us. Program was broken down to an easy level of understanding. Great variety of speakers.
- ✓ Presentations.
- ✓ **The faculty seemed very welcoming, and the food was a pleasant surprise.**
- ✓ The program was diverse, we all felt welcomed. The faculty were professional, welcoming, and very helpful.
- ✓ Very informative on the courses and of what is expected.
- ✓ Friendly environment and we were given realistic expectations about the program.
- ✓ Every staff member was very welcoming and more than willing to answer all questions. We were able to mingle with our knew classmates as well.
- ✓ **Getting to know MPH classmates.**
- ✓ Most of my questions were answered.
- ✓ Guest speakers.
- ✓ Meeting fellow students and potential internship preceptors.

- ✓ Everyone was great overall!
- ✓ The guest speakers and school resources talk about some helpful hints.
- ✓ **The extra credit meet and greet took the typical "get to know you" and made it interesting to really find out where people plan to go with their life.**
- ✓ Very informational and straight to the point.
- ✓ They made all the students feel welcomed and everything was explained thoroughly.
- ✓ Provided ideas about internship.
- ✓ This was my first MPH orientation and I was impressed the amount of time, organization, and effort was put into the orientation. The faculty used their resources and made it available for students. In addition, the questions were met with clear answers. I really don't have any negative comment regarding the orientation.
- ✓ It was useful to attend this orientation.
- ✓ Very organized!
- ✓ Faculty were very helpful. I'm looking forward for my academic journey.
- ✓ I loved the meet and greet as well as the information of resources available to us. I look forward to a great program.
- ✓ **This introduction has me incredibly excited to get into the program!**
- ✓ Faculty were clear on expectations and describing the program. The importance of GPA and other academic concerns.
- ✓ Bringing students who already been through the first year of the program was also a great and clever tool/resource to provide for the new students and greatly appreciated.
- ✓ I want to thank the entire faculty for providing the information, resources, tools, and taking the time to explain each step. Having an open door policy for students provided the extra "to go to if needed". It was obvious not only the faculty put into a great deal of time and effort, but also had their student's best interests in mind. I thank you all.

Students were asked to identify scopes of improvement for the orientation. Qualitative assessment highlights the need for more second-year student speakers, more faculty speakers, as well as limiting timeframe for some speakers.

- ✓ **Have more second year student speak of how the courses were and what internships they are working on.**
- ✓ Larger room.
- ✓ It would have been nice to have a speaker that was an alumni of the MPH program talk about their experiences and what to expect, and life after graduating.
- ✓ With all honesty, the orientation exceeded my expectation. It was the first one I attended so I wasn't certain what to expect. However; I was pleased, despite the overwhelming information, I left the orientation feeling a sense of accomplishment and excited for the journey.
- ✓ More precise agenda.
- ✓ To learn more about our professors in the program.
- ✓ Shorter.
- ✓ A handbook with all details of the program.
- ✓ Maybe not combine two different Master's programs into one orientation so that we could have had all the time necessary to go over everything.
- ✓ **Possibly having a 'pre-orientation' during Spring Quarter or early Summer to address the basics.**
- ✓ I'd recommend emphasizing time constraints to speakers.
- ✓ Splitting the orientation into 2 days.
- ✓ **A speaker who just graduated from MPH.**
- ✓ Sound system was not adequate.
- ✓ Having more professors present speaking about their courses and current careers.

Commentary

- Have more second year student speak of how the courses were and what internships they are working on.
  - **New Fall 2017 orientation will do so.**
- Larger room.
  - **Larger room for Spring workshop was booked that included guest speakers.**
- It would have been nice to have a speaker that was an alumni of the MPH program talk about their experiences and what to expect, and life after graduating.
- A speaker who just graduated from MPH.
  - **Spring workshop included such speaker.**
- To learn more about our professors in the program.
  - **Work in progress.**
- Having more professors present speaking about their courses and current careers.
  - **Work in progress.**
- Maybe not combine two different Master's programs into one orientation so that we could have had all the time necessary to go over everything.
  - **MPH only orientation in Fall 2017.**
- I'd recommend emphasizing time constraints to speakers.
  - **Will be taken into account.**

- Possibly having a 'pre-orientation' during Spring Quarter or early Summer to address the basics.
    - **For Fall 2017 two sessions will be held.**

Some of the comments that cannot be addressed yet.

- More precise agenda.
    - **Agenda was sent out prior to the orientation with an outline. That is how precise we can get given sometimes we have new visitors you are really interested in meeting all of you guys! So we have to allow that.**
- A handbook with all details of the program.
    - **Already exists and was sent to all students.**
- Sound system was not adequate.
    - **We have none.**

J. Pre-Program Survey

Plan

Students entering the MPH program in Fall 2016 were asked to take the pre-program survey (a component of the program requirements). Results show that opportunities for research, teaching, and service are needed. In addition, areas of professional development were evaluated and key courses were identified that could improve such competencies and skills related to public health research and practice. Content needs for such courses are also provided in the template syllabi, which are distributed to each faculty member at least one quarter prior to the course by the graduate coordinator.

Courses	Skill/Competency	Example assessment
HSCI 617, 612, 608	Data analysis, qualitative research methods, survey design and validation, trend analysis, software use.	617: Trend analysis using CDC Wonder and descriptive statistics, qualitative study design using pilot focus groups. 612: Boot camp for foundation knowledge, focus on bivariate and regression analyses. 608: Pilot test survey design and validation through Cronbach's alpha.
HSCI 609	Budgeting, grant writing, management skills.	Response to Request for Proposal (RFP).
HSCI 613, 614	Application of learned theories, logic model, program planning/evaluation (integration of analytic skills).	613: Use of health behavior theory to create health education intervention for target population. 614: Use of logic model to implement program plan and evaluation.
HSCI 611, 613	Literature review, information literacy.	611: Evaluation of information cycle. 613: Systematic literature review of interventions.
HSCI 611	Position paper/testimony hearing, law and rule making procedures.	611: Position paper and testimony hearing as presentation on a public health crisis topic. Case studies on branches of government.

The Fall 2016 MPH students completed the pre-program survey that allows the program coordinator (Dr. M Becerra), the assessment coordinator (Prof. A Olney), and the department chair (Dr. D. Tamalis), the opportunity to review the needs of the students and provide department and program faculty the appropriate resources to serve the student population more effectively.

The survey was divided as follows:

Category and Questions	**Purpose**
Information literacy. *12 questions.* *Multiple-choice.*	Assess change in information literacy skill throughout the program. Information literacy is a major public health skill and competency area. *Results not included due to ongoing assessment. Will be presented when students graduate.*
Public health skills. *21 questions.* *Likert style.*	Assess self-perceived skills in major public health skills needed for research and practice. Allow for modification of course content and learning outcomes.
Student learning outcome. *12 questions.* *Likert style.*	Evaluate self-perceived competency for each student learning outcome. Allows for cross-evaluation with skills, in addition to modification of course content and learning outcomes.
Program expectations and priorities. *12 questions.* *Likert style.* *1 open-ended question.*	Student expectations and priorities in the program were assessed to provide needed services and resources.
Interest in research, teaching, and service. *3 questions.* *Multiple choice.*	Both as part of accreditation standards as well as student professional skill development, research, teaching, and service should be promoted among the cohort. These questions assess student interest in such areas.

Results and Recommendations

Self-perceived level of expertise

Students were asked to rate their level of expertise in each of the key skill development areas in the MPH program. Results show that majority respondents self-reported none to beginner level of expertise for: statistics (descriptive, bivariate, and regression), grant writing, logic model, position paper/testimony hearing, research and survey design, survey validation, SPSS, trend analysis, qualitative studies, and systematic literature review. On the other hand, majority of respondents self-reported intermediate to expert level of expertise for: community health needs assessment, data visualization and interpretation, quantitative studies, literature search, non-systematic literature review, health behavior theories, and health communication. Skills with at least 70% response are further bolded in the table below.

Self-perceived level of expertise	None-Beginner	Intermediate-Expert
Qualitative studies	51.85%	48.15%
Quantitative studies	48.14%	51.85%
Descriptive statistics	62.96%	37.04%
Bivariate statistics	**81.48%**	18.52%
Regression analysis	**74.07%**	25.93%
SPSS	59.26%	40.74%
Trend analysis	62.96%	37.04%
Research design	**88.89%**	11.11%
Survey design	**74.07%**	25.92%
Survey validation	**88.89%**	11.11%
Data visualization	44.44%	55.56%
Data interpretation	44.45%	55.55%
Grant writing	**92.59%**	7.41%
Literature search	25.93%	**74.07%**
Literature review (not systematic)	33.33%	66.67%
Systematic literature review	**70.37%**	29.63%
Logic model	**85.18%**	14.81%
Position paper/Testimony hearing	66.67%	33.33%
Community health needs assessment	44.44%	55.55%
Health behavior theories	40.74%	59.26%
Health communication	40.74%	59.26%

Due to rounding, some rows may not add to 100%

A slightly higher majority (51.85%) reported intermediate to expert level of expertise on quantitative analysis. However, a majority noted none to beginner skills required for quantitative analysis, such as: research design, descriptive, bivariate, and regression analysis, use of SPSS, and trend analysis. This demonstrates that students are likely prepared in conceptual aspects of quantitative analysis but may need further preparation of hands-on-skills related to study design and analysis.

Boot camp style review of quantitative methods were implemented to ensure foundational knowledge, while course time was dedicated to skill building, particularly in courses related to quantitative methods. HSCI 612 (Public Health Statistics) will be utilized to build expertise in statistical analyses, ranging from descriptive to regression, with integration of commonly used software. HSCI 617 (Epidemiology) will focus on improving skills in research design (specifically qualitative studies), trend analysis, survey design and validation, while while HSCI 608 (Health Research Methods) will be used to develop skills in systematic reviews; further meeting CEPH objectives for culminating experience.

Given that the majority (55.55%) noted intermediate to expert level for data interpretation, focus on course content could thus focus on validity data interpretation (with emphasis on internal and external threats to validity). Similarly, the majority (55.56%) noted intermediate to expert level for data

visualization. As such, focus on course content dedicated for data visualization, especially for HSCI 612 and HSCI 608, could be on novel software, lay person communication, and dissemination strategies.

Grant Writing and Literature Review

The need to skill building in grant writing demonstrates the appropriateness in HSCI 609 (Grant Writing for Health Sciences) new course. For both literature search and non-systematic literature review, the majority of the respondents noted intermediate to expert level, while 70.37% reported none to beginner level for systematic literature review. Given the importance of such skills in federal and other public health jobs, HSCI 608 may provide students an idea scope to learn systematic literature review of interventions.

Professional Skills

The need for skill building in position paper/testimony hearing demonstrates the need for planned position paper/testimony hearing for HSCI 611 (Public Health System Organization and Delivery). It is expected that the use of logic model in HSCI 613 and HSCI 614 (Health Education Practice) would provide students the needed training to appropriately use such skills in the field.
For health communication, community health needs assessment, and health behavior theories, at least 55% of respondents noted intermediate to expert level of skills. As such, for HSCI 613, instead of focusing on behavior theories only, recommendations include boot camp style review of the theories and focus on application of theories to practice; such as production creation, service learning, etc. A systematic literature review to evaluate interventions utilizing and/or comparing health behavior theories may provide skill building opportunity for both systematic literature reviews as well as application of learned theories. In order to ensure sustainability and growth of skills in community health needs assessment and health communication, service learning could be incorporated to ensure applicability of the concepts. For example, it is recommended, that core and concentration courses focus on how to deliver specific public health topics to a variety of audience instead of focusing on theories of communication only. This may further allow students to apply learned principles to public health practice. This should be considered effective Fall 2017 for new cohort and incorporated in HSCI 608 for Fall 2016 cohort.

Self-perceived competency

Students were asked to rate strongly agree to strongly disagree on each student learning outcome. This allows coordinators to evaluate which skills for each competency should be focused on and provide recommendations to program faculty members, in addition to providing feedback on how the student learning outcomes are being perceived (introductory versus advanced). As noted in the table, majority of students reported strongly agree or agree to each of the student learning outcomes, with the exception of (bolded in the table below) *"Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions."*

Student learning outcomes	**Strongly Agree/ Agree**	**Neutral**	**Strongly Disagree/ Disagree**
Describe a population health problem in terms of magnitude, person, time, and place.	81.48%	11.11%	7.41%
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.	77.78%	18.52%	3.70%
Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.	85.18%	14.81%	0.00%
Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.	18.52%	**66.67%**	14.81%
Analyze and apply public health ethics in practice.	62.96%	29.63%	7.41%
Demonstrate oral and written public health communication skills for both professional and lay person.	66.67%	33.33%	0.00%
Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.	74.08%	25.93%	0.00%
Demonstrate an understanding of history, power, privilege, and structural inequity in health education.	59.26%	40.74%	0.00%
Demonstrate an understanding of the principles of management, budgeting, and leadership.	48.15%	40.74%	11.11%
Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.	55.56%	37.04%	7.41%
Critically analyze health behavior theories for evidence-based recommendations.	74.08%	18.52%	7.41%
Integrate analytic reasoning (quantitative and qualitative) and principals of organizational behavior and health equity to address questions in community health education.	55.56%	33.33%	11.11%

Due to rounding, some rows may not add to 100%

The high rates neutral response to the competency *"Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions"* warrant further discussion. It is recommended that courses law and rule making processes be incorporated in HSCI 611 to start the foundation of such knowledge and furthered in other courses, such as, HSCI 616 (Environmental and Occupational Health). Due to lack of a specific health policy course, it is recommended that HSCI 632 (Health Policy and Decision-Making) or similar content be added during quarter-to-semester (Q2S) procedure (as a separate course or by modifying HSCI 611).
Despite being in the majority, less than 70% of respondents also noted strongly agree/agree to their competencies in public health ethics, public health communication skills, foundations of health equity related to distribution of power, budgeting and other management principles, program planning and evaluation, and integration of analytic skills. Given the 2016-2017 template syllabi provided to all faculty members, it is expected that HSCI 608 will provide in depth evaluation of public health ethics, HSCI 611 on public health communication, HSCI 607 on distribution of power and health equity, HSCI 609 for budgeting and management principles, HSCI 613 and HSCI 614 for skills in program planning and evaluation, and HSCI 608 and HSCI 613 will improve research integration skills in order to address community issues. Exit-survey and student satisfaction survey should provide further evidence of such competency changes.

Interestingly, while 81.48% of the respondents noted strongly agree/agree to their ability to "Describe a population health problem in terms of magnitude, person, time, and place," a majority still reported none to beginning for analyses skills (descriptive, bivariate, regression) in Section A. This demonstrates that students may perceive their competency at the entry level and student learning outcomes may need further evaluation to ensure assessment of graduate level, and thus advanced competencies. Example rephrasing may state: Use advanced statistical methods (such as bivariate and regression) to describe a population health problem in terms of magnitude, person, time, and place. A similar trend was noted for competency on utilization of information techniques, where 77.78% of respondents reported strongly agree/agree on such competency. On the other hand, results from Section A demonstrates limited expertise in trend analysis and SPSS. It is plausible that student perception of this particular learning outcome is introductory and rephrasing is needed to ensure students can self-evaluate competency in more advanced skills.

Finally, while 77.78% of the respondents noted strongly agree/agree to their competency in understanding on how information is shaped and changed (thus the information cycle), evaluation of information literacy assessment survey demonstrates that a majority reported "I don't know what that means" to the question "Which of the following statement(s) is/are correction about the information cycle?" As such, it is evident that students self-perceived competency in information cycle requires further development and should be incorporated in several of core and concentration courses, especially: HSCI 611, HSCI 612, and HSCI 608.

Expectations and Priorities

On a scale of very important to to not at all important, students were asked to rate each of the program expectations and priorities. Program's ability to prepare students for further education or career as well as the applicability of the internship had the highest percept of respondents marking as very important. Students were also asked an open-ended question to provide further feedback.

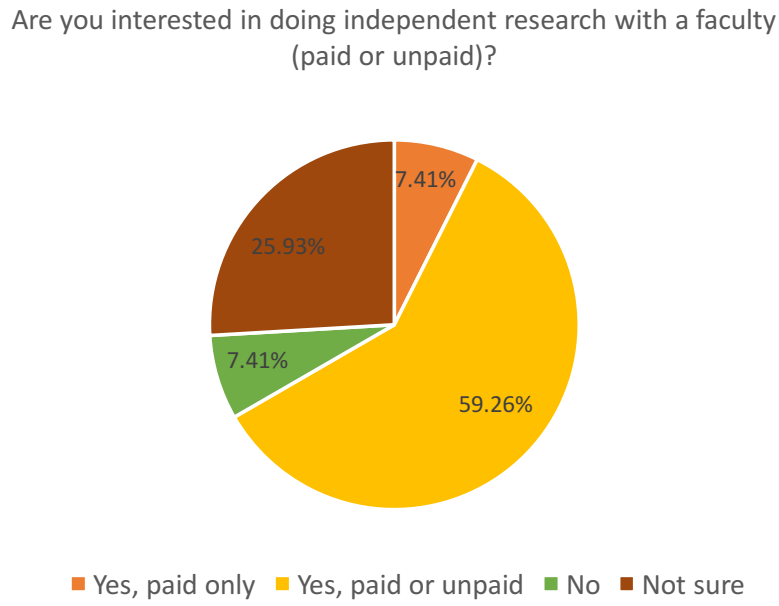
	Very important	Important	Somewhat important	Not at all important
Program prepares me for additional formal education or a career in the field.	**88.89%**	11.11%	0.00%	0.00%
My internship will be an opportunity to apply what I have learned in coursework.	**88.89%**	11.11%	0.00%	0.00%
I have career and academic advisor.	85.19%	11.11%	0.00%	3.70%
My advisor gives me good advice concerning my program and future career.	85.19%	11.11%	3.70%	0.00%
The coursework prepares me for my internship.	85.19%	14.81%	0.00%	0.00%
I feel valued as a student in this program.	85.19%	14.81%	0.00%	0.00%
My advisor provides accurate information about program requirements.	81.48%	18.52%	0.00%	0.00%
To be treated fairly and with respect in classes.	81.48%	18.52%	0.00%	0.00%
My advisor is available to meet with me.	77.78%	22.22%	0.00%	0.00%
My coursework is intellectually challenging.	70.37%	29.63%	0.00%	0.00%
Course assignments stimulate critical thinking.	66.67%	29.63%	3.70%	0.00%
Course assignments and classroom methods provide opportunities for student participation.	62.96%	33.33%	3.70%	0.00%

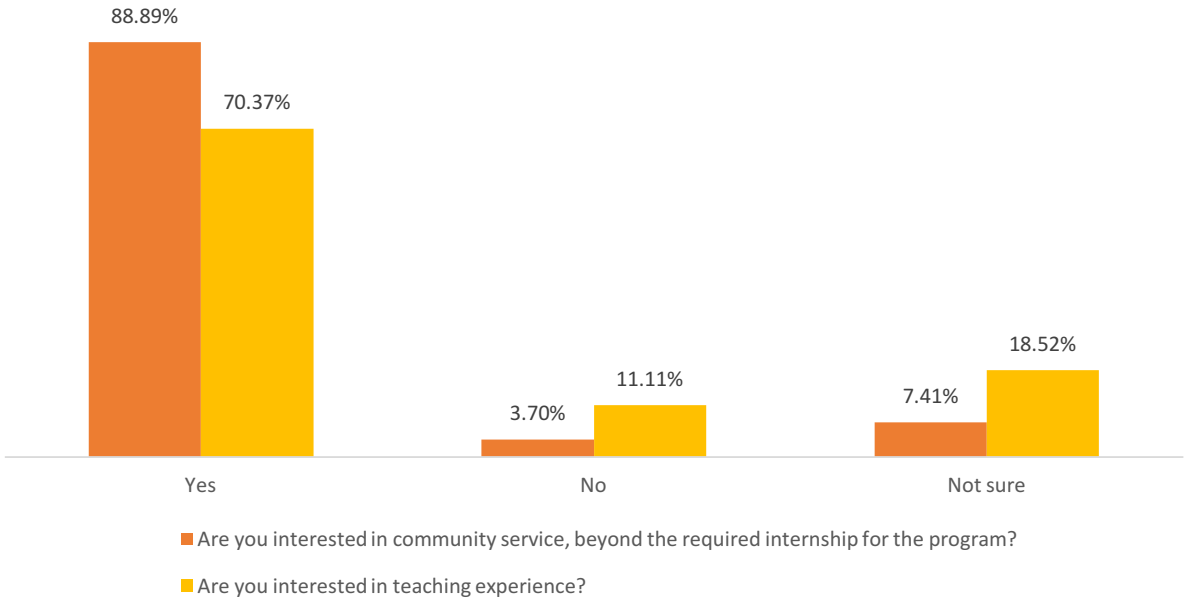
Due to rounding, some rows may not add to 100%

Through an open ended question, students were asked to provide further expectations they may have of the program, with major emergent theme being information of career development opportunities. As such, continued practice of inviting guest lecturers and professionals from the field is recommended. Given the vast job experiences of faculty, short summaries of each faculty member and their experiences may be beneficial for students to see the diversity in public health jobs. Advising sessions, including e-sessions, may be valuable to ensure consistency in information provided to students and networking opportunities to create a sense of belonging is highly recommended.

Student Interest in Research, Teaching, and Service

Students were asked their interest in opportunities for research, teaching, and service.





Due to rounding, some rows may not add to 100%

A majority of students are interested in research opportunities are recommended. Such opportunities may include: one-on-one session with department faculty, faculty profile review in order to match to students' interest, etc. Due to limited faculty/student ratio, when feasible, instructors are encouraged to incorporate research component as part of courses to increase student research skill development, especially given the key areas noted in Section A. A majority of students also reported interest in community service and teaching. Public health workforce development committee is encouraged to incorporate student interns and instructors are encouraged to implement service learning opportunities. Opportunities for funding teaching positions, beyond that of 120 laboratory, should be explored. These include funded teaching assistants through Office of Student Research, funded course re-design projects, guest lecture opportunities for students with experience, etc.

K. Student Satisfaction Survey

Students were asked which method (multiple choice option) was instruction delivery they preferred: Online, Hybrid, In person. Students were also asked to provide justification for their choice(s).

Online: 20.69% **Hybrid: 37.93%** **In person: 41.38%**

I have health problems and this method of delivery permits me to continue my education
I have a family and late nights are difficult. I like hybrid because I get class interaction and instruction while being able to complete assignments at home.
Personally, I do not learn as well with online only courses. I prefer at least some in-person interaction with my professors.
I think in person class is better for me because I can keep track with the class.
more interaction
face to face teaching is more effective
Hybrid or in person because online courses are hard to follow sometimes
learn from professor at time of class
All are acceptable methods of course delivery.
Hybrid is convenient but still allows us to have in-person meetings to address questions.
Classes are long
Utilization of a variety of methods to communicate using technology and keeps students up to date on new techniques.
I don't feel like there's much learning in the online course. It's focused on completing assignments for the sake of completing them with little interactive stimulation from peers.
We get the in class participation component but also get to leave early and work independently at home.
I prefer a hybrid class because it allows us to formally meet, discuss with our peers online, and complete assignments on a more flexible timeline.
I enjoy them all
I do not believe in pulling out loans for online classes. I find that I did not learn thing with the online courses because of the professor and student engagement. The online classes were not challenging and I believe that it left a disservice for our MPH program.
hybrid allows for work to be done with convenience but also allows for in person discussion and participation
there's no confusion in only online and in person classes
Somethings are easier taught in person, having lecture online is also convenient
I like online so I work around my schedule, but in person allows me to connect with staff and students.

Students were assessed on their self reflection of MPH competencies.

Question #	Competency
1	Understand how information is shaped and changed over time based on the sources, quality, value, and perspective.
2	Describe a population health problem in terms of magnitude, person, time, and place.
3	Identify and describe environmental, behavioral, social, and cultural factors that affect the etiology, prevention or resolution of public health problems.
4	Apply the health law-making and rule-making processes at federal, state, and local levels to provide public health solutions.
5	Analyze and apply public health ethics in practice.
6	Demonstrate oral and written public health communication skills for both professional and lay person.
7	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.
8	Demonstrate an understanding of history, power, privilege, and structural inequity in health education.
9	Demonstrate an understanding of the principles of management, budgeting, and leadership.
10	Develop health program plans and evaluation based on the diverse cultural values and traditions of the community at large.
11	Critically analyze health behavior theories for evidence-based recommendations.
12	Integrate analytic reasoning (quantitative and qualitative) and principals of organizational behavior and health equity to address questions in community health education.

QUESTION #	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1	59.09%	40.91%	0.00%	0.00%	0.00%
2	63.64%	36.36%	0.00%	0.00%	0.00%
3	68.18%	31.82%	0.00%	0.00%	0.00%
4	27.27%	50.00%	22.73%	0.00%	0.00%
5	31.82%	45.45%	22.73%	0.00%	0.00%
6	72.73%	27.27%	0.00%	0.00%	0.00%
7	54.55%	40.91%	0.00%	4.55%	0.00%
8	50.00%	45.45%	4.55%	0.00%	0.00%
9	27.27%	36.36%	31.82%	4.55%	0.00%
10	50.00%	50.00%	0.00%	0.00%	0.00%
11	31.82%	59.09%	9.09%	0.00%	0.00%
12	40.91%	36.36%	18.18%	4.55%	0.00%

Students were asked their satisfaction on the following items:

QUESTION #	QUESTION
1	Quality of your formal academic experiences?
2	Quality of advising?
3	Availability of mentorship?
4	Quality of organized out-of-class experiences (e.g., member of student clubs, participating in organized campus or program activities)?
5	Your sense of belonging to the program?
6	Opportunities for professional growth in the program?
7	The overall quality of teaching of your instructors?
8	The overall content matter of your classes?
9	The quality of your classroom/lab facilities?
10	The extent to which faculty included diversity/multicultural perspectives in their class presentations, assignments, or discussions?
11	The extent to which faculty included diversity/multicultural perspectives in their class presentations, assignments, or discussions?
12	Opportunity to participate in an independent research project with a faculty member?
13	Opportunity to participate in service learning or internship experiences?
14	Opportunity to meet with faculty outside of the classroom?
15	The use of technology in your classes?

QUESTION #	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED
1	45.45%	50.00%	4.55%	0.00%
2	59.09%	31.82%	9.09%	0.00%
3	40.91%	50.00%	4.55%	4.55%
4	31.82%	54.55%	13.64%	0.00%
5	31.82%	63.64%	4.55%	0.00%
6	54.55%	45.45%	0.00%	0.00%
7	31.82%	59.09%	9.09%	0.00%
8	31.82%	68.18%	0.00%	0.00%
9	50.00%	45.45%	4.55%	0.00%
10	59.09%	40.91%	0.00%	0.00%
11	59.09%	40.91%	0.00%	0.00%
12	36.36%	27.27%	31.82%	4.55%
13	40.91%	40.91%	13.64%	4.55%
14	40.91%	36.36%	22.73%	0.00%
15	50.00%	45.45%	4.55%	0.00%

Students were asked if they felt they had enough opportunities for research and were asked for discuss their answers:

Yes. If you are interested in participating then it can be done.
Yes, with help from instructors, I should have enough to have a research experience. But never enough, we need more
Yes, there are always opportunities with faculty for research projects.
Yes, opportunities are continuously sent to me through communication with faculty.
Yes, it has been discussed before that if we are ever interested, then we should reach out to Becerra or another health science faculty member doing research.
Yes, if given a chance for research with an internship I would still need guidance but I feel as though I have a pretty strong academic foundation to complete the task.
Yes, I have gained research experience through journal articles. However, I have not had the opportunity to conduct research with faculty.
Yes, e-mails are routinely disseminated by the MPH graduate coordinator regarding upcoming community events, internship opportunities, or employment options in the field.
Yes I have had an opportunity to publish a manuscript
Yes I do feel like I have enough opportunity to gain research experience especially when writing research papers for classes on different topics.
There is not enough opportunity to gain research experience. I am unaware of graduate research available for us to participate in and opportunities for research experience at internships are difficult to attain.
Sometimes there are not enough opportunities for research experience.
Research provided through various classroom projects.
None. Professors usually ask students who are closely attached to them. No open invitation provided to join the professor in doing his/her research. If you are not closely attached you will not have an opportunity to partner with the professor to do research.
I think research opportunities can be improved upon by being offered more opportunities.
I feel like it is almost impossible to conduct research and have a mentor in this program. The class size is far to large to be able to form mentor friendly relationships. The individuals who are already participating in research have a click like relationship and has the potential to make the rest of the cohort feel left out and under served.
I do feel that I have this opportunity. I feel that research opportunities are available in the classroom and independently when it is desired. My personal experience is that when I wanted to conduct research, I reached out for the opportunity.
I do believe that we do have the opportunity but unfortunately, I haven't really had the time to squeeze that into my current work schedule.
I believe there is enough opportunity to conduct research and gain experience in this program.
I believe their is still time for growth, but I have had enough opportunity where I can gain research experience through the assignments given that have prepared me for further research. I feel there is much opportunity due to the research fairs that are available to enter and internship opportunities.
I believe so. I have researched several topics in every course I've taken. The research course will also help perfect my researching skills.

Students were asked if they felt they had enough opportunities for community service/volunteer and were asked for discuss their answers:

Yes Opportunities have been offered
Yes. I take the initiative, and it is available whenever I want to do it.
Yes, my program coordinator often sends us emails about new volunteer/internship opportunities.
I have had to find the volunteer experiences on my own.
Yes. There are available resources that the professor share to students. But still the idea of who you know instead what you know still exists.
Yes, I have enough opportunity to gain community service/volunteer experience because the program introduces us to health educators and public health workers from different organizations which gives us a chance to build good connections.
There are many opportunities to gain community service.
Yes, through my internship I was able to be involved with the community.
Yes, Dr. Becerra provides us with many opportunities through emails.
Yes there are opportunities very frequently.
Yes, I do believe I can gain community service experience whether it is by working or by volunteering when my time allows for it.
Yes. With the routine emails pertaining to internship opportunities and local community events, I feel well informed of opportunities available.
Time is a barrier but I would like to be more involved in the community.
If community service or volunteer experience was required I think we have the skills and opportunity to fulfill the requirement.
Yes, with classes and lectures I should have enough. But the more the better
There is always opportunities and when my personal schedule is more open I would love to participate more than I currently am.
The network that our program has does allow for us to gain community service or volunteer experience.
There are many opportunities that are emailed to us, but again there is little mentoring to help foster growth of the students to enable them to feel confident in gaining experience.
Yes, we had guest speakers from different organizations who talked about volunteering at their organizations.
I feel like I have a great amount and access to gain community service experience due to the involvement on campus, the clubs, organizations, and resources professors and staff offer and promote around campus via email, and flyers.
Yes I believe Dr. Becerra provides plenty of opportunities for these through email notifications.

Additional data:

- 38.10% of respondents reported volunteering for more than 10 hours and sample volunteer agencies include, but not limited to: American Lung Association, Loma Linda University Hospital, DEN at CSUSB, and Patton State Hospital.
- 76.19% students reported they know 1-5 faculty/staff in the program well enough to ask for recommendation, while 14.29% reported knowing zero such faculty/staff.

Recommendations:

Online classes ae limited to 20% of the program requirements = 2-2 classes of 4 units or less. Given the program is listed as in-person in the catalog and not online, the rates need to remain low to meet professional students' needs.

While students assess their skills of MPH competencies well, assessment of these skills through curricular and co-curricular activities are needed throughout the year, not such portfolio.

While majority of students reported very satisfied or satisfied, two key items that need attention are opportunities to meet faculty outside of class and research mentorship. Faculty are encouraged to incorporate student research in or out of class. Though less than 20% (sample size of 3 or less), issues related to opportunities for out of class experiences, advising, and quality of classroom facilities can be addressed upon further qualitative feedback from students.

L. Student Enrollment and Alumni Assessment

Student Enrollment Trend

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

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

M. Recommendations for 2017-2018

1. Evaluate efficacy of proposed culminating experience and make updates, when needed.
2. Increase count of primary faculty in the program who teach MPH courses.
3. Increase student involvement in research and service.
4. Conduct more one-on-one interviews with alumni and employers to receive feedback.
5. In alignment with institutional direction, assess High Impact Practices (HIPs) in MPH program.